

Runnymede Borough Council

REVIEW BOARD

9 October 2008 at 7.30pm

Members of the Board present: Councillors P B Tuley (Chairman), H W V Meares (Vice-Chairman), D A Cotty, A J Davis, P A Francis, Mrs E Gill, Mrs L M Gillham, R N Jones, and A P Tollett.

Members of the Board absent: None.

Councillor A Alderson also attended.

248. NOTIFICATION OF CHANGES TO COMMITTEE MEMBERSHIP

The Group mentioned below had notified the Chief Executive Officer of their wish that the change listed be made to the membership of the Board. The change was for a fixed period ending on the day after the meeting and thereafter the Councillor removed would be reappointed to the Board.

Group Requesting Change	Remove from Membership	Appoint Instead
Runnymede Independents	Councillor A M Moore	Councillor Mrs E Gill

The Chief Executive Officer had given effect to this wish in accordance with Section 16(2) of the Local Government and Housing Act 1989.

249. MINUTES

The Minutes of the Review Board meeting held on 3 July 2008 were confirmed and signed as a correct record.

250. REVIEW OF CAR PARKING PROVISION AT ST. PETER'S HOSPITAL, CHERTSEY

The Board reviewed car parking provision at St Peter's Hospital, Chertsey. The Chairman had asked for the review because of public concerns about the adequacy of the provision and the ability of patients, visitors and staff to adequately access the site and its services.

The Board welcomed three representatives of the Ashford and St Peter's Hospitals NHS Trust to the meeting. These were the Finance Director, the Capital Projects Manager, and the Acting Facilities Manager, who advised the Board on the Trust's policies.

The Trust representatives were asked to advise on what policies the Trust had for parking at St Peter's Hospital in the future, whether the Trust intended to produce a comprehensive plan of proposed parking provision either as a separate document or as part of a planning masterplan, and whether the Trust had plans to implement previously approved decked car parking. They were also requested to provide an update on progress regarding the implementation of the St Peter's Travel Plan and its impact, as well as current and future plans for parking management at the site and measures to promote alternative means of transport to and from the site.

St Peter's Hospital was a 490-bed acute hospital in an isolated semi-rural area providing a wide range of health care facilities situated in 21 hectares of Green Belt parkland to the west of Chertsey, accessed via the A320 roundabout on Guildford Road near junction 11 of the M25 motorway. The hospital had a secondary access off the B386 Holloway Hill on its north-western boundary. St Peter's took patients from a wide catchment area covering north west Surrey and west London. Most of the patients were from Surrey rather than the Greater London area, with the largest proportion being from the environs of Woking.

In 2006 there were 476 pay and display parking spaces at St Peter's Hospital for patients and

visitors, in six different locations (309 in the main out patient car park) and 19 spaces which provided for 20 minutes free parking. Staff parking comprised a total of 675 spaces in 18 different locations.

Planning permission had been granted for a decked car park at the Hospital site in February 2007 (RU 06/1220) which gave a net increase of 164 patient spaces and 38 spaces for staff. A revised scheme was later approved (RU 07/1244), which would reconfigure the car park and reduce the number of spaces by 10. In granting permission for this development, the Council had balanced the need to provide for sustainable transport with the operational needs of a 24 hour health facility serving a wide area. Although the County Highways Authority had objected to the proposal, the Government Office for the South East (GOSE) had decided not to 'call-in' the application, allowing it to be determined locally. Whilst it was understood that the staff provision had been implemented, the decked car park itself remained undeveloped. The Planning Committee had expressed concerns about the number of recent ad hoc planning applications and the lack of an updated masterplan for the site. In particular, details of car parking had been difficult to ascertain as individual planning applications both removed and replaced car parking provision. A comprehensive parking plan had been requested, but not received. The Trust had recently submitted a planning application for additional car parking but this had not been validated by Runnymede and more information had been requested on traffic counts and a car parking study had also been required. The Trust would be resubmitting the planning application.

