

EPPING FOREST DISTRICT COUNCIL OVERVIEW AND SCRUTINY MINUTES

Committee: Overview and Scrutiny Committee **Date:** Thursday, 9 November 2006

Place: Council Chamber, Civic Offices, High Street, Epping **Time:** 7.30 - 9.55 pm

Members Present: Councillors R Morgan (Chairman) Mrs J H Whitehouse (Vice-Chairman) D Bateman, M Cohen, M Colling, Mrs H Harding, P House and Mrs P Richardson

Other Councillors: Councillors Mrs P Smith, Mrs D Collins, Mrs A Grigg, Mrs A Haigh, A Lee, Mrs S Perry, Mrs M Sartin, D Stallan, Ms S Stavrou and C Whitbread

Apologies: Councillors G Mohindra and M Woollard

Officers Present: J Scott (Joint Chief Executive), J Gilbert (Head of Environmental Services), I Willett (Head of Research and Democratic Services), S G Hill (Senior Democratic Services Officer), T Carne (Public Relations and Marketing Officer), M Jenkins (Democratic Services Assistant) and G Lunnun (Democratic Services Manager)

By Invitation: J Slater (Waltham Forest PCT), A Clark (Barking and Dagenham PCT), A Thomas (West Essex Primary Care Trust) and C O'Connell (West Essex Primary Care Trust)

44. WEBCASTING INTRODUCTION

The Committee noted that the meeting would be webcast.

45. SUBSTITUTE MEMBERS

The Committee noted that Councillor Mrs Smith was substituting for Councillor Mohindra.

46. DECLARATIONS OF INTEREST

(a) Pursuant to the Code of Conduct for Members Councillors Stallan and Haigh declared a personal interest in item 8 – Review of Civic Ceremonial. The Councillors indicated that they proposed to stay in the meeting for the discussion for that item.

47. MINUTES

RESOLVED:

That the minutes of the meeting held on 5 October 2006 be taken as read and signed by the Chairman as a correct record.

48. "FIT FOR THE FUTURE" REVIEW OF NORTH EAST LONDON HEALTH SERVICES

The Chairman welcomed James Slater, Director of Primary Care and Deputy Chief Executive of Waltham Forest Primary Care Trust (PCT) to the meeting. Mr Slater was also the lead director on the 'Fit for The Future' review of northeast London health care currently being undertaken by the North East London Strategic Health Authority.

Also present were Mr Alan Clarke of the Barking and Dagenham PCT, Aidan Thomas, the newly appointed Chief Executive of the West Essex PCT and Ms Catherine O'Connell Locality Director, West Essex PCT.

Mr Slater gave a presentation on the proposed review. Mr Slater began by thanking members for the opportunity of discussing the review with the Council. Mr Slater stressed that the review work was still ongoing and currently at pre-consultation stages.

There was an acknowledgement by clinical leaders that services at Whipps Cross Hospital would need to change in the future. The 'Fit for the Future' review was a collaboration by the PCT and the SHA and other partner organisations. The four London boroughs that made up North East London: Havering, Waltham Forest, Barking and Dagenham and Redbridge defined what was meant by North East London.

The aim of the programme was to improve the quality and suitability of local health services and to address the differences in Health Care across the area, to provide more services to the community, to get the best from the new Queens Hospital in Romford and to bring the local health services into financial balance in the longer term. This was a significant task as the two acute trusts were currently in a deficit position of approximately £50 million. Finance was not the only reason for the review but the authorities did have a duty to live within their means.

Why change? Technology was changing the way that patient care was provided and more investment in community based facilities meant that care could be provided outside of hospitals. Improvements in treatment meant that patients could be treated more quickly and hospital stays minimised. More increasingly patients were treated as day cases or treated in their own homes. Patients requiring specialist care had better outcomes when treated in major centres. Mr Slater gave an example of treatment of heart attack patients being treated at the London Chest Hospital in Mile End rather than local Accident and Emergency (A and E) Services as this gave them the highest possible survival rate. This was largely permitted by changes in technology and training of paramedics.

Mr Slater commented that the PCT's were investing in diagnostic facilities in Health Services and Community based blood testing. Eight new Primary Care Centres had been built or refurbished. Work was being done to minimise the length of hospital stays.

The Committee noted that the review was considering five options. Mr Slater stressed that no decisions had been made on the review and would not until extensive public involvement and consultation was completed. Additionally, the programme was being taken in the context of a larger review of the London Health Strategy. The options were in pre-consultation stages.

