

COUNCIL MINUTES

(ORDINARY COUNCIL MEETING)

WEDNESDAY 3 JULY 2013



PRESENT

The Mayor Councillor Frances Stainton
Deputy Mayor Councillor Adronie Alford

Councillors:

Michael Adam	Belinda Donovan	Jane Law
Helen Binmore	Gavin Donovan	Mark Loveday
Nicholas Botterill	Rachel Ford	PJ Murphy
Victoria Brocklebank-Fowler	Marcus Ginn	Caroline Needham
Andrew Brown	Peter Graham	Harry Phibbs
Daryl Brown	Steve Hamilton	Sally Powell
Michael Cartwright	Wesley Harcourt	Max Schmid
Elaine Chumnerly	Lisa Homan	Greg Smith
Georgie Cooney	Lucy Ivimy	Matt Thorley
Stephen Cowan	Andrew Johnson	Mercy Umeh
Oliver Craig	Donald Johnson	Rory Vaughan
Tom Crofts	Andrew Jones	
Charlie Dewhirst	Alex Karmel	

9. FILMING

The Mayor requested and it was agreed that consent be given to suspend Standing Order 21(g) to allow for filming to take place during the meeting.

10. MINUTES

7pm – RESOLVED:

The minutes of the Annual Council Meeting held on 29 May 2013 were confirmed and signed as an accurate record, subject to the inclusion of the following sentence at the beginning of the minutes;

“The Mayor requested and it was agreed that Standing Order 21(g) be suspended to allow filming to take place of the Mayor making part of the meeting.”

11. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Colin Aherne, Joe Carlebach, Alex Chalk, Iain Coleman, Ali De Lisle and Peter Tobias. Apologies for lateness were received from Councillor Jane Law.

12. MAYOR'S/CHIEF EXECUTIVE'S ANNOUNCEMENTS

The Mayor provided some highlights from the engagements she had attended:

- A Flag Raising Ceremony on 24 June at Hammersmith Town Hall to fly the flag for the Armed Forces.
- The Mayor judged and awarded the prizes to La Villagio Restaurant, and La Petite Bretagne winners of the 'I Love Lunch' Competition which was organised by Hammersmith London.
- The Mayor visited a number of borough schools; Ark Bentworth to mark their first anniversary and to Greenside School to receive trees from Askew Road Library.
- The Grand Final of the Jack Petchey Speak Out Challenge was held where the most talented 15 regional winners had the opportunity to become the champion.
- On Saturday 29 June, the Mayor launched the Celebrating Fulham festival which was an action packed week for residents, businesses and visitors.

13. DECLARATIONS OF INTERESTS

There were no declarations of interest.

14. PUBLIC QUESTIONS

Under Standing Order 15(e)(xii), Councillor Loveday moved the suspension of the 20 minutes time limit under Standing Order 12(g) to allow all of the public questions to be answered, which was agreed.

14.1 Question 1 - Mrs Lina Voyantzis

7.06pm - The Mayor called on Mrs Lina Voyantzis who had submitted a question to the Deputy Leader and Cabinet Member for Residents Services (Councillor Greg Smith) to ask her question. The Deputy Leader responded. Mrs Voyantzis asked a supplementary question which was also answered.

14.2 Question 2 - Ms Dede Wilson

7.10pm - The Mayor called on Ms Dede Wilson who had submitted a question to the Cabinet Member for Community Care (Councillor Marcus Ginn) to ask her question. The Cabinet Member for Community Care responded. Ms Wilson asked a supplementary question which was also answered.

14.3 Question 3 - Ms Jasmine Pilgrim

7.17pm - The Mayor called on Ms Jasmine Pilgrim who had submitted a question to the Cabinet Member for Community Care (Councillor Marcus Ginn) to ask her question. The Cabinet Member for Community Care responded. Ms Pilgrim asked a supplementary question which was also answered.

14.4 Question 4 - Ms Vivienne Lukey

7.20pm - The Mayor called on Ms Vivienne Lukey who had submitted a question to the Cabinet Member for Community Care (Councillor Marcus Ginn) to ask her question. The Cabinet Member for Community Care responded. Ms Lukey asked a supplementary question which was also answered.

14.5 Question 5 - Ms Anne Drinkell

7.23pm - The Mayor called on Ms Anne Drinkell who had submitted a question to the Cabinet Member for Community Care (Councillor Marcus Ginn) to ask her question. The Cabinet Member for Community Care responded. Ms Drinkell asked a supplementary question which was also answered.

14.6 Question 6 - Ms Julia Dickinson

7.35pm - The Mayor called on Ms Julia Dickinson who had submitted a question to the Cabinet Member for Community Care (Councillor Marcus Ginn) to ask her question. The Cabinet Member for Community Care responded. Ms Dickinson asked a supplementary question which was also answered.

