

A meeting of the **OVERVIEW AND SCRUTINY PANEL (SERVICE DELIVERY)** will be held in the **COUNCIL CHAMBER, PATHFINDER HOUSE, ST MARY'S STREET, HUNTINGDON, PE29 3TN** on **TUESDAY, 2 DECEMBER 2008** at **7:00 PM** and you are requested to attend for the transaction of the following business:-

**Contact
(01480)**

APOLOGIES

1. MINUTES (Pages 1 - 4)

To approve as a correct record the Minutes of the meeting of the Panel held on 4th November 2008.

**Miss H Ali
388006**

2 Minutes.

2. MEMBERS' INTERESTS

To receive from Members declarations as to personal and/or prejudicial interests and the nature of those interests in relation to any Agenda Item. Please see Notes 1 and 2 overleaf.

2 Minutes.

3. LOCAL GOVERNMENT ACT 2000: FORWARD PLAN (Pages 5 - 10)

A copy of the current Forward Plan, which was published on 14th November 2008, is attached. Members are invited to note the Plan and to comment as appropriate on any items contained therein.

**R Reeves
388003**

15 Minutes.

4. CUSTOMER SERVICE DEVELOPMENT IN ST IVES AND ST NEOTS (Pages 11 - 30)

To consider a report by the Head of Customer Services on Customer Service Development in St Ives and St Neots.

**J Barber
388105**

20 Minutes.

5. PERFORMANCE MONITORING (Pages 31 - 42)

To consider and comment on a report by the Head of Policy and Strategic Services containing details of the Council's performance against its priority objectives over the ensuing year.

**H Thackray
388035**

(Colour copies of this report are attached separately to the Agenda).

20 Minutes.

6. **CARE QUALITY COMMISSION: ENFORCEMENT POLICY CONSULTATION DOCUMENT** (Pages 43 - 82)

To receive and note details of consultation being undertaken by the Care Quality Commission on their enforcement policy and to decide whether the Panel wishes to submit a response on the consultation document.

20 Minutes.

7. **ENHANCED CLEANSING SERVICES** (Pages 83 - 84)

To consider a report on the Cabinet's decisions in response to the Panel's recommendations on Enhanced Cleansing Services.

**Miss H Ali
388006**

15 Minutes.

8. **IMPACT OF THE NEW A14 IN TERMS OF AIR QUALITY AND NOISE POLLUTION**

To receive a verbal update from Councillor M F Shellens on the preliminary findings of the new A14 and the potential impact that it would have on air quality and noise pollution.

15 Minutes.

9. **OVERVIEW AND SCRUTINY PANEL (SERVICE DELIVERY) - STUDIES** (Pages 85 - 96)

To consider a report by the Head of Administration on the Panel's programme of studies and to give consideration to the Panel's future work programme.

**Miss H Ali
388006**

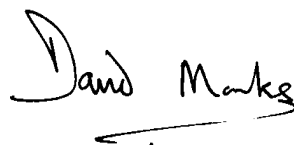
15 Minutes.

10. **SCRUTINY**

To scrutinise decisions since the last meeting as set out in the Decision Digest (**TO FOLLOW**) and to raise any other matters for scrutiny that fall within the remit of the Panel.

10 Minutes.

Dated this 25 day of November 2008



Chief Executive

Notes

1. *A personal interest exists where a decision on a matter would affect to a greater extent than other people in the District –*
 - (a) *the well-being, financial position, employment or business of the Councillor, their family or any person with whom they had a close association;*
 - (b) *a body employing those persons, any firm in which they are a partner and any company of which they are directors;*
 - (c) *any corporate body in which those persons have a beneficial interest in a class of securities exceeding the nominal value of £25,000; or*
 - (d) *the Councillor's registerable financial and other interests.*
2. *A personal interest becomes a prejudicial interest where a member of the public (who has knowledge of the circumstances) would reasonably regard the Member's personal interest as being so significant that it is likely to prejudice the Councillor's judgement of the public interest.*

Please contact Miss H Ali, Democratic Services Officer, Tel No: (01480) 388006 / e-mail: Habbiba.Ali@huntsdc.gov.uk if you have a general query on any Agenda Item, wish to tender your apologies for absence from the meeting, or would like information on any decision taken by the Panel.

Specific enquiries with regard to items on the Agenda should be directed towards the Contact Officer.

Members of the public are welcome to attend this meeting as observers except during consideration of confidential or exempt items of business.

Agenda and enclosures can be viewed on the District Council's website – www.huntingdonshire.gov.uk (under Councils and Democracy).

If you would like a translation of Agenda/Minutes/Reports or would like a large text version or an audio version please contact the Democratic Services Manager and we will try to accommodate your needs.

Emergency Procedure

In the event of the fire alarm being sounded and on the instruction of the Meeting Administrator, all attendees are requested to vacate the building via the closest emergency exit and to make their way to the car park adjacent to the Methodist Church on the High Street (opposite Prima's Italian Restaurant).

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HUNTINGDONSHIRE DISTRICT COUNCIL

MINUTES of the meeting of the OVERVIEW AND SCRUTINY PANEL (SERVICE DELIVERY) held in the Council Chamber, Pathfinder House, St Mary's Street, Huntingdon, PE29 3TN on Tuesday, 4 November 2008.

PRESENT: Councillor S J Criswell – Chairman.

Councillors J D Ablewhite, Mrs M Banerjee, Mrs K E Cooper, Mrs J A Dew, J E Garner, P Godley, Mrs P A Jordan, P G Mitchell, J M Sadler, M F Shellens, Ms M J Thomas and J S Watt.

APOLOGIES: Apologies for absence from the meeting were submitted on behalf of Councillors E R Butler and P K Ursell.

44. MINUTES

The Minutes of the meeting of the Panel held on 7th October 2008 were approved as a correct record and signed by the Chairman.

45. MEMBERS' INTERESTS

No declarations were received.

46. LOCAL GOVERNMENT ACT 2000: FORWARD PLAN

The Panel considered the current Forward Plan of Key Decisions (a copy of which is appended in the Minute Book) which had been prepared by the Leader of the Council for the period 1st November 2008 to 28th February 2009. In so doing, Members requested that reports on the ICT Strategy and Web Strategy be circulated to Panel Members for information. In addition, Members were also apprised of background to items on Amendments to Disabled Facilities Grant Legislation and on Decent Homes Grant item.

47. HOUSING STRATEGY FOR THE CAMBRIDGE SUB-REGION

(Councillor Mrs D C Reynolds, Executive Councillor for Housing and Public Health, was in attendance for this item).

With the assistance of a report by the Head of Housing Services (a copy of which is appended in the Minute Book) the Panel were acquainted with the contents of the Housing Strategy for the Cambridge Sub-Region. By way of background, the Executive Councillor for Housing and Public Health reported that the Cambridge Sub-Region comprised seven local authority areas who worked in partnership on housing issues that extended across local authority boundaries. The Head of Housing Services, Mr S Plant, stressed that the Strategy had been received positively by the Audit Commission and that its importance lay in the fact that it enabled bids for funding

for housing purposes to be made at the regional level.

In response to a question by Councillor J M Sadler, the Head of Housing Services reported that the current economic downturn had produced positive effects in terms of the construction of social housing and that few repossessions had happened to date. However, he reported on the significant increase in enquiries regarding difficulties being experienced in making mortgage repayments and on the measures that had been put in place to meet demand for advice. Having placed on record their concerns at the implications of the declining housing market for the achievement of the Action Plan attached to the Strategy, it was

RESOLVED

that the Cabinet be recommended to approve the Housing Strategy for the Cambridge Sub-Region 2008 -11.

48. OCCUPATIONAL THERAPY ASSESSMENTS

(Councillor Mrs D C Reynolds, Executive Councillor for Housing and Public Health, was in attendance for this item).

Pursuant to Minute No. 35, the Head of Housing Services delivered a verbal report on the progress that had been made in reducing the length of time taken by Occupational Therapists to carry out assessments of need for home adaptations.

By way of background Mr Plant outlined the Disabled Facilities Grants process. Members were advised that the likely timescales for the completion of full applications, which included Occupational Therapy assessments and building work, was, on average, five months.

Mr Plant went on to state that a locum Occupational Therapist had been appointed to work in the Huntingdonshire area over the previous six months and that, as a result, significant reductions in waiting times had been achieved. Members were acquainted with the financial implications for the Council that expediting the process would have and with the approach that had been adopted towards the resulting increase in the number of adaptations that would be required.

49. COMMUNITY ENGAGEMENT AND NEIGHBOURHOOD PANELS

(Councillor Mrs D C Reynolds, Executive Councillor for Housing and Public Health, was in attendance for this item).

By way of a report by the Heads of Administration, Environmental and Community Health Services and Policy and Strategic Services (a copy of which is appended in the Minute Book) the Panel were updated with developments in respect of local and national initiatives arising from the Government's White Paper – Communities in Control: Real Power, Real People.

The Head of Environmental and Community Health Services reported that owing to the number of announcements and policy initiatives from Central Government, details of the Council's proposals in relation to community engagement initiatives had not yet been finalised. Given

their previous interest in engaging with the community, Members received a detailed explanation by the Head of Environmental and Community Health Services of a series of models through which community engagement might be achieved together with the strengths and weaknesses of each. The models were broadly based on establishing multi-agency neighbourhood panels and they varied according to the degree of formalisation of their operating procedures. Following extensive discussions on the Panel's powers, size and training and on who should be represented on them, the Panel expressed concern over the financial and other resource implications that the proposals might have for the Council. Members formed the view that any new panels should not have executive decision making powers and they concluded that any new arrangements should be kept as simple as possible. Having considered ways in which the Council might decide on its preferred approach, Members endorsed a proposal for this matter to be referred to the Democratic Structure Working Group.

RESOLVED

- (a) that the suggestion that consideration and development of community engagement initiatives be undertaken by the Democratic Structure Working Group be endorsed; and
- (b) that the Democratic Structure Working Group be requested to take into account the Panel's views on the establishment of any new arrangements for community engagement.

50. GRANT AID

(Councillor Mrs D C Reynolds, Executive Councillor for Housing and Public Health, was in attendance for this item).

The Panel considered the final report of the Grant Aid Working Group (a copy of which is appended in the Minute Book). In so doing, the Panel noted the Working Group's activities, which comprised a series of meetings with various Officers to discuss the grant aid schemes offered by the Council.

Having drawn the Panel's attention to minor amendments to be made to the report, Members were acquainted with the key findings of the Group in relation to the Council's corporate priorities, the criteria for each scheme, the methods adopted to publicise the availability of grant funding, the application process, Officer / Member involvement in the approval process and the level of external funding brought into the District. In addition, Members were presented with a series of recommendations by the Working Group which were intended to streamline and promote the current grant aid process.

Having received clarification of the position with regard to the Council's service level agreements, it was agreed that the Working Group should review the half yearly reports by these organisations before their report was submitted to the Cabinet. Whereupon, it was

RESOLVED

that subject to minor textural amendments, the report of the Grant Aid Working Group be approved for consideration by the Cabinet.

51. OVERVIEW AND SCRUTINY PANEL (SERVICE DELIVERY) - STUDIES

The Panel considered a report by the Head of Administration (a copy of which is appended in the Minute Book) which contained details of actions taken in response to recent discussions and decisions.

Members endorsed a suggestion that Councillor J D Ablewhite should attend the Cabinet meeting on 6th November 2008 to present the Panel's report on Enhanced Cleansing Services.

52. SCRUTINY

The 88th Edition of the Decision Digest was received and noted.

Chairman

FORWARD PLAN OF KEY DECISIONS

Prepared by Councillor I C Bates
Date of Publication: Miss Effe Chrisostomou
 14 November 2008
For Period: 1 December 2008 to 31 March 2009

Membership of the Cabinet is as follows:-

Councillor I C Bates	- Leader of the Council	4 Church End Hilton Huntingdon PE28 9NJ Tel: 01480 830250 E-mail: Ian.Bates@huntsdc.gov.uk
Councillor L M Simpson	- Deputy Leader of the Council and Executive Councillor for Customer Services and Information Technology	45 Devoke Close Stukeley Meadows Huntingdon Cambs PE29 6XE Tel: 01480 388946 E-mail: Mike.Simpson@huntsdc.gov.uk
Councillor P L E Bucknell	- Executive Councillor for Planning Strategy and Transport	Compass House Pathfinder Way Warboys PE28 2RD Tel: 01487 824222 E-mail: Peter.Bucknell@huntsdc.gov.uk
Councillor K J Churchill	- Special Advisor to the Cabinet	51 Gordon Road Little Paxton St Neots PE19 6NJ Tel: 01480 352040 E-mail: Ken.Churchill@huntsdc.gov.uk
Councillor D B Dew	- Executive Councillor for Leisure	4 Weir Road Hemingford Grey Huntingdon PE28 9EH Tel: 01480 469814 E-mail: Douglas.Dew@huntsdc.gov.uk
Councillor C R Hyams	- Executive Councillor for Operational and Countryside Services	22 Bluegate Godmanchester Huntingdon Cambs PE29 2EZ Tel: 01480 388968 E-mail: Colin.Hyams@huntsdc.gov.uk

Councillor A Hansard	- Executive Councillor for Resources and Policy	78 Potton Road Eynesbury St Neots PE19 2NN Tel: 01480 388942 E-mail: Andrew.Hansard@huntsdc.gov.uk
Councillor Mrs D C Reynolds	- Executive Councillor for Housing and Public Health	17 Virginia Way St Ives PE27 6SQ Tel: 01480 388935 E-mail: Deborah.Reynolds@huntsdc.gov.uk
Councillor T V Rogers	- Executive Councillor for Finance and Environment	Honeysuckle Cottage 34 Meadow Lane Earith Huntingdon PE28 3QE Tel: 01487 840477 E-mail: Terence.Rogers@huntsdc.gov.uk

Any person who wishes to make representations to the decision maker about a decision which is to be made may do so by contacting Mrs Helen Taylor, Senior Democratic Services Officer on 01480 388008 or E-mail: Helen.Taylor@huntsdc.gov.uk not less than 14 days prior to the date when the decision is to be made.

The documents available may be obtained by contacting the relevant officer shown in this plan who will be responsible for preparing the final report to be submitted to the decision maker on the matter in relation to which the decision is to be made. Similarly any enquiries as to the subject or matter to be tabled for decision or on the availability of supporting information or documentation should be directed to the relevant officer.

