

Question 1

Councillor Lancaster

Why is Bury Health Department still not communicating with Children's Services?

Our SEND children are still being left behind in Bury.

We do not have an epilepsy nurse, there is still no Irlens Screening being done in Bury, we have no SPD or Arfid therapists in Bury.

Since the amalgamation with GM - Bury SEND children still appear to not have benefited from these services. The services I've listed above are available to other local authorities in GM but Bury Children are still without.

What is being done to ensure our children are not without these services and could the Council please give a timeframe of when we will be able to start to access these services?

Answer

In response Will Blandamer advised the following:

The NHS in Bury is committed to working with Children's services to improve circumstances for SEND children in the borough.

NHS GM (Bury) are key members of the Bury Strategic SEND Board and colleagues from health, social care and education meet weekly to ensure a timely partnership approach to issues as and when they arise.

As part of the wider Bury SEND improvement plan, we have a joint commissioning group attended by council children's services, NHS GM (Bury) representatives, Bury 2gether and others. We have met recently to review the whole joint commissioning programme and to identify gaps in service provision. NHS GM (Bury) also attend the Children's Strategic Partnership Board meeting.

We are aware of the gap in Bury for a specialist epilepsy nurse. This is a recommendation from NICE and we are keen to address this gap as quickly as possible. A business case has been developed and we are working with NHS GM colleagues centrally to secure the funding. This is recognised as a priority by the Leader of the Council, by the GM Mayor, and by NHS GM and I would like to pay tribute to the advocacy being undertaken to publicise this gap.

At the recent joint commissioning group meeting we recognised the issues of Irlens screening and Arfid therapists. Our understanding is that these services were not routinely commissioned by CCGs and are not subject to NICE recommendation.

However, with regards to Arfid the Community Eating Disorder (CEDS) service take low weight and poorly ARFID cases. Those who are not low weight are signposted to community dietetics. They always offer consultation to professionals. If patients are older (teens) and appropriate, they will offer a course of CBT and dietetic support.

Recently a business case has been pulled together from commissioners from Rochdale and Bury to increase the community eating disorder service to provide increased capacity and meet growing

demand. The service will be able to offer support within the family home/community within each locality to improve access and engagement for this cohort of young people who can be difficult to engage in treatment.

There will be a focus on awareness raising, prevention and early identification to reduce the number of very poorly young people entering the service and an additional £361,952 from Greater Manchester has been agreed for the Pennine footprint to increase community capacity. There is an intent to grow the additional therapeutic posts needed to have a more robust Pennine Arfid offer, recognising that there is a national shortage of these posts.

We do have a sensory processing service and are one of a few in Greater Manchester areas to commission a bespoke service. Over the last quarter over 104 families have been supported to understand their Child's needs and many have gone on to have swift assessments and support. Training has also been developed and offered to the wider workforce system across schools and early support services.

Question 2 (Supplementary Question)

Councillor Lancaster

Thanked Will for his response. Councillor Lancaster advised that many people who need Arfid therapy are autistic children with sensory difficulties and most of these treatments are offered only as in-patients services. Parents are reporting that when they are out-patients, and they have autism they are struggling to get help. Also, the CAMHS waiting list is two years to wait for assessment and is another issue parents are facing.

Answer 2 (Supplementary Question)

Will Blandamer advised he will go back and check on the Arfid work because my understanding is that we are doing our best to provide the service through the community eating disorder services and not through an in-patient service. In relation to CAMHS service, it is true the waiting time is high, whilst not all people are waiting two years, we have had some people who have waited a long time. We are looking to increase additional capacity in the service and to invest in interventions below the CAMHS service to stem the flow into the service to improve waiting times and we will be bringing a paper back to this committee.