

Health and Social Services Committee

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Meeting date: Thursday 28 September 2006

Venue: Committee Room 1, Senedd, National Assembly for Wales

Title: Ministerial Report

- Selection of Items for the Ministerial Report
- Commissioning Framework
- Trastuzuma (Herceptin) and Her2 testing
- Brachytherapy
- Patient Experience/NHS Complaints Procedure and Copying Letters to Patients initiative
- Task and Finish Group on smoke free premises
- The future of the learning disability service principles and service responses grant scheme
- Public Access Defibrillators
- Annual Health Checks for People with Learning Disabilities
- General Medical Services Premises
- Update on Oxygen Contract
- Designed to Comply- working towards 2009 compliance for Junior Doctors with EWTD
- Professional Regulation Consultation Process
- Recycling
- Visit to Scotland
- Rapid Response Adaptations Report

Annex 1. Updates; Social Services Inspectorate for Wales

1. Selection of Items for the Ministerial Report

1.1 It might be useful to give the Committee an indication of how I select items to be included in the Ministerial Report.

1.2 In the main, I do not include items that have been subject to a Press Release or a Ministerial Statement. These issues will be in the public domain and members are free to ask for additional information to be included in the Ministerial Report.

1.3 Issues are selected based on a judgement that they cover:-

- Important health and social care developments that are not in the mainstream public domain.
- Areas where the Committee have expressed an interest in the past.
- Health and Social Care dimensions of other major Assembly Government or National Assembly priorities i.e tackling poverty, sustainable development.

Items for the record

1.4 I would be grateful for Committees views on this approach.

2. Commissioning Framework

2.1 Designed for Life, the Welsh Assembly Government's 10-year strategy for health and social care services (published in May 2005) outlines a vision of high quality health and social care services for the future. Designed for Life is a hugely ambitious programme of transformation and improvement, and in the immediate next phase, the focus is on six themes: regional reconfiguration, commissioning, quality improvement, clinical engagement, waiting times reduction, and chronic conditions management. A further document, entitled Designed to Deliver (to be published in the autumn), will set out the links across them and how they related to the overall implementation of Designed for Life.

2.2 Commissioning is one of the key drivers delivering the radical transformation of services that will lead to world class services in Wales. As a result, in November 2005, in line with a commitment in Designed for Life, the Director for Health and Social Care Strategy set up a Commissioning Task and Finish Group to review the impact of NHS commissioning, and assess how it might be strengthened. This group comprised representatives from the Welsh Assembly Government, Health Commission Wales, Local Health Boards, NHS Trusts, National Public Health Service, and the Welsh Local Government Association.

2.3 The main Task & Finish Group set up four Sub-Groups that sponsored work relating to Scheduled Care, Unscheduled Care, Long-Term Conditions, and Governance. As a result, a new Commissioning Framework has been developed, based on academic advice, international research, experience to date in Wales, and following close engagement with NHS Chief Executives across Wales.

2.4 The Commissioning Framework will create a new three-year Planning System. At the start of this three-year period, the Welsh Assembly Government will produce a Strategic Framework Statement that will set out the broader policy requirements, which will link to the next round of Health, Social Care & Well-being Strategy Guidance (for which revised draft guidance will be issued later this year). These strategies will play an important role in creating the right environment for collaborative working locally.

2.5 As part of the annual planning cycle, the Welsh Assembly Government will set up a Strategic Integration Board (chaired by the Chief Executive of NHS Wales/Head of the Department for Health & Social Services) that will produce an Annual Operating Framework for the NHS in Wales for the coming year.

2.6 Following on from this, Local Health Boards will develop two sets of agreements:

(i) Community Partnership Agreements that will be developed in partnership with local government and voluntary and independent sector bodies; these agreements will deal with primary, community and social care and LHBs will implement these themselves; and

(ii) Hospital and Intermediate Agreements that deal with secondary and tertiary care; LHBs will pass these agreements to the Regional Commissioning Unit as the basis for contracting.

2.7 The Commissioning Framework introduces Regional Commissioning Units in each health region in Wales; North Wales, Mid & West Wales and South-East Wales. These Units will improve planning, streamline commissioning capacity, and strengthen commissioning expertise. The Units will be resourced from existing staff within the NHS, and they will be in place by December 2006.