14.7 Question 7 - Mr Carlo Nero

7.40pm - The Mayor called on Ms Desiree Cranenburgh to ask the question on behalf of Mr Carlo Nero who had submitted a question to the Cabinet Member for Community Care (Councillor Marcus Ginn). The Cabinet Member for Community Care responded. Ms Cranenburgh asked a supplementary question.

14.8 Question 8 - Mr Graham Hodgkin

8.10pm – A further question had been submitted on time by Mr Graham Hodgkin which had been circulated around the Chamber. The Mayor called on Mr Hodgkin who had submitted a question to the Leader (Councillor Nicholas Botterill) to ask his question. The Leader responded. Mr Hodgkin asked a supplementary question which was also answered.

(A copy of all the public questions submitted and the replies given are attached at **Appendices 1 - 8** to these minutes).

15. ITEMS FOR DISCUSSION/COMMITTEE REPORTS

15.1 Development Management Local Plan: Adoption of Document

8.21pm - The report and recommendations were formally moved for adoption by the Cabinet Member for Transport and Technical Services, Councillor Victoria Brocklebank-Fowler.

Speeches on the report were made by Councillors Nicholas Botterill, Victoria Brocklebank-Fowler, Lucy Ivimy, Mark Loveday and Andrew Johnson (for the Administration) and Councillors Wesley Harcourt, Andrew Jones, Stephen Cowan and PJ Murphy (for the Opposition).

The report and recommendations were put to the vote and a roll-call was requested:

FOR

ADAM
ALFORD
BINMORE
BOTTERILL
BROCKLEBANK-FOWLER
BROWN (A)
COONEY
CRAIG
CROFTS
DEWHIRST
DONOVAN (B)
DONOVAN (G)
FORD
GINN
GRAHAM
HAMILTON
IVIMY
JOHNSON (A)
JOHNSON (D)
KARMEL
LAW
LOVEDAY
PHIBBS
SMITH
STANTON
THORLEY

AGAINST

BROWN (D)
CARTWRIGHT
CHUMNERY
COWAN
HARCOURT
HOMAN
JONES
MURPHY
NEEDHAM
POWELL
SCHMID
UMEH
VAUGHAN

FOR	26
AGAINST	13
NOT VOTING	0

The report and recommendations were declared **CARRIED**.

8.58pm **RESOLVED:**

- (1) That Council resolves to adopt the Development Management Local Plan (Appendix 1 of the report); and
- (2) That Council approves the revocation of the supplementary planning guidance identified in paragraph 5.6 of the report.

15.2 Planning Guidance Supplementary Planning Document: Adoption of Document

8.59pm - The report and recommendations were formally moved for adoption by the Cabinet Member for Transport and Technical Services, Councillor Victoria Brocklebank-Fowler.

Speeches on the report were made by Councillor Victoria Brocklebank-Fowler (for the Administration) and Councillor Wesley Harcourt (for the Opposition).

The report and recommendations were put to the vote:

FOR	26
AGAINST	12
NOT VOTING	0

The report and recommendations were declared **CARRIED.**

9.06pm **RESOLVED:**

That Council resolves to adopt the Planning Guidance Supplementary Planning Document (Appendix 1 of the report).

15.3 Committee Membership

9.06pm - The report and recommendations were formally moved for adoption by the Leader of the Council, Councillor Nicholas Botterill.

The report and recommendations were put to the vote:

FOR	Unanimous
AGAINST	0
NOT VOTING	0

The report and recommendations were declared **CARRIED.**

9.07pm **RESOLVED:**

That Councillors Andrew Brown and Joe Carlebach be appointed to the Wormwood Scrubs Charitable Trust Committee effective from the day after the Council meeting.

15.4 Establishment of a Health and Wellbeing Board: Governance Arrangements

9.08pm - The report and recommendation was formally moved for adoption by the Leader of the Council, Councillor Nicholas Botterill.

Speeches on the report were made by Councillors Rory Vaughan and Stephen Cowan (for the Opposition) and Councillor Marcus Ginn (for the Administration).

The report and recommendation was put to the vote:

FOR	Unanimous
AGAINST	0
NOT VOTING	0

The report and recommendation was declared **CARRIED**.

9.14pm **RESOLVED**:

That Council, having consulted the Health and Wellbeing Board (HWB) and having regard to the recommendation of the HWB, directs that the Clinical Commissioning Group (CCG) representative and the local Healthwatch representative are entitled to vote, but that Council officers on the HWB are not entitled to vote.

15.5 Review of the Council's Constitution - Changes to Officer Schemes of Delegation and Minor Amendments

9.15pm - The report and recommendations were formally moved for adoption by the Leader of the Council, Councillor Nicholas Botterill.

The report and recommendations were put to the vote:

FOR	Unanimous
AGAINST	0
NOT VOTING	0

The report and recommendations were declared **CARRIED**.

9.15pm **RESOLVED**:

That the changes and amendments made to the Council Constitution, as summarised in section 5 of the report, be noted.

