

EDUCATION, CHILDREN & FAMILIES SELECT COMMITTEE
17th October 2017

**ORAL QUESTIONS TO THE EDUCATION, CHILDREN & FAMILIES
PORTFOLIO HOLDER**

**Oral Question to the Education, Children & Families Portfolio Holder
received from Ms Sarah McAleer**

- 1) Regarding Education Health and Care Plan naming St James' RC Primary School:

Please could the Chairman investigate the circumstances which have led to a patently unsuitable and unsustainable situation in which a child who has special needs has received an EHC from Bromley placing him in a mainstream primary school, which:-

- i) does not have the staff or amenities to help him, nor the resources to fund the care specifically required by the EHC;
- ii) is unable to address the child's mental well-being;
- iii) is no longer able to meet the child's educational needs;
- iv) is risking the health and safety of its other children and staff by continuing to accommodate this child;

noting that the school needs an urgent review of the EHC and the child's placement before the situation deteriorates any further?

Reply:

It is noted that the individual child's name has not been provided and it would of course not be appropriate for a response to refer to an individual circumstance within a public setting.

The Local Authority would welcome additional information from Ms Sarah McAleer to be provided to the Interim Director: Children's Social Care outside of this arena so that it can investigate the individual circumstance outlined and respond accordingly.

Supplementary question:

Reading through the guidance on the avenue of appeal for parents of children with special educational needs, there appears to be no provision for a school to appeal against a decision. Is the Local Authority prepared to contact the school in question?

Reply:

When additional information has been provided to the Interim Director: Children's Social Care regarding this specific case, the Local Authority will be able to investigate the individual circumstance outlined and respond accordingly.

Oral Questions to the Education, Children & Families Portfolio Holder received from Ms Julie Ireland

- 1) How many social workers employed by Bromley Council Children's Services are employed on a temporary basis as at 1/10/17, and since 1 Jan 2017 how many offers of permanent employment in children's services have been made to social workers and how many refused the offer?

Reply:

As at 1st October 2017 there were 215.44 Full Time Equivalent (FTE) qualified Children Social Worker posts on the establishment. Of this, 82 were employed on a temporary basis via a recruitment agency. As at 1st October 2017 there were 26 permanent Social Worker appointments in the 'pipeline' due to commence employment between October to December 2017 and taking this into account, the percentage of permanent staff in post is 74%.

80 offers of permanent employment have been made to Social Workers since 1st January 2017. Of these offers, a total of 8 have been withdrawn.

Supplementary question:

Given that the number of temporary/non-permanent children's social workers was raised as part of the Ofsted inspection, do you have a target for the acceptable level of permanent social work staff?

Reply:

The desirable level of temporary/non-permanent staff is zero. In recruiting staff, the Deputy Chief Executive and Executive Director: Education, Care and Health Services is aiming to recruit as many high quality permanent staff as possible and is mindful that this will be a key area considered as part of the forthcoming Ofsted Inspection.

- 2) What steps are the council taking to reduce the 12 week waiting time for adolescent mental health services?

Reply:

A) Waiting times for access to treatment for both the Bromley Single Point of Access Service (Bromley Y Wellbeing) and specialist community CAMHs are reviewed as part of the regular joint LBB and Bromley CCG contract and performance review arrangements. The commissioners review performance of services once a quarter with Bromley Wellbeing and

monthly with specialist Community CAMHs. Waiting times are reported against by both providers.

B) Waiting times are measured through a number of lenses:

- Referral to Assessment*
- Referral to Treatment*

The CCG and LBB now have access to patient level datasets that allow commissioners to see the detail behind each patient journey.

C) All patients entering the emotional wellbeing and mental health referral pathway will have their needs triaged within 72hrs by the Bromley Wellbeing Service (all referrals are through the Single Point of Access except presentations to A&E and the Eating Disorder Service)*

D) All patients who enter the pathway via A&E will have an assessment and follow up appointment within 7 days of first presentation to A&E

E) 70% of urgent referrals to the Eating Disorder service will have an assessment completed within the nationally set targets of 2 weeks from first referral.

F) Waiting times (Referral to Treatment) will depend on the clinical presentation. That is to say, where the patient presents with high risk or in crisis waiting times for assessment and/or treatment will be shorter. Where a client or patient is clinically stable, the waiting times can be longer

The Partnership, through its Transformation Plan investments, has had a focus on both reducing waiting times across the spectrum of need whilst also reducing the waiting lists. This has been particularly effective in ASD diagnosis and at the Single Point of Access service (Bromley Wellbeing). The CCG has additionally committed to investing additional resources in Bromley Wellbeing service to address specific waiting times issues that are emerging in the system currently.

Generally, waiting times can be volatile in that they reflect both the capacity of services to meet the increased volume of referrals as well as increasing acuity of need amongst those who present to the care pathways at any given time point.

Supplementary question:

Having monitored progress over the last 12 months, waiting times seem to vary between 12-16 weeks. I would appreciate a comment on why CAMHs is not seeking to improve this.

Reply:

Representatives of CAMHs will be participating in a witness session on Child and Adolescent Mental Health Services later in the meeting when this issue can be explored.

- 3) Why has the Council allowed the reduction in services caused by the transfer to Oxleas trust of the Health Visitor service? What efforts did the council make to ensure that users of this service were consulted and kept informed?

Reply:

There has been no reduction in service following the new procurement of the Health Visiting service. We have used the national specification for Health Visiting which includes best evidence and best practice, such as mandated checks. There is a clear monitoring process with the new provider which will aim to ensure the high service quality.

We have consulted users of the service through Healthwatch Bromley and took their views into account. Service users expressed a strong desire for the clinics to be facilitated in various locations across the borough enabling them to have their babies weighed and have the opportunity for face-to-face interaction with the Health Visiting service. The users are being kept informed about the new provider through various mechanisms such as posters on display in health clinics, hospitals and Children and Family Centres. Also detailed information of the new service can be found on Bromley Maternity Voices, Bromley Mylife and Oxleas websites. The Health Visiting Service staff are continuing to contact families directly and invite them to participate in health reviews for all Bromley children under the age of five.

For details of the service and the clinic timetable please follow this link <http://oxleas.nhs.uk/services/service/0-4-years-health-visiting-and-/>.

Service users are being asked to contact the service if they have questions or want to contact their local health visiting team. The service can be contacted through Oxleas Central Administration Team on 020 8836 8621, or email them at: oxl-tr.bromleycat@nhs.net.

Supplementary question:

How many service users were not aware of the changes to the Health Visitor service, for example when service provision ceased at Beckenham Beacon?

Reply:

Consultation was undertaken with service users to inform the way the new Health Visiting service was developed. If there are concerns about individual cases, please inform the Local Authority to enable appropriate action to be taken.