2.8 Annually, the Regional Commissioning Unit will:-

- agree with Local Health Boards in its region the allocation of resources; and
- agree and implement the Hospital and Intermediate Agreements with NHS Trusts, both within and outside its region, regarding the delivery of secondary and tertiary care services.

2.9 The Commissioning Framework is not about organisational change; it is about working more effectively at different levels. The Beecham Review (Review of Local Service Delivery – July 2006) identified that to adopt a Citizen Centred approach to providing public services, different bodies in Wales must:-

- work together in a collaborative way – pooling budgets and sovereignty; and
- develop ambitious joint commissioning and shared provision, championing the community-focused model of care and treatment.

2.10 It is proposed to begin to implement the Commissioning Framework within this financial year, with the aim of ensuring its full establishment from April 2009.

2.11 On the 13th September 2006, officials convened a half-day Chief Executives Conference (from both Local Health Boards and NHS Trusts) to discuss the new Commissioning Framework. This was considered to be a successful event and the new Commissioning Framework was well received. There was some debate around the finer detail of the Framework but the main policy direction was accepted by all as the way forward.

2.12 It was agreed that a small group comprising Assembly Officials and nominated Local Health Board and NHS Trust Chief Executives would meet as soon as possible to resolve any outstanding issues. Following which Commissioning Guidance will be developed and issued.

3. Trastuzumab (Herceptin) And HER2 Testing

3.1 On 23 August 2006, NICE issued final guidance to the NHS on Trastuzumab (Herceptin) for early stage breast cancer, recommending the drug for women with early stage HER2-positive breast cancer, except where there are concerns about the woman's cardiac function. Newbury and Community Primary Care Trust had appealed against the guidance, but this appeal was dismissed following a hearing on 26 July 2006.

3.2 Current position on HER2 testing on a Cancer Network basis

North Wales

3.3 Still in the process of assessing the impact but the Network is confident that all those requiring HER 2 testing are being tested and all those who need Trastuzumab (Herceptin) are receiving it.

South West Wales

3.4 All new patients with breast cancer are tested for HER2 and patients that meet the NICE criteria are offered and provided with Trastuzumab (Herceptin), as per the Guidance. The continued funding for the tests after the initial support from ROCHE has ended has been approved in principle by the Network Board. All the HER2 Testing is done in the Cancer Centre in Swansea NHS Trust. The Network is planning to monitor and audit both the testing and treatment within the Network area.

South East Wales

3.5 Continuing to test all women newly diagnosed with breast cancer. This is being monitored on a quarterly basis by the Network. The Network confirms it is slightly ahead of its predictions in terms of the backlog of patients and the catch up phase the Network highlighted would be required due to capacity development. The funding received from Roche for pump priming purposes has now come to an end but the Network has confirmed there are no funding issues relating to HER2 testing or the provision of Trastuzumab (Herceptin).

4. Brachytherapy

4.1 The position with regard to low dose brachytherapy treatment is that HCW is not able to implement in full its policy regarding low dose brachytherapy treatment for localised prostate cancer in 2006/7. This is because specialist centres in England have been unable to offer HCW a service within the budget that we had identified for this service in 2006/7. The difference between the anticipated cost of commissioning this service and the actual cost is significant and this means that the HCW budget for 2006-07 will be fully utilised in meeting the cost of brachytherapy treatment of patients who were identified as suitable for brachytherapy while commissioning of the service was suspended earlier this year.

4.2 HCW is working with Velindre Trust to explore the possibility of developing a local service in the future.

5. NHS Complaints Procedure

5.1 From 1st April 2006, the new Public Services Ombudsman for Wales looks at complaints about the health service that were previously investigated by the Health Service Commissioner for Wales. With the new office comes an important change to the stage at which the Ombudsman may investigate a complaint under the NHS complaints procedure. The procedure has two stages: local resolution, where the organisation complained against should attempt to put the matter right and independent review, where a trained lay person looks at the complaint to see if anything further can be done, or whether it would be appropriate to convene a panel. Prior to 1st April 2006, complaints normally needed to go through both stages before the Ombudsman would accept them for investigation.

