

## PEOPLE SCRUTINY COMMITTEE

31 AUGUST 2022

### QUESTIONS FROM MEMBERS OF THE PUBLIC

#### (1) QUESTIONS FROM MAGGIE CLEARY TO THE CABINET MEMBER FOR CHILDREN, LEARNING AND INCLUSION

- (a) **Can the portfolio holder for Children and Learning please advise us of any steps taken by the council in the last 12 months to ensure that our health partners fulfil their obligations in terms of Children with special needs and or disabilities?**

Thank you for your question, Ms Cleary. You will be aware that as part of the written statement of action the Council updated its governance process introducing three new multi-agency groups with Parent Carer representation at each to ensure that SEND Services are operating effectively. Health partners are active participants in each of the three governance groups, Joint Commissioning Group, SEND Operations Group and SEND Strategic Partnership Board. Health partners also play an active role in the Education, Health and Care Multi Agency Panel.

The Designated Medical Officer/Designated Clinical Officer has the role of supporting the Integrated Care Board (formerly referred to as Clinical Commissioning Group or CCG) in meeting its statutory responsibilities for children and young people with SEN and disabilities, primarily by providing a point of contact for local partners, when notifying parents and local authorities about children and young people they believe have, or may have, SEN or a disability, and when seeking advice on SEN or disabilities. This does not alter the Integrated Care Board's responsibility for commissioning health provision.

The Designated Medical Officer/Designated Clinical Officer provides the point of contact for local authorities, schools and colleges seeking health advice on children and young people who may have SEN or disabilities. The Designated Medical Officer/Designated Clinical Officer ensures the health elements of the Education, Health and Care plan are reflective and inclusive of the young person's health needs

The Designated Medical Officer/Designated Clinical Officer has been a key member of the SEND Scrum meeting each week with senior representatives from Education, Health and Care to focus on resolving operational and strategic issues relating to SEND.

The Health Assurance Group is a multi-agency group that supports the delivery and monitoring of quality of services to children and young people with SEND.

If an issue relating to service delivery by a health partner is identified these are addressed directly with health colleagues.

Timeliness and quality of advice provided by all partners including health as part of the Education, Health and Care assessment process is reported to SEND Operations Group and is shared with the Department for Education/NHS England as part of the monitoring arrangements regarding the Accelerated Progress Plan.

- (b) Can the Portfolio holder for Children and Learning please clarify to all those present the level of involvement from health partners at each stage of the EHCP assessment process and whether they are required by statute to address any health needs identified pre and post EHCP i.e., speech and language therapy, mental health support, nutrition advice, physiotherapy or any other therapy?**

Thank you for your question, Ms Cleary. Health professionals have a duty to tell the local authority if they believe a child under school age has, or is likely to have, special educational needs or a disability (SEND). Usually, this notification is made by a Paediatrician or another health professional who must in the first instance inform parents that they believe their child has (or is likely to have) SEND and arrange for parents to discuss this opinion with appropriate health professionals. They must also inform parents that they have a duty to notify their child to the local authority and advise parents of organisations that may be able to support them in relation to their child's SEND. This responsibility is described in Section 23 of the Children and Families Act 2014.

The Council must respond to all Section 23 referrals and ensure that advice, guidance and support is offered.

The Early Years SEND service responds to these referrals on behalf of the Council, they work closely with service providers to support the child and family in a holistic way. This would include schools and nurseries, health and social care.

When an Education, Health and Care Needs Assessment is requested the role of the Education, Health and Care Assessment Officer is to ensure that the Multi-Agency Panel have sufficient information from all parties to make an informed decision that the criteria to assess has been reached. When an assessment is agreed the Education, Health and Care Assessment will collate information from relevant health partners to inform the decision to issue a draft Education, Health and Care Plan.

If the provision within the health section of an Education, Health and Care Plan is not being delivered effectively or in a timely manner, it is expected that this is escalated to the Designated Medical Officer/Designated Clinical Officer to work with health providers to identify issues and develop a resolution.

Formal monitoring takes place as part of the annual review process. There is ongoing work to strengthen the processes across the partnership.

Irrespective of what is within the Education, Health and Care Plan, the provision of health services will be determined by the clinical needs of the child and if health needs change, health providers will respond accordingly to those changing needs through Primary Care, Acute Services or health professionals already supporting the health needs of the child.

**(2) QUESTIONS FROM DAVID WEBB TO THE CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH INTEGRATION**

- (a) England has a shortage of GPs. There is currently a shortage of around 4,200 full-time equivalent (FTE) GPs, which is projected to rise to around 8,900 GPs in 2030/31, relative to the number needed to meet the rising need for care. This means in large practices there are part time and full time GP will**

**have large patients. It is difficult to get an appointment and you may have to wait weeks before seeing a GP or a nurse.**

**What is Southend Council working with the Health board and GP surgeries to address the shortage of GP in Southend surgeries?**

Thank you for your question Mr Webb. We work closely with the Mid and South Essex Integrated Care System to support their efforts in supporting and recruiting primary care staff. Officers have asked Mid and South Essex Integrated Care System for greater detail on their work and this is as follows.

Strengthening Primary care is a central to plans across Mid and South Essex with a dedicated team supporting the recruitment and retention of primary care staff as part of the new mid and south Essex Integrated Care Board. As of April 2022, we have over 100 additional professionals working in GP practices in South East Essex

While there is significant focus on recruiting and retaining more local doctors, it is important to recognise the growth and development of the wider primary care team working in local GP practices, who have enhanced skills and expertise to help respond to the variety of different types of needs of our local population.

In addition, there are added benefits that could be realised toward improving access and capacity through Primary Care Network development, along with developing seamless joined up working between partners in care such as community nursing, mental health, adult social care and the voluntary sector, in line with the principles of neighbourhood models of care (as per the NHS Long term plan principles)

This provides benefits in enabling patients more seamless and direct access to the right professional to deal with their presenting need (be that health or social care) first time, every time. more of the time. Aiming toward a resilient, more joined up, efficient, effective service, plus higher quality model of multi-agency care and support in the community.

As part of a national ambition, as detailed in the NHS Long Term Plan, there has been good progress in attracting a range of healthcare professionals bringing more expertise to help local residents with their health and wellbeing needs. Plus, several of our local Primary Care Networks are starting to forge meaningful relationships and more efficient ways of working with their partners in care across community nursing, mental health and adult social care, with the aspiration to develop toward efficient and high-quality multi-agency neighbourhood models of care in the community.

Additional initiatives have also been put in place to address workforce challenges and support recruitment and retention in our GP practices. These are outlined in the attached table, which has also been published on the Council's website as part of my response to your question.

**(b) What strategies are Southend Council putting into place to raise awareness of women breast cancer and men prostate cancer?**

Thank you for your question, Mr Webb. Much of the work around cancer sits with the NHS, however Southend Council play a key role in engaging with residents to raise awareness of cancer, and signpost to support and information to encourage

uptake of the national cancer screening programmes. Work is ongoing to ensure joined up working and collaboration between this work, and the work of our NHS colleagues.

There are three national cancer screening programmes focussed on cervical cancer, breast cancer and bowel cancer.

The focus over the past couple of years has been on improving awareness and uptake of cervical cancer via an annual campaign which is currently being evaluated locally.

However, a larger campaign has been scoped around breast cancer screening and is currently on hold, as launching a campaign at this time would put additional pressure on services as they continue to work through backlogs created in the wake of the COVID-19 pandemic. In the meantime, the Council's Public Health Team have focussed on engaging with our local GPs to raise awareness about how they can better support the delivery of the breast screening programme, including improving the ways in which they capture and report data and ensuring they are inclusive of the diverse populations we currently serve, such as those who are transgender.

As prostate cancer screening is not a national screening programme, Southend does not currently have its own local strategy, however work is underway to explore a number of options to promote and raise awareness of the health and wellbeing of men in Southend. This includes looking at our approach to prevention and early diagnosis of prostate cancer, and we are exploring options such as partnering up with local and national charities and looking at events and mechanisms for raising awareness among our male population in Southend.

Across the board, the priority will be on improving uptake across all screening programmes over the next 2 years and looking at how we target our resources more effectively through joint working with our partners in the NHS and voluntary and community sector. However, the scope and scale of this work will constantly be reviewed to ensure we are balancing the needs of Southend residents, with supporting our health colleagues through a managed approach which does not lead to generating additional pressure on services and increased waiting times for patients accessing cancer services.

## APPENDIX

Additional initiatives to address workforce challenges and support recruitment and retention in GP practices.

<p>Fully funded access to Primary Care Careers service offering recruitment support and advertising through NHS Jobs. Also funded support to Locum Deck a simple and easy to use for both locums and practices.</p>	<p>First Five Scheme – supporting GPs in their first five years of their career establish themselves within primary care.</p>	<p>ARRS support – Advice and guidance on workforce planning, advice and guidance on recruitment and retention of ARRS roles. Pharmacy, Physiotherapist Paramedic and Nursing ambassadors’ new roles in primary care as well as a Physician Associate Ambassador</p>
<p>Continuing Professional Development opportunities – specific training and development opportunities for the general practice workforce</p>	<p>Mid-Career Portfolio Development Scheme– aiming to support experienced GPs diversify their interests to retain them in primary care</p>	<p>Admin and Clerical training and development and Practice Manager Supporters Scheme – providing support, development and advice to practice managers</p>
<p>International recruitment schemes – supporting healthcare professionals from overseas to settle in primary care locally</p>	<p>Fellowship programmes for new GPs and GPN’s – providing roles that are a blend of general practice, development of a specialist interest and leadership development</p>	<p>Coaching and Peer to Peer Mentoring schemes – aimed at Mid-Career GPs and to improve retention in mid and south Essex</p>
<p>Academic Career Pathways – establishing a route for a portfolio career including academic activity</p>	<p>Apprentice Nursing Associate roles – new developmental roles aiming to offer alternative routes into primary care nursing careers</p>	<p>Strong links with Higher Education Institutes to ensure future workforce supply is aligned with workforce plans</p>
<p>Appointment of Clinical Leads to drive initiatives to support retention of mid and later career GP’s including incentives such as the new to Partnership payment scheme</p>	<p>Promotion and signposting of wellbeing support and resources</p>	<p>Increasing trainees - Clinical Leads in place to oversee the Quality Approval process and increase the number of Learning Organisations and Educators.</p>