There was a long history of parking problems at the hospital with capacity problems for both visitors and staff. Parking on access roads and around the entrances to the main car park had been common and at times of peak visitor demand (weekdays between around 11.00 a.m. and 3.00 p.m.) the main patient/visitor car park near the departmental block could lock up as visitors searched for a space. Problems were often particularly acute at around 2.00.p.m. A comprehensive parking study had been commissioned in March 2006 to accompany the decked car parking planning application. This looked at staff parking, visitor/patient parking, on-street parking and parking in additional areas. The Board noted the results of the study.

In terms of hospital parking standards, the Surrey Parking Strategy stated that the maximum standard should equate to 1 space per 5 staff plus 1 space per 10 visitors. In 2006, the hospital indicated that staff requiring access to car parking at the site was approximately 2,800. In addition, the hospital had approximately 1,200 visitors per day, generated by 160 inpatients and 637 outpatient's appointments. Based on the Surrey Parking Strategy standards outlined above, the maximum provision was 680 spaces. Runnymede Borough Local Plan standards for hospitals reflected those of Surrey County Council. This compared to the actual number of marked spaces (in 2006) of 1,145. Clearly, the current operational reality at the hospital was widely different to the aspirational aims of the Surrey Parking Strategy. The Board took the view that the Surrey Parking Strategy standard was unrealistic and that given the circumstances as outlined below, there was an urgent need for more parking spaces at St Peter's Hospital.

The Board noted that St Peter's Hospital had previously produced a Travel Plan whose aims were to reduce the impact of travel generated by staff. This was to be achieved by providing greater information to staff about different travel options, car park management including parking restraint, and providing other forms of access. The Plan also included promotion of a car sharing scheme. Cycling was to be promoted by providing cycle racks and showers for cyclists. Improved transport was proposed by providing an inter-site bus. One of the 'Peterbuses' was to be rerouted to optimise use and the 'Peterbuses' were to be phased with rail services. In terms of public transport, a transport co-ordination centre was to develop electronic booking and there was to be continued communication with Surrey County Council to focus provision on social inclusion for those in need of access to healthcare. Consideration was to be given to a revised staff parking policy that would introduce charging for staff parking, limiting the provision of parking permits to staff living over a certain distance from the hospital, and zoning staff parking charge rates and access to permits based on the level of public transport available between their home and the hospital.

The Board noted the Government guidance on transportation and parking issues. Planning Policy Guidance Note 13: Transport (PPG13) aimed to promote more sustainable transport choices and to reduce the need to travel, especially by car. PPG13 confirmed that hospitals were major generators of travel and should be located so as to maximise their accessibility by public transport, walking and cycling. Similarly, proposals to develop, expand or redevelop existing sites should improve access by non-car methods. The South East Plan Policy T4 stated that planning authorities should adopt restraint-based maximum levels of parking provision for non-residential developments, linked to an integrated programme of public transport and accessibility improvements. Policy T5 required local

authorities to identify major travel generating developments for which travel plans should be developed. Travel Plans were seen as a positive measure in enabling economic activity and growth in the region. The provisions of Policy S2, Saved Structure Plan Policy DN3 and Saved Policy MV9 were also noted.

It was the role of Surrey County Council, as Highway Authority to provide a view as statutory consultee on matters relating to highways capacity, safety and car parking in relation to proposed development in the Borough. A representative of Surrey County Council had been invited to attend the Review Board but had been unable to do so. They had sent comments to inform the Review Board of their approach, which were noted by the Board. As a statutory consultee, the County Council had two main areas of consideration on any application for additional parking - the policy/justification of the increased parking provision and the ability of the local road network, junctions and accesses to accommodate increased traffic which may result from additional parking. The County Council in their written submission had also referred to Draft PPS4 which stated that hospitals could have particular parking needs. The issues surrounding difficulties in recruiting medical staff and other shift staff, and patients missing appointments due to parking difficulties had to be taken into account.

