

**OVERVIEW AND SCRUTINY COMMISSION
10 JULY 2014
7.30 - 9.20 PM**



Present:

Councillors Leake (Chairman), Angell (Vice-Chairman), Baily, Ms Brown, Finnie, Gbadebo, Harrison, Mrs McCracken, McLean and Virgo

Mr R Briscoe, Parent Governor Representative
Ms L Wellsted, Parent Governor Representative

Executive Members:

Councillors McCracken

Apologies for absence were received from:

Councillors Mrs Birch, Heydon and Sargeant

In Attendance:

Richard Beaumont, Head of Overview & Scrutiny
Victor Nicholls, Assistant Chief Executive
Alison Sanders, Director of Corporate Services
Chief Inspector Dave Gilbert, Bracknell Local Police Area Commander, Thames Valley Police
John Hourihan, Director of Security, Broadmoor Hospital

4. Minutes and Matters Arising

RESOLVED that the Minutes of the Overview and Scrutiny Commission meetings held on 1 May 2014 and 14 May 2014 be approved as a correct record and signed by the Chairman.

Matters Arising

Further to the meeting held on 1 May 2014, it was reported that members of the Commission had visited Thames Valley Police Headquarters in Oxford on 13 June 2014. The Chairman stated that the visit had been very interesting and informative, and recorded the Commissions' thanks for Chief Inspector Dave Gilbert and his staff.

5. Declarations of Interest and Party Whip

Councillor Mrs McCracken declared an interest as the spouse of the Executive Member for Culture, Corporate Services and Public Protection.

6. Urgent Items of Business

There were no urgent items of business.

7. Public Participation

There were no submissions from members of the public in accordance with the Council's Public Participation Scheme for Overview and Scrutiny.

8. **Broadmoor Hospital**

Meeting as the Crime and Disorder Committee, John Hourihan, Director of Security at Broadmoor Hospital, and Chief Inspector Dave Gilbert of Thames Valley Police, were welcomed to the meeting.

John Hourihan gave a presentation in respect of the effect of the re-development on the security arrangements at the hospital and a consultation on proposals to decommission a number of the Broadmoor alert sirens. Mr Hourihan said he had delivered the same presentation to seven other councils previously.

The alert sirens at Broadmoor Hospital had been installed in 1952, following an escape by a patient, with further sirens added during the 1960s. They were intended to provide a warning in the event of another escape, but there had not been an escape for more than 20 years. The sirens were tested weekly but this had highlighted a number of failures, and an independent review had concluded that they were no longer fit for purpose and the resources needed to undertake repairs were not always available. In addition, the environment surrounding the hospital had changed considerably since the sirens had been installed, and now contained areas of commercial as well as residential use. The number of patients had reduced from some 900 in 1952 to around 200 now. Some areas were not covered by the existing sirens. It was felt that there was a misconception amongst local residents that the sirens contributed to security at the site, but their role was purely for notification. However, it had been recognised that they played a role in making local residents feel secure and as a result it was proposed to keep those closest to the hospital, and it was proposed that six closest to the hospital, in Crowthorne, Sandhurst and Little Sandhurst, be replaced whilst those further away from the hospital would be decommissioned. A map was displayed at the meeting showing the area where the remaining sirens would be audible and the location of those that would be removed. An additional consideration for the hospital had been whether maintaining all the existing sirens would be an appropriate use of public money, and it had been concluded by the hospital that this would not be the case.

The presentation outlined the history of the hospital, and explained that it had undergone a number of significant changes during its history, most notably following the 2001 Tilt review. This had set the security standards for Broadmoor, Ashworth and Rampton Hospitals and recommended that security at the sites should comply with Category B prison standards. The security at Broadmoor included a secure perimeter with two alarmed fences, anti-climb measures, and the support of over 300 cameras. Annual audits of security at the hospital had resulted in outstanding scores for the last three years, of 99%, 99% and 97%. Security had been designed to prevent an escape ever happening again, and now covered three key areas – physical, procedural and relational. Staff at the hospital knew the patients, and the risks they posed, well. In addition, the hospital undertook regular contingency planning with Thames Valley Police and the Local Authority emergency planning groups. A schools' information cascade system involving over 100 schools was in place, and this was tested at the beginning of each term and on at least two other occasions throughout the year. Media, including the use of social media, was handled by the hospital's communications team.

Work on the new Broadmoor Hospital had started, and was due to be completed by December 2016 at a cost of £252 million, with patients moving to the new facilities in early 2017. At the current site security measures had been added to the building over time, but security had been designed into every element of the new hospital and it would be the most modern high-security hospital in the UK. The new hospital site would have a perimeter of 1.1 km, smaller than the 1.8km previously.

Arising from members' questions and comments the following points were noted:

