

A meeting of the **OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING)** will be held in the **WREN ROOM, COUNTRYSIDE CENTRE, HINCHINGBROOKE COUNTRY PARK, BRAMPTON ROAD, HUNTINGDON, PE29 6DB** on **TUESDAY, 1 SEPTEMBER 2009** 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 7<sup>th</sup> July 2009.

**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 13th August 2009, is attached. Members are invited to note the Plan and to comment as appropriate on any items contained therein.

**Mrs H Taylor  
388008**

**10 Minutes.**

**4. PERFORMANCE MONITORING**

To consider a report **(TO FOLLOW)** by the Head of People, Performance and Partnerships containing details of the Council's performance against its priority objectives.

**D Buckridge  
388065**

**20 Minutes.**

**5. CARE QUALITY COMMISSION** (Pages 11 - 32)

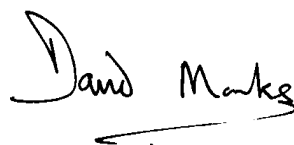
To endorse the content of a letter for submission to the Care Quality Commission on issues which have previously been raised by the Panel.

**Miss H Ali  
388006**

**15 Minutes.**

6. **NHS CONSTITUTION** (Pages 33 - 58)
- To receive and note the content of the NHS Constitution.
- 10 Minutes.**
- A Roberts  
388015
7. **PARKING AT HINCHINGBROOKE HOSPITAL**
- To receive information on the study into parking at Hinchingsbrooke Hospital.
- 15 Minutes.**
- A Roberts  
388015
8. **DISABILITY ACCESS STUDY - FOLLOW UP** (Pages 59 - 64)
- To receive a report by the Head of Democratic and Central Services updating Members on the progress made since the conclusion of the Panel's study into disability access.
- 15 Minutes.**
- Miss H Ali  
388006
9. **WORKPLAN STUDIES** (Pages 65 - 78)
- To consider, with the aid of a report by the Head of Democratic and Central Services, the current programme of overview and scrutiny studies.
- 10 Minutes.**
- Miss H Ali  
388006
10. **OVERVIEW AND SCRUTINY (SOCIAL WELL-BEING) - PROGRESS** (Pages 79 - 84)
- To consider a report by the Head of Democratic and Central Services on the Panel's programme of studies.
- 15 Minutes.**
- Miss H Ali  
388006
11. **SCRUTINY**
- To scrutinise decisions 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.
- 5 Minutes.**

Dated this 21 day of August 2009



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 / email: [Habbiba.Ali@huntsdc.gov.uk](mailto: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](http://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.*

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# Agenda Item 1

## HUNTINGDONSHIRE DISTRICT COUNCIL

MINUTES of the meeting of the OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) held in the Wren Room, Countryside Centre, Hinchingsbrooke Country Park, Brampton Road, Huntingdon, PE29 6DB on Tuesday, 7 July 2009.

PRESENT: Councillor S J Criswell – Chairman.

Councillors Mrs K E Cooper, J W Davies, J E Garner, P G Mitchell and R J West.

APOLOGIES: Apologies for absence from the meeting were submitted on behalf of Councillors P L E Bucknell, Mrs P A Jordan, A Monk and J M Sadler.

### **19. MINUTES**

The Minutes of the meeting of the Panel held on 2<sup>nd</sup> June 2009 were approved as a correct record and signed by the Chairman.

### **20. MEMBERS' INTERESTS**

Councillors S J Criswell and R J West declared personal interests in Minutes Nos. 23 and 24 by virtue of being Members of Cambridgeshire County Council.

### **21. 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 1<sup>st</sup> July to 31<sup>st</sup> October 2009. Members were reminded that the item entitled St Ivo Leisure Centre – Proposals for Development would appear before the Panel at their September meeting.

### **22. LEISURE CENTRES - PERFORMANCE MONITORING REPORT**

The Panel gave consideration to the Huntingdonshire Leisure Centres Annual Report 2008/09 (a copy of which is appended in the Minute Book), which contained a summary of the activities of the Leisure Centres in Huntingdonshire during the preceding twelve months.

The General Manager, Leisure Centres drew the Panel's attention to a number of financial and service achievements at the Centres during the previous financial year. In so doing, Members were advised that total admissions to the Centres had exceeded 1.74 million for the first time, with an increase of 4.8% in admissions in 2008/09 in comparison with the previous year. In addition, a saving of £569,000 had been achieved against the budget across the Centres as a whole.

In response to a question by a Member on the level of expenditure at the Centres on employees, it was reported that expenditure levels

had increased as a proportion of the total budget owing to savings elsewhere being achieved and to an increase in the overall number of employees in accordance with the requirements of the services provided. Following a request by a Member, the General Manager, Leisure Centres undertook to incorporate employee full-time equivalent figures in future reports.

In response to a further question by a Member, it was confirmed that efforts had been made to contact “non-live” users of the Centres. In discussing the decline in hospitality income experienced at some of the Centres, a suggestion was made by the Chairman that increased marketing of the café facilities should be undertaken. In response, the General Manager, Leisure Centres explained that, in the case of St Ivo, consideration currently was being given to developing the site so that the café facility could be in a more visible and central location within the Centre. These development proposals would be considered by the Panel at a future meeting.

It was reported that the implementation of a Marketing Plan and a Business Plan for the Impressions Fitness Suites would enable the Centres to achieve a savings target of £1m by the end of the current financial year. Members also discussed marketing the high needs facility at Sawtry Leisure Centre. Having congratulated the General Manager, Leisure Centres and his staff for achieving the levels of performance represented in the Report, the Panel

RESOLVED

that the Leisure Centres Annual Report 2008/09 be received and noted.

### **23. SCRUTINY OF HUNTINGDONSHIRE STRATEGIC PARTNERSHIP**

The Panel received and noted a report by the Head of Democratic and Central Services (a copy of which is appended in the Minute Book) which provided the Panel with details of the areas that fell within its responsibility when scrutinising the Huntingdonshire Strategic Partnership (HSP).

Members noted that the Panel would be responsible for scrutinising the Children and Young People, Health and Well-Being and Inclusive, Safe and Cohesive Communities thematic groups, which had been established under the HSP. In addition, it was reported that a joint event involving representatives of Overview and Scrutiny and the Strategic Partnership would be held to enable both parties to formulate a means of working together.

Finally, the Panel received details of a County-wide conference which would be held on 7<sup>th</sup> September 2009 on the scrutiny of partnerships. Attention was also drawn to the current HSP structure; however, Members were reminded that this would be augmented by the establishment of Neighbourhood Panels across the District.

### **24. DISABILITY ACCESS STUDY - FOLLOW UP**

With the assistance of a report by the Head of Democratic and Central Services (a copy of which is appended in the Minute Book)

the Panel was acquainted with the outcome of a previous study into disability access. The report had been prepared to provide Members with an opportunity to plan their follow up work.

Having been reminded of the recommendations which had been previously endorsed by the Cabinet at their meeting on 29<sup>th</sup> January 2009, the Panel identified a number of aspects to the study that they wished to pursue. These included requesting updates from the County Council and the Police on matters that had been identified during the course of the study and informing Town and Parish Councils of the outcome of the study. Other matters to pursue included seeking the views of Town and Parish Councils on whether improvements had been made to footpaths and parking enforcement and the progress of discussions on the provision of joint advocacy/advice services by organisations supporting those with disabilities. Additionally, a request was made for information to be submitted to a future meeting on progress against those actions that had been referred by the Panel to the Growth and Infrastructure and the Health and Well-Being thematic groups of the Huntingdonshire Strategic Partnership.

## **25. STUDY - PARKING AT HINCHINGBROOKE HOSPITAL**

By means of a report by the Head of Democratic and Central Services (a copy of which is appended in the Minute Book) the Panel discussed the scope of its study on parking at Hinchingsbrooke Hospital, Huntingdon. The suggestion for the study had emerged following the receipt of representations from members of the public by District Councillors concerning the level of charges being levied for parking at the Hospital, restrictions on parking and the impact of the introduction of charges on the surrounding area.

Members identified a number of potential areas for investigation, which included the management of the car park, the effectiveness of the Hospital's travel plan, the availability of public transport and parking practices nearby. Members also concurred with a suggestion that representatives of the Hospital should be invited to attend a Panel meeting. Having discussed a number of other avenues of study, a range of further information was requested for submission to a future meeting.

## **26. WORKPLAN STUDIES**

The Panel considered and noted a report by the Head of Democratic and Central Services (a copy of which is appended in the Minute Book) reviewing the Panel's programme of studies and informing Members of studies being undertaken by the other Overview and Scrutiny Panels.

The Scrutiny and Review Manager reported that the Overview and Scrutiny Panel (Environmental Well-Being) would be considering the Great Fen Collaboration Agreement at their meeting on 14<sup>th</sup> July 2009, and that an invitation had been extended to all Overview and Scrutiny Panel Members to attend the meeting during discussion on this item.

**27. OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) - PROGRESS**

The Panel received and noted a report by the Head of Democratic and Central Services (a copy of which is appended in the Minute Book) which contained details of actions taken in response to Members' recent discussions and decisions.

**28. SCRUTINY**

The 95<sup>th</sup> Edition of the Decision Digest was received and noted.

Chairman

**FORWARD PLAN OF KEY DECISIONS**

**Prepared by** Councillor I C Bates  
**Date of Publication:** 13 August 2009  
**For Period:** 1 September 2009 to 31 December 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: <a href="mailto:Ian.Bates@huntsdc.gov.uk">Ian.Bates@huntsdc.gov.uk</a>
Councillor L M Simpson	- Deputy Leader of the Council with Special Responsibility for HQ/Accommodation	45 Devoke Close Stukeley Meadows Huntingdon Cambs PE29 6XE Tel: 01480 388946 E-mail: <a href="mailto:Mike.Simpson@huntsdc.gov.uk">Mike.Simpson@huntsdc.gov.uk</a>
Councillor K J Churchill	- Executive Councillor for Housing and Public Health	51 Gordon Road Little Paxton St Neots PE19 6NJ Tel: 01480 352040 E-mail: <a href="mailto:Ken.Churchill@huntsdc.gov.uk">Ken.Churchill@huntsdc.gov.uk</a>
Councillor D B Dew	- Executive Councillor for Planning Strategy and Transport	4 Weir Road Hemingford Grey Huntingdon PE28 9EH Tel: 01480 469814 E-mail: <a href="mailto:Douglas.Dew@huntsdc.gov.uk">Douglas.Dew@huntsdc.gov.uk</a>
Councillor J A Gray	- Executive Councillor for Environment and Information Technology	Shufflewick Cottage Station Row Tilbrook PE28 0JY Tel: 01480 861941 E-mail: <a href="mailto:JG@novae.com">JG@novae.com</a>



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
Covert Surveillance Policy Review	Cabinet	17 Sep 2009	Existing Policy Legislation	Wayland Smalley, Solicitor Tel No 01480 388022 or email Wayland.Smalley@huntsdc.gov.uk	Internal Steering Group	A Hansard	Economic Well-being
Financial Strategy	Cabinet	17 Sep 2009	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 (Economic Well-being) - 10th September 2009.	T V Rogers	Economic Well-being
Great Fen Masterplan	Cabinet	17 Sep 2009	None	Malcolm Sharp, Director of Operational Services Tel No 01480 388301 or email Malcolm.Sharp@huntsdc.gov.uk	Consultation process in preparation.	D B Dew	Environmental Well-being
Handyperson Scheme ***	Cabinet	22 Oct 2009	<a href="http://www.huntsdc.gov.uk/NR/rdonlyres/BFF12A10-1B88-4142BBB0-FE985B8476CF/2263/HousingHealthandSocialCareStrategyforOlderPeople.pdf">http://www.huntsdc.gov.uk/NR/rdonlyres/BFF12A10-1B88-4142BBB0-FE985B8476CF/2263/HousingHealthandSocialCareStrategyforOlderPeople.pdf</a> Lifetime homes Lifetime Neighbourhoods <a href="http://www.communities.gov.uk/publications/housing/lifetimehomesneighbourhoods">http://www.communities.gov.uk/publications/housing/lifetimehomesneighbourhoods</a>	Jo Emmerton, Housing Strategy Manager Tel No. 01480 388203 or email Jo.Emmerton@huntsdc.gov.uk		K J Churchill	Social Well-being
Land Adjacent to - the Grand Cinema, Ramsey	Cabinet	22 Oct 2009	Report to Cabinet - 7th June 2007	Keith Phillips, Estates and Property Manager Tel No 01480 388260 or email Keith.Phillips@huntsdc.gov.uk		A Hansard	Economic Well-being
New Industrial Units, Caxton Road, St. Ives	Cabinet	22 Oct 2009	None.	Keith Phillips, Estates and Property Manager Tel No 01480 388260 email - Keith.Phillips@huntsdc.gov.uk	Not applicable	A Hansard	Environmental Well-being

