NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Designated Clinical Officer (DCO) for Special Educational Needs and / or Disability (SEND)

Annual Report 2023/24

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Purpose

The purpose of this report is to provide an overview of the role and responsibilities of the Designated Clinical Officer's (DCOs) for Special Educational Needs and / or Disability (SEND) working at NHS Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (ICB). It will identify some of the work undertaken over the last 12 months and describe plans and aspirations for the next 12 months.

The report will provide assurance and inform Senior Leaders across BSW about functions and accountability of the Integrated Care Board (ICB) in relation to children and young people (CYP) aged 0-25 years with Special Education Needs and/or Disability (SEND) and provide commissioners with an indication of future resources that may be required for the ICB to fulfil its responsibilities in relation to SEND.

This year's report will also provide a more detailed overview of the new local area SEND Inspections which have been operational since January 2023 and focus on evidencing the impact of the DCO role.

The reporting period for this report is April 2023 to March 2024. It should not be read or considered in isolation, and for ease, additional reading material and supporting documents have been included at the end, in the appendices.

Legislation and Guidance

The Children and Families Act (2014) and the 0-25 SEND Code of Practice (2015) provide the ICB with details of the statutory legislation it must adhere to. In addition to this, publications such as the SEND and Alternative Improvement Plan (2023) and SEND Inspection Framework (2023) provide further guidance and direction to Local Authorities (LAs) and ICBs.

The Children and Families Act (2014) intended to improve services for children, young people and families with SEND (including those with complex health needs) in three main ways:

- **Identifying children and young people (up to the age of 25) who have SEND**. This includes the timeliness of identification, and the effective use of information from neonatal and newborn screening and early health checks.
- **Assessing and meeting their needs**. This includes securing health input to Education Health and Care (EHC) Plans and information about health services through the Local Offer.
- **Improving their outcomes**. This includes preparation for being as healthy as possible in adult life.

The 0-25 SEND Code of Practice (2014) provides guidance to all professionals in their work with children and young people who have SEND and supports them in:

- Taking into account the views and aspirations of children, young people and families.
- Enabling children, young people and parents to participate in decision-making.
- Collaborating with partners in education, health and social care to provide integrated support.
- Identifying children and young people's needs and outcomes.
- Securing high quality provision to meet the needs of children and young people.
- Focusing on inclusive practice and removing barriers to learning.
- Helping children and young people to prepare for adulthood.

From September 2014 the Clinical Commissioning Groups (which have since been replaced by ICBs) were required to:

- Commission services jointly with Local Authorities for children and young people with SEND, including those with EHC Plans.
- Work with the Local Authority to contribute to a Local Offer of available services.
- Have mechanisms in place to ensure clinicians support the integrated EHC needs assessment process and align it with Children's Continuing Care.
- Have a designated health officer for SEND.
- Agree Personal Budgets, where they are requested, for those with EHC Plans.

The Health and Care Act (2022) transferred all relevant statutory duties for SEND from Clinical Commissioning Groups (CCGs) to ICBs. In relation to children and young people (CYP) with SEND this means:

- ICBs must continue to deliver the commissioner duties set out in Part 3 of the Children and Families Act (2014) and the SEND Code of Practice (2015).
- The ICB must jointly commission services for CYP with SEND with Local Authorities (LAs).
- The ICB must identify an Executive Lead for SEND to ensure statutory duties are given sufficient focus and scrutiny.

SEND Statutory Duties for Integrated Care Boards (ICBs)

The ICB has the following statutory duties in relation to SEND:

- A duty to identify and report (with parental consent) to the local authority any child under statutory school age who has, or may have, a special educational need or disability.
- A duty to cooperate generally with the local authority (LA).

- A duty to cooperate in specific circumstances.

ICB function and responsibilities

- The ICB must work closely with local authorities (LAs) to develop and embed systemwide multiagency working practices, and where appropriate establish joint commissioning arrangements with LAs.
- Each ICB must have a Board level Executive lead for children and young people with SEND.
- The ICB Executive lead for SEND will support the Chief Executive and the Board to ensure the ICB discharges it's responsibilities effectively in relation to CYP with SEND.

The SEND Executive Lead for BaNES, Swindon and Wiltshire (BSW) ICB is the Chief Nurse Officer, and some of their key areas of focus are as follows:

- Supporting the ICB Chief Executive and the Board to ensure the ICB meets the health requirements of the Area SEND inspections.
- Ensure the delivery and alignment of priority action plans, to resolve areas of improvement identified with partners through inspections/ revisits.
- Ensuring sufficient support, capacity and resources for the role of Designated Officers for SEND to fulfil the role within the ICB and at place, in accordance with the current code of practice. This will involve working with NHS England to review roles and functions.
- Ensuring that there are appropriate information sharing arrangements in place between the ICB and relevant partners and organisations to support the development, implementation and monitoring of SEND data dashboards and effective joint commissioning.
- Ensuring existing oversight and system quality processes support effective delivery of the ICBs SEND statutory duties, including Education Health and Care Plan (EHCP) timeliness, quality assurance and annual reviews.
- Ensure effective co-production and engagement with CYP and their families with SEND, and local parent carer forums to ensure lived experience of SEND provision is understood and used to improve service provision.
- Ensuring that interdependencies with SEND are aligned and visible within other NHS programmes, while being reflected in ICB governance structures where appropriate, i.e. children and young people transformation, safeguarding, learning disability and autism, mental health, transition, continuing care/ healthcare and the healthy child programme.
- Working in partnership with operational and strategic leaders in health, education, social care, parent carer forums, provider collaboratives, local authorities and VCSE organisations to drive quality improvement and outcomes for children and young people with SEND and their families.
- Ensuring there are effective joint working and funding arrangements in place across

both education and health and care to make case by case health funding decisions with oversight of quality and safety of nursing/ clinical interventions in line with the relevant legislation and guidance including the high needs funding operational guidance and relevant NICE guidance.

SEND and AP Improvement Plan

In March 2023 the Government published the SEND and Alternative Provision (AP) Improvement Plan: 'Right Support, Right Place, Right Time' in response to the green paper consultation which sets out plans to enable high quality, early support for children. This includes setting out expectations for training, a new portfolio of national standards and consideration of each child's unique experience with an overarching ambition to **"create a more inclusive society that celebrates and enables success in all forms."**

The BSW DCOs were keen to ensure that the Improvement Plan was easily to understand and accessible to all ICB colleagues and system partners, so developed an 'overview' document which identifies the key points raised in the 97 page plan and incorporates some observations entitled 'DCO Reflective Points' which are included to help prompt further discussions and aid a deeper level of understanding (a copy is attached in the appendices).

SEND Legislation Compliance

Local area SEND inspections are carried out jointly by Ofsted and the Care Quality Commission (CQC) under Section 20 of the Children Act (2004) and focus on how effectively education, health and care services work together to serve children, young people (CYP) and their families with SEND.

SEND Inspection Framework

In January 2023 a new SEND inspection framework was published and the new processes it identifies became operational. A copy can be found here Area SEND: framework and handbook - GOV.UK (www.gov.uk)

Inspections will now be undertaken over a three-week period (previously two), with inspectors considering how well local area partnerships operate and work together to improve experiences and outcomes of C&YP with SEND.

Inspectors will do this in several ways, including asking C&YP with SEND, their parents/carers, and practitioners for feedback (surveys and in person) and evaluating case records for individual children, in many instances alongside practitioners.

SEND Inspection Outcome Criteria

The framework provides a clear list of the evaluation criteria inspectors will use to reach a judgement of local area performance.

The 3 possible resulting judgements are:

Inspection Outcome	**Subsequent Meetings, Activities and Reviews**
The local area partnership SEND arrangements typically lead to **positive experiences and outcomes** for C&YP with SEND. The local area partnership is taking action where improvements are needed.	Engagement Meetings. **Full Inspection usually within 5 Years**.
The local area partnership SEND arrangements lead to **inconsistent experiences and outcomes** for C&YP with SEND. The local area partnership must work jointly to make improvements.	Engagement Meetings. **Full Inspection usually within 3 Years**.
There are **widespread and / or systemic failings** leading to significant concerns about the experiences and outcomes of C&YP with SEND, which the local area partnership must address urgently.	Engagement Meetings. **Submission of Priority Action Plan**. **Monitoring Inspection usually within 18 months**. **Full re-inspection usually within 3 Years**.

SEND Inspection Outcomes in 2023 - A National Overview

In 2023, **26 local area** SEND Inspections were completed under the new framework with inspection outcomes being distributed as follows:

- 7 local area partnerships received a '**positive**' outcome.
- 11 local area partnerships received an '**inconsistent**' outcome.
- 8 local area partnerships were identified as having '**significant concerns**'.

Nationally there are a total of **153 local area partnerships**, so in the first year just under 20% of areas underwent an inspection. It's therefore likely to be too early to determine any firm conclusions from the new inspection framework.

South West Regional SEND Inspection - Outcome Overview

Given the differences in the structure and approach of the new SEND Inspection format, it wouldn't be appropriate to undertake a direct comparison of outcomes across the old and new formats. A regional overview is provided below for information purposes.

Integrated Care Board (ICB)	**Local Area Partnership SEND System**		
BaNES Swindon and Wiltshire (BSW)	**BaNES** – Old Inspection format undertaken **18th – 22nd March 2019**, no significant concerns.	**Swindon** – Old Inspection format, Written Statement of Action (WSOA) last re-inspection **11th – 12th October 2021**, significant progress made.	**Wiltshire** – Old Inspection format undertaken **29th January – 2nd February 2018**, no significant concerns.
Bristol North Somerset and South Gloucestershire (BNSSG)	**Bristol** – Old Inspection format. WSOA to Accelerated Progress Plan (APP),1 area of significant weakness remains, but progressing well.	**North Somerset** – Old Inspection format. WSOA to Accelerated Progress Plan (APP) then Improvement Notice (IN). Now signed off.	**South Gloucestershire** – Old Inspection format. WSOA to APP, significant progress made across all areas.
Gloucestershire	**Gloucestershire - NEW Inspection format.** Inconsistent experiences and outcomes for CYP with SEND (old inspection format no significant concerns).		
Dorset	**Bournemouth, Christchurch and Poole (BCP)** – Old Inspection format.	**Dorset** – Old Inspection format WSOA, significant progress made.	