The committee noted that presentations had been made to local authorities and patient and public involvement forums. A number of stakeholder workshops were also being held to examine the criteria of and to assess the options and were attended both by clinicians and community representative groups.

Epping Forest was an important part of their 'peripheral' community and the PCT were aware of patient flows from the south of the district accessing services in North East London.

It was noted that the following services would stay at Whipps Cross Hospital regardless of the outcome of the review:

- An Urgent Care centre
- Maternity Services
- Outpatients services
- Diagnostic Facilities; and
- Day surgery

Under all the options proposed, the new hospital in Romford would open. This was being provided via a 20 year Private Finance Initiative (PFI). This would also provide a base for regional specialties. Additionally, a new Independent Sector Treatment Centre (ISTC) on King Georges site would also open.

Therefore the options being considered were:

Option 1: Queen's Hospital as major acute hospital, Whipps Cross and King George Hospitals to remain as a district general hospitals (DGHs), with an Independent Sector Treatment Centre (ISTC) at King George Hospital;

Options 2&3: One emergency-focused hospital and one elective-focused hospital i.e. splitting of elective and emergency work either at Whipps Cross or King Georges Hospitals) – this was thought to be a radical solution.

Options 4&5: One District General Hospital (DGH) and one ambulatory centre. (i.e. leaving one as a District General Hospital and other into an ambulatory centre – this meant as a community hospital providing outpatient and diagnostic day case work but no in-patient beds either at Whipps Cross or King Georges Hospitals).

The following options had been excluded:

- Maternity and neonatal services on an elective-focused site (Clinical Reference Group – CRG)
- An Option which required all births other than low risk ones to be cared for in one unit at new Queen's Hospital (CRG);
- An Option for stand-alone women's and children's hospital at King George Hospital site (CRG);
- An Option for single-bedded site (new Queen's Hospital).

It was noted that the following criteria were being used to judge the options:

- Quality - to improve the quality of services;
- Access (travel) - to minimise travelling times for patients;
- Capacity - to provide sufficient physical capacity;
- Facilities - to provide a high standard of facilities;
- Workforce - to support a developing and motivated staff;
- Deliverability – to deliver changes as quickly as possible.

The Health Authority was working on a three to five year plan to implement the review results. Formal consultation would follow the pre-consultation process including the involvement of patients, the public and professionals to improve the consultation process. A formal consultation paper would be issued in early 2007 and a three-month formal consultation period would follow before the secretary of state determined proposals.

Comments on the options were invited via email or comment forms. Up to date information would also be published via the PCT websites.

The committee posed the following questions:

(1) The district population was around 120,000 people and at least half of those people accessed services at Whipps Cross hospital and this was increasing both for accident and emergency and outpatients – why was West Essex PCT not involved in the review team from the start and why were local representatives not invited to workshops in the autumn?

Mr Slater responded that one of the first things he had done on appointment was to meet with Aidan Thomas, Chief Executive of the West Essex PCT, also Mr Slater had visited the Chief Executive of the Council. He assured members that the management consultants that were analysing data for the capacity model had factored in activity at Whipps Cross hospital including that from residents of Epping Forest. In terms of involvement in the workshops, the view had been taken that the SHA would initially work with those Local Authorities directly in the area during the pre-consultation phase. It was the case that the new PCT's in Essex had been provided with papers from the steering group and the project team.

(2) Councillors in the district were not aware of the proposals until the morning of a meeting at the Hawkey Hall recently, the perception was that most of Whipps Cross was going to closed. Is the A and E service to be continued? There was also the perception the A and E department at King Georges was to close?

In response, Mr Slater stated that the PCT had not been invited to the public meetings and did not contribute to them. He was aware that some things had been said at those meetings that were factually untrue and were seeking to put that right. Any presentation made to Council's, groups or MP's had been the same as the Committee had received, any different view was a matter of their perception. The PCT did understand the importance of the hospital to the community. In regard to the options, option 1 proposed three A and E centres, options 2-5 envisaged two A and E centres. If those options were chosen there would need to be a decision made about where the A and E services would be provided. The needs of people surrounding Whipps Cross, including those from Epping Forest, would be factored into the deliberations. Mr Slater expressed his wish that through meetings like this Committee that they could seek to address this confusion.