Roy Reeves
Head of Administration

Notes:- (i) Additions/significant changes from the previous Forward are annotated ***

(ii) For information about how representations about the above decisions may be made please see the Council's Petitions Procedure at <http://www.huntsdc.gov.uk/NR/rdonlyres/3F6CFE28-C5F0-4BA0-9BF2-76EBAE06C89D/0/Petitionsleaflet.pdf> or telephone 01480 388006

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Consultation	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Quarterly Performance Report***	Cabinet	18 Dec 2008	Growing Success Growing Success	Ian Leatherbarrow, Head of Policy and Strategic Services Tel No 01480 388005 or email Ian.L Leatherbarrow@huntsdc.gov.uk	N/A	A Hansard	Service Delivery and Service Support

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Consultation	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Customer Service Development in St. Ives and St. Neots	Cabinet	18 Dec 2008	None.	Julia Barber, Head of Revenue Services Tel No. 01480 388105 or email - Julia.Barber@huntsdc.gov.uk		L M Simpson	Service Delivery
To adopt Urban Design Framework for South of High Street, Ramsey	Cabinet	18 Dec 2008	Draft Consultation Document	Richard Probyn, Planning Policy Manager Tel No. 01480 388430 or e-mail - Richard.Probyn@huntsdc.gov.uk	Approve changes for adoption having followed consultation with the public and statutory bodies	P L E Bucknell	Service Support
Asset Management Plan	Cabinet	18 Dec 2008	Previous Cabinet Reports	Keith Phillips, Estates Manager and Property Manager Tel No. 01480 388260 or email Keith.Phillips@huntsdc.gov.uk		A Hansard	Service Support
To adopt Somersham Conservation Area Boundary Changes and Character Statement	Cabinet	18 Dec 2008	Draft Consultation Document	Richard Probyn, Planning Policy Manager Tel No. 01480 388430 or email - Richard.Probyn@huntsdc.gov.uk	Approve changes for adoption having followed consultation with the public and statutory bodies	P L E Bucknell	Service Support
Development Control Policies Preferred Options	Cabinet	18 Dec 2008	Issues and Options Report and Summary of Representations	Richard Probyn, Planning Policy Manager Tel No. 01480 388430 or email - Richard.Probyn@huntsdc.gov.uk	Approve for Consultation	P L E Bucknell	Service Support
To adopt Urban Design Framework for land at The Whaddons, Mayfield Drive, Huntingdon	Cabinet	18 Dec 2008	Draft Consultation Document	Richard Probyn, Planning Policy Manager Tel No. 01480 388430 or e-mail - Richard.Probyn@huntsdc.gov.uk	Approve changes for adoption having followed consultation with the public and statutory bodies	P L E Bucknell	Service Support

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Consultation	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Amendments to Disabled Facilities Grant Legislation	Cabinet	18 Dec 2008	The Disabled Facilities Grants (Maximum Amounts and Additional Purposes) (England) Order 2008 (S12008/1189). The Housing Renewal Grants (Amendment) (England) Regulations 2008 (S12008/1190). Housing Strategy 2006-11. Housing Grants Construction and Regeneration Act 1996	Jo Emmerton, Housing Strategy Manager Tel No. 01480 388203 or email - Jo.Emmerton@huntsdc.gov.uk		Mrs D C Reynolds	Service Delivery
ICT Strategy	Cabinet	18 Dec 2008	ICT Strategy	Andrew Howes, IMD Operations Manager Tel No. 01480 388190 or email - Andrew.Howes@huntsdc.gov.uk		L M Simpson	Service Delivery
Web Strategy	Cabinet	18 Dec 2008	Web Strategy	John Taylor, IMD Development Manager Tel No. 01480 388119 or email - John.Taylor@huntsdc.gov.uk		L M Simpson	Service Delivery
New Accommodation - Building A - Options Review***	Cabinet	29 Jan 2009	Building A - Options Review	Richard Preston, New Accommodation Project Co-ordinator Tel No 01480 388340 or email Richard.Preston@huntsdc.gov.uk	To be informed by option selection.	M Simpson	Corporate Strategic Framework
Budget and MTP	Cabinet	29 Jan 2009	Draft MTP - Previous year's budget report - Various Annexes	Steve Couper, Head of Financial Services Tel No. 01480 388103 or email Steve.Couper@huntsdc.gov.uk	Overview and Scrutiny (CSF) – 27th January 2009	T V Rogers	Overview and Scrutiny (CSF)

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Consultation	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Treasury Management Strategy and Prudential Indicators	Cabinet	29 Jan 2009	Previous year's Strategy	Steve Couper, Head of Financial Services Tel No. 01480 388103 or email Steve.Couper@huntsdc.gov.uk		T V Rogers	Overview and Scrutiny (CSF)
Parish Plans and Local Plan Policy	Cabinet	29 Jan 2009	Previous Report to Cabinet in Dec 2003	Richard Probyn, Planning Policy Manager Tel No. 01480 388430 or email. Richard.Probyn@huntsdc.gov.uk	Adopt process of incorporating relevant Parish Plan Policies into Planning Policies	P L E Bucknell	Service Support
Proposals for Riverside Park	Cabinet	19 Feb 2009	Draft Proposals for Riverside Park	Richard Probyn, Planning Policy Manager Tel No. 01480 388430 or email - Richard.Probyn@huntsdc.gov.uk	Approve following consultation with other key stakeholders	P L E Bucknell & Others	Service Support
To adopt Houghton and Wylton Conservation Area Boundary Changes and Character Statement	Cabinet	19 Feb 2009	Draft Consultation Document	Richard Probyn, Planning Policy Manager Tel No. 01480 388430 or email - Richard.Probyn@huntsdc.gov.uk	Approve changes for adoption having followed consultation with the public and statutory bodies	P L E Bucknell	Service Support
Huntingdon West Area Action Plan Preferred Options	Cabinet	19 Feb 2009	Issues and Options Report and Summary of Representations	Richard Probyn, Planning Policy Manager Tel No. 01480 388430 or email - Richard.Probyn@huntsdc.gov.uk	Approve for Consultation	P L E Bucknell	Service Support

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Consultation	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Older Persons Housing Strategy Update	Cabinet	12 Mar 2009	Housing Strategy 2006-11. Ageing Well, Housing, Health and Social Care Strategy for Older People. Lifetime Homes, Lifetime Neighbourhoods. A National Strategy for Housing in an Ageing Society, CLG, DWP, and DH, March 2008	Jo Emmerton, Housing Strategy Manager Tel No. 01480 388203 or email - Jo.Emmerton@huntsdc.gov.uk		Mrs D C Reynolds	Service Delivery

Overview & Scrutiny (Service Delivery)
Cabinet

2 December 2008
18 December 2008

Customer Services in St Ives and St Neots **(Report by Head of Customer Services)**

1. Introduction

- 1.1 Members will recall that Cabinet at its meeting on 22 February 2007 approved the change in role of the former cash offices in St Ives and St Neots to satellite customer service centres. Since then, the new Customer Service Team has been established, consisting of all front line face-to-face services and the Call Centre, now managed under one Head of Service in accordance with the Customer Service Strategy approved by Members in February 2008.
- 1.2 Part of the Customer Service Strategy required officers to review services being delivered by the St Ives and St Neots Customer Service Centres. This report summarises the findings of a study by the Customer Service Manager and contains recommendations arising from the study.

2. Background

- 2.1 At present HDC offer a limited range of services from our existing Customer Service Centres (See section 9.1).
- 2.2 Customers who require more than the limited range of services we provide in these two areas have to travel to Huntingdon to access them.
- 2.3 In St Neots the Customer Service Centre is in the Priory Centre and HDC also have a Tourist Information Centre in the Museum. Both locations have no High Street presence. This means that attracting new customers is difficult and customers are unsure of how to find the service centre.
- 2.4 In St Ives, a similar problem exists. Our Customer Service Centre is in the Town Hall, which is rather small and due to it being a listed building and in a conservation area means we are unable to apply any branding to the Centre.
- 2.5 In Huntingdon, Ramsey and Yaxley we provide an excellent range of services in one place tailored to the needs of those local communities. (See section 9.2 for a timetable of services at Ramsey). We have a successful presence with big shop windows promoting the range of services that customers can expect to receive which is very eye catching and encourages people to go in, as well as raising HDC's profile within those communities. The latest satisfaction surveys show that 99% of customers in Ramsey and Yaxley and 86% in Huntingdon rate the service as good or excellent. We have limited data on customer satisfaction in St Ives and St Neots as there are fewer customers using the service.

3. Results of the research

3.1 Customer needs and expectations should be reviewed on a regular basis to ensure we are continuously improving the delivery of customer services. In order to gain an insight into our customers we have analysed a range of information from surveys, staff consultation and customer profiling to establish if there is a need to change and our findings are as follows.

3.2 Our existing St Neots & St Ives Customer Service Centres service mainly recurrent users. They experience few customers coming in for a first time. As time moves on we can therefore expect the number of users to steadily decline unless we can make our services more relevant to more people. Our intended audience for the suggested improvements are:

- Benefit and Housing customers currently travelling to Huntingdon to access these services. This is estimated to be 3500 - 4000 customers each year from the survey conducted at the Huntingdon Customer Service Centre. (See Annex B).
- Older or less affluent customers who have a greater preference for services to be delivered face to face. The customer profiling data suggests this customer type accounts for approximately 5000 households across St Ives and St Neots. (See Annex C).

3.3 The services they would like to see locally:

- Housing and Benefit advice
- What's on & Tourism East Anglia advice
- Information regarding Planning applications
- The opportunity to speak to Councillors
- Local campaigns to support recycling, how to stay active, safety, money/debt advice
- Work with local partners such as Citizens Advice
- Transport information.

(See Annex A – for the full survey results)

4. Summary of the proposal

4.1 In order to address our customer's demands we propose:

- To enable more Customer Service staff trained in housing and benefits to operate from St Neots & St Ives.
- To merge the tourist information work currently delivered by district council staff located at the St Neots Museum into each of the 5 customer service centres.

- Further develop the cross skilling of staff in our customer service centres to address the broader range of services proposed.
 - To further the issue of Councillors Surgeries to the relevant Member Working Group.
- 4.2 This may require some further remodelling of the offices in St Neots & St Ives both of which are less than ideal. We should also investigate an alternative location – approximately 85% of the customers surveyed in St Ives and St Neots would like a central location for the Customer Service Centre. (See Annex A) A separate paper will be developed later should it prove advantageous to relocate these offices to other locations in the centre of St Neots & St Ives.
- 4.3 Whilst considering alternative locations we will have regard to a number of criteria concerning the way we will deliver face-to-face services. These are:
- Services will be located on the ground floor with wheelchair and pushchair access.
 - Separate rooms will be provided for confidential meetings or interviews with customers. Back office specialists will also be able to use these facilities to speak privately with customers.
 - Opening times – We would initially like to open for our existing opening times but conduct further consultation to see if there is a customer demand to open for more days, out of hours and Saturday mornings.
 - Timescales – Realistic timescales to find appropriate premises to deliver the services required and fit out with the relevant technology would mean that this should be able to happen within two years (subject to suitable premises and funding being identified).

5. Staffing implications

- 5.1 Due to the increased number of services that will be offered it is possible the job description for a number of staff would change. This will require support from the HR team and involve consultation with the appropriate staff and ELAG. Depending upon the extent of the changes we may also require the approval of the Employment Panel.

6. Financial Implications

- 6.1 We do not anticipate any additional costs as a result of increasing the range of services delivered at our existing St Neots & St Ives Customer Service Centres.
- 6.2 The relocation of staff from the St Neots Museum will result in a saving of the annual rental of that unit however this is likely to be offset by the cost of either remodelling the existing St Neots Customer Service Centre or relocating to another site.
- 6.3 Any proposal to relocate the Customer Service Centres will be subject to a detailed financial appraisal at that time.

7. Conclusion

7.1 Increasing the range of services would:

- Improve access to services for approx 32,000 residents in and around St Ives and St Neots. We could expect to see at **least** 4,000 customers across these sites each month.
- Enable partnership working to deal with more customer queries in one place and improve access to services.
- Improve customer service and customer satisfaction.
- Improve the reputation of the Council through a more visible presence.
- Reduce the number of journeys to Huntingdon by approximately 4,350 each year. (This number represents the customers currently travelling from St Ives and St Neots to Huntingdon.)

7.2 In the short-term, some progress towards these objectives can be made from existing premises. In addition, further opportunities may arise to relocate to more efficient premises, subject to a more detailed business plan.

8 RECOMMENDATION

8.1 It is therefore recommended that:

- Cabinet note the proposed increased range of services in St Ives and St Neots.
- Cabinet approve in principle to the relocation of the St Neots Tourist Information Centre, merging staff into the main customer service team. What's on information will be provided by the teams in all six customer service locations.
- Cabinet approve the investigation of alternative accommodation in St Neots and St Ives with delegated authority given to the Director of Commerce & Technology in conjunction with the Executive Councillor for Customer Service to complete the move subject to the normal budgetary considerations.

Background Information

Survey Results – St Ives & St Neots

Mosaic Data analysis – St Ives & St Neots

Contact officers	Michelle Greet	Julia Barber
	Customer Services Manager	Head of Customer Services
	01480 375882	01480 388105

Appendices

Annex A – Survey results

Using the opportunity to survey local people about their current use and future aspirations for a Customer Service Centre in St Ives and St Neots a survey was designed and sent to a random selection of 6000 customers in and around these areas. Over 1,600 responses were received and the findings are set out below.

A total of 1051 responses were received from St Ives area

A total of 599 responses were received from St Neots area

Section 1 – The location of the Customer Service Centre

84.9% of respondents would like the premises to be in the centre of **St Ives**

84.5 % of respondents would like the premises to be in the centre of **St Neots**

Section 2 – Services required

St Ives

The most popular services requested to be part of the customer service centre scoring 40% or more were:

Local Information	73.5%
Citizens Advice Bureau	73.5%
Bus/ Rail pass enquiries	71.1%
Transport information	70.7%
Police issues	58.8%
Recycling/Green Waste and refuse	58.2%
Health information	52.2%
Planning issues	46.1%
Leisure/Tourism information	45.4%
District Councillors surgery	44.1%
Council Tax and Housing Benefits	43.7%

Ethnicity

46% of respondents were White British

Less than 1% of respondents were from other Ethnic backgrounds

Over 50% of respondents chose not to say

Age Group

18 – 25	1.2%
26 – 35	3.3%
36 – 45	10.7%
46 – 55	11%
56 – 65	17%

Over 65	33.6%
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Annex A – Survey results

23.2% chose not to say

Employment status

Full Time Employed	20%
Part Time Employed	2.7%
Self Employed	2.2%
Full Time Education	0.2%
Unemployed	1.7%
Permanently sick	0.3%
Retired	23.5%
Looking after the home	0.7%

48.7% chose not to say

Section 2 – Services required

St Neots

The most popular services requested to be part of the customer service centre scoring 40% or more were:

Citizens Advice Bureau	72.6%
Local Information	71.1%
Transport information	69.1%
Bus/ Rail pass enquiries	63.3%
Recycling/Green Waste and refuse	62.9%
Health information	55.8%
Police issues	54.9%
Leisure/Tourism information	49.9%
Council Tax and Housing Benefits	48.1
District Councillors surgery	40.1%
Planning issues	40%

Ethnicity

46.9% of respondents were White British

Just over 1% of respondents were from other Ethnic backgrounds

Just over 50% of respondents chose not to say

Age Group

18 – 25	0%
26 – 35	0.8%
36 – 45	4.1%
46 – 55	10.8%
56 – 65	19.8%
Over 65	41.1%

Annex A – Survey results

23.4% chose not to say

Employment status

Full Time Employed	13.3%
Part Time Employed	3.8%
Self Employed	2 %
Full Time Education	0 %
Unemployed	0.8%
Permanently sick	0.5%
Retired	30.4%
Looking after the home	0.7%

48.5% chose not to say

Survey summary

The majority of responses were received from Retired resident over 65 and those in Full time employment aged 46 – 65 in St Neots and 36 – 65 in St Ives. Of the responses we received about ethnicity in both areas the majority of responses were from White British residents and only around 1% from other Ethnic backgrounds.

In both St Ives and St Neots a high percentage of responses (over 40%) highlighted a need for local provision of more services provided by HDC, e.g. benefits, planning, council tax queries, refuse queries, district councillor surgeries, bus and rail pass enquiries and other local information.

It also highlighted that residents would like a local presence for services provided by other organisations representing a great opportunity for partnership working. In particular a high percentage of responses (over 50%) were interested in police issues, health information, transport information and the Citizens Advice Bureau.

Conclusion

These survey results in conjunction with other research provides a good starting point for the range of services to be offered locally in St Ives and St Neots but this would need to be reviewed to ensure we are always meeting the needs of the community. The survey only accounts for the opinions of 0.5% of the community in and around St Ives and St Neots and for this reason we have not used these results alone to base our recommendations for improvements.

Annex B – Visitor Survey

Throughout the month of August 2008, staff from the Huntingdon Customer Service Centre recorded the number of customers travelling from St Ives and St Neots to get an indication of how many journeys could be saved by providing more services into these areas.

The table below shows the results of Huntingdon customers who were asked where they travelled from for the month of August. Not all customers were asked.