	WSOA to APP, 8 areas of significant weakness remain, little progress, now a statutory direction.	**NEW INSPECTION COMPLETED 11th-15th MARCH 2024** awaiting outcome.	
Somerset	**Somerset** – Old Inspection format, WSOA to APP, 2 areas of significant weakness remain.		
Devon	**Devon** – Old Inspection format. WSOA to APP to Improvement Notice (IN), all 4 areas of significant weakness remain.	**Torbay** – Old Inspection format. WSOA, 8 areas of significant weakness remain, system progressing.	**Plymouth – NEW Inspection Format.** Widespread and / or systemic failings and areas of significant weakness / concern identified.
Cornwall	**Cornwall – NEW Inspection format**. Inconsistent experiences and outcomes for CYP with SEND. 6 areas of significant weakness identified.	**Isles of Scilly** – Old Inspection format, no significant concerns.	

Key areas identified in New SEND Inspections specific to 'health'

Below is an overarching view of some of the key areas of weaknesses identified by Inspectors in relation to 'health' across the three local area partnerships who've undergone a new style inspection in 2023.

Areas of Weakness identified in relation to 'health'	**Plymouth**	**Gloucestershire**	**Cornwall**
Leadership / Strategic Planning	**X**		**X**
Autism Waiting Lists / Pathway	**X**	**X**	**X**
Paediatric and Therapy Waiting times	**X**	**X**	**X**
EHCP Timeliness	**X**	**X**	**X**
EHCP Performance and Review	**X**	**X**	**X**
Co-Production	**X**	**X**	

Partnership Working	**X**	**X**	**X**
Transition	**X**	**X**	
Monitoring and Quality Assurance Procedures	**X**	**X**	**X**
Communication with Key Stakeholders	**X**	**X**	**X**

Key areas identified by Inspectors

<u>Plymouth – Areas for priority action</u>:

- Leaders, across the partnership, must put ***children and young people with SEND at the centre of all improvement plans*** by ensuring that those ***plans contain clear oversight and tracking in order to measure the direct impact on children, young people and their families***.
- Leaders, across the partnership, should work together and ***share information to enable the earlier identification of children and young people with SEND*** who are at risk of increased vulnerability and negative outcomes.
- Leaders, including Plymouth City Council and school and college leaders, should ***work together to reduce the likelihood of exclusion*** for pupils with an EHCP.
- Devon Integrated Care Board should work with partners to ***risk assess children on waiting lists***, ensuring that those with multiple needs get the earliest support possible.
- Plymouth City Council leaders should ensure that children and young people with SEND who also have social care needs get the care and support they need, particularly:
    - ***Vulnerable children living in residential special schools and children's homes*** at a distance;
    - ***Children receiving short breaks*** without effective oversight and review, including reassessment when needs escalate.
- Leaders across health, social care and education should improve the consistency of the support offered to children and young people with SEND by ensuring:
    - All children receive the mandated checks in line with ***the Healthy Child Programme*****;** and
    - All children and young people benefit from a ***consistently applied graduated response.***
- Leaders across the partnership should continue to ***address long waiting times*** for children and young people requesting support from health services.
- Leaders must ensure that all social care, health and education practitioners have ***the training they need to provide consistent identification, care and support*** for children and young people with SEND.
- Leaders should use the ***information available to them to plan ahead***, ensuring the right services and support are in place to meet the future needs of children and young people with SEND in Plymouth.

Gloucestershire - Areas for improvement:

- Leaders in the ICB and the LA should strengthen ***multi-agency working across the partnership***, between education, health and social care providers, so that:
  - Children and young people's ***needs are identified and assessed in a more efficient and timely manner***;
  - ***Transitions*** for children and young people across phases in their education are improved;
  - Children and young people have access to education and training through placements that meet their individual needs;
  - Young people are ***better prepared for adulthood earlier,***
  - ***Communication*** with parents and practitioners supports all stakeholders effectively, to understand systems and decision-making processes.
- Leaders in education, health and social care should work together to strengthen and ***embed the quality assurance*** framework around all existing and newly issued EHC plans. This includes:
  - Improving the ***quality and depth of contributions from health partners*** and children's social care into the plans;
  - Reducing ***waiting times for health assessments***;
  - Increasing ***timeliness and quality of needs assessments***;
  - Increasing ***timeliness and quality of EHC Plans and annual reviews***;
  - Ensuring that EHC plans ***consider information shared by services providing support*** to the child, young person and their family.
- Leaders in education should continue to ***review the breadth and offer of specialist places*** for children with SEND, in order to inform commissioning and investment in specialist provision to improve the experiences and outcomes of children and young people and their families.
- The partnership should ***further develop their strategic plans to include families in partnership projects***. The monitoring of projects and interventions should be more inclusive and effectively communicated with stakeholders, to create a shared culture of driving improvements for children, young people with SEND and their families.

Cornwall – Areas for Improvement:

- Leaders across the partnership must ***improve the quality of education, health and care planning and review*** (QA of EHCP plans and processes).
- Leaders across the partnership should establish ***effective communication*** across the partnership to improve the experiences for children and young people with SEND and their families.
- Leaders across the partnership should improve their ***evaluation and analysis of information*** about the effectiveness of services for children and young people with SEND. Leaders should ***strengthen their monitoring processes*** in these areas to accelerate the improvement of SEND services (Data - ***Quality Assurance***, Data Integrity, Data Analysis and Application)

- Leaders across the partnership need to develop further the work they have started to ***improve the education offer and outcomes*** for children and young people with SEND (Education Standards and Lived Experience of children with SEND).
- Leaders across the partnership should continue to ***address long waiting times*** for children and young people requesting support from health services (Neurodiversity Strategy and Pathway).
- Leaders across the partnership will work to improve the ***transport arrangements*** for children with SEND by ensuring that we develop local provision where appropriate and focus further on the inclusion of children in mainstream settings.

Key messages from SEND Inspections

Both old and new style inspections identify significant weaknesses and highlight areas for ICBs and local area partnerships to focus.

Executive Leadership and Partnership working across the system needs to be strengthened.

Consideration of how waiting lists can be reduced for therapies and diagnostic pathways which champion 'needs' led services with a focus on early identification and early support.

The timeliness and quality of health contributions to Education, Health and Care Needs Assessments (EHCNA) and Annual Reviews (AR's) needs to improve.

Closer working with strategic partners and enhanced coproduction with CYP and their families.

There remains a focus on a need to improve health outcomes for CYP with SEND.

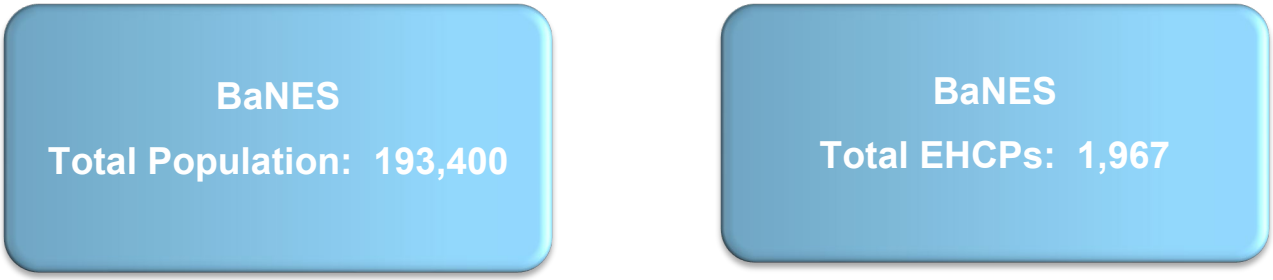
SEND and EHC Plans – A National Overview

On June 22nd 2023, the government published the most recent SEN 2 data which identifies in England there are currently **517,049** children and young people (CYP) with Education, Health, and Care Plans (EHCP's) in England, an increase of **43,749 (9%)** from 2022. The most common type of need identified for CYP receiving SEN support (CYP with no EHCP) is speech, language, and communication, and for those with an EHC Plan the most common area of need is Autism (data accessed online via: Education, health and care plans, Reporting year 2023 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

The data also identifies that nationally there were **114,482** requests made for EHC Needs Assessments in 2023, an annual **increase of 21,180** since 2022, and a **23%** rise since 2021.

SEND and EHC Plans - Local Area Demographics

Bath and North East Somerset (BaNES)



In BaNES the total population is estimated to be **193,400** (Population Census 2021 accessed here: Population and household estimates, England and Wales: Census 2021 - Office for National Statistics (ons.gov.uk) of which **30,197** is estimated to be of 'school age'.

BanES Council currently have **1967** CYP with an EHCP, an increase of 259 since 2022 and attributed to the following age groups (SEN2 data 2022 and 2023):

	2022	2023
Aged under 5yrs	**54**	**94**
Aged 5-10yrs	**632**	**714**
Aged 11-15yrs	**609**	**705**
Aged 16-19yrs	**334**	**378**
Aged 20-25 yrs	**79**	**76**

Swindon

Swindon
Total Population: 233,400

Swindon
Total EHCPs: 2,324

In Swindon the total population is estimated to be **233,400** (Population Census 2021) of which **34,979** is estimated to be of school age.

