

**JOINT GREEN & BUILT ENVIRONMENT AND HEALTH SCRUTINY PANELS –
Meeting held on Tuesday, 13th November, 2007.**

Present:- Councillors Plimmer (Chair), S Chaudhry (until 7.40 p.m.), Dhillon, Hewitt (until 9.20 p.m.), O'Connor (until 8.15 p.m.), Parmar, Qureshi (until 8.15 p.m.), Shine (until 9.05 p.m.), Small and Swindlehurst (until 7.50 p.m.).

Also present:- John Brouder (Berkshire Healthcare NHS Trust), Jonathan Pearce (Heatherwood & Wexham Park Hospitals NHS Foundation Trust) and Viki Wadd (Berkshire East PCT).

Apologies for Absence:- Councillor Coad, Dodds, Finn, E Khan and Maclsaac.

PART I

1. Declarations of Interest

None were declared.

2. Parking Issues at Wexham Park Hospital

The Chair welcomed to the meeting Mr Jonathan Pearce, Director of Infrastructure at the Heatherwood and Wexham Park Hospitals NHS Foundation Trust. Mr Pearce had been invited to the meeting to update Members on a number of access and parking issues at Wexham Park Hospital as previously requested by the Panels. The Officer report outlined the issues of concern previously identified by the Panels and Mr Pearce made a comprehensive presentation addressing these and a number of other related issues. Meetings had also been held at Officer level between the Council and the Trust to address some of the Members' concerns.

In his presentation, Mr Pearce covered the following issues:-

- The request for a master plan of parking and accessibility issues at the hospital – he advised that a five year Development Control Plan existed for the hospital site which outlined the development proposals. He outlined for Members some of the major developments currently taking place on site.
- Staff car parking – in consultation with Staff Side at the hospital the previously muddled parking arrangements had now been rationalised with all car parking on site for both staff and visitors fully managed with barriers. There had been some staff resistance to the changes but this had largely settled down and the hospital had gained the support of Staff Side in the changes that it had made. One outcome of these changes had been to free up between 80 and 100 additional spaces for patients and visitors. Arrangements had also been introduced in respect of eligibility criteria for staff car parking permits with staff living within 1.5 miles of the hospital not generally issued with a staff parking permit. There was

Joint Green & Built Environment and Health Scrutiny Panels - 13.11.07

however an appeal mechanism in place. In addition, there was a voluntary staff “pay to park” scheme. In addition, additional off-site parking for staff had been secured at a local cricket club with an additional 60 spaces available within close walking distance of the hospital.

- Park and Ride facilities – the opportunity for park and ride schemes would continue to be reviewed as considered appropriate although there were substantial costs involved in the introduction of any such scheme. The hospital would also need to be convinced that any such scheme would be taken up to justify such investment.
- Taxi rank – the hospital was not currently in favour of introducing a taxi rank at the front of the hospital for a number of reasons, not least the already congested nature of the access with buses, ambulances and disabled vehicles already encountering some difficulties. The hospital had a contract with a local private hire company and free telephone points had been positioned within the hospital so that visitors and patients could call out for a taxi which was normally available within less than five minutes. Mr Pearce did not believe that a taxi rank was therefore required.
- Better bus facilities – the hospital was remodelling its bus facilities so that traffic flows at the front of the hospital were improved.
- Encouraging alternative travel methods – the hospital was actively looking at a number of measures to encourage cycling and car sharing by staff as two examples. Consideration was being given to free parking being provided for those willing to share cars, subject to the proper controls being put in place.

Mr Pearce concluded his presentation by stressing that the hospital, along with Heatherwood Hospital, was an extremely successful and well run Foundation Trust with a strong record of achievement. However, they took the areas of concern raised by the Council extremely seriously and were working hard to respond as appropriate. They were more than happy to maintain and develop dialogue on these issues.

Members then asked a number of questions of Mr Pearce, including the following:-

- Members challenged Mr Pearce’s assertion that the car parking charges at the hospital were fair and reasonable. Members felt that they were prohibitively high, particularly for people making long visits to very sick people and the example was cited of a charge of £10 for a stay of more than five hours. It was suggested that a charge of this level negatively coloured people’s response to the good work that the hospital was doing and should be reviewed.