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
Draft Planning Contributions Supplementary Planning Document	Cabinet	22 Oct 2009	Huntingdonshire Development Plans	Richard Probyn, Planning Policy Manager Tel No 01480 388430 or email Richard.Probyn@huntsdc.gov.uk	Approve for Consultation	D B Dew	Environmental Well-being
County Wide and Integrated Development Programme and Tariff	Cabinet	22 Oct 2009	Local Investment Framework	Richard Probyn, Planning Policy Manager Tel No. 01480 388430 or email Richard.Probyn@huntsdc.gov.uk	Approve for consultation	D B Dew	Environmental Well-being
Preferred Site Options Gypsy and Travellers Development Plan Document	Cabinet	19 Nov 2009	Issues and Options Paper	Richard Probyn, Planning Policy Manager Tel No. 01480 388430 or email Richard.Probyn@huntsdc.gov.uk	Approve for public consultation	D B Dew	Environmental Well-being
The RSS Review Statutory Consultation Response	Cabinet	19 Nov 2009	The Adopted RSS - The RSS Review Background Papers	Steve Ingram, Head of Planning Services Tel No. 01480 388400 or email Steve.Ingram@huntsdc.gov.uk	Approve HDC response to EERA.	D B Dew	Environmental Well-Being
Huntingdon West Area Action Plan Submission Document	Cabinet	19 Nov 2009	Huntingdon West Area Action Plan Preferred Approach & Results of Consultation	Steve Ingram, Head of Planning Services Tel No. 01480 388400 or email Steve.Ingram@huntsdc.gov.uk	Approve for consultation.	D B Dew	Environmental Well-Being



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
A14 Statutory Orders Consultations	Cabinet	19 Nov 2009	None.	Richard Probyn, Planning Policy Manager Tel No 01480 388430 or email Richard.Probyn@huntsdc.gov.uk	Endorse HDC's position on the orders	D B Dew	Environmental Well-being
Development Management Submission Document	Cabinet	19 Nov 2009	Preferred Option Document	Richard Probyn, Planning Policy Manager Tel No .01480 388430 or email Richard.Probyn@huntsdc.gov.uk	Approve for public consultation	D B Dew	Environmental Well-being
Asset Management Plan***	Cabinet	17 Dec 2009	Previous Cabinet Reports	Keith Phillips, Estates and Property Manager Tel No .01480 388260 or email - Keith.Phillips@huntsdc.gov.uk		A Hansard	Economic Well-being
St. Ivo Leisure Centre - Proposal for Development	Cabinet	17 Dec 2009	None	Simon Bell, General Manager, Leisure Centres Tel No. 01480 388049 or email Simon.Bell@huntsdc.gov.uk		Mrs D C Reynolds	Social Well-being

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## OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING)

1<sup>ST</sup> SEPTEMBER 2009

### CARE QUALITY COMMISSION (Report by the Head of Democratic and Central Services)

#### 1. INTRODUCTION

- 1.1 In January 2009, the former Overview and Scrutiny Panel (Service Delivery) endorsed for submission to the Care Quality Commission a response to their consultation on their draft Enforcement Policy. At the time, Members of the Panel requested that a representative of the Commission should be invited to a future Panel meeting to enable Members to understand better the Commission's role and how it fits into the wider health service framework.
- 1.2 A review of the Council's democratic structure which came into force in May 2009, resulted in this item being transferred over to the work programme for the Overview and Scrutiny Panel (Social Well-Being). Councillors Mrs K E Cooper, S J Criswell, J E Garner, Mrs P A Jordan, J M Sadler and P G Mitchell, were Members of the former Overview and Scrutiny Panel (Service Delivery) when the original discussions on this matter took place.

#### 2. CARE QUALITY COMMISSION

- 2.1 Since its establishment in April 2009, invitations have been extended to the Commission's regional office in Cambridge to attend a Panel meeting. Unfortunately, the Commission has declined the Panel's invitation and has drawn attention to their website (<http://www.cqc.org.uk>), where there is a vast range of information available.
- 2.2 Details of an event hosted by the Commission, which was held on 1<sup>st</sup> July 2009 in Cambridge, had been circulated to Panel Members. Unfortunately, representatives from the Panel were unable to attend the event due to prior commitments.
- 2.3 Whilst it is disappointing that the Care Quality Commission are unable to address the Panel at its meeting, it has recently been reported in the Local Government Chronicle that the Commission has been in talks with the Department of Health about plans to suspend a range of its activities, such as hygiene inspections, in order to deal with an increase in its workload as a result of the flu pandemic. In the circumstances it is probably not unreasonable that the Council's invitation has been declined. As a substitute a guide to the Commission is attached at **Appendix A**.
- 2.4 After consultation with the Chairman, it has been agreed that a letter should be sent to the Commission asking them to respond to a number of issues which were raised by the Panel at the time it considered the Commission's Enforcement Policy. A draft letter is attached as at **Appendix B**.

### **3. RECOMMENDATION**

3.1 The Panel is

#### **RECOMMENDED**

to consider and comment on the contents of the letter in Appendix B for submission to the Care Quality Commission.

#### **BACKGROUND INFORMATION**

Minutes and Reports of the Overview and Scrutiny Panel (Service Delivery) held on 2<sup>nd</sup> December 2008 and 6<sup>th</sup> January 2009.

Progress Reports of the Overview and Scrutiny Panel (Social Well-Being) dated 2<sup>nd</sup> June and 7<sup>th</sup> July 2009

**Contact Officer:** Miss H Ali, Democratic Services Officer  
(01480) 388006



# About the Care Quality Commission





## **The Care Quality Commission (CQC)**

is the independent regulator of all health and adult social care in England.

We regulate all health and adult social care services in England, whether they're provided by the NHS, local authorities, private companies or voluntary organisations. And, we protect the interests of people held under the Mental Health Act.

We make sure that essential quality standards are being met everywhere care is provided, from hospitals to private care homes, and we help them to improve. We promote the rights and interests of people who use services and we have a wide range of powers to take action if services are unacceptably poor.

**Our vision** is of high-quality health and social care which:

- supports people to live healthy and independent lives;
- helps individuals, families and carers make informed decisions about their care; and
- responds to individual needs.

**Our mission** is to make care better for people, by:

- regulating health and adult social care services to make sure services are high quality and safe, encouraging improvement and stamping out bad practice;
- protecting the rights of people who use services, particularly the most vulnerable and those held under the Mental Health Act;
- providing accessible, trustworthy information on the quality of care and services so people can make better-informed decisions about their care and so that those who arrange and provide services can improve them; and
- reporting to the public on how commissioners and providers of services are improving the quality of care and providing value for money.





**By high-quality care,  
we mean care that:**

- is safe;
- has the right outcomes, including clinical outcomes (for example, do people get the right treatment and are they well cared for?);
- is a good experience for the people who use it, their carers and their families;
- helps to prevent illness, and promotes healthy, independent living;
- is available to those who need it when they need it; and
- provides good value for money.

**Our aim** is to make sure better health and social care is provided for everyone, whether that's in hospital, in care homes, in people's own homes, or anywhere else that care is provided.

### **We do this by:**

- registering, inspecting and regulating health and adult social care services;
- protecting the interests of people held under the Mental Health Act;
- working with those who provide services and those who arrange services locally (commissioners) towards improving those services;
- giving individuals, families and carers clear information about what care is available and the quality of services provided;
- taking action where services are unacceptably poor;
- reporting on how people arrange services locally to make sure high quality services are provided; and
- involving people who use services, and their families, in our work.

Throughout all of our work we focus on the rights, interests and experiences of people who use services. Our priority is to improve what happens to them as a result of the care they receive.

## Bringing together the independent regulation of health and adult social care

We bring together the regulation of health and adult social care in England. Before 1 April 2009 this work was carried out by the Healthcare Commission, the Mental Health Act Commission and the Commission for Social Care Inspection.

Having one regulator of health and adult social care helps to make sure there are consistent standards of quality across all services. It also helps to improve the way hospitals, care homes and social service providers work together for the benefit of the people who use their services.

By providers we mean those who actually provide services – for example hospitals and care homes.

**One regulator of health and adult social care helps to make sure there are consistent standards.**



## Registering with CQC

From April 2009 independent health care and adult social care services are registered with us under existing rules. And for the first time, NHS providers such as hospitals and ambulance services must be registered with us to show they are protecting people from the risk of catching infections such as MRSA. From April 2010 a new registration system means that health and adult social care providers must be registered with us to show they meet a wide range of essential quality standards. If they are not registered with us, they will not be able to operate.

Registration allows us to give the public the reassurance that, wherever they receive care or treatment, they can expect essential standards of quality of care. These standards make the system fairer and clearer and they make it easier for providers to be compared with one another.



## Working towards improving the quality of health and adult social care services

**We encourage improvements in services by helping to identify and share good practice.**



We promote improvements in the quality of care above and beyond essential quality standards. We do this by working with people who arrange local health and adult social care services – for example local councils and primary care trusts (commissioners) and those who provide them – for example hospitals and care homes (providers).

We encourage improvements in services by helping to identify and share good practice. Each year we carry out a series of reviews and studies of different aspects of care. They are guided by what people tell us is important to them. Our reviews and studies examine the entire service people receive, rather than one part of it. For example, a review might follow the experience of someone with dementia right through from seeing their GP, to their referral to hospital and then on to the social care support they might need when they leave hospital.

Our reviews also focus on how well local health and adult social care services are arranged, again by looking at the entire service people receive. Our assessments of this make a major contribution to overall assessments of the quality of local services. These overall assessments are called comprehensive area assessments.



The assurance you need  
in health and social care





## Checking that organisations are meeting essential quality standards

As the health and adult social care regulator, our job is to make sure that providers continue to meet essential quality standards after they register with us. We do this by:

- analysing and inspecting services;
- asking providers to assess themselves; and
- collecting information to help us monitor how providers are performing.

If there is evidence of a serious and urgent problem that is putting people at risk, we will investigate and take immediate action if necessary.





## Providing information about health and adult social care services

Because we are independent, we can be relied on to provide information which is fair, accurate, easy to get hold of and which can be trusted. We report our findings fairly and truthfully. We listen to service users and providers. And we communicate our findings with everyone concerned, from service providers to policymakers and the public.

Our information helps people to judge the quality of their local health and adult social care services. It helps those who arrange and provide services to:

- compare their performance with others;
- see where improvement is needed; and
- learn from each other about what works best.

**Our information helps people to judge the quality of their local health and adult social care services.**



**We ask people to tell us about their experiences of care services and to give us their views.**

## **Enforcing standards**

If providers don't meet essential quality standards, or if we think that people's basic rights or safety are at risk, we take action. We have a wide range of enforcement powers, such as fines and public warnings, and we have flexibility about how and when to use them. We can apply specific conditions in response to serious risks. For example, we can demand that a hospital ward or service is closed until the provider meets safety requirements or is suspended. Or, we can take a service off the register if absolutely necessary.