Swindon has a total of **2,324** CYP with an EHCP, an increase of 60 since 2022 and attributed to the following age groups (SEN2 data 2022 and 2023):

	2022	2023
Aged under 5yrs	**117**	**103**
Aged 5-10yrs	**743**	**822**
Aged 11-15yrs	**801**	**885**
Aged 16-19yrs	**461**	**427**
Aged 20-25 yrs	**142**	**87**

Wiltshire

Wiltshire
Total Population: 510,400

Wiltshire
Total EHCPs: 4,760

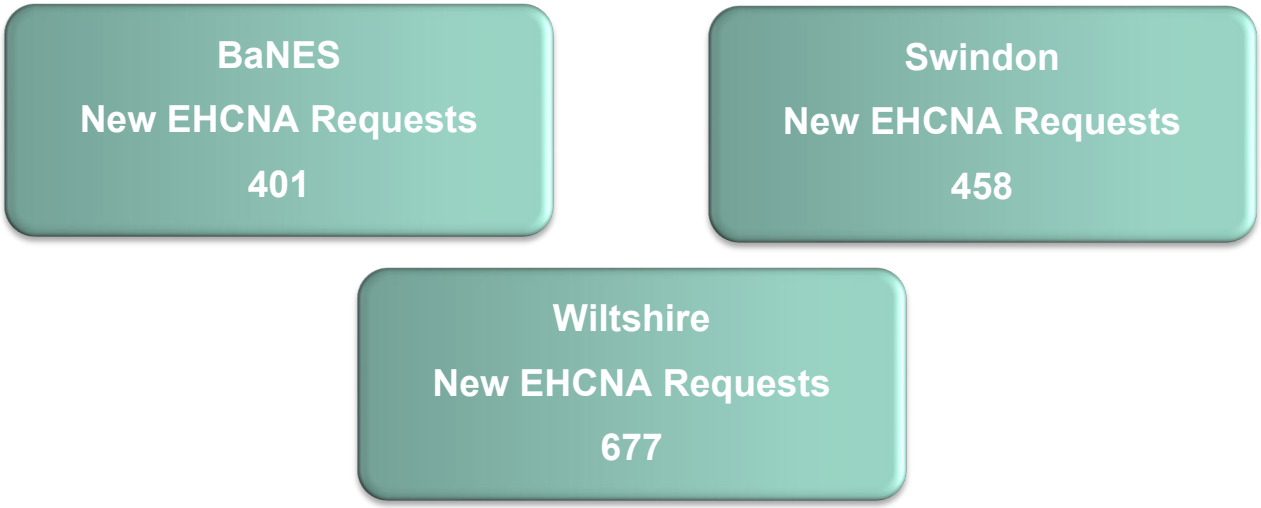
In Wiltshire the total population is estimated to be **510,400** (Population Census 2021) of which **76,198** is estimated to be of school age.

Wiltshire has a total of **4,760** CYP with an EHCP, an increase of 473 since 2022 which are attributed to the following age groups (SEN2 data 2022):

	2022	2023
Aged under 5yrs	**121**	**197**
Aged 5-10yrs	**1557**	**1634**
Aged 11-15yrs	**1690**	**1892**
Aged 16-19yrs	**804**	**890**
Aged 20-25 yrs	**115**	**147**

There is an increasing trajectory of requests being made for Education, Health and Care Needs Assessments (EHCNA) which is placing additional demands on health services who are required to provide advice and information for CYP known to them within 6 weeks to contribute towards the EHC Needs Assessment, recognising that one CYP may be known to multiple health professionals.

The SEN2 Data published in June 2023 identifies the following number of new EHCNA requests:



The Role of the Designated Clinical Officer (DCO)

Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (ICB) employ two full time Designated Clinical Officers (DCOs) who cover all three locality areas which supports a consistent and seamless approach to DCO presence and involvement across the system. The DCOs are both Qualified Nurses who collectively have over 60 years NHS experience and over 14 years experience of working as DCOs across the Special Educational Needs and Disability (SEND) landscape. Both DCOs are educated to degree level and have completed the National Development Team for inclusion (NDTi) SEND Leadership Course, and IPSEA Legal training, one of the DCOs has also successfully completed a MSc in Leadership and Management in Health and Social Care. Both are active members of NHS England's Regional DCO Network and Expert Reference Groups as well as the Southwest Regional SEND network which brings together system partners from education, health and social care, working across the region to inform best practice and service improvement. Their roles are multi-faceted and complex, requiring confidence and adaptability to work both operationally and strategically across various organisations and agencies, which include commissioning, provider and voluntary services.

The DCOs annual work plan aligns with their identified priorities and more detailed information including a copy of their 'Priorities on a Page' document can be found in the appendices. It identifies seven key areas of responsibility:

Statutory Compliance

Governance and Reporting

Quality Assurance

Risk Management

Education and Training

Participation and Collaboration

Service Improvement

The DCOs are responsible for evidencing the progress made against the associated work plan and for providing assurance to the ICB Chief Nurse and Executive Lead for SEND and Deputy Chief Nurse. In last year's DCO Annual Report (2022/23) (available here: https://bsw.icb.nhs.uk/document/bsw-icb-dco-for-special-educational-needs-and-or-disability-send-annual-report/) the DCOs provided some examples in relation to each priority area to demonstrate some of the work they've been involved in / are leading on.

This year the DCOs were keen to understand how they could evidence the impact of their roles and identified seven key areas for consideration:

Impact on CYP and Families

Impact on Multi Agency Working

Impact on Quality Assurance

Impact on ICB Compliance

Impact on Joint Commissioning

Impact with Health System Leaders

System Level Impact and Wider

Impact on CYP and Families

The DCOs remain passionate about keeping children and young people with SEND at the centre of everything they do and believe that their strong commitment to their roles, striving to deliver the highest quality best practice and desire to always make a difference has a positive impact on CYP and their families.

The DCOs have developed good relationships with the three Parent Carer Forums (PCFs) and are actively involved in coproduction. A recent example of this is the development of the Section 23 early notification system. All three Local Authorities (LAs) now have an agreed and coproduced process in place including a BSW information leaflet developed by our PCFs, so CYP and families have the necessary information to provide informed consent.

The DCOs also regularly review and contribute to updating the Local Offers in each area to ensure they are easily accessible and inclusive for CYP and their families. They have also coproduced local area guidance for supporting CYP with medical needs to access education settings, which families have told us they've found beneficial when understanding what support and care their child can expect.

On a more individual basis the DCOs have received several recent compliments and notes of thanks from parents of children with medical needs who, following DCO intervention and support are now able to access mainstream education and community settings. One example of this involved the DCO arranging a package of education and training for a 'holiday club' setting so adults caring for them were confident and competent to meet their needs. This supported an inclusive approach where the child was able to maintain friendships and participate in community activities with their peers during the school holidays. Another example is where the DCO has recognised that a child with medical needs transitioning from nursery to primary school required a jointly funded package of support to deliver bespoke training and ensure their needs could be effectively met in a mainstream environment.

Some recent parental feedback included the following comments:

"Mum was delighted to hear that you [the DCO] were involved and told me how brilliant you'd been in supporting them, especially during COVID and also in relation to getting the personal health budget".
(email feedback received from SEND Lead Worker, August 2023).

"Thanks to your help and support, my child is now able to access a beautiful setting with care givers that are able meet the needs, that other settings were not able to do, this would not have been made possible if the DCO had not arranged for the staff to have training. My child loves nothing more than to play alongside his peers and for the first time he is able to do this." *(email August 2023).*

Impact on Multi Agency Working

The DCOs meet regularly with key system partners and stakeholders such as the Parent Carer Forums, SEND service managers, Education Officers, Designated Social Care Officers (DSCO), the Designated Medical Officer (DMO), Community Children's Service providers, Commissioners, Acute and specialist medical teams and also undertake a rolling programme of visits to special schools across BSW to establish and build relationships with headteachers and SENCOs so everyone's aware of the DCO role and how they can be contacted.

The DCOs and DMO work together to actively contribute to multi agency decision making panels and provide Quality Assurance feedback on all draft EHC Plans shared with them in accordance with their DCO QA Framework (available in the appendices), providing individualised advice for CYP with medical needs which contributes to a holistic model and champions an inclusive approach to supporting CYP to access education.

The DCOs deliver a wide variety of both formal and informal education and training sessions and use the feedback collected to evidence the impact of these sessions. From March 2023 to April 2024 **the DCOs delivered more than 54 education and training sessions** and received more than 38 pieces of individual feedback which demonstrated the following:

4.6 / 5

Average rating for the DCO Training Session

(1 = Poor, 5 = Excellent)

4.2 / 5

Average Increase in Knowledge Following DCO Training Session

(1 = Poor, 5 = Excellent)

Examples of feedback received following DCO Education and Training Sessions:

"The DCOs are always extremely knowledgeable, and evidence based in their approach".

Helpful and very informative, I found the session very thought provoking, thank you".

"As a new EHCP Coordinator it was great to understand more about the DCO role and how they support quality assurance of the health sections of all EHC Plans".

Further examples of DCO impact on multi agency working can be found in the selection of briefing papers they've prepared, for example the paper detaining the Administrative Justice Council (AJC) report and joint Ombudsman recommendations which evidences how the DCOs have made changes to local processes to align with the Ombudsman rulings, recognising a desire to adopt and implement best practice guidance (see appendices for full paper). The impact of this will be that CYP with SEND and their families are clear about what they can expect from health professionals who will deliver a consistent and high-quality holistic approach to providing advice and information as part of an EHC Needs Assessment.

A recent example of a positive change which impacts on several different clinical teams and resulted in a significant increase in clinical capacity is described in another briefing paper (available in the appendices) which details work undertaken by the DCOs and Head of Community Childrens services in Wiltshire to realign focus and ensure contributions to EHC Needs Assessments are high quality, relevant and meaningful. This change has also resulted in a more consistent approach to providing health advice and support to partners contributing to the multi-agency decision making panels.

Some recent Professional feedback about the DCO impact on Multi Agency working included the following comments:

"I was very impressed with the thorough support you are providing and feel privileged to have colleagues like yourself working with me" *(LA SEND Lead Worker August 2023)*

"Our DCO Health colleagues, have simply been exceptionally supportive. I know they are only doing their job but I think they do it exceptionally well and this makes us 'want' even more from them!" *(LA SEND Manager and Panel Chair May 2023)*

"I think you're doing an amazing job bringing together health and education" *(Special School Headteacher March 2024)*

"I'm grateful for your support and value the expertise you bring to our discussions and decision making so we can better understand and support our children with health needs" *(Principal Educational Psychologist February 2024)*

Impact on Quality Assurance

The DCOs have developed a Quality Assurance Framework which details the processes they follow to ensure health sections of all draft EHCP's are of the highest quality, factually accurate and meaningful before they're shared with CYP and their families (see appendices for full framework). This involves attendance at the weekly statutory SEND panels and review of the health advice and information received to ensure that the information populated in sections C and G of all new draft EHCPs is a concise, meaningful, and a factually accurate reflection of the CYPs health needs in relation to their special educational needs. In addition to this, when asked, the DCOs also provide feedback and quality assurance of existing EHCPs at annual reviews and for Tribunal appeals where there is a health element for determination, to ensure that these sections remain up to date, accurate and fit for purpose. The impact of this focus on QA is increased satisfaction from CYP and their families with the health content of plans.