The Trust representatives at the meeting advised that various initiatives had been undertaken to encourage people to access St. Peter's Hospital by a non-car option. These included the Peterbus which had four routes and ran for five days a week and inter site buses for staff travelling between Ashford and St. Peter's Hospitals. Cycling schemes for staff had also been promoted. Showers and lockable cycle sheds had been produced. Non-emergency patient transport was provided by the GSL company for those people who were in particular need and met the Trust's criteria. Despite all these initiatives, most patients and staff accessed the hospital by car as the most practical and feasible alternative, particularly for those with limited time available. Taxis were not readily available and bus services were not frequent. Local bus companies were not prepared to provide more bus services as they believed that they would run at a loss and Surrey County Council were not prepared to provide any more subsidy.

Throughout 2006/07 and 2007/08 the Trust had been looking at merging with Frimley Hospital and this proposal had finally been abandoned in April 2008. The Trust had also been seeking to achieve Foundation status and had produced a five year strategic plan which it had submitted to the Strategic Health Authority. The advantage of obtaining Foundation Hospital status was that any surplus which the Hospital made could be spent rather than having to be retained and the Hospital would be free from monitoring by the strategic health authority. The application for Foundation Trust status was a 12 month process and a new Trust Chief Executive would be appointed in January 2009.

In addition to producing a master plan, the Trust was examining what it called a parameters plan which it was hoped would provide the flexibility needed for the fast moving world of health care. In the parameters plan, the Trust was looking at reorientating all of the buildings at St. Peter's Hospital, demolishing the buildings in the ramp areas, moving medical records onto the central site and introducing temporary parking. This should assist in moving staff parking away from areas reserved for patient parking. The length of time for which this temporary parking would be in place had not yet been established. Decked car parking had not been implemented because the previous planning permission for this had not been in a suitable location for the reorientating which the Trust wished to undertake and thus conflicted with the proposals in the parameters plan.

From the Council's point of view, in determining planning applications, no masterplan or parameters plan had been produced by the Hospital in recent years. It was recognised that as the NHS was the subject of one internal review after another this might make it difficult to produce a master plan as the position was perpetually fluid. However, a draft plan, which it was accepted would change, would have been preferable to the piecemeal approach which had been adopted.

The Trust was aiming to expand the range of health care services which it provided. The Trust was hoping to have more clinical work on the site and was trying to obtain a renal service. The Primary Care Trust would be tendering for that work shortly. The Trust was looking at specialising in cardiovascular emergency services. The Board observed that the more health care functions which St Peter's Hospital took on, the more likely it was that the parking problems would be exacerbated, because a greater number of people would be attempting to gain access to the facility.

The Board noted that there were 9 bus routes passing through the Hospital. All of them, apart from the 701 service finished early in the evening. The Peterbus finished at 6.00pm and did not run on

Saturdays or Sundays. People were reliant on cars because of the lack of frequency of the bus service and the fact that it did not run at all in the evenings or at weekends. It had to be questioned whether the County Council was getting enough value for its Council Tax payers from those bus services which it did provide.

The Trust was well aware of the serious inadequacy of parking at the Hospital and received regular complaints from the public. The Board emphasised that parking at the Hospital required urgent attention because of the stress caused to everyone visiting the Hospital, particularly to patients with long term illnesses (and relatives and friends of those patients who might be driving them to the Hospital), who needed to visit the Hospital regularly and were frequently unable to find anywhere to leave their vehicle. The Trust representatives advised that efforts were being made to delineate patient and staff parking more clearly. Priority was given to patients. It was suggested that improved signage might assist. It was agreed that the top priority should be to provide sufficient parking for the accident and emergency (A & E) service.

The combined annual gross income obtained from parking from Ashford and St Peter's Hospitals was £700,000. This money was not ring fenced. The cost of the original decked parking proposal which had now been abandoned was £2.8m plus fees. There was a barrier on the accident and emergency car park, to stop staff car parking and to make it easier for patients. It was agreed that the barrier system was the most effective method of control which was available. Tickets had to be bought for 3 to 4 hours, with a 20 minute drop off facility for A & E patients. There was a weekly pass for £10, which was available for patients but not staff, but this would not be of interest to people who visited the Hospital, for example, twice a month. Timings of outpatient appointments were staggered but there was overrun in the times which added to the parking problems. The Trust did not rigorously enforce the parking restrictions on the site and was reluctant to consistently control staff parking as it had had difficulty in recruiting and retaining staff and it believed that enforcing regularly against staff would adversely affect its ability to obtain and keep staff.