## **Involving the public**

Throughout our work we make sure that the voices of people who use health and adult social care services are heard. We ask people to tell us about their experiences of care services and to give us their views. We make sure they are at the heart of our reports and reviews. In some cases we involve patients and their carers directly in working alongside our inspectors to give an expert user view of services.

## Our work and human rights

Human rights are at the heart of our work. We promote and protect the rights and interests of everyone who uses health and adult social care, particularly the most vulnerable, for example people who are held under the Mental Health Act.

## Influencing policy and practice

We use our knowledge and experience of health and adult social care to inform government policy and local approaches to care. Through this work we make sure that the voices of people who use services are heard.

**Human rights are at the heart of our work.**



## **Where we are**

Our London headquarters is at Finsbury Tower, 103-105 Bunhill Row, London EC1Y 8TG.

Our nine regions cover the same areas as the Government Offices for the Regions and Strategic Health Authorities.

For more details on our regional offices, please visit our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## **How to contact us**

Phone: 03000 616161

Email: [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)



**Care Quality Commission  
National Correspondence  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA**

**Our Ref:** CenS/HA

2<sup>nd</sup> September 2009

Dear Sir / Madam,

**HUNTINGDONSHIRE DISTRICT COUNCIL'S OVERVIEW AND SCRUTINY PANEL  
(SOCIAL WELL-BEING)**

In January 2009, Huntingdonshire District Council's Overview and Scrutiny Panel (Social Well-Being) endorsed for submission to the Care Quality Commission a response to the consultation on their Enforcement Policy. Whilst it was acknowledged by the Panel that the Commission would not begin operating until 1<sup>st</sup> April 2009, at the time, Members decided that an invitation to attend a future Panel meeting should be extended to the local branch of the Commission once it was up and running, to discuss its work. When considering the Enforcement Policy, it became apparent to Members that the framework in which the Policy would operate was complex and they wanted clarification on where the document would fit into the wider health service framework and its links to other health service bodies.

Since its establishment in April 2009, invitations have been extended to the Commission's regional office in Cambridge. Unfortunately this has been declined, however an attempt to engage with the District Council has been made, as Panel Members were invited by the Area Manager for the Eastern Region, Ms Barbara Skinner, to attend an event hosted by the Commission in July 2009 as part of the Regional

Consultation on Registration. Whilst the invitation to this event was warmly welcomed by the Panel, it is unfortunate that due to prior commitments, a representative from the District Council was unable to attend the event.

I am therefore writing to you on behalf of the Panel to seek clarification on the following issues which were raised at the Panel's meeting and I would be grateful if you could respond in writing to the following questions:-

- How is the Commission promoted to health service providers? Are providers aware of what the creation of the Commission will mean for them as individual health organisations? What steps have you taken to ensure they are aware of their responsibilities and the criteria against which they are to be assessed? Do you have any evidence of the level of engagement / commitment amongst health service providers to the new arrangements?
- The view has strongly been expressed that care services should be tightly regulated. Has the introduction of the Enforcement Policy resulted in the closure of any facilities to date on the grounds that they are not operating satisfactorily? How many actions to closure facilities that are not operating satisfactorily do you expect to take in an average year?
- Discussion has been held on the fact that financial penalties may be imposed on facilities that are performing below the required standard. The concern is that this could affect the level of patient care being delivered through the diversion of funds away from much needed services that may be in high demand. Is it the Commission's practice to take into account the individual circumstances of facilities on these lines when considering enforcement action?
- What is the relationship between the Care Quality Commission and the Local Involvement Network (LINK) system?
- Panel Members have noted the criteria for conducting a formal investigation; however, there seems to be an inconsistency in Appendix A of the Enforcement Policy in this respect. While it is indicated that direct contact from service users might trigger an investigation, it is also stated that individual incidents that have not been pursued through the appropriate complaints procedure will not be investigated. Can you please clarify the

distinction between the circumstances that might lead to an investigation and those that will not?

- The Panel has formed the view that a co-ordinated approach to enforcement has not been demonstrated. In noting that working relationships will be formed with some other enforcement bodies and organisations who already have their own comprehensive systems and practices in place, the fear has been expressed that this will this could create an excessively complicated system, potentially resulting in delays in bringing enforcement actions to a conclusion? What safeguards have been put in place to ensure this does not occur?

May I take this opportunity to thank you in advance for taking the time to read this letter. Should you require any further information or clarification on the above, then please do not hesitate to contact me via the details below.

In the meantime, I look forward to receiving your response.

Yours sincerely,

**Miss H Ali**  
**Democratic Services Officer**  
**Administration Division**

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CC – Ms Barbara Skinner, Area Manager, Eastern Region, Cambridge

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**NHS CONSTITUTION  
(Report by the Head of Head of Democratic and Central Services)**

**1. INTRODUCTION**

- 1.1 As the Panel's remit includes health matters, the purpose of this report is to acquaint Members with the terms of the NHS Constitution.

**2. NHS CONSTITUTION**

- 2.1 The NHS Constitution was published earlier this year. It was one of a number of recommendations in Lord Darzi's report 'High Quality Care for All' which was published on the 60th anniversary of the NHS and set out a ten-year plan to provide high quality care and service for patients in England.

- 2.2 As well as stating the purpose, principles and values of the NHS, the Constitution brings together a number of rights, pledges and responsibilities for staff and patients. These rights and responsibilities have been formulated following discussions and consultations with staff, patients and public.

- 2.3 Subject to Parliamentary approval, all NHS bodies, and private and third-sector providers supplying NHS services in England will be required by law to take account of the Constitution in their decisions and actions. The Government will have a legal duty to renew the Constitution every 10 years. Changes cannot be made to the Constitution without consultation with staff, patients and the public.

- 2.4 The core purpose and values of the NHS will be reinforced by placing a duty on providers and commissioners of NHS services to have regard to the new NHS Constitution. This legal duty is contained within the Health Bill. The Health Bill also sets out the procedure for reviewing and amending the NHS Constitution and handbook.

- 2.5 A handbook on the NHS Constitution provides NHS staff and patients with information about the NHS Constitution. It acts as a guide to:

- patients' rights and pledges;
- responsibilities of patients and the public and staff, and
- staff rights and NHS pledges to its staff.

At the back of the handbook is an appendix, which outlines the legal source for both the patient and staff rights in the NHS Constitution. It has not been reproduced here as it runs to 148 pages but it can be viewed here: [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_093415.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_093415.pdf). However, a shorter guide is attached, which outlines the main components of the Constitution and how it will be used.

### **3. CONCLUSION**

The Panel is

#### **RECOMMENDED**

to note the contents of the report.

#### **BACKGROUND PAPERS**

NHS Constitution  
NHS Constitution Guide  
NHS Constitution Handbook

**Contact Officer: A Roberts (01480) 388015**



# The NHS Constitution

All you need to know about  
how the NHS Constitution  
affects you as a provider or  
commissioner of NHS care



**THE NHS  
CONSTITUTION**  
the NHS belongs to us all

# About this guide

This leaflet is aimed at NHS staff. It gives you background information about the NHS Constitution and – most importantly – explains those parts that are relevant to you.

For the first time in the history of the NHS, an NHS Constitution has been created that reflects what matters to staff, patients and public. It brings together in one place what staff, patients and taxpayers can expect from the NHS.

The idea of a constitution was recommended by Health Minister Lord Darzi in his report *High Quality Care for All*, published on the 60th anniversary of the NHS. Lord Darzi set out a 10-year plan to provide the highest quality of care and service for patients in England.

## 1. Background to the NHS Constitution

- What is it?
- What does the NHS Constitution do?
- Why do we need the NHS Constitution?
- How has it been created?
- What does it mean for you?

## 2. Guide to the NHS Constitution

- The NHS
- NHS principles
- Why do we have NHS values?
- NHS values
- Staff rights and NHS pledges
- Expectations of staff
- Patients' rights and NHS pledges
- Patient and public responsibilities

## 3. What's next?

# 1. Background to the NHS Constitution

This section provides an introduction to the NHS Constitution and its related documents. It explains what the NHS Constitution is and what it does, why we need it and how it was created.

It is the commitment, professionalism and dedication of staff working for the benefit of the people the NHS serves which really make the difference. High-quality care requires high-quality workplaces, with commissioners and providers aiming to be employers of choice.

This guide explains how the NHS Constitution will benefit you in your work within the NHS.





# What is it?

The NHS Constitution sets out the principles and values that guide how the NHS should act and make decisions. It also explains the rights and responsibilities of staff, patients and the public, and the NHS's pledges to them.

All NHS organisations and other bodies supplying NHS services must have regard to the NHS Constitution, and the Constitution itself must be renewed by the Government every 10 years.

There are several key associated documents that can be read alongside the NHS Constitution. Some of these are detailed opposite.

# 1

The Handbook to the NHS Constitution, which must be updated at least every three years and gives further details of the rights, commitments and responsibilities that are summarised in the Constitution.

# 2

The Statement of NHS Accountability, which provides a summary of the structure of the NHS and the roles and responsibilities of each of its parts.

# 3

The NHS Constitution establishes a **new right to choice and information**. New legally binding **Directions from the Secretary of State** to primary care trusts (PCTs) support this new right. The Department of Health has issued **guidance for PCTs** to help them with the implementation of the right. The guidance explains what their new duties are and sets out some of the levers for implementing the new duties.

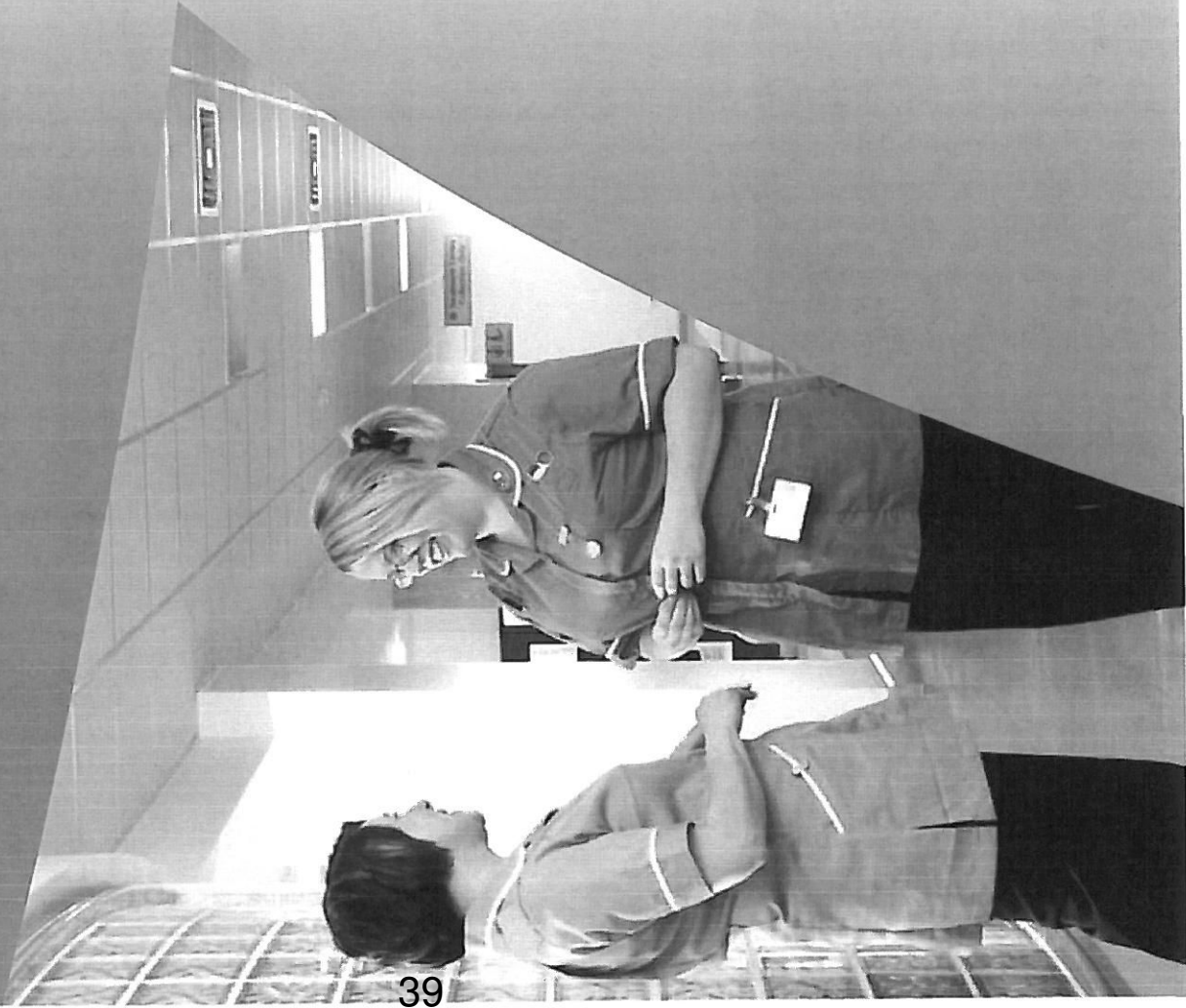
# 4

**Guiding principles and statutory directions** are available to help PCTs make rational and transparent **decisions on the funding of drugs and treatments** that are not, or not yet, appraised by the National Institute for Health and Clinical Excellence (NICE). Guidance will be issued shortly covering funding policy decisions on new drugs and processes for considering exceptions.