The templates that DCOs use to deliver their feedback have been developed pragmatically to clearly identify the rationale for the suggested wording. This ensures that the specific health needs are clearly identified from the information provided rather than generalised descriptions or medical jargon being used. It also means that information can be easily shared with the CYP and their families, supporting greater understanding and transparency around decision making and engaging a collaborative approach to EHC Plan development.

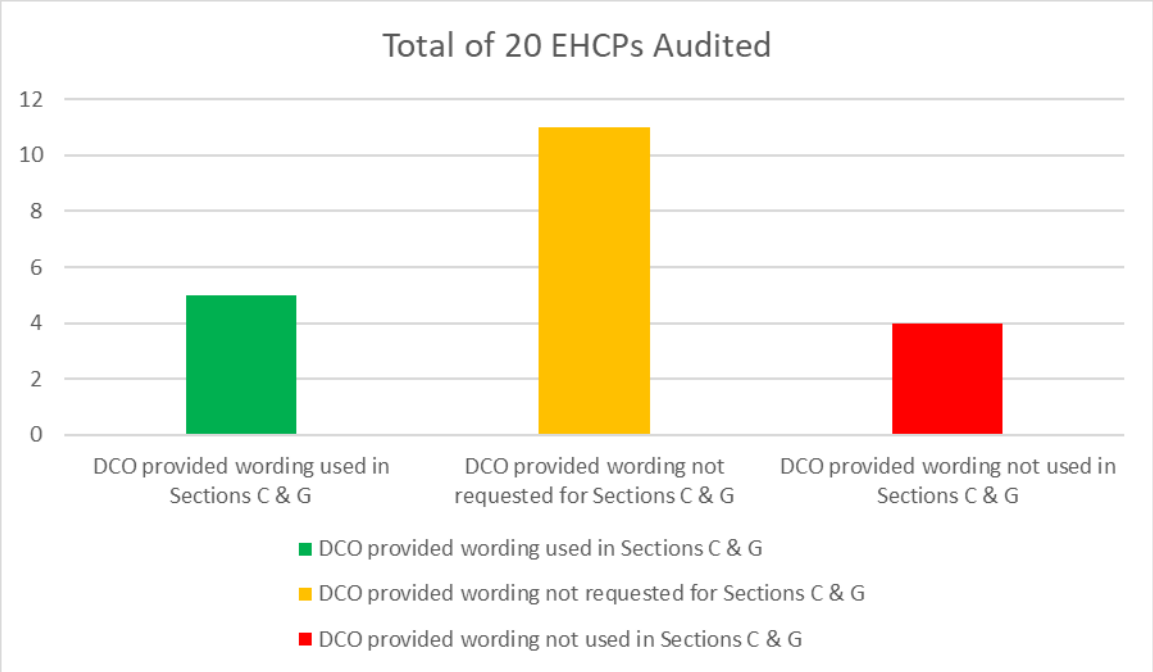
The DCOs prepare a monthly 'Highlight Report' which is shared at locality SEND Boards and evidence statistics such as the number of draft plans quality assured by the DCOs (an example can be found in the appendices). **From April 2023 to March 2024 the DCOs reviewed and provided wording for the health sections of 1847 EHC Plans**.

1,847 EHCPs Quality Assured by the DCOs

DCO and Multiagency Quality Assurance Audits

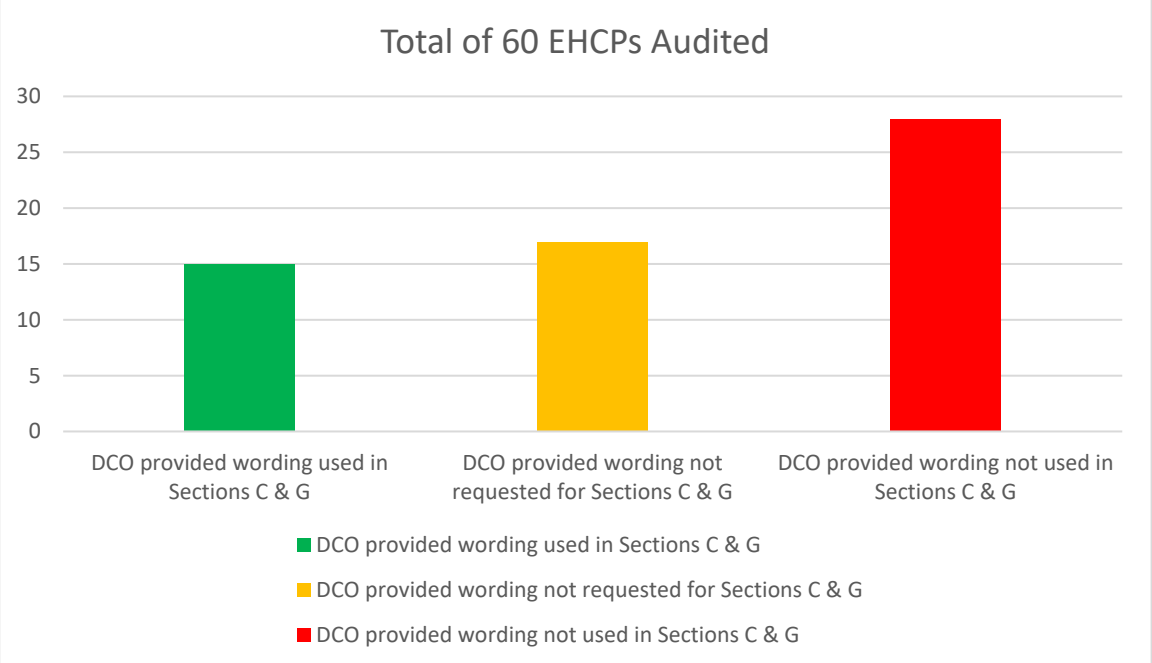
DCO and Multi agency audits, for example using the Invision 360 program are undertaken regularly to monitor and evaluate the quality of the health contributions to EHC Needs Assessment and the health sections of EHC Plans which drives a cycle of continuous improvement and change. More recently multiagency 'deep dives' aligned with the new SEND Inspection Annex A Case Tracking format have been completed and moving forward, some local areas are incorporating these into their regular audit programme. The DCOs have also undertaken their own audits to provide assurance that the wording agreed by the DCOs is being applied consistently to the health sections (C&G) of all draft EHCPs.

Audit results from BaNES - February 2024



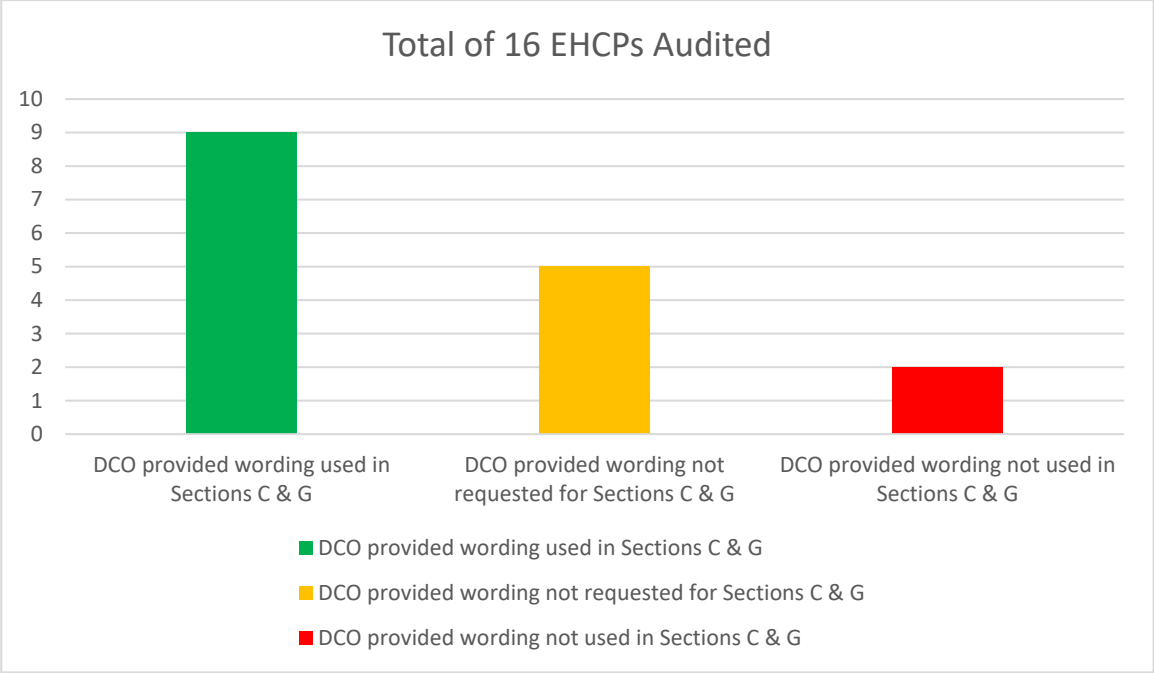
The graph above identifies that out of the 20 plans audited, the DCO wording had been used to populate the health sections of 5 EHCPs (25%). There were 11 cases (55%) where the DCOs had not been asked to provide DCO Quality Assurance, and when DCO wording had been provided, 4 of the EHCPs audited (20%) did not use the agreed wording to populate the health sections. In almost all of these cases therapy provision such as Speech and Language or Occupational Therapy had been included despite the DCOs advising that it should be specified in Section F not G of the plan (Children and Families Act (2014).

