

Health & Social Services Committee

HSS(2)-10-06(p1)

Meeting date: Thursday 15th June 2006

Venue: Committee Room 3, Senedd, National Assembly for Wales

Title: Minster's Report

1. Sustainable Development
2. Electronic Staff Record
3. Waiting Times and Local Delivery Plans
4. Welsh Ambulance Service NHS Trust
5. Advocacy Grant Scheme for Adults with a Learning Disability
6. Disability Awareness Education Programme
7. Service Development and Commissioning Guidance for Selected Minority Groups
8. The Race Equality Action Plan for Adult Mental Health Services
9. The All Wales Smoking Cessation Service
10. Consultation on Social Services Inspectorate Wales (SSIW) Review Programme
11. Children's Commissioning Support Resource
12. Launch of NHS Environment Week
13. Inequalities in Health Fund
14. Deputy Minister's Attendance at International Federation on Ageing Conference: Denmark
15. Updates:-

- Children's Social Services in Blaenau Gwent
- Children's Social Services in Cardiff
- Children's Social Services in Bridgend

Annex 1

WHC(2006)029 A Health Sustainable Wales: The NHS Contribution

1. Sustainable Development

1.1 Section 121 of the Government of Wales Act 1998 requires the National Assembly for Wales to "...make a scheme setting out how it proposes, in the exercise of its functions, to promote Sustainable Development...". The National Assembly for Wales' second Action Plan has a commitment to "...determine key steps for the NHS in Wales to take forward the agenda...".

1.2 In response to this action, the Department of Health and Social Services and the Office of the Chief Medical Officer issued a joint Welsh Health Circular: WHC (2006) 029: A Healthy Sustainable Wales – the NHS Contribution (21st April 2006). The Welsh Health Circular:

- provides organisations with a timetable and plan to allow them to meet the Corporate Health Standard by 2008;
- confirms that the Welsh Assembly Government (in partnership with the Sustainable Development Commission) will be creating a Toolkit that will allow organisations to undertake a self assessment process, and will provide advice on key actions on how to improve their performance;
- provides that NHS Organisations will be expected to produce Local Action Plans and Policy Statements by March 2008, and to include sustainable development principles in their revised Health, Social Care and Well-being Strategies in 2008.

1.3 Attached to the Circular is a Policy Statement that recites the five inter-linked guiding principles from the UK wide Strategic Framework for Sustainable Development; One Future, Different Paths (2005).

1.4 A copy of the Welsh Health Circular and Policy Statement is attached at Annex 1.

1.5 Following the issue of the Welsh Health Circular, work has progressed on the development of the Toolkit, provisionally titled "Healthy Sustainable Wales: The NHS Contribution". We are asking some

organisations to pilot the Toolkit on a formal basis and a launch event for these organisations, and other interested colleagues, was held on the 8th June 2006. The interactive event will focus on outlining the policy and impending requirements on NHS Wales, and will include close consideration of the draft Toolkit.

2. Electronic Staff Record

2.1 The Electronic Staff Record (ESR) is an initiative to implement a leading edge, integrated solution offering Human Resources / Recruitment / Payroll / Training and Career Management functionality and providing a single database of all staff information for all NHS employees in Wales.

2.2 Wales is working jointly with England on ESR.

2.3 For the Welsh Assembly Government, a Data Warehouse will replace the current processes for the collection of central returns e.g. census and vacancy information data and will eliminate the delay in publishing this.

2.4 The Data Warehouse will also provide the Welsh Assembly Government with information from across NHS Wales that is not currently available. The National Audit Report on the management of sickness and absence by NHS Trusts in Wales published in January 2004 states that 'One of the most significant improvements offered by the ESR system will be the ability to produce standardised management information at a local and national level'.

2.5 The ESR Data Warehouse will hold information on all grades of staff and will address the issue, highlighted in The Review of Health and Social Care in Wales by Derek Wanless, that little information is held centrally on the third of the workforce who are not professionals.

2.6 At Trust level, ESR will streamline current processes, reduce duplication and provide timely, accurate management information

Progress

2.7 Wales has been at the forefront of this initiative with North East Wales the largest of the first three sites to implement ESR across England and Wales in October 2004.

2.8 There are now 111 organisations paying approximately 223,000 NHS staff using ESR.

2.9 Conwy & Denbighshire, Welsh Ambulance Service and the six North Wales LHBs have implemented ESR and were paying staff via the new system in May.

2.10 The remainder of Wales is heavily involved in implementation activities as part of wave 5 of

national rollout and are scheduled to make the first payment on ESR in November.

2.11 A HR ESR Strategic Overview/Visioning Group has been formed to ensure that NHS Wales maximises the benefits of ESR post implementation.

3. Waiting Times And Local Delivery Plans

Waiting times

3.1 The latest waiting times relating to the end of April 2006 show that the March position has been sustained and that no patient was waiting over 12 months for inpatient or daycase treatment. There were 7,218 patients waiting over eight months, the target to be achieved by the end of March 2007. Of those waiting, 78% have been waiting less than six months.

3.2 There were 30 patients waiting over 12 months for a first outpatient appointment. This is an increase of 15 compared to the end of March. Of those waiting over 12 months, 16 are waiting at non-Welsh NHS trusts and 14 are waiting at Cardiff & Vale NHS Trust.

3.3 There were 19,254 patients waiting over eight months for a first outpatient appointment. Of those waiting, 80% had been waiting less than six months.

3.4 There were no patients waiting over four months for cataract surgery or angiography and no one waiting over six months for cardiac revascularisation.

Local Delivery Plans

3.5 All health communities were asked to submit local delivery plans by the end of January 2006 to demonstrate their approach to addressing the government's waiting times targets. These plans were then evaluated against a set of criteria by an evaluation team and recommendations were then considered by the 2009 Access Project Board. A traffic light system of green, amber and red was adopted to consider the progress of each LDP.

3.6 Of the 14 LDPs submitted (covering 13 acute trusts and Health Commission Wales (HCW)), as of 23 May, all except four had achieved green status and approval in principle has been confirmed.

4. Welsh Ambulance Services Nhs Trust

4.1 There has been a considerable amount of commentary lately about the Welsh Ambulance Trust and in particular the issues raised by the former interim Chief Executive.

4.2 Mr Roger Thayne, who took on the post of Interim Chief Executive in March this year at the

invitation of the Welsh Ambulance Services NHS Trust, announced his decision to step down with effect from Friday, 26 May 2006.

4.3 The Trust Board has acted quickly to appoint Mr Anton van Dellen, formerly Director of Operations, as Interim Chief Executive and is taking forward promptly the appointment of a substantive Chief Executive as strong and skilled leadership will be crucial to the modernisation of the organisation.

4.4 Prior to his departure Mr Thayne had produced a draft report for the Trust board in which he set out his views on current and future requirements for the Trust.

5. Advocacy Grant Scheme For Adults With A Learning Disability

5.1 Earlier this year, I announced that the Advocacy Grant Scheme for adults with a learning disability should continue for a further two years from 2006-07. The main part of the grant being applied is to sustain the existing grant recipients and a smaller element is being applied to new advocacy projects in the priority areas highlighted in the Evaluation Report drawn up by the British Institute for Learning Disabilities (BILD) namely :

- advocacy for people with high individual support needs;
- advocacy for people from black and minority ethnic communities

5.2 The majority of the existing grant recipients have agreed their performance indicators for the next two years with BILD and received their first instalment of grant. Work is underway to identify advocacy groups in the priority areas who may wish to apply for the grant available for new advocacy projects.

5.3 In addition, over the next two years our Learning Disability Implementation Advisory Group will be working with BILD to develop a more comprehensive set of draft standards for advocacy services for adults with a learning disability.

5.4 During 2007, I will consider the future of the grant scheme from 2008-09.

6. Disability Awareness Education Programme

6.1 There is concrete evidence that disabled patients can have serious difficulties in accessing appropriate services in the primary care setting. This is often due to ignorance of staff (both clinical and administrative) about disability issues. Whilst there is often awareness about access to the physical environment for disabled people, there are also less visible barriers, which are often around attitudes and the way policies and procedures have historically developed. Primary care is the first place of call for most disabled people with health related problems, and there is a legal and moral necessity to make sure it serves these people better.

6.2 In order to improve these services we have commissioned an education programme on disability awareness for GPs and Practice managers in all LHB areas. The project aims to create an environment where practices can voluntarily request in-service staff training on disability awareness and equality, and undergo an assessment of how well they are developing disability-aware systems.

6.3 The programme is being run by Equip Cymru, which is a non-statutory collaborative partnership of stakeholders in Wales, developed in 2005 with a commitment to the delivery of promoting disability awareness and access within primary care settings across Wales.

7. Service Development And Commissioning Guidance For

Selected Minority Groups

7.1 The 'Service Development and Commissioning Guidance for Selected Minority Groups' has been produced by the Welsh Assembly Government's All Wales Selected Minority Group (SMG) to support the service development and commissioning of primary and secondary healthcare services for selected minority groups in Wales.

7.2 The SMG was established in 2004 to identify common areas impacting on the health of four selected minority groups in Wales and to develop guidance for LHBs and Trusts for these groups.

7.3 The four minority groups are asylum seekers & refugees, homeless people, Gypsies and Travellers and the minority ethnic community as these groups often have poorer health and an unequal access to health services in comparison to the rest of the community.

7.4 The SMG is a partnership between the Welsh Assembly Government, National Public Health Service Wales and representatives of statutory and voluntary sector Health and Social Care organisations.

7.5 The Assembly commissioned research from Swansea University to help inform the development of the Guidance. This report highlighted the common issues across the groups which to help support planners and commissioners to develop future services for such groups within their communities.

7.6 The Guidance will be published and disseminated at regional workshops in July 2006.

8. The Race Equality Action Plan For Adult Mental Health Services

8.1 The Welsh Assembly Government is committed to producing the Race Equality Action Plan for Adult Mental Health Services in Wales through Key Action 12a of the revised National Service Framework for Adult Mental Health Services Raising the Standard.

8.2 The overall aim for this Race Equality Action Plan for Adult Mental Health Services in Wales is for there to be improved equality of access to and equality of provision of adult mental health services for all racial groups in Wales.

8.3 The overarching objective for this Plan is for NHS Trusts and LHB's to prepare Race Equality Action Plans for adult mental health services in their areas by March 2007.

8.4 The Race Equality Action Plan for sets out a series of specific and timed Actions to be achieved to meet the overarching objective.

8.5 The headline Actions are:

1. Developing the evidence base – inpatient and community based patient monitoring

8.6 In order for appropriate services to be developed for all racial groups, it is crucial that NHS Trusts, LHB's, Local Authorities and their inpatient and community based services are fully informed as to the ethnic make-up of mental health service users in their area.

2. Designing appropriate and responsive services including conducting Race Impact Assessments on all new major policies and procedures (where relevant)

8.7 The revised National Service Framework for adult mental health services in Wales 'Raising the Standard' contains 44 Key Actions. Each of the Actions pertaining to NHS Trusts, LHB's and Local Authorities are to be race impact assessed prior to policy implementation.

3. Training and Recruitment

8.8 In order that race issues are fully mainstreamed into mental health service delivery, appropriate training and awareness programmes need to be undertaken by staff. Staff need to have a full understanding of ethnic and cultural diversity across all racial groups so that they can respond appropriately to the needs of all service users in their care.

8.9 In recruiting staff, every effort must be made to appoint an ethnically diverse and representative workforce, especially where data collection reveals a significant number of inpatients and community based service users from particular racial backgrounds.

4. Delivery of services

8.10 Actions 1 – 3 outlined above should assist NHS Trusts, LHB's and Local Authorities deliver services that are appropriate to all racial groups.

5. Performance management, monitoring and audit

8.11 To ensure that services consistently meet the diverse needs of all racial groups in an area, it is vital that policies and procedures are regularly reviewed and updated.

8.12 The Commission for Racial Equality has mental health in its sights following the publication of the UK-wide Count Me In Census conducted on March 31st 2005 by the Mental Health Act Commission. The Census revealed that certain racial groups, notably Black African and Black Caribbean men, are disproportionately detained under the Mental Health Act 1983 and are more likely to be subjected to restraint, control, drug therapies and seclusion. Specifically, in England 79.2% of the mental health inpatient population is White British while 20.8% are from a Minority Ethnic origin. Given that the total Minority Ethnic population in England is around 8%, the inpatient population is nearly 3 times the proportion of the Minority Ethnic population as a whole.

8.13 The Wales-specific analysis of Count Me In presents a less bleak picture than that for England when looked at comparatively. The Census results in Wales also showed that mental health inpatients are less likely to have a recorded injury, be restrained, be in seclusion, be detained or be on CPA when compared with the population of mental health inpatients in total across England and Wales. Welsh patients are more likely to have been referred by social services or the police to mental health services when compared with the population of mental health inpatients in total across England and Wales. The Wales figures in respect of referrals from GPs or the courts were not significantly different from the England and Wales figures. In Wales 92.7% of mental health inpatients were of White British origin while 7.3% came from a Minority Ethnic background. The overall BME population in Wales is 2.1% meaning that in Wales the BME population of mental health inpatients is three and a half times their proportion of the population as a whole. The Count Me In Census took place again on March 31st 2006.

8.14 The Health and Social Services Departmental Race Equality Action Plan gave Mental Health a High rating, requiring early action to be taken. This Race Equality Action Plan represents that action.

9. The All Wales Smoking Cessation Service

9.1 The All Wales Smoking Cessation Service (AWSCS) was established in 2004. It is a community-based service delivered and managed by the National Public Health Service (NPHS) through a Service Level Agreement (SLA) with the Welsh Assembly Government. This SLA has been developed on the basis of findings from an external evaluation of smoking cessation pilots in Wales undertaken in 2002-03.

9.2 Since its inception in April 2003, the All Wales Smoking Cessation Service has made significant progress. In particular, the introduction last year of a national free phone number, 0800 085 2219, has streamlined the way in which referrals are made and processed.

9.3 The All Wales Smoking Cessation Service delivers a standardised withdrawal-orientated treatment

model, providing group and one to one support, with clients accessing sessions outside working hours in a variety of venues. Practice within the service reflects the existing evidence-base relating to effective smoking cessation. All clients of the service are now offered an initial consultation or a group information session, which acts as a filter for those entering the service. Relapse prevention sessions are also offered. All data are collected via standardised assessment forms and a centralised all Wales database enables the service to provide quarterly reports to the Welsh Assembly Government.

Results

- 7,199 smokers contacted the local smoking cessation services during the period 1 April - 31 December 2005
- 2,865 of these set a quit date and of these 1,934 had successfully quit 4 weeks after that date
- 484 people remained stopped at 12 months.

9.4 The four week quit rates compare well with those achieved in England. Data on quit rates at 12 months are not currently available for England.

10. Consultation On Social Services Inspectorate Wales (Ssiw) Review Programme

10.1 SSIW is currently consulting on its future programme of reviews and inspections. The Inspectorate proposes to maintain the current joint review programme, in partnership with the Wales Audit Office. For the remainder of the programme it proposes a shift from less frequent major service reviews to more frequent small-scale reviews, to follow up joint reviews and monitor progress on a more regular basis.

10.2 Together with strengthened annual performance evaluations, this programme will enable SSIW to monitor performance in all authorities on a more continuous basis and to fit better with the overall framework of the Wales Programme for Improvement. It will also create more flexibility for cross-cutting inspections.

10.3 The responses to the consultation and SSIW's final proposals will be reported to the Committee.

11. Children's Commissioning Support Resource (Ccsr)

11.1 Effective commissioning is key to developing responsive, quality, value for money services, delivered by a mixed market and in stimulating investment in the development of new services. This is particularly important in the area of placement choice and stability for children who are looked after by local authorities. To advance developments in this area we supported the establishment of the Children's Commissioning Support Resource (CCSR), a cross sector databases and support unit located in the WLGA Local Government Data Unit. The CCSR will assist local authorities in placing children and support the development of commissioning skills, collaborative commissioning and market

management.

11.2 I am pleased with the progress to-date, the database went live in May and now provides access to local authorities and the independent sector to input information on placements. Other developments include; collection and reporting of management information and the development of an All Wales common contract for residential and fostering services. In the long-term we plan to extend the database to include specialist placements in education.

11.3 Stakeholders are regularly updated through a monthly newsletter.

11.4 More information on the project can be obtained from the WLGA website @ <http://ssia.wlga.gov.uk/ccsr>

12. Launch Of Nhs Environment Week

12.1 The environment is an issue that touches all our lives. We are reminded on a daily basis that small changes to our lifestyles can help the environment a great deal. The NHS is no exception. On Friday 2nd June I launched the NHS Wales Environment week in Bronllys Hospital, the event was well attended by NHS Trusts in Wales as well as representatives from Welsh Health Estates, Welsh Health Supplies, Value Wales, Environment Agency, Carbon Trust Wales, Arena Network and others.

12.2 Monday 5th June to Friday 9th June is NHS Wales Environment Week and gives Trusts throughout Wales the opportunity to pool their efforts to raise awareness about various environmental issues. The events organised by Trusts are designed to inform staff and visitors about the impact the NHS has on the environment and provide each individual with the knowledge to help reduce this impact by taking environmental considerations into their day to day activities.

12.3 A series of events will be held at Trusts throughout Wales and will include informative presentations, exhibitions and displays on the environment. The events will also look at how NHS activities in Wales impact on the environment. Publicity material and guidance will be produced to enable each individual to make a contribution by reducing their environmental impact. An environmental quiz will also be run, with an opportunity to win some useful 'environmentally friendly' products generously donated by sponsors and suppliers.

12.4 The Environment Week is co-ordinated by the Welsh Health Environmental Forum (WHEF) a consultative body for the NHS in Wales on the environmental management of healthcare activities. Its membership is comprised of members of Welsh Health Estates, Welsh Health Supplies and representatives of NHS Trusts in Wales and other professional groups within the NHS in Wales.

12.5 We are actively encouraging the adoption of renewable energy technologies to reduce our carbon emissions. We currently have 2 new hospitals under construction that will use carbon-neutral biomass boilers fuelled by woodchip to meet their heating demands.

13. Inequalities In Health Fund

13.1 In February 2006 I announced a further extension of funding to all sixty-two projects in the current Inequalities in Health Fund programme. The extension will enable the projects to continue developing services, gather more information of results and complete robust evaluations to enable informed decisions to be taken around the roll-out / mainstreaming of successes. Many of the projects will now go through to March 2008 and are engaging with their Local Health Boards and other lead organisations in relation to future service planning.

13.2 A Position Report – The Inequalities in Health Fund: making a difference was published in February 2006 to coincide with the Fund's first national conference and highlights progress and achievements to date. I have seen first hand the work ongoing across Wales. For example, in June, I visited 'The Coronary Heart Disease and Travellers – Redressing the Balance' project managed by the Wrexham Multi-Agency Traveller Forum. The project has improved healthcare services, through the appointment of a full-time project worker and the purchase of a specially equipped 'Health Bus' which has enabled 200 Gypsy Travellers to be offered health screening, advice and support in a form that is both accessible and acceptable. Since the project began in 2002 there have been 2,442 individual contacts with the Project Health worker, an average of 59.56 a month. More than 95% of the community are also now registered with a GP.

14. Deputy Minister's Attendance At International Federation On Ageing (Ifa) Conference: Denmark

14.1 John Griffiths, the Deputy Minister for Health and Social Services attended the IFA's 8th Global Conference aimed to promote cross-cultural and worldwide co-operation to meet the challenges of global ageing. The main Conference themes were: The Economics of Ageing; The Challenges of Ageing; Active Ageing - Ageing Well and Empowerment and Participation

14.2 The IFA's 8th global conference attracted 1100 registered delegates from over 100 countries the largest contingents from USA, Australia and Denmark. A number of countries provided some interesting models on how they are planning for an ageing society but as far as we could detect we are generally as far ahead as the USA, Canada and Australia where this issue is given a high profile politically and administratively.

14.3 The Welsh Assembly Government presented 5 specific papers and 1 seminar on the Strategy for Older People in Wales - this was seen by others as a strong statement and commitment from Wales towards its ageing policy and resulted in a lot of interest and detailed questions. We will be sharing further details with some of the countries in the following weeks.

14.4 Overall the conference was a valuable opportunity that raised the profile of Wales, the Assembly and its policies for older people.

15. Updates:

15.1 Inspection of Children's Social Services in Blaenau Gwent: Progress Report as at 31 March 2006

Introduction

15.1.1 In my previous report I provided an update on progress in Blaenau Gwent to the end of December 2005.

15.1.2 During March and April 2006 Inspectors undertook a review of Children's Social Services. Care Standards Inspectorate Wales (CSIW) also inspected the Fostering Service in February 2006.

15.1.3 Quarterly performance figures, in relation to the targets set by the Chief Inspector have been analysed to the end of March 2006.

Progress

15.1.4 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.

15.1.5 Enhanced targets in key performance areas were set for the quarter to the end of March. The authority has shown good progress in meeting these and sustaining its performance.

15.1.6 The Chief Inspector met with the Chief Executive, Director of Social Services and Head of Children's Services in May 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.

Monitoring

15.1.7 The Chief Inspector has set further enhanced targets for the quarter ending 30 June 2006, which will be monitored. The report of the Children's Services review will be published later this year and together with performance monitoring will inform the decision about the continuing use of the protocol for responding to serious concerns about children's social services.

15.1.8 I will continue to receive regular reports of progress and will keep the Committee informed of developments.

Targets and Performance Data, Children's Services Blaenau Gwent County Borough Council

	Indicator		31December 2005	31 March 2006
1.	Percentage of initial assessments completed in 7 working days.	Targets	80%	80%
		Actual	57%	80%
2.	Percentage of core assessments completed within 35 days.	Targets	60%	65%
		Actual	76%	77%
3.	Percentage of children on the child protection register receiving minimum of 1 visit every 6 weeks.	Targets	100%	100%
		Actual	100%	100%
4.	Percentage of children on the child protection register with an up to date written child protection plan.	Targets	100%	100%
		Actual	93%	96%
5.	Percentage of children on the child protection register whose cases should have been that were reviewed.	Targets	100%	100%
		Actual	96%	100%
6.	Percentage of looked after children reviews due that were carried out within statutory limits.	Targets	100%	100%
		Actual	99%	98%
7.	Percentage of foster carers who have been reviewed in accordance with statutory requirements.	Targets	90%	90%

		Actual	91%	90%
8.	Percentage of supervision sessions for staff in field work teams that took place on time.	Targets	80%	85%
		Actual	77%	84%

15.2 Inspection of Children's Social Services in the City and County of Cardiff: Performance at 31 March 2006

Introduction

15.2.1 I provided an update on progress to the end of December 2005 in my Report of 5 April to this Committee. 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.

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

15.2.3 A monitoring visit was not paid to the authority during the last quarter because it was decided that, given the clear progress and improvements that have been made, the intensity of monitoring under the protocol would be reduced in recognition of what has been achieved. However, the authority was required to produce a comprehensive report on performance which has been carefully scrutinised by SSIW.

15.2.4 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. These are the introduction of quality assurance and audit systems, management development programmes and improved business planning.

Progress

15.2.5 The authority's continued commitment to improve services has been demonstrated in the data they have submitted again this quarter. The authority continues to demonstrate that it is responding effectively and quickly to all referrals to the authority and its performance and decision making within

24 hours is satisfactory. There has been improvement in this quarter in the timeliness of initial referrals and the timeliness of core assessments has exceeded targets set.

15.2.6 Performance in relation to reviews on children on the child protection register has now reached 100% and the performance in relation to reviews for looked after children has improved this quarter.

The Current Position

15.2.7 SSIW will visit the authority later this year to establish the extent of progress the authority has made in introducing quality assurance and audit systems, management development programmes and improved business planning. These areas have been identified as needing attention in order that improvements in performance can be continued. If these are satisfactory I will, in consultation with the Chief Inspector make a decision as to whether or not the use of the protocol will be continued. In the meantime, the authority is expected to report on its performance as at the end of June and I will keep the Committee informed of the state of progress.

Targets and Performance Data, Children's Services City and County of Cardiff Council;

	Indicator		31 December 2005	31 March 2006
1.	Percentage of initial assessments completed in 7 working days.	Targets	70%	75%
		Actual	51%	65.7%
2.	Percentage of core assessments completed within 35 days.	Targets	65%	65%
		Actual	76%	79.4%
3.	Percentage of children on the child protection register whose cases should have been that were reviewed.	Targets	100%	100%
		Actual	98.5%	100%
4.	Percentage of looked after children reviews due that were carried out within statutory limits.	Targets	100%	100%

		Actual	91.7%	95.6%
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15.3 Children's Social Services in Bridgend County Borough Council: Progress Report as at 31 March 2006

Introduction

15.3.1 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.

15.3.2 A team of inspectors from SSIW have visited the authority to validate and monitor the progress the authority has made in meeting the targets set for the quarter ending the 31st March 2006 and to undertake a review cases referred back to the authority following previous visits.

Progress

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

15.3.4 Whilst these early signs of improvement are encouraging, managers recognise that there is still much more work to do to sustain and further improve performance. The authority continues to co-operate fully with SSIW and the Chief Inspector.

15.3.5 The authority has now established systems to monitor and audit service activity which will provide the essential platform to improve service delivery. However, Inspectors are of the view that the authority's position remains challenging for a number of reasons; changes in the corporate management team; vacancies in key operational management posts to which it has not been able to recruit; basic social work practice, coupled with unfocussed care planning and a lack of robust professional challenge within review systems. Furthermore, the numbers of children on the child protection register and children "looked after" continue to increase as evidenced by the report submitted to the Chief Inspector.

15.3.6 I met with the Leader, the Deputy Leader and the Lead Member for Social Services together with Senior Officers from the authority on Thursday 11th May and whilst recognising the progress the authority has made in the last quarter. I made clear my expectations that children's social services must improve and indicated that the authority has some considerable way to go before it reaches an acceptable level of service. I received assurances from the Leader that the authority will continue to bring about

improvements in children’s social services as a matter of priority.

Monitoring

15.3.7 The Chief Inspector will ensure that the targets for the authority remain stretching and challenging. The task facing the authority should not be underestimated.

15.3.8 The Chief Inspector will receive quarterly monitoring reports from the authority which will be validated by visits by SSIW Inspectors. The next monitoring quarter ends on the 30 June. I will update you following their next visit.

Targets and Performance Data, Children’s Services Bridgend County Borough Council

			31 March
1.	% of initial assessments completed within seven working days	Targets	45
		Attained	73
2.	% of core assessments completed within 35 working days	Targets	30
		Attained	45
3.	% of referrals on which a decision was made within one working day	Targets	100
		Attained	100
4.	% of children on child protection register whose cases should have been reviewed that were reviewed	Targets	75
		Attained	71%
			Feb/Mar 100%

5.	% of looked after children reviewed due that were carried out within statutory time limits	Targets	75
		Attained	78

Annex 1

Welsh Health Circular WHC (2006) 029

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Issue Date: 21 April 2006

Status: Direction

Title: A Healthy Sustainable Wales – The Nhs Contribution

For Action by:

Local Health Boards and NHS Trusts

Action required: As Appropriate

For Information to: See attached list

Sender:
Geraint Martin, Director, Health and Social Care Strategy, Department of Health and Social Services
Chris Tudor-Smith, Head of Public Health Improvement Division, Office of the Chief Medical Officer

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Kim Bernard, Office of the Chief Medical Officer – 02920 826027

Enclosure(s):

Sustainable Development Policy Statement

Tel: 029 20825111 GTN: 1208

Llinell union/Direct line: 029 20 826747

Ffacs/Fax: 029 20 823403

Minicom: 029 20823280

<http://howis.wales.nhs.uk/whcirculars.cfm>

Further copies of the Guidance can be obtained from:-

The Strategic Planning and Policy Team

Strategy Unit

Department of Health and Social Services

Welsh Assembly Government

Cathays Park

Cardiff

CF10 3NQ

Tel: 029 2080 1033

Or by e.mail to thomasmt@Wales.gsi.gov.uk

Electronic versions of the guidance can be found on:-

www.wales.gov.uk/subihealth/index.htm

If other formats of the guidance are required please contact us at the above address.

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Director- Welsh Local Government Association

Dean - University of Wales, Bangor

Chief Executive - Commission for Racial Equality

Chief Executive - Centre for Health Leadership

Secretary- British Dental Association in Wales

Dean- Cardiff University Dental School

Postgraduate Dean - Cardiff University Dental School

Postgraduate Dean- Cardiff University Medical School

Director information services- University of Wales College of Medicine

Secretary- British Medical Association (Wales)

Regional Head of Health- UNISON

Director- Royal College of Nursing (Wales)

Welsh Council Representative- British Dietetic Association

Wales Secretary - British Orthoptic Society

Wales Secretary- AMICUS MSF

Regional Secretary- The GMB

Regional Secretary- Transport & General Workers Union

Chair- Community Pharmacy Wales

Chair- Royal College of General Practitioners

General Secretary- Wales TUC

Assistant Director- Chartered Society of Physiotherapists

Officer for Wales- Society of Radiographers

IR Officer- Society of Chiropodists and Podiatrists

Regional Secretary- Union of Construction Allied Trades and Technicians

Board Secretary for Wales- Royal College of Midwives

Officer for Wales- AMICUS Electrical & Engineering Staff Association

Regional Secretary- AMICUS Amalgamated Electrical and Engineering Union

Welsh Executive- Royal Pharmaceutical Society of Great Britain

Health & Social Care Policy Officer- Wales Council for Voluntary Action

National Member for Wales- AMICUS - Guild of Health Care Pharmacists

Business manager- Institute of Health Care Management Welsh Division

Deputy Chief Executive- Association of Optometrists

Librarian- British College of Optometrists

Director General- Audit Commission (Wales)

Director- Business Service Centre

Patch Managers- Business Service Centres across Wales (6 copies each)

Secretariat- Statutory Professional Advisory Committees Academy of Royal Colleges Wales

Regional Directors- NHS Wales Regional Offices

Chief Executive- Health Commission Wales (Specialist Services)

Chief Executive - Health Professions Wales

Librarian- National Public Health Service

Chief Executive- Welsh Language Board / Bwrdd yr Iaith Gymraeg

Librarian- Health Promotion Library

Chief Executive - Healthcare Inspectorate Wales

Dear Colleague

A Healthy Sustainable Wales – the NHS Contribution

Background

The National Assembly for Wales has a binding legal duty to pursue Sustainable Development in all it does; this is built into its constitution through Section 121 of the Government of Wales Act 1998. The National Assembly for Wales has made a commitment in its Sustainable Development Action Plan to "...determine key steps for the NHS to take forward this agenda...". The Department of Health and Social Services, the Office of the Chief Medical Officer (OCMO) and the NHS have an important role in meeting that responsibility.

There is sound evidence, perhaps most cogently set out in the King's Fund report, Claiming the Health Dividend: Unlocking the Health benefits of NHS spending (2002), regarding the tremendous potential the NHS has to contribute to sustainable development. It can do so both through the services it develops and provides with its partners, and through its economic power as employer, purchaser of goods and services, cause of travel, producer of waste, consumer of energy and commissioner of building works.

You will recall that in April 2005 a letter was sent to the service setting out a draft policy statement on sustainable development. That has now been finalised and is attached at Annex A. The statement mentions work that we are undertaking with the Sustainable Development Commission on a toolkit; this is now nearing completion.

In addition, we have commissioned the Welsh Institute for Health and Social Care (WIHSC) to undertake research into the present situation across the NHS relating to sustainable development, to allow us to move ahead on the basis of a clear understanding of current awareness of the issues and efforts to take this agenda forward. That work is also nearing completion.

Action Required

The present situation and expectations for the future are as follows. A timescale is set out in tabular form at the end of this guidance.

In May 2006 the Department and OCMO will issue a draft toolkit for use in the NHS. This will set out how individual Local Health Boards, NHS Trusts and local NHS contractors can assess their current policy and practice with regard to sustainable development. It will focus on specific areas of practice and performance, allow self assessment of the current position, and indicate how local performance can be improved.

The toolkit will give an initial steer on how sustainable development principles should in future be reflected in regional reconfiguration plans and in service commissioning. If necessary, more detailed guidance will be developed to support this.

In June 2006 the Department and OCMO will issue an action plan regarding their own activities, covering issues such as how sustainable development should be reflected in future policy development.

Following issue of the toolkit, we will enable and support networks to take the lead in developing practice based sustainable development principles. Welsh NHS staff dealing with estates and procurement have already shown how this can be done, and we will be looking to others to take this on in their areas.

In the coming year, we would ask all NHS organisations to start working with this toolkit to assess their present position and future possibilities. Some organisations will be requested to pilot the toolkit on a more formal basis.

In the autumn of 2006, drawing on feedback on the value of the toolkit from the pilots and other bodies, and on advice from the networks, we will revise the toolkit and in December 2006 issue further guidance.

The intention will be to require all NHS organisations to adopt a clear policy statement on sustainable development and an action plan based around the toolkit by March 2008. This requirement will subsume and extend the expectation set out in *Designed for Life*, that by March 2008 all NHS Trusts will have in place an approved health promotion strategy covering services and staff.

The new guidance will be issued to coincide with the issue of the next round of guidance on Health Social Care and Well-being Strategies, and the two sets of guidance and the two processes will be as closely aligned as possible, to minimise the burden on the service and derive the best possible benefit from integrated planning.

Date	Assembly Government Actions	NHS Actions
May 2006	Issue toolkit and instructions	
May-Sept 2006		<ul style="list-style-type: none"> · Pilot sites test toolkit · SD networks develop · Others test toolkit
June 2006	Agree Department of Health and Social Services and Office of the Chief Medical Officer action plans	
Sept-Dec 2006	Collate results of testing	
Dec 2006	<p>Issue:</p> <ul style="list-style-type: none"> · revised toolkit · guidance on SD action plan required by March 2008 · guidance on next round of Health Social Care & Well-being Strategies (HSC&Wb Strategies) 	

April 2007-March 2008		<p>NHS bodies prepare:</p> <ul style="list-style-type: none"> · local policy statements · local action plans · HSC&Wb Strategies
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Annex A

A Healthy Sustainable Wales – The Nhs Contribution

A Policy Statement on Sustainable Development by the Department of Health and Social Services, the Office of the Chief Medical Officer and NHS Wales

We, the Welsh Assembly Government's Department of Health and Social Services, together with the Office of the Chief Medical Officer (OCMO) and organisations within NHS Wales, recognise our responsibilities under the Assembly's Sustainable Development Scheme, to promote development which meets the needs of the present -

- without compromising the ability of future generations or other communities to meet their needs, and
- without overburdening the ecosystems on which we all depend for our social, environmental and economic wellbeing.

We accept the need to respect the five inter-linked guiding principles from the United Kingdom's shared framework for sustainable development –

- living within environmental limits
- ensuring a strong, healthy & just society
- building a strong, stable and sustainable economy
- promoting good governance

- using sound science responsibly

We acknowledge the great potential for good in, for example, employment, training, procurement, transport, energy, waste and capital development policies and practices that create and support sustainable communities, through minimising environmental damage and promoting social and economic development.

We are committed to working with partners in a process of continuous improvement and will:

- with the Sustainable Development Commission develop and implement a Toolkit for Sustainable Development, to provide guidance and support so that sustainable development becomes a core theme in processes across NHS Wales
- look to maximise the environmental, economic and social benefits of all our activities, both within and outside our organisations, and accepting our responsibilities and using our power as employers, purchasers of goods and services, instigators of travel, producers of waste, consumers of energy and commissioners of building works
- give high priority to ensuring that all new strategies, plans and policies are consistent with the themes and commitments in the Assembly Government's Sustainable Development Action Plan, and in particular that activities aimed at health improvement and the redesign of health and social services take these into account
- work with each other and partners and the Sustainable Development Commission to agree an appropriate way to monitor progress and the effect of implementing sustainable development.

Geraint Martin, Director, Health and Social Care Strategy, Department of Health and Social Services
Chris Tudor-Smith, Head of Public Health Improvement Division, Office of the Chief Medical Officer