To get a copy of any of these documents, visit [www.nhs.uk/constitution](http://www.nhs.uk/constitution)

# What does the NHS Constitution do?

- **Brings together in one place** what staff, patients and taxpayers can expect from the NHS.
- **Forms the basis of a new relationship between staff and patients** – a relationship based on partnership, where everyone knows what they can expect from the NHS and what is expected of them.
- **Describes everyone's responsibilities** and makes it clear what staff, patients and the public can do to make the very best use of NHS resources.
- **Confirms that the NHS belongs to us all**, and that access to NHS services is based on clinical need, not an individual's ability to pay.
- **Details all existing rights** for staff, patients and the public and explains what to do if you feel that your rights have not been upheld. The Constitution also explains where the NHS pledges to improve services and working environments.
- **Sets out for the first time new rights for patients** – for example the right to make choices about their care and the right to receive the vaccinations that the national advisory body recommends they should receive under the NHS.
- **Sets out principles and values** to guide how all parts of the NHS should act and make decisions.



# Why do we need the NHS Constitution?

- It secures the future of the NHS for generations to come. The Government must renew the NHS Constitution every 10 years (consulting staff, patients and the public), so the NHS can't be changed by stealth.
- It aims to ensure high-quality, free NHS services – and value for money for the taxpayer.
- It tells staff and patients what they are entitled to, and what to do if their expectations are not met.
- It recognises that it is staff that really make the difference when providing high-quality care and commits to addressing those issues that are most important to you.
- It helps staff, patients and the public play their part in the NHS, letting them know what is expected of them.
- It sets out a vision in which all staff should be trusted and actively listened to and have the confidence, tools and support to act in the interest of patients.





## How has it been created?

The NHS Constitution is the result of almost a year of discussions, research and consultation with a wide range of staff, patients and the public. Consultations with other representatives of the NHS (such as the Royal Colleges, trusts and unions) and other organisations and individuals who are involved in and care about the NHS (such as patient organisations, local authorities, charities and other experts), have also played an important role.

The pledges to staff have come from research into what matters to staff involving more than 9,000 staff across the NHS.

The opinions expressed in the consultation since the draft Constitution was published have helped to strengthen the final Constitution. In particular they:

- helped shape the NHS values that will underpin all future NHS services;
- strengthened and clarified the pledges to staff;
- led to a new right to receive recommended vaccinations;
- built on the right to choice by extending it to include a new right to have information to support that choice; and
- asked for a new commitment to provide access to an NHS dentist for all those who want it.

Consultation will continue to have an important role in the way the Constitution will develop in the future. Importantly, the Government can never change the Constitution without seeking the views of staff, patients and the public.

# What does it mean for you?

→ **The Constitution makes pledges to you.** These pledges represent an NHS-wide commitment to provide high-quality workplaces designed with you in order that you can provide high-quality care for your patients. For example, the NHS commits to engage staff in decisions that affect them and the services they provide, individually and through their representative organisations and local partnership working arrangements, and empower all staff to suggest ways to deliver better and safer services for patients and their families. In return, you have a part to play, and the NHS Constitution explains what is expected of you. For example, when providing treatment or care you should involve patients, their families and carers.

→ **The pledges and principles are supported by a set of NHS-wide values,** developed with staff, patients and public. These include, for example, treating each individual – colleagues and patients – with respect and dignity. Each organisation will also develop and refresh its own locally determined values, drawing on the national values but tailored to the spirit and purpose of the local organisation.

→ **For the first time, your legal rights have been brought together.** The Constitution summarises the aims of these rights and the handbook lays out in detail what the rights are, for example rights relating to fair and equal treatment, fair pay and a contract framework. At the same time the Constitution lays out your legal duties as a member of staff. For example, you have a duty to protect the confidentiality of personal information.

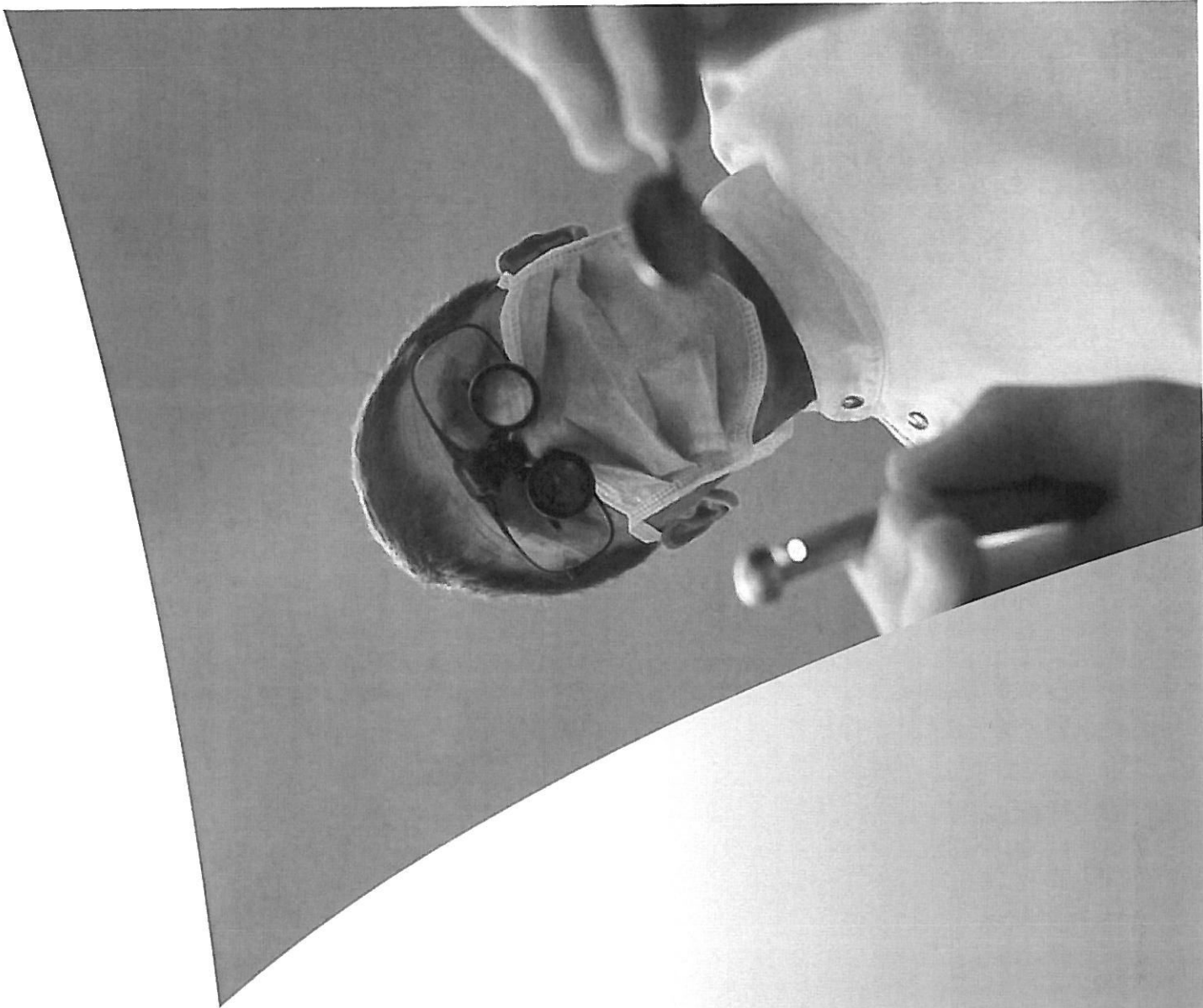
→ **Monitoring progress on pledges to you.** Questions relating to 'what matters to staff', from which the pledges to staff are taken, have been incorporated into the staff survey this year. Going forward, the Care Quality Commission will monitor staff satisfaction as measured through the staff survey, and will report on it in their annual evaluation of trusts.

→ **Patients rights and pledges.** The Constitution also sets down in one place patients' legal rights and a set of pledges by the NHS to patients and the public. It also describes the things patients and the public can do to help the NHS work more effectively. The patient and public rights and pledges share the same principles and values as yours, but they are tailored to specific rights and responsibilities as a patient. For example, patients and the public have a right to register with a GP of their choice and a responsibility to keep appointments and use NHS services responsibly.

The NHS Constitution is the result of extensive discussions with patients and staff and will help staff, patients and the public to work together to continually improve the NHS.

The NHS Constitution sets out a vision in which all staff should be trusted, be actively listened to and have the confidence to act in the interests of patients.

- **The NHS Constitution sets out a commitment to engage staff** in decisions that affect them and the services they provide.
- **It commits the NHS to providing staff** with clear roles and responsibilities, rewarding jobs, personal development and training for their jobs.
- **It confirms a commitment to providing high-quality working environments** that promote health, well-being and safety.
- **It introduces *The Statement of NHS Accountability***, which clarifies roles and responsibilities within the NHS.
- **The NHS Constitution publishes a clear statement** of what the NHS will do for patients, so that there is clarity for staff in their roles.
- **It establishes a set of NHS-wide values** to inspire passion and guide the NHS in the 21st century.
- **It lists specific patient responsibilities** that provide a basis for relationships between staff and patients that are fair and effective.



## 2. Guide to the NHS Constitution

This section of the guide summarises and explains each part of the NHS Constitution. It sets out what the NHS Constitution says about:

- the NHS;
- NHS principles;
- NHS values;
- staff – their rights, NHS pledges to them and their responsibilities;
- Patients and the public – their rights, NHS commitments to them and their responsibilities.