	Huntingdon	St Neots	%	St Ives	%
Service					
Payments	221	14	6	26	12
Housing	185	30	16	24	13
Planning	10	1	10	2	20
Self serve PC's	42			1	
Other callers	40	3	7.5	2	5
Benefits	716	70	10	190	26.5
Totals	1214	118	10%	245	20%

By conducting this research we have learnt that as many as 10% of customers had travelled from the St Neots area and 20% from the St Ives area. If this were the case for a whole year it would lead to approximately 1,400 customers travelling from St Neots and approx 2,950 customers travelling from St Ives.

The table above also highlights that a small percentage of customers travel from St Ives and St Neots to make payments when this is a facility available already these areas but this could be for the following reasons:

- Due to our current location customers are not aware of the presence of the Customer Service Centre in these locations and the services provided.
- They were in Huntingdon for other reasons and it was more convenient to use that Customer Service Centre.
- Due to St Ives Customer Service Centre only open 3 days per week.

Staff members in St Ives and St Neots have worked in these locations for many years and offered information regarding the areas for improvement for the areas based upon their experience. They highlighted the following:

- A need for a Benefits officer to work from St Ives and St Neots on set days each week.
- There is no job centre in either location at present and they believe if we could work in partnership with the job centre this would be a real asset to the community.
- Customers are often unsure if they are in the right place and they see very few new customers, as few as 2-3 each working day.

Conclusion

The results above highlight a great opportunity to reduce the number of journeys to Huntingdon and improve access to services for at least 2,950 customers each year by adding Housing and Benefit services to the range of services provided in St Ives and St Neots.

It is clear from the staff consultation that having a Benefits service locally has been something that customers had been requesting for some time. The small number of new visitors suggests that we should review our location and presence.

Annex C - Mosaic background information

In addition to the customer and staff consultation we have also used customer-profiling data from a company called Experian who specialise in using a range of data to effectively profile customers. We have used this data to give us an insight into the types of customers that prefer to use face-to-face services.

Mosaic Public Sector Data Sources

54% of the data used to build Mosaic is sourced from the 2001 Census. The remaining 46% is derived from their Customer Segmentation Database. It includes the edited Electoral Roll, Experian Lifestyle Survey information and Consumer Credit Activity, alongside Post Office Address File, Shareholders Register, House Price and Council Tax information. All of this information is updated annually.

Qualitative research was also undertaken covering the whole of the UK. This validated the accuracy of Mosaic 'on the ground'. Experian employed a number of the UK's leading experts in the field of consumer psychology, human geography and economics to interpret the classification.

This research also links to a number of authoritative sources of the market research, including BMRB's Target Group Index (TGI), The British Crime Survey, MORI's Financial Research, The Expenditure and Food Survey (EFS), Forrester's Technographics and Internet User Monitor, the English and Welsh index of Multiple Deprivation, National Pupil Database, Health Survey for England and Hospital Episode Statistics.

Mosaic Public Sector classifies all citizens in the United Kingdom by allocating them to one of 61 Types and 11 Groups. The Groups and Types in these profiles paint a rich picture of UK citizens in terms of their socio-economic and socio-cultural behaviour.

Annex C - Mosaic background information



Mosaic Public Sector Descriptions

- A**
- Type 1 Financially successful people living in smart flats in cosmopolitan inner city locations
 - Type 2 Highly educated senior professionals, many working in the media, politics and law
 - Type 3 Successful managers living in very large houses in outer suburban locations
 - Type 4 Financially secure couples, many close to retirement, living in sought after suburbs
 - Type 5 Senior professionals and managers living in the suburbs of major regional centres
 - Type 6 Successful, high earning couples with new jobs in areas of growing high tech employment
 - Type 7 Well paid executives living in individually designed homes in rural environments
- B**
- Type 8 Families and singles living in developments built since 2001
 - Type 9 Well qualified couples typically starting a family on a recently built private estate
 - Type 10 Financially better off families living in relatively spacious modern private estates
 - Type 11 Dual income families on intermediate incomes living on modern estates
 - Type 12 Middle income families with children living in estates of modern private homes
 - Type 13 First generation owner occupiers, many with large amounts of consumer debt
 - Type 14 Military personnel living in purpose built accommodation

- C**
- Type 15 Senior white collar workers many on the verge of a financially secure retirement
 - Type 16 Low density private estates, now with self reliant couples approaching retirement
 - Type 17 Small business proprietors living in low density estates in smaller communities
 - Type 18 Inter war suburbs many with less strong cohesion than they originally had
 - Type 19 Singles and childless couples increasingly taking over attractive older suburbs
 - Type 20 Suburbs sought after by the more successful members of the Asian community
- D**
- Type 21 Mixed communities of urban residents living in well built early 20th century housing
 - Type 22 Comfortably off manual workers living in spacious but inexpensive private houses
 - Type 23 Owners of affordable terraces built to house 19th century heavy industrial workers
 - Type 24 Low income families living in cramped Victorian terraced housing in inner city locations
 - Type 25 Centres of small market towns and resorts containing many hostels and refuges
 - Type 26 Communities of lowly paid factory workers, many of them of South Asian descent
 - Type 27 Multi-cultural inner city terraces attracting second generation settlers from diverse communities
- E**
- Type 28 Neighbourhoods with transient singles living in multiply occupied large old houses
 - Type 29 Economically successful singles, many living in privately rented inner city flats
 - Type 30 Young professionals and their families who have gentrified terraces in pre 1914 suburbs
 - Type 31 Well educated singles and childless couples colonising inner areas of provincial cities
 - Type 32 Singles and childless couples in small units in newly built private estates
 - Type 33 Older neighbourhoods increasingly taken over by short term student renters
 - Type 34 Halls of residence and other buildings occupied mostly by students

- F** Type 35 Young people renting hard to let social housing often in disadvantaged inner city locations
 Type 36 High density social housing, mostly in inner London, with high levels of diversity
 Type 37 Young families living in upper floors of social housing
 Type 38 Singles, childless couples and older people living in high rise social housing
 Type 39 Older people living in crowded apartments in high density social housing
 Type 40 Older tenements of small private flats often occupied by highly disadvantaged individuals
- G** Type 41 Families, many single parent, in deprived social housing on the edge of regional centres
 Type 42 Families with school age children, living in very large social housing estates on the outskirts of provincial cities
 Type 43 Older people, many in poor health from work in heavy industry, in low rise social housing
- H** Type 44 Manual workers, many close to retirement, in low rise houses in ex-manufacturing towns
 Type 45 Older couples, mostly in small towns, who now own houses once rented from the council
 Type 46 Residents in 1930s and 1950s council estates, typically in London, now mostly owner occupiers
 Type 47 Social housing, typically in 'new towns', with good job opportunities for the poorly qualified
- I** Type 48 Older people living in small council and housing association flats
 Type 49 Low income older couples renting low rise social housing in industrial regions
 Type 50 Older people receiving care in homes or sheltered accommodation
- J** Type 51 Very elderly people, many financially secure, living in privately owned retirement flats
 Type 52 Better off older people, singles and childless couples in developments of private flats
 Type 53 Financially secure and physically active older people, many retired to semi rural locations
 Type 54 Older couples, independent but on limited incomes, living in bungalows by the sea
 Type 55 Older people preferring to live in familiar surroundings in small market towns
 Type 56 Neighbourhoods with retired people and transient singles working in the holiday industry












- K** ■ Type 57 Communities of retired people and second homers in areas of high environmental quality
Type 58 Well off commuters and retired people living in attractive country villages
Type 59 Country people living in still agriculturally active villages, mostly in lowland locations
Type 60 Smallholders and self employed farmers, living beyond the reach of urban commuters
Type 61 Low income farmers struggling on thin soils in isolated upland locations

Annex C - Mosaic background information

The next two pages show how the population in St Ives and St Neots fit into each group.

St Neots – Number and percentage of profile types












The table below shows the number and percentage of each profile type for St Neots and its close surrounding areas

Mosaic Public Sector Groups	Your area/file	%
 A Career professionals living in sought after locations	2,193	14.12
 B Younger families living in newer homes	3,891	25.05
 C Older families living in suburbia	2,611	16.81
 D Close-knit, inner city and manufacturing town communities	2,676	17.23
 E Educated, young, single people living in areas of transient populations	589	3.79
 F People living in social housing with uncertain employment in deprived areas	108	0.70
 G Low income families living in estate based social housing	130	0.84
 H Upwardly mobile families living in homes bought from social landlords	1,860	11.98
 I Older people living in social housing with high care needs	449	2.89
 J Independent older people with relatively active lifestyles	775	4.99
 K People living in rural areas far from urbanisation	249	1.60
Total	15531	100

Annex C - Mosaic background information

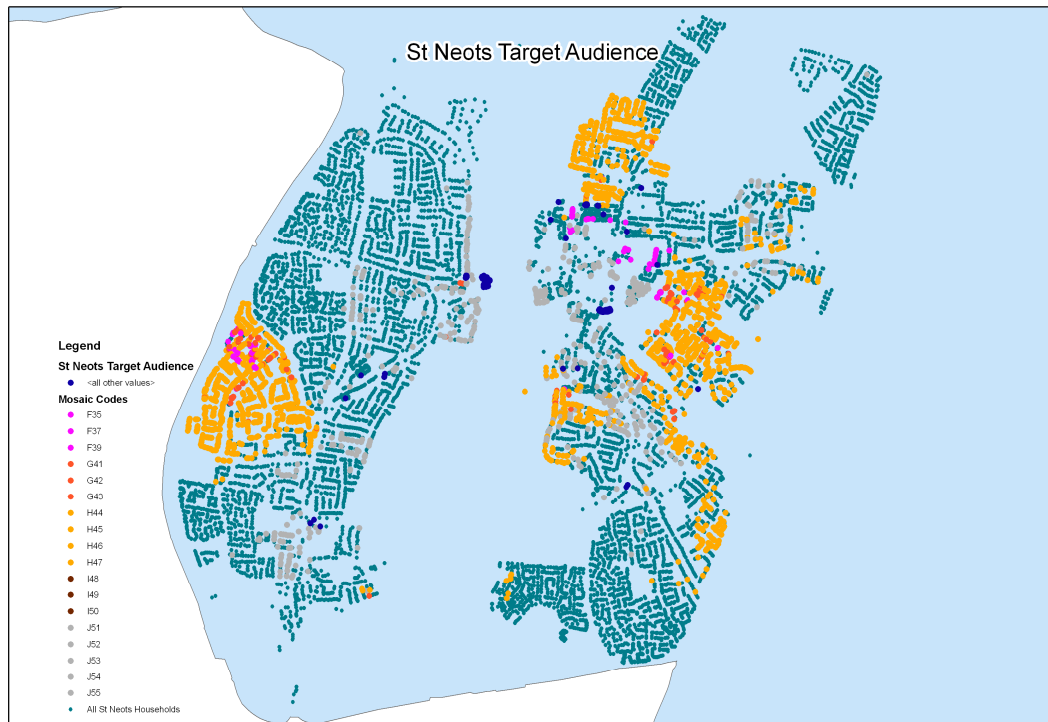
St Ives – Number and percentage of profile types

The table below shows the number and percentage of each profile type for St Ives and its close surrounding areas

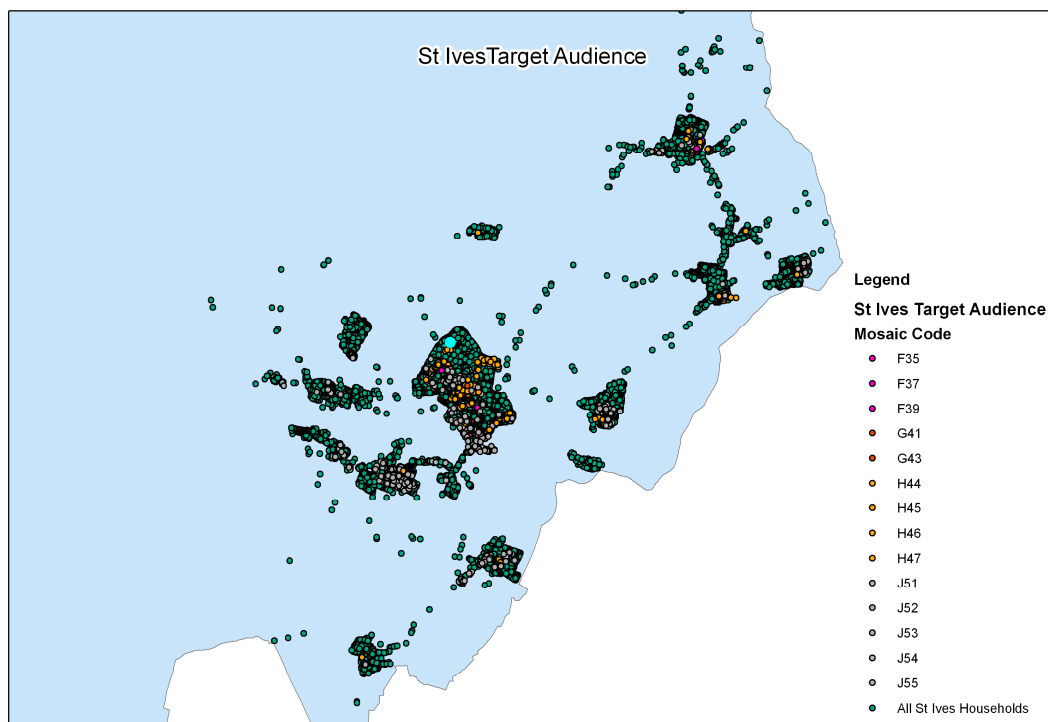
Mosaic Public Sector Groups	Your area/file	%
 A Career professionals living in sought after locations	3,707	22.76
 B Younger families living in newer homes	4,467	27.43
 C Older families living in suburbia	3,369	20.68
 D Close-knit, inner city and manufacturing town communities	1,269	7.79
 E Educated, young, single people living in areas of transient populations	646	3.97
 F People living in social housing with uncertain employment in deprived areas	15	0.09
 G Low income families living in estate based social housing	27	0.17
 H Upwardly mobile families living in homes bought from social landlords	419	2.57
 I Older people living in social housing with high care needs	382	2.35
 J Independent older people with relatively active lifestyles	1,107	6.80
 K People living in rural areas far from urbanisation	871	5.35
Total	16279	100

Annex C - Mosaic background information

Mosaic – Map showing the location of different customer profiles in St Neots



Mosaic – Map showing the location of different customer profile types in St Ives



Annex C - Mosaic background information

Summary

Groups and types that prefer face-to-face services are:

F, G and I – These are the most deprived types with high levels of benefit take up and unemployment etc.

H and J – These groups prefer face-to-face contact in regards certain services. They will probably not be receiving all the same services as groups F, G and I.

More details about the number of these group types in St Ives and St Neots can be found below.

Profile type						
Area	F	G	I	H	J	Total
St Ives	15	27	382	419	1107	1950
St Neots	108	130	449	1860	775	3322

The above table give us an indication of how many households have a preference for face-to-face services. The table indicates that more households have a preference for face-to-face services in St Neots than in St Ives.

Using the customer profiles in Mosaic we have established that 12% of households in St Ives have a preference to receive services face to face and 21% of households in St Neots have a preference to receive service face to face. This is against 7% in St Ives and 11% in St Neots currently accessing the service.

The customer profile types are different in both areas, which is what we would expect. The profile types identified as preferring face-to-face services are generally the most deprived types with high levels of benefit take up and unemployment etc and more of these customer types appear to be in St Neots (F, G & I). The second type was generally from the older community in retirement or close to retirement (H & J), which appear to be the main customer group requiring face-to-face services in St Ives.

Conclusion

The information we have taken from this data highlights that a significant number of households in St Ives and St Neots have a preference for face-to-face services and the customer most likely to use our services fall into two main categories:

- Deprived customers with high levels of Benefit take up and unemployment
- Older community in retirement or close to retirement

Mosaic data will be very useful to ensure we target them in the right way when promoting an increased range of services. Following the marketing of services in this way we will monitor the number of customers at each site to see if it has increased as a result of more effective marketing.