5.2 For complaints about care or treatment received on or after 1st April 2006, complainants may choose either to request an independent review, or to go directly to the Ombudsman, who may now investigate a complaint once the local resolution stage has been completed. My officials have provided guidance to the NHS on this change, in particular the information to be provided to patients to inform their choice.

Copying letters to patients initiatives

5.3 Improving Health in Wales contained a commitment that by 2004, patients would have the right to receive copies of correspondence between clinicians about themselves (e.g. from hospital consultant to GP). During 2004/05 three pilot sites were established to enable the testing of two different approaches to the concept of copying letters to patients. The aim of the pilots was to assess what NHS organisations needed to do in order to make the initiative a reality of service delivery and to facilitate guidelines for implementation.

5.4 High levels of patient satisfaction were reported in all three pilots. Patients felt that receiving letters helped to back up information given during the consultation, and were useful both to reflect on and share with family members. In some cases patients had identified mistakes, which potentially helped to reduce errors. This clearly added value to the patients' experience. These studies

highlighted some of the barriers that need to be overcome in terms of achieving a culture change; the impact on clinicians' and other staffs' time; costs; information technology, etc.

5.5 A Welsh Health Circular was issued in June requiring Trusts and LHBs to develop local Copying Letters implementation policies and procedures by 31st March 2007.

6. Task and Finish Group on Smoke Free Premises

6.1 A Task and Finish Group has been established of key stakeholders to ensure a co-ordinated approach in the lead-up to the introduction of smoke-free provision and in the early stages of implementation. The terms of reference for the group are:

"To assist the Welsh Assembly Government in co-ordinating arrangements for the introduction of the ban on smoking in enclosed public places, including the issuing of public information and guidance to businesses."

6.2 John Griffiths AM, Deputy Minister for Health and Social Services will chair the group. The following organisations have been invited to nominate a representative to be a member of the group:

- The British Medical Association
- Welsh Local Government Association
- CBI Wales
- Federation of Small Businesses
- Wales TUC
- Welsh Consumer Council
- British Beer and Pub Association
- Licensed Victuallers Association
- Royal British Legion
- Wales Tourism Alliance
- Wales Transport Forum
- Wales Council for Voluntary Action
- Chartered Institute of Environmental Health Wales

- National Public Health Service Wales
- Welsh NHS Trusts
- Welsh LHBs
- Wales Tobacco Control Forum.

6.3 An invitation has also gone to Val Lloyd AM who chaired the Committee on Smoking in Public Places. The first meeting has been arranged for 25th September.

7. The Future of The Learning Disability Service Principles and Service Responses Grant Scheme

7.1 The current three year grant scheme to support authorities to implement our Service Principles and Service Responses guidance comes to an end this year. The grant this year totals £3.1 million and has been used to support a wide ranging number of activities including recruiting Development Officers for Person Centred Planning; producing an accessible leaflet and DVD on Person Centred Planning and Direct Payments; making authorities websites more accessible to people with a learning disability and increasing the number of respite care weeks available.

7.2 I have decided that at the end of the current grant scheme, the grant resources should continue to be available to authorities but not as a continuing direct grant but (from April 2007) through the local authority Revenue Support Grant (RSG). This is the normal arrangement that applies to such pump priming grants that are embedded locally and is in line with the policy of reducing the hypothecation of funding to local government. I have corresponded with the WLGA about this and they have endorsed the approach I have outlined.

7.3 The methodology to transfer these grant resources into the RSG from April 2007 will be determined under the normal RSG arrangements that are in place between the Welsh Assembly Government and local government. My officials will be writing to all Directors of Social Services and other interested parties to inform them of my decision

8. Public Access Defibrillators (PADS)

8.1 Health Commission Wales (HCW) and the Welsh Ambulance Service NHS Trust (WAST) have been working together to roll out 40 PADS during 2005/06 and 2006/07, at 11 key sites across Wales within the funding envelope made available to HCW. This also included a sustainable training programme to ensure optimal and appropriate use of the defibrillators.