16. **SPECIAL MOTIONS**

9.16pm - Under Standing Order 15(e) (iii), Councillor Mark Loveday moved that Special Motion 4 - Panorama Expose of What Happens "Inside Hammersmith and Fulham Council's Traffic Department" take precedence on the agenda over Special Motions 2 and 3 and be considered after Special Motion 1. The motion was unanimously agreed.

16.1 Special Motion 1 - Female Genital Mutilation

9.16pm – Councillor Helen Binmore moved, seconded by Councillor Mark Loveday, the special motion standing in their names:

“This Council:

1. Notes that:

- In the UK it is thought that 66,000 women have been affected by FGM and are living with the consequences, whilst over 20,000 girls under the age of 15 are currently at risk.
- FGM is a deeply rooted tradition among specific communities and practised for a variety of complex reasons but often in the belief that it is beneficial for the girl or woman.

2. Recognises that:

- FGM is illegal and has been a criminal offence since 1985.
- It has no health benefits and it is harmful to girls and women physically, psychologically and emotionally.
- Consequences can be severe, both immediately and long term.
- FGM is a form of child abuse and violence against women and girls.
- An effective co-ordinated multi-agency response is required with appropriate stakeholder involvement.

3. Resolves to:

- Continue to develop a coherent strategy to raise public awareness and professional understanding, and;
- End all forms of FGM in the borough.”

Speeches on the special motion were made by Councillors Helen Binmore, Mark Loveday, Nicholas Botterill and Andrew Brown (for the Administration) and Councillors Caroline Needham, Lisa Homan and Stephen Cowan (for the Opposition).

The motion was put to the vote and a roll-call was requested:

FOR

ADAM
ALFORD
BINMORE
BOTTERILL
BROCKLEBANK-FOWLER
BROWN (A)
COONEY
CRAIG
CROFTS
DEWHIRST
DONOVAN (B)
DONOVAN (G)

FORD
GINN
GRAHAM
HAMILTON
IVIMY
JOHNSON (A)
JOHNSON (D)
KARMEL
LAW
LOVEDAY
PHIBBS
SMITH
STANTON
THORLEY
BROWN (D)
CARTWRIGHT
CHUMNERY
COWAN
HARCOURT
HOMAN
JONES
MURPHY
NEEDHAM
POWELL
SCHMID
UMEH
VAUGHAN

FOR	unanimous
AGAINST	0
NOT VOTING	0

The motion was declared **CARRIED**.

9.47pm – **RESOLVED**:

This Council:

1. Notes that:
 - In the UK it is thought that 66,000 women have been affected by FGM and are living with the consequences, whilst over 20,000 girls under the age of 15 are currently at risk.
 - FGM is a deeply rooted tradition among specific communities and practised for a variety of complex reasons but often in the belief that it is beneficial for the girl or woman.
2. Recognises that:
 - FGM is illegal and has been a criminal offence since 1985.
 - It has no health benefits and it is harmful to girls and women physically, psychologically and emotionally.

- Consequences can be severe, both immediately and long term.
 - FGM is a form of child abuse and violence against women and girls.
 - An effective co-ordinated multi-agency response is required with appropriate stakeholder involvement.
3. Resolves to:
- Continue to develop a coherent strategy to raise public awareness and professional understanding, and;
 - End all forms of FGM in the borough.

16.2 Special Motion 4 - Panorama Expose of What Happens "Inside Hammersmith and Fulham Council's Traffic Department"

9.48pm – Councillor Wesley Harcourt moved, seconded by Councillor Michael Cartwright, the special motion standing in their names:

“This council welcomes the Panorama exposé and determines not to use any measures to entrap innocent motorists.”

Speeches on the special motion were made by Councillors Wesley Harcourt and Michael Cartwright (for the Opposition).

Under Standing Order 15(e) (vi), Councillor Mark Loveday moved, seconded by Councillor Victoria Brocklebank-Fowler, an amendment to the motion as follows:

“In title of Special Motion, delete “Panorama Expose of What Happens ‘Inside”

In body of Special Motion, delete “welcomes the Panorama expose and”

The amendment was put to the vote:

FOR	25
AGAINST	12
NOT VOTING	0

The amendment was declared **CARRIED.**

The substantive motion as amended was put to the vote:

FOR	unanimous
AGAINST	0
NOT VOTING	0

The motion as amended was declared **CARRIED.**

10.04pm – **RESOLVED:**

Special Motion 4 - Hammersmith and Fulham Council's Traffic Department

This council determines not to use any measures to entrap innocent motorists.

16.3 Special Motion 2 - White City Neighbourhood Community Budget

This motion was withdrawn.

16.4 Special Motion 3 - North End "Pride of Place"

This motion was withdrawn.

16.5 Special Motion 5 - Rough Sleepers

10.05pm – Councillor Stephen Cowan moved, seconded by Councillor Lisa Homan, the special motion standing in their names:

“This Council notes the rough sleepers figures released on 20th June 2013 by the Combined Homelessness and Information Network. Those detail how rough sleeping in London has risen by 62 per cent in two years. It further notes that 6,437 people slept on the streets of London last year which is a 13 per cent rise on the previous year.