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**OVERVIEW & SCRUTINY
SERVICE DELIVERY PANEL**

2nd December 2008

**OVERVIEW & SCRUTINY
SERVICE SUPPORT PANEL**

9th December 2008

**PERFORMANCE MONITORING
(Report by the Head of Policy and Strategic Services)**

1. INTRODUCTION

- 1.1 The purpose of this report is to present to Members performance management information on "Growing Success" – the Council's Corporate Plan

2. BACKGROUND INFORMATION

- 2.1 In September 2008 the Council adopted an updated Plan which includes 37 short, medium and long term objectives to help achieve aims and ambitions for Huntingdonshire's communities and the Council itself. In addition the Council have identified a smaller number (8) of objectives which were considered to be a priority for the immediate future.

3. PERFORMANCE MANAGEMENT

- 3.1 Progress against all 37 objectives are reported to Chief Officer Management Team quarterly on a service basis. A progress report from each Division includes performance data in the form of achievement against a target for each of the objectives that those services contribute towards. This is supported by narrative on achievements, other issues or risks and budgeting information. In addition, a working group jointly appointed by the Panels continues to meet quarterly to monitor progress in the achievement of the Plan and to consider development issues.
- 3.2 Members of the Overview & Scrutiny Panels have an important role in the Council's Performance Management Framework and the process of regular review of performance data has been established. In adopting the updated version of Growing Success, and in particular in prioritising objectives, it was intended that Members should concentrate their monitoring on a small number of objectives to enable them to adopt a strategic overview while building confidence that the Council priorities are being achieved.
- 3.3 Members of the Panels will also find broader performance information of help to them in undertaking their review and scrutiny functions. This information can be provided on a regular or ad-hoc basis.
- 3.4 The priority objectives have been allocated between Panels as follows:

Service Support	Service Delivery
To promote development opportunities in and around the market towns	To help mitigate and adapt to climate change
Effective Partnership	To enable the provision of affordable housing
To be an employer people want to work for	To achieve a low level of homelessness
Maximise business and income opportunities including external funding and grants	To promote active lifestyles

4. PERFORMANCE MONITORING

4.1 The following performance data is appended for consideration:

Annex A - a summary of achievements, issues and risks relating to the objectives identified by the Heads of Service.

Annex B - Performance data from services which contribute to the Council objectives. For each measure there is a target, actual performance against target, forecast performance for the next period and a comments field. The data is colour coded as follows:

- green – achieving target or above;
- amber – between target and an “intervention level (the level at which performance is considered to be unacceptable and action is required);
- red – the intervention level or below; and
- grey - data not available

5. RECOMMENDATION

5.1 Members are recommended to;

Consider the results of performance for priority objectives and to Comment to the cabinet as appropriate.

BACKGROUND INFORMATION

Performance Management reports produced from the Council’s CPMF software system

Growing Success: Corporate Plan

Contact Officer:

Howard Thackray, Policy & Research Manager



01480 388035

Objective		Comments from appropriate Head of Service
To help mitigate and adapt to climate change	Achievements:	Energy efficiency - Local energy efficiency events/promotions ongoing Renewable energy, HDC Solar grants scheme uptake encouraging (circa 20 installed) Travel and emissions to air - St Ives Outdoor Centre: new cycleway in progress. Island Common cycleway in progress with completion December 2008. Yaxley cycleway and Sallowbush to Oxmoor Lane cycleway works are due to start on site in February 2009 Adapting to climate change - Development of Countywide approach to reporting on NI 188 (Adaptation to Climate Change)
	Issues:	Develop further and convene Environment Forum
	Risks:	Closer integration of key findings of the Carbon appraisal of the Cambridge sub region LTDP and HDC LIF are critical to the delivery of long term carbon reduction measures to meet targets for: energy saving, combating climate change and meeting government targets NI 186 and 188 Ongoing lack of guidance from DEFRA means potential failure to report on NI 187 (fuel poverty).
To promote active lifestyles	Achievements:	Leisure - Swimming, despite the closure in St Neots, exceeds target (53%). Active card holder numbers remain on target and over 61,000 now hold Leisure cards. Leisure Development - Health Walks programme has proved increasingly popular with throughput 52% up on last year, school activities (festivals, clubs and events) are up 20% on last year. Overall throughput in Leisure Development activities as a whole are up 6% on last year and participants are up 23%
	Issues:	Leisure - An 18,000 admissions increase (2%) from last year but a 15,000 shortfall (2%) on half-year target. The extended closure of St Neots Pool (estimated 10,000 visits lost), and the delayed opening of the new facilities at Huntingdon have both contributed to this position Leisure Development Issues over the last few months have included staff turnover, recruitment difficulties, balancing new projects with existing programmes, and delays in lottery funded programmes due to external factors
	Risks:	Leisure - There is concern over effect of credit squeeze with a recent increased number of cancellations of Direct Debit for both swimming lessons and for Impressions/Advantage membership Leisure Development - The longevity of funding streams.
To achieve a low level of homelessness	Achievements:	<ul style="list-style-type: none"> • 75 households were prevented from becoming homeless in Q2 of the year, compared to 33 in the same period last year. • 55 households were accepted as homelessness in Q2 compared to 34 in the same period last year. • A reduction in the number of households in temporary accommodation, from 81 households at the start of the quarter to 77 at the end. • Huntingdon Law Centre has been commissioned to provide a County Court Advice and Support

		<p>Desk for mortgage repossession hearings.</p> <ul style="list-style-type: none"> •
	Issues:	<ul style="list-style-type: none"> • Review of the Register's new priority 'banding' system to ensure that it does not have an impact on the prevention of homelessness or restrict homeless households from moving on from temporary accommodation. To feed into a full review of Home-Link that will be carried out within 12 months of it being launched. This review will be carried out sub regionally. • RSL progressing the search to acquire a move on property to enable the provision of 'crash pad' emergency bed provision for young people at Paines Mill Foyer in St Neots (LAA Reward Grant funding). • Supporting Kings Ripton Court in Huntingdon with a second bid for Housing Corporation capital funding to provide 4 emergency units for young people and improved training facilities • Assess options for remodelling of Coneygear Court to provide self contained units rather than shared facilities. • Assess the options for providing a supported lodgings scheme for young people threatened with homelessness
	Risks:	<ul style="list-style-type: none"> • National and/or local economic factors could increase demand. • Not delivering increased emergency accommodation facilities at Paines Mill Foyer and Kings Ripton Court in accordance with LAA reward grant. • RSL not successful in Housing Corporation bid to redevelop its homelessness hostel.
To enable the provision of affordable housing	Achievements:	<ul style="list-style-type: none"> • Secured £60k Housing Corporation Grant for two units at Whitwell Farm, Offord Cluny (total for year to date £1,178,000) • 50 affordable homes were completed (Total for the year to date 80 +14 Homebuy)
	Issues:	<ul style="list-style-type: none"> • Complete village needs survey for Needingworth (delayed from last quarter because the Rural Housing Enabler was not in post)
	Risks:	<p>Availability of Housing Corporation funding via the bidding process Potential impacts of a prolonged downturn in the housing/development market on the delivery of affordable housing</p>

Community/Council Aim: A Clean, Green and Attractive place
Objective: To help mitigate and adapt to climate change

Division: Planning

Divisional Objective: To encourage sustainable forms of development

Key activity(s) only to deliver service objective	Key Measure	Target:	Actual	Forecast	Comments:	
Include sustainable policies within LDF (to set a sustainable policy framework)	Core Strategy – Adherence to LDF timetable, on target to be adopted by August 2009 (1=Yes, 0=No)	1	1	1	Examination in public expected March 09	QRT

Division: Environmental Management

Divisional Objective: To Lower Carbon Emissions

Key Activity(s) only to deliver service objective:	Key Measure:	Target:	Actual	Forecast	Comments:	
Complete an annual review & update of Growing Awareness a plan for our environment & ensure that the MTP funding is committed by the Council to deliver on going carbon dioxide reduction	Year 1 actions identified in Environment Strategy on target (1=Yes, 0=No)	1	1	1	Work to tie in Environment Strategy indicators with corporate and service plan indicators underway. Review of year 1 progress to be complete by September 2009.	QRT
Identify areas of joint working with stakeholders to help deliver aims of Growing Awareness.	HSP Environment Forum to meet at least twice annually (1=Yes, 0 = No)	1	1	1	Head of Environmental Management considering most appropriate format for reconvening the Environment forum during the current Financial Year.	QRT
Identify opportunities to reduce CO2 emissions from the Council's own operations	Production of HDC Carbon Management Plan by 31st March 2009 (on target 1=Yes, 0 = No)	1	1	1	Draft Carbon Management Plan to be prepared by 1st December 2008, presentation of 'the case for action' to COMT after this date, plan then finalised by 31st March 2009	QRT
	On target (1=Yes, 0=No) to achieve a 6% carbon saving from council estate.(cumulative quarterly measure)	1	1	1	Baseline CO2 production for 2007 has been established, Carbon Management Plan to be in place by 31st March 2009, will include a target for reducing the Council's Carbon emissions by 30% over five years, with year on year reductions identified	QRT
Oversee the implementation of the Environment Strategy projects	% of Environment Strategy Year 1 projects on target	75	77	75	Year one funded Environment Strategy Projects seven out of nine on track.	QRT
Promote energy efficiency and use of renewable energy to householders	Number of tonnes of CO2 saved through installation of energy efficiency measures and renewables in domestic properties (cumulative quarterly measure)				Target still to be agreed will report indicator from third quarter 08/09.	QRT
Promote Energy Efficiency to householders through the Warmer Homes For Life Scheme	% of applications for loft and Cavity Wall Insulation received under the scheme replied to within 5 working days	95	86	95	System now in place to ensure turnaround of applications within target timescale	QRT
Retro fit project - procurement of Housing stock	Retro fit project - procurement of Housing stock by March 09 (on	1	1	1	Short list of 6 potential	QRT

35

	target 1 = Yes, 0 = No)				properties has now been reduced to three possibilities (two of which will be purchased). Two bedroom 1970s semi-detached, Chalet Bungalow (1970s), Victorian Solid wall property. Planning to work in partnership with the Buildings Research Establishment (BRE) to deliver the project, tender currently being finalised.	
Undertake risk-based assessment of current vulnerabilities to weather and climate changes and identify adaptation responses	Local risk based assessment complete by Sept 09 to achieve level 1 of NI188 on target (1=Yes, 0 = No)	1	1	1	Plan to prepare a Local Climate Impact Assessment (LCLIP) showing the local impacts of severe weather incidents in the district over the last five years. This study will then inform the preparation of a local risk based assessment of council services, enabling compliance with the indicator.	QRT
Update existing and extend Travel Plans to all of the Council's employment sites and implement to achieve a modal shift away from single occupant car use	% of council employees travelling alone to work by car (previously 65%)	65			Annual measure data to follow	YRL

Community/Council Aim: Healthy Living

Objective: To Promote healthy lifestyle choices

Division: Leisure

Divisional Objective: To Increase participation in healthy physical activities

Key Activity(s) only to deliver service objective:	Key Measure:	Target:	Actual	Forecast	Comments:	
Maintain and improve standard of facilities and match facility provision with usage demand.	Number of admissions/participants in activities provided or promoted by the Council (1.75m per annum) cumulative quarterly target)	887,774	872,809		Admissions lower than expected over Summer holidays. Also late opening of new development at HLC, pool one month closed at SNLC, Astro pitch closed 6 weeks at SNLC.	QRT
Promotion and marketing of available activities	Number of active card holders by March 08	18,587	18,455			QRT

Division: Lifestyles

Divisional Objective: To promote healthy lifestyle choices

Key Activity(s) only to deliver service objective:	Key Measure:	Target:	Actual	Forecast	Comments:	
Provide a range of accessible leisure opportunities such as: a Holiday Activity Programme for <17 yrs (SCS measure)	Total throughput of school, outreach and holiday activity Programmes (cumulative quarterly target)	1,675	2,949			QRT
Provide and facilitate arts activities directly and in partnership	Throughput of people (target 8500 per ann) experiencing arts interventions as a result of Arts Service and Partner activities during 2008/09 (cumulative quarterly target)	6750	6993			QRT

Provide targeted schemes to enable vulnerable people to participate in physical leisure activities (inc Exercise Referral, Community Sports and Recreation Project, Community Sports Network and Active Life scheme.) (SCS measure 2.1.5)	Throughput on identified schemes (cumulative quarterly target)	7,750	8,929			QRT
Provide under-represented groups with the opportunity to participate in sport and active recreation (SCS measure)	Total throughput of activity programme for disabled participants and under-represented groups (cumulative quarterly target)	700	858			QRT
Support vulnerable people to be more active, Cardiac Rehabilitation programme and Health walks	Total throughput of the Cardiac Rehabilitation programme and Health walks in Huntingdonshire (cumulative quarterly target)	3600	4,688			QRT

Community/Council Aim: Housing that meets the local need

Objective: To achieve a low level of homelessness

Division: Housing

Divisional Objective: To achieve a low level of homelessness

Key Activity(s) only to deliver service objective:	Key Measure:	Target:	Actual	Forecast	Comments:	
By helping to prevent people from becoming homeless by housing homeless people where appropriate	Numbers of households (135) prevented from becoming homeless each year to 2009 (cumulative quarterly target)	115	129		Achieving target will depend on external factors for the rest of the year (i.e. mortgage repossession rates). Having achieved 129 against a notional target for Q2 of 115, we are on track to achieve this target.	QRT
	(NI 156) No. of households living in temporary accommodation (cumulative quarterly target)	76	77	64	Achieving target will depend on external factors for the rest of the year (i.e. mortgage repossession rates)	

Community/Council Aim: Developing communities sustainably

Objective: To enable the provision of affordable housing

Division: Housing

Divisional Objective: To enable the provision of affordable housing

Key Activity(s) only to deliver service objective:	Key Measure:	Target:	Actual	Forecast	Comments:	
By maximising the land available for new affordable housing. By working in partnership with Housing Associations to bid for external funding. By making a financial contribution to pay for affordable homes to be built	(NI 155) Number of new affordable homes built by March 2009 (cumulative quarterly target)		64	286	The Countywide NI155 target is presently being disaggregated to district Council level (the target is set as a County target). 286 homes are projected for the district by the end of the financial year 2008/2009	QRT

Division: Planning

Divisional Objective: Maximise provision of affordable housing on relevant development sites

Key Activity(s) only to deliver service objective:	Key Measure:	Target:	Actual	Forecast	Comments:	
Develop Core Strategy and Development Control Policies DPD (to set policy framework)/Adopt Planning Obligations SPD (to set specific targets and thresholds)/Negotiate S106 Agreements (to deliver	% of housing completions on qualifying sites that are affordable (in CSR)	40			Annual measure data to follow	YRL
	% of housing completions on qualifying sites that are affordable (out of CSR)	29			Annual measure data to follow	YRL

required amounts of affordable housing)	% of affordable housing (commitments) on qualifying sites	40	29		<p>**Two of the qualifying sites are the allocation at East of the Railway St Neots, which is coming forward in several parcels over a period of time, and therefore difficult to monitor in quarters – some parcels have 100% affordable and others 0%. Another site had the affordable element agreed at outline stage which pre-dated PPS3 and would have been based on the then target of 29%</p> <p>***Only one qualifying site outside CSR, which had no affordable element as it was agreed the developer will instead provide a library and community meeting rooms (Ramsey Grand)</p>	QRT
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Objective		
To promote development opportunities in and around the market towns	Achievements:	Creative Exchange centre opens in November, (contributes towards employment and job growth in St Neots).
	Issues:	Development of Northern Gate (Ramsey Enterprise Centre)) may be affected by the economic climate and reduction in external funding
	Risks:	Contract being negotiated with NWES to manage the Creative Enterprise centre possible risk that year 1 external funding partner targets may not be met.
Effective Partnership	Achievements:	Sustainable Community Strategy and LAA: action/delivery plan phase under way LPSA – funding approved, money to be released quarterly linked to outcomes
	Issues:	SCS - Review underway on governance issues of Strategic Partnerships including implementation of Cambridgeshire Together and LAA structures Need to ensure/co-ordinate
	Risks:	HDC approach and further performance management development needed.
To be an employer people want to work for	Achievements:	Successful appointment to Training Advisor and Training Support Officer posts. Roll out of H & S Strategy & Action Plan under way. Programme agreed for review of People Strategy.
	Issues:	Resources needed to continue operational improvements including policy review and implementation of HR & Payroll systems may not be available. May need support to undertake strategic review of HR.
	Risks:	Vacancies may impact on achievement of improvement programme.
Maximise business and income opportunities including external funding and grants	Achievements:	External Funding: review of strategy approved to maximise funding for Council underway.
	Issues:	Clear external funding action plans need to be identified at service level
	Risks:	Failure to achieve external funding means projects may not be able to proceed