(3) How can you reassure our residents that services are going to be available and maintained at a distance that was appropriate to them? When using external consultants, how much weight was given to this?

In response, Mr Slater indicated that it was the local PCT who purchased care and there was a debate to be had with the local West Essex PCT about that healthcare and what they wanted to purchase. As part of the analysis every attendance to A and E departments had been looked at to see where it had originated. The NHS as a whole had a duty to achieve targets set them by government, but there was a view

expressed by urgent care centres that acknowledged people came to hospitals seeking care and that services that met those needs should be provided. However half of those attending A and E actually had a primary care issue rather than a need for emergency services. The review would consider those issues and the PCT was listening to those concerns as part of the process. He apologised that West Essex had not been involved sooner.

Mr Thomas stated that the new West Essex PCT had been concerned that they had not been involved in the discussions at an earlier point. He had now met with Mr Slater and was aware that the review was at an early stage, but he felt that the PCT were able to engage now in a way that was more meaningful. However, something had to happen with the hospital services in this part of London. There were reviews going on in Hertfordshire, and the whole of eastern England. Another problem was the poor condition of the buildings at Whipps Cross hospital. The entirety of the Eastern England NHS was facing financial problems so the current configuration of the NHS couldn't continue. Additionally, the current hospital capacity needed to be looked at as there was a continuing trend of moving services out of the hospitals and this was the right answer for Epping Forest because of the local transport issues. This had the knock-on effect that hospitals didn't then get the money to run services. Both hospitals had significant deficits. The PCT had yet to form its view on the proposals but they would be thinking very carefully about the need for A and E services for the public and working closely on the consultation over the next few months. He encouraged the Council and members to get involved in the debate.

(4) The district is served by another hospital, that being Princess Alexandra Hospital (PAH) in Harlow, was this review being coordinated with the other reviews?

Mr Thomas responded that PAH had a number of pressures (i.e. increases in services that might occur) and some threats (i.e. reduction in activity). There was a review of acute care in Hertfordshire and if it concluded in the way thought, then PAH would have an increased catchment area. Additionally, there were proposals for housing growth along the M11 corridor that were still under consideration and together with this review, there could be an impact on PAH. On the negative side, there were independent treatment centre proposals which, whilst good for patients, would mean that diagnostics and treatments would be available from those centres in competition with PAH.

The PCT were attempting, as the main local purchaser of health care, to plan appropriately. This also applied to PAH. Mr Thomas stated that there was presently a piecemeal approach and it was the role of the new PCT to bring this together properly.

(5) What reassurance could you give about patient transport issues?

Mr Slater indicated that the analysis was using the London Ambulance Service in journey mapping but not the Essex services. They were quite clear on the need to get the whole system right including access to services. The increasing speciality of services meant that thought needed to be given to access problems to those sites. There may not be easy answers to those issues.

(6) We understand that all of the A and E Services are heavily used, the review options 2-5 reduce these to two – how can two A and E departments cope with the work formally carried out by four? Can overstretched GP services pick up the demand?

Mr Slater responded that part of the issue was that changing the way that patient's needs were provided. A significant number of people that turned up at A and E did not need emergency services intervention. The intention was to 'work smarter' by providing GP's and specialist nurses to provide a better more appropriate services and freeing up specialist A and E doctors for emergency care. Although those options envisaged two A and E departments, on the third site there would still be an urgent care centre.

(7) Under the East of England Development Plan, the southern part of the district could have up to 3,500 new homes, therefore these hospitals became even more important at that point as there are no other plans to build new hospitals. Also we have a number of people on low incomes and elderly so it is difficult to get to Oldchurch Hospital from Chigwell or Loughton so they favoured Whipps Cross and King Georges.

Mr Slater responded that there was no expectations that people from Waltham Forest or Epping Forest would have to go to Oldchurch Hospital for their care. Patient choice meant that they were allowed to choose where their care was delivered. It was the case that in Waltham Forest for example that people choose their treatment to be delivered at North Mids Hospital outside of the review area.

In terms of the East of England plans, the Thames Gateway plan also envisaged a large number of houses that were being considered as part of the review. The view had been taken that no further DGH's should be provided but that services on existing sites should work better.

(8) Under the options it was envisaged that A and E services would not be provided at all sites, however, emergency situations could happen even with the most minor procedures – How would such care be provided? Why were the trusts in deficit?