Audit results from Swindon - October 2023



The graph above identifies that out of the 60 plans audited, the DCO wording had been used to populate the health sections of 15 EHCPs (25%). There were 17 cases (28%) where the DCOs had not been asked to provide DCO Quality Assurance, either because the plans had been agreed outside of the multiagency SENRAP panel so papers were never circulated, or because health advice wasn't available at the time the papers were shared. In cases like these the DCOs often noted on their QA feedback that once the health advice became available, they'd be happy to review and provide wording for the health sections, however there was no evidence this happened for any of the cases audited. When DCO wording had been provided, 28 of the EHCPs audited (47%) did not use the agreed wording to populate the health sections.

Audit results from Wiltshire - July 2023



The graph above identifies that out of the 16 plans audited, the DCO wording had been used to populate the health sections of 9 EHCPs (56%). There were 5 cases (31.5%) where the DCOs had not been asked to provide DCO Quality Assurance and when DCO wording had been provided 2 of the EHCPs audited (12.5%) did not use the agreed wording to populate the health sections. This means that 44% of health sections had not been quality assured or agreed by the ICB DCOs.

Audit Conclusions

The audits concluded that despite well-established mechanisms in place for local area quality assurance and recognising the DCOs commitment to providing feedback for all draft EHC Plans, existing processes were likely to need strengthening as the results suggest they may not yet be fully embedded. Further focused quality improvement work with all system partners will support this and the DCOs have already begun delivering some focused education and training sessions to SEND Lead workers and EHCP Coordinators, and future EHCP audits are likely to demonstrate the impact that these interventions have had.

Some recent Professional feedback included the following comments:

"I can't thank the DCOs enough for all their advice and support which has allowed us to review our processes and improve the quality of our professional reports for EHCNA".
(Community Health Service Manager September 2023).

"The DCO QA feedback is really helpful, especially the explanations they give and the speed at which they respond to my emails".
(LA SEND Lead Worker January 2024).

"The amount of QA you do as DCOs is phenomenal and so important".
(CYP Commissioner February 2024).

"We have made significant progress developing our QA processes and value the knowledge and support the DCOs offer".
(LA Head of SEND March 2024).

Impact on ICB Compliance

The DCOs are valued members of the BSW ICB Nursing and Quality Directorate and are line managed by the Deputy Chief Nurse, meeting regularly with the Chief Nurse who is also the ICB Executive Lead for SEND. This provides a pivotal platform from which the DCOs can lead, educate, influence and inform senior leaders and ICB Executives to ensure everyone is fully sighted and appraised of the SEND agenda, key local and national drivers including risks, and areas for change and service development are widely understood and actioned.

The DCOs recognise the importance of reviewing and interpreting information relating to SEND so it can be easily accessible, ensuring that SEND remains a central focus and considered 'everyone's business'. In addition to face to face and online training the DCOs also produce briefing papers which are shared at meetings such as the Quality and Assurance Committee, CYP Commissioner meetings, Health Operational Group meetings and all three locality SEND Boards.

During 2023 / 24 these papers have included, but aren't limited to the following:

- DCO overview of the new SEND and AP Improvement Plan
- DCO guide to the new SEND Inspection Framework
- DCO Quality Assurance Framework (and feedback template)
- DCO review of the Administrative Justice Council Report and Ombudsman recommendations
- DCO ICB Position on SEND Regulations (2014) Regulation 6(1)
- Health Advisers for SEND (HAS) Team Governance and Process
- EHCP Audit and review of specificity in Section G of EHCP's
- DCO Briefing paper on Regulation 6 responses
- LGA Peer review EHCP Audit DCO response and action plan in Wiltshire
- Review of Education, Health and Care Needs Assessment (EHCNA) contributions to release clinical capacity
- DCO QA Audit of health sections of EHCPs in Swindon
- DCO QA Audit of health sections of EHCPs in BaNES
- SEND Inspection Annex A 'Dry Run' reflections and feedback

The DCOs work proactively to identify areas where system wide improvements can be made which will positively impact on CYP and their families with SEND. Two recent examples of this is the development and implementation of the Section 23 Notification System to support early identification of CYP who may have SEND across BSW, and the introduction of a new team of 'Health Advisers for SEND' who are responsible for providing medical advice and information to LA's within 6 weeks for the purpose of informing an EHC Needs Assessment when a CYP isn't already known to community health services, ensuring all CYPs health needs are considered holistically during the assessment process, whilst also delivering ICB compliance with the SEND Regulations (2014) Regulation 6(1)(C).

Professional feedback:

During June 2023 Wiltshire underwent a Local Government Association (LGA) SEND Peer review / challenge and during their closing presentation the Peer Review Team concluded that**:**

> ***"High impact DCOs and DSCOs are already driving positive change".***

and noted they'd witnessed:

> ***"Examples of professional curiosity driving improvement".***

Impact on Joint Commissioning

Whilst the DCOs would struggle to directly evidence their individual impact on Joint commissioning, there are several ways in which their roles actively contribute to the process and impact on different elements of joint commissioning and support a culture of shared learning. The term 'Joint Commissioning' has a variety of meanings and will often be interpreted differently depending on an individual's role, experience and understanding of SEND. Across BSW there are many jointly commissioned services and roles where the positive impact of having a collective view across the system has been recognised and which ensure a balanced and holistic approach to both current and future service planning and delivery.

The DCOs work closely with the CYP Commissioners across BSW, including those in joint roles to maintain focus on SEND, share best practice and ensure SEND is always a central consideration during commissioning conversations. Examples of these discussions and the impact of the work undertaken jointly with system partners can be found in the meeting minutes of the CYP Commissioner meetings, SENDIAS, and Health Operational Group (HOG) meetings which are shared with locality SEND Boards.

Another example of supporting joint commissioning is planning and delivery of support and services to ensure CYP with medical needs can access and engage in education. The DCOs have developed guidance for supporting settings to manage CYP with medical needs (available in the appendices) and are members of the national expert reference group who are currently developing a national position on this.

The DCOs have a generic SEND email inbox which acts as a single point of contact to access advice and support. This has been particularly beneficial when education and community settings are exploring how they can best support CYP with medical needs access their provision, considering what practical adaptions and reasonable adjustments may be required, or to identify when a package of bespoke training or support may need to be individually commissioned. In these cases, the CYP may not require provision to be made through an EHCP, and the DCO involvement often provides critical support and assurance to CYP and their families and setting staff, which supports an inclusive approach.

The DCOs have a good working knowledge of the National Framework for Children's Continuing Care (CCC) (2016) and Adults Continuing Health Care (CHC) and will contribute to multi agency decision making panels where eligibility and packages are discussed, providing a broad and holistic perspective which supports consideration of the education, health and care needs of the individual CYP. Personal Health Budgets (PHBs) are the ICB's primary offer for CYP who are CCC eligible, recognising a PHB can provide the mechanism for delivering personalised care and support.

"I'm grateful for the DCOs ability to make sense of things like the SEND legislation, improvement plan and inspection framework and communicate it in ways that mean I can actually understand it and apply the principles to my own area of work" *(Feedback from CYP Commissioner, May 2023).*

Impact with Health System Leaders

The DCOs recognised that a collective approach was needed to deliver some of the targeted work required by the locality SEND and AP Partnership Boards, so Health Operational Groups (HOG) have been established in 2 out of the 3 localities, with a 3rd planned for this year. These meetings are usually chaired by the DCOs and aim to provide system partners with the opportunity to discuss, develop and implement changes and service improvements which will have a positive impact on CYP and their families with SEND.

The DCOs have regular liaison meetings with senior health leaders from provider organisations and work collaboratively to identify areas for improvements and implement changes, for example reviewing what information is provided as part of an EHC Needs Assessment has resulted in a significant amount of additional clinical capacity being released (full briefing paper available in the appendices), and review of the templates used by some health professionals to support comprehensive and CYP centred advice where the child and parental views are consistently captured and considered.

Following publication of the new SEND Inspection Framework the DCOs were keen to engage with local areas who'd experienced this new inspection format to better understand the differences to the process and help us be as prepared as possible. As part of this the DCOs met with health system leaders across BSW to share a training package and webinar, after which the DCOs developed and led a trial exercise involving Community Children's services and CAMHS to facilitate a 'dry run' exercise of CYP case tracking, something that is a new requirement during a SEND Inspection, as detailed in Annex A. The impact of this work means that health services feel better prepared and know what to expect during a new style inspection, being more aware of the likely impact on service level capacity and which staff will be instrumental in completing this task to deliver a comprehensive and timely contribution to the local area partnership and will be undertaken on a regular basis.

The DCOs recognise that their extensive knowledge and experience is evidenced in their proactive and transformational approach to undertaking their roles. They remain keen to champion best practice and are always happy to share examples of their work and support system partners to develop and share best practice. In partnership with NHS England the BSW DCOs have recently established a new South West DCO Development Network where face to face and online events are providing an opportunity to develop a consistent approach to the DCO role aligned with legal frameworks and national guidance, creating a safe space to share better practice, resources and learning with a shared commitment to improving the outcomes of CYP and their families with SEND across the South West.

In April 2024 a newly established BSW ICB Internal SEND meeting will convene to provide a responsive and dynamic forum which will ensure the DCOs, senior ICB Directors and Executives are well informed and able to identify, support and deliver the high impact strategic direction and change that's required across the local area partnerships SEND landscape.

System Level Impact and Wider

The DCOs believe that being clear about their role and identifying their key priorities has helped system partners to better understand their role and the knowledge and skills they can bring to the wider system. This has enabled them to provide greater focus in the areas where this is needed and the DCO Annual report supports this by being publicly available through the Local Offer.

The DCOs see their role as supporting system partners to have a greater understanding and appreciation of the health landscape, and service thresholds, for example in areas such as Children's Continuing Care (CCC) and Adults Continuing Health Care (CHC) and helping partners to navigate NHS pathways.

The DCOs recognise that their ability to deliver impactful and meaningful change is hugely dependent on their capacity covering three local areas, which often results in them having to prioritise workstreams and events accordingly. This usually involves making evidence-based decisions which balance educating, upskilling and supporting system level partners to share knowledge and understanding of the SEND agenda so discussions and developments can still be progressed in the absence of the DCO.

As a system the DCOs recognise it's critical to work alongside our CYP and their families to learn from their experiences and consider what changes will have the greatest impact for them. Recently representatives from BaNES, Swindon and Wiltshire parent carer forums have come together to undertake joint working on some specific projects across the system, which have benefitted from a wider approach to participation and coproduction for example with the Section 23 notification engagement report.

A recent example of when the DCOs have supported system partners to deliver changes which will make a difference, is with the development of a local area Workforce strategy which incorporates the principles of the Council for Disabled Children (CDC) training and competency framework which supports a confident and competent SEND aware workforce.

The DCOs have also been actively involved in the creation and implementation of a new coproduced SEND Data Dashboard template which will bring together education, health and care data and use consistent health metrics to evidence key priority areas such as:

- Effectiveness of identifying SEND
- Assessing and meeting needs
- Improving outcomes

This will ensure that as a system we have meaningful and transparent data which is known and understood by all partners and can be utilised effectively for future focus on service development and improvement. The dashboards are reviewed, and quality assured at the Health Operational Group (HOG) meeting before being shared at the SEND and AP Boards.

Conclusion

The DCO annual report continues to demonstrate the breadth and depth of the ongoing work the DCOs are involved in, both operationally and strategically, and highlights some of the many achievements of the DCO role and its significant impact within BSW ICB, the SEND local area partnerships and wider BSW system.

Moving forward into 2024/25 there will be a continued focus on the seven identified key priority areas, as set out in the 'priorities on a page' plan, including governance and reporting; quality assurance, risk management, education and training, participation and collaboration and service improvement.

You can contact the BSW ICB DCO's on: bswicb.send@nhs.net

Appendices - Additional Reading and Useful Resources

Please find below copies of some of the documents and resources discussed in this Annual Report.

BSW ICB DCOs 'Priorities on a Page'

ICB DCO Priorities on a Page 2023 24 updat

BSW ICB DCO Highlight Report (March 2024)

2024 03 Designated Clinical Officer Month

BSW ICB DCO Quality Assurance Framework

BSW ICB DCO Quality Assurance Framework

BSW ICB DCO review of the Administrative Justice Council Report and Ombudsman recommendations

BSW ICB DCO
Briefing Paper on AJC

BSW ICB DCO Position on SEND Regulations (2014) Regulation 6(1)

BSW ICB DCO
Position on Regulatio

BSW ICB Health Advisers for SEND (HAS) Team Governance and Process

BSW ICB Health
Advisers for SEND Te

BSW ICB DCO EHCP Audit and review of specificity in Section G of EHCP's

BSW ICB DCO
Briefing Paper QA Auc

BSW ICB DCO Briefing paper on Tribunal Regulation 6 responses

BSW ICB Tribunal
Order Regulation 6 Br

BSW ICB DCO and HCRGCG Review of Education, Health and Care Needs Assessment (EHCNA) contributions to release clinical capacity

BSW ICB DCO and
HCRGCG Briefing Pap

BSW ICB DCO SEND Inspection Annex A 'Dry Run' reflections and feedback

BSW ICB DCO
Evaluation of Annex A

BSW ICB guidance on supporting CYP with medical conditions attending educational settings (updated 2022)

BSW ICB Guidance on Supporting CYP with N

Ofsted / CQC SEND Inspection Reports:

SEND Inspection Cornwall February 2023

Cornwall SEND Inspection 2023.pdf

SEND Inspection Plymouth June 2023

Plymouth SEND Inspection 2023.pdf

SEND Inspection Gloucestershire December 2023

Gloucestershire SEND Inspection 2023

DCO EHCP Audits of Health Sections:

BSW ICB DCO QA Audit of health sections of EHCPs in BaNES

BSW ICB DCO EHCP Audit of Health Sectio

BSW ICB DCO QA Audit of health sections of EHCPs in Swindon

EHCP Audit Swindon October 2023.pdf

LGA Peer review EHCP Audit DCO response and action plan in Wiltshire

Wiltshire Peer Review EHCP Audit DCO Brief

BSW ICB DCO overview of the new SEND and AP Improvement Plan

BSW ICB DCO
Overview of SEND Im

BSW ICB DCO guide to the new SEND Inspection Framework

BSW SEND Inspection
Framework Briefing Ja

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Designated Clinical Officer 'Priorities on a Page' **2023 /24**

Designated Clinical Officer (DCO) Capacity						
Statutory Compliance	**Governance and Reporting**	**Quality Assurance**	**Risk Management**	**Education and Training**	**Participation and Collaboration**	**Service Improvement**
Ensuring that the ICB are compliant with their responsibilities in accordance with the C&F Act (2014), SEND Code of Practice, SEND Regulations (2014). Providing medical advice within 6 weeks. ICB oversight and 'sign off' of Sections C & G of all draft EHC Plans. Health contribution to EHCP Annual Reviews. Ofsted / CQC SEND Inspections.	To promote organisational oversight and accountability for the DCO elements of SEND. Identify and develop reporting metrics, frequency, and audience for DCO reports which add value and provide board level assurance. Publish and communicate / socialise DCO monthly Highlight Report, Briefing Papers and DCO annual. Evidence of Impact.	QA of health advice and information as part of EHC Needs Assessment. Triangulation of health advice and in-depth QA of Sections C & G of all draft EHC plans. Ensuring effective QA processes are in place at each level, including audits. Attendance at weekly SEND Statutory Panels and quality assurance reviews. DCO Quality Assurance Framework.	Minimising risks to the organisation. Case management of all SEND First Tier Tribunals Including mediation and acting as a witness on behalf of the ICB at hearings. Submission of Regulation 6 responses Providing expert clinical advice when formal complaints involve SEND. Contributing to the Corporate Risk Register and Equality Quality Impact Assessments.	Ensuring that SEND is everyone's business and remains high on the organisational agenda. Act as the point of contact for providers, LA's and educational settings and support them to 'navigate' health services, systems and processes effectively. Delivering feedback, training and educational events across organisations. Collate feedback to evidence impact.	Contribute to effective partnership working across the system to develop and nurture strong relationships. Champion an inclusive approach where coproduction is embedded. System wide meetings with BSW Parent Carer Forums compliments local area groups and promotes the voice of CYP and families. Publish feedback which evidences impact.	Understanding and interpretating local and national level directives and the organisational impact. Change management Continuously identifying opportunities for service improvement and better outcomes for those with SEND. Development of ICB strategies, policies, guidance and briefing papers. Professional curiosity driving improvements.

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Designated Clinical Officer Monthly Highlight Report

March 2024

Reporting Period: January to March 2024

Current Issues, areas of focus		Risk Management / Assurance
• HAS team access to electronic medical records and 'Go Live'. • Multi agency SEND inspection prep including SEF and 'Evidence of Impact'. • QA Audits. • Health professionals supporting multi agency decision making during EHCNA and at panels. • DCO Education and Training across the system / SEND Workforce training.	• DfE Change Programme – CPP, Delivering Better Value (DBV) in Swindon and Safety Valve (SV) in BaNES and Wiltshire. • SEND coproduced Data Dashboard for health metrics operational in BaNES and Wiltshire. • Development of new local area SEND and AP Strategies. • DCO Liaison meetings with multiple professionals. • BSW ICB SEND Stocktake.	• DCO highlight report continues to demonstrate high numbers of QA • All draft plans are reviewed, and QA written feedback provided to LA's. • QA Audits are identifying gaps which need further investigation and focus to improve assurance • New SEND Inspection Framework • Understanding and agreeing our data and what we are reporting – development of new Health Data Dashboards.

Areas of Good Practice / Achievements / Measures of Success

- BSW DCOs have developed a new reginal DCO Network to cascade learning and share best practice (1st one in March 2024).
- DCOs participating in task and finish groups at national level to review SEND leadership, Standards, & Clinical interventions
- Meetings jointly with all 3 PCFs to share learning and develop local area approaches.
- DCO Highlight Report has been updated to capture Annual Reviews and Coproduction with CYP and families.
- DCO Feedback - evidencing the impact from Education and Training sessions using a visual report has been updated.
- Health Operational Group commenced in BaNES with updated TOR.

Looking Ahead – next month and beyond

- To finlaise Wiltshire local area SEND Workforce Strategy (aligned with CDC training framework for health professionals).
- Working with system partners to understand and 'own' our data and metrics.
- Annex A 'Dry Run' for BaNES in February. Meeting to discuss undertaking in Swindon planned.
- Complete EHCP annual QA Audit in BaNES (as now completed in Wiltshire and Swindon).

Reporting period: March 2024	Banes	Swindon	Wiltshire	Mar-24	Feb-24	Jan-24	Dec-23	Nov-23	Oct-23	Sep-23	Aug-23	Jul-23	Jun-23	May-23	Apr-23	YTD from April 23
Number of EHCPs Quality assured by DCO and updated Health advice provided (C&G Panel)	29	45	71	145	133	153	88	188	182	125	184	125	133	162	154	1772
Number of DCO QA for health sections for Annual Reviews	15	5	13	33	28	14	X	X	X	X	X	X	X	X	X	75
Individual episodes of coproduction wth CYP and families	1	2	4	7	7	9	X	X	X	X	X	X	X	X	X	23
Number of complex cases referred for DCO management (advice requested)	7	3	6	16	25	17	7	21	12	7	7	13	14	3	3	145
Number of education and training sessions undertaken	1	1	0	2	8	7	3	4	7	4	8	4	4	2	1	54
Number of new tribual cases logged	0	0	2	2	4	2	2	2	1	0	0	0	6	0	1	20
Number of active first tier tribunal cases being managed by DCO	1	4	14	19	17	13	14	17	15	14	15	16	16	10	10	23

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Designated Clinical Officers (DCOs) Quality Assurance Framework

Ensuring High Quality Health Sections of Education, Health and Care Plans (EHCPs)

Liz Jarvis and Sally Beckley

DCO Quality Assurance Framework

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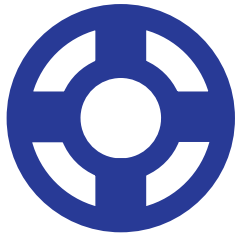
Aims

To ensure health elements of EHCPs are high quality, factually accurate, specific and fit for purpose

To ensure all draft EHCPs have had the health sections quality assured before they are shared with CYP and their families



To provide clear rationale and transparent decision making which supports a consistent and holistic approach

DCO Quality Assurance Framework

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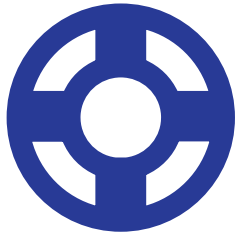
Measures of Success and Impact

Consistent approach

CYP and their families report that health sections of EHCPs are accurate and meaningful

Improved satisfaction

The ICB receives fewer complaints and extended SEND Tribunals involving health



Oversight and Assurance

The ICB DCOs work collaboratively to agree the wording and arrange provision

Key Principles

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Shared Commitment to Quality	Factually Accurate, Relevant and Meaningful
Engagement, Participation and Co-Production	Clear and Transparent Decision Making
Timely Information Sharing, Involvement & Support	Continuous Review and Focus on Improvement

Key Principles

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Shared Commitment to Quality

Partners across BaNES, Swindon and Wiltshire have a shared understanding of ‘quality’.