- The hospital currently had just over 200 beds, and was an NHS facility treating patients with mental illnesses who needed secure care. Not all patients had committed crimes – some were just so unwell they needed to be treated in a secure environment. All patients would be a threat to the public if they were to escape. The number of patients at the hospital had decreased, but it was likely that twenty to thirty years ago a number of patients at Broadmoor would today be kept in medium security facilities. Female patients at the hospital had been transferred to Rampton Hospital or medium-secure hospitals eight years ago. The new hospital was being built as the existing Victorian buildings were no longer fit for purpose and patients could not be treated effectively. The new hospital would be funded for 234 beds, of 750 across the UK. It was likely that some patients currently in medium-security hospitals would move to the new hospital.
- The consultation was aiming to reach as many people as possible, including presentations to all the town and parish councils affected by the proposals, interviews on local radio stations and a public information video that was available online. The support of Councillors, for example by talking to their Ward members about the proposals, would be welcomed.
- Concern was expressed that the schools' cascade system would not be effective in the event of industrial action. This system had been devised in consultation with the emergency planning department, but would be reviewed as part of the proposals. In addition, in the unlikely event of an escape large numbers of police would immediately be sent to the area to help spread the warning.
- It was acknowledged that the sirens played a role in helping local residents feel safe, but the hospital was confident that the security measures in place meant that an escape would not happen. Mr Hourihan acknowledged that no facility could be 100% secure. The 1952 escapee had climbed an 11 foot high brick wall. When the last escape had occurred in 1993 the perimeter had been a single fence and the patient had been able to escape by climbing a lamppost and leaping over. The measures in place now, including the addition of a second perimeter fence and standards in relation to the siting of infrastructure such as buildings and lampposts within the site, meant that this type of escape could not happen now. Any attempt to break through the fence to facilitate the escape of a patient would be detected quickly by alarms and cameras, and internal procedures prevented staff facilitating an escape.
- The company undertaking the review of the sirens had quoted £384,000 to replace the sirens, and £126,000 to decommission them. The cost of maintaining or replacing the six closest to the hospital would be £183,000. It was acknowledged that the proposals could be seen as a cost-saving exercise, but public money had to be used in the most appropriate way.
- Concern was expressed that the proposals did not take account into local residents' feelings of well-being and safety, which a monetary value could not be attached to, and that the sirens were a part of the history and culture of the area that would be missed. There was also concern that the siren would be removed from the area with the largest population, Bracknell. Members also said they were not convinced by the adequacy of the schools cascade system

or the reliance on social media. It was reported that previous escapes had had a serious impact on local communities, and the sirens were the quickest way to get information to large numbers of people quickly. It was explained that Broadmoor was the only custodial facility with sirens. Prisons in the UK did not have them, while Rampton and Ashworth prisons had one siren each on the roof of the hospital. Investment into security measures at the hospital now would prevent an escape and decisions about spending public money had to be based on need, and it was not felt that the sirens were still needed.

- Some of the new security measures that would be available in the new hospital would include analytical cameras, that could monitor specific patients and identify behaviours, for example running or aggressive behaviours, as well as tracking movements of patients and staff so that their locations within the hospital could be identified at all times.
- Once the consultation was complete a phase of works would be devised, depending on the final decision taken. The priority would be to upgrade the six sirens closest to the hospital. If outlying sirens were then decommissioned this work would take place before the move to the new hospital was completed. It was not possible to delay this work until after the move as the siren at Finchampstead could not be repaired and new failures were being reported each week. Reactions to the consultation so far had been generally in favour of the proposals. In response to a member's question, Mr Hourihan said that Parish Councils for areas lacking a siren had not been consulted, and members suggested that this be reviewed.
- Members expressed the view that the cost of replacing all the sirens was negligible in view of the Trust's wider responsibility to the public who needed reassurance and understanding, and in the context of the cost of redeveloping Broadmoor.

The Commission thanked John Hourihan for his presentation, and noted that the Council would be kept informed of the final decision on the proposals. The Commission also expressed their positivity for the way patients were cared for at the hospital.

9. **Service Reports**

The Commission noted the latest trends, priorities and pressures in terms of departmental performance as reported in the Quarterly Service Reports for the fourth quarter of 2013 to 2014 (January to March) financial year for the Chief Executive's Office and the Corporate Services Department. The Assistant Chief Executive advised that the worsened performance on nuisance anti-social behaviour related to an increase in fly tipping.

10. **Corporate Performance Overview Report**

The Commission considered the Corporate Performance Overview Report detailing Council performance during the fourth quarter of the 2013/14 financial year (January to March 2014). Arising from Member's questions and comments the following points were noted:

- The Children and Young People's department had been asked to present to the Parish and Town Liaison Group on actions being taken in response to the survey of children in the borough to reduce incidences of bullying. It was reported that this would be presented to the next meeting of the Commission.

- The work on Branding was now integrated into the programme for the Business and Enterprise team, and Mr Nicholls offered a further briefing on this, on request.
- Clarification was requested on the definition of Indicator L160, Supply of Ready to Develop Housing Sites, particularly as this was a new indicator but already listed as being on target. It was reported that the details of this, also a note of the recent decision of the Planning Inspector, would be reported back to members separately.
- Concern was expressed at the increase in the percentage of the number of households becoming homeless. It was reported that this was being closely monitored.
- The technical definition of indicator L175 concerning road traffic accidents, would be circulated to members.

11. **Executive Forward Plan**

The Commission received and noted a report summarising forthcoming items on the Executive Forward Plan of a corporate nature.

In response to a query from the Commission it was report that the Bracknell Town Centre Development Agreement had been included to allow new agreements to be made, or existing agreements to be varied, as needed. These carried a date of 'not before 1 February 2014' because they had been added to the Forward Plan as early as possible and the date had been correct at the time. A Member expressed the view that communications on the regeneration of the town centre needed to be improved.

With regard to the Proposed Sale of Land to the North of Shorlands Oak, it was reported that an offer had been received from the landowner to the south of the site. This was currently being considered but the item would not be considered the Executive on 22 July 2014 but at a later date. Councillor McLean expressed concern that, as Ward Councillor, he had not been consulted about the proposals.

12. **Work Programme and Panel Activity Update**

The Commission received and noted a report providing an update on the Overview and Scrutiny Work Programme for 2014-15 and Panel activity, with particular reference to Working Groups of the Overview and Scrutiny Commission.

13. **Overview & Scrutiny Quarterly Progress Report**

The Commission received and noted a report on Overview and Scrutiny Activity during the period December 2013 to May 2014. The report set out details of the meetings that had taken and place and the items that had been considered for the Overview and Scrutiny Commission and Overview and Scrutiny Panels, as well as other overview and scrutiny issues.

CHAIRMAN

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