Mr Slater responded that the specialist services did bring together practitioners in a team that could respond to emergency incidents. Technology meant that some procedures that couldn't have been offered previously now could. The paramedic ambulance model meant that more emphasis was given to stabilising the patient and then transporting them to a centre of excellence rather than getting them to the nearest facilities as soon as possible.

Mr Clarke indicated that the point about the inherent risk of the separation of emergency care from planned care was well made and that this point should be built into the evaluation of the options.

In terms of the deficits, Mr Slater reported that from the PCT perspective, the building of the Primary Care Centres had been expensive and were an additional demand on the PCT's resources, but better buildings resulted in better care and more services, but that was managed within budgets. The PCT had overspent but this was entirely due to too much emergency activity at Whipps Cross, i.e. a failure to deal with issues before they got to that point. It was his view that many of the deficits of trusts were historical, hidden year on year by the use of non-recurrent monies to hide the gap. Through a change in NHS accounting procedures and the replacement of block contracts with the principle that the money followed the patient, the financial situation had now become very apparent.

(9) How long would it be before the proper costings of the options are available? And what sort of timetable will there be on the options?

Mr Slater responded that, in any event, the costings would have to show that the option was affordable. It was hoped to have these by the end of November 2006. These would be shared with the Council and this committee. It was hoped that consultation papers would be available in the early New Year with a view to a three-month consultation leading into the second quarter of 2007. It was hoped individual boards would consider the options in November/December 2007.

With permission of the Chairman, members of the Public asked the following questions

(1) D Paddon – Loughton – The public fear was that by the time of the official consultation, the options would have been narrowed down to one that wasn't liked at all. It was hoped to have more than one option to support. It appeared from the material that bringing about change in the hospital sector was something that was hoped to be done quickly, but a lot of what was being proposed seemed to depend heavily on improvements in community medicine, in intermediate treatment centres, in GP surgeries and all the community side of the health service, how would these improvements in healthcare be achieved as one or more of the hospitals was run down?

Mr Slater responded that in terms of the options, they were open minded about how many options would be part of the formal paper. He encouraged the submission of views at this stage. The point made about community care was valid, Fit for the Future was a review of the whole system and another review was taking place on the out of hospital systems. This pre-consultation was solely about acute in-patient care, but relied upon improvements in community care. Investment in community care in the past had been restricted because money was spent on A and E services and hospital care. The mistakes of 'care in the community' would not be repeated where hospital care had been curtailed on the basis that GP's and community services could pick up the care. Costings being looked at picked up the cost of providing more community care.

(2) D Paddon – Loughton – We have a number of single GP practices, they are not in the position of being able to accept a major loss in services from the hospital sector at the moment.

This was a valid point. The GP community was changing rapidly and there were fewer small practices than three years previously. In Waltham Forest collaborative working between surgeries had been encouraged and was proving very beneficial. Another of the financial reforms had introduced Practice Based Commissioning where GP's were given the opportunity of purchasing care on the patients' behalf. In practice this couldn't be done at single practice level, as it had to be done collaboratively and on planned basis. However, primary care was not just about GP's, it involved nursing teams and GP's in Waltham Forest were able to provide better managed care through those teams.

(3) R Braybrook – Buckhurst Hill – Could Epping Forest residents be assured that they would be part of the formal consultation?

Mr Slater assured that the Council, the West Essex PCT and Local residents and groups would be involved in the formal consultation. Formal consultation proposals would be informed by the meeting.

(4) D Rhodes – Chairman, Loughton Residents Association – Many residents were elderly and this was higher than the national average and many could not use

private transport, several electoral wards also scored highly on social deprivation indices. There were other deprivation areas in Waltham Forest. The loss of services at Whipps Cross hospital would double travel distances, ambulance distances would also increase. No stakeholders from the area were represented at the forums.

Mr Slater replied that they were acutely aware of the transport difficulties for the elderly. Analysis undertaken indicated that the Waltham Forest area had the lowest level of car ownership and parts of Epping Forest had similar issues. The transport difficulties were also apparent and were being taken into account in the process. The involvement of stakeholder groups had been previously determined. Views were being taken through the meeting or via the website/email.

(5) D Rhodes – Chairman, Loughton Residents Association – Was it too late to include a stakeholder from this area?

Mr Slater undertook to take this request back to explore other ways of involvement.