Partners work together to deliver against quality improvement priorities and collective ownership.

Quality Assurance practices are embedded at every level.

Key Principles

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Factually Accurate, Relevant and Meaningful

Health Advice and information is provided by knowledgeable Professionals who work within the boundaries of their speciality and in accordance with local area QA practices.

Education and Training needs of partners are identified and addressed promptly.

Health advice and information is reviewed and triangulated, medical jargon is minimised and reduced and communicated in a meaningful way.

Key Principles

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Engagement, Participation and Co-Production

Templates and policies are developed and reviewed to ensure the voice of CYP and their families is captured and remains central.

Outcomes are holistic and focused on the individuals aspirations and goals.

DCO Quality Assurance Feedback shared in writing to facilitate transparent and informative discussions with CYP and their families which promotes a collaborative approach.

Key Principles

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Clear and Transparent Decision Making

DCO Quality Assurance Feedback includes suggested wording for Sections C and G and provides clear rationale for these decisions.

Ensures that whilst a holistic and individual approach is taken for each case, the wording used in the health sections remains consistent.

Reduces confusion by eliminating unnecessary variation in wording and supports LA colleagues who are writing draft EHCPs.

Key Principles

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Timely Information Sharing, Involvement and Support

DCOs are responsive and reactive providing timely quality assurance, advice and support to partners.

Partners share data and intelligence across the system which will be populated in a SEND Data Dashboard providing a consistent approach to data intelligence across BSW.

DCOs produce monthly ‘Highlight Reports’ which detail the volume of Quality Assurance work undertaken in each area and will help to inform capacity.

Key Principles

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Review and Continuous Improvement

Partners across BSW recognise the importance of reviewing and learning from quality assurance practices.

Tools such as Invision 360 are utilised to promote a consistent approach which supports a ‘forward view’ and wider learning from benchmarking locally and nationally.

BSW DCOs are actively participating in National Quality Assurance work being undertaken by The Council for Disabled Children and NHS England, regionally developing QA standards and tools to achieve best practice.

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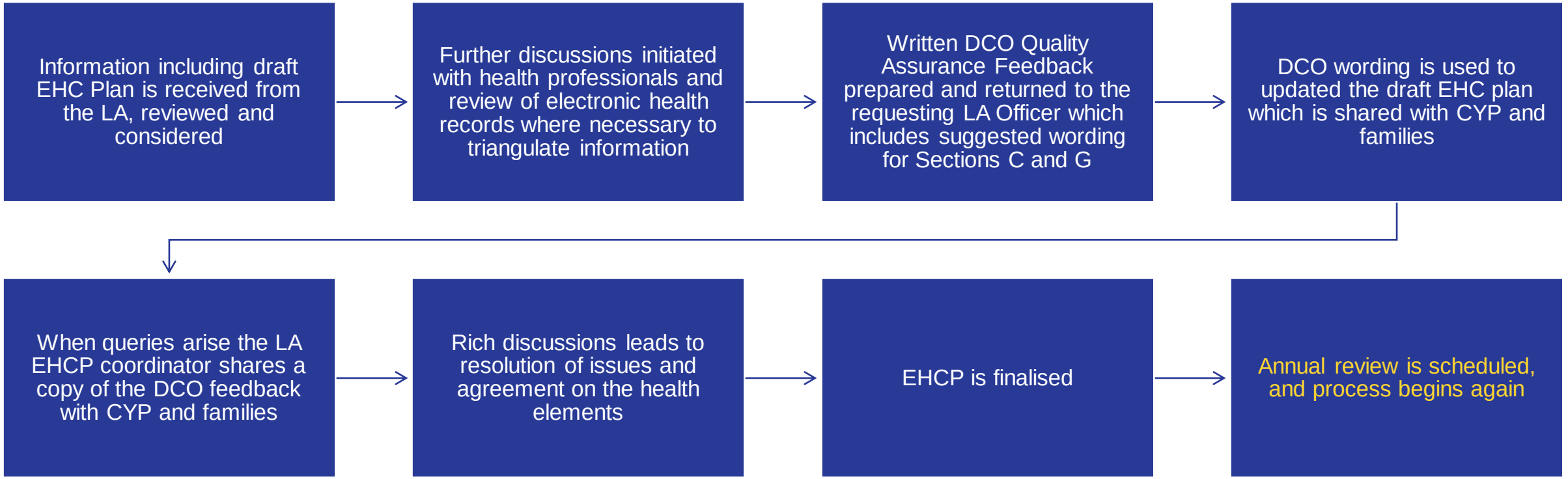
QA Process

*** Proposed additional step**



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Integrated Care Board

DCO Quality Assurance Feedback Template example

The Designated Clinical Officer (DCO) has reviewed the draft Education Health and Care Plan (EHCP) and all health advice provided for the child or young person named below. To ensure the EHCP is accurate, concise, and up to date the following wording should be used to populate Section C (Health Needs) and Section G (Health Provision) of the EHC Plan.

Name:		DOB:	EHCP Coordinator:
	Current wording	DCO comments	Suggested wording to replace current wording
Section E			
Section C			
Section G			

Please accept this contribution from the BSW ICB DCO as the agreed wording to be used if a plan is issued. No further amendments to this wording should be made without prior consultation with the DCO's who can be contacted at: bswicb.send@nhs.net

Briefing Paper

Title: Update following the Administrative Justice Council Report (July 2023) and Local Government Ombudsman (LGO) decisions affecting health for children and young people with Special Educational Needs and Disability (SEND)

Authors: Liz Jarvis and Sally Beckley, BSW Designated Clinical Officers (DCOs)

Date: 08.08.2023

Background

Administrative Justice Council's (AJC) Working Group on Special Educational Needs and Disability published a report (Appendix A) in July 2023 which focused on improving Local Authority (LA) decision making in relation to Tribunals, Mediations and Complaints via the Local Government Ombudsman (LGO).

One of the areas that the report focused on was the role of the NHS in SEND system decision making, recognising that this is currently subject to limited accountability due to the LGO's restricted jurisdiction and its primary focus which is to hold LAs to account for any failings in the SEND system. The report identifies that there is the potential for significant improvements if a broader system wide approach is adopted which also considers improvements in relation to the NHS contribution to the SEND decision making process.

Overview

Over the last year the LGO has undertaken a pilot of joint working, teaming up with investigators from the Parliamentary and Health Services Ombudsman (PHSO) to review a small number of cases where health and LA SEND issues are considered to be closely linked, enabling a much wider scope to the investigation. Findings from these investigations are starting to be published and a case from Sheffield which can be viewed in full here - 21 010 289 - Local Government and Social Care Ombudsman made specific recommendations for the local NHS Trust and ICB which were as follows:

Within one month the [NHS] Trust should:

- Apologise to Miss H and J for the faults identified.
- Pay Miss H £250 to recognise the distress and uncertainty the Trust's fault has caused her.
- Pay Miss H £150 to recognise the time and trouble she has spent in pursuing her complaint.
- Pay Miss H £200 to recognise the 1-1 SALT provision J lost between September 2020 and July 2022. Miss H should use this payment for the benefit of J's education.

Within three months the [NHS] Trust should:

- Ensure it sends annual review reports from therapy / clinical staff to parents before the annual review meeting, in line with the Code.
- Ensure clarity of communication with parents, schools and the local authority about proposed changes to delivery of SALT therapy, and where it is not delivering provision in Section F of an EHC plan.
- Ensure capacity within the SALT service to read EHC plans before annual review meetings.
- Explain the work completed with the Integrated Care Board, Council and Children's Hospital and other partners to review SALT services across the city, to ensure there is adequate high-quality support for all children who need SALT input.
- Ensure it has arrangements to deal with complaints promptly and to keep complainants updated on progress and advised of any delays.

Another published case from an investigation in Wolverhampton which can be viewed in full here - 21 010 968 - Local Government and Social Care Ombudsman made specific recommendations for the local NHS Trust which were as follows:

Within four weeks, the [NHS] Trust should:

- Apologise and pay £300 to Mrs X for the frustration caused by the delay providing SALT and OT advice.

Within eight weeks, the [NHS] Trust should:

- Share a copy of NHS England's 'Guidance for health services for children and young people with Special Educational Needs and Disability (SEND)' and the Council for Disabled Children's 'Requirements to provide Health Advice within six weeks' guidance to relevant staff. So they are aware of their responsibilities when responding to EHC advice requests.
- Review department policy and procedures about EHC advice requests. It should ensure departments are not saying a child is not known to them even if they are on a referral/waiting list. Also, that departments are providing advice within six weeks upon receipt of requests.

BSW ICB DCO Response to the Ombudsman recommendations

The BSW ICB Designated Clinical Officers (DCOs) have noted the published Ombudsman reports from Sheffield and Wolverhampton and are keen to act proactively by sharing the learning and adopting the recommendations across the BSW health landscape.

This approach will demonstrate the local area is following best practice guidance and will ensure we are doing everything possible to create positive experiences and outcomes for all our children and young people who have SEND, their families and carers.

Learning from the Sheffield Case

With regards to addressing recommendations from the Sheffield case, the DCOs plan to share this briefing paper with the ICB Children and Young Peoples (CYP) Commissioners and leaders and managers of BSW community health service providers of SaLT services so they can consider their response.