The main planning issues relating to the provision of further parking spaces were twofold. The first problem was that increasing the number of spaces meant that GOSE might intervene on the basis that this would be contrary to Government policy which was to restrain the amount of car parking. This would apply whether the spaces were provided underground or overground. Building spaces underground (rather than overground) would not, however, conflict with the openness of the Green Belt, which was the other criterion on which increased parking might be refused.

The footpath to the Hospital from Homewood Park car park was not being widely used. At one point the Council had been negotiating with the Trust for payment of spaces by the Trust for Trust staff in the Homewood Park car park but suitable terms had not been able to be agreed by the two organisations. It had been suggested by members of the public, and by one of the Council's Ward Members for Foxhills, that hospital staff were parking in the Murray Road, Ottershaw free car park in the early morning and were being transported to the Hospital which meant that the car park was full and local commuters had to park in the Harvester car park. Council Officers had carried out spot checks, but when this had been done there had always been spare capacity in the Murray Road, Ottershaw car park.

The Board suggested that the Trust should do more to try and control staff parking to improve the position in the short term. This would have to be done as sensitively as possible in order to not act as too much of a deterrent to staff to work at St Peter's. Runnymede had introduced a policy whereby staff could only park on the site of the new Civic Offices for 3 days a week. On the other days employees had to car share, cycle or use public transport. The Trust should look at whether this type of control was possible at St Peter's. The Board took the view that the Trust should examine in some depth whether a suitable park and ride scheme could be adopted for St Peter's Hospital. It would also be helpful to the Council to have the details of the Trust's parameters plan, which would assist when considering planning applications. The Board emphasised that a reduction in staff parking would lead to more parking being available for patients and visitors.

In summary, the Board's main conclusions were as follows:

- the Trust should achieve greater control of staff parking to free up space for patients
- the Trust should review the possibility of introducing a park and ride scheme
- the Trust should expedite a masterplan/parameters plan.

The Board agreed that their findings should be reported to the Corporate Management Committee with a recommendation that the Committee add any comments of its own and make a further recommendation to the full Council meeting.

251. DEVELOPING AND STRENGTHENING OVERVIEW AND SCRUTINY – RESPONSE TO GOVERNMENT CONSULTATION PAPER

The Board considered a response to the Government’s proposals for developing and strengthening overview and scrutiny.

The Government White Paper “Communities in Control: Real People, Real Power” had been published in the summer and the Department for Communities and Local Government (DCLG) had also issued a consultation paper entitled “Improving Local Accountability”, which was the first of a series of consultation papers under the general heading of the White Paper. Chapter 2 of the consultation paper was called “Developing and Strengthening Overview and Scrutiny”, in which the Government set out various proposals and indicated that it wished to raise the visibility of the scrutiny function in particular by looking to develop its role as a forum for community debate.

The Board noted those contents of “Developing and Strengthening Overview and Scrutiny”, which related to “alternative arrangements” authorities such as Runnymede (i.e. authorities with populations of less than 85,000 which operated a Committee system rather than executive arrangements). The Government had devised overview and scrutiny with authorities operating an executive and portfolio holder system of governance primarily in mind, rather than alternative arrangements authorities. One of the key aims of scrutiny in executive arrangements authorities was to hold the executive and portfolio holders to account. Members could make certain decisions in these authorities, as part of a particular portfolio. Many decisions were made away from public view, with executives acting in a way which had led some commentators to compare them to boards of limited companies. The circumstances were different in Runnymede, with most decisions being made in public in Committees.

The Board agreed that the timescales set out in the consultation paper for organisations to respond to requests for information (or in some instances not specifying a timescale and leaving it to local discretion), appeared appropriate. In any case, organisations would be required to comply with requests for certain types of information within 20 days under the Freedom of Information Act. The Board agreed a series of responses and some general comments regarding the Consultation Paper (set out at Appendix ‘A’).

