Treasury Minutes on the Eighteenth to Twenty-first Reports from the Committee of Public Accounts 2005-2006

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TREASURY MINUTES DATED 22 MARCH 2006 ON THE EIGHTEETH TO TWENTY-FIRST REPORTS FROM THE COMMITTEE OF PUBLIC ACCOUNTS, SESSION 2005-2006

Eighteenth Report

Department for Education and Skills

Improving school attendance in England

PAC conclusion (i): Total absence in maintained schools has been reducing – by 6% between 2002-03 and 2004-05 – but unauthorised absence stayed around the same level for many years, before increasing in 2004-05 to over 0.8% of available school days. We have identified 10 key practices to help schools manage attendance more effectively (Figure 1) and the Department and Ofsted should encourage schools and local authorities to apply them consistently.

Figure 1: Effective practices in attendance management

Effective practice	Commentary
1. Head teacher support for attendance management	Head teachers determine the priority that schools give attendance management and the resources that they apply. Some schools have higher absence rates than their circumstances suggest that they ought to have. They may need to give a higher priority to attendance management.
2. Communication of a clear policy on attendance	The onus is on head teachers to ensure that parents, pupils and teachers know what is expected of them and why. Most, but not all, schools have a documented attendance policy. Some head teachers are uncertain about when to authorise holidays during term-time.
3. Electronic registration at each lesson	All schools have to take a register and, used well, electronic registration systems produce reliable attendance data efficiently. Many schools do not have electronic registers and could use their devolved funding to implement these systems.
4. Early contact with parents of absent pupils	Most, but not all, schools contact parents on the first day of a child's absence. Early contact demonstrates to parents that attendance matters and absence is noticed, so contributes to the building of a strong ethos of attendance.
5. Regular analysis of attendance data	Analysis of attendance data enables schools to identify causes and patterns of absence and whether individual pupils need support. Most schools analyse data to varying extents.
6. Schemes to reward attendance	Reward schemes can be effective in reducing absence. The schemes can be designed to tackle the particular problems of a school and they increase the profile of attendance.
7. Provision of alternative curricula	Curricula need to match pupils' aspirations to make school attractive. Some schools work effectively with colleges of further education to provide vocational training.
8. Collaboration between schools	Schools apply management practices in different ways to tackle absence. Sharing their knowledge and also their resources can improve practices.

Figure 1: Effective practices in attendance management *(continued)*

Effective practice	Commentary
9. Effective working with education welfare services	Local authority education welfare services provide specialist support for difficult cases, for example where pupils have severe behavioural problems or have home circumstances (such as caring responsibilities) that make school attendance difficult. Some education welfare services also give expert advice to schools on attendance management.
10. Threat of legal sanctions	Where other approaches fail, in some cases the threat of sanctions can get pupils to return to school. Some local authorities have used penalty notices very effectively.

PAC conclusion (ii): A school's shared values, or ethos, can make a big difference to a school's attendance level. It can take time to build an ethos that encourages regular attendance, but there are plenty of examples of how schools with good head teachers have achieved impressive reductions in absence. The Department and Ofsted should expect and assist head teachers, through the promulgation of good practice, to work with their governors, management teams, parents and pupils to build and sustain a strong ethos that values the regular attendance of all pupils.

1. The Department of Education and Skills (the Department) and the Office for Standards in Education (Ofsted) agree with these conclusions. They recognise the importance of effective practice in improving attendance management in local authorities and schools. The Department believes that having a strong attendance ethos has been a central characteristic of those schools which have seen improvements in their attendance performance.

2. As part of its strategy of focussing on schools and their local authorities with high levels of absence, the Department has put in place additional challenge and support through its regional field-force, targeted on the basis of greatest need and monitored through requirements on setting targets and providing regular data. This includes not just school-level analysis and action but also change management with a number of local authorities with whom it has worked closely to prioritise attendance across their schools and to implement effective practice-sharing that helps to sustain progress. This in turn has led to a number of schools putting in place new approaches to tackling absence. For example, as a cohort, the schools targeted for reducing overall absence in the academic year 2004-05 have done so twice as quickly as the average reduction rate for secondary schools in England. The Department believes this is due in good measure to a strong attendance ethos, along with good change management within the school, which allows progress to become expected and tracked, and for action to be taken quickly to remedy problems.

3. The Department issued advice on effective attendance practice to local authorities, governors and schools last year. The advice to schools was developed with the help of, and endorsed by, several teacher and practitioner organisations. It sets out nine broad themes and lists effective practices within these themes which schools can choose from to meet their own attendance priorities. The practices identified by the Committee are reflected in this advice which can be found at: www.dfes.gov.uk/schoolattendance. The website includes the National Audit Office

summary document *Improving School Attendance* (June 2005) as well as listing other examples of effective practice which may be helpful to schools.

4. The Assistant Regional Attendance Advisers, employed within the National Strategies, provide additional expertise and capacity on attendance specific issues for local authorities and schools. They support them with their attendance strategies and in identifying and implementing effective practice.

5. Ofsted recognises the importance of the link between attendance and pupils' attainment and achievements. It also identifies, through inspection, key features that have an impact on good attendance, for example, curricular organisation and teaching strategies that motivate pupils to want to attend. Inspection also endorses the characteristics of good practice cited in the conclusions.

6. Ofsted stresses the link between learning and attendance. Inspection evidence indicates that a strong ethos with a focus on learning is essential if attendance is to be secure. Ofsted expects all schools to evaluate attendance and to summarise their evaluation in their self evaluation forms. There is specific guidance to help schools to evaluate attendance and this highlights the importance Ofsted gives to matters of this sort that are directly related to pupils' well-being.

7. Each school's inspection report is distributed to parents and is made available on the website. This ensures that parents are aware of how well the school is doing and enables schools to look for good practice in other schools. There is also a letter to pupils after the inspection. If inspectors have concerns about attendance they say so in the letter. This enables Ofsted to highlight the importance of good attendance.

8. In addition to gathering and disseminating information on attendance through its regular inspections, Ofsted is carrying out a survey on attendance in the summer term. This will enable inspectors to identify and report on the details of good practice. Any report resulting from the survey will be heralded in *Ofsted Direct* a publication available to all schools, and the report will be made available on Ofsted's website.

PAC conclusion (iii): Children and young people brought up in deprived circumstances suffer a double disadvantage because absence from school reduces their life chances further. Disadvantaged pupils are much more likely to be absent from school. For example, pupils in secondary schools with a very high take up of free school meals tend to be absent from school for seven days a year more than pupils in schools with average levels of free school meals. Good schools use strategies to encourage positive attitudes to school, such as seeking to build good relationships with parents from the start, and making the curriculum more relevant to pupils' aspirations. For example vocational and academic subjects may be combined in ways that capture pupils' interest and clearly prepare them for employment.

PAC conclusion (iv): Making the curriculum more relevant to reluctant attenders takes time and effort but has been successful in raising pupils' attendance and helping them want to learn. Good examples of pupils being provided with a broad, vocationally-based curriculum are often achieved through partnerships between schools and colleges of further education. The Department should encourage such collaboration to give pupils a relevant and challenging mix of subjects. Schools and other education providers involved should learn from the experience of others.

9. The Department agrees with these conclusions. In order to keep young people engaged in education, we need to make the curriculum and learning opportunities relevant and more attractive. In the White Paper *14-19 Education and Skills* (Cm 6478, published in February 2005) the Government sets out its aim to develop an education system where all young people have opportunities to learn in ways that motivate and stretch them; a system where, through their own hard work and that of their teachers and tutors, young people are able to qualify themselves for success in life. It introduces new opportunities for young people to enjoy new styles of learning. There will be more opportunities for practical and applied learning within a different more adult environment – with the potential for significant experience in the workplace.

10. The Department is improving vocational education through the introduction of specialised Diplomas in 14 broad sector areas. Employers, through Sector Skills Councils, will lead in their design and higher education institutions will also have an important role to play. They will provide an opportunity for young people to acquire skills that have real currency in the labour market. Diploma Development Partnerships are being established to develop the content of the Diplomas. The first of the new specialised Diplomas will be available for teaching in September 2008; a further five will be available from September 2009; with the final four becoming available from September 2010.

11. No single institution will be capable of delivering all the new specialised Diplomas alone. Collaboration will therefore be essential for success. 14-19 partnerships in every area will be convened by the local authority and Learning and Skills Council and will include schools, colleges, training providers and employers. Each area will be given the flexibility to decide the detailed composition itself.

12. As the Committee recommends, the Department is encouraging schools and other providers to learn from the best of what has been done so far on 14 -19 delivery and for them to make the best of the flexibilities they already have to make a range of alternative provision for pupils at risk of disengagement. We have published a Manual of Good Practice based on successful 14-19 Pathfinders.

PAC conclusion (v): The Department and schools spend substantial sums on tackling absence, but national absence data is of limited use and not completely reliable. Schools have discretion over what absence they classify as authorised and unauthorised, so the split is uninformative. From 2006, the Department will have absence data on a pupil-by-pupil basis, which will facilitate analysis of particular groups of pupils. As schools increasingly use electronic systems to collect more detailed information on causes of absence, the Department should consider costs and benefits of aggregating it at a national level.

13. The Department believes that this conclusion overstates the weaknesses of the absence data. It is true that schools have some discretion over the classification of some pupil absences and that this can have some effect on the split between authorised and unauthorised absence at the margin. The combined total of authorised and unauthorised absence is, however, a fairly robust measure of overall pupil absence and gives a good indication both of trends over time and of the pattern of absence levels across schools and regions. That is one reason why the Government has decided to focus on this measure for the purpose of setting a national Public Service Agreement (PSA) target on pupil absence.

14. Data on trends and variations in unauthorised absence alone do need to be interpreted carefully. Differences in classification procedures can affect comparisons at school level, while changes in policy (for example, an increasing reluctance to authorise term-time holidays) can affect trends over time. The Government has stressed that unauthorised absence is not the same thing as truancy and that increases in the national level of unauthorised absence do not mean that truancy is increasing. The figures on unauthorised absence can, however, be useful if used with caution and they have, for example, helped us to pick out schools where there appears to be a significant issue in terms of some pupils having unacceptably high levels of unauthorised absence. Our work with these schools is a key component of the strategy to reduce levels of persistent truancy.

15. The Department has, moreover, taken steps to secure substantial improvements in absence data. In the 2004-05 school year, absence data was collected on a termly basis for the first time. An even more important step, however, is that, from the 2005-06 school year, secondary schools' absence data will be collected each term via the Pupil Level Annual School Census (from the 2006-07 school year for primary schools). This will allow data to be collected at pupil-level and by "reason code" – for example, "S" for study leave or "R" for religious observance from 2007. This additional information will provide a clearer picture at local and national levels and this greater understanding will inform effective strategies for supporting schools in reducing absence and tackling truancy. New technology aids the collection of reliable data more frequently from schools in a bureaucracy-free manner and will allow for economies of scale.

16. The termly data collection at pupil level will provide an up-to-date seasonal analysis of pupil attendance and identify more quickly schools and local authorities that may need additional expert support. Improvements in attendance can be brought about by giving a higher priority to absence management by schools and local authorities and by the application of some basic elements of effective practice as identified in the Committee's first conclusion. The data will be used to help:

- focus local authorities on achieving significant improvements in priority schools;
- for their performance against attendance targets and trajectories;
- adopt a differentiated intervention approach, which aims to identify those schools which have a serious attendance problem in absolute terms, as well as those schools which compare unfavourably with other schools in similar circumstances; and
- offer high quality support (through the local authority) for schools with the most serious problems, bearing in mind that such schools may often have a combination of problems to tackle.

PAC conclusion (vi): Around 60% of secondary schools have electronic registration systems and most find them effective in helping to tackle absence. The Department no longer provides specific funding for these systems, but should encourage schools to apply their devolved funds to introducing registration systems where they are likely to improve the information available and administrative efficiency.

17. The Department agrees that, used well, electronic registration systems, which allow "lesson-by-lesson" monitoring of attendance can help secondary schools in particular deal with "post-registration" or "internal" truancy.

18. For this reason the Department invested around £11 million on e-registration systems to support 530 secondary schools with high unauthorised absence rates. We are currently evaluating the effectiveness of this e-registration pilot and will disseminate conclusions to schools in the spring. This, along with marketing from e-registration system providers, will provide further encouragement to schools to consider buying and using such systems.

19. It is for schools to decide on the best method of achieving the required outcomes, although advice and guidance is available from, for example, the British Educational Communications and Technology Agency (becta) on its website at www.schools-becta.org.uk.

20. Each maintained school has the freedom to choose the technical solution that best meets its local needs. E-registration functionality will form part of the school's information and communications technology package, which is currently funded through the ICT in Schools Standards Fund, Devolved Formula Capital Grant and other funding that the school or local authority chooses to make available.

PAC conclusion (vii): Reintegration of pupils returning to school after a long period of absence requires appropriate planning and resources. Pupils who return to school after a long absence may find it difficult to settle without personalised support, and unless they get the right support they can distract teachers and other pupils or go absent again. The Department should encourage local authorities and schools to implement the recommendations of its recent research report on reintegration, and should help them by providing more guidance on effective practice in settling pupils back in to school.

21. The Department agrees that re-integration needs to be appropriately planned and resourced. The Department has issued guidance on reintegration in the materials we already give schools and local authorities. For example, the Secondary National Strategy materials in *Developing effective practice across the school to promote positive behaviour and attendance* includes guidance on pupil transfer, transition and reintegration, particularly after long-term absence, as well as reference to good practice in authorities. These materials also include references on dealing with consistently poor behaviour and on pupil support systems. These documents can be viewed at: http://www.standards.dfes.gov.uk/keystage3/respub/ba_core_tr2 The research report *Reintegration of Children Absent, Excluded or Missing from School* (2004) can be accessed through the Department for Education and Skill's website at: http://www.dfes.gov.uk/research/data/uploadfiles/RR598.pdf

PAC conclusion (viii): Too many pupils are absent from school on term-time holidays. Although term-time holidays do not bring the same problems as truancy because the absent pupils are unlikely to be involved in crime or anti-social behaviour, they still represent a substantial and unnecessary loss of education. The Department should give head teachers clear guidance on term-time holidays – for example that the 10 days per year is a limit not an entitlement – and encourage head teachers to take a firm line on authorising this type of absence.

22. The Department agrees with this conclusion. The Department's view is that too many pupils are absent from school due to holidays in term time and that holidays, like all other unnecessary absences from school, should be discouraged and avoided wherever possible. Where holidays are taken it should be the exception rather than the rule.

23. The Department has issued guidance *Advice on whole school behaviour and attendance policy* (September 2003) to schools on the issue of holidays in term time and the application of Regulation 8 of the Education (Pupil Registration) Regulations 1995. This regulation sets out the position on leave of absence and says that Head teachers may, following receipt of an application, grant up to ten school days authorised absence for the purpose of family holidays during term time.