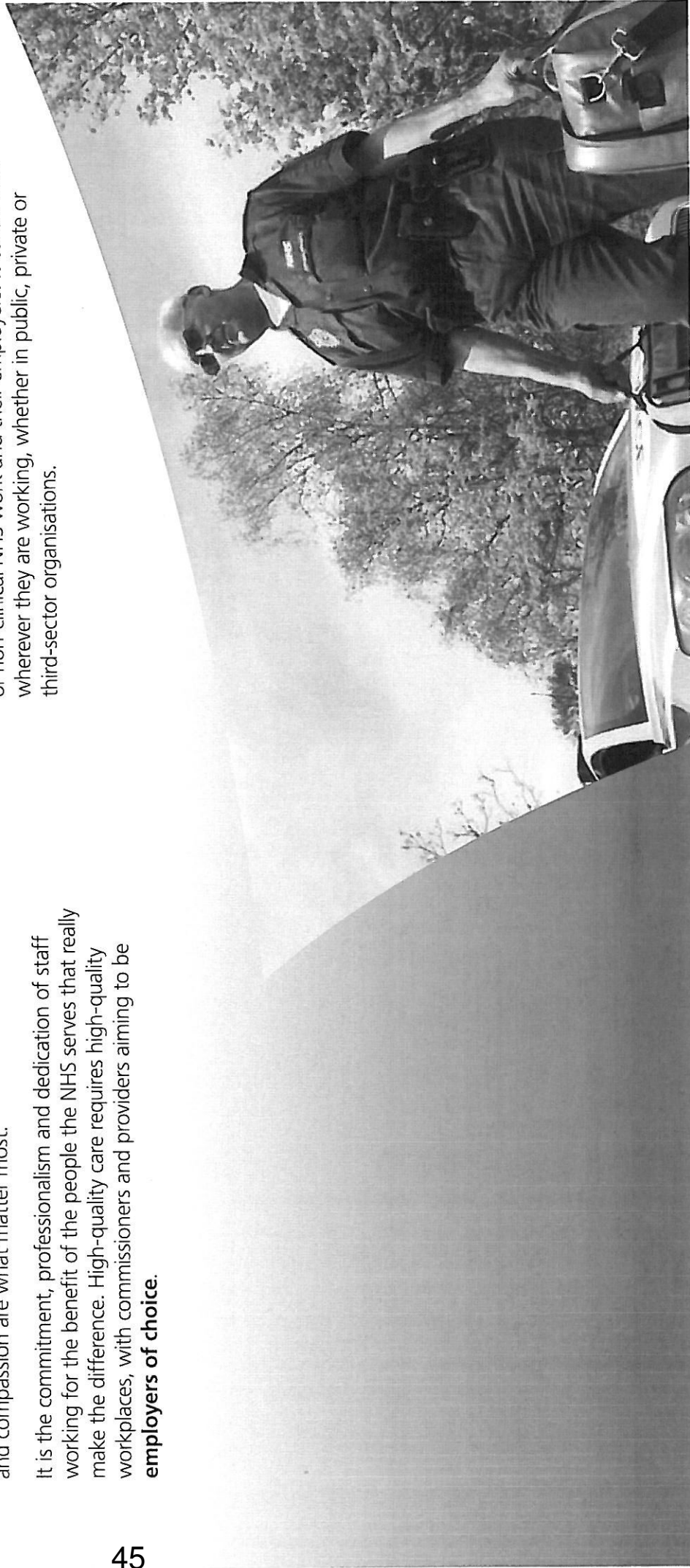


# The NHS

**The NHS belongs to all of us.** It is there to improve our health and well-being, supporting us to keep mentally and physically well, to get better when we are ill and, when we can't fully recover, to stay as well as we can to the end of our lives. It works at the limits of science, bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.

It is the commitment, professionalism and dedication of staff working for the benefit of the people the NHS serves that really make the difference. High-quality care requires high-quality workplaces, with commissioners and providers aiming to be **employers of choice.**

The NHS Constitution outlines the vision that **all staff should have rewarding and worthwhile jobs**, with the freedom and confidence to act in the interests of patients. To do this, they need to be **trusted and actively listened to**. They must be **treated with respect** at work, have the tools, training and support to deliver care, and opportunities to develop and progress. The NHS Constitution applies to all staff doing clinical or non-clinical NHS work and their employers. It covers staff wherever they are working, whether in public, private or third-sector organisations.

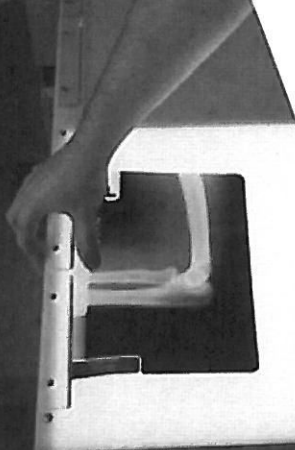


# NHS principles

There are seven **principles** that guide how all parts of the NHS – you and your organisations – are expected to behave and make decisions.

- The NHS provides a comprehensive service available to all, irrespective of gender, race, disability, age, sexual orientation, religion or belief.
- Access to NHS services is based on clinical need, not an individual's ability to pay. NHS services are free, except in limited circumstances sanctioned by Parliament.
- The NHS aspires to the highest standards of excellence and professionalism in all that it does, including the development and support of staff, as well as the care and treatment of patients.
- NHS services must reflect the needs and preferences of patients, their families and their carers. Patients should not be seen as passive recipients of treatment, but as partners whose individual needs and preferences should be taken into account.

- The NHS works together across organisational boundaries and in partnership with other organisations in the interests of patients, local communities and the wider population.
- The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources. As we live longer, and scientific knowledge and technology advance, we have to use the NHS's resources responsibly and fairly.
- The NHS is accountable to the public, communities and patients that it serves – it takes most of its decisions locally and gives us the chance to influence and scrutinise its performance and priorities.



# Why do we have NHS values?

The values reflect those things that people said inspire passion in the NHS and can guide it into the 21st century. When there are tough decisions to be made, shared values that are widely understood create the bonds of trust and common ground that allow for engaged debate beforehand, implementation afterwards and co-operation to achieve shared aspirations. This is particularly relevant when patient pathways cross over organisations.

## Shared values

Shared values become more important as local autonomy and professional freedom grow. They ensure that the NHS continues to operate with shared purpose when and where it matters. The NHS-wide values complement the local values that will be developed or refreshed by local NHS organisations and teams. When organisation and staff values match, we:

- express greater satisfaction with our jobs and workplaces;
- commit more strongly to the organisation;
- feel more personally successful, and more supported in that success by the organisation; and
- think less about leaving.

## Where do the values come from?

The values have come from a long process of research and consultation with staff, patients and the public.

# NHS values

## 1

### Respect and dignity

We value each person as an individual, respect their aspirations and commitments in life and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and can't do.

## 2

### Commitment to quality of care

We earn the trust placed in us by insisting on quality and striving to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from our mistakes and build on our successes.

## 3

### Compassion

We respond with humanity and kindness to each person's pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked, because we care.

## 4

### Improving lives

We strive to improve health and well-being and people's experiences of the NHS. We value excellence and professionalism wherever we find it – in the everyday things that make people's lives better as much as in clinical practice, service improvements and innovation.

## 5

### Working together for patients

We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities and professionals outside the NHS. We put the needs of patients and communities before organisational boundaries.

## 6

### Everyone counts

We use our resources for the benefit of the whole community and make sure nobody is excluded or left behind. We accept that some people need more help, that difficult decisions have to be taken and that when we waste resources we waste others' opportunities. We recognise that we all have a part to play in making ourselves and our communities healthier.



# Staff rights and NHS pledges

“It is the loyalty, professionalism and dedication of staff that really makes the difference to patients’ quality of care experience.”

– NHS Constitution

## Your rights

The NHS has a good record of fair employment and respecting the rights of staff. These rights are embodied in general employment and discrimination law, and are summarised in *The Handbook to the NHS Constitution*.

### Your rights are there to help ensure that you:

- have a good working environment with flexible working opportunities, consistent with the needs of patients and with the way that people live their lives;
- have safe and healthy working conditions – free from harassment, bullying or violence;
- have a fair pay and contract framework;
- receive fair and equal treatment that is free from discrimination; and
- can raise an internal grievance/seek redress if it is felt that a right has not been upheld.



## NHS pledges

The Constitution sets out pledges that the NHS is committed to achieve. Pledges go above and beyond your legal rights. This means that they are not legally binding but represent a commitment by the NHS to meet the needs of staff. They were developed in response to the views of the 9,000 members of staff who contributed to the consultation *What Matters to Staff in the NHS* as well as more than a million survey responses.

- Provide all staff with clear roles and responsibilities, and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.
- Provide all staff with personal development, access to appropriate training for their jobs and line-management support to succeed.
- Provide support and opportunities for staff to maintain their health, well-being and safety.

- Engage staff in decisions that affect them and the services they provide, individually and through their representative organisations and local partnership working arrangements. Empower all staff to suggest ways to deliver better and safer services for patients and their families.



## Expectations of staff

“The highest quality of patient care is delivered by staff who are ambitious in their expectations of themselves and their colleagues, and strive to achieve beyond what is legally required of them.”

– NHS Constitution

### Legal duties

The NHS Constitution summarises those legal duties that are relevant to all NHS staff.

- **Accept professional accountability** and maintain the standards of professional practice as set by the appropriate regulatory body applicable to your profession or role.
- **Take reasonable care of health and safety at work** for you, your team and others, and co-operate with employers to ensure compliance with health and safety requirements.
- **Act in accordance with the express and implied terms of your contract** of employment.
- **Don't discriminate against patients or staff** and adhere to equal opportunities and equality and human rights legislation.
- **Protect the confidentiality** of personal information that you hold unless to do so would put anyone at risk of significant harm.
- **Be honest and truthful** in applying for a job and in carrying out that job.



### Other expectations of staff

The Constitution also includes expectations that reflect how staff should play their part in ensuring the success of the NHS and delivering high-quality care.

You should aim to:

- **maintain the highest standards of care and service**, taking responsibility not only for the care you personally provide, but also for your wider contribution to the aims of your team and the NHS as a whole;
- **take up training and development opportunities** provided over and above those legally required for your post;
- **play your part in sustainably improving services** by working in partnership with patients, the public and communities;
- **be open with patients**, their families, carers or representatives (including if anything goes wrong);
- **contribute to a climate where the truth can be heard** and the reporting of, and learning from, errors is encouraged;

- **welcome feedback and address concerns** promptly and in a spirit of co-operation; and
- **view the services you provide from a patient standpoint**, involving patients, their families and their carers in services and working with them, their communities and other organisations, and making it clear who is responsible for their care.





# Patients' rights and NHS pledges

Patients and members of the public have legal rights that staff should be aware of. These rights are summarised in the NHS Constitution and explained in more detail in the accompanying handbook, which also sets out what patients should do if they think a legal requirement hasn't been met. The following information summarises the six areas of patient and public rights, and sets out how the NHS pledges go beyond the legal minimum in each of those areas.

<p><b>Access to health services</b></p>	<ul style="list-style-type: none"> <li>• Receive free NHS services (except where sanctioned by Parliament) without discrimination</li> <li>• Local NHS services that are based on local need</li> <li>• In certain circumstances, treatment in other European Economic Area countries</li> </ul>
<p><b>People's rights</b></p>	<p><b>NHS pledges</b></p> <ul style="list-style-type: none"> <li>• Provision of convenient and easy access</li> <li>• Clear and transparent decision-making</li> <li>• Smooth transition between NHS services</li> </ul>

<p><b>Quality of care and the environment</b></p>	<ul style="list-style-type: none"> <li>• To be treated with a professional standard of care</li> <li>• To be treated by appropriately qualified and experienced staff in a properly approved organisation that meets required levels of safety and quality</li> <li>• To expect NHS organisations to monitor and make efforts to improve their quality of care</li> </ul>
<p><b>NHS pledges</b></p>	<ul style="list-style-type: none"> <li>• Services provided in a clean and safe environment that is fit for purpose, in line with national best practice</li> <li>• Continuous improvement in the quality of services</li> <li>• Identification and sharing of best practice in quality of care and treatments</li> </ul>

<p><b>Nationally approved treatments and programmes</b></p>	<ul style="list-style-type: none"> <li>• Drugs and treatments recommended by NICE for use in the NHS and by doctors as appropriate</li> <li>• Local decisions on funding of other drugs made rationally and explained</li> <li>• Vaccinations recommended for national programmes by the Joint Committee on Vaccination and Immunisation</li> </ul>
<p><b>People's rights</b></p>	<p><b>NHS pledges</b></p> <ul style="list-style-type: none"> <li>• Screening programmes as recommended by the UK National Screening Committee</li> </ul>

### Respect, consent and confidentiality

- To be treated with dignity and respect
- Accept or refuse treatment or physical examination
- You can expect to be given information about recommended treatment, risks and alternative treatment available
- You can expect the NHS to keep your confidential information safe and secure
- You can access your own health records which will be used to manage your treatment

### Informed choice

- Choice of GP practice
- To be accepted by that practice, unless there are reasonable grounds for refusal
- To be informed of any reason for refusal
- To express a preference for a doctor within a practice and for the practice to try to comply
- To make choices about their care – options will change over time
- Information to help them make choices about care

- To share with you any letters sent between clinicians about your care

### NHS pledges

- To inform patients about healthcare services available to them nationally and locally
- To provide easily accessible, reliable and relevant information to help people make choices, including information on the quality of clinical services, where robust information is available

### Involvement in healthcare and the NHS

- Involvement in discussions and decisions about their healthcare
- Information to help them to be involved in discussions and decisions
- Involvement (directly or through representatives) in planning healthcare services
- Involvement in proposals for changes to services and the way services are operated

- Provision of convenient and easy access
- Clear and transparent decision-making
- Smooth transition between NHS services

### Complaint and redress

- Complaints to be dealt with efficiently and properly investigated
- To know the outcome of complaints
- To go to the Health Service Ombudsman, if they are not happy with the way their complaint is handled
- A claim for judicial review, if they think they have been directly affected by an unlawful NHS decision or action
- Compensation, where they have been harmed by negligent treatment

### People's rights

### NHS pledges

- To treat patients and the public with courtesy
- To provide appropriate support throughout the handling of a complaint
- Not to allow a complaint to adversely affect future treatment
- To acknowledge mistakes when they happen, to apologise, explain what went wrong and to put things right quickly and effectively
- To learn from complaints and claims, and to use lessons to improve NHS services

## Patients' and public responsibilities

There are things that patients and the public can do to help the NHS work more effectively and to ensure that resources are used responsibly.