Community/Council Aim: Developing communities sustainably						
Objective: To promote development opportunities in and around the market towns						
Division: Planning						
Divisional Objective: To promote development opportunities in and around the market towns						
Key Activity(s) only to deliver service objective:	Key Measure:	Target:	Actual	Forecast	Comments:	
Develop strategic policy to promote well being of our market towns	Adoption of Core Strategy on target to be adopted by August 2009 (1=Yes, 0=No)	1	1		Examination in public expected March 09	QRT
Division: Policy and Strategic Services						
Divisional Objective: To promote development opportunities in and around the market towns						
Key Activity(s) only to deliver service objective:	Key Measure:	Target:	Actual	Forecast	Comments:	
Implementation of the projects (that contribute market town development) in the Local Economy strategy	% of LES actions/milestones on track	90	100	100	Projects include , development of local supply chains, promotion of creative industry, digital needs of businesses and visitor promotion	QRT
Community/Council Aim: To improve our systems and practices						
Objective: Effective Partnerships						
Division: Policy and Strategic Services						
Divisional Objective: Develop and adopt a sustainable community strategy						
Key Activity(s) only to deliver service objective:	Key Measure:	Target:	Actual	Forecast	Comments:	
Develop and refine SCS action plans by March 09	on target (1=Yes, =No)	1	1	1		QRT
Deliver and measure performance against action plans for 09/10	% of SCS themed group action plans on target to be delivered in 2009/10	70			Will be available to measure from April 2009	QRT
Divisional Objective: Effective Partnership framework						
Key Activity(s) only to deliver service objective:	Key Measure:	Target:	Actual	Forecast	Comments:	
Develop, implement and monitor strategic/operational partnership review programme	Partnership review programme on target (1=yes, 0=No)	1	1	1	Review programme of Strategic partnerships agreed. Database of Operational/strategic partnerships being developed. Following evaluation of these a review programme will be created. Review of Governance arrangements on HSP completed. Governance review of CT (LAA Board) being implemented.	QRT

Community/Council Aim: To learn and develop						
Objective: To be and Employer People Wish to Work For						
Division: HR						
Divisional Objective: To attract and retain staff						
Key Activity(s) only to deliver service objective:	Key Measure:	Target:	Actual	Forecast	Comments:	
Policies and procedures that keep up to date with modern working patterns	Review programme on target for adoption by Dec 2008 (1 = Yes, 0 = No)	1	1			YRL
Recruitment package	% of posts filled within one round of recruitment	90	93			QRT
	% of filled posts (for permanent staff) at anyone time	97	99.3			
To ensure a culture in which staff are able to work to their full potential	Biennial staff survey – % level of satisfaction	80			Next survey due Autumn 2009, (71% Autumn 2007)	
Community/Council Aim: To maintain sound finances						
Objective: Maximise business and income opportunities including external funding and grants						
Division: Leisure						
Divisional Objective: Maximise leisure centre income						
Key Activity(s) only to deliver service objective:	Key Measure:	Target:	Actual	Forecast	Comments:	
Maximise leisure centre income	Actual income received compared to budget (cumulative quarterly target)	£2,384,000	£2,240,000		Late opening of new facilities at HLC (additional building works) and loss of swimming income at St Neots.	QRT
Maintain expenditure within budget	Actual expenditure compared to budget cumulative quarterly target	£3,407,000	£2,824,000			QRT
Division: Policy and Strategic Services						
Divisional Objective: To be aware of appropriate funding opportunities and communicate to the appropriate service						
Key Activity(s) only to deliver service objective:	Key Measure:	Target:	Actual	Forecast	Comments:	
Co ordinate and maintain a system of internal control via funding Database, liaise with appropriate officers, provide funding advice and assistance in compilation of bids, as required	% of bids which attract funding,(year to date)	70	76		21 bids submitted of which 16 were successful	QRT
	External Funding strategy on target to be completed by March 2009 (1=Yes, 0=No)	1	1			QRT

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Care Quality Commission
enforcement policy

Consultation



About the Care Quality Commission

The Care Quality Commission (CQC) was established to regulate the quality of health and adult social care and look after the interests of people detained under the Mental Health Act.

Health and social care touches everyone at some point. This gives CQC a powerful and highly responsible role in people's lives. CQC will, from 1 April 2009, bring together the work of the Commission for Social Care Inspection, the Healthcare Commission and the Mental Health Act Commission, creating for the first time an independent regulator of health, mental health and adult social care in England.

Our vision is of high-quality health and social care that supports people to live healthy and independent lives, empowers individuals, families and carers in making informed decisions about their own care, and is responsive to individual needs.

We will be a leading and innovative regulator and will:

- Focus on outcomes for people
- Harness a range of regulatory approaches to drive improvements in quality
- Prioritise on the basis of risk
- Champion a joined-up approach to care across services, centred on the individual
- Be transparent and open
- Be tough and fair
- Be independent
- Be proportionate
- Coordinate our work with other regulators.

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Foreword

The new Care Quality Commission will bring together independent regulation of health, mental health and adult social care for the first time. This gives the Care Quality Commission the scope to break new ground and to be a world-class regulator.

We will have our own distinctive style and important new powers compared to our predecessor bodies. We will be responsible for registering, reviewing and inspecting health, adult social care and mental health services. We will work with providers to encourage them to improve the quality of their services. Where providers of services let people down, we can take action, including issuing warnings and fines and refusing to register them.

Our primary aim is to put the people who use services first. We will always champion their interests, particularly where services are provided to people who are less able to speak for themselves.

We will be a modern, transparent, tough and fair regulator. Our commitment is to communicate openly about our proposed enforcement policy and listen to what people have to say about it. We are therefore inviting your views on this high-level consultation document that sets out the principles and broad approach of our enforcement policy.

Health and social care touches everyone in England at some point. Increasingly, people move between the sectors when they need help. A high-quality experience isn't about just one service but about how they work together. This also means that we have to be consistent in how we apply our principles of enforcement across the whole system – in health, social care and mental health, and across the public, private and voluntary sectors.

This document does not go into detail about processes. After consultation, we will finalise and publish our policy so that our enforcement role is clear. More detail will follow as we develop our approach. We see this as the start of an ongoing conversation about how we can all work together to help ensure safer, higher quality care for the people who need it.

Barbara Young
Chairman

Cynthia Bower
Chief Executive

1. Introduction

This draft policy sets out how we intend to use our enforcement powers to protect the health, safety and welfare of people who use health and social care services, and to improve the quality of these services. It includes the principles we will follow when doing this.

We are inviting comments on the policy and we welcome your views and suggestions to help us to develop it.

Once we have published the final policy, we will monitor its effectiveness and revise it when necessary.

Context

1. From April 2009, the Care Quality Commission will be the new independent regulator of health and adult social care services across England. We will be responsible for registering, reviewing and inspecting these services. Where providers of services fail to meet the legal requirements of their registration, we may take action against them. This includes those who are operating without being registered.
2. We aim to help services improve by ensuring that essential quality and safety standards are met and that bad practice is stamped out. One of the ways we will do this is by using our enforcement powers.
3. It is important that we are clear from the outset how we intend to use these powers and the principles we will use. This is why we are sharing the draft policy and asking for your views. Chapter 6 has details of how you can send us your comments.
4. When the consultation is complete, we will finalise and publish the policy so that the way we will carry out our enforcement role is clear.

Background

5. The Healthcare Commission can take enforcement action in relation to private and voluntary healthcare providers, under the Care Standards Act 2000 (CSA 2000). The Commission for Social Care Inspection can take similar action under CSA 2000 in relation to adult social care providers.

6. The Care Quality Commission, established in October 2008 by the Health and Social Care Act 2008 (2008 Act), will have enforcement powers that include the CSA 2000 powers and three new powers under the 2008 Act.

7. The enforcement powers in the CSA 2000 and the 2008 Act are:

Power	CSA 2000	2008 Act
Issue a warning notice	×	✓
Impose, vary or remove conditions	✓	✓
Issue a penalty notice in lieu of prosecution	×	✓
Suspend registration	×	✓
Cancel registration	✓	✓
Prosecute for specified offences	✓	✓

8. The 2008 Act will come fully into force in April 2010. However, regulations are being made under Section 20 of the Act that will apply to NHS organisations covered by the *Code of practice for the prevention and control of healthcare associated infections*. These regulations will come into force from April 2009.

9. This will mean that, from April 2009, NHS providers will be required to register with us and comply with the **new** requirements and regulations under the 2008 Act that require them to protect patients, staff and others from identifiable risks of acquiring a healthcare-associated infection.

10. If we take enforcement action against an NHS provider over healthcare-associated infection during 2009/10, we will use the powers in the 2008 Act. This includes the three new powers: issuing warning notices, issuing financial penalty notices, and suspending registration.

11. For all other purposes, during 2009/10 we will use the same powers and the same enforcement frameworks that the Healthcare Commission and the Commission for Social Care Inspection use now (those in the CSA 2000). In relation to enforcement, we may also take account of other acts of Parliament that we consider to be relevant.

12. On 1 April 2010, all health and social care providers, and in some cases managers, will be subject to the full range of enforcement powers under the 2008 Act.

13. The principles that follow explain how we intend to use our powers. They will apply to all our enforcement action from April 2009 onwards, and are based largely on those currently used by the two existing Commissions. The proposed policy is consistent with the principles of the Government's Enforcement Concordat.

14. Following this consultation, we will issue detailed operational guidance on enforcement for 2009/10. We will update this for 2010 when the 2008 Act comes fully into force.

2. Principles of enforcement

15. When a registered provider or manager fails to comply with legislation or its terms of registration, or a person operates without being registered, we can take action against them. This is called enforcement. The purpose of enforcement is to make sure that action is taken to ensure that the provider or manager complies with regulations and requirements. We intend to take a firm but fair approach in carrying out enforcement. Drawing on developments and best practice in better regulation, we intend to follow these general principles:

- Our overarching concern is to protect the safety of service users and improve the quality of care they receive.
- We will take a proportionate approach, based on our assessment of the risk of harm, the quality of care and evidence of non-compliance with the law.
- Our processes will be transparent and accountable.
- We will encourage improvement wherever possible, but if a service fails to fulfil its legal obligations, we may take enforcement action.
- We will put particular emphasis on equality, diversity and human rights, particularly where services are provided to those who are less able to speak for themselves.
- Our work will be led by appropriately trained, skilled staff.
- We will be consistent in the application of these principles across all sectors of care, while tailoring our approach to different types of provider.
- We will follow up all enforcement activity in a timely fashion.
- We will coordinate our work with other regulators.
- We will monitor the operation of the enforcement policy, and take seriously any comments from providers.

We explain more about these key principles below.

16. Our primary concern is to protect the safety of service users. Any enforcement action we take will be **proportionate** to the risks posed to service users and the seriousness of any breach of the law. We may also take other forms of action (such as increasing the frequency of our inspections of a particular provider), or work with other bodies (for example, commissioners or other regulators) that may be in a better position to take action.

17. We aim to be **consistent** in applying the principles across all types of health and adult social care provider: private, public (including NHS foundation trusts) and voluntary. In order to be balanced, we will also take account of the impact of a breach or incident, the attitude and actions of management, and the history of previous breaches/incidents. Decisions on specific enforcement action rely on professional judgement and we will therefore exercise our discretion in each case.

18. We will be **transparent** in order to help providers, managers and the public to understand what is expected of people who provide and manage health and adult social care services and what they should expect from us. This includes making clear why we intend to take, or have taken, enforcement action. As we explain in paragraph 14, further detailed operational guidance will follow.

19. Our approach will ensure that we focus on those providers whose activities cause, or risk causing, serious harm to people using services. We would view persistent non-compliance with regulations as a potentially high risk for people who use services.

20. We will act in the best interests of people who use services and their families and carers, balancing the consequences for these people of taking enforcement action, against the risks of taking no action.

Investigations

21. We will have the power to carry out investigations into NHS healthcare and social care, either as a way of finding out more about serious concerns within a particular service or as a way of finding out more about the quality of service provided. Although investigation is separate from our enforcement powers in the 2008 Act, there are similarities and overlaps between them. Investigation is an alternative open to us which may offer a more effective route than enforcement to resolving potentially serious problems – for example, where a problem may have systemic roots across a whole local economy which enforcement against one provider would not solve, or where serious allegations are made but the extent of the problems are unclear or contested.

22. There are close links to enforcement, because our investigation of serious concerns about care may uncover evidence that subsequently leads us to take enforcement action. The principles that apply to enforcement also apply to the way in which we manage investigations.

23. Investigation enables us to follow up potentially serious systemic failings, publish our findings and ensure that improvements are made, not only within the service under investigation but sometimes more widely. In some instances, we will undertake an investigation to look into a serious allegation or understand the root causes of a problem affecting services generally. We may decide that both enforcement action and systemic improvement are necessary. In any case, we will not delay acting wherever we identify risks to the safety of people who use services.

24. We have discretion to decide what we investigate and we have developed criteria to guide us when making these decisions. These are set out in appendix A. We are required by law to publish a report following an investigation and, as well as using our own powers, we can offer advice to the Secretary of State for Health on any of the issues raised – for example, advice on policy issues or national changes that we think are necessary to prevent similar problems arising elsewhere.

Non-statutory enforcement action

25. We may choose to take non-statutory action in response to a breach of requirements in the 2008 Act and/or the associated regulations. It may be appropriate to take this approach to resolve a relatively low-risk problem, or where a provider voluntarily brings a minor breach to our attention and is already taking (or has taken) appropriate action.

26. Non-statutory action could involve placing a provider or manager under scrutiny for a period, drawing the breach to their attention and giving them an opportunity to put it right within a reasonable period. (We can also do this on a statutory basis by issuing a warning notice – see below.) Non-statutory action can also include asking an unregistered provider to stop operating the service.

27. We may publish details of non-statutory enforcement action, although there is no requirement in law for us to do so.

Consultation question

1. Do you agree with our proposed principles and overall approach to enforcement?

3. How the enforcement powers may be used

28. If we decide to take statutory enforcement action in response to a breach of requirements in the 2008 Act and/or the associated regulations, we can choose the most appropriate action from the range of enforcement powers available to us. For 2009/10, the range of powers from which we can choose for private and voluntary healthcare and adult social care providers are those in the CSA 2000; for NHS providers, they are those in the 2008 Act. From 2010/11 onwards, the powers from which we can choose for **all** providers and managers are those in the 2008 Act.

29. The powers from both Acts are explained below, along with examples of the circumstances in which we might use them. As mentioned in paragraph 14, further detailed operational guidance will follow. It should be noted that, when undertaking enforcement action with a provider, we are able to take additional enforcement action against the same provider at any time, provided this is not related to the issue on which the current enforcement action is being undertaken.