The council recognises the unique physical and mental health issues that plague the vast majority of rough sleepers and agrees to review how it can better co-ordinate support between the health, police, NGOs and the council’s homeless support services.

Furthermore, the Council will work with the London Mayor and other agencies to do everything reasonably possible to support people out of the crisis that has led them to sleep on London’s streets and so to drastically reverse this trend.”

The motion was put to the vote:

FOR	12
AGAINST	25
NOT VOTING	0

The motion was declared **LOST.**

16.6 Special Motion 6 - Cost of Non-Compliance with UK Tax Laws

10.07pm – Councillor Max Schmid moved, seconded by Councillor Andrew Jones, the special motion standing in their names:

“This council regrets Hammersmith and Fulham’s self-confessed “careless” non-compliance with UK tax laws over a six year period and the resulting GBP 173,000 cost to tax payers in fines, interest payments and consultancy costs.”

The motion was put to the vote:

FOR	12
AGAINST	25
NOT VOTING	0

The motion was declared **LOST**.

16.7 Special Motion 7 - Empowering Residents to Influence Development

10.08pm – Councillor Wesley Harcourt moved, seconded by Councillor Lisa Homan, the special motion standing in their names:

“This council notes that the Government’s recent relaxation of permitted development rights within planning regulations but is concerned that they will curtail the rights of Hammersmith & Fulham residents to influence how their local communities are developed.

We further note that this will be detrimental to the council’s ability to restrict the number of betting shops, fast food venues and payday lenders opening in the borough and calls upon the Government to reverse this legislation.

This council supports the introduction of an “umbrella use class” enabling communities and councils to respond to planning issues according to local circumstances and concerns.”

The motion was put to the vote:

FOR	12
AGAINST	26
NOT VOTING	0

The motion was declared **LOST**.

16.8 Special Motion 8 - Housing

The motion was withdrawn.

17. INFORMATION REPORTS - TO NOTE

There were no information reports to this meeting of the Council.

* * * * * CONCLUSION OF BUSINESS * * * * *

Meeting started: 7.00 pm
Meeting ended: 10.10 pm

Mayor

PUBLIC QUESTION TIME

LONDON BOROUGH OF HAMMERSMITH & FULHAM

COUNCIL MEETING – 3 JULY 2013

Question by: Mrs Lina Voyantzis

To: Deputy Leader and Cabinet Member for Residents Services

QUESTION

“In relation to allotments at Fulham Palace Meadows Allotments (FPMAA), at the April 2013 AGM the FPMAA Vice Chairman announced that the FPMAA Committee members are negotiating with the Council to grant a long lease to the Association. Can you confirm the nature of the Council’s negotiations with the FPMAA Committee and give details about the Council’s plans for the granting of a lease?

Also please, give the names of the individuals to whom the Council will grant the lease, state when the decision to grant a lease of Council land to individuals was approved and give the date of the public consultation? The local tax payers have the right to know the Council’s plans to dispose of Council property.”

ANSWER

The council can confirm that it has and remains in talks with FPMAA regarding the proposed grant of an agreement. Regarding the nature and details of the agreement this is a commercial negotiation and therefore it is not appropriate at this stage to disclose information which remains of a commercial and confidential nature.

The Council is exploring the options of entering into an agreement with an incorporated body and not any individuals. As the negotiation is still ongoing no final decision has been taken.

PUBLIC QUESTION TIME

LONDON BOROUGH OF HAMMERSMITH & FULHAM

COUNCIL MEETING – 3 JULY 2013

Question by: Ms Dede Wilson

To: Cabinet Member for Community Care

QUESTION

“Why were requests for Council help to inform residents, schools, residents associations, churches & community groups of the proposed threats to our hospitals during the consultation largely ignored and an urgent request to leaflet residents in the borough about the threat of closure and demolition of CXH in October refused at the Phoenix School on the grounds that it was too expensive?”

ANSWER

“The Council went to considerable efforts to raise awareness of the SAHF review, both during the consultation period and after a decision had been announced. We leafleted 85,000 homes, we wrote to every GP and community leader, and we took regular space in the local newspaper during the consultation period. We organised a public meeting last September, blitzing the borough with posters to publicise that meeting. We have worked as hard to inform residents as we have to analyse clinical arguments and influence health managers.”

PUBLIC QUESTION TIME
LONDON BOROUGH OF HAMMERSMITH & FULHAM
COUNCIL MEETING – 3 JULY 2013

Question by: Ms Jasmine Pilgrim

To: Cabinet Member for Community Care

QUESTION

“Has the Business Case for North West London hospital reconfiguration been finalised?”

ANSWER

The Joint Committee of the PCTs made its decision on 19th February. The NHS has now begun implementation preparation which will take 5 years to complete. The Council continues to engage with H&F CCG and Imperial on the implementation of the business cases.

PUBLIC QUESTION TIME
LONDON BOROUGH OF HAMMERSMITH & FULHAM
COUNCIL MEETING – 3 JULY 2013

Question by: Ms Vivienne Lukey

To: Cabinet Member for Community Care

QUESTION

“What is the latest news regarding the Independent Review process for the hospital reconfigurations in North West London?”

ANSWER

SofS has now initiated the full IRP review asking them to report back to him by 13th Sept.

PUBLIC QUESTION TIME

LONDON BOROUGH OF HAMMERSMITH & FULHAM

COUNCIL MEETING – 3 JULY 2013

Question by: Ms Anne Drinkell

To: Cabinet Member for Community Care

QUESTION

“Does the council support the aims of the Save Our Hospital campaign?”

ANSWER

The Council has always supported the campaign to protect our hospitals and ensure that residents of this borough have the highest quality health services possible. But our approach to achieving these aims now differs from that taken by some. The Council now takes the view that we will secure the best possible hospital services, primary care services and out of hospital services for our residents, through negotiation and detailed planning with the NHS. That is what we have done and what we will continue to do.

The Save Our Hospital campaign enabled the Council to negotiate a far better set of proposals than originally suggested. The original proposals would have downgraded Charing Cross to a GP clinic but with the help of the community campaign we demonstrated a political and clinical case for more.

The new proposals will mean that the vast majority of everyday health services that we all rely on will continue to be delivered there. In some cases new services will be added. In the Council's view the Save our Hospitals campaign did exactly that – it saved Charing Cross as a viable hospital.

We accept that the proposals do not go far enough, particularly in areas including everyday emergency care and elective surgery.

We think getting round the table and working with our NHS partners is a better tactic than the simplistic and confrontational position adopted by Ealing. Those tactics were right at the start but there comes a point when you have to be prepared to listen and to negotiate – rather than bury your head in sand and hope that the challenges facing our NHS will go away. In the end, no change was simply not an option.

PUBLIC QUESTION TIME

LONDON BOROUGH OF HAMMERSMITH & FULHAM

COUNCIL MEETING – 3 JULY 2013

Question by: Ms Julia Dickinson

To: Cabinet Member for Community Care

QUESTION

“Why didn't you listen to your residents who signed a petition not to close ANY Services at Charing Cross Hospital (CCH)? 80,000+ *[as amended on the night from original figure of 60,000+]* residents signed the petition to save CCH but the petition was ignored.”

ANSWER

We did listen to our residents which is why we campaigned so vehemently against the original proposals to close Charing Cross.

But we had to make a choice. Do we campaign for ‘no change’, just like Ealing Council, or do we try and negotiate the best possible position for our residents.

We believed that the Ealing route is very risky. There is a high possibility that they will lose legal action and could be left with nothing except a £1m legal bill. We were not prepared to take that risk.

We have also listened to clinicians, who have consistently and clearly made the argument that lives will be saved if services are concentrated at centres of excellence.

We decided to get round the table and protect as many services as possible. So far we have achieved a lot, but not everything. The new business cases that are being developed would mean that 85% of people who currently use Charing Cross would continue to use it in the same way. While being pleased with that, we are still talking to the NHS. A week does not go past without some kind of discussion. We continue to fight for better health services in this borough and a central role for CX.

PUBLIC QUESTION TIME

LONDON BOROUGH OF HAMMERSMITH & FULHAM

COUNCIL MEETING – 3 JULY 2013

Question by: Mr Carlo Nero

To: Cabinet Member for Community Care

QUESTION

“In looking back at the leaflets, flyers and other literature the council was distributing across the borough last summer costing taxpayers tens of thousands of pounds, I was reminded that the council was explicitly and unreservedly campaigning to save Hammersmith and Charing Cross' A & Es and Charing Cross Hyper Acute Stroke Unit. By definition, this is what saving our local hospitals meant to the council. There was no mention When the Council began campaigning to save some minor injury and outpatient treatment, demolishing most of the hospital, getting rid of nearly all the beds, and leaving only a GP-run clinic. In light of recent revelations that A&Es across the country are completely overwhelmed and causing an increase in loss of life, and that areas which have lost their A&Es are also experiencing a substantial increase in deaths, how can the council honestly claim to be saving lives with the loss of both of the borough's A&Es?”

ANSWER

This is an important question and a hugely important issue for our borough. It is also very complex issue which requires a considered response. I make no apology for taking the time to provide a thorough answer. People here do not deserve politicking or a glib response ... they are not going to get one.

Let me start by saying that there is one thing that everybody in this Chamber here tonight is united on – we all want the very best standard of care possible for our residents - acute care, primary care, secondary care, and care from Charing Cross and Hammersmith Hospitals.

Let me also start tonight by taking my hat off to the campaigners here tonight for the incredible work you have done, for the passion and energy you have brought to the campaign. I have full respect for you and the efforts you have made.