Mr Pearce responded that it was not possible to provide free parking and that the income derived from the charges paid for maintenance and security including CCTV cameras. In addition, the hospital had a Police

Joint Green & Built Environment and Health Scrutiny Panels - 13.11.07

Constable and two Police Community Support Officers on site so that there was a very low incidence of crimes and other incidents on site. He did not believe that the charges were particularly excessive as compared to other hospital sites.

He referred to the fact that special arrangements were in place for certain categories of visitors including those visiting young children in hospital and those in intensive care where the ward sisters had the power to give concessionary rates in certain circumstances. Members expressed the view that this was not generally known and that it would be extremely helpful if further publicity could be given around the hospital to the availability of this service. Mr Pearce agreed to look into this.

- There was also some concern expressed at the management of the car parking areas and an example was given of a car parking across two parking spaces and a subsequent vehicle then being unable to find a parking space and not being able to leave the car park if it was full. It was suggested that better supervision of the parking should be provided. Mr Pearce acknowledged that there were not enough car parking spaces for everyone who wanted them but the Trust had been told by the Borough Council that it could not provide further car parking spaces until its existing parking resources were better managed. It was now possible for the hospital to fully audit the number of cars on site. He further stated that there were security patrols that went around the car parks but they could not be on site at all times.
- Members referred to the difficulty with enforcement of the parking prohibitions in Wexham Street and sought clarification of the current position. The Assistant Director, Transport and Planning reminded Members that the Borough boundary with South Bucks District Council ran down the centre of the road and, whilst the Borough Council enforced the parking restrictions on its side, those on the Buckinghamshire side were the responsibility of the Police as Buckinghamshire County Council had not yet taken on parking enforcement powers although they were currently consulting with a view to doing this from late 2008. Mr Pearce commented that it was not the responsibility of the hospital to enforce parking outside the hospital site. In response to a question, the Officer advised that some 110 parking tickets had been issued in the period February to July, 2007 and the position would continue to be monitored and enforced.
- Members asked whether, when remodelling the arrangements for buses on site, the hospital could not provide a sheltered walkway from the bus stop into the hospital to keep people dry. Mr Pearce agreed to take on board the concern expressed by Members and revisit the arrangements currently under consideration.
- With regard to the possibility of a Park and Ride scheme being established for patients and visitors to the hospital, Mr Pearce commented that, whilst this would continue to be kept under review, the hospital did not currently have the resources for what could be a very expensive service and,

Joint Green & Built Environment and Health Scrutiny Panels - 13.11.07

moreover, was not convinced that there would be the demand for it. He accepted that at certain times of the day the car parks were quite full but there were often spaces available. However, the hospital was always willing to enter discussions with partners in this regard if considered appropriate.

- With regard to the provision of a taxi stand, Mr Pearce reiterated that the current arrangement whereby people could call for a taxi from free telephone points was working well and he had not received any complaints about it. He would of course always be willing to look at the issue again if problems were highlighted.
- Members referred to the parking problems being caused in the nearby streets and the issues these were having for nearby residential and commercial properties. Mr Pearce acknowledged that the work they had carried out on site with the parking arrangements may have caused some difficulties in the surrounding roads. However, the situation on site had needed to be addressed.
- With regard to the frequency of buses to the hospital, Mr Pearce commented that they would certainly be in favour of additional bus services but that, at the end of the day, the bus companies operated on a commercial basis and would only provide services that they considered to be financially viable.
- A Member asked whether consideration had been given to the possibility of additional parking being provided by way for example of a multi-storey car park. Officers responded that the hospital was still technically within the Green Belt although it may be possible if any such facility was provided within the existing footprint of the buildings on site. Any application would be looked at sympathetically.

On completion of the questioning, the Chair thanked Mr Pearce for his presentation and for answering Members' questions. It was agreed that a further update in three months' time would be extremely helpful.

Resolved - That the current position with parking and access arrangements at Wexham Park Hospital be noted and that a further update report be presented to the Panels in three months' time.