8.2 The procurement process has actually led to the investment of 53 defibrillators of which 50 have been awarded to 27 sites across Wales. In its report submitted at the end of June 2006 WAST has confirmed that a total of 32 defibrillators have been installed between the South East Wales and Mid

& West Wales regions, 16 defibrillators each. A total of 114 volunteers have been trained in these areas, with a further 101 volunteers awaiting training. In North Wales four sites have been identified for training but the schedule has fallen behind due to a period of long-term sickness. Training is now back on track and being taken forward as a matter of priority.

9. Annual Health Checks For People With Learning Disability

9.1 Following a commitment made in October 2004, our initiative to deliver health checks for adults with severe learning is now underway. This is being delivered as a directed enhanced service as part of the General Medical Services (GMS) contract settlement for 2006/7.

9.2 Checks will be undertaken on an annual basis and will be delivered by the patient's GMS practice. The initiative is based on a scheme that has run successfully in Cardiff. It was developed in partnership through a sub group of our Learning Disability Advisory Group.

9.3 Mencap Cymru welcomes the introduction of annual health checks for the 13,000 people with a learning disability known to social services. They believe that this will have a significant impact on the health outcomes of some of our country's most vulnerable adults and that Wales should be proud that it is the only country in the world to offer free regular health checks to people with a learning disability.

10. General Medical Services (GMS) Premises

10.1 £26.9 million has been allocated to LHBs in 2006-07 to cover existing revenue schemes. In addition the recurring rental costs of newly approved revenue schemes will be added to the yearly allocation.

10.2 Since 1st April 2004, when the new GMS contract was introduced funding has been held centrally and bids are submitted by LHBs to the Primary Care Estates Forum for approval. This does not delay the process but gives the Assembly a strategic view of premises development across Wales. Bids are based on identified priorities in the LHB's estate strategy which must be aligned to Designed for Life. There are two strands to this funding:-

(i) Development bids submitted by LHBs for new replacement premises - These are essential to modernise the existing primary care estate and bring it in line with 21st century standards with fit for purpose premises;

(ii) Improvement grants – these are improvements to GMS premises that are undertaken while maintaining the services at the practice. An example would be works to ensure compliance with the Disability Discrimination Act.

10.3 For the most part the Assembly funds the difference between the old and new rent charges and this is a vital contribution, which allows the usual 3rd party development scheme to go ahead. This means that for a comparatively small revenue outlay we can support major capital schemes. So far our new system is supporting some £37m of investment in new GMS premises across Wales

11. Update on Oxygen Contract

11.1 Following the transfer of the South Western Region to BOC and the release of cylinder supplies, there is no longer a shortage of equipment and engineers have the resources necessary to fulfil HOOFs. Of the 25,000 ambulatory cylinders ordered in March, 8,800 went into circulation in August and 7,600 in September. The balance will be in service by December.

11.2 Air Products (AP) have appointed 4 additional engineers whose sole purpose is to carry out outstanding concentrator maintenance and they are on course to have all concentrators serviced and all piping work completed by the end of September.

11.3 AP has fulfilled all holiday orders (an average of 25 holiday patients per week requested oxygen in Wales over the summer months; the majority in North Wales). The company appointed two engineers in North Wales with sole responsibility for holiday orders. Holiday orders in the rest of Wales were managed as part of engineers' normal scheduled jobs.

11.4 AP's reported performance for week beginning 21st August confirms that:

- 100% of Emergencies orders delivered within 4 hours
- 97% of Hospital Discharges delivered on time
- 97.5% calls answered within 90 seconds

11.5 It has therefore been confirmed that the transition period end as planned on 31 August. Contract management and monitoring has passed to Welsh Health Supplies acting on behalf of LHBs.

11.6 Pharmacy disengagement is at an advanced stage. In the week beginning 21st August BOC delivered 33 cylinders to Welsh pharmacies and AP just 10 cylinders. Equivalent information is not yet available from Medigas, but based on original market share it should not be much more than AP.

12. Designed To Comply – Working Towards 2009 Compliance for Junior Doctors with European Working Time Directive (EWTD)

12.1 Designed to Comply was issued to the service in July 2006. The evaluation report showed that on a regional basis compliance with the 2009 EWTD work and rest requirements was Mid Wales 29%; North Wales 17% and South Wales 32%.

12.2 Early indications show that on the whole the document has been welcomed by the NHS in Wales and has served its purpose of acting as an enabler to help NHS employers meet the forthcoming legal requirements.