The issues surrounding A&E provision at Charing Cross and Hammersmith Hospital are complicated. They also pre-date the current proposals and the recent consultation.

In fact the current proposals before us stem from well before 2010 when the previous Government commissioned the Darzi Review to look at reform across the NHS.

Most people accept that the NHS has to change in some way, just like it has changed in every decade since its inception. Changes are inevitable given the huge demand for services, given advancements in technology and medicine, given changes in society.

If the NHS stood still and resisted change we would not have seen the incredible transformation we have had under all Governments. Nowadays people are living longer than ever thanks to better standards of healthcare. The NHS is treating more people faster and better than before. Death rates for conditions such as breast cancer and lung cancer are falling fast. At St Barts the introduction of the Cyberknife means that tumours are now being treated which would have been impossible only a few years before.

Yet, while standards have continually improved, so has demand increased – as you point out.

The previous Government responded by commissioning the Darzi review way back in 2007. The Darzi review called for a major overhaul, suggesting that GPs should take on half the workload of overstretched A&E units. It recognised that many people did not really need to be treated at A&E – the type of injuries or ailments they had could be better treated in the community.

Darzi also recognised that A&E units were not always offering the very best standards of care. Many were under-resourced or understaffed and lacked sufficient cover from experienced consultants. Darzi made it very clear that the answer was not to just throw more money at the problem – spend on the NHS was already going through the roof and even now in the age of austerity it is the one area of public finance that has been protected from cuts. Spend on the NHS has doubled in the past ten years – it currently stands at £104 bn and is still rising.

No, Darzi and the last Labour government, recognised that money alone could not solve it. We needed an overhaul in emergency care.

The Darzi review recommended a shift in emergency care with the establishment of specialist regional centres. These centres were to replace the days of the General Hospital trying to do everything but maybe not doing everything well.

These units would take in the most complex cases, offering the kind of expert care and resources that we all liked to think would be available should we be unlucky enough to need them. They are staffed 24 hours a day, seven days a week by experienced senior clinicians, they have the best care technology in the world, with all the required services that are sometimes necessary.

Currently in NWL and the country it is impossible to offer that standard of care in every A&E unit 24 hours a day, seven days a week. For one thing there aren't nearly enough senior clinicians.

Before the creation of these specialist centres people would be subject to some kind of lottery which would determine the level of expertise that they would get from their A&E unit. The sad fact is that if you were unlucky enough to have a major trauma accident on a

Sunday night, you were less likely to be treated by a senior clinician, and as a result more likely to die.

A London Health Programmes analysis of emergency admissions carried out in 2011 found that, on average, people admitted at weekends had a 10% higher mortality rate. The study concluded that changes in shift patterns, when there were fewer senior clinicians available, was a major factor in explaining this.

It went on to conclude that in London alone 500 deaths could have been avoided each year– 130 in our patch across North West London – if we had specialist centres offering concentrated care where the best clinicians were on hand seven days a week, 24 hours a day. You will never be able to replicate this standard of cover at every local A&E unit.

Meanwhile, the 2010 Sentinel Stroke Audit showed how treatment of strokes across the Capital had improved vastly within five years thanks to the emergence of concentrated centres of care, or Hyper Acute centres. Five out of the seven stroke units in the UK are now in London, including the one in our area. Furthermore a University of London report concluded that hyperacute units have saved 400 lives while reducing levels of long term disability.

This clinical history is part of the evidence that is informing the Council's position now.

In our neck of the woods St.Mary's has a specialist centre for major trauma. Hammersmith Hospital has a world class cardiology unit. Chelsea & Westminster has a world class paediatric centre.

And here is a vital point to which I gave considerable thought during the consultation – and which I am afraid maybe still lost on some. If you have a heart attack outside Charing Cross hospital tomorrow, you will be taken by ambulance to Hammersmith. If you have a major trauma incident you will be taken to St Mary's. And if your child needs paediatric care that ambulance will take you from the Fulham Palace Road to Chelsea & Westminster. We already have specialist centres in NWL. And this already saves lives.

Of course we would have preferred Charing Cross and Hammersmith to be specialist emergency centres. Sadly we lost that debate some time ago, well before Shaping a Healthier Future. It was this council that constantly banged the drum for Charing Cross, constantly highlighted the transfer of services when others accused us of scaremongering. We argued from the very beginning that specialist services should be based at Charing Cross, highlighting its proximity to Heathrow and major population centres. In particular we lobbied hard for the hyper acute stroke unit to remain where it is at Charing Cross.

Nobody has been more passionate in this debate than our former Council Leader. As everybody knows this was his number one campaigning issue.

Sadly, very sadly, we lost the debate – and that decision was taken some time ago. The Major trauma unit at St Mary's opened on 1st December 2010.

Maybe I should repeat that date... 1st December 2010 following the Darzi review. The seeds of the current decision were not just sewn back then, they have positively bloomed into the NHS we have today.