(6) D Linnell – Loughton Residents Association – Options 2,3 and 4 all involved the loss of services from Whipps Cross. These services would have to be provided elsewhere, possibly from Harlow, What arrangements had been put in place to make that changeover? Hospitals seem to be operating at full capacity all the time, what contingency capacity was there? (e.g. For the Olympics, a bird flu epidemic, Stansted airport, motorway accidents.) And how as this going to be discussed with the public?

Mr Slater clarified that options 1 and 4 meant status quo for Whipps Cross Hospital, other options meant changes. It was the case that option 5 would mean Whipps Cross losing its in-patient beds. In terms of major incidents, whatever was decided, it needed to be resilient and able to cope with incidents, in context, the two acute trust were running at a bed occupancy rate of 96%, the modelling was being done on the basis of three scenarios, 85%, 90% and 95%. Overuse of beds gave rise to issues about clinical safety, patient care and staff burnout. Capacity was therefore being built in. The NHS had a history of taking everything that was thrown at it.

Mr Thomas stated that until details behind the options were known, it was difficult to decide on service provision. The West Essex PCT took responsibility for having plans in place.

(7) B Roseby – Loughton resident – If West Essex residents came out with a different preferred option who would make the ultimate decision?

Mr Slater indicated that the Secretary of State had the final decision.

The Senior Democratic Services Officer reported that the Council had, today, been approached by Havering Borough Council seeking a view as to whether the Council wished to have an involvement in a proposed Joint Scrutiny Committee being set up by the four London Boroughs, Havering, Redbridge, Barking and Dagenham and Waltham Forest to look at the options in the new year. The Committee agreed that member representation on this Committee was important and asked that Council be requested to consider a formal appointment at its next meeting.

The Chairman urged members and the public to submit their views and thanked Mr Slater for his presentation.

RESOLVED:

That the full Council be requested to consider the appointment of a member representative to the proposed Joint Scrutiny Committee it's meeting in December 2006.

49. WORK PROGRAMME MONITORING

Progress Reports

(a) Environmental And Planning Services Standing Panel - Councillor Mrs P Smith

Councillor Smith reported that the Panel had last met on 30 October 2006.

(i) Traffic Issues in the Roydon and Nazeing Areas – Focus day

The Panel had considered the current position regarding the focus day agreed on Traffic Issues in the Roydon and Nazeing Areas. The Panel had noted that the Head of Planning and Economic Development continued to liaise with the County to find an independent facilitator for the day. The details of the event would be reported in the Members Bulletin.

(ii) East of England Plan

The recommendations of the Examination in Public for the East of England Plan were now with the Minister. It was anticipated that the proposed changes would be issued in December 2006 and would take some time to consider. It had been agreed that, to allow the Panel sufficient time to 'digest' the information, the next meeting of the Panel programmed for 19 December 2006 would be moved back to 16 January 2007 at 7.30 pm in order to consider the issue.

(iii) Community Wardens

The Panel had received feedback on the recent Member Site visit to the Community Warden Schemes operating in Colchester Borough Council and Braintree Borough Council.

The schemes observed focused more on community engagement initiatives rather than tackling environmental crime. These type of scheme were quite costly. On balance, the Panel recommended that at this point in time, a Community Warden scheme should not be pursued to deliver the relevant powers in the Clean Neighbourhoods and Environmental Act (ie Fixed Penalty Notices). Instead the Panel had asked that further consideration be given to alternative methods for delivering the legislation. A full report on this matter would be submitted a future panel meeting.

(iv) Planning Enforcement Statistics

The Panel had supported a report recommending that for a trial period planning enforcement statistics should be reported in the Members Bulletin giving details of: enforcement investigations started, processed and "in hand" each month; and a brief progress report on cases where an enforcement notice had not been complied with.

It had also been agreed that the cases listed in the 'Planning Enforcement Action section' in the Members bulletin should state the date action commenced. The Panel had asked for a further report in six months on the trial.

(b) Older People and Disabled People Task and Finish Panel – Budget Proposals 2007/08 – Councillor S Perry

The Older People and Disabled People Task and Finish Panel had been meeting to discuss matters contained within its terms of reference. The Panel were now in the report preparation stages and hoped to place their report before the Committee in the New Year.

Two issues had arisen which members of the panel wished to bring to the attention of the Cabinet before the finalisation of next years budget.

Firstly the Panel had been asked by the Housing Portfolio Holder to undertake a review of the Council's Handy Person Scheme. This scheme provided retired homeowners and private tenants in the Epping Forest District with reputable contractors to carry out minor works.