12.3 The Junior Doctor Co-ordinator and EWTD/New Deal Project Manager will be embarking on a

round of hospital visits starting in November. The aim of these visits is to follow up the recommendations of the report. This progress report and subsequent recommendations will be shared with the all the key stakeholders by the end of the year.

13. Professional Regulation Consultation Process

13.1 On 14th July, the Department of Health published Good doctors, safer patients, the report of the Chief Medical Officer for England's review of the arrangement in place for medical regulation, which was commissioned by Ministers following the Shipman Inquiry. At the same time, the Department of Health made public the report of a parallel departmental review by Andrew Foster, the former Director General of Workforce at the Department of Health, of arrangements for the regulation of other healthcare professionals.

13.2 The Department of Health is consulting on a UK-wide basis. The Devolved Administrations have been asked to provide advice and comments to the Secretary of State to the same timescale as that of the consultation. The closing date for responses to the consultation is 10th November.

13.3 To ensure that Welsh opinion is conveyed to the Department of Health, a letter has been widely circulated to individuals and organisations that have an interest in regulation with a link to the consultation document and reports. With the responses sent directly to the Department of Health.

13.4 Three regional meetings are being held in Wales to allow cross professional dialogue, to raise people's awareness of the reports and to canvass opinion.

13.5 NHS Human Resources is co-ordinating the Welsh Assembly Government response to go from the Minister for Health and Social Services, which will pull together common themes that have been identified in responses received from policy colleagues via their respective Statutory Committees.

14. Recycling

14.1 On a national level, the recently issued Healthcare Waste Strategy for Wales contains a raft of aims and targets relating to waste minimisation and recycling which all Trusts will be expected to work towards achieving in order to improve the performance of NHS Wales. These include targets that refer to recycling of specific waste streams within the overall domestic waste stream (eg. 30% of packaging by 2010 and 85% of demolition waste from major cap build projects by 2010).

14.2 Again on a national level, WHC 2002 116 Environmental Policy for the NHS Estate in Wales requires that all Trusts in Wales should have in place an environmental management system (Trusts have opted for either ISO 14001 or Green Dragon). As Trusts progress through the process of developing the EMS they will be required to set objectives and targets to improve environmental performance and recycling and waste minimisation targets and improvement plans will certainly be expected by the environmental auditor / assessor.

14.3 At a more local level, the WHEF forum, of which all Trusts are members, meets regularly and has included presentations from recycling organisations and opportunities for Trusts to share good

practice on a range of issues including recycling. This has been true of both the main WHEF Forum and of the Waste Management Sub Group and has led to some successes.

14.4 WHE monitor the recycling performance of Trusts through the EFPMS system which includes a category to report on recycling of domestic wastes. Figures over the last 3 years show a definite year-on-year improvement in recycling rates but at a slow pace and starting from a very low base (2005-06 figures show a recycling rate of approximately 5% for NHS Wales up from 3% in 2004 and 4% in 2005!).

14.5 It is hoped that as Trusts work towards their accredited environmental management systems and toward achieving the targets in the waste strategy the rate of improvement can be increased.

15. Visit to Aberdeen Centre For Telehealth

15.1 During the summer recess I paid two brief visits to Scotland and the North of England. The objectives were to secure an update on

- telemedicine
- accountability arrangements
- strategic planning, particularly as regards the management of rural issues, and
- the reorganised Scottish NHS structure.

15.2 The first visit covered issues including a telecare home support project linked to a falls prevention programme in the Falkirk area; the use of telemedicine to assess and manage neonates in remote areas from a tertiary paediatric cardiology centre in Glasgow; the restructured NHS arrangements in Dumfries and Galloway, where two Trusts and a commission organisation are now merged into a single organisation; and the current hospital services and future plans in North Cumbria, an award winning Trust in an area with a highly rural population reminiscent of parts of Wales. Presentations included an update from the Scottish executive on their current IT and telemedicine policy.