So, given the history on this – given that the decision to start the inevitable downgrade of Charing Cross's A&E unit was taken way back then, we realised that the current review was not just about A&E – it never was. Given the concentration of specialist services elsewhere – it was about the existence of the hospital itself and the everyday services that we all rely on.

Of course we would love to save the A&E unit – we still would. But there has to come a time when we recognise the historical shift that has occurred. It was never going to be possible to dismantle the future direction of the NHS which was set nationally six or more years ago. Our part of NWL was never going to be an enclave that resisted change when change is happening fast across the country with specialist emergency centres already established in every region.

And clinicians voiced their opinion loud and clear. They told us that lives would be saved through the creation of consolidated emergency departments. And they told us that without a complimentary paediatrics or major trauma department at Charing Cross – decisions taken years before – it was unlikely that it would be chosen as the location for such a specialist emergency centre. Despite the proud history of the hospital and its great transport links.

So we had a choice, a very tough choice. Do we continue campaigning and waving placards, collecting signatures. Or do we face up to reality?

Believe me it would have been so easy for us to have carried on campaigning. We would have carried on receiving favourable headlines, we could have been issuing press releases with photocalls every week.

But being in power isn't all about popularity contests. It is about responsible decision making. We have a responsibility to our residents, a responsibility to do the right thing.

We therefore took the decision to get round the negotiating table to try and hammer out the best possible deal for our residents given that history, given that context, given the direction of travel and given the clinical research which shows that regional centres of specialist care, like the one at Hammersmith Hospital, save lives.

Charing Cross was never going to become a specialist emergency centre – as I said – we lost that debate years ago. Therefore our focus had to be on preserving as many services as we possibly could given the draconian proposals originally before us which would have demoted the hospital to nothing more than a GP clinic.

And we achieved a huge amount through that negotiation – not enough for the people here tonight, but nonetheless we retain most of the everyday non-emergency services that we all rely on. Services retained or even added include MRI scans, CT scans, endoscopy, cancer care, renal services, physiotherapy, occupational therapy. I know some people like to dismiss this or talk this down but the fact is that thousands of our residents rely on these services everyday of their lives.

The current proposals do not include an A&E unit, but it does include an Urgent Care Centre which would treat around 70% of people who currently use A&E.

I totally understand that the new proposals do not go far enough for people here tonight, I fully accept that. But they are a massive step forward. Together we have ensured that Charing Cross will survive as a hospital.

Had we not decided to get around then negotiating table and to carry on campaigning, maybe talking up costly legal action that could have left our residents with a six figure bill with little chance of success, there is a prospect – a very real prospect – that we would have lost everything. We weren't prepared to take that risk.

People want more and I fully accept that. I want more **which is why we have been continuing to work with NHS and to press the case for maximising the potential of our hospitals**. We want Charing Cross to provide the best possible services for our residents, taking its place in the expert care network now established.

Let me just say this. We are talking to the NHS about whether we can improve the level of everyday emergency care services available at Charing Cross, accepting that the very specialist emergencies will continue to go to St.Mary's, Hammersmith or Chelsea & Westminster where people have a greater chance of surviving because of the concentrated care and resources available.

We are not just talking to Imperial, we are talking to a range of providers and our local commissioners. Barely a week goes by where conversations have not taken place. We said at the last Full Council meeting that the new business cases that are being developed with the new proposals are the minimum we expect.

OOH

But this is only part of the picture, we have also been doing much more – often behind the scenes – to improve healthcare in this borough and to reduce demand on A&E services at a time when demand in some parts of the country - as Carlo quite rightly points out, is increasing.

One of the problems confronting the NHS right now is that too many people are going to A&E who shouldn't have to. A study by Imperial College recently revealed that 100,000 visits a year could be avoided if patients had access to quicker GP appointments. In fact it is estimated that one in four people who attend A&E could be treated in the community, either at their GP surgery, a community health centre or at home.

And by treating patients well in these environments we can prevent the deterioration in their health and onset of crisis that will require them to visit A&E and spend time in a frightening and disorientating acute hospital environment.

And this is an area where the Council can make a huge difference.

We are working hard with GPs and other health professionals to vastly improve community health care in our borough.

As we all know accessing the healthcare that you need can be like a labyrinth for some patients, with different trusts, different providers, with their individual needs spanning across those providers. It is daunting at the best of time.

By working with GPs and NHS Trusts, vulnerable people in our borough will soon be provided with one point of reference – one person to deal with – one person to steer them round that labyrinth, making sure that they receive joined up care based around individual needs. We will be tearing down the barriers between social care and health care – all their needs will be met with one care package. This is a massive step forward which will have a huge impact on the health and wellbeing of our residents. It will totally transform the level of care people receive in their own home. And yes... it will reduce demand on A&E.

Yes, this vision could mean a little less money spent in acute hospital settings. Because a lot more is being invested to stop our frail and vulnerable residents from ending up there in the first place.