30. In certain situations we may decide to take 'urgent' action as opposed to 'routine' action. This has immediate effect and does not have to allow for the process of representations, although there is a right of appeal. We would usually do this where we feel there is an immediate threat to the safety of patients or service users. We may revert from urgent to routine action, for example if we were taking urgent action to cancel a registration but the provider arranged suitable alternative accommodation for the residents. Where we decide to take routine action, we will allow for representations to be made, before we make our final decision.

31. Where any provider continues to make 'low level' breaches of regulations, we will not hesitate to escalate our enforcement action so that any problems are dealt with swiftly and firmly.

Issue a statutory warning notice (2008 Act only)

32. This notice will provide details of the breach in question and, if it is ongoing, set out a timescale for it to be rectified. At the end of the period specified in the notice, we may take any follow-up action we think necessary if the notice has not been complied with.

33. We may take this action for first-time or minor breaches, or where we believe the situation can be rectified without posing a risk to people who use services in the interim. For example, where there is evidence of a breach of regulations but the provider is judged to have the capacity and willingness to rectify the problem immediately.

Examples

We might use this power where:

- An inspection of an NHS hospital reveals variable standards of cleaning on wards or infringements of hand hygiene practices on an isolation ward, to the extent that the registration requirements may not have been complied with.
- A defect is found in a care home, such as a torn carpet, that could cause an accident, despite the fact that similar concerns had previously been brought to the attention of the provider.
- We find poor procedures in relation to patients who are absent without leave.

Impose, vary or remove conditions (CSA 2000 & 2008 Act)

34. We may, at any time, impose, vary or remove conditions on a provider's registration. We have the power to take this action in urgent cases with immediate effect* if, for example, we feel that a person will or may be exposed to a risk of harm if we do not act immediately.

35. We might use this power when one specific aspect of the service needs to be improved but other services can continue while changes are made. We might also use it to stop further admissions to a service where we have issued a notice to cancel registration, but an appeal is pending.

Examples

We might use this power:

- To close temporarily a hospital decontamination facility that is not fit for purpose.
- To prohibit the admission of a particular group of patients, for example people under 18, where the provider failed to protect this particular group or failed to provide an adequate quality of service to them.
- To prevent a care home from admitting additional residents if we have found that they do not have enough trained staff to look after more people.

* The CSA 2000 requires the Healthcare Commission and the Commission for Social Care Inspection to apply to a Justice of Peace to obtain permission to urgently alter conditions, but under the 2008 Act we do not have to do this.

Issue a financial penalty notice (2008 Act only)

36. We can consider issuing a financial penalty notice for a fixed penalty offence instead of prosecution. If the provider refuses to pay the penalty, we will use our other enforcement actions. The Department of Health will make regulations as to which offences can attract fixed penalty notices (see below) but they may include, for example, carrying on a regulated activity without being properly registered, or failing to comply with a condition of registration.

37. We might use this power when it is clear that the provider is in breach of requirements in the 2008 Act and/or the associated regulations, but where there is evidence that improvements have already been or can be made, and we wish to focus on improvement without a lengthy prosecution. It may be that a penalty notice has a significant impact on a provider's reputation, even where the value of the penalty is relatively small.

Examples

We might use this power where:

- An inspection of an NHS hospital reveals that a number of clinical areas are unclean.
- There has been a failure to comply with Mental Health Act statutory procedures and documentation.
- A domiciliary care agency has had a poor recruitment record, resulting in the use of unsuitable staff, but they have introduced new policies and procedures that we think are likely to bring improvements. In this case, the penalty notice would underline the need for the agency to implement and stick to the new policies.

38. The Department of Health is proposing to make regulations relating to this power, and is currently consulting on:*

- The offences for which it is proposed that penalty notices can be used in 2009/10.
- The value of these penalties.
- The time by which the penalty is to be paid.
- In the event of a refusal to pay, the amount of time that must elapse before we can take further proceedings.

39. The Department of Health will consult again on various regulations for 2010/11 onwards, including those relating to the level of penalty notices.

* *Changes to arrangements for regulating NHS bodies in relation to healthcare-associated infections for 2009/10*, 11 August 2008. Consultation ends 20 October 2008.

Suspend registration (2008 Act only)

40. We can suspend the registration of a provider entirely for a specified period. This will give the provider the opportunity to rectify any breach and then resume service provision. We are able to extend the period of suspension. We are also able to do this in urgent cases as described above (see paragraph 34), and there is a right of appeal. It will be an offence for a provider to operate during a period of suspension.

41. We might use this power when we believe that the breach can be remedied, as long as the provider is judged to have the capacity and willingness to rectify the problem.

Examples

We may use this power where:

- There has been a large-scale outbreak of an infectious disease in a hospital.
- An agency or care home is unable to operate safely because a large proportion of its staff has left. The suspension could be lifted when appropriate staffing levels are resumed.

Cancel registration (CSA 2000 & 2008 Act)

42. As an ultimate sanction, we have the power to cancel registration outright. Although we would aim to ensure that all other options have been exhausted, we do not need to have undertaken any other enforcement action beforehand. We have to follow the process established in the 2008 Act, which builds on the existing CSA 2000 process. We are able to cancel registration in urgent cases as described above, and there is a right of appeal. It is an offence for a provider to operate after this, as they would no longer be registered.

43. We would only consider using this power as a last resort, where people who use services are put at such risk, and where care is so unsafe or of such poor quality, that no other action would be appropriate – for example, in relation to persistent and deliberate non-compliance. Even in these circumstances, any action would be carefully coordinated with other bodies (for example local authorities and health authorities) and the balance of risk would always be considered. In such situations, we would also consider giving advice to the Secretary of State for Health.

Example

We may use this power if we become aware of the sudden and suspicious death of one or more care home residents, and where the providers are not cooperating with investigations that we or other agencies are undertaking.

Prosecute for specified offences (CSA 2000 & 2008 Act)

44. We have the power to prosecute for certain offences. Prosecution is an important part of enforcement. It punishes wrongdoing, avoids recurrence and acts as a deterrent to others. In some cases, it may be appropriate to prosecute in conjunction with other enforcement actions, for example suspension of registration.

45. We would not start a prosecution unless we were satisfied that it is in the public interest, that there is sufficient, admissible and reliable evidence that an offence has been committed and there is a realistic prospect of conviction. In reaching a decision to prosecute, we will have regard to the principles in the Code for Crown Prosecutors (www.cps.gov.uk/victims_witnesses/code.html). Where another organisation has the power to prosecute, we will liaise with them to ensure effective coordination, to avoid inconsistencies, and to ensure that any proceedings are for the most appropriate offence.

46. Where we successfully prosecute a provider, the courts decide on the fine that is imposed and are able to issue a separate fine in relation to each offence that is successfully prosecuted. The courts may decide to impose a prison sentence as well as, or instead of, a fine following conviction for failure to be registered.

47. Under the 2008 Act, the maximum court fines for certain offences have been increased. They apply to NHS providers only in 2009/10, and to all providers and managers from 2010/11 onwards. The offences and maximum court fines from the CSA 2000 and the 2008 Act are as follows:

Offence	CSA 2000 court fine	2008 Act court fine
Failure to be registered	£5,000	£50,000
Failure to comply with conditions in relation to registration	£5,000	£50,000
Offences relating to suspension or cancellation	N/A	£50,000
Failure to comply with registration requirements	£2,500	£50,000*
False descriptions of concerns	£5,000	£5,000
False statements in applications	£2,500	£2,500
Failure to display a certificate of registration	£500	N/A
Obstructing an inspector	£2,500	£2,500
Failure to provide documents or information	£2,500	£2,500
Failure to provide an explanation of any related matter	£2,500	£2,500

* Some lesser requirements have a maximum court fine of £2,500 in the 2008 Act.

Simple cautions

48. We may consider issuing a simple caution as an alternative to prosecution. A simple caution can only be used where there is evidence of guilt, and where the offender admits the offence and is prepared to accept the caution. In deciding whether to issue a caution, we will have to consider these matters, along with guidance issued by the Home Office (currently HO circular 30/2005).

49. We may choose to issue a simple caution where a provider is found not to be complying with guidance (for example, part of the guidance on the prevention and control of healthcare-associated infection), and this constitutes a breach of requirements in the 2008 Act and/or the associated regulations, or where a person was operating a service without being registered but has since applied for and been granted registration

50. Although we are not required by law to publish details of simple cautions, we have a general power to publish this type of information and may therefore choose to do so.

Appeals

51. There will be a right of appeal to a tribunal against some types of enforcement action undertaken by the Care Quality Commission. Any appeal must be made within 28 days of the enforcement action being carried out. Appeals can be made against conditions of registration, or suspension or cancellation of registration.

52. There is no right of appeal to the tribunal in the case of the issuing of warning notices, penalty notices or conviction for offences.

Consultation question

2. Do you agree with the circumstances and manner in which we intend to use each enforcement power?

4. Publication and notification of enforcement action

53. The Department of Health is proposing to make regulations for 2009/10 that require and authorise us to publish certain information relating to enforcement action within set timescales. The proposals are in the consultation document referred to at paragraph 38.

54. The 2008 Act requires us to give copies of notices relating to enforcement action to various bodies, including primary care trusts (PCTs), local authorities, strategic health authorities (SHAs) and Monitor (the independent regulator of NHS foundation trusts). The Department of Health is proposing to make regulations for 2009/10 that specify which PCTs and SHAs should be given copies of notices relating to various aspects of enforcement action, and in which cases we do not need to provide notification of enforcement action. The proposals are in the consultation document referred to at paragraph 38.

55. The Department of Health will consult again on various regulations including those for 2010/11 onwards.

56. We aim to publish an annual report on enforcement, in order to promote learning and review trends.

5. Working with other organisations

57. Where we and another enforcement body, for example the police or the Health and Safety Executive, have the power to take action, we will work together to ensure that we coordinate our respective powers. This will avoid inconsistencies and ensure that any action taken is for the most appropriate offence.

58. Where there are allegations of abuse involving people in services that we regulate, we will inform the local authority in line with safeguarding and child protection procedures and work with the other agencies to ensure that people are appropriately safeguarded.

59. When taking enforcement action, we will work with different organisations depending on the provider's status, for example Monitor for NHS foundation trusts, SHAs for NHS trusts and PCT-provided services, and local authorities for adult social care services. This will help us consider what alternative services are available for the people affected, and to encourage joint working between the relevant authorities.

60. Monitor will continue in its current role, to ensure that NHS foundation trusts operate in an efficient, effective and economic manner. Failure by an NHS foundation trust to comply with our requirements may also be considered to be a breach of their terms of authorisation, and could lead to intervention by Monitor.

61. We will not duplicate Monitor's role. Our role, in relation to all providers, including NHS foundation trusts, is to ensure that they meet safety and quality requirements. We expect to liaise with Monitor before taking enforcement action in relation to an NHS foundation trust. However, occasionally there may be instances where we need to take immediate action in order to protect the safety of people who use services.

Consultation question

3. Does the way in which we propose to work with other organisations ensure a coordinated approach to enforcement?

6. Responding to the consultation and summary of questions

62. This document launches a consultation on our proposals for enforcement action from April 2009 onwards. Your feedback on this consultation will inform our final policy. The consultation period ends on **16 January 2009**.

63. Following the consultation, we will publish a response and our final enforcement policy before it comes into effect on 1 April 2009.

64. The questions asked in this consultation are:

Consultation questions

1. Do you agree with our proposed principles and overall approach to enforcement?
2. Do you agree with the circumstances and manner in which we intend to use each enforcement power?
3. Does the way in which we propose to work with other organisations ensure a coordinated approach to enforcement?

65. We would also welcome comments on the impact assessment at appendix B and views on how the specific proposals in this consultation affect equality, particularly in terms of race, disability, gender and human rights.

66. If you wish to respond to the questions raised in this consultation, please email your response to **consultationresponses@cqc.org.uk**. Alternatively you can complete and return the enclosed reply sheet.

67. This consultation follows the Cabinet Office *Code of Practice on consultation* (see www.berr.gov.uk/files/file44364.pdf). In particular we aim to:

- Consult widely throughout the process, allowing 12 weeks for written consultation at least once during the development of the policy.
- Be clear about what our proposals are, who may be affected, what questions we want to ask and the timescale for responses.
- Ensure that our consultation is clear, concise and widely accessible.

- Ensure that we provide feedback regarding the responses received and how the consultation process influenced the development of the policy.
- Monitor our effectiveness at consultation, including through the use of a designated consultation coordinator.
- Ensure our consultation follows better regulation best practice, including carrying out a regulatory impact assessment if appropriate.

68. If you have concerns or comments that you would like to make relating specifically to the consultation process itself, please use the same contact details as in paragraph 66 above.

Confidentiality of information

69. Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

70. If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding.

71. We will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties.

7. Regulatory impact

72. We consider it unlikely that the changes to the range of sanctions will cause a significant change in costs, either to ourselves (compared to the current cost of enforcement to the Healthcare Commission and the Commission for Social Care Inspection) or to providers.

73. Any increase in the number or size of providers within the regulatory framework is bound to cause a rise in enforcement costs.

74. The number of enforcement actions overall may increase as we have additional powers at our disposal. However, it is possible that the additional enforcement powers will lower the number of more significant enforcement actions, for example cancelling registration, as the intended effect of our policy is to encourage providers to comply with regulations and requirements earlier in the process. Any savings that may arise as a result should outweigh the additional costs. A regulatory impact assessment is included at appendix C.

Appendix A: Criteria for formal investigation

Our functions include conducting investigations into the provision of NHS care, the provision of adult social services and the exercise of functions of strategic health authorities and special health authorities performing functions in respect of England. We are required to publish a report of any such investigation.

We will conduct an investigation where we become aware of specific concerns. An investigation involves obtaining evidence on, and developing an understanding of, the reasons for a serious failing in the provision of care. We can make recommendations to prevent the failing happening again. When conducting an investigation, we will take account of accepted standards and criteria or, in their absence, other statements of good practice (for example from professional bodies).

Triggers that might alert us to the potential need for an investigation include:

- Direct contact from service users, the public, staff or the media.
- Issues brought to light during our other regulatory activities.
- Requests from the Secretary of State for Health, or from other regulatory bodies.

We have a wide discretion as to the circumstances in which we will undertake an investigation in relation to NHS care or adult social services.

Generally, this will only be where we have credible information that suggests that there may have been, or there may be, a serious failing in the provision of care or the exercise of functions by a strategic health authority or special health authority*, that has, or may result in, a negative impact on the safety of service users, the effectiveness of the service, or responsiveness to people who use the service.

If a case does not feature such a serious failing, we will nevertheless consider whether an investigation should be started, having regard to the particular facts of the case.

* Where the authority is performing functions only or mainly in respect of England.

Factors which might trigger us to commence a formal investigation include:

- A higher number than anticipated of unexplained deaths.
- Serious injury or permanent harm, whether physical, psychological or emotional.
- Events which put at risk public confidence in the care provided, or in the NHS or adult social services more generally.
- A pattern of adverse effects or other evidence of high-risk activity.
- A pattern of failures in service(s), or team(s), or concerns about these.
- In line with multi-agency procedures, allegations of abuse, neglect or discrimination against service users, particularly those less able to speak for themselves or assert their rights.

When we are deciding whether to investigate, we will consider the extent to which local resolution, referral to an alternative body, or other action might offer a more effective solution.

Generally, we will not investigate:

- Individual incidents that have not been pursued through the appropriate complaints procedure, unless it raises an immediate concern.
- Individual complaints about professional misconduct.
- Changes to service configurations (such as mergers).
- Employment or disciplinary matters.
- Matters being considered by legal process.
- Specific matters already determined by legal process.

This does not prevent us from investigating circumstances surrounding such matters. A matter that has been determined under one of the processes outlined above may raise general concerns about the safety of service users or suggest that organisational systems are flawed.

We will consider all allegations of serious failings, identify whether rapid action is required (for example, enforcement action to suspend the service for the protection of people who use services), and liaise with the body concerned and other bodies where necessary. It may be more appropriate in some cases for us to refer the matter to another agency, such as the police.