15.3 The second visit consisted of presentations and discussions in relation to the work of the Scottish Centre for Telehealth in Aberdeen; the use of telemedicine at the Accident and Emergency department in the same city; the development of the master-plan for Aberdeen Royal Infirmary site; and similarities and differences between the Scottish and Welsh arrangements for strategy development, service planning and management and organisational accountability to Ministers. The visit included a meeting with Dr Lewis McDonald MSP, Scotland's Deputy Minister for Health & Community Care.

15.4 What emerged was the sense of common purpose across both our health services and a considerable body of valuable experience on both sides which can be shared and contrasted. I was very grateful for the welcome and hospitality from all that helped organise and host my visits.

16. Rapid Response Adaptations Report

16.1 Please note that this relates to the Social Justice and Regeneration portfolio.

16.2 The Rapid Response Adaptations Programme (RRAP) is a rapid-response service aimed primarily at addressing minor repairs and adaptations (hand and grab rails, ramps, door entry systems etc) in the homes of older and disabled homeowners or private sector tenants. In particular, it facilitates safe discharge from hospital or residential care.

16.3 The programme commenced in July 2002 and is administered by Care and Repair Cymru. Day-to-day operations are led by Care and Repair agencies acting in concert with local authorities (social services and housing), GPs and other health sector organisations.

16.4 An evaluation report on the programme has recently been conducted. Its conclusions are very encouraging and demonstrate:

- a total of 16,580 jobs were completed within the pilot period
- a total of £2,381,222 expended by the Assembly Government on the programme
- an indicative saving of over £41 million for the health service in Wales
- the catalytic role of the programme in developing and strengthening partnerships at a local level
- the added value of the programme reflected in the improved quality of life for older people
- a leveraging-in of additional funds
- a growing recognition of the importance of Care and Repair agencies in the wider strategic arena.

Annex 1

Updates; Social Services Inspectorate For Wales

Inspection of Children's Social Services In Blaenau Gwent

Introduction

In my previous report I provided an update on progress in Blaenau Gwent to the end of March 2006.

During March and April 2006 Inspectors undertook a review of Children's Social Services. The review report was published on 21 September 2006.

Quarterly performances figures, in relation to the targets set by the Chief Inspector have been

analysed to the end of June 2006.

Progress

The review found that social workers have worked hard to achieve considerable improvements in the timeliness of assessments. The quality of initial and core assessments was generally satisfactory and some of the latter were excellent.

There were no waiting lists and most cases were allocated. Care planning has improved and there were examples of well-written, effective multi-agency plans to support children and families. Compliance with regulations and guidance had substantially improved, particularly in relation to looked after children. All the appropriate documentation for these children had been completed. There had been notable progress in ensuring that health assessments of looked after children were up to date and that their health needs were being promoted. Reviews of looked after children were held on time.

Once a child was recognised as being potentially at risk of significant harm, all child protection processes were undertaken in a timely manner, with good commitment from other agencies. Inspectors were impressed with much of the work they saw being undertaken with children whose names were on the child protection register.

NCH provides high quality support for young people leaving care. The Care Standards Inspectorate for Wales has noted that the quality of the authority's fostering services was improving, although there was still a way to go. Both social workers and foster carers commented on the improvements in the management, supervision and quality of the fostering service. All placements were now being made within the foster carers' terms of approval.

Inspectors heard some criticisms of social services from service users but also much praise for the help they had been offered.

There has been a significant culture shift since the last inspection, with the authority now spelling out its expectations and measuring whether they were met. All staff were knowledgeable about the performance indicators for their area of work and they welcomed the structure, procedures and guidance which had been introduced.

The authority has rescued a previously tainted reputation amongst its planning partners who are now confident of the authority's active and purposeful contribution to service planning. Within the authority business planning has now been introduced down to team level.

There has been a total change of management since the last inspection. The Director of Social Services and the assistant directors agreed from the start that they would adopt and model the style of behaviour that they would expect from staff, adopting a business-like approach, with clear systems being established and expectations being spelled out. Staff have welcomed the better linkages between teams, forged informally and formally through a pattern of regular meetings. Staff confirmed that senior managers were accessible, visible and approachable and that communication in the

department has improved greatly. In particular, staff expressed confidence that their managers were delivering and would continue to deliver on the promises that they had made to them. Morale in children's services has improved enormously.