But let me assure you. Our support for the SAHF programme is based upon the achievement of these Out of Hospital advances. We want to see real changes in community care over the next few years, and real evidence that this is leading to a reduced reliance upon acute hospital services and A&E departments. We will be monitoring progress closely. We will be helping to deliver this vision. Our residents would expect no less from us.

Specially I want to measure our success in the following areas:

1. The creation of Virtual Wards which will be established across the borough as a means of delivering reductions in acute hospital activity, through improved case management and care co-ordination
2. Personalised care planning for 30,000 people at risk of admission to hospital
3. Improved Primary and Community Health Care Services, including upskilling primary care clinicians and community nurses
4. An increase in the revenue budget of £17m per year
5. Capital investment of up to £40m per year

Conclusion

So, let me sum up. I fully appreciate the concern and anger people have over the loss of emergency services at Charing Cross. It is a hospital that we all love and all rely on. I have tremendous respect for the people who have campaigned so adamantly to save it. I understand 'saving it' to them means retaining A&E services.

Tonight, I hope, I have gone some way to explaining the Council's stance and why we took the decision to negotiate and work constructively to co-design the best possible future for Charing Cross. To deny reality for short term political gain would have been an abdication of the long term responsibility that we have for our residents health.

Even though we do not agree on tactics, we all care passionately about our hospitals and our health system. We will continue to push for the best deal for our hospitals. And we will work with the NHS to keep more residents well and Out of Hospital in the first place.

PUBLIC QUESTION TIME

LONDON BOROUGH OF HAMMERSMITH & FULHAM

COUNCIL MEETING – 3 JULY 2013

Question by: Mr Graham Hodgkin

To: The Leader

QUESTION

“The JOHSC [Joint Overview Health Scrutiny Committee] report, drafted by the consultants appointed to support the committee, Peter Molyneux and Mark Butler concluded with:

'Our conclusion is that the consultation process has failed to meet the standards that should be expected for such important changes to service and local facilities, which potentially affect local people significantly'

The last 2 paragraphs of the DRAFT report concluded with these two paragraphs under the heading 'Remit for Consultation':

'Boroughs and third sector partners seem to have been largely ignored as sources of help and expertise in engaging with communities they know well. This may reflect the bulk of the budget being spent on expensive external communication and public relations experts rather than those with in nurturing sustainable local commitment and developing greater public involvement skills within the public sector.

A key concern is that virtually nothing of any significance about the proposals has altered over the nine months of development and engagement. This is not a sign of the strength of the proposals but an indication that a top-down, un-engaging process has been running. It is hard to avoid feeling that this has been an essentially closed NHS process, intended to promote a highly-developed proposal, rather than to engage meaningfully with the public and staff in shaping the future. Our conclusion is that the consultation process has failed to meet the standards that should be expected for such important changes to service and local facilities, which potentially affect local people significantly'.

Furthermore

"It has been widely publicised that NHS NW London spent £7m pounds on their public consultation "shaping a healthier future"

H&F council agreed in February 2013 to, amongst other proposals, to the demolishing of the 500 bed Charing Cross Hospital Major Hospital and replacing it with a 60 bed 'health and social care hospital'.

The concept 'health and social care hospital' does not appear anywhere in the consultation documents presented to the public and has no provenance or evidence of clinical efficacy or safety.

Under Section 242 of the NHS Act 2006 requires that those responsible for NHS services involve and engage patients and the public continually in the planning and development of those health services.

Furthermore;

'Section 242 (2) (b) of the Act imposes a duty on each body to which it applies, which includes PCTs, to consult persons to whom services are being or may be provided on "the development and consideration of proposals for changes in the way those services are provided".'

Therefore the Public has not been consulted under Section 242 of the NHS Act 2006 as stated above.

The consultation is not the responsibility of H&F Council but by agreeing to the proposals implies that the council is satisfied with the consultation process.

Is the council satisfied?

If not are you going to tell the Independent Panel set up by the Health Minister, Jeremy Hunt?

Finally - Can you send copies of submissions made to Jeremy Hunt's Independent panel to Save Our Hospitals [Hammersmith] Campaign."

ANSWER

You are right to point out concerns with the original consultation – indeed we were one of the most ardent critics of the consultation process.

However, to be fair to the NHS the proposals for Charing Cross were changed as a result of feedback from the consultation, as a result of the campaign around the consultation.

As I have said before, there comes a point when we have to do more than shout the loudest. We felt it was far better to constructively work with the NHS to try and get the best possible deal for our residents.

Are we satisfied? We are happy that Charing Cross has been saved as viable hospital, we are happy that the majority of everyday health services will still continue to be available but we are continuing to talk to the NHS and all healthcare providers to maximise the services that will be available – accepting the growing clinical evidence which suggests that specialists centres of care save lives.

We will be making every effort to put the case for more services, including enhanced emergency cover at Charing Cross, to the Independent Panel. At the moment the Independent Panel has made it clear that they are only interested in speaking to clinicians. We hope that will change and we will be pressing to make a submission which we will, of course, make public.