

Health & Social Services Committee

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Venue: Committee Rooms 3&4, National Assembly for Wales

Title: Ministerial Update

- Establishment of an NHS Resource Allocation Expert Group
- Countering Fraud and Corruption: Access to Relevant Documents, Records and Data
- Main provisions of Chapter 3 of the Health Bill in so far as they relate to Wales
- Publication of Statistics on NHS Beds 2004-2005
- Optional health checks for people with learning disabilities
- The Nursing Times Top 100
- Patients to report suspected Adverse Drug Reactions through the Yellow Card Scheme
- Inspection of Conwy and Denbighshire NHS Trust Mental Health Services
- Bovine Products (Restriction on Placing on the Market) (Wales)(No2) Regulations 2005

Updates

- Inspection of Children's Social Services in City and County of Cardiff
- Inspection of Children's Social Services in Blaenau Gwent
- Designed for Life

Establishment of an NHS Resource Allocation Expert Group

Professor Townsend's 2001 report – "Targeting Poor Health" – recommended the use of a direct needs model for allocating NHS resources to local health board areas. The model is used to inform the annual allocation of approximately £2.6 billion to local health boards. The allocation model requires ongoing development and maintenance to ensure it continues to allocate resources in accordance with health need.

A Standing Committee was established by the Assembly in 2002, chaired by Professor Townsend, to advise the Minister for Health and Social Services on the implementation of the direct needs model. The outcome of the Standing Committee's work will be published in a final report from Professor Townsend later in the autumn. The report will acknowledge that there is an ongoing need for refinement of the allocation model, and proposes the establishment of an Expert Group, reporting to the Head of the Health and Social Care Department.

The Minister has confirmed the establishment of the Group, its membership and governance arrangements. The Group's membership will be drawn from Welsh Assembly Government officials and will include NHS and local government stakeholder input. It will meet three times a year, and an annual report will be published with the Local Health Board and Health Commission Wales Revenue Allocations.

Members of the group are-

Core Members

- Chief Statistician (Chair)
- Director of Health and Social Care Resources (Secretariat)
- Chief Medical Officer
- Director, National Public Health Service for Wales
- Chief Social Research Officer
- Chief Economic Adviser
- Head of Health and Social Care Information Services Division
- Head of Welsh Assembly Government Local Government Finance Division

Observers

- Representative of NHS trust Chief Executives
- Representative of LHB Chief Executives
- Representative of Welsh local government (WLGA)

- Representative of Welsh CHCs

The first meeting of the Group is on 15th November 2005 to consider what, if any, refinements should be made to the direct needs model to inform the 2006-07 local health board allocations. The agenda items for the first meeting of the group includes:

- the report of a Task and Finish Group established to advise on the extension of the direct needs approach to the prescribing budget
- the report of research undertaken to determine whether residents of care homes have

- disproportionately greater health needs than comparable sections of the household population
- a decision on whether to incorporate new data from the Welsh Health Survey and other data sources into direct needs target shares.

The Group will also consider a provisional work programme for 2006, taking account of issues raised in Professor Townsend's final report.

A full note of the progress in implementing the direct needs model, further details of the membership and constitution of the Expert Group, and the outcome of its first meeting, will be presented in a paper to note early in the new year.

Countering Fraud and Corruption: Access to Relevant Documents, Records and Data

The Welsh Assembly Government is seeking new powers within the Health Bill for the purpose of preventing, detecting or investigating fraud or corruption carried out against the NHS in Wales. The Counter Fraud and Security Management Service (CFSMS) will exercise these powers in Wales under their existing Section 41 Agreement with the National Assembly for Wales. The proposed powers, which will mirror those sought by the Department of Health (DoH), would place a requirement on individuals or bodies corporate providing NHS services in Wales to provide documents, records and data as requested by CFSMS.

The benefits of seeking the proposed powers in Wales are that they will:

- enable professionally trained and accredited CFSMS and operational team staff, working within a clear ethical framework, to investigate NHS fraud without immediately resorting to the use of Police powers of entry, arrest and search;
- allow NHS specialists to investigate NHS fraud rather than those with little knowledge of NHS structures and procedures to attempt an investigation;
- strike a balance between ensuring a burden is not imposed on individuals or organisations being investigated whilst, at the same time, greatly assisting CFSMS and its Wales operational team in its work, and reducing the drain on Police resources.