Council members have welcomed and been supportive of the new approach. The council has made a sizeable investment in children's services in the past three years and has developed much stronger systems of budget management. Members have greater confidence in the information they are given and in the political and managerial control of social services. In contrast to its previous isolation, the social services directorate is now a full and active player at the corporate table. The fostering inspection noted consistent improvement and commitment to complying with regulatory requirements. Much still remains to be done to meet requirements but structures are in place to move forward and develop the fostering services.

The authority has shown good progress in meeting the targets set in key performance areas and is sustaining its performance.

The Acting Chief Inspector met with the Director of Social Services and Head of Children's Services in August where the authority's continuing progress was acknowledged. A stable management team is in place and with strong corporate support this provides the necessary framework for continued improvement.

Inspection of Children's Social Services In The City and County of Cardiff: Performance At 31 July 2006

Introduction

In my previous report to this Committee I provided an update on progress to the end of March 2006. The Chief Inspector had put in place a formal programme for monitoring the targets set on a quarterly basis which were aimed at moving the authority to a point where:

- It responds promptly and appropriately to referrals of concern about children.
- The management of work with children and families is strengthened, there is compliance with regulations and guidance, and services safeguard children and promote their welfare.

The review of children's services in the City and County of Cardiff was published on 21 March 2006, the review confirmed that the authority had made significant progress although there is still room for improvement in identified areas. Both the monitoring programme and the review concluded that there is now a need for some key ingredients to be in place in order that the authority becomes better placed to sustain the progress it has made and to continue the process of improving services in the future. It needed to show that it has implemented work:

- to enhance the capacity and capability of managers
- to put in place a quality assurance and audit system at operational management levels throughout the authority

- to introduce improved business planning arrangements.

The Chief Inspector wrote to the authority setting out what he would expect to see in relation to each of these.

Progress

The authority's ability to sustain performance against targets set by the Chief Inspector has again been demonstrated in the performance for the quarter ending 30 June. Decisions made on referrals within 24 hours remain at 100%. 71% of initial referrals were dealt with within seven working days, exceeding the target set of 70%. 79% of core assessments were completed within 35 working days, exceeding the target set of 65%. Performance in carrying out statutory child protection reviews on time remains at 100%. Performance in respect of statutory looked after children reviews fell from 96% to 85%. This was due to vacancies compounded by sickness absence. In June, there was a significant increase in the number of reviews held in order to cover the backlog from the previous two months. As the measure is based on timeliness of reviews which have taken place, the activity of clearing the backlog of late reviews created a higher percentage of late reviews. The authority has demonstrated that through frequent and regular monitoring of performance it is able to respond effectively to any dips in performance when these occur for whatever reason.

Inspectors visited the authority at the end of July 2006 to verify the progress being made in the areas set out in the Chief Inspector's letter. They interviewed staff, senior managers from other agencies, visited frontline services and examined case files.

The interviews inspectors held with managers confirmed their participation in the management programmes and the quality and usefulness of the programmes in their daily work. There is evidence of continued improvement in the field of management training and development and Inspectors were satisfied that the programme is sufficiently embedded within the organisation and culture for them to be sustained.

Operational managers are clearly driving forward the need for continuous performance improvement. The authority has a very impressive scrutiny committee which monitors children's services and their delivery. The authority has made progress in developing and implementing quality assurance and audit systems throughout their operations. Inspectors found evidence of continued improvement together with evidence of sustainability.

Teams are starting to develop business plans informed by performance information arising out of local quality assurance, audits and commissioning activity. Providers reported that Cardiff has made "huge steps" over the past two years in their development of commissioning arrangements. They find it much easier to work in partnership with the authority than previously and were impressed by the way in which the authority has undertaken such a major restructuring of its family support services. There is also evidence of improved relationships with statutory partners, although whilst inevitably difficulties still arise where resources are limited and there are financial constraints, nevertheless they have been able to develop relationships which are productive. Inspectors found evidence of continued

improvement in the introduction and implementation of the whole systems commissioning strategy and evidence of sustainability. Inspectors found that the commissioning strategy is being used to identify need and is used to form business plans.