Appendix B: Equality impact assessment

Context

From April 2009, the Care Quality Commission (CQC) will be the new independent regulator of health and adult social care services across England. It will be responsible for registering, reviewing and inspecting these services. CQC aims to help services improve by ensuring that essential quality and safety standards are met and that bad practice is stamped out.

One of the ways we will do this is by using the enforcement powers set out in the Care Standards Act 2000 (CSA 2000), which have been carried forward, plus three new powers under the Health and Social Care Act 2008 (the 2008 Act). These are:

Power	CSA 2000	2008 Act
Issue a warning notice	×	✓
Impose, vary or remove conditions	✓	✓
Issue a penalty notice in lieu of prosecution	×	✓
Suspend registration	×	✓
Cancel registration	✓	✓
Prosecute for specified offences	✓	✓

The proposed CQC enforcement policy is a high-level document that sets out for consultation the principles underpinning any enforcement and how we plan to use our enforcement powers. The policy seeks to ensure that enforcement decisions made by CQC are consistent, fair and appropriate to the circumstances.

CQC, like any other public body, has a legal duty to promote equality and eliminate discrimination. The equality impact assessment considers the potential impact of the draft enforcement policy in relation to disability, ethnicity, gender identity, age, sexual orientation, and religion or belief.

This paper explains how we looked at the impact on equalities of the policy, and proposes things we can do to ensure that equality issues are addressed when subsequent measures are developed or revised, through regular monitoring and evaluation.

Objective of the policy

The objective of the policy is to set out how we intend to use our enforcement powers to protect and promote the health, safety and welfare of people who use health and social care services, and the principles we will follow in doing so.

The general principles we intend to follow in relation to enforcement are:

- Our overarching concern is to protect the safety of service users and improve the quality of care they receive.
- We will take a proportionate approach, based on our assessment of the risk of harm, the quality of care and the evidence of non-compliance with the law.
- Our processes will be transparent and accountable.
- We will encourage improvement wherever possible, but if a service fails to fulfil its legal obligations, we may take enforcement action.
- We will put particular emphasis on equality, diversity and human rights, particularly where services are provided to those who are less able to speak for themselves.
- Our work will be led by appropriately trained, skilled staff.
- We will be consistent in the application of these principles across all sectors of care, while tailoring our approach to different types of provider.
- We will follow up all enforcement activity in a timely fashion.
- We will coordinate our work with other regulators.
- We will monitor the operation of the enforcement policy, and take seriously any comments from providers.

Enforcement is a powerful tool that is used to change unacceptable behaviour and to redress harm caused by illegal acts. It is important, therefore, to ensure that the enforcement policy is not inherently discriminatory, and that our enforcement in practice will not discriminate against particular groups of the community and will promote equality and human rights.

Equality impact assessment

The policy outlines the approach CQC will take in using its powers when dealing with any breaches of the law. Everyone, irrespective of disability, ethnicity and so on, has to comply with legislation and statutory notices. Enforcement action will

be taken against those organisations and service providers that do not adhere to the law. It will not be aimed at specific groups directly.

The Human Rights Act 1998 covers the basic rights and freedoms we are all entitled to, including equality before the law. These core human rights (principles of dignity, equality, respect, fairness and autonomy) are fundamental to people using health and social care services. Therefore, it is crucial that we adopt a human rights approach to our work. The principles we have laid out in our draft policy seek to put people who use services first and respect people's rights and choices. Our policy makes it clear to our staff and stakeholders that we will make sure that our actions will promote equality and protect all people's human rights and choices.

We will ensure that providers meet their statutory obligations and, where necessary, take enforcement action to improve the safety and quality of health and social care services. By following the legal process laid out in the Human Rights Act and ensuring the processes that underpin our policy promote human rights and choices, we will ensure that human rights are also protected. We can take a range of enforcement actions in order to improve poor or dangerous care practices when we find them. Our powers include urgent cancellation of registration in the most serious cases. We work with others to protect the interests of people who are at risk and cannot protect themselves.

There is no evidence to suggest that this proposed enforcement policy would have an adverse impact in relation to age, disability, race, religion and belief, gender identity or sexual orientation or infringe individual's human rights. The changes outlined in the 2008 Act to create CQC do not, in themselves, introduce any new services. Rather they support plans for the diversification of services available to the users of healthcare (including privately funded care) and adult social care.

However, the assessment has highlighted one particular area of high importance: more factual data is needed in respect of future enforcement activities. A yearly analysis of all enforcement actions taken should highlight any bias towards particular groups and the need for any changes to the policy. This would help CQC to show that it can regulate health and adult social care services effectively and tackle any issues of equality. The Commission for Social Care Inspection and the Healthcare Commission have systems that record enforcement action. These could be developed and used by CQC.

Evidence

- We conducted a literature review and accessed a number of databases to find published evidence.
- We carried out a web search to identify relevant literature, in particular websites of key public sector regulators with enforcement policies in line with their statutory roles – for example the Health and Safety Executive, Local Authorities Trading Standards and the Environment Agency as well as the Healthcare Commission and the Commission for Social Care Inspection.
- We also spoke directly to some regulators to ask about their enforcement policies and their experience of conducting equality impact assessments.
- We had a detailed discussion with the Equality and Human Rights Group of the Department of Health, which helped us to find examples of good practice and to get advice about this assessment.

Quantitative

Due to limited powers and a wide variation in the remit of the existing regulators, there is insufficient data on which to base robust conclusions about the extent to which enforcement may have had an adverse impact on any group, or to which it has promoted equality or protected human rights.

However, a review of the equality impact assessments of the regulatory enforcement policies (such as building control, environmental health, health safety and licensing, planning, private housing and trading standards) of a number of local authorities (for example, Brent Council) has provided good evidence that their policies have no direct adverse impact on any particular group of people.

Qualitative

Within a wider policy context, the Department of Health has already carried out an equality impact assessment of the Health and Social Care Act 2008. This relates to CQC's full scope of regulatory activity, and some specific concerns were raised:

- Firstly, about the ability of a new integrated regulator to adequately monitor and safeguard services for older people (particularly in social care settings) and those with disabilities (particularly learning disabilities).
- Secondly, the role of protecting the rights of users of mental health services who are subject to compulsion could be diminished within an organisation with a wide range of functions that will compete for limited resources. This is particularly

important in light of the new function of monitoring the application of the deprivation of liberty safeguards, as provided for in the Mental Capacity Act 2005.

In relation to the first concern:

- It is our view that the proposals will allow CQC, when compared with the existing regulators, greater flexibility to direct resources and attention where they are most needed. The regulatory regime operated by CQC will build upon the system of targeted and proportionate regulation based on an assessment of risk in relation to safety and other quality of care issues pioneered by the existing commissions. This will allow CQC to ensure that poorly performing providers receive the level of inspection and intervention necessary to maintain the safety and quality of their services.
- To tackle poor or unsafe service delivery, CQC will also have a wider range of sanctions than is available to the bodies it will replace. These sanctions will include new powers to issue penalty notices and suspend registration. This greater range of enforcement powers will allow CQC to safeguard more effectively the quality of services and tackle any equality issues that may become apparent in the provision of those services.

In relation to the second issue:

- We recognise that the Mental Health Act Commission (MHAC) has a somewhat different focus to the other two commissions whose functions will transfer to CQC. The Department of Health has worked with, and will continue to work with, MHAC to ensure that its unique functions and wide range of expertise will be properly maintained in the new organisation. There are significant benefits in bringing MHAC's functions within the remit of CQC. It will enable closer links between monitoring the operation of mental health legislation and the regulation of mental health services more generally. Furthermore, there will be greater flexibility and more effective monitoring of the operation of mental health legislation, as CQC will be able to draw upon a greater range of analytical skills, information and corporate resources than are currently available to MHAC.
- Regulations to be laid under the Mental Capacity Act 2005 will give CQC a new function of monitoring the operation of the deprivation of liberty safeguards contained in the Mental Capacity Act 2005. Through this function, CQC will seek to ensure that the safeguards are working properly, highlight where they are not and, where necessary, require remedial action to be taken. CQC will be able to visit hospitals and care homes and, where necessary, interview any patients who are deprived of their liberty and ask to see the relevant records.

CQC will report once a year to the Secretary of State summarising its activities and findings in relation to these safeguards.

Like the organisations it will replace, CQC will have statutory duties in relation to the promotion of race equality. The Race Equality Duty, which came into force in 2002, requires public authorities to promote equality of opportunity and eliminate discrimination. In addition, CQC will have specific duties to help it ensure that, in the discharge of its functions under the Mental Health and Mental Capacity Acts, it is able to effectively monitor and tackle any instances of unlawful discrimination and adverse impact on the basis of race, gender identity and disability.

Each of the three existing commissions has published and is implementing schemes in relation to the Disability Equality Duty, the Race Equality Duty and the Gender Equality Duty (which came into force in 2007). CQC will need to integrate and build on these, and show a clear commitment to human rights and diversity: not only in terms of how it operates as an organisation (including how it deals with its own staff), develops criteria for assessment and carries out its work programme, but also in how it improves the public's experiences of health and adult social care services. In doing so, the new Commission will build on the good work of the existing commissions and good practice elsewhere.

Future monitoring and evaluation

1. Public consultation

During consultation on its enforcement policy, the CQC will consider whether there is any potential for the policy to disproportionately affect different groups of people. If such a risk is identified, CQC will need to consider what mitigating action it might take and what monitoring is needed.

2. Indirect consequences

Based on our literature search and discussions with other regulators, we found no evidence to raise concerns that the enforcement policy will adversely impact or infringe human rights. However, while the policy in itself is not prone to inequalities, the procedures (registering, reviewing, inspecting, and investigating) that may lead to enforcement decisions do need to be reviewed for evidence of potential adverse impact and monitored for any indirect impact on equality issues.

Similarly a review of how past enforcement has addressed equality and human rights issues raised through investigations will inform future policy development and practice. Therefore, CQC needs to:

- Make sure that its methodologies respond to and promote diversity by consulting with people from diverse groups. CQC should involve a wide diversity of users of services, regulated providers, commissioners and other interested parties. This approach will help to ensure that CQC has appropriate tools built in to its methodologies to tackle any areas where there may be equality issues. The Commission for Social Care Inspection has assessed the impact on equalities of its inspection projects and made a significant number of changes to its tools, methodologies and guidance documents to reduce the likelihood of inequalities in its enforcement actions. The Healthcare Commission is currently undertaking an equality impact assessment of its investigations function and has completed similar assessments of each of the key components of the annual health check, leading to numerous changes to the core standards criteria.
- Train its staff to understand what they need to do to ensure their ways of working fully integrate equality, diversity and human rights. For example, staff should be aware of and respect different cultural requirements and be familiar with legislation on human rights. When necessary, they should use translation services and encourage the use of third parties to translate and mediate with users of services.

3. Annual enforcement reports

This impact assessment has highlighted that more monitoring and analysis is needed to identify and address any equality and human right issues in relation to enforcement actions undertaken by CQC. We recommend that the policy should be monitored by annual reports that collect all enforcement data across the health and social care sector. For example:

- The differences in feedback and complaints between minority groups, age groups, genders, and between people who are and who are not disabled, and the general population.
- More equalities data on who owns and runs different types of business (for example nursing homes and private clinics) that will be regulated by CQC. This will provide baseline data against which more meaningful comparisons can be made. We recognise there are challenges in obtaining such data. CQC needs to ensure that its methodologies do not inadvertently discriminate against registered managers and in some cases providers on the basis of race, gender identity, sexual orientation and so on.

- A breakdown of population profiles to highlight high black and minority ethnic and aged population areas could also help CQC.

To achieve the above, CQC needs to ensure that its staff contribute to the reports. The information, which should include analysis by ethnic group, gender identity and other equality strands and human rights, should be evaluated to establish whether discriminatory practices or adverse impact have occurred and to identify areas where equality and human rights can be better promoted.

4. Regular surveys

In carrying out its functions, CQC will need to show effective involvement of users of services and others affected by its activities. Based on the experience of other regulators, it would be valuable to seek regularly the views of users, carers and public about the services and businesses that the CQC will regulate, on issues such as:

- The speed with which reported breaches of the law are resolved (recognising that enforcement needs to follow due legal process).
- Whether enforcement action is sufficient to address specific problems and bring about improvements.

The representative views should cover age, disability, race, religion and belief, gender identity and sexual orientation.

5. Collaboration with other regulators

CQC should take account of best practice among other regulators who are performing similar enforcement functions. An opportunity to do this is provided through the voluntary Concordat already signed by a number of regulators, including the Commission for Social Care Inspection and the Healthcare Commission, to share their data for regulatory purposes. The analysis of the shared data of enforcement actions might provide some insight of institutional inequalities and help to develop new enforcement approaches.

Appendix C: Regulatory impact assessment

General approach

In our initial manifesto, we have said that, as a leading and innovative regulator, we will:

- Harness a range of regulatory approaches
- Prioritise on the basis of risk
- Be transparent and open
- Be proportionate.

We have also made it clear that providers and commissioners of care will see effective regulation, reducing unnecessary regulatory burdens and bureaucracy.

We intend to be very clear from the start about how we think our approach to regulation will benefit those who use services, and how it will help those who commission and provide services to make sure high quality care is available, while not detracting from their ability to carry out their roles effectively and efficiently.

One way we will do this will be to routinely publish impact assessments when we issue significant consultation or guidance. These assessments will be an important tool in demonstrating our understanding of the costs and benefits of our role as it develops. We will also continually assess the consequences of new proposals and approaches. We will then evaluate over time how far our assessments match up to the experiences of providers, commissioners and people who use services.

We acknowledge that the data immediately available to support this first assessment is limited, and will be working with others to increase the range and quality of the evidence base for future assessments.

Introduction

Our starting point is that organisations responsible for health and adult social care services are accountable for the quality and value of the services they provide. The role of regulation is to reinforce that accountability. CQC will, therefore, be more active where the risks of harm are greater; where people are less able to assert their rights; where commissioning is weaker; where information on quality is poor; or where monopoly providers are failing to improve.

We are consulting on our general approach to enforcement, and highlighting our specific new powers to:

- Issue a warning notice
- Issue a penalty notice in lieu of prosecution
- Suspend registration.

For 2009/10, the only relevant change to the statutory framework is to bring NHS trusts within the scope of all the enforcement powers (including the three new ones above) available to CQC under the Health and Social Care Act 2008, in relation to the registration requirement for healthcare-associated infection. The impacts of this are considered in more detail below.

In 2009/10, independent sector health and adult social care providers will remain subject to enforcement action under the Care Standards Act 2000. NHS trusts and NHS foundation trusts will remain subject to interventions by the Secretary of State and Monitor respectively.

This assessment sets out CQC's initial view of the potential changes in impact in relation to all its enforcement capabilities. We will produce a fuller impact assessment and agree detailed operational guidance for 2009/10 once the current consultation is completed.

We will also publish a further substantial assessment when we consult next year on the implementation of the comprehensive new registration system for health and adult social care, which we will introduce from April 2010. This will take into account any changes to the scope of that registration system that the Government decides to make following its own consultation (see www.dh.gov.uk/en/Consultations/Closedconsultations/DH_083625).

Background

The Commission for Social Care Inspection and the Healthcare Commission have operated two forms of enforcement under different legislation. They have the ability to use powers under the Care Standards Act 2000 to:

- Impose, vary or remove conditions
- Cancel registration
- Prosecute for specified offences.

The Commission for Social Care Inspection and the Healthcare Commission have powers under the Health and Social Care Act 2003 to recommend that the Secretary of State takes special measures in relation to local councils and NHS trusts. In practice, these powers have been used sparingly (the Commission for Social Care Inspection has not used the power and the Healthcare Commission has used it on three occasions).

Benefits

Our view is that, where we identify poor quality services, we will be able to provide a more flexible and proportionate response. Change will happen incrementally.