RESOLVED that -

the responses to the Government's eight consultation questions on Developing And Strengthening Overview and Scrutiny, and the general comments on this issue, as set out in Appendix 'A', be forwarded to the Government.

252. ENFORCEMENT OF PLANNING CONTROL - PROGRESS REPORT

The Board considered the progress report on enforcement of planning control as at 30 September 2008.

On particular cases within the report, the Board noted the following:-

i) Capital House, Woodham Park Road, Woodham

The High Court date had not yet been announced.

ii) Oak Farm, Thorpe Green, Egham

A Member would be advised of the outcome of a site visit undertaken on 7 October 2008.

iii) Plots 14B, 15 and 16 The Moorings, Abbey Chase, Chertsey

It was noted that a number of recent cases had established that a residence located on water was not exempt from the provisions of development control.

iv) Land at Lyne Crossing Road, Lyne

It was noted that the appellants had gained extra time by discontinuing their High Court challenge on the day before the High Court hearing was due, as the Enforcement Notices then became effective from the date of discontinuance.

v) The Bungalow, Rear of 212 Chertsey Lane, Staines

The appellant was liable for appeal costs and the bill for these costs had been sent out by the Council.

vi) Coltscroft, Rosemary Lane, Thorpe

The effects of the Planning Inspector's decision to allow a planning appeal on this site were being considered in the light of proposed enforcement action.

vii) Land Rear of 4 Aymer Close, Chertsey Lane, Staines

An Enforcement Notice and a Stop Notice against an excessively high gate had been authorised under Urgent Action and the Notices had been served.

Chairman

(The meeting ended at 9.50 p.m.)

Consultation Question 1: Do you agree with the Government's proposed approach in relation to overview and scrutiny Committees requiring information from partner authorities?

Council Response: Agreed.

Consultation Question 2: Do you agree with the proposal to apply the provisions in relation to exempt and confidential information without modification to local authority executives?

Council Response : Agreed.

Consultation Question 3: Do you agree with the proposed approach towards joint overview and scrutiny Committees? Are there specific issues that should be considered as part of the approach?

Council Response: Agreed. It is not necessary to have specific issues included as part of the approach. Consultation Question 6 refers to introducing a power to set up area scrutiny Committees. It would be a duplication of resources to have both joint and area Committees and it is noted that it is proposed that either or both of these frameworks can be put into place by counties and districts.

Consultation Question 4: Do you agree with the proposed approach to enable district scrutiny Committees to review the delivery of LAA targets?

Council Response: Agreed.

Consultation Question 5: Do you agree with the proposal to apply these new powers (i.e. enhanced powers for district overview and scrutiny committees as set out in the paper) in Councils operating alternative arrangements? Are there any specific implications that should be taken into account in doing so?

Council Response: Agreed. There are no specific implications which the Council has identified to be taken into account.

Consultation Question 6: What issues should be considered as part of any new power to establish area scrutiny committees?

Council Response: Consultation Question 3 refers to introducing a power to set up joint scrutiny Committees. It would be a duplication of resources to have both joint and area scrutiny Committees and it is noted that it is proposed that either or both of these frameworks can be put into place by counties and districts.

Consultation Question 7: How might the requirement for dedicated scrutiny resource be put into practice?

Council Response: It is noted that this resource will only apply in executive arrangements authorities. In order to be effective scrutiny must be adequately resourced.

Consultation Question 8: Do you agree that appeals about a local authority's response to a petition should be considered by the overview and scrutiny committee? What practical issues might arise?

Council Response: Agreed. There may be conflict issues for Committee Members.

General Comments

- i) that findings of scrutiny Committees should always be reported to Full Council meetings to enhance the profile of this area of activity. There must be a credible feedback mechanism from the scrutiny operation into the decision making process;
- ii) that the scrutiny function should be able to demonstrate a series of outcomes resulting from its deliberations and recommendations; and
- iii) that in order to be effective, scrutiny must be adequately resourced.