The Service was free to people who were over 60, retired and on a means tested benefit (such as Council Tax Benefit and Pension Guarantee Credit) for work costing up to a maximum of £150.

In 2006/07 year the budget for this scheme had been supplemented by an additional £3,000 as its budget provision had not increased since the Scheme was first set up in 1999. This additional budget provision was fully committed this year.

The scheme provided an excellent service to the public. The panel were recommending that District Development funding be repeated for 2007/08 to enable the service to continue at current levels.

Secondly, the Panel heard of two excellent schemes run by Leisure Services, Seated Exercise and an Arts Project called 'A sense of place' which the Panel wished to request the Leisure Portfolio Holder to consider for repeat again next year.

The Committee considered recommendations of the Panel to be made to the Cabinet meeting on 13 November 2006 and agreed them accordingly.

It was noted that a subgroup of the Panel was due to meet shortly to begin the process of preparing the formal report to the Committee for the new year.

RESOLVED:

(1) That the Cabinet be asked to agree to the submission of a bid for District Development Fund funding in 2007/08 in the sum of £3,000 to continue the provision of assistance to residents under the Council's Handy Person Scheme subject to consideration of the budget later in the municipal year;

(2) That the Portfolio Holder for Leisure Services be asked to consider how the Seated Exercise for Elderly and Disabled and a repeat of the Arts Project 'A Sense of Place' can be funded on a district wide basis.

(c) Housing Standing Panel

In the Panel Chairman's absence it was noted that the Panel wished to add a further item to its work programme namely payments by Leaseholder for Major Works. The Committee agreed to this addition.

(d) Constitutional and Members Services Standing Panel

It was noted that the Panels consideration of the review of area planning subcommittees was continuing and would be discussed again at the next meeting. A review of member training needs was also being considered.

(e) Leisure Services Task and Finish Panel

It was noted that the next meeting of the Panel would be held on 21 November. It was hoped that the Panel would be a position to report its findings at the December 2006 Committee meeting.

(f) Town Centres and Car Parks Task and Finish Panel

The Panel, at its last meeting had considered a draft Cabinet report on proposals for free car parking in council owned car parks.

The Panel had held a broad discussion on the issue of free parking on Saturdays and the rationale behind it. There had been a general consensus in favour of the principle and the Panel members understood the financial effects of any such decision.

The Panel supported the proposals on the basis that they could enhance the viability of our Town Centres. The had questioned however, how the regime would be enforced to ensure that free spaces were for local rather than commuting purposes. The Panel had sought further information on this aspect..

Reference had been made to a retail scheme used in Waltham Forest to facilitate their free parking arrangements. It had been suggested that consultation could take place with that Authority to hear about their issues and solutions.

The Panel had accepted the recommendations as set out on the proposed Cabinet report but following discussions on ways in which the funding might be achieved wished to see an amendment to the third recommendation regarding the possible use of 'Local Authority Business Growth Incentive' grant (LABGI) to fund the one-off costs of implementation of the proposals.

The Panel had also suggested that the arrangements should be subject to operational review on a regular basis in order to identify whether the aims were being achieved and if not how they could be improved. The Panel had recommended to Cabinet accordingly.

(g) Crime and Disorder Task and Finish Panel

The Chairman of the Panel reported that the Panel had recently taken evidence from the Police and the PCT would be attending the next meeting on 23 November 2006.

(h) Local Strategic Partnership Task and Finish Panel

Noted that a subgroup of the Panel were to meet to discuss the draft of the report to be made to the Committee shortly. The Panel had received an update on the progress of the Essex Local Area Agreement at its last meeting.

Six Monthly Review of the Work Programme

The Committee noted that the Procedure Rules provided for a six monthly review of the work programme to examine priorities and any new proposals. It was agreed

however that, as the programme was currently running at full capacity, no new items should be considered for the programme at present.

50. REVIEW OF CIVIC CEREMONIAL - REPORT OF CONSTITUTIONAL AND MEMBERS SERVICES SUB -GROUP

The Chairman of the Subgroup, Councillor R Morgan reported that the Panel on Constitutional Affairs had set up a subgroup to undertake a review of the Civic Ceremonial function.

Normally such reports would be considered by the Panel prior to consideration by the main Committee. As the report contained bids for growth for next years budget, the Chairman of the Panel had agreed to its consideration at this meeting as no meeting of the Panel would be held before the date of final budget bid considerations.