Our future enforcement powers will allow us to issue formal warning notices to encourage breaches of regulatory requirements to be remedied. We will be able to alter registration conditions urgently without applying to a Justice of the Peace. We will be able to issue a financial penalty notice for a fixed penalty offence, instead of prosecution. We will be able to suspend the registration of a provider for a specified period.

All these new powers will enable us to make sure that enforcement is appropriate and proportionate to the need to encourage compliance, without more serious sanctions being invoked except where absolutely necessary in the interests of people who use services. We will have greater flexibility than previous regulators to move up a tiered approach to enforcement, so that our action will be proportionate to what is needed to drive improvement, promote learning and stop poor performance.

It is difficult for us to provide robust estimates of the direct benefits of these changes at this stage. Earlier this year, the Department of Health suggested that such focused enforcement action "...can force providers more readily either to increase their standard to the required level or to close, which in both cases will increase overall quality and safety" and "to the extent that a more targeted approach may diminish the number of providers that have to be closed, access and choice would also improve". In discussion with service providers and others, however, we are confident that we will be able to provide more information on the impact of the new system before the new powers become more generally available to us in April 2010.

Costs

The Department of Health* has suggested that there is likely to be a minimal reduction in costs for the regulator (£0 to £0.5m), and it estimates that there would be no net increase or decrease in the costs incurred by the regulated sector.

We recognise that there will be worries that bringing the NHS into a regulatory enforcement regime for the first time has the potential to increase bureaucracy and distract staff from providing high quality services. We undertake to design and implement enforcement processes that will guard against this happening.

* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_080433

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OVERVIEW AND SCRUTINY PANEL (SERVICE DELIVERY)

2ND DECEMBER 2008

ENHANCED CLEANSING SERVICES (Report by the Head of Administration)

1. INTRODUCTION

- 1.1 The purpose of this report is to acquaint Members with the Cabinet's decisions in response to the Panel's recommendations arising from the study on Enhanced Cleansing Services.

2. BACKGROUND

- 2.1 At its meeting on 1st July 2008, the Panel made a series of recommendations designed to enhance Sunday cleansing services in all the market towns in the District. The Cabinet considered the Panel's initial report at their meeting on 4th September 2008, but before making a decision, requested additional information. The request was discussed at the Panel's meeting on 7th October, when Councillor C R Hyams, Executive Councillor with responsibility for Operational and Countryside Services, and Mr R Ward, Head of Operations, were present. Arising from the discussions a further report was considered by the Cabinet on 6th November 2008, which was presented by Councillor J D Ablewhite, whom the Panel nominated to attend the meeting.

3. CABINET DECISION

- 3.1 Cabinet Members felt that the Panel had not sufficiently explained the scope for any redistribution of the cleansing schedule in the Operations Division, the precise extent of the streets to be cleaned and whether financial contributions were likely to be forthcoming from the Town Councils towards an enhanced cleansing service. Nevertheless, the Cabinet endorsed, in principle, the introduction of cleansing services on Sundays in the market towns across the District.
- 3.2 The Cabinet also concurred with the Panel's recommendations to seek financial contributions from the Town Councils towards the cost of implementing the proposal.
- 3.3 In addition, a request was made for the Head of Operations to investigate the feasibility of rescheduling cleansing rotas from within existing resources and for a further report on the investigations undertaken to be submitted to the Cabinet at a future meeting.

4. CONCLUSION

- 4.1 The Panel is invited to note the Cabinet's decisions in response to the Panel's recommendations on providing enhanced cleaning services on Sundays in the District's market towns.

BACKGROUND INFORMATION

Minutes and Decisions of the meeting of the Cabinet held on 4th September and 6th November 2008.

Overview and Scrutiny Panel (Service Delivery) Reports to Cabinet on Enhanced Cleansing Services dated 4th September and 6th November 2008.

Minutes of the meetings of the Overview and Scrutiny Panel (Service Delivery) held on 1st July, 2nd September and 7th October 2008.

Contact Officer: Miss H Ali, Democratic Services Officer
☎ 01480 388006

OVERVIEW AND SCRUTINY PANEL (SERVICE DELIVERY)

2ND DECEMBER 2008

OVERVIEW AND SCRUTINY PANEL (SERVICE DELIVERY) - STUDIES (Report by the Head of Administration)

1. INTRODUCTION

- 1.1 The purpose of this report is to review the Panel's programme of studies and to provide an opportunity for the Panel to plan its work programme for the forthcoming year.

2. WORK PROGRAMME

- 2.1 Appendix A to this report contains details of progress against each of the Service Delivery Panel's studies. The studies into Grant Aid and Disability Access are nearing completion. In that light, Members are invited to review the current programme and to suggest new subjects for future study.
- 2.2 The Panel may wish to consider whether any studies or investigations of single issues within the Service Delivery Panel's remit might usefully be undertaken. Scrutiny Panel remits are as follows:-

Service Delivery

Environment
Housing & Public Health
Leisure
Transport
Operational and Countryside Services

Service Support

Finance
Customer Services
Planning Strategy
Resources and Policy
Information Technology

Experience at other authorities has found that an effective way of identifying useful study areas is for Members to raise issues that have emerged through contact with their constituents.

- 2.3 Alternatively, the Panel may wish to examine any external issues that affect the District by conducting in-depth studies. An external body has suggested the following as potential study areas, which have arisen following the publication of recent documents by various Government Departments:-

- Human Rights in Healthcare
- Responding to the Waste Challenge
- The Purchase and Use of Second Homes
- Bio-Fuels and the Impact it has on Food Supply
- Consultations on Codes of Practice for the Welfare of Dogs, Cats and Equines

Members may however suggest other external areas of interest that they believe would benefit from a review.

3. RECOMMENDATIONS

3.1 The Panel is

RECOMMENDED

- (a) to review the existing programme of studies for the forthcoming year; and
- (b) to consider the addition of new subject areas to the programme of studies.

BACKGROUND INFORMATION

ACSeS Bulletins

Contact Officer: Miss H Ali, Democratic Services Officer
☎ 01480 388006

Panel Date	Decision	Action	Response	Date for Future Action
	<u>Town Centre Cleaning Regimes</u>			
1/11/05	Cleaning regimes in town centres added to the programme of studies.	Scoping report requested.		
3/10/06	Presentation by Head of Operations. Working Group formed to look at Sunday cleaning and enforcement.	Meeting of Working Group held on 13th November 2006. Further meeting to be held to consider a possible pilot of new cleaning arrangements in St Ives.		
3/07/07	Further update requested.			
6/11/07	Update received from Head of Operations.	Report requested.		
8/01/08	Report requested giving details, including costs, of providing a full cleansing service on every day of the week.		Report submitted to Panel's July meeting and Panel's concluding report to Cabinet's September meeting. The Cabinet has requested for additional information to be submitted to them prior to making a decision.	
7/10/08	The Executive Councillor for Operational and Countryside Services and the Head of Operations attended the Panel's October meeting to discuss the Cabinet's decision and to respond to their requests.		A further report was considered by the Cabinet at their meeting on 6 th November 2008 and the Panel's recommendations endorsed.	

Panel Date	Decision	Action	Response	Date for Future Action
7/11/06	<p><u>Disability Access</u></p> <p>Preliminary report considered. Further information requested on the Council's existing policies on disability equality and access and on research in this area.</p>	Further reports submitted.		
5/12/06	<p>Disability Equality Scheme and Action Plan endorsed. Further research to be undertaken within Members' wards and officers of the County Council and of the Police requested to attend future meetings to discuss the study.</p>	Representatives of the County Council and of the Police invited to future meetings.		
6/02/07	<p>Panel met with representatives of Speaking Up and G Morris. A number of matters were identified for further consideration. – improved enforcement of disabled parking bays, extending bus pass hours for disabled users, Council paperwork, advertising of disabled facilities at leisure centres and advocacy services at Council offices.</p>	Report submitted to the Cabinet on high dependency toilets on 28/06/07.	The Cabinet decided to approach Papworth Trust for their advice on the need for high dependency facilities for people whose disabilities are so severe as to prevent them from using conventional toilets designed for the disabled and in particular on the possibility of extending the availability of facilities at Saxongate, Huntingdon for such use.	
5/06/07	<p>Meeting attended by County Council's Access Officer. A number of avenues identified for further investigation. Cabinet to be requested to consider providing high dependency toilets.</p>	Survey sent to Town and Parish Councils and District Councillors. Returns received.		
4/12/07	<p>Findings of survey considered. The Panel requested:</p>			

Panel Date	Decision	Action	Response	Date for Future Action
	<p><u>Disability Access (Cont.)</u></p> <ul style="list-style-type: none"> • further consultation with Town and Parish Councils on dropped kerbs and parking, the findings of which will be forwarded to the County Council and police respectively for action/comment; • that views on the need for more low liner buses and training for employees on the needs of those with disabilities be forwarded to bus operators; • that a suggestion that carers be provided with free bus passes be forwarded to the County Council; • details of potential consultees on Council policies and services representing local disability groups. • that a representative of Directions Plus be invited to a future meeting to discuss the study; • further investigation of the existence of the Disability 'Blue' Route scheme implemented by the Council; and • that investigations be made on the use of Blue Badge parking permits, 	<p>Further consultation documents despatched.</p> <p>Letters sent to bus operators.</p> <p>Carers UK consulted.</p> <p>List submitted to meeting in January 2008.</p>	<p>Presentation received at Panel's April 2008 meeting.</p> <p>Advised that the Papworth Trust did not have Disability 'Blue' Routes in the District.</p> <p>The Council's Supervising Inspector reported that very little enforcement action is taken</p>	

Panel Date	Decision	Action	Response	Date for Future Action
	<u>Disability Access (Cont.)</u>			
4/03/08	to include the procedures involved in applying for a permit. Suggestion made to invite a representative from Hunts Forum of Voluntary Organisations to a future meeting to discuss the study.		towards Blue Badge Holders. Presentation received at Panel's July 2008 meeting.	
1/07/08	Working Group established comprising Councillors Mrs M Banerjee, S J Criswell, Mrs K E Cooper and Mrs J A Dew to review the findings of the study.	Meetings held on 8 th September and 9 th October where a number of issues have been raised for further investigation.	Further meeting being arranged following investigation of matters raised.	
	<u>Adoption of Roads and Sewers</u>			
5/12/06	Study to be undertaken into the processes and procedures involved with the adoption of roads and sewers.	Information requested.	Scoping report to be submitted to a future meeting. Representative of the Anglian Water to be invited to attend a future meeting to discuss the study.	
5/06/07	Report deferred to next meeting.	Meeting to be arranged.	First meeting held on 22/10/07.	
3/07/07	Working Group established comprising Councillors J D Ablewhite, D A Giles, Mrs			

Panel Date	Decision	Action	Response	Date for Future Action
	<p><u>Adoption of Roads and Sewers (Cont.)</u></p> <p>C A Godley and P K Ursell, to undertake a review on the process of adopting estate roads and sewers with an aim to put measures in place that will streamline the process and make the procedures more transparent, initially by an investigation of introducing a District-wide register of un-adopted roads and sewers.</p>			
4/12/07	Working Group held meeting with the Principal Building Control Officer.			
5/02/08	Further meeting to be held with Head of Planning Services, Projects and Assets Manager and representatives Highway authority.	Meeting arranged.		
4/03/08	Councillor Mrs P A Jordan appointed onto the Working Group in place of the late Councillor Mrs C A Godley.	Meeting held on 11/04/08.		
03/06/08	Owing to their interests in the study, Councillors M F Shellens and J S Watt were appointed on to the Working Group.	Meeting held on 24/07/08.	Various information sought from DEFRA, Anglian Water and the County Council. A further meeting being arranged pending the receipt of this information and to meet with a local developer.	

Panel Date	Decision	Action	Response	Date for Future Action
5/12/06	<p>Grant Aid</p> <p>Study to be undertaken into the processes in applying for grant aid and the effectiveness of grant schemes.</p> <p>Details of all grant schemes requested.</p> <p>Review of Small Scale Environmental Improvement Schemes to be undertaken.</p>	Information requested.		
3/4/07	<p>Details of all grant schemes considered. With the exception of Shopmobility, the Working Group undertaking the review of the Small Scale Environmental Improvements scheme was requested to examine the schemes' criteria, publicity, application process, officer involvement and approval process.</p>	Meeting arranged.	Meeting held on 24/10/07 to plan further study work.	
4/12/07	<p>Review of Small Scale Environmental Improvements Scheme completed. Working Group awaiting further information on other grant schemes administered by the Council.</p> <p>Details of grant schemes circulated. Meetings to be held with various Heads of Service to discuss capital and revenue grant schemes falling within their remits. Investigations nearing completion.</p>	<p>Meeting held on 1/02/08.</p> <p>Meetings held on 20/03/08, 26/03/08, 7/05/08, 24/07/08 and 24 10 08.</p>	The Working Group's concluding report considered at Panel's November meeting. Half yearly reports by organisations in service level agreements with the Council to be considered before the report is submitted to the Cabinet.	

Panel Date	Decision	Action	Response	Date for Future Action
03/06/08	<p><u>Impact Of The New A14 In Terms Of Air Quality And Noise Pollution</u></p> <p>Suggestion made by Councillor M F Shellens to review the impact of the new A14 in terms of air quality and noise pollution in light of the problems being experienced within his Ward.</p>	<p>Information from the Council's Environmental Community Services Division.</p> <p>sought the District and Health Services Division.</p>	<p>Advice received. Councillor M F Shellens to report at Panel's December meeting. Item is raised elsewhere on the Agenda.</p>	
2/09/08	<p><u>Call Centre Monitoring</u></p> <p>Following recent changes to the Panel's remit (with effect from 1st September 2008), Call Centre Monitoring has now been transferred over from the Service Support Panel to the Service Delivery Panel. Quarterly performance reports to be circulated informally to Members of the Panel (June and November of each year) and an item included on the Agenda every 6 months in future (February and September of each year). Since the formation of the Customer Service Team in February 2008, quarterly performance reports for the Customer Service Team are now produced, incorporating Call Centre statistics.</p> <p>Requests made for future performance reports to incorporate additional</p>	<p>Formal report to be considered at Panel's September 2008 meeting.</p> <p>Next report anticipated to appear before the</p>		3/02/09

Panel Date	Decision	Action	Response	Date for Future Action
	<u>Call Centre Monitoring (Cont.)</u> information relating to the number of unanswered telephone calls received by the Call Centre and the number of enquiries that were not the responsibility of the District Council.	Panel in February 2009.		
	<u>ICT Developments</u> Remit transferred over from the Service Support Panel in September 2008. Update on Flexible Working Strategy to be received at October Panel meeting. Requests made for ICT Strategy and Web Strategy to be circulated via email to Panel Members as soon as they were available.		Presentation received at the Panel's October meeting.	
2/09/08				
07/10/08				
04/11/08				
	<u>Corporate Plan – Growing Success</u> Councillors Mrs M Banerjee, S J Criswell and P G Mitchell appointed to Corporate Plan Working Group.	Meetings held in June and July to review the Corporate Plan. Bi-annual reports to be submitted to Overview and Scrutiny Panels.	Monitoring report appears elsewhere on the Agenda.	2/12/08
14/05/08				

Panel Date	Decision	Action	Response	Date for Future Action
02/09/08	<p><u>Corporate Plan – Growing Success (Cont.)</u></p> <p>In considering the Review of Growing Success the Corporate and Strategic Framework Panel decided to extend the Corporate Plan Working Group's remit by requesting it to investigate the cost implications of each priority area identified within the Corporate Plan.</p>	<p>Financial information to be considered at future Working Group meetings. Meeting of Working Group held on 27th November 2008.</p>		
4/11/08	<p><u>Forward Plan</u></p> <p>Older Persons Housing Strategy Update</p> <p>Requested that the report should be considered at a future Panel meeting.</p>		<p>Due to appear before the Panel at their March 2009 meeting.</p>	3/03/09

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