

People Scrutiny Committee – 10th October 2017

Public Questions

Question from Mr Garne to the Executive Councillor for Health & Adult Social Care

Question

“The CCG allows an element of public scrutiny and accountability through its bi-monthly public meetings where a few public questions, without notice, are permitted. This was intended by the Health and Social Care Act 2011. What assurance is there that it will not be diminished?”

Answer - This was supplied by NHS Southend Clinical Commissioning Group.

Every two months NHS Southend Clinical Commissioning Group hold its Governing Body meeting in public. During these meetings time is set aside for members of the public in attendance to ask questions relating to matters on the agenda. Our governing body members find this direct form of feedback extremely useful and are grateful to those members of the public who take the time to attend these meetings and raise salient points. The CCG considers these questions to be an important aspect of the meetings it holds in public, reflecting its on-going commitment to be transparent and accountable to the local population.

Question from Mr Webb to the Executive Councillor for Children & Learning

Question 1

“In May monthly performance the percentage of new Education Health and Care (EHC) plans issued within 20 weeks target was 56% but in May it was 5%. During April and May 1 out of 20 EHC plans were issued in the time frame and below for several months due to the back log.

What is the number of cases in the back log

What caused the back log

What strategies are being put in place to clear the back log and mechanisms put in place that this does not happen again as many residents and pupils are being affected?”

Answer

Thank you Mr Webb for your question on this important issue. The previous performance of producing and Education Health and Care Plan (EHCP) for pupils with SEND was unacceptable and one that the Council was determined to improve.

Background

By way of context, by its nature, an EHCP is a multi-agency plan, and one that is bound by legislation. Coordinating the drafting of a plan from Health, Education and Social Care agencies has proven problematic in the past, which has accounted for the backlog. In addition, quite rightly the requirement to fully consult with parents and carers on the production of the EHCP also sometimes places the timelines outside of the Council's Control.

Since June of this year, the Council has taken robust action to ensure the necessary improvements, moving from the position of less than 10% in May to the current position (September) of 40% within the statutory timescale. The trajectory we have set officers is to reach the current national benchmark of 55% by the end of the calendar year, and to be in the region of 90% by the end of 2018.

What is the number of cases in the back log

In terms of number, it is more difficult to say, as new requests for assessments occur on a frequent basis, whilst others are completed and are removed. At the same time as producing new EHCPs, the Council is also undertaking the transfer of the old "statements" to EHCP. The deadline for converting all statements set by the government is March 2018. On this measure, the Council is confident to meet the target, and is currently performing in the upper quartile of Local Authorities.

What caused the back log

As referred to above, the requirement for multi-agency production can cause delays to issuing the EHCPs. It is outside of the control of the Council to ensure that a paediatrician for example meets the request for a consultation in a timely manner. Equally, if a parent requires a change to the draft, this also can cause delay. Whilst previously, the capacity of officers was a challenge, senior officers now work more closely with caseworkers in a shared commitment to meet the 20 week deadline. Finally, it is a perception from some that having an EHCP is the only way to receive support. This led to a very high number of request for EHCPs which placed a strain on the system.

What strategies are being put in place to clear the back log and mechanisms put in place that this does not happen again as many residents and pupils are being affected?

Officers report the timeliness performance on a monthly basis to the Council, but track each and every case on a weekly basis. A robust action plan for rapid improvement is now bringing about the improvements seen. Once all of the previous statements have been converted, case workers will be able to focus upon the production of EHCP within the timeframes set out, and provide the support meet the needs of vulnerable learners with SEND appropriately.

Question from Mr Webb to the Executive Councillor for Health & Adult Social Care

Question 2

“In a Health profile of Southend on Sea 2015 by Public Health England, it states the local priorities in Southend On Sea are increasing levels of physical activity, improving health and life chances of children and young people, reduce smoking in the local population. What policies have been drawn up and initiatives been put in place and what outcomes have been achieved so far to tackle the local priorities named by Public Health England?”

Answer

The 2015 Health Profile quite rightly identifies these three key priority areas for Southend, which are all included in the Southend Health and Wellbeing Strategy. I will highlight the key actions to tackle each priority area in turn.

There has been a significant focus on increasing levels of physical activity in Southend following an in-depth scrutiny project on this topic which led to the development of a physical activity strategy and associated action plan. A wide range of initiatives have been implemented to date including the daily mile in schools, health walks, and the Active Women programme.

The latest statistics show that 63.8% of adults in Southend meet the recommended levels of physical activity and 22.6% of adults are physically inactive. These are both similar to the England average.

The Council has a broad range of strategies to improve the health and life chances of children and young people, tackling issues such as readiness for school, childhood obesity, and emotional health and wellbeing. Southend is also one of five national pilot sites for the Big Lottery funded A Better Start programme, which is focused on improving the health and life chances of children.

The most recent health profile for Southend highlights that levels of obesity in Year 6 children are significantly better than the England average and 58.3% of children achieved 5 or more GCSEs at grades A*-C (including English & Maths).

To tackle levels of smoking in Southend, we have a comprehensive tobacco control strategy and action plan. Initiatives include widely available stop smoking services delivered in GP surgeries and community pharmacies, health promotion campaigns delivered in a wide variety of community settings and work undertaken with Regulatory services in the Council to tackle the sale of illicit tobacco. The prevalence of smoking in adults in Southend has continued to fall and is now at 17.2% compared with 20.1% in 2013.