- **People should recognise that they can make a significant contribution to their own health and well-being**, and that of their family, and take some personal responsibility for it.
- **Patients should treat NHS staff and other patients with respect** and recognise that causing a nuisance or disturbance on NHS premises could result in prosecution.
- **They should register with a GP practice** – the main point of access to NHS care.
- **They should provide accurate information** about their health, condition and status.
- **Patients must keep appointments**, or cancel within reasonable time. Receiving treatment within the maximum waiting times may be compromised unless they do.

- **Patients should follow the course of treatment** they have agreed, and talk to their clinician if they find this difficult. We waste resources we waste others' opportunities. We recognise that we all have a part to play in making ourselves and our communities healthier.
- **People should ensure that those closest to them know their wishes about organ donation.**
- **They should participate in important public health programmes**, such as vaccination.
- **Patients should give feedback** – both positive and negative – about the treatment they have received, including any adverse reactions they may have had.

## 3. What's next?

The future of the NHS Constitution lies in the hands of NHS staff, patients and the public. It will make a difference only if staff and patients embrace and live it. Achieving this will require leadership, partnership and sustained commitment from everyone working across the service. Over the months and years to come we all need to play our part in raising awareness of the NHS Constitution and its value, and weaving it into the way the NHS works.

You need to understand what the NHS Constitution means to you as a member of staff. But it is equally important that you are able to answer any questions that patients might have about their rights, responsibilities and the pledges that the NHS Constitution commits your organisation to delivering.

Please take the time to read the NHS Constitution and keep this guide as a reference. You can download digital versions of:

- ➔ *The NHS Constitution*;
- ➔ *The Statement of NHS Accountability*;
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**DISABILITY ACCESS STUDY – FOLLOW UP  
(Report by the Head of Head of Democratic and Central Services)**

**1. INTRODUCTION**

- 1.1 The purpose of this report is to provide the Panel with an outline of the follow-up work that has been identified on the study into disability access.

**2. DISABILITY ACCESS STUDY**

- 2.1 At the last meeting, the Panel gave further consideration to the findings of the former Overview and Scrutiny Panel (Service Delivery) following completion of the study on disability access and the decisions subsequently taken by the Cabinet on the recommendations that had been made. The study template is attached for information. Having reviewed these outcomes the Panel discussed a number of areas where either progress checking or further work ought to be undertaken. The result was that the actions below were identified. For each of the actions a comment has been provided.

	<b>OUTCOME</b>	<b>ACTION</b>
A	Make representations to Cambridgeshire County Council to ensure that enforcement of blue badge parking is recognised in any new arrangements for decriminalised parking.	Letter sent to the Director of Highways and Access.
B	Initiates discussions on the potential for comprehensive joint advocacy / advice services and the other opportunities for joint working between organisations supporting people with disabilities.	A joint commissioning agreement covering general advice and benefits eligibility has been agreed by HDC and Cambs. County Council with Disability Information Services Huntingdonshire (DISH). The service includes home-visits where required. The service specifically targets residents with disabilities whether those disabilities are physical, sensory or learning. Joint targets have been agreed with all partners and the first 6-month monitoring report will be available for the Scrutiny Panel in November 2009.
C	Consult the Papworth Trust on whether the high dependency toilets at the Saxongate Centre, Huntingdon might be made available for public use.	Letter sent to the Chief Executive of the Papworth Trust seeking a response to the previous letter.

D	Action has been taken to address defective or absent kerbs and unhelpful parking identified by Town and Parish Councils.	<p>Letter sent to the Director of Highways and Access requesting information on the installation and maintenance of dropped kerbs.</p> <p>Letter sent to the Cambridgeshire Constabulary's Traffic Management Officer requesting an update on enforcement of parking.</p>
E	The Growth and Infrastructure Thematic Group of the Huntingdonshire Strategic Partnership has been asked to consider the needs of those with disabilities in the design of the local hardscape.	<p>The Thematic Group's Action Plan contains the following objectives:</p> <ul style="list-style-type: none"> <li>• Improved public transport – Implement Accessibility Action Plan for 4 priority wards.</li> <li>• Improve access experience to bus services for people with disabilities as a pilot project</li> <li>• Enhanced physical integration of bus / train / taxi / cycle / pedestrian services (including provision for people with mobility issues)</li> </ul> <p>Update also requested from the Thematic Group.</p>
F	Verify that all buses will be low level by 2010.	Programme of replacement proceeding as planned.
G	Investigate whether the Council can provide information on local taxi services that cater for those with disabilities.	Licensing Officer consulted.
H	Consult Carers UK on its campaign for carers to be provided with free bus travel.	Information requested from Carers UK.
J	The Growth and Infrastructure and the Health and Wellbeing Thematic Groups of the Huntingdonshire Strategic Partnership have been asked to promote the needs of those with disabilities in the District.	<p>See E above.</p> <p>The Health and Wellbeing Thematic Group's Action Plan contains the following objectives:</p> <ul style="list-style-type: none"> <li>• Provide accessible opportunities – things to do, particularly...those with disabilities.</li> <li>• School holiday programme tailored for disabled participants; disability multi-sport festivals.</li> </ul>

		Update also requested from the Thematic Groups.
K	The Scrutiny Panel's intention to inform Town and Parish Councils of the outcome of the study.	To be undertaken following receipt of answers from the County Council and the Police in A and D above.

### 3. CONCLUSION

The Panel is

#### **RECOMMENDED**

to note the contents of the report.

#### **BACKGROUND PAPERS**

Report and Minutes of the meetings of the Overview and Scrutiny Panel (Service Delivery) held on 6th January and 7th July 2009 and of the Cabinet held on 29th January 2009.

Report and Minutes of the meeting of the Overview and Scrutiny Panel (Social Well-Being) held on 7<sup>th</sup> July 2009.

**Contact Officer:** Miss H Ali – Democratic Services Officer **(01480) 388006**

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AREA OF REVIEW	DETAILS/COMMENTS
<b>Title of Study</b> (name of Working Group)	Disability Access Study
<b>Appointing Panel</b>	Overview and Scrutiny Panel (Service Delivery)
<b>Members Assigned</b> (including date Working Group appointed)	Panel Study
<b>Possible Co-Options to the Group</b>	N/A
<b>Interests Declared</b>	None received.
<b>Rapporteur</b>	Councillor S J Criswell - Chairman
<b>Officer Support</b>	Mr Roy Reeves – Head of Administration, HDC Mr A Roberts – Democratic Services Officer Miss H Ali – Democratic Service Officer
<b>Purpose of Study / Objective</b> (specify exactly what the study should achieve)	To investigate access for those with disabilities to premises, facilities and other sites in the District, excluding those provided by the District Council.
<b>Rationale</b> (key issues and/or reason for conducting a study)	An issue raised previously by the Council and in the light of a draft Disability Equality Scheme, the Panel chose to research the matter further.
<b>Terms of Reference</b>	Existing HDC policies.
<b>Links to Council Policies/Strategies</b>	Yes ~ ties into 4 of the Community Aims identified in the Corporate Plan “safe, vibrant and inclusive communities”, “healthy living”, “access to services and transport” and “to improve our systems and practices”.

ACTION BY WORKING GROUP	
<b>Methodology / Approach</b> (what types of enquiries will be used to gather evidence)	<ul style="list-style-type: none"> <li>• Consultation questionnaire sent to all Town and Parish Councils relating to disability issues.</li> <li>• Map sent to all TC and PCs regarding specifically issues of illegal parking and dropped kerbs.</li> <li>• Representatives from Directions Plus and Hunts Forum of Voluntary Organisations invited to a meeting of the Panel.</li> <li>• Letter sent to CCC and Police regarding issues of illegal parking and dropped kerbs.</li> <li>• Letter sent to disability organisations to invite consultation on the development of Council policies.</li> </ul>
<b>External/Specialist Support</b>	N/A
<b>Existing Documentation</b>	<ul style="list-style-type: none"> <li>• Response from questionnaire and maps sent to TC and PCs.</li> <li>• Information from CCC – blue badge parking and enforcement.</li> </ul>
<b>Evidence to be Obtained</b> (e.g. witnesses, documents, site visits, consultation, research, etc)	<ul style="list-style-type: none"> <li>• Gerri Bird, Forum Manager for Disability Cambridgeshire attended meeting of the Panel (01/04/08)</li> <li>• Blue Badge Application process and enforcement procedures.</li> </ul>

<b>Reference Sites</b>	HDC's Website <a href="http://www.huntsdc.gov.uk">www.huntsdc.gov.uk</a> CCC's Website <a href="http://www.cambridgeshire.gov.uk">www.cambridgeshire.gov.uk</a> Hunts Forum of Voluntary Organisations <a href="http://www.huntsforum.org.uk/">http://www.huntsforum.org.uk/</a> Age Concern <a href="http://www.ageconcern.org.uk/">http://www.ageconcern.org.uk/</a>
<b>Investigations</b>	With HDC and CCC Officers.  Consultation with Town and Parish Councils and Voluntary Organisations.
<b>Witnesses</b>	N/A
<b>Site Visits (if necessary)</b> (where and when)	N/A
<b>Meetings of the Working Group</b>	Progress reports regularly submitted to Panel meetings.
<b>Costs</b> (resource requirements, additional expenditure, time)	Officer time ~ both to provide support and to conduct research.  No other external costs identified to date.
<b>Possible Barriers to the Study</b> (potential weaknesses)	None identified.
<b>Projected Timescale</b> (Start and end times)	Start ~ 7 <sup>th</sup> November 2006 (study item first raised)  Finish ~ 29 <sup>th</sup> January 2009.



**OVERVIEW AND SCRUTINY PANELS**  
**(SOCIAL WELL-BEING)**  
**(ENVIRONMENTAL WELL-BEING)**  
**(ECONOMIC WELL-BEING)**

**1<sup>ST</sup> SEPTEMBER 2009**  
**8<sup>TH</sup> SEPTEMBER 2009**  
**10<sup>TH</sup> SEPTEMBER 2009**

**WORK PLAN STUDIES**  
**(Report by the Head of Democratic and Central Services)**

**1. INTRODUCTION**

- 1.1 The purpose of this report is to allow Members of the Panel to review their programme of studies and to be informed of studies being undertaken by the other Overview and Scrutiny Panels.