The DoH launched a consultation on the proposed powers in October 2004. Overall, it received a positive reaction to the proposals that recognised the need to counter NHS fraud and security incidents and breaches. The DoH has undertaken further work on the proposed powers in response to the consultation in order to take account of concerns raised. Since these are the same powers that the Welsh Assembly Government proposes to seek, the Minister for Health and Social Services has agreed that a separate consultation is not necessary in Wales.

The DoH consultation document "Access to relevant documents, records and data to counter NHS fraud" and subsequent report on that consultation can be found at:

Main Provisions of Chapter 3 of the Health Bill in so far as they relate to Wales

‘Protection of NHS from Fraud and Other Unlawful Activities’

The Bill confers powers to require the compulsory production of documents in connection with the exercise of the Assembly’s counter fraud functions in relation to the health service in Wales. The Bill does not confer powers in relation to security management functions (an England only provision).

The Assembly’s counter fraud functions means the Assembly’s power to take action for the purpose of preventing, detecting or investigating fraud, corruption or other unlawful activities carried out against NHS bodies, health service providers (medical, dental, ophthalmic, pharmaceutical), NHS contractors (providers of services of any description under arrangements made with an NHS body), and carried out against itself in relation to directly funded health services (such as professional training).

The provisions also provide for:

- The proposed powers to be applied in relation to cross border (England and Wales) frauds;
- Notice to be required for the production of documents (reasonable grounds, authorised officers, by when documents must be produced);
- The production of documents (powers to take away, copy, extract, requiring of explanations);
- The delegation of the functions (by the Assembly to a Special Health Authority);
- The issue of a code of practice relating to the exercise of the delegated functions;
- Safeguards relating to the disclosure of information obtained in pursuance of the powers set out in the Bill;
- Enhanced protection for personal records;
- Criminal sanctions for failure to comply with a notice requiring production of documents or improperly disclosing or using documentation.

The link below is to the published Bill on the Parliament web site. The proposed counter fraud provisions are contained within Chapter 3 of the Bill ‘Protection of NHS from fraud and other unlawful activities’.

<http://www.publications.parliament.uk/pa/cm200506/cmbills/069/2006069.htm>

Publication of Statistics on NHS Beds 2004-05

A Statistical release on the use of NHS Beds was published on the 18 October 2005 giving information up to 2005. The full release and more detailed information by hospital is available from:

Between 2003-04 and 2004-05:

- The total number of NHS beds ⁽¹⁾, including mental health, learning disability, maternity and geriatric medicine beds, fell by 195 (1.4 per cent) to 14,014.
- The number of beds in acute and geriatric specialties fell by 88 (0.8 per cent) to 10,926.

Over the ten years from 1994-95 to 2004-05:

- The number of NHS beds in total fell by 2,820 (17 per cent); the number in Acute and geriatric specialties fell by 898 (8 per cent) to 10,926.
- Annual throughput (number of patients treated per bed) increased from 30.5 to 35.6.
- The average duration of stay in acute specialties increased from 5.9 to 7.0 days.

(1) Average daily available.

Optional Health Checks for People with Learning Disabilities

Following the Plenary debate last year a commitment was given to examine the scope for changes within the GMS contract to deliver improved services to patients with learning disabilities. As part of the current review of the GMS contract, evidence on services for patients with learning disabilities has been considered by the independent Expert Group appointed to evaluate health interventions and outcomes. The views of the Expert Group are now being considered as part of the current round of negotiations on the contract for 2006/07. The outcome will be known early in the New Year. My officials are making the case at UK negotiations for the need to deliver better services to people with learning disabilities.

Update on Pearl 1 project

The Welsh Centre for Learning Disabilities has been conducting research into the quality of health care received by people with a learning disability. The first PEARL project was funded by the Henry Smith Charity and was aimed at investigating the level of unmet health needs that could be identified using the Cardiff Health Check.