3. Drug and Alcohol Action Team - Update

The Head of Drugs and Community Safety made a presentation to the Panels setting out an overview of the work of the Drug and Alcohol Action Team (DAAT) and the key issues and challenges currently facing it. He reminded the Panels that Slough DAAT was transferred to the Borough Council in April of this year. At the present time, there was a predicted pressure on DAAT's budget of £190,000. This had occurred because the DAAT was locked into contracts it could not afford because of an unpredicted cut in central

Joint Green & Built Environment and Health Scrutiny Panels - 13.11.07

government funding. The Borough Council was working with partners within the DAAT to address this particular shortfall.

He also highlighted that the DAAT was not meeting some of its targets and so was not delivering as effectively as it would wish to against key outcomes of reducing drug misuse and drug-related offending. Actions had been put in place to improve performance including retendering of the Drug Intervention Programme (DIP) and an action plan. Whilst much was being done to address alcohol-related problems in Slough, there was a shortage of treatment options in the town and strategic planning was currently under way to improve the approach taken to alcohol issues in 2008/09.

On completion of the presentation, Members asked a number of questions of detail and raised a number of issues of concern including the following:-

- Members asked what liaison took place with the Neighbourhood Housing Service and whether there was a strategy in place to ensure that drugs users discharged from treatment were not all housed close together, thereby increasing the possibility of them having further problems. Particular reference was made to a number of drugs users being placed together in the Marunden Green area of Britwell. A Member also referred to the problems that arose where elderly people and drugs users were living together on the same estate and the resultant misery that this caused for elderly residents.

The Officer responded that the provision of adequate housing was a key issue for the DAAT and it was endeavouring to include a representative of the Neighbourhood Housing Team on the DAAT group. He acknowledged that it was however a very difficult issue to address but a Working Group was looking into ways of improving the various support mechanisms for those coming out of treatment including the housing and employment aspects. The Officer undertook to look into the particular issue raised by the Member.

- Several Members expressed concern at the apparent inadequacy of support mechanisms for people with drug and alcohol problems and specific cases were referred to where individuals appeared to have dropped out of the system and were sleeping rough, etc. The Officer undertook to look into particular issues that Members brought to his attention but stressed that the number of people in treatment, although not hitting the desired target, was higher than in the other Thames Valley areas and improving. He reminded Members that there had been an 11% cut in government funding for the DAAT service this year and it was endeavouring to provide the best service it could with partners although funding was a major problem at the present time.
- A Member sought further information on how Slough was performing as compared to other authorities in the area. She was advised that a number of authorities were struggling financially in the same way as Slough but Slough's problem had been exacerbated by the government

Joint Green & Built Environment and Health Scrutiny Panels - 13.11.07

underestimating the size of Slough's population and this continued to be an ongoing issue.

- With regard to the help provided for alcoholics and other alcohol related problems, it was acknowledged that there was not the infrastructure in place to support this group and little structural care in place. Alcohol services needed additional investment and that was acknowledged and accepted and work would be ongoing to improve the position from next year onwards.
- A Member asked whether there had been an increase in alcohol related crime since the licensing laws were relaxed. He was advised that there did not appear to be an increase in alcohol related violence.
- John Brouder from the Healthcare Trust referred to a recent proposal to terminate the contract for the treatment services provided by the Trust and the difficulties that this had caused. He was concerned that there had not been proper consultation and collaboration on this issue which could have the effect of destabilising the service in the area. The Officer responded that there had indeed been a proposal although a recent meeting had agreed not to proceed with decommissioning. He fully accepted that it was extremely important that all agencies worked closely together on these matters.

On completion of the questioning the Chair thanked the Officer for his presentation and for answering Members' questions. It was agreed that, in view of the serious concern expressed by Members at the funding situation of the DAAT, a further position report be submitted to the Panels in three months' time, once the budgetary position for 2008/09 had become clearer.

Resolved -

- (a) That the position be noted and that a further report be submitted to the Panels in early 2008.
- (b) That the further report include additional statistical information concerning Slough DAAT's performance as against that of other neighbouring authorities.

Chair

(Note: The Meeting opened at 6.30 p.m. and closed at 9.40 p.m.)