The report of the Subgroup brought forward a number of recommendations in relation to the service including officer support to the chairman, use of civic transport, civic hospitality, guidelines for the safe custody of civic regalia, and long service gifts for Councillors.

The Committee endorsed the proposals for onward consideration by the Cabinet subject to the inclusion of an intermediate long service award based upon 15 years service.

RESOLVED:

That the following recommendations of the Civic Ceremonial Review Subgroup of the Constitutional Affairs Standing Scrutiny Panel be forwarded to the Cabinet for adoption:

(a) That the following revenue CSB growth bids for 2007/8 be approved subject to consideration of the Council's budgets later in the municipal year:

(i) An increase of £2,500 per annum in the budget provision for hiring of civic transport (Vehicle Leasing budget) for the Chairman and Vice-Chairman of the Council; and

(ii) An additional sum of £5,000 (including on-costs) to provide one further day of officer support per week to the Chairman of Council;

(b) That, with effect from 2007/08 municipal year, £2,500 be retained by the Council out of the Chairman's Allowance and transferred to the Councils existing budget for Civic Hospitality;

(c) That the new Safe Custody Guidelines for the Civic Regalia attached as Appendix 1 to these minutes be adopted and issued each year to the Chairman and Vice Chairman of the Council and their spouses/partners;

(d) That the current policy for awards based upon length of service or positions held by Councillors be discontinued and replaced by the following revised awards policy:

“(i) Those serving as a Councillor for ten years or more – a presentation gift to the value of £50;

- (ii) Those serving as a Councillor for fifteen years or more – a presentation gift to the value of £75; and
- (iii) Those serving as a Councillor for twenty years or more – a presentation gift to the value of £100; and
- (e) That a range of gifts be selected by the Head of Research and Democratic Services from time to time in consultation with the Chairman of the Council”.

51. CABINET REVIEW

The Committee noted that the agreed recommendations of the Older Peoples Task and Finish Panel would be reported to the Cabinet for consideration at their next meeting. Additionally, the Chairman of the Town Centres and Car Parks Panel, Councillor Colling, would also report the view of his Panel on the free car parking report being considered at that meeting.

The Cabinet would be made aware of the recommendations for representation on the Joint Health Scrutiny Committee suggested by the North East London Borough’s prior to its consideration at the next full Council meeting.

CHAIRMAN

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Civic Regalia – Safe Custody Guidelines

Responsibilities:

1. The Council will:
 - (i) Maintain insurance cover for all civic regalia under a the Corporate 'All Risks' Insurance Policy;
 - (ii) Be responsible for the maintenance of the regalia including any damage or wear and tear etc as set out in the exclusions section 2 to the Corporate all risks policy.
2. The Chairman and Vice-Chairman will:
 - (i) Ensure the specific conditions of the Council Insurance are followed as outlined in the guidance below; and
 - (ii) As far as is practical follow the other guidelines as to the safe custody of the regalia.
3. Specific Conditions of the Insurance:
 - (i) The regalia **must** not be left in an unattended vehicle **unless** all the doors, windows and other means of access have been secured and locked and all keys of the vehicle removed to a place of safety, **and** the regalia is placed in the boot of the vehicle or is otherwise out of sight.
4. Other practical measures:
 - (i) The regalia, unless being worn should be kept in the case provided by the Council. The jewellery roll should only be used when storing the regalia in a home safe or on the way to or from a function.
 - (ii) If the regalia is not required over a period of two weeks, it should be returned to Research and Democratic Services for safekeeping.
 - (iii) During any holiday periods or when it is likely that the member will be away from home, the regalia should be returned to Research and Democratic Services for safe keeping.
 - (iv) The Chairman/Vice-Chairman should normally only wear the regalia on arrival at a function. In any event the regalia should kept covered in public areas. They should seek advice from Research and Democratic Services if this arrangement is not convenient.
 - (v) The regalia should not be left unattended in its case or roll.
 - (vi) Members should not attempt to clean the regalia other than with a soft cloth. Any damage or wear and tear should be reported to Research and Democratic Services as soon as possible.
 - (vii) Regalia should not be loaned or placed in the custody of any other person other than the Head of Research and Democratic Services.
 - (viii) The Chairman and Vice-Chairman should inform Research and Democratic Services immediately if their Chains of Office are lost, mislaid, stolen or otherwise missing in order that the Council's insurers can be informed.

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