Currently it is running PEARL II which is funded by the Wales Office of Research and Development (WORD) which is investigating the preferred frequency of conducting health checks at 2 and 3 yearly intervals. It is also investigating whether certain groups of individuals within this population (i.e. those with a chronic illness or severe communication difficulties) benefit from more frequent health checks.

The Nursing Times Top 100

The UK's first survey of nurses and employers aimed at rating healthcare organisations was published in the 25th October issue of the Nursing Times.

The study, conducted by Nursing Times as part of its centenary celebrations, looked at thousands of organisations - NHS, independent employers, charitable organisations, care homes and the armed forces - to find out which one was the best employer of nurses.

Every aspect of working life was considered, including what facilities are available to staff; how well the organisation manages training and development; the strength of the nursing voice in the organisation; and the extend of family-flexible working arrangements.

The following NS Trusts within Wales were included within the top 100:

Ceredigion & Mid Wales NHS Trust

North East Wales NHS Trust

Also St. David's Foundation Hospice Care (Newport) was named within the top 100 and the Leonard Cheshire Home (Colwyn Bay) was named within the top 10 organisations to work for as a nurse.

Royal College of Nursing Awards 2005

This year's Nursing Times Awards were held on Monday 7th November at the London Hilton. These prestigious annual awards recognise the incredible achievement of nurses and the contribution they make to health care. Over 500 guests attended this year's awards, celebrating the remarkable achievements of nurses up and down the country.

There was one winner and four highly commended applications for each of the following awards:

Rising Star, Cancer Nursing, Continence, Essence of Care, Infection Control, Innovation in Your Specialty, Mental Health Nursing, Midwifery Services, Promoting Health in Your Community, Sexual Health, Team of the Year, Wound Care.

5 representatives from Wales were highly commended for their work in the following areas:

Continence

Belinda Smith, Continence Adviser, Bro Morgannwg NHS Trust. Continence risk management post-stroke.

Ann Yates, Director of Continence Services, Cardiff and Vale NHS Trust. The way forward: Setting up a one-stop, dedicated, interdisciplinary, urogynaecology clinic for female patients presenting with bladder/bowel dysfunction.

Mental Health Nursing

Helen Sokolovs, Consultant Nurse, Bro Morgannwg NHS Trust. Care pathway for women with mental health problems in the perinatal period.

Team of the Year

Lesley Hill, Specialist Health Visitor and Team, Carmarthenshire NHS Trust. Sure Start Health Development Team.

Wound Care

Jane James, Tissue Viability Nurse, Carmarthenshire NHS Trust. A new wound management package in Carmarthenshire.

Royal College of Midwives Awards 2005

The 2005 RCM Midwifery Awards aim to recognise and reward innovation in midwifery practice, education and research. The Awards Ceremony is due to take place on Tuesday 15th November 2005 and the categories are as follows:

Promotion of Normality, Evidence into Practice, Reducing Social Exclusion, Working in Partnership, Excellence in Midwifery Management or Leadership, Excellence in Midwifery Education, Innovations in Midwifery, Student Travel Award, Services to Members.

Representatives from Wales have been shortlisted for the following areas:

Working In Partnership

Maggie Davies, Bro Morgannwg NHS Trust, Consultant Midwife

Carolyn Williams, Bro Morgannwg NHS Trust, Assistant Head of Midwifery

(Setting up a Birth Centre in Neath)

Excellence in Midwifery Management

Karen Jewell, Cardiff & Vale NHS Trust, Consultant Midwife in Public Health

Anne Morgans, Cardiff & Vale NHS Trust, Senior Midwife/Nurse Clinical Governance and Risk Management

(Self Assessment Midwifery Supervision Tool)

Excellence in Midwifery Education

Marie Lewis, Powys Local Health Board

Julie Richards, Powys Local Health Board

British Journal of Midwives Awards 2006

The British Journal of Midwifery Awards 2006 will highlight and reward excellence in evidence-based midwifery. The Awards will be presented at the Royal Aeronautical Society, Park Lane in London on Thursday 10th November and the categories are as follows:

Community Midwife of the Year Award, Innovator of the Year, Midwife of the Year, Team of the Year, Excellence in Supervision of Midwives Award, Lifetime Achievement Award.

Debbie Pimbley, a midwife from Gwent Trust, has been shortlisted together with 2 other midwives from across the UK for the Midwife of the Year Award.

Florence Nightingale Foundation Scholarships 2005

The Florence Nightingale Foundation offers scholarships for Nurses, Midwives and Specialist Community Public Health Nurses. The scholarships are awarded for projects connected with the field of work of the applicant, which will enable them through study to extend their knowledge and skills to address changing needs.

Representatives from Wales have been selected for the following scholarships:

Travel Scholarships (take Scholars far and wide to study a range of subjects covering every aspect of nursing, midwifery and education).

The Band Trust

Mr Stephen Paul Maddern

Post-Traumatic Stress Disorder Mental Health Nurse/Asylum Seeker Mental Health Advisor, Cardiff Royal Infirmary

Study: "Examining the impact of nursing interventions on the psychological and mental health needs of refugees and asylum seekers in industrialised societies" visiting Canada and the USA.

The Edith Cavell Scholarship

Mrs Vivienne Davies-Quarrell

Dementia Care Nurse/Trailblazer Nurse, Admiral Nursing Services, North Wales

Study: "Younger people with dementia facing the future: An exploration into the value of support and information groups for younger people with dementia and their families" visiting Australia.

The National Assembly for Wales

Mrs Jane Brown

Staff Nurse, Genito Urinary Medicine, Royal Gwent Hospital

Study: "Management of victims of sexual assault within a Genitourinary Clinic" visiting centres in the UK.

Mrs Jillian Timmins

Nurse Consultant, Substance Misuse, N E Wales NHS Trust

Study: "To examine the impact of supervised injecting rooms on patients, carers and the wider community" visiting Australia.

The Sandra Charitable Trust

Miss Diana De

Senior Lecturer Adult Nursing, University of Glamorgan

Study: "Learning to live and work with Sickle Cell and Thalassaemia – empowering those with Sickle Cell Disease and building competence of nurses" visiting the West Indies.

The Burdett Trust for Nursing Research Scholarships enable nurses and midwives to undertake a course

in research methods, an evidence-based practice module or a research-based component of a graduate programme or a research dissertation as part of a degree course. Each Scholar writes a report and these are publicised widely, borrowed and copied freely, thus Scholars share the knowledge they gain with many others.

Ms Kim Lesley Davies

Staff Nurse, Ysbyty Gwynedd, Bangor

Study: MSc in Public Health and Health Promotion

Ms Sera Nia Jones

Staff Nurse, Caerphilly District Miners Hospital

Study: MSc in Nursing

Patients to Report Suspected Adverse Drug Reactions through the Yellow Card Scheme

On 25 October, the Medicines and Healthcare products Regulatory Agency (MHRA) launched a UK-wide pilot to enable patients to report suspected adverse drug reaction (ADR) experiences through the Yellow Card Scheme. The MHRA has asked community pharmacies, GP surgeries, other NHS outlets and voluntary organisations to stock patient Yellow Cards and make them widely available to members of the public from early-November.

Patients will also be able to make reports on suspected side effects electronically on the Yellow Card website at www.yellowcard.gov.uk or to the Yellow Card hotline by freephone.

For over 40 years, the Yellow Card Scheme has been the cornerstone of medicines safety monitoring in the United Kingdom. Since the Yellow Card scheme was set up, over 500,000 reports of suspected adverse drug reactions have been completed, enabling the MHRA to identify and take action on a wide range of previously unrecognised medicines safety issues. Yellow Card reports can be made on the full range of medicines, including prescribed and Over the counter medicines, and herbal and complementary remedies.

The UK-wide pilot builds on the successful pilot patient reporting pilot that the MHRA has run from January (where over 650 patient Yellow Card reports have been received). Feedback received from patients and members of the public has informed the design of patient Yellow Cards and development of reporting mechanisms, and this has enabled the MHRA to roll out pilots nationwide.