**2. STUDIES**

- 2.1 The Council has a duty to improve the social, environmental and economic well-being of the District. This gives the Overview and Scrutiny Panels a wide remit to examine any issues that affect the District by conducting in-depth studies.

- 2.2 Studies are allocated according to the Council's service areas which have been identified as follows:-

**Social Well-Being**

Housing  
Community  
Leisure Centres  
Operations (part)  
Democratic and Central Services (part)  
People, Performance and Partnerships (part)

**Environmental Well-Being**

Environmental and Technical Services  
Planning Services  
Environmental Health  
Operations (part)

**Economic Well-Being**

Information Management  
Finance  
Customer Service and Call Centres  
Revenues  
Democratic and Central Services (part)  
Law, Property and Governance  
People, Performance and Partnerships (part)  
HQ/Accommodation

2.3 On going studies have been allocated between the Panels accordingly:-

<b>STUDY</b>	<b>PANEL</b>	<b>STATUS</b>
The processes involved in applying for community grant aid and the effectiveness of grant schemes.	Economic Well-Being	Annual report on those organisations supported by grants to be submitted to a future Panel meeting.
Provision of leisure facilities for young people across the District.	Social Well-Being	Investigations on going. Meeting of the Working Group held on 13 <sup>th</sup> August 2009 with the Head of Operations.
Car parking at Hinchingbrooke Hospital.	Social Well-Being	The Panel has requested for further information to be submitted to a future meeting.
Tourism	Economic Well-Being	Panel will consider looking at the wider tourism issue at a brainstorming session following the Panel's September meeting.
The process for the determination of planning applications.	Environmental Well-Being	Investigations ongoing. Meeting of the Working Group held on 6 <sup>th</sup> August 2009.

2.4 The following have also been identified by Members as possible future studies:-

Review of the incentives contained in the Council's Travel Plan.	Environmental Well-Being
The Council's future borrowing arrangements.	Economic Well-Being
Planning enforcement	Environmental Well-Being
Waste disposal arrangements	Environmental Well-Being

### **3. RECOMMENDATION**

3.1 The Panel is requested to note the progress of the studies selected.

## **BACKGROUND DOCUMENTS**

Minutes and Reports from previous meetings of the Overview and Scrutiny Panels.

**Contact Officers: Miss H Ali, Democratic Services Officer  
01480 388006**

**Mrs J Walker, Trainee Democratic Services Officer  
01480 387049**

**Mrs A Jerrom, Member Development Officer  
01480 388009**

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**OVERVIEW AND SCRUTINY  
(ECONOMIC WELL-BEING)  
STUDY TEMPLATE**

AREA OF REVIEW	DETAILS/COMMENTS
<b>Title of Study</b> (name of Working Group)	Grant Aid Working Group
<b>Appointing Panel</b>	Overview and Scrutiny Panel (Economic Well-Being) Formerly Overview and Scrutiny Panel (Service Delivery)
<b>Members Assigned</b> (including date Working Group appointed)	Date Appointed: 3 <sup>rd</sup> July 2007  Councillors Mrs M Banerjee, P G Mitchell and J S Watt.  In addition, former District Councillor D A Giles was appointed on to the Working Group and assisted with the investigations up until April 2008.
<b>Possible Co-Options to the Group</b>	None identified.
<b>Interests Declared</b>	None declared.
<b>Rapporteur</b>	Councillor P G Mitchell.
<b>Officer Support</b>	Miss H Ali, Democratic Services Officer, HDC Mr A Roberts, Scrutiny and Review Manager, HDC Mr S Plant, Head of Housing Services, HDC Mr F Mastrandrea, Policy and Enabling Officer, HDC Mr K Tayler, Private Sector Housing Officer, HDC Mr S Ingram, Head of Planning Services, HDC Mr R Probyn, Planning Policy Manager, HDC Mr I Leatherbarrow, Former Head of Policy and Strategic Services Dr S Lammin – Head of Environmental and Community Health Services Mr D Smith – Community Team Manager Mrs K Shaw – External Funding Officer
<b>Purpose of Study / Objective</b> (specify exactly what the study should achieve)	To undertake a review of the processes involved in applying for community grant aid and the effectiveness of grant schemes.
<b>Rationale</b> (key issues and/or reason for conducting a study)	The suggestion for the study emerged from the Panel's previous investigations into the Small Scale Environmental Improvements Scheme, where the recommendations arising from the study had been endorsed by the Cabinet and implemented by the Council.
<b>Terms of Reference</b>	As above, and additionally, the following:- <ul style="list-style-type: none"> <li>• To identify the purpose of each scheme having regard to the Council's priority contained in Growing Success;</li> <li>• To investigate the criteria for assessing applicants' eligibility under each scheme;</li> <li>• To investigate the methods adopted to publicise the availability of grant funding;</li> <li>• To investigate the application process for each scheme;</li> <li>• To be informed of Officer/Member involvement during</li> </ul>

**OVERVIEW AND SCRUTINY  
(ECONOMIC WELL-BEING)  
STUDY TEMPLATE**

	<p>the approval process; and</p> <ul style="list-style-type: none"> <li>To investigate external sources of funding, specifically, the level of funding attracted by the Council and the application procedure.</li> </ul>
<b>Links to Council Policies/Strategies</b>	<p>Link to Council Aim: To Maintain Sound Finances. Link to Community Am: Developing Communities Sustainably.</p>

<b>ACTION BY WORKING GROUP</b>	
<b>Methodology / Approach</b> (what types of enquiries will be used to gather evidence)	Discussions with all of the Officers within the Council previously identified.
<b>External/Specialist Support</b>	N/A
<b>Existing Documentation</b>	<p>Minutes and Reports of the meeting of the Overview and Scrutiny Panel (Service Delivery) – 3<sup>rd</sup> July 2007. 2006/07 – HDC Grant Aid News Release. 2008/09 HDC Capital Grant Aid News Release. Voluntary Sector Commissioning Report – Report by the Head of Environmental and Community Health Services. HDC CAB Commissioning Agreement Document. HDC Grants Award Information – Report by the Head of Financial Services. HDC Grant Application Handbook and Application Form ~ Capital and Revenue. Listed Building / Shopmobility / Shopfront / Transportation / Home Repairs / Voluntary Grants. HDC Grant Awards Scheme. Six Month Review of Capital and Revenue Grant Aid Awards 2008/09 – Report by the Head of Environmental and Community Health Services.</p>
<b>Evidence to be Obtained</b> (e.g. witnesses, documents, site visits, consultation, research, etc)	Discussions with all Officers identified above.
<b>Reference Sites</b>	HDC Website:- <a href="http://www.huntsdc.gov.uk">www.huntsdc.gov.uk</a>
<b>Investigations</b>	As outlined above.
<b>Witnesses</b>	<p>As above and in addition the following Councillors:-</p> <p>Councillor Mrs D C Reynolds, Executive Councillor for Housing and Public Health. Councillor T V Rogers, Executive Councillor for Finance and Environment.</p>
<b>Site Visits (if necessary)</b> (where and when)	N/A
<b>Meetings of the Working Group</b>	<p>24<sup>th</sup> October 2007. 1<sup>st</sup> February 2008. 20<sup>th</sup> March 2008. 26<sup>th</sup> March 2008.</p>

**OVERVIEW AND SCRUTINY  
(ECONOMIC WELL-BEING)  
STUDY TEMPLATE**

	9 <sup>th</sup> April 2008. 7 <sup>th</sup> May 2008. 24 <sup>th</sup> July 2008. 24 <sup>th</sup> October 2008.
<b>Costs</b> (resource requirements, additional expenditure, time)	Officer time – both to provide support and conduct research.
<b>Possible Barriers to the Study</b> (potential weaknesses)	None currently identified.
<b>Projected Timescale</b> (Start and end times)	Start: January 2009 End: July 2009.



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**OVERVIEW AND SCRUTINY  
(SOCIAL WELL-BEING)  
STUDY TEMPLATE**

AREA OF REVIEW	DETAILS/COMMENTS
<b>Title of Study</b> (name of Working Group)	Provision of Leisure Facilities Across the District Working Group
<b>Appointing Panel</b>	Overview and Scrutiny Panel (Social Well-Being) Formerly Overview and Scrutiny Panel (Service Delivery)
<b>Members Assigned</b> (including date Working Group appointed)	Date Appointed: 3 <sup>rd</sup> March 2009.  Councillors J D Ablewhite and P G Mitchell. Councillors Mrs P A Jordan and R J West were later appointed onto the Working Group in June 2009.
<b>Possible Co-Options to the Group</b>	None identified.
<b>Interests Declared</b>	Councillor P G Mitchell declared a personal interest into the study due to his involvement with the Stilton Skate Park Project.
<b>Rapporteur</b>	Councillor P G Mitchell
<b>Officer Support</b>	Miss H Ali, Democratic Services Officer, HDC Mr A Roberts, Scrutiny and Review Manager, HDC Mr R Ward – Head of Operations, HDC Mr J Craig, Service Development Manager, HDC
<b>Purpose of Study / Objective</b> (specify exactly what the study should achieve)	To investigate the provision of leisure facilities across the District, with a view to making recommendations on achieving an even distribution of facilities across the District and on meeting the ongoing revenue costs associated with such facilities.
<b>Rationale</b> (key issues and/or reason for conducting a study)	Raised as potential study area by Councillor P G Mitchell due to the current problems experienced at Stilton. Further information obtained from the Head of Operations and Panel concluded that due to the inconsistencies with the distribution of facilities across the District, a study should be undertaken.
<b>Terms of Reference</b>	As above.
<b>Links to Council Policies/Strategies</b>	Link to Community Aim: Developing Communities Sustainably. In particular, the objective to enable the provision of the social and strategic infrastructure to meet current and future needs.

<b>ACTION BY WORKING GROUP</b>	
<b>Methodology / Approach</b> (what types of enquiries will be used to gather evidence)	Information from the Head of Operations.

**OVERVIEW AND SCRUTINY  
(SOCIAL WELL-BEING)  
STUDY TEMPLATE**

<b>External/Specialist Support</b>	N/A
<b>Existing Documentation</b>	Provision of Leisure Facilities for Young People – Report by the Head of Operations. Minutes of the meeting of the Overview and Scrutiny Panel (Service Delivery) – 3 <sup>rd</sup> March 2009.
<b>Evidence to be Obtained</b> (e.g. witnesses, documents, site visits, consultation, research, etc)	Further discussions with the Head of Operations.
<b>Reference Sites</b>	N/A
<b>Investigations</b>	As outlined above.
<b>Witnesses</b>	Mr R Ward, Head of Operations Mr J Craig, Service Development Manager Councillor C R Hyams, Executive Councillor for Operational and Countryside Services.
<b>Site Visits (if necessary)</b> (where and when)	None currently identified.
<b>Meetings of the Working Group</b>	First meeting held 30 <sup>th</sup> April 2009. Further meeting held on 13 <sup>th</sup> August 2009.
<b>Costs</b> (resource requirements, additional expenditure, time)	Officer time – both to provide support and conduct research.
<b>Possible Barriers to the Study</b> (potential weaknesses)	None currently identified.
<b>Projected Timescale</b> (Start and end times)	Start: March 2009 End: Unknown.