24. The guidance gives schools advice on how to assess holiday requests. It suggests that in considering requests schools take into account individual circumstances. These may include the child's attainment, attendance history, the proximity to tests or exams and the child's ability to catch-up on missed work. While leave of absence may be authorised for a term time holiday, for example where a parent's employer is either unwilling or unable to grant them leave, that decision is ultimately a matter for the school. Schools should use this discretion sparingly.

Nineteenth Report

Department of Health

Tackling Cancer: Improving the Patient Journey

PAC conclusion (i): …Delays heighten patient anxiety and may have adverse consequences for the course of the disease. 80 per cent of patients with suspected breast cancer are currently seen within two weeks, and this is the standard to which cancer networks should aspire for all patients with suspected major cancers.

1. The Department of Health (DH) accepts the aspiration that more patients should be seen within two weeks, particularly those who are not referred urgently, and, therefore, accepts this recommendation in principle. This conclusion, however, is misleading as almost all patients with suspected cancer (99.8 per cent) are currently seen within two weeks of being referred urgently by their GP.

2. We have already made significant progress on cancer waiting times. Between October and December 2005, the one-month target from diagnosis to treatment was achieved for nearly 97 per cent of patients. The two-month target from urgent referral to treatment was achieved for nearly 84 per cent of patients. This is progress data towards the targets and we expect even better performance to be reported for the final quarter.

3. Since the original NAO survey on which the Committee's report is based, there has also been a manifesto commitment that we will go further to improve cancer waiting times**.** The "NHS Improvement Plan: Putting people at the heart of public services" said that: "By 2008, no one will have to wait longer than 18 weeks from GP referral to hospital treatment, and most people will experience much shorter waits, with even quicker access in priority areas such as cancer".

4. We expect the pathway management approach, being introduced to implement the 18 weeks commitment, to benefit those cancer patients who join the cancer care pathway at different points as a result of not being referred urgently by their GP, initially.

PAC conclusion (ii): …The Department should work with GPs to reduce waiting times for referral to a specialist by improving the ability of GPs to identify symptomatic patients promptly.

5. DH accepts this recommendation. It is vital that GPs refer patients with suspected cancer appropriately. DH issued GP cancer referral guidelines in 2000 and the National Institute for Health and Clinical Excellence (NICE) updated the guidelines in June 2005. The revised guidelines aim to help primary care staff identify patients most likely to have cancer and who require urgent assessment by a specialist.

6. DH has also commissioned work to test the feasibility of using an algorithm to improve GP referrals for suspected bowel cancer, and the results will be available later in 2006.

7. Primary Care Trusts (PCTs) and cancer networks also have a responsibility to monitor the treatment commissioned for their patients, including local GP referral patterns. There are various locally developed feedback processes in existence across the country aimed at ensuring that more appropriate referrals are made, and we expect that as the commissioning role of PCTs is strengthened, the effectiveness of local referral patterns will be subject to closer local scrutiny.

PAC conclusion (iii): …Consultants, specialist nursing staff and the Department of Health should promote access to national and local dedicated support and self-help networks for those suffering from cancer, working in partnership with existing groups to strengthen their networks. Formal assessments between specialist nursing staff and the patient should include a check that the patient has been made aware of national and local support and self-help groups.

8. DH accepts this recommendation in principle and is already taking action in this area. The National Cancer Action Team, Macmillan Cancer Relief and the Cancer Network Nurse Directors forum are working in partnership to promote the giving of information and the availability of support groups to patients.

9. This programme will ensure that information is given at the right time and that the most appropriate support group is recommended to meet the needs of each individual patient.

10. Cancer networks are currently developing information summary protocols for each tumour type, which set out what information should be given to the patient at which point in the patient journey. These protocols are network-wide to ensure equity and consistency of patient information and are agreed by members of the multidisciplinary team with the active involvement of users. The protocols consist of locally agreed information and, where appropriate, nationally designed information. The protocols are web based for ease of reference by all health care professionals.

11. The protocols are in line with the NICE Supportive and Palliative Care guidance and Cancer Networks have produced a three-year action plan for implementation of this guidance.

12. In addition, a series of workshops have been held to support Cancer Patient Information Managers in assisting the network teams in delivering patient information. A further series of workshops is planned for 2006-07.

PAC conclusion (iv): …Informed by the outcome of the 2005 peer review exercise across all cancer services, the National Cancer Director should publish an in-depth report on the standard of prostate services around England as well as the reasons for deficiencies, and work with cancer networks to establish and implement action plans for improvements where there are problems.

13. DH accepts this recommendation in principle. NICE published guidance on "*Improving outcomes in urological cancers*" in 2002 and this addressed prostate cancer. Cancer networks have produced action plans setting out how they plan to implement this guidance over a three year period. Implementation of these action plans is being monitored through the Local Delivery Plan (LDP) process.

14. In addition, this guidance has been converted into a series of measures that have been included in the Manual for Cancer Services, 2004. This Manual is aimed at all commissioners and providers of NHS cancer services to support self-assessment and peer review.

15. The function of peer review is to accelerate the pace of improvement in the quality of cancer services across the whole system of patient care and the patient and carer experience. All 34 Cancer Networks in England are due to have been peer reviewed by the end of November 2006.

16. Following each visit a local peer review report is produced. These reports are in the public domain so the public, charities, members of parliament and media will be able to see how their local cancer services are progressing. They will be able to see progress in terms of different types of cancers such as prostate cancer and also different services such as chemotherapy. It is the responsibility of individual cancer networks to ensure that any remedial action identified as a part of peer review is addressed. Strategic Health Authorities (SHAs) are responsible for performance managing the NHS locally.

17. Once this round of peer review is complete, the Cancer Action Team will produce a national report summarising the outcomes of peer review. This will include a summary of the national position on prostate and other cancers. This report should go part way to addressing the Committee's recommendation.

18. DH issued a report entitled "*Making Progress on Prostate Cancer*" in November 2004 to highlight progress that had been made over the past four years and set out work in progress on prostate cancer. DH does not plan to issue a more detailed report on prostate cancer at this stage. However, if the Department issues a further update on progress implementing the Cancer Plan in general (to supplement those updates issued to mark the first, third and fourth anniversaries of the Cancer Plan) we will consider including more information about individual cancers to reflect national learning from peer review.

PAC conclusion (v): …The Department should act upon advice recently published by the National Institute for Clinical Excellence that patients should be offered a record of matters discussed with clinicians, so as to avoid needless anxiety and uncertainty.

19. DH accepts this recommendation. The recommendation contained in the NICE guidance on Supportive and Palliative Care that patients should be offered a permanent record of important points relating to consultations, was published in 2004. This was at the same time that the NAO survey was undertaken. It is not surprising, therefore, that only 10 per cent of patients reported that they were given a record.

20. Since the publication of the guidance, each cancer network has set out a three-year action plan to ensure that the guidance is fully implemented. This includes the recommendation that patients are offered a record of consultations.

21. We can confirm that, as of January 2006, just over two thirds of cancer networks have processes in place to implement the recommendation. The Cancer Action Team is working with the minority of networks to ensure that this recommendation is implemented. The action plans are monitored both by SHAs and through regular cancer peer review.

22. The NHS Plan published in 2000 set out that letters between clinicians about individual patient's care will be copied to the patient as of right. This is an effective way of keeping patients up-to-date with their diagnosis and treatment and demonstrates a commitment to proactive communication.

23. The 2005 PCT Patient Survey results (which covers all patient's groups), published by the Healthcare Commission, included a new question which asked those patients who had been referred to a specialist within the last year whether they had received copies of their clinical letters. Around 40,000 patients responded to this question. After excluding people who did not want to receive letters, or who could not remember, 22 per cent said they had received copies of all letters. A further eight per cent had received copies of some letters.

24. This demonstrates progress but it is important to build on this start. It is for NHS trusts and PCTs with the support of their respective SHAs to ensure that the NHS Plan commitment to copying letters to patients is delivered within their own organisations.

25. The Department is supporting this activity by developing a learning resource to share the experience of organisations that have made progress in implementing the initiative.

PAC conclusion (vi): …All cancer patients should receive a formal assessment by their clinical nursing specialist and consultant of the support needed to manage the pain, stress and anxiety caused by their cancer.

26. DH accepts this recommendation in principle and has already taken steps to address this. There has, however, been significant improvement in the control of cancer pain since 2000. In the NAO survey 85 per cent of patients felt that everything had been done to relieve pain compared to 81 per cent in 2000.

27. Improving communication and information giving are key recommendations contained in the NICE guidance. The need for advanced communication skills for senior clinicians was flagged in the NHS Cancer Plan (2000). We are now developing high quality programmes which can be delivered around the country. These programmes are tailored to the needs of particular groups of clinicians.

28. Communication and information need to be supported by adequate psychological support services. Cancer Networks are developing and implementing a four tiered service model to provide psychological support services. The Cancer Service Improving Partnership programme has developed national 'information pathway' protocols for the major cancer types.

29. In response to the specific recommendation regarding formal assessment of pain, stress and anxiety. DH and the Cancer Action Team undertook a scoping exercise in 2005 to identify the most effective way forward in respect to patient assessment of supportive and palliative care.

30. Further work is currently being commissioned to take this forward in developing a unified approach to assessing and recording patients' needs. The approach will enable comprehensive assessment of need to take place at significant points during the cancer journey – such as diagnosis, first treatment, remission and relapse and continuing care. We expect this work to be completed by end of 2006.

PAC conclusion (vii): …The Department should set national recruitment targets and measure progress towards implementing National Institute for Clinical Excellence guidance on improving supportive and palliative care for adults with cancer. Regional and national progress summaries should be published.

31. DH rejects the recommendation to set national recruitment targets but is already measuring progress towards implementing NICE guidance through action plans, local delivery plans and peer review. Consideration will be given as to how this information can be used to produce regional and national summaries.

32. The inequalities of access to specialist palliative care beds is largely historical as the services are predominately provided by the voluntary sector and have developed in an ad-hoc manner over the past years. This has also meant that the critical mass of specialist staff are employed within the voluntary sector.

33. To address this, each cancer network undertook a population needs assessment during 2004-05 to ensure adequate, and appropriate, distribution of services to meet the needs of the local population. This country-wide assessment enabled networks to develop three-year action plans and to target the additional £50 million per annum funding for specialist palliative care to areas of greatest need. Across England, this has enabled an additional 38 consultants and 143 specialist nurses to be appointed. The progress against these plans is being monitored by SHAs and the National Partnership Group for Palliative Care.

34. Overall, we have rapidly increased the number of palliative medicine consultants in the last few years from 80 in 1997 to 195 by June 2005, an increase of 144 per cent, and numbers are set to rise further. These figures do not include consultants working in hospices who do not hold NHS contracts, currently around 84.

35. It is for cancer networks to work in partnership with SHAs and workforce development directorates to assess, plan and review their workforce needs and the education and training of all staff linked to local and national priorities for cancer, including implementation of NICE guidance on improving supportive and palliative care.

36. Local network plans suggest immediate demand for more consultants and they are being encouraged to develop their plans, consider further investment in training and to explore innovative ways of service provision including new roles for cancer nurse specialists.

37. Further work is taking place through the National Partnership Group for Palliative Care, who are also looking at workforce numbers and regional variation for both palliative care consultants and cancer nurse specialists in both NHS and voluntary sector settings. The Group is also looking at developing career pathways for cancer nurse specialists and the development of the supportive and palliative care competency framework, by Skills for Health, will help networks develop training programmes for nursing roles.

PAC conclusion (viii): London cancer patients were less positive than those in other regions about the quality of service they had received, even though London had the same or higher levels of expenditure and range of services available, and clinical outcomes in London compared favourably in terms of

survival rates. The London Strategic Health Authorities should research the reasons for patients' poorer perceptions of cancer care in London and produce an action plan based on the results to address shortcomings.

38. DH does not allocate research funding to SHAs and, under the terms of *Shifting the Balance of Power*, it would not be appropriate for DH to ask or direct the London SHAs to research the reasons for patients' poorer perceptions of cancer care in London or produce action plans based on the results of such research. It will be for the London SHAs to consider how best to respond to this recommendation.

39. We know there are issues around healthcare in London. There are problems in recruiting and retaining enough staff and providing services for such a diverse population. We are committed to improving the cancer experience of patients in London through the development and delivery of high quality and timely information on cancer that is culturally sensitive and specific to local services, improving the communication skills of doctors and ensuring that particular workforce problems are identified and resolved.

40. The Public Service Agreement target for inequalities in life expectancy and the inequalities elements of the cancer and heart disease targets aim to narrow the gap between the population as a whole and the "fifth of areas with the worst health and deprivation indicators" (the "Spearhead Group"). Achievement of the targets will be assessed on the outcomes for this Group in 2010.

41. The "Spearhead Group" lists consist of the Local Authority areas that are in the bottom fifth nationally for three or more of the following five factors:

- Male life expectancy at birth
- Female life expectancy at birth
- Cancer mortality rate in under 75s
- Cardio Vascular Disease mortality rate in under 75s
- Index of Multiple Deprivation 2004 (Local Authority Summary), average score

The Spearhead areas in London are set out in the table below.

SPEARHEAD AREAS IN LONDON		
SHA	**Local Authority**	**PCT**
North West London	Hammersmith & Fulham	Hammersmith & Fulham
North Central London	Haringey Islington	Haringey Islington
North East London	Barking & Dagenham	Barking & Dagenham
	Hackney	City and Hackney
	Newham	Newham
	Tower Hamlets	Tower Hamlets
South East London	Greenwich	Greenwich
	Lambeth	Lambeth
	Lewisham	Lewisham
	Southwark	Southwark

42. The vast majority of PCTs in London receive funding in excess of their target share of resources as determined by the funding formula. For example following the latest round of revenue allocations for 2006-07 and 2007-08, of the 31 London based PCTs, 27 will receive funding in excess of their target allocation. PCTs in London in the three years to 2005-06 received 31.85 per cent growth in their allocations compared to the national average of 30.83 per cent.

PAC conclusion (ix): …In partnership with the Department for Work and Pensions, cancer support groups and other voluntary bodies, healthcare professionals should receive training designed to give them an adequate knowledge of the benefits system such that they can advise patients at all stages in their treatment, including the terminally ill.

43. DH rejects this recommendation. The Department of Work and Pensions (DWP) has the expertise and knowledge to inform people about arrangements for claiming benefits and their entitlement to different benefits. It would not be appropriate for health professionals to advise people about claiming benefits to which they might be entitled.

44. In the NHS Plan, published in 2000, the Department of Health established Patient Advice and Liaison Services (PALS) in every NHS Trust. PALS services were created to provide information on health and health related matters to patients, their families and carers. DWP has arranged for the National PALS Development Group to provide advice and guidance to PALS on Disability and Carers Service (DCS) benefits which includes Disability Living Allowance (DLA), Attendance Allowance (AA), Carers Allowance (CA) and Vaccine Damage Payments (VDP). DWP will provide any extra advice or awareness training on DCS benefits requested by PALS staff.

45. In 2006, the Department of Health published *Our Health, Our Care, Our Say*: *a new direction for community services* that confirmed:

> *"that services give all people with long-term health and social care needs and their carers an 'information prescription'. The information prescription will be given to people using services and their carers by health and social care professionals (for example GPs, social workers and district nurses) to signpost people to further information and advice to help them take care of their own condition.*
>
> *By 2008, we would expect everyone with a long -term condition and/or long-term need for support – and their carers – to routinely receive information about their condition, and where they can, receive peer and other self care support through networks."*

46. It is proposed that the information prescription will signpost people to information and advice about benefits.

47. In addition, *Our Health, Our Care, Our Say*: *a new direction for community services* confirmed the Department's commitment to provide "better access to services which can tackle health, social care, employment and financial needs, including social security benefits. Our vision is that people who access health and social care services should also be able to easily access other services such as benefits. The principle of co-location will therefore be included in the new national commissioning framework. This will be published later this year.

48. With more co-location of health services and benefits advice, patients at all stages of their treatment will have easier access to information on financial benefits.

PAC conclusion (x): …To improve the quality and choice of end of life care, cancer networks should work with Primary Care Trusts and others to identify and break down the barriers preventing wider adoption of best practice, and the Department of Health should update earlier research with terminally ill patients to monitor the impact.

49. The Department of Health accepts this recommendation in principle. Significant progress has already been made by cancer networks, PCTs and voluntary sector providers in working together in supporting greater choice at the end of life.

50. Cancer networks have submitted action plans detailing agreed milestones for investment in supportive and palliative care. These have been endorsed by the relevant SHA. The Cancer Action Team has reviewed these plans to assess progress for successful implementation between 2005-2008.

51. The DH is firmly committed to providing palliative and end of life care. This is supported by an impressive record over the last five years.

52. In 2005, the NHS Cancer Plan included a commitment to develop a supportive and palliative care strategy and to invest an additional £50 million per annum in specialist palliative care for adults. This investment was to help tackle inequalities in access to services and to enable the NHS to make a realistic contribution to the costs hospices incur in providing agreed levels of service. That commitment has been delivered. The extra £50 million per annum has allowed the NHS to recruit more

doctors and nurses, to develop new services and to provide more support to the voluntary sector, which has such an important role to play in delivering specialist palliative care.

53. Between 2001-2004, the DH invested £6 million into the highly successful training for district nurses in the principles and practice of palliative care. Over 10,000 nurses and other healthcare professionals have participated in this programme, which will benefit all patients that district nurses come into contact with. The programme has been evaluated by Kings College London. We are awaiting the final report.

54. In 2004, NICE published guidance on Supportive and Palliative Care services.

55. We are currently investing £12 million over three years (2004-2007) for the End of Life Care programme, which is being taken forward by SHAs and PCTs. The aim is to skill up staff for whom end of life care is only part of their workload, enabling all patients to have access to high quality care and choice about where they receive care at the end of their life. The programme is based on rolling out three good practice tools. Currently 23 per cent of all GP practices have implemented one or more of these tools and 43 per cent of NHS Trusts. The programme is being evaluated by Nottingham University.

56. The DH accepts the importance of evaluating the impact of these programmes on patient care.

PAC conclusion (xi): …The Committee …wishes to pay tribute to the outstanding contribution made by the volunteers and staff who work in hospices and cancer advisory and support groups.

57. The contribution of NHS staff has been key to improving the quality of care for cancer patients, as has the work of the voluntary sector. We look forward to continuing to work in partnership with staff, patients and the voluntary sector to further improve services.

Twentieth Report

Department of Health

The NHS Cancer Plan: A Progress Report

PAC conclusion (i): 30 per cent of networks visited by the National Audit Office did not have comprehensive plans for providing cancer services in their locality, though cancer networks have been in place for over three years. Under new performance management arrangements, Strategic Health Authorities (SHAs) will be responsible for ensuring networks operate effectively. SHAs should review the effectiveness of cancer networks in their locality and where necessary put cancer service plans in place without delay.

1. The Department agrees with this recommendation. The National Institute for Health and Clinical Excellence (NICE) has published a series of "Improving Outcomes Guidance" reports on services for different cancer types. These reports provide guidance to the NHS on what is required to deliver a high level of cancer care. We anticipate that the final guidance reports (on sarcomas and brain tumours) will be published later this year.

2. In response to some of the latest "Improving Outcomes Guidance" reports, cancer networks produce action plans, agreed with strategic health authorities (SHAs), for achieving compliance. These plans are reviewed by the National Cancer Director. Key milestones are agreed and monitored through the Local Delivery Planning process.

3. The National Cancer Peer Review Programme began in 2004. Each cancer network will be peer reviewed annually over a three year period against measures set out in the NHS Manual for Cancer Services to assess the quality of services they provide. Reports from the peer reviews will be sent to SHAs to take appropriate action locally. By December 2006 the Department will have a comprehensive picture of how cancer networks are performing against a range of measures.

PAC conclusion (ii): Monitoring of performance against Plan targets by cancer networks is inconsistent and, in five cases, does not take place. All cancer networks should establish comprehensive arrangements to monitor progress against those targets for which they are responsible. For consistency and appropriate coverage of targets, including the challenging waiting times targets to be met by the end of 2005, the National Cancer Director should identify and establish the most suitable monitoring framework. Network boards should provide annual information on progress to key stakeholders, including the National Cancer Director. The networks should then conduct benchmarking to learn from each other's successes and challenges.

4. The Department agrees with this recommendation. The NHS Cancer Plan was published in 2000 and contains a number of targets and commitments over its ten-year lifetime which the 34 cancer networks are responsible for implementing.

5. Monitoring of Cancer Plan targets already takes place in a variety of different ways, for example on waiting times and screening. The National Cancer Director has also published a report monitoring the uptake of new cancer drugs. This was first published in 2004 and will be updated shortly.

6. *National Standards, Local Action* sets out the national framework that should be used locally for planning to deliver national priorities over the next three years 2005-06 to 2007-08. Supporting this, the Local Delivery Plan technical notes set out the information requirements for planning and monitoring of national targets, including those for cancer.

7. The National Cancer Director will work with directors of cancer networks on a framework which will provide directors with information that will allow them to monitor the progress of cancer services in their network against core targets in the Cancer Plan. It will also allow directors to compare their progress with other networks.

PAC conclusion (iii): A third of cancer networks have at best an adequate relationship with the primary care trusts that provide their funding. The creation of NHS foundation trusts adds a new factor, as their core freedoms bring new opportunities but also the risk of more limited partnership working and collective efficiency. Planning, financing and implementing cancer services need to be done collectively by cancer network organisations rather than in isolation. Where necessary they should adopt existing good practice in this respect, which the Department should identify and disseminate as a basis for joint working towards a shared goal of better cancer services for patients.

8. The Department accepts this recommendation in part. Cancer networks have a key role, working with Primary Care Trusts (PCTs), to plan cancer services in line with national guidance, to set priorities for implementation and to ensure that arrangements are in place for monitoring implementation. Many cancer services (e.g. complex cancer surgery and radiotherapy) are best provided for populations larger than that of an individual PCT. For these services it is important that PCTs should commission services jointly. SHAs are responsible for ensuring that effective joint commissioning arrangements are in place.

9. The National Cancer Director will continue to identify examples of good practice and will disseminate them through the Network Development Programme.

PAC conclusion (iv): Cancer mortality rates tend to be highest in areas of greatest deprivation, particularly for lung cancer, with the highest mortality rates twice the lowest across Strategic Health Authorities. These differences in part reflect lifestyles, notably the prevalence of smoking and the extent to which patients with symptoms get them addressed quickly, as well as the effectiveness of NHS cancer services. The Cancer Plan contains a number of targets aimed at reducing inequalities but meeting or exceeding them depends on cancer networks being fully effective, including having a greater focus on prevention. All networks should make clear in their delivery plans how cancer inequalities are to be addressed. The Department should bring the results of actions to address cancer inequalities together in a published progress report on this specific issue.

10. The Department accepts this in principle. We know that those living in deprived areas are more likely to suffer worse outcomes than those living in more affluent areas. The largest single reason for inequalities in cancer mortality is the difference in smoking rates. The action the Government has taken to ban smoking in public places is expected to have a significant impact on inequalities in cancer mortality in future years.

11. The Government is committed to reducing inequalities, which is reflected through the agreement of the cancer mortality Public Service Agreement (PSA) target, which has a specific inequalities element included.

12. People living in poorer areas are also more likely to delay seeing their GP and the disease is therefore more likely to be at a more advanced stage when it is diagnosed. The Department has commissioned five research projects on the extent and effectiveness of campaigns to raise awareness of cancer symptoms and interventions to encourage earlier presentation of cancers. The results will be published in March 2006. The Department is also working with the *Healthy Communities Collaborative* to test locally developed approaches to raising awareness of cancer symptoms in high risk communities and will be piloting these approaches in some PCT spearhead areas in Spring 2006.

13. Some lifestyle factors, such as poor diet and lack of exercise, which contribute to inequalities in cancer outcomes are not specific to cancer but also have an impact on other diseases such as heart disease and diabetes. We would expect cancer networks to contribute to proposals on tackling the wider health inequalities agenda. One of the key functions of a cancer network is to assess the needs of their local population, including the needs of ethnic minorities and those living in poorer communities. To do this effectively the network management team needs to work closely with local public health leads to ensure that action on cancer is integrated with that for other non-communicable diseases.

14. As part of the peer review process, cancer networks provide information about action they are taking to reduce inequalities in their area. We will identify opportunities for sharing examples of good practice, including through national reports on progress on cancer.

PAC conclusion (v): The Cancer Plan needs updating to take account of major NHS structural changes since it was published five years ago. The current Plan should be reviewed and a revised version covering the period to 2010 should be published. It should include a more comprehensive set of targets for the second half of the planning period, and reflect the estimate of the future burden of cancer currently being developed by the Department.

15. The Department accepts this conclusion in principle. Three reports showing progress against the Cancer Plan have been published, with the latest in 2004. These reports responded to the changing NHS and introduced new initiatives such as the introduction of liquid based cytology for cervical cancer, plans to introduce a national screening programme for bowel cancer and Integrated Cancer Care Pilots, which are developing new models for the care of cancer patients in the community.

16. The Department will continue to issue regular progress reports on cancer and to update cancer policy to reflect the needs of the population and new opportunities arising from scientific research.

PAC conclusion (vi): There is no straightforward but comprehensive account of progress being made against the Plan targets and commitments. The Department should publish progress against key cancer outcomes annually, along the lines of Figure 8 of the Comptroller and Auditor General's report, to provide a clear and consistent basis for the public to see how much progress is being made over time.

17. The Department accepts this recommendation in principle. The Department agrees that Figure 8 is useful although a revised version would enable us to omit targets which have already been met and take into account new commitments.

18. There are a number of other mechanisms for reporting progress against key cancer targets, for example progress towards the PSA targets is reported in the Department's annual report and the Autumn Performance Report.

PAC conclusion (vii): Patients are diagnosed with cancer at a later stage in the UK than in other European countries and this particularly affects people from deprived areas in England. New guidance from NICE sets out best practice for referring patients with suspected cancer to specialist services on the basis of their symptoms. Supporting information to help the public understand the referral guidance should be adapted to provide easily understood key warning signs and symptoms of cancer. These key indicators could then be widely publicised, for example through readily available cards or leaflets, targeting those groups that tend to delay going to the doctor with symptoms of possible cancer.

19. The Department accepts this recommendation. Research shows that awareness of symptoms which might indicate cancer is generally poor and particularly so amongst socially deprived groups. This lack of awareness means that patients are more likely to present with more advanced stages of cancer. However, there is very little research on effective interventions which promote early presentation without causing undue anxiety among the public or overburdening GPs.

20. The Department has commissioned five research projects on the extent and effectiveness of campaigns to raise awareness of cancer symptoms and interventions to encourage earlier presentation of cancers. The results will be published in March 2006. The Department is also working with the *Healthy Communities Collaborative* to test locally developed approaches to raising awareness of cancer symptoms in high risk communities and will be piloting these approaches in some PCT spearhead areas in Spring 2006.

Twenty-first Report

Department for Education and Skills

Skills for Life: Improving adult literacy and numeracy

PAC conclusion (i): So far 2.4 million people have participated in learning, and the first milestone of 750,000 adults achieving qualifications in literacy or numeracy by July 2004 was achieved. All the elements that support good quality learning were either non-existent or underdeveloped before 2001, whereas the learning is now underpinned by national standards and curricula. Learners are thus able to demonstrate clear achievement against rigorous benchmarks that are meaningful to them and employers.

1. The Department for Education and Skills (the Department) agrees with this conclusion. Good progress is being made towards the Department's challenging Public Service Agreement (PSA) target of improving the basic skills of 2.25 million adults by 2010. Further progress, since the publication of the Committee's report, confirms that, since the start of the strategy in 2001, 3.7 million learners have taken up 7.9 million learning opportunities and 1.275 million adults have improved their literacy, language or numeracy skills, through the achievement of a nationally accredited qualification.

PAC conclusion (ii): By 2006 some £3.7 billion will have been spent on Skills for Life. If progress is to be maintained and affordable, unit costs need to be controlled, which will require reliable information on the actual costs of helping adults with different levels of need to achieve acceptable standards of literacy and numeracy. The Department should develop unit cost data and use it to establish reliable estimates of future resource needs.

2. The Department agrees with this recommendation and will work with the Learning and Skills Council (LSC) to improve the understanding of unit costs. As part of the forthcoming Comprehensive Spending Review (CSR), the Department will base future projections and resource needs on this data, alongside additional sources of evidence, to ensure the ambitious aims of the Skills for Life strategy can be met.

PAC conclusion (iii): The Department's aim is that by 2010 at least 2.25 million adults should have achieved qualifications, with an intermediate milestone of 1.5 million by 2007. Achieving these targets is likely to become increasingly difficult over time, because they can only be met by attracting 'hard to reach' and older learners. Many of these learners start from relatively low levels of literacy and numeracy, which places additional demands on teaching skills and capacity. The Department should guard against the risk of qualification standards being diluted to achieve the targets, by subjecting qualifications to international benchmarking of standards achieved, and regularly testing the degree of challenge built into the qualifications.

3. The Department accepts this recommendation and recognises the degree of challenge posed by the 2007 and 2010 targets. The Department recognises that it has more to do to target adults with low literacy, language and numeracy skills who are facing particular disadvantage. It will continue to work through, and develop programmes with, partners to target job-seekers and others in receipt of benefits

with Jobcentre Plus, and with Her Majesty's Prison Service and the National Probation Service to support offenders. The Department is supporting family learning programmes within schools, Children Centres and extended schools and working with the Training and Development Agency for Schools to support a 'Whole Organisation' approach to help schools develop the literacy, language and numeracy skills of their workforce and the local community, including parents. The Department will also continue to work with partners, such as the National Institute for Adults Continuing Education (NIACE) to reach disadvantaged adults through the voluntary and community sector.

4. It is the role of the Qualification and Curriculum Authority (QCA) to regulate the assessment practices and policies of the Awarding Bodies who deliver the Skills for Life qualifications. The Department will continue to work closely with the QCA to ensure the rigour of the qualifications is maintained. QCA are actively involved in benchmarking qualifications throughout the UK, Europe, and beyond. The Department will complement QCA's work by commissioning further benchmarking across the UK and internationally particularly focussed around Skills for Life qualifications and standards.

5. Skills for Life qualifications are further strengthened by the implementation arm of the QCA, the National Assessment Agency (NAA), and its work in creating and maintaining the bank of National Tests on Literacy and Numeracy at Levels 1 and 2. These tests also form the reading assessment for the Skills for Life English for Speakers of Other Languages (ESOL), and Key Skills tests in Application of Number and Communication at those levels. They are produced centrally by the NAA and distributed to Awarding Bodies for administration, guaranteeing a single national standard, unlike most other qualifications which are produced by Awarding Bodies themselves.

PAC conclusion (iv): The quality of learning is still too low and a more skilled teaching workforce is the key to improvement. Adult literacy and numeracy teachers were previously neglected and under-trained, but there is no data on the numbers of practising teachers who are not qualified. Teaching qualifications for new teachers and continuing professional education for existing teachers were introduced in 2002. The Department intends that all teachers should be qualified by 2010. The Learning and Skills Council should assess the extent of non-qualification among practising teachers and set a date by which all the providers it funds use only qualified teachers.

6. The Department accepts this recommendation. The responsibility for assessing the extent of non-qualified teachers is now within the remit of Lifelong Learning UK (LLUK), the Sector Skills Council with the remit for the Further Education sector workforce. However, it is important to recognise the challenge involved in assessing skill levels in a fluctuating and sometimes transient workforce, where many staff are part time and/or on short term contracts. In order to better inform workforce planning the Department will commission LLUK and partners to carry out a survey in 2006 to ascertain the proportions of qualified to non-qualified staff, to be followed by a similar survey in 2009 which will demonstrate progress. In addition LLUK record levels of newly qualified staff. This is an ongoing process which will incrementally add to the data available.

7. The Department is committed to ensuring that areas of poor performance are tackled swiftly and effectively. In the LSC Grant Letter for 2006-07 the Department sets out the requirement that the LSC take action to ensure that there is no unsatisfactory provision in the sector by 2008, and also to address provision that is merely satisfactory. This objective will be embraced in the overall Quality Improvement Strategy for the sector, to be published in a few months time.

8. The Government expects to be publishing a White Paper shortly in response to Lord Andrew Foster's review of the future role of Further Education colleges, '*Realising the Potential*', published in November 2005. The White Paper will include further details on the measures that will be put in place to improve the quality of Skills for Life teaching and learning.

9. The LSC will continue to use teaching qualifications as one of the indicators of provider minimum levels of performance, working towards the headline improvement targets. The proportion of staff with teaching qualifications will be taken into account in discussions with providers about their future quality improvement strategies.

PAC conclusion (v): There is a risk of 'mission drift' in that more than half of the qualifications in the first three years of the Skills for Life strategy were gained by 16 to 18 year olds. The Skills for Life strategy is intended to meet the needs of adults. But a large proportion of its resources are taken up by recent school leavers, many of whom might reasonably have been expected to gain their qualifications at school. The Department should examine what colleges and other providers are doing differently, and disseminate any good practice that would assist schools in enabling these young people to succeed in English and mathematics at an earlier age. For those who do not succeed, Connexions, the government's support service for all young people aged 13 to 19 in England, should improve the young person's chances of achievement by helping them to find a purposeful mix of academic and vocational study to suit their aspirations.

10. The Department accepts this recommendation; however the strategy has always been an inclusive one, aimed at individuals over the age of 16 who have left compulsory education. The Department will continue to include 16-18 year olds within the strategy's provision, who, for whatever reason, have not yet gained a firm grasp in the basics. To prevent a legacy of underachievement from happening a second time, and to transform adult skills in this country, the Department's drive has to be aimed at young people as well as adults aged 19 and over. Recent data from the LSC shows that 68 per cent of achievements towards the target in 2004-05 were gained by learners aged 19 and above, an increase of four percentage points since 2003-04.

11. The Government recognises how important it is that all young people gain literacy and numeracy skills and have included the development of these functional skills as a critical component of the 14-19 reforms. We are locking functional skills more strongly into qualifications by incorporating them into GCSEs, so a grade C is a guarantee that young people have the functional skills they need for work and life. The introduction of the new General Diploma will recognise the achievement of those who achieve 5 good GCSEs or equivalent – including English and maths and specialised Diplomas are being introduced with English and maths at their core.

12. In the short term the Department is raising the bar by introducing changes to the 2006 Achievement and Attainment tables so they include English and maths. The Department will also free up the curriculum at Key Stage 3 to make space for extra help and support on English and maths for those who need it. This has been backed by £335 million announced in the October 2005 White Paper *Higher Standards, Better Schools for all – More Choice for Parents and Pupils* (Cm 6677). Connexions will continue to provide an integrated service of information, advice, guidance and other support, in addition to access to personal opportunities, to remove barriers to learning and progression for young people.

PAC conclusion (vi): More than two million of the 2.4 million people taking up courses by July 2004 undertook them in further education. Other training, such as through community groups, has been very slow to build up. 'Hard to reach' learners such as homeless people are least likely to be attracted to learning in an institution such as a college. They are much more likely to agree to being helped through voluntary or community groups they already know. The Learning and Skills Council should focus on building a more diverse supplier base that can meet the needs of the full range of potential learners. Local Learning and Skills Councils should expect providers to combine quality with improved access, for example by established providers such as colleges working with voluntary and community groups to 'reach out' to reluctant learners.

13. The Department agrees with this recommendation and recognises the challenge in reaching priority groups of learners. It has been identified as a key area in driving forward the strategy with a focus on 2010 and beyond, and in doing so the Department and LSC will work more closely with the voluntary and community sector. The LSC is actively engaged in addressing this issue through the Home Office action plan for supporting voluntary and community sector organisations to deliver more public services, including learning and skills.

14. Further Education (FE) colleges and their local collaborative networks play a very large part in the engagement and support of voluntary and community groups. Although data suggests the majority of learners are provided for through FE colleges, a high proportion of activity is undertaken on behalf of the voluntary and community sector, particularly in 'outreach' work, enabling colleges to reach those learners who would not usually approach an education institution to engage in learning. The forthcoming White paper will consider Sir Andrew Foster's recommendation on widening the supplier base.

PAC conclusion (vii): People in low-skilled employment are a large group whose needs are not being met. Many employers do not place a high priority on staff training and are only likely to become involved if the training offered is very flexible and does not interfere with their business. Local Learning and Skills Councils need to support training providers who have a good track record of convincing employers of the business benefits of training their staff, and offer training tailored to employers' needs.

15. The Department agrees with this recommendation and the LSC has successfully engaged employers through local strategies, including the Employer Training Pilot, and nationally through the National Employer Services, but recognises that there is much to do. A key objective of the National Employer Training Programme (now known as Train to Gain) will be to promote the importance of addressing Skills for Life needs with employers. Employer

engagement and particularly the engagement of small to medium sized enterprises, is one of the priorities for the strategy as it works towards the 2010 PSA target.

16. The LSC will develop an employer-focussed quality standard for providers which will establish a range of excellent, employer focussed sector-based provision, driving up standards in the design and delivery of skills training and making skills training more responsive to the needs of employers and their employees.

17. The Department is also working with large national employers to embed Skills for Life into their organisations, for example Royal Mail and Serco Group. Over 30 Chief Executive Officers of large private and public sector organisations have committed to tackling literacy and numeracy skills needs within their own workforces and by doing so have become Skills for Life Employer Champions. The Department will also continue to work through the Trade Union Congress (TUC) to target employees in unionised work settings, with the support of over 12,000 Union Learning Representatives and 60 Skills for Life advocates in senior positions within 22 Unions.

18. In the public sector, the Department will continue to ensure that Skills for Life is embedded in a number of skills development strategies. The new Sector Skills Council for Government – Government Skills – has now taken the lead on Skills for Life and the wider skills policy delivery across Government, and will continue to monitor and support the Department's Skills Strategies. The Ministry of Defence strategy has led to over 11,500 Armed Forces personnel achieving a Level 1 or higher qualification, in literacy and numeracy, in the 12 months up to the end of November 2005. Along with the Department of Health, the Department will continue to develop a national strategy to address the skills needs of staff in the health and social care sector, including staff in the National Health Service (NHS), which is the largest employer in Europe. The Department is working with the Employers' Organisation for Local Government to develop the Local Government Award. This award is designed to promote Skills for Life within local government and to recognise good practice in this area.

19. The Department will also work with the Sector Skills Development Agency (SSDA) and sector skills councils to seek to embed Skills for Life and Functional Skill qualifications within their work, including within Sector Qualification Strategies (SQS) where appropriate. SQS are the principle vehicle for determining learning and training needs on a sectoral basis. The Department will prioritise those sectors with the highest proportion of low skilled workers.

PAC conclusion (viii): Jobcentre Plus has to focus on getting people into jobs, but starting a job should not mean that a person has to give up learning. The Learning and Skills Council and Jobcentre Plus are increasingly working together to reduce the barriers to people continuing with learning once they start work. The Council needs also to engage with local Chambers of Commerce and employers to encourage them to support courses delivered on business premises during working hours, lunch breaks or at the end of the working day.

20. The Department agrees with this recommendation, and indeed the LSC currently works with the British Chamber of Commerce as a strategic partner and at a local level through local economic partnerships. Locally, Chambers provide a channel through which the LSC will continue to promote to employers the take up of Skills for Life provision in the workplace.

21. The reforms announced by the Government in February 2005 in the Skills Strategy White Paper *Skills: Getting on in Business, Getting on at Work*, Cm 6476, include as a priority local joint working between LSCs and Jobcentre Plus to ensure that people can successfully complete their training programme, even if they take up employment before the end of their course, by working with the employer to combine employment and training. In every area the local LSC and Jobcentre Plus district will jointly plan provision for those seeking employment, linking training opportunities to identified local and regional employer need. The LSC will continue to work closely with Jobcentre Plus and other key partners to ensure that provision meets the needs of jobseekers and employers.

PAC conclusion (ix): People whose first language is not English should be encouraged to learn so that they can participate fully in work and civil society. Many people from diverse ethnic minorities are strongly motivated to learn, but in some groups there are cultural barriers to engaging in education. Community groups have helped to draw in people who may be reluctant to take up language learning. Examples include providing English for Speakers of Other Language classes in different types of venue such as restaurants, or linking classes to other activities such as an embroidery group at a local mosque. But there are shortages of good quality, accessible provision in some parts of the country. The Learning and Skills Council should disseminate good practice in assessing local needs and providing good quality language learning, particularly to areas with a growing need but limited previous experience.

22. The Department agrees with this recommendation and recognises the challenge in engaging and providing for learners from diverse ethnic minorities. For this reason, within a key priority for the Department – improving the quality of Skills for Life teaching and learning, the English for Speakers of Other Languages (ESOL) pathfinders explored new and innovative ways of addressing the English language needs of adults from a range of communities. The findings from these pathfinders have been disseminated widely.

23. The LSC funded almost 484,000 enrolments onto ESOL courses in 2004/05 at a cost of around £279 million. ESOL now accounts for 29 per cent of all Skills for Life enrolments and demand continues to grow. The LSC will continue to work with providers and the Quality Improvement Agency to ensure that provision improves, meets the criteria for funding and that good practice is disseminated. In addition, frameworks within the Workforce Development Strategy will ensure teaching and learning good practice is effectively disseminated throughout the professional workforce.

PAC conclusion (x): Problems of continuity of learning when prisoners move between prisons or are discharged into the community have gone on for far too long. Continuity is only beginning to be addressed with the introduction, in autumn 2004, of learning plans that will stay with offenders throughout their sentence and probation. Our predecessors recommended in 2002 that prisoners should be offered basic literacy and numeracy courses tailored to their period of imprisonment. Continuity of learning for offenders should not be delayed until the planned new integrated learning and skills service for offenders is implemented in 2006. The Learning and Skills Council should agree contracts with providers that give offenders the opportunity to complete their qualifications within the prison system and after release.

24. The Department agrees with this conclusion. The Offender Learning and Skills Service (OLASS) for offenders in custody and in the community has already been implemented in three development regions since August 2005, and will be rolled out to the remaining six regions in August 2006; it sees the LSC assuming responsibility for planning, funding and contracting offender learning and skills. The service is underpinned by a document called the *Offender's Learning Journey*, which sets out the learning and skills offer for learners and the requirements of learning providers.

25. In its introduction, the document states that the Department and the Home Office want a service with a range of features, including continuity of learning "…during transitions between establishments and from custody to community settings and from there to mainstream learning and skills provision" and "…continuity and coherence in sharing information and transferring records to enable the whole system to focus on the offender".

26. In considering the role of the Individual Learning Plan (ILP) it explicitly states as a requirement of the provider that "…all offenders on learning programmes will have an ILP within seven days of joining a programme" and "…ILPs should be transferred efficiently to other organisations – both during custody and upon release into the community. All learners should receive their ILP upon transfer or release onto any community-based element of their sentence."

27. This development, alongside the introduction of the offender manager role, should mean that the offender will receive more integrated learning and skills experience across custody and community and also one that will become increasingly better integrated with the offender's sentence plan.

28. The Qualifications and Curriculum Authority (QCA) is leading on work to overhaul the current National Qualifications Framework. The new Framework for Achievement will introduce unitised, accredited learning that will benefit the offender sector particularly for those offenders who are on short sentences. As part of this work, the offending learning sector will be participating in trials. This will help to meet the earlier recommendation that literacy and numeracy, and other courses, should be tailored to the period of imprisonment. Live trials for the Framework for Achievement will begin in August 2006, with an interim report in September 2007 and the final report to ministers in August 2008.

29. The offender sector has often been criticised for the lack of an electronic system to store and transfer data as an offender moves between custodial establishments and into the community, which would support continuity. As part of OLASS development, all development regions (North East, North West and South West) are installing a learner management system called Maytas. This installation is almost complete. The LSC is in the process of specifying the requirements for a longer-term solution which will be available from August 2006.

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