The ongoing success of the Yellow Card scheme depends on the continued support of health

professionals and patients in completing Yellow Cards. The MHRA encourages Yellow Card reports from patients who suspect they have experienced a suspected ADR, but it is vitally important that the Agency also continues to receive reports from health professionals. Yellow Cards for health professionals are available from the MHRA's Yellow Card Information service on 0800 731 6789, in the British National Formulary or the Monthly Index of Medical Specialities Companion, and reports can be made by health professionals on the Yellow Card website at www.yellowcard.gov.uk

Inspection of Conwy and Denbighshire NHS Trust Mental Health Services

Health Inspectorate Wales (HIW) has completed its inspection of clinical governance arrangements within Conwy and Denbighshire NHS Trust (Mental Health Services) and the report was published on 24 October 2005.

Background

This was the first inspection of Conwy and Denbighshire NHS Trust (Mental Health Services) undertaken by HIW as part of its 2004-05 programme of inspections of healthcare organisations in Wales.

The inspection was undertaken between January and May 2005 and included the collection of and analysis of information. This information included documentary evidence from the Trust, external stakeholder comments, staff interviews and site observations.

Findings and Recommendations in the Report

From this inspection HIW has not identified significant issues requiring urgent attention in relation to the clinical governance arrangements and patient safety. Conwy and Denbighshire NHS Trust has provided evidence to demonstrate that Clinical Governance is an important strategic intention across the organisation, for the Trust Board, staff and their partner organisations. The inspection by HIW has identified that whilst there is some scope for strengthening and improving the effectiveness of its Clinical Governance arrangements in mental health services, significant progress has been made during 2003 and 2004.

Overall the inspection review identified that the Conwy and Denbighshire NHS Trust (Mental Health Services) has taken forward many initiatives and developments in the last two years. Examples of the many initiatives and developments identified from the review are:

- The process the Trust has in place for dealing with critical incidents, in particular the reporting systems and the sharing of learning.
- The procedures in place for recording and reporting information relating to patients subject to the Mental Health Act.
- Services provided at Glan Traeth once a month on a Saturday that enables carers to have free

time to do such things as shopping.

- Development of primary care workers and memory clinics. Where these services have been developed, access to services has improved.
- Use of a community liaison nurse in Denbighshire to screen referrals from community hospitals, nursing and specialist homes ensuring that patients are directed to the most appropriate services
- User and carer representation on mental health planning forums
- Partnership initiative with social services

Particular areas noted for further improvements are:

- Prioritise action to improve the environment in the inpatient units for both adults and older people.
- Develop a policy for the routine involvement of service users in staff appointments
- Consider ways of extending the network of mental health service users to enable more meaningful patient involvement
- Develop an IT strategy supported by Informing Healthcare
- Ensure that achievements in the Mental Health Division are celebrated and the problems faced are understood and actioned at Board level
- Communication channels between the senior managers within the Mental Health Division and the Trust Board need to be reviewed to clarify managers' responsibilities.
- The Division should review the administrative time available to support clinical services

These areas form the basis of the 17 recommendations made within the report. It is in response to these recommendations that the Trust will be required to develop their Action Plan.

Following publication of the report, the Conwy and Denbighshire NHS Trust will take forward the development of an action plan to address these recommendations in collaboration, with partner agencies. This action plan should be completed by January 2006 and "sign off" by HIW, Local Health Board and Health and Social Care Department. Monitoring of delivery of the action plan will be undertaken by the North Wales Regional Office Health and Social Care Department as part of the routine performance management arrangements for the NHS in Wales.

Bovine Products (Restrictions on Placing on the Market) (Wales) (No.2) Regulations 2005

The Bovine Products (Restrictions on Placing on the Market) (Wales) (No.2) Regulations 2005 (No.2 Regulations) will revoke and re-enact, with certain changes, the Bovine Products (Restrictions on Placing on the Market) (Wales) Regulations 2005 which were approved in plenary on 1 November and came into force on 7 November. These Regulations revoked the Over Thirty Months (OTM) rule and gave effect to article 1.1 of Commission Decision 205/598/EC prohibiting the placing on the UK market of products derived from bovine animals born or reared within the UK before 1 August 1996 for any purpose. The OTM rule was one of the UK's controls against BSE and has now been replaced with a BSE testing regime for older cattle.

The No.2 Regulations are required because of the effect of directly applicable EU legislation, which comes into force from 1 January 2006. The Bovine Products (Restrictions on Placing on the Market) (Wales) Regulations 2005 refer in several places to the Fresh Meat (Hygiene and Enforcement) Regulations 1995 (FMRs). These are being revoked from 1 January 2006 by the Food Hygiene (Wales) Regulations 2005, which are due to be considered by the Assembly in plenary on 29 November. The Food Hygiene (Wales) Regulations provide for the execution and enforcement of new EU Food Hygiene Regulations that apply directly across the UK from 1 January 2006. Consequently, The Bovine Products (Restrictions on Placing on the Market) (Wales) Regulations 2005 will become out of date from 1 January 2006.

The No.2 Regulations have the same substantive effect as the Bovine Products (Restrictions on Placing on the Market) (Wales) Regulations 2005 but replace references to the FMRs with reference to the corresponding provisions in the new food hygiene legislation. Some associated changes in terminology have also been made to adopt that used in the new hygiene legislation. The No.2 Regulations will ensure that Article 1.1 of Commission Decision 2005/598/EC continues to have effect in relation to Wales.

It was not possible for the No.2 Regulations to be made at the same time as the Bovine Products (Restrictions on Placing on the Market) (Wales) Regulations 2005 on 1 November because the No.2 Regulations necessarily refer to the Food Hygiene (Wales) Regulations which are not due to be considered by the National Assembly until 29 November this year.

Updates

Inspection of Children's Social Services in City and County of Cardiff: Performance at 30 September

Introduction

I provided an update on progress at the end of June 2005 in my September 2005 report. The Chief Inspector has put in place a formal programme of monitoring with targets set on a quarterly basis which are aimed at moving the authority to the 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

These targets cover the production and implementation of guidelines and procedures, the process of strengthening management information systems, and improving service performance.

Inspectors visited the authority to validate the information provided on performance at 30 September and conducted interviews with social workers and managers. The Chief Inspector met with the

Corporate Director and Chief Officer for Children's Services earlier this month to discuss the progress.

Progress

The authority's continued commitment to improve services has been demonstrated in the data they have submitted again this quarter. This shows that it is responding effectively and quickly to all referrals and its performance in decision making within 24 hours is satisfactory. All referrals to the authority are now risk assessed at the point of referral and this system appears to be well embedded. There has been significant progress in the improvement of core assessments with targets set being exceeded. There has been improvement in performance in relation to the completion of initial assessments within required timescales, and the actual number of completed assessments has increased again. Overall the timeliness of all initial assessments has significantly improved. The child health and disability team's performance in the completion of core assessments has fallen this quarter but the authority is taking active steps to redeem this position.

Performance in relation to reviews for looked after children has reached its highest point to date. The performance in conducting reviews of children on the child protection register has improved this quarter after a slight dip last quarter. The authority continues to implement its whole system commissioning strategy to improve the stability of placements of children who are looked after. This includes increasing support for placements to enhance stability and timely and effective implementation of care planning for children. They have started to implement the first phase of work to increase family support services to prevent children becoming looked after. A contact service to address this has been set up and will be provided by a voluntary organisation.

The Chief Inspector is of the view that the authority continues to demonstrate progress in most key areas. The report of the inspection of children's social services is due to be published at the beginning of the new year and will provide detailed evidence as to the extent of improvement in children's services.

Monitoring

The Chief Inspector will continue to meet with the Director and Chief Officer for Children's Services and to monitor the authority's performance. The Chief Inspector has set performance targets until the end of December when he will be in a position to evaluate the extent of progress taking account of the findings from the report of the inspection. This will inform the decision as to whether the monitoring needs to be extended beyond the end of this year and I shall be meeting with the Leader of the Council, together with other senior members and officers to review the position on this.

Inspection of Children's Social Services in Blaenau Gwent: Progress Report as at 30 September 2005

1. Introduction

In my report on 26 September 2005 I provided an update on progress in Blaenau Gwent to the end of June 2005.

In October, two inspectors visited the authority to monitor its progress in meeting the expectations of the Chief Inspector for the end of September regarding areas for improvement, targets and timescales. The Inspectors reported the outcome of the monitoring visit to the Chief Inspector and this report was shared with the authority. The Chief Inspector met with the Director of Social Services and Assistant Director Children's Services earlier this month to discuss progress.

2. Progress

The local authority continues to make progress in delivering its recovery plan for social services. It is co-operating well with the monitoring process and seeks to ensure compliance with the expectations of the Chief Inspector.

Following the Social Services Inspectorate for Wales monitoring visit undertaken in June, the authority introduced a number of measures to respond to the issues that had been raised. The majority of these measures came into effect in September and so remain relatively new. The authority undertook its own audit of thresholds being applied to determine whether a child or young person is in need of a service or support from the local authority. The service manager and team manager for the First Service team (a duty and intake team) have worked together to ensure that thresholds are more consistently applied and that initial assessments are undertaken appropriately.

A more systematic case file audit system and audit tool have been introduced. To support this they have adopted a new case file format which has been implemented across children's services. A planned programme of thematic audits is to be undertaken by the authority over the autumn. These involve an audit of all referrals received in September and of children placed at home with their parents subject to regulations.

The authority decided in September that with immediate effect the majority of its core assessment activity would be located in the First Service team and that the core assessments would be completed prior to any transfer across to a long term team. Alongside this it has determined that all core assessments would be recorded using one format.

The commitment which is being shown to recruitment and retention has begun to impact on practice. The appointment of qualified social workers in June of this year has improved the authority's ability to allocate work and meet statutory requirements. It has not been possible to recruit to the Fostering team manager post to date. However an interim agency manager, who has had significant experience of working in Wales, has been appointed and is in post. Care Standards Inspectorate for Wales (CSIW) report that the authority is giving attention to areas of the fostering service which it has identified as needing improvement. Additionally CSIW undertook an adoption service inspection in September 2005 and are in discussion with the Local Authority to address the issues they have identified.

Workforce issues continue to be a significant challenge. Changes at team manager level are anticipated and the authority is confident that it will be able to recruit to these posts. It is making arrangements to do so.

A placement panel has recently been created to consider cases where a child or young person may need accommodation and is being seen as a positive development.

The authority has maintained its arrangements for producing detailed monthly data about performance. The overall direction of progress continues to be positive. The authority expressed its willingness to work to challenging targets and where these are not met, performance is generally very close.

There continues to be realistic and positive view about the scale of the challenges remaining and the need for sustained momentum in addressing the agenda for change.

3. Monitoring

The Chief Inspector will continue to monitor the authority's performance through receipt of quarterly performance reports and continuing visits by the authority by inspectors. I will continue to receive regular reports of progress.

Designed for Life

The October report included an update on Designed for Life, the new 10 year strategy aimed at improving health and social services in Wales. It mentioned that in the immediate next phase, the focus would be on:

- Reviewing commissioning arrangements and updating commissioning guidance for NHS and social care services
- Identifying and taking up opportunities to strengthen clinical leadership in service change across Wales
- Creating a robust programme to progress the recently announced access targets for 2009
- Reviewing quality and governance arrangements in the NHS
- Taking forward the secondary care reconfiguration process.

The National Leadership and Innovation Agency for Healthcare (NLIAH) organised a major workshop on Commissioning Health Care Services in Wales on the 10th October 2005. This was extremely well attended by both LHB and NHS Trusts Chief Executives, and Chairs and representatives of other organisations. There was a strong consensus for changes to the current commissioning process, and a short-life group drawn from the Assembly, the NHS and other bodies has been established to work through the next stage.

The first of the regional reconfiguration papers Building local, safe and sustainable services for Mid & West Wales: The Case for Change, was issued on the 20th October 2005. This paper, prepared by the NHS Trusts and Local Health Boards in the Mid and West region outlines the reasons why change needs to happen to deliver sustainable, safe and effective health services over the longer term. It does not make specific proposals about services. The document deals with changing public expectations, why change is needed, and how the use of technology could dramatically alter the delivery of health care, particularly in rural areas.

The Case for Change is written for patients, carers, NHS staff and community leaders, and invites comments and views from all parties up to the 1st January 2006. Local events are planned where members of the public and NHS staff can raise any issues and make comments. By the end of January 2006, the Welsh Assembly Government will have considered these responses and will publish detailed proposals to allow for a more formal consultation process to take place in February 2006.

Work is progressing on the other areas with events or publications due shortly.