**OVERVIEW AND SCRUTINY  
(SOCIAL WELL-BEING)  
STUDY TEMPLATE**

AREA OF REVIEW	DETAILS/COMMENTS
<b>Title of Study</b> (name of Working Group)	Car Parking At Hinchingsbrooke Hospital
<b>Appointing Panel</b>	Overview and Scrutiny Panel (Social Well-Being)
<b>Members Assigned</b> (including date Working Group appointed)	Date Appointed: 7 <sup>th</sup> July 2009.  Agreed to pursue this as a full Panel investigation, comprising Councillors P L E Bucknell, Mrs K E Cooper, S J Criswell, J W Davies, J E Garner, Mrs P A Jordan, P G Mitchell, A Monk, J M Sadler and R J West.
<b>Possible Co-Options to the Group</b>	None identified at present.
<b>Interests Declared</b>	None received.
<b>Rapporteur</b>	Councillor S J Criswell (as Chairman)
<b>Officer Support</b>	Miss H Ali, Democratic Services Officer, HDC Mr A Roberts, Scrutiny and Review Manager, HDC
<b>Purpose of Study / Objective</b> (specify exactly what the study should achieve)	To generate and raise awareness of the impact that the introduction of car parking charges has had upon the public and the consequent restrictions that it has placed upon them.
<b>Rationale</b> (key issues and/or reason for conducting a study)	The suggestion for the study was prompted by representations made by a number of members of the public to the District Council on the level of charges being levied for parking at the hospital, restrictions on parking in terms of the length of stay permissible and the impact of the introduction of charges on the surrounding residential area.
<b>Terms of Reference</b>	As above.
<b>Links to Council Policies/Strategies</b>	Link to Council Aim: To Improve Our Systems and Practices. In particular, the objectives “to be good at communicating and listening to people and organisations and to be clear about what we can do and aspire to achieve” and “to enable Councillors to carry out their leadership role effectively”.

<b>Methodology / Approach</b> (what types of enquiries will be used to gather evidence)	Investigations into:- <ul style="list-style-type: none"> <li>• the management of the car park</li> <li>• the effectiveness of the hospital’s Travel Plan</li> <li>• the availability of public transport</li> <li>• the impact of parking and associated charges on the</li> </ul>
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	<p>surrounding area</p> <ul style="list-style-type: none"> <li>• inviting a representative of the NHS Trust to attend a future Panel meeting</li> <li>• consultation with local residents and users of the car park</li> <li>• comparisons to other hospitals, i.e Addenbrooke's</li> <li>• desktop research.</li> </ul>
<b>External/Specialist Support</b>	N/A
<b>Existing Documentation</b>	Hinchingbrooke Hospital Travel Plan.
<b>Evidence to be Obtained</b> (e.g. witnesses, documents, site visits, consultation, research, etc)	As outlined above.
<b>Reference Sites</b>	<p>Hinchingbrooke Health Care NHS Trust <a href="http://www.hinchingbrooke.nhs.uk/">http://www.hinchingbrooke.nhs.uk/</a></p> <p>East of England Strategic Health Authority <a href="http://www.eoe.nhs.uk/">http://www.eoe.nhs.uk/</a></p> <p>Cambridge University Hospitals NHS Trust (Addenbrooke's) <a href="http://www.cuh.org.uk/addenbrookes/addenbrookes_index.html">http://www.cuh.org.uk/addenbrookes/addenbrookes_index.html</a></p> <p>NHS Cambridgeshire <a href="http://www.cambridgeshirepct.nhs.uk/">http://www.cambridgeshirepct.nhs.uk/</a></p>
<b>Investigations</b>	As outlined above.
<b>Witnesses</b>	None currently identified.
<b>Site Visits (if necessary)</b> (where and when)	None currently identified.
<b>Meetings of the Working Group</b>	First Panel discussion: 7 <sup>th</sup> July 2009
<b>Costs</b> (resource requirements, additional expenditure, time)	Officer time – both to provide support and conduct research.
<b>Possible Barriers to the Study</b> (potential weaknesses)	None currently identified.
<b>Projected Timescale</b> (Start and end times)	Start: July 2009. End: Unknown.

<b>AREA OF REVIEW</b>	<b>DETAILS/COMMENTS</b>
<b>Title of Study</b> (name of Working Group)	Development Management Process Working Group.
<b>Appointing Panel</b>	Overview and Scrutiny (Environmental Well-Being) Panel.
<b>Members Assigned</b> (including date Working Group appointed)	Councillors M G Baker, P Godley, M F Newman and J S Watt. Appointed by the Panel on 14 <sup>th</sup> July 2009.
<b>Possible Co-Options to the Group</b>	TBC
<b>Interests Declared</b>	None received.
<b>Rapporteur</b>	Councillor M G Baker
<b>Officer Support</b>	Roy Reeves, Head of Democratic and Central Services Jessica Walker, Trainee Democratic Services Officer
<b>Purpose of Study / Objective</b> (specify exactly what the study should achieve)	To investigate the process for the determination of planning applications and make recommendations where appropriate.
<b>Rationale</b> (key issues and/or reason for conducting a study)	Anecdotal evidence from Members of public concern over the pre-decision planning process.
<b>Terms of Reference</b>	The review will concentrate on the process leading to the determination of planning applications, not the decision making process itself or the merits of decisions. The intention will be to look at the practices and procedures from first enquiry by potential applicants to the preparation of an officer's final report and recommendations, involving pre-application advice, public consultation, plans and amendments, duration of the process and other related matters.
<b>Links to Council Policies/Strategies</b>	Link to Corporate Plan – To improve our systems and practices.

<b>Methodology / Approach</b> (what types of enquiries will be used to gather evidence)	Examination of available data; Interviews; Surveys.
<b>External/Specialist Support</b>	TBC
<b>Existing Documentation</b>	To be determined.
<b>Evidence to be Obtained</b> (e.g. witnesses, documents, site visits, consultation, research, etc)	Evidence to be obtained by the Democratic Services team, together with information from the Planning Division. Possible survey of sample of applicants. Consultation with Town and Parish Councils. Customer feedback & ombudsman investigations (if any). Comparison of processes with other authorities. Website Comparisons. Performance against Government Indicators. Availability of best practice advice and guidance. Cost effectiveness of process.

<b>Reference Sites</b>	Comparable local authorities.
<b>Investigations</b>	To be undertaken by officers supporting the Working Group.
<b>Witnesses</b>	Planning officers. Chairman of Development Management Panel.
<b>Site Visits (if necessary)</b> (where and when)	Likely to be unnecessary.
<b>Meetings of the Working Group</b>	First meeting held on Thursday August 6 <sup>th</sup> 2009.  Second meeting to be held on Thursday September 10 <sup>th</sup> 2009.  Future meeting dates to be confirmed.
<b>Costs</b> (resource requirements, additional expenditure, time)	Officer time – both to provide support and to conduct research.
<b>Possible Barriers to the Study</b> (potential weaknesses)	None known at this stage.
<b>Projected Timescale</b> (Start and end times)	Start – July 2009 Completion of study expected December 2009.



Panel Date	Decision	Action	Response	Date for Future Action
<b>13/05/09</b>	<p><b><u>Disability Access</u></b></p> <p>This item was transferred over from the former Overview and Scrutiny Panel (Service Delivery). Final report endorsed for submission to the Cabinet.</p>	Submitted to Cabinet on 29th January 2009.	Recommendations endorsed by Cabinet. Members requested a progress report to be submitted to the Panel in six months time.	<b>1/09/09</b>
<b>7/07/09</b>	<p>The Panel was provided with an opportunity to plan its follow up work and identified a number of aspects to the study that they wished to pursue.</p>		Follow up report to be considered by Panel in September.	
<b>13/05/09</b>	<p><b><u>Future Governance of Hinchingsbrooke Hospital: Consultation Arrangements</u></b></p> <p>This item was transferred over from the former Overview and Scrutiny Panel (Service Delivery). Dr Stephen Dunn, Hinchingsbrooke Next Steps Project Coordinator and Ms Jessica Bawden, NHS Cambridgeshire attended the Panel's January meeting to provide background to the consultation on the future governance arrangements for Hinchingsbrooke Hospital. Advised the Panel that the consultation was likely to commence at some point in the middle of the current calendar year.</p>	Panel to partake in the consultation when it emerges. Matter to be raised at a future Panel meeting.		<b>TBC</b>

Panel Date	Decision	Action	Response	Date for Future Action
13/05/09	<p><b><u>Care Quality Commission</u></b></p> <p>This item was transferred over from the former Overview and Scrutiny Panel (Service Delivery). The Panel submitted a response to the Commission's Enforcement Policy and has requested that a representative should be invited to attend a future Panel meeting to deliver a presentation on the work of the Commission and how the document fits into the wider health service framework. Advised that the Commission will not begin operating until 1<sup>st</sup> April 2009.</p>	<p>Invitation extended to the Commission who advised that a Regional Consultation Event would be held on 1<sup>st</sup> July. Details of the event have been forwarded to all Panel Members.</p>	<p>This item appears elsewhere on the Agenda.</p>	1/09/09
13/05/09	<p><b><u>Corporate Plan – Growing Success</u></b></p> <p>Councillors S J Criswell and R J West appointed to Corporate Plan Working Group. A previous decision has been made by the former Overview and Scrutiny Panel (Corporate and Strategic Framework) 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. A suggestion has been made to invite Heads of Service to a future meeting to discuss their contributions in achieving the Council's objectives.</p>	<p>Quarterly performance reports to be submitted to all Overview and Scrutiny Panels in September, December, March and June of each year.</p> <p>Financial information to be considered at future Working Group meetings.</p>	<p>This item appears elsewhere on the Agenda.</p>	1/09/09

Panel Date	Decision	Action	Response	Date for Future Action
<b>13/05/09</b>	<p><b><u>Provision of Leisure Facilities for Young People</u></b></p> <p>This item was transferred over from the former Overview and Scrutiny Panel (Service Delivery) who had identified this subject as a potential area for study. Particular interest expressed on how these facilities are managed and insured and if they were maintained by the District Council. Report submitted to Panel in March 2009 and a Working Group was established, comprising Councillors J D Ablewhite and P G Mitchell, to meet with the Executive Councillor for Operational and Countryside Services to investigate the provision of leisure facilities, with a view to making recommendations on achieving an even distribution of youth facilities across the District and on meeting the ongoing revenue costs associated with such facilities.</p>	<p>First meeting of the Working Group held on 30<sup>th</sup> April 2009.</p>	<p>Head of Operations and Service Development Manager undertook to investigate further, the likely insurance, resource (inspection) and maintenance costs of facilities located within the smaller Parishes.</p>	
<b>2/06/09</b>	<p>Owing to their interests in the study, Councillors Mrs P A Jordan and R J West were appointed on to the Working Group. Additionally, the Panel requested for an update on progress since the first meeting of the Working Group to be submitted to the Panel for information.</p>	<p>Request submitted to the Head of Operations.</p>	<p>Meeting of the Working Group held on 13<sup>th</sup> August 2009. An update will be provided at the Panel's October 2009 meeting.</p>	<b>6/10/09</b>

Panel Date	Decision	Action	Response	Date for Future Action
13/05/09	<p><b><u>Town Centre Cleaning Update</u></b></p> <p>This item was transferred over from the former Overview and Scrutiny Panel (Service Delivery). A study had previously been undertaken by the Panel into Sunday Cleaning and a concluding report was submitted to the Cabinet, who approved the Panel's recommendations. At the Panel's meeting in April, Members requested for an update to be received on progress made to date in respect of the project.</p>	Request submitted to the Head of Operations.	Matter has been acknowledged by the Head of Operations. Update to be received in Autumn, upon the recruitment of a new Operations Manager.	3/11/09 or 1/12/09
2/06/09	<p><b><u>Car Parking at Hinchingbrooke Hospital</u></b></p> <p>Identified as a potential study area. Requested that a scoping report should be submitted to a future Panel meeting.</p>	Scoping report considered by Panel in July 2009. Further information requested on the current parking situation.	This item appears elsewhere on the Agenda.	1/09/09
13/05/09	<p><b><u>Forward Plan</u></b></p> <p>The following items were transferred over from the former Overview and Scrutiny Panel (Service Delivery) who requested that the items should be considered at future</p>			

Panel Date	Decision	Action	Response	Date for Future Action
	meetings of the Panel.			
	<b>Older Persons Housing Strategy Update</b>	Request submitted to the Head of Housing Services.	Due to appear before the Panel in November.	<b>3/11/09</b>
	<b>St Ivo Leisure Centre – Proposals for Development</b>	Request submitted to the General Manager, Leisure.	Due to appear before the Panel in December.	<b>1/12/09</b>

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