Inspectors have regularly reported on Cardiff's workforce because progress has been threatened by significant social work vacancies. Senior managers have expended a lot of energy in recruiting staff. As a result, the vacancy rate has been reduced from 50% to 21%. The authority has introduced improved salary scales and an attractive career structure. In the year 2005/6 there were 21 unqualified staff undertaking professional training. With two universities in the city running the social work degree course the authority is well placed to attract newly qualified workers. It has improved and enhanced its induction course and its' coaching programme is demonstrating improved practice.

Managers and social workers will continue to face challenges. However, Inspectors have found over the monitoring period a greater commitment to provide a more professional service and there have been fundamental changes within the organisation. The authority is able to demonstrate the impact and success of all this effort. There is a strong performance management culture emerging and managers have worked hard to reconfigure services in an attempt to reduce the numbers of children looked after. In addition the authority has developed more effective, constructive and positive relationships with the statutory, voluntary partners and independent sectors. It is clear that communication has improved throughout the whole organisation and partner agencies have commented positively on the developing partnership culture.

Inspectors have confidence in the challenge that scrutiny committee provide to the authority and it is clear that there is both political and corporate leadership to support and ensure that the improvement journey continues.

Overall, inspectors found evidence of improving performance and they are satisfied that this can be sustained. The authority has demonstrated continued and sustained improvement in its children's social services for the last 2 years, albeit with one or two dips in some areas of performance, which have been quickly been addressed. Over the last year the authority has sustained its improvement in the face of a challenging agenda, the increased demand in service and increased public awareness.

I met with the Leader, members and senior officers from the authority earlier this month and congratulated the Council on the progress it has made in overcoming serious past problems and in improving the service to vulnerable children and their families. I am satisfied that the necessary progress has been made and that the Council now has sufficient capacity and resilience to justify the ending of the protocol. The Council has recognised that this is not the end of the journey. The Acting Chief Inspector has written to the authority to inform them of this. This means that the relationship between the Social Services Inspectorate for Wales and the authority reverts to one of normal business. This includes the annual performance evaluation and participation in the joint risk assessment as part of the Wales Programme for Improvement and programmed reviews of services, including the joint review undertaken by SSIW and the Wales Audit Office, planned for late 2007-8.

Children's Social Services in Bridgend County Borough Council: Progress Report as at 30 June 2006

Introduction

In my previous report, I informed the Health and Social Services Committee of the steps the authority has taken following the decision of the Chief Inspector to invoke the protocol for responding to serious concerns about children's services within the County Borough of Bridgend.

A team of inspectors from SSIW visited the authority in July to validate and monitor the progress the authority has made in meeting the targets set for the quarter ending the 30 June 2006 and to undertake a review cases referred back to the authority following previous visits.

Progress

The authority continues to make progress and is now able to provide reliable data, having established a database by manual audit. During this last quarter it has exceeded some of the targets set by the Chief Inspector. Decisions on all referrals continue to be made within 24 hours and the authority has made progress in improving the timeliness of both initial and core assessments. Its performance in relation to undertaking reviews of children on the child protection register and children "looked after" has also improved.

Managers recognise that there is still much more work to do to underpin and further improve performance. The authority has now established systems to monitor and audit service activity and manage its day to day operations, which will provide the essential platform to improve service delivery. However, this has limited its managerial capacity to develop and implement work at a strategic level.

Whilst the improvement in performance is encouraging, Inspectors are of the view that the authority's position remains challenging for a number of reasons; there is not yet a stable corporate management team in place; vacancies remain in key operational management posts in children's social services, to which it has not been able to recruit staff; social work practice remains basic and care planning needs significant improvement and there is a lack of robust professional challenge within review systems. In addition, the number of children "looked after" continued to increase during the quarter.

Since my last report, an Interim Chief Executive has been appointed and he has already made some important changes within the authority, which should support the improvement agenda in Children's Social Services. A permanent Assistant Director for Children's Services has also been appointed and will take up post in October 2006.

Monitoring

The authority continues to co-operate fully with SSIW. The Deputy Chief Inspector has set some new targets for the next quarter in order that these remain stretching and act as a driver for improvement.

The Deputy Chief Inspector will receive quarterly monitoring reports from the authority which will be validated by visits to the authority by SSIW Inspectors. The next monitoring quarter ends on the 30 September. I will update you following the next visit of Inspectors to the authority in October.