The DCOs will work with system partners in each local area to strengthen and improve the EHCP Annual Review (AR) process to ensure there is timely identification and notification pathways in place which give health professionals sufficient time to prepare and provide a health contribution for a CYP's AR.

The DCOs will support therapy service leads to review these recommendations and gauge compliance against their current position. Helping to develop and implement an action plan to monitor any required progress against agreed actions.

Learning from the Wolverhampton case

With regards to the Wolverhampton case, the DCOs have already made significant progress with actioning the recommendations across BSW in the following ways:

The DCOs have updated the ICB Health Advisers for SEND (HAS) Governance and Process paper to make their role and remit for providing medical advice when a child isn't known to community services clearer (Appendix B). The DCOs have already met with community health service provider leads in HCRG to communicate the Ombudsman recommendations and ensure therapy services are able to demonstrate compliance with the recommendations. This will mean that all C&YP who have been triaged and accepted on a waiting list are considered 'known' to services, and when advice and information is requested as part of an EHCNA this is provided within 6 weeks.

The DCOs have developed a position paper (Appendix C) which identifies responsibilities in accordance with the SEND Regulations (2014), in particular Regulation 6(1). It identifies usual processes for making referrals to a health service and requesting advice as part of an Education, Health, and Care Needs Assessment (EHCNA) and this will also be updated to align with the Ombudsman's recommendations. This paper also references the Council for Disabled Children (2023) guidance and contains a PDF version which, once shared widely will fulfil another element of the Ombudsman recommendations.

Unfortunately, the DCOs have been unable to locate a copy of the second document the Ombudsman references – 'NHS England's 'Guidance for health services for children and young people with Special Educational Needs and Disability (SEND)' and the DCOs will contact NHS England colleagues for further clarification on this. However, according to the website this document is currently under review: https://www.england.nhs.uk/learning-disabilities/care/children-young-people/send/ so in the interim, the DCOs are attaching to this paper (Appendix D) a guidance document for health professionals which was jointly published by the Department for Education and the Department for Health and Social Care in 2016.

By sharing this briefing paper widely with all system partners, including health partners, the DCOs are confident that the recommendations made in this case will have been fully actioned.

Report Findings

Initial feedback from NHS England has indicated the impact of these cases has been significant. The Ombudsman's intention is to continue with the pilot for a further year to build a more extensive body of evidence and possibly publish an additional report focusing on specific learning. The report recognises that the Ombudsman team is small, with limited resources so numbers investigated jointly will continue to remain low, however strong system partnership working across the local areas with colleagues who remain committed to continuous multi agency learning will ensure these reports are considered which delivers meaningful change and improvements when the decisions are published.

A recommendation from the AJC (2023) report was that the Ombudsman and NHS England should collaboratively deliver joint briefing events to Designated Clinical Officers which both the BSW ICB DCOs have now attended.

Next steps

As described above, the learning from these two cases will be shared widely using this briefing paper and the attached documents. The DCOs will continue to review and consider new joint Ombudsman cases as they're published to identify and communicate additional learning for the ICB, health partners and the wider system.

Further Reading

Appendix A

Administrative Justice Council Report (July 2023)

AJC Report July 2023.pdf

Appendix B

HAS Team Governance and Process (updated August 2023)

BSW ICB Health Advisers for SEND Te

Appendix C

Regulation 6(1) Briefing paper

BSW ICB DCO
Position on Regulatio

Appendix D

SEND Guide for Health Professionals

Health Professionals
guide to the SEND CC

SEND Regulations (2014) Regulation 6(1)

DCO Update August 2023

Purpose

This briefing paper aims to describe some of the statutory responsibilities aligned with the SEND Regulations (2014) Regulation 6(1) and will assist the Integrated Care Board (ICB) and NHS community health providers consider their responsibilities as they work collaboratively with system partners to ensure legislative compliance when discharging their duties.

It will also consider some of the specific differences in certain sections of Regulation 6(1) and focus on the responsibilities that arise as a result for the Local Authority (LA), ICB and NHS community health providers.

There will also be a discussion which describes the differences between a Local Authority requesting advice for the purpose of an Education, Health and Care Needs Assessment (EHCNA) and a referral to a service for a full assessment. The paper will also consider recent findings from the Local Government Ombudsman (LGO) who have undertaken a joint working pilot alongside the Parliamentary and Health Services Ombudsman (PHSO) to explore how the NHS contributes to the SEND system (full details can be found in the AJC (2023) report attached in Appendix 1).

Overview

When any child or young person (CYP) is identified as having a particular difficulty, difference or delay in an area of development, for example with their functional ability or speech, language or communication skills then the ICB would usually expect the person or agency identifying this, for example a school, nursery, community paediatrician or GP to make a referral to the appropriate NHS service, such as Speech and Language Therapy (SaLT) or Occupational Therapy (OT), without delay. This will ensure that C&YP's needs are recognised and understood at the earliest opportunity, with appropriate provision being put in place which supports a graduated response.

As a local area, system partners will support education settings to make referrals to appropriate services at the earliest opportunity which will then allow for recommended strategies and interventions to be implemented and evaluated using the 'Plan, Do, Review' cycle, which evidences a graduated response.

Usual Referral Process – When community health services receive a completed referral for a CYP then this will be triaged by the relevant service, and they will respond in one of two ways:

1. **The CYP meets service thresholds** and they are placed on the waiting list to be seen.
2. **The CYP does not meet service thresholds** the referral is declined, and the family and referrer are provided with appropriate signposting to relevant information and support.

When community health services receive a new referral for a CYP after an EHCNA has been agreed, then the referral process outlined above will still be followed. NHS waiting times are approximately 18 weeks, which will make it challenging for services to support system partners who will be adhering to shorter time frames.

The EHCNA Process

When an EHCNA is agreed, Regulation 6(1)(c) places a duty on LA's to obtain "**medical advice and information** from a health care professional identified by the responsible commissioning body" (the ICB). In addition to this, other elements of Regulation 6(1) such as parts (f) and (h) may result in other NHS commissioned services such as SaLT and OT being asked to provide advice or information within 6 weeks.

It should be remembered that requesting advice and information as part of an EHCNA does not constitute making a referral. If full assessment by SaLT or Integrated Therapies is required then the standard referral process must be followed.

Advice Request Process – When community health services receive notification that a local area has agreed to undertake an EHCNA, and they are asked to provide **advice** they will respond in one of two ways:

1. **The CYP is known to the service** (or has been known within the last 12 months). This includes when a referral has been received, triaged, and accepted by a service but the CYP is on the waiting list to be seen and an assessment has not yet been completed. In these cases, the service will provide advice back to the LA within 6 weeks.

2. **The CYP is not known to the service** and they are therefore unable to provide advice. For the purpose of complying with Regulation 6(1)(c), where medical advice is still outstanding and the CYP is not known to community health services, the request will be forwarded to the ICB Health Advisers for SEND Team (HAS) team who will provide this advice back to the LA within 6 weeks (Appendix 4).

Legislation

Regulation 6(1) of the Special Educational Needs and Disability (SEND) Regulations (2014) details the information and advice which LAs **must** obtain when agreeing to undertake an EHCNA.

SEND Regulations (2014) Regulation 6(1)(c)

Regulation 6(1)(c) places a duty on LA's to obtain "**medical advice and information** from a health care professional identified by the responsible commissioning body" (the ICB).

There is then a legal responsibility placed on NHS bodies to **respond to requests for advice and information** as part of EHC assessments **within six weeks** of the date on which they receive the request.

The Council for Disabled Children (CDC) (2023) have published guidance on providing health advice within 6 weeks (Appendix 2) which identifies that 'where advice being sought is not in

relation to the primary health condition or need it may not be necessary to provide it to comply with regulation 6(1)(c). So for instance if CAMHS advice is being sought for a child with cerebral palsy, where there is another 'health professional' who can give the necessary advice required by regulation 6, on needs, provision and outcomes relating to the child's cerebral palsy, then this would be sufficient to comply with regulation 6(1)(c), which refers to '**medical advice and information from a health care professional identified by the responsible commissioning body'**. It will only be in cases where the child or young person has a primary or exclusive mental health need that the advice must come from CAMHS within the six weeks to comply with regulation 6(1)(c).

As already outlined in the process above, when a CYP is already known to a service such as CAMHS, or has been known in the last 12 months, then that service will always be expected to provide advice and information to inform the EHCNA within 6 weeks.

There will be instances where medical advice is being sought in relation to a child who is thought to have a condition that has not been formally diagnosed and where the diagnostic pathway exceeds six weeks. In these instances, it is important to remember that the provision of medical advice does not require any formal diagnosis. What is required is informed advice as to the child's needs, the provision required to meet those needs and the desired outcomes. What will be important is that the chosen health professional to give advice for the purposes of regulation 6(1)(c) has sufficient information to give reasonable and informed advice. This should not require expedited completion of a diagnostic process in a way which may be clinically inappropriate or detrimentally affect CYP already on the waiting list (Council for Disabled Children (2023) Appendix 2).

When a local area decides to issue an Education, Health and Care Plan (EHCP) following an EHCNA it becomes a statutory document, and the medical advice provided from the **Regulation 6(1)(c)** request is used to populate **Sections C and G** of the plan, **which must be agreed by the Integrated Care Board (ICB), who are then responsible for arranging the provision identified.** This Quality Assurance work is undertaken by the two ICB Designated Clinical Officers (DCOs) who work across BSW in accordance with their DCO QA Framework (Appendix 3).

For the purpose of an EHCP, the Children and Families Act (2014) identify that any provision which **'educates or trains'** a CYP, for example SaLT, OT and in some cases also Physiotherapy, must be considered **Special Educational Provision** rather than health provision, and **must be specified in Section F** of the EHC Plan to meet special education needs identified in **Section B**. **The Local Authority is then responsible for arranging the provision identified.**

Health Advisers for SEND (HAS)

The ICB recognise its responsibilities in accordance with the SEND legislation and have developed a 'Health Advisers for SEND' (HAS) team **to provide the medical advice contribution** within 6 weeks for those CYP undergoing an EHