

## AGENDA ITEM 7

Cabinet	<b>FP/749/01/12</b>
Date: 24 April 2012	

### **Essex Children's Services Plan for Sustained Improvement 2012/13**

Report by Cllr Sarah Candy, Cabinet Member for Children's Services

Enquiries to Officer Dave Hill, Executive Director for Schools, Children and Families

#### **Purpose of report**

To introduce members of the Cabinet to the *Essex Children's Services Plan for Sustained Improvement 2012 / 13* and provide an overview of progress.

The plan is attached as Appendix A and has been produced to pull together recommendations arising from the recent Ofsted inspection, the previous Statutory Improvement Plan, key Munro Review recommendations and service development activity within Children's Social Care.

Key partners from Health and the Police have been engaged in developing the plan and reviewing progress, and will continue to meet on a bi-monthly basis.

The plan will be submitted to the Vulnerable Children and Young People's Policy and Scrutiny Committee in April 2012. This follows feedback from the committee on an earlier version of the plan and incorporates suggested amendments and clarifications.

#### **Decision Areas and Recommendations**

To endorse the activity contained within the plan and note the progress being made.

## **Relevance to ECC's corporate plan and other Strategic Plans**

The Plan for Sustained Improvement 2012/13 relates directly to the Council's Corporate Plan priority 'Protecting and Safeguarding Vulnerable People' and has been developed in line with national recommendations (Munro Review) and feedback from the latest Ofsted inspection.

## **Internal and External Consultation**

Key partners from Health and the Police have been engaged in developing the plan and reviewing progress, and will continue to meet on a bi-monthly basis.

The plan has been endorsed by the Corporate Parenting Panel and is due to be reviewed by Vulnerable Children and Young People's Policy and Scrutiny committee in April 2012. This follows feedback from the committee on an earlier version of the plan and incorporates suggested amendments and clarifications.

## **Legal Implications (Monitoring Officer)**

This report has been prepared in order to advise of the actions identified and progressed as a result of a range of recommendations made in relation to service improvement. Although it incorporates action arising from the statutory improvement plan following the Ofsted Report, its main purpose is to advise of the actions taken to date and to monitor progress. It is in line with the Statutory Guidance on the Roles and Responsibilities of the Director of Children's Services and the Lead Member for Children's Services issued by the Department for Education in April 2012 which sets out the responsibilities of those two positions, identifies the areas of interface between them and sets out the requirements for local assurance.

## **Finance and Resources Implications**

The approved budget for Children Social Care Services for 2012/13 is £105.669 million which comprises of £57.156 million for Children Social Care and £48.513 million for Externally Commissioned Placements.

The 2012/13 budget provides additional funding of £3.892 million, recognising demand pressures such as the numbers of children looked after in the care system, significant increase in the use of external foster care placements directly linked to the numbers of children in care and the sustained reduction in use of external residential care placements.

The Improvement agenda will be delivered within the Council's Transformation agenda and the Medium Term Financial Strategy. Increases in activity will be achieved by improvements in productivity, smarter spending and working more effectively with partners wherever this is appropriate and cost-effective.

As part of the overall Children in Care Strategy an Invest to Save programme is being developed that provides targeted and intensive support to those families on the “Edge of Care”. Two interventions are proposed Intensive Family support and Multi Systemic Therapy (MST). The key objective of the interventions is to prevent care entry for young people aged 11-16 years old. By providing preventative services which tackle the underlying challenges facing young people and their families, and which bring stability and sustained change to their lives and to strengthen the capacity and resilience of families to address these challenges in the future.

The Agenda will deliver improved outcomes to young people, carers and citizens and is anticipated to generate cashable net present value benefits of £1.204 million, £19.712 million and £37.153 million over 3, 7 & 10 years respectively. Year 1 cashable benefits aligned to the ‘Invest to Save’ and greater efficiencies within the commissioning mix have been taken into account in developing the Medium Term Financial Strategy.

### **Human Resources Implications**

There are no Human Resources implications.

### **Equality Impact Assessment**

Equality and diversity was judged as adequate in the Ofsted inspection and no specific recommendations relating to equality and diversity were made. However we continue to work to improve this area, particularly in relation to the consideration of equality issues within assessment and service delivery as highlighted by inspectors in the Ofsted report.

### **Background papers**

- *Identifying sources of information (e.g. correspondence) that are not readily available to the public and that were used in the writing of the report. (Local Government (Access to Information) Act 1985)*



## Appendix A: Plan for Sustained Improvement 2012/13

Key to RAG status:

	The action is going to plan and there is confidence timescales will be met.
	The action has some problems delivering to plan but timescales are not at risk and the problem will be resolved.
	The action is not achieving against the plan and the timescales set.
	The action has been completed.

Key to abbreviations:

DCS: Director of Children's Services	Dave Hill
DCSC: Director of Children's Social Care	Helen Lincoln
DLD: Director of Local Delivery (North)	Alistair Gibbons
DOC: Director of Commissioning	Wendi Ogle-Welbourn
DFT: Director for Transformation	Paul Abraham
HoR: Head of Resourcing, Corporate HR	Dan Savage
HQA: Head of Quality Assurance	Gill Halden
FBP: Senior Finance Business Partner	Denise Murray
Chair of ESCB:	Simon Hart
Lead – NHS North	Sarah Jane Relf (Safeguarding Lead – NHS)
Lead – NHS South	Stewart McArthur (Director for Joint Child Health and Wellbeing Commissioning)
IWIG – Integrated Workforce Implementation Group	

## PART ONE - OFSTED RECOMMENDATIONS

	Recommendation / Priority	Action Required / Milestone	Timescale	Lead	Progress Update	RAG
OF 1	Ensure children and young people are seen in a timely manner commensurate with referral or other presented information.	1.1 Make adjustments to PROTOCOL to enable clear identification of whether children are seen during a Section 47 enquiry, an Initial or Core Assessment.	Immediate / 3 months	DCS DCSC	Action completed.	
		1.2 Prepare and present practice note ("Key Messages for Good Practice") to all Team and Service Managers which covers this point.	Immediate / 3 months	DCS DCSC	Action completed.	
		1.3 Reporting on children seen to be built into our regular performance reports.	Immediate / 3 months	DFT	Action completed.	
OF 2	Resolve, with Essex Police, the backlog of domestic abuse notifications and devise appropriate methods to prevent further backlogs being created.	2.1 Short term additional resources to be deployed to IRT to provide additional capacity to work on the current issues.	Immediate / 3 months	DLD North	There is no longer a DV backlog, although this matter is monitored weekly as there are peaks and troughs in levels of notifications.	
		2.2 Pilot a joint assessment system with Social Workers based in the Colchester police DV hub to screen the notifications at point of origin. If this is successful consider a wider countywide trial.	Immediate / 3 months	DLD North	A joint assessment system was piloted with Social Workers based in the Colchester Police DV hub to screen the notifications at point of origin. The pilot has now been rolled out to the Chelmsford area and is due to be complete by April 2012.	
		2.3 Joint working group between IRT and Police public protection leads to bring forward project proposal to ESCB regarding commensurate risk	Immediate / 3 months	DLD North	A joint paper between IRT and the Police regarding commensurate risk management and referral pathways was presented to the ESCB	

		management and referral pathways			in December 2011.	
<b>OF 3</b>	Ensure Section 47 enquiries comply with local procedures and in accordance with guidance given in Working Together to Safeguard Children.	3.1 Remove the Section 47 ‘fast track button’ within PROTOCOL that raised concern within the inspection, and ensure IRT and the Intervention and Assessment teams operating manuals are revised to reflect this change.	Immediate / 3 months	DCS DCSC	Action completed.	
		3.2 ESCB/SET Policy and Procedure Subgroup to undertake a due diligence exercise on the SET child protection procedures and check they are in line with Working Together 2010 and that they are easily readable, key information is accessible and that procedure and practice guidance/information are clearly separated as such. A suitable flowchart is to be produced about the key stages of the child protection process including timescales and decision making.	Immediate / 3 months	DCS DCSC	Discussions are on-going with Southend and Thurrock Boards regarding how to approach the review and revision of the Procedures – anticipated that a way forward will be agreed by approximately April 12.  For Essex – work on-going between CAIT and ECC Quality and Assurance to establish a protocol re roles and responsibilities for section 47 enquiries – protocol will be proposed for inclusion in SET as replacement for current guidance. Compulsory section 47 training has been undertaken with social workers.	
		3.3 Presentation practice note (“Key Messages for Good Practice”) to be given to all Team and Service Managers which covers this point.	Immediate / 3 months	DCS DCSC	Action completed.	
<b>OF 4</b>	Ensure that all gaps in the employment history of job applicants are appropriately explored and recorded on human resources files.	4.1 Working for Essex to ensure that all new candidates’ employment history is sufficiently completed on application forms.	Immediate / 3 months	HoR	Action completed. An electronic system which identifies gaps in employment history is now in place. In addition, Working for Essex staff are now required to attend ESCB	

					safeguarding training.	
		4.2 Working for Essex to ensure that the employment history of all currently employed staff is sufficiently completed on application forms.	Immediate / 3 months	HoR	WfE are currently scoping the volume of this work.	
		4.3 Managers within the service to ensure that they explore gaps during the interview and evidence this on interview notes.	Immediate / 3 months	DCS DCSC	Action completed. WfE have added a statement to interview question forms requesting all gaps in employment be investigated and recorded during interview.	
		4.4 WfE and Corporate Resourcing to review employment history when auditing files	Immediate / 3 months	HoR	Action completed. Employment history is now a part of the audit checklist.	
<b>OF 5</b>	Redesign current audit forms in order for key casework milestones and qualitative information to be easily and clearly identified during audits.	5.1 Undertake a fundamental review of the audit framework.	Immediate / 3 months	HQA	Completed - This review enables a thematic casework focus, brings in a second auditor role to strengthen understanding of findings and ensures key milestones in the case and quality are addressed. Formally launch at VCYP management team meeting on 27 January.	
<b>OF 6</b>	Review the skills and experience of those who carry out audits to ensure they are fully able to undertake this function.	6.1 Undertake training needs analysis and deliver required training for managers and auditors.	Immediate / 3 months	DSC DCSC	Training event completed on 27 January 2012.	
<b>OF 7</b>	Take steps to improve the focus on the individual needs of children and young people within assessments and casework planning.	7.1 Presentation practice note ("Key Messages for Good Practice") given to all Team and Service Managers which covers this point.	Immediate / 3 months	DSC DCSC	Action completed.	
		7.2 Revise the learning and development offer to deal with assessment and case planning issues.	Immediate / 3 months	DSC DCSC	Action completed.	



<b>OF 8</b>	Undertake thematic audits of casework in order to improve understanding of service strengths and weaknesses.	Undertake a review of the audit framework.	Immediate / 3 months	HQA	Completed - This review enables a thematic casework focus, brings in a second auditor role to strengthen understanding of findings and ensures key milestones in the case and quality are addressed. An annual audit plan is now in place.	
<b>OF 9</b>	Take appropriate action to improve the quality and consistency of assessments.	9.1 Revise the learning and development offer to deal with assessment and case planning issues.	Immediate / 3 months	DSC DCSC	Completed – L&D offer includes this type of training. All relevant staff are booked on training.	
		9.2 Revise the assessment forms and guidance on Protocol to assist practitioners.	Immediate / 3 months	DSC DCSC	Forms are currently being revised by Liquid logic and are not yet on Protocol. Now due for completion by 12 March.	

**PART TWO – CHILDREN’S SOCIAL CARE AREAS FOR SUSTAINED IMPROVEMENT**  
**(Including Munro Review Recommendations)**

	Recommendation / Priority	Action Required / Milestone	Timescale	Lead	Progress Update	RAG
<b>SC 1</b>	Improving Social Work Practice	1.1 Essex should designate a Principal Child and Family Social Worker who is a senior manager with lead responsibility for practice in the local authority and who is still actively involved in frontline practice and who can report the views and experiences of the front line to all levels of management. <i>(Munro Recommendation 14)</i>	April 2012	DCS  DCSC	Principal Child and Family Social Worker (Jenny Boyd) now in post but the service needs to compile a plan to roll out Principal Child and Family Social Worker across the county. This may include revising current posts within the service. Plan due for completion March 2012.	

		1.2 Existing statutory requirements for ESCB to produce and publish an annual report for the Children's Trust Board should be amended; to require its submission instead to the Chief Executive and Leader of the Council, and subject to the passage of legislation, to the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board. <i>(Munro Recommendation 5)</i>	Dependent upon changes to statute	DCS  Chair of ESCB	Awaiting amendment to statute.	
		1.3 "Working Together to Safeguard Children" should be amended to state that, when monitoring and evaluating local arrangements, ESCB should, taking account of local need, include an assessment of the effectiveness of the help being provided to children and families (including the effectiveness and value for money of early help services, including early years provision), and the effectiveness of multi-agency training to safeguard and promote the welfare of children and young people. <i>(Munro Recommendation 6)</i>	December 2012	DCS  DCSC	Government due to publish final documentation in September 2012. Revision to procedures will take place following publication.	
		1.4 The Local Authority, in conjunction with partners, should take action to define and promote the offer of early help.	August 2012	DCS  DCSC	Action on-going.	
		1.5 The Government should place a duty on local authorities and statutory partners to secure the sufficient provision of local early help services for children, young people and families. <i>(Munro Recommendation 10)</i>	Dependent upon amendment to statute	DCS  DCSC	Edge of care services Improved JSNA Review early intervention and targeted strategy.	

		1.6 Essex to give due consideration to protecting the discrete roles and responsibilities of a Director of Children's Services and Lead Member for Children's Services before allocating any additional functions to individuals occupying such roles. <i>(Munro Recommendation 7)</i>	August 2012	Corporate Safeguarding Board	DCS is compliant. The Lead Member role continues to be split between two portfolios and so does not currently comply with legislation.	
		1.7 The Government should require LSCBs to use systems methodology when undertaking Serious Case Reviews (SCRs) and work with the sector to develop national resources to provide accredited, skilled and independent reviewers to jointly work with LSCBs on each SCR; promote the development of a variety of systems-based methodologies to learn from practice; initiate the development of a typology of the problems that contribute to adverse outcomes to facilitate national learning; and disseminate learning nationally to improve practice and inform the work of the Chief Social Worker. <i>(Munro Recommendation 9)</i>	April 2012	Chair of ESCB	The recent review of the ESCB has covered this point and future SCRs will be conducted in this way. There is one current SCR which is being restructured to comply with the Munro recommendations.	
		1.8 Develop strategies and business cases to support the investment in and development of evidence based intervention (for example via invest to save papers based on MST and edge of care services).	April 2012	Head of Joint Arrangements (Roger Bullen) DFT		

		1.9 Essex and partners should start an on-going process to review and redesign the ways in which child and family social work is delivered, drawing on evidence of effectiveness of helping methods where appropriate and supporting practice that can implement evidence based ways of working with children and families. ( <i>Munro recommendation 13</i> )	April 2012	DCS DCSC		
SC 2	Improving Capacity and Service Mix	2.1 Implement and embed quadrant model.	April 2012	Directors of Local Delivery		
		2.2 Undertake in conjunction with partners a review of assessment and intervention thresholds and processes within children's social care, including: referral; IRT; location and staffing of teams; function and effectiveness of MAAGs (for ECC - ensuring linkage to NWOW Customer programme.)	September 2012	DCS DCSC DFT	Project commenced in January 2012.	
		2.3 Complete and evaluate pilot for Divisional Based Intervention units.	June 2012	DCS DCSC	Pilot commenced February 2012 and will run until end of May.	
		2.4 Contribute to all-age disability review to ensure identification and implementation of lifelong commissioning processes.	April 2012	DCS DOC		
		2.5 Conduct review of budgets and capacity across all Children in Care placement types.	April 2012	FBP		
		2.6 Ensure that staff sickness and vacancies are	September	DCSC		

		effectively managed and reported on. Reduce sickness from current level of 4.2% to 3.4%.	2012			
		2.7 Reduce number of agency staff within children's social care to 60.	March 2013	DCSC	There are 98 agency staff in Children's Social Care as of January 2012.	
		2.8 Safely reduce the average caseload to the range of 12-18.	March 2013	DCSC		
		2.9 Ensure new structure / model for Supervised contact is implemented to manage budget within limits.	April 2012	DCSC		
<b>SC 3</b>	Develop improved support systems and processes	3.1 Develop IS roadmap for SCF, including future developments of casework system and opportunities for consolidation / join with adults.	March 2012	Head of Technology – SCF (Tracey Kelsbie)	First draft on schedule for delivery end of February.	
		3.2 Further simplify PROTOCOL to make it more user-friendly.	April 2012	Service Manager – Social Work Systems and Development (Justin Phillips)		
		3.3 Commission improvements via Liquidlogic to PROTOCOL to provide a more transparent way for information to be found within the electronic recording and performance management reports so that information can easily be obtained across all cases including a medium term solution to provide electronic social care record.	April 2012	DCSC		
		3.4 Ensure that family support providers are enabled and required to record appropriately their interventions directly onto PROTOCOL including where children are seen.	June 2012	Service Manager – Social Work Systems and Development (Justin Phillips)		

				Phillips) Head of Externally Commissioned Placements and Family Support (Lou Williams)		
		3.5 Develop plan and begin rollout pilot for End User Computing to improve efficiency and mobility of frontline staff.	May 2012	Head of Technology – SCF (Tracey Kelsbie)		
		3.6 Ensure co-ordinated approach with appropriate support to tackle poor performance.	On-going	DCSC		
		3.7 Ensure that policy and procedure practice guidance is available via the web.	July 2012	Service Manager – Social Work Systems and Development (Justin Phillips)		
SC 4	Implement a comprehensive performance and quality framework	4.1 Develop Children's Services performance framework to create a thorough and strategic approach to performance, quality, and improvement.	April 2012	DFT		
		4.2 Ensure that in developing the measures to underpin this framework, ECC and their partners use a combination of nationally collected and locally published performance information to help benchmark performance, facilitate improvement and promote accountability. It is crucial that performance information is not treated as an unambiguous measure of good or bad	April 2012	DFT	Health – robust performance monitoring mechanisms and reporting framework in place including regular reporting to PCT Boards and the ESCB – includes reporting against KPIs. Further action will be taken to ensure relevant information is being provided to ECC Scrutiny function.	

		performance. ( <i>Munro Recommendation 4</i> )			Police – (awaiting update).	
		4.3 Ensure governance and processes are in place within children's social care to monitor and improve performance e.g. Performance Surgeries, Management Meetings etc – supported by appropriate performance products. This should also include robust and regular reporting to cabinet members and scrutiny on improvements in performance and a quarterly report for policy and scrutiny committee.	February 2012	DCSC DFT	Director for Transformation and Director for Children's Social Care have begun discussions on designing a quarterly update process.	
		4.4 Ensure reports to senior officers, policy and scrutiny, and cabinet are supported by contextual information to inform discussion / accountability.	February 2012	DFT		
		4.5 Support a programme of deep dives into performance areas by the Children's Safeguarding sub-committee.	April 2012	Head of Quality Assurance (Gill Halden / Paul Secer)		
		4.6 Develop a coherent approach to self-inspection and review.	April 2012	DCSC		
		4.7 Through robust performance management, ensure a concentrated focus on unallocated cases, timeliness of assessments, and numbers of re-referrals.	Ongoing	DCSC DFT		
<b>SC 5</b>	Develop and implement a Social Work Academy	5.1 Develop vision and purpose for social work academy.	April 2012	DCS		
		5.2 Design approach and delivery of annual health check.	TBC	Strategy Manager – Workforce Development and Planning (Trudi Bishop)		
		5.3 Establish learning & development programme for social workers and social work managers.	TBC	Strategy Manager – Workforce		

				Development and Planning (Trudi Bishop)		
		5.4 Establish Assessed and Supported Year in Employment (ASYE) function.	TBC	Strategy Manager – Workforce Development and Planning (Trudi Bishop)		
		5.5 Practice Educators approach programme.	TBC	Andrew Messiah (Senior Learning and Development Consultant)		
<b>SC 6</b>	Ensure improvement continues across partner agencies	6.1 Create a unified workforce strategy.	September 2012	Chair – IWIG (Maureen Hanley)	Strategy completed – further activity on-going to embed.	
		6.2 Develop a common framework of skills.	March 2013	Chair – IWIG (Maureen Hanley)		
		6.3 Ensure implementation of new arrangements arising from governance review of ESCB.	April 2012	Chair of ESCB	New framework due to be introduced in April 2012.	
		6.4 Review and roll-out of multi-agency audit system.	Jan 2012	DCSC	Action completed. Established system to be evaluated after one year.	
		6.5 Establish robust monitoring and accountability arrangements with partners which provide reassurance to Government that safeguarding will remain under close scrutiny now the Improvement Board has ceased to operate.	February 2012	DFT	Monitoring meeting dates have been established for the next six months.  Health – robust reporting arrangements are in place to PCT Boards. Reports are also made on a regular basis to the ESCB. Partnership	



					<p>priorities for safeguarding are appropriately embedded into agency plans.</p> <p>Safeguarding leadership group has been established within new ESCB structure including representatives from key partner agencies.</p> <p>(Police – update awaited)</p>	
		<p>6.6 Undertake review and improvement activity in respect of the multi-agency response to domestic violence.</p> <p>This should include ensuring appropriate and secure transfer of information to relevant agencies, that appropriate multi-agency structures are in place and that appropriate monitoring and risk assessment is undertaken of received notifications. Action is required by agencies to ensure there is sufficient capacity to ensure that backlogs do not return and that the system is sufficiently able to deal with peaks and troughs in activity.</p>	July 2012	Chair of ESCB, Chair of Essex Against Domestic Violence, Chair of Essex Community Safety Partnership		
		6.7 Continue Section 11 audit, ensuring that all partner agencies are meeting their duty to safeguard children.	July 2012	Chair of ESCB	Robust section 11 audit system is in place – current round of audits now completed – plan required for how the system will continue to be rolled out / embedded.	
SC 7	Continue to focus on joint improvement issues within health / NHS (carried forward from former statutory improvement plan)	7.1 Essex Primary Care Trusts to provide clear and effective leadership for safeguarding of children and young people through clearly defined and substantive designated and named nurse and doctor roles, building teams working across the health communities.	July 2012	Lead – NHS North and South	Some capacity issues remain in designated / named doctor roles – are being resolved – otherwise effective teams and leadership established.	
		7.2 Essex PCTs to demonstrate a co-ordinated and strategic approach to involving service users	April 2012	Lead –	Strategic arrangements are in place –	

		in the planning and delivery of services targeted to children and young people, including those children and young people that are looked after.		NHS North and South	further activity is required to ensure that agreed strategies are fully embedded into practice.	
		7.3 Essex Primary Care Trusts to ensure appropriately trained individuals undertake health assessments and implement a robust monitoring system to ensure consistent good quality of assessments.	January 2012	Lead – NHS North and South	Action completed.	
		7.4 The Boards of Essex Primary Care Trusts to demonstrate that the partnership priorities agreed with the Children’s Trust Board and the Essex Safeguarding Children Board are embedded and outcomes improve throughout the Essex health economy.	February 2012	Lead – NHS North and South	Robust reporting mechanisms are now in place against these priorities – reports are made on a regular basis to PCT Boards where safeguarding has a high profile. Reports are also regularly made to ESCB and other partnership meetings.	
		7.5 Essex Primary Care Trusts to ensure there is sufficient capacity within health visiting services to provide universal and targeted services to safeguard children and young people in Essex, both currently and during/after the planned separation of provider services.	July 2012	Lead – NHS North and South	Strategies and budgets are in place. Clear trajectory established for how capacity will be increased.	
		7.6 Essex Primary Care Trusts to ensure there is sufficient capacity within school nursing services to provide universal and targeted services to safeguard children and young people in Essex, both currently and during/after the planned separation of provider services.	July 2012	Lead – NHS North and South	Awaiting national plan to assist with determining future strategic direction.	
		7.7 Essex Primary Care Trusts to review and address lack of capacity and consistency of practice across the county within the looked after children nurse service.	February 2012	Lead – NHS North and South	Named and designated roles are in place and sufficient capacity has been established within the service.	
		7.8 To ensure that provision for examination and support for children and young people who may	April 2012	Lead – NHS North and	Brentwood SARC is established however on-going issues remain in relation to ensuring	

		have been sexually assaulted is responsive and effective, with a sufficient complement of medical expertise.		South	sufficient availability of paediatricians to undertake examinations within the facility. Alternative strategies are under consideration – further discussion to occur at Health Clinical Network.	
		7.9 Essex PCTs to ensure that transition arrangements for children to adult services facilitate co-operation across teams to ensure that the services provided continue to be appropriate to the age and needs of the young person involved.	April 2012	Lead – NHS North and South	Multi-agency Transition Protocol has been agreed and all agencies have signed up to this with the exception of SEPT – issue being addressed by Stewart McArthur (Lead – NHS South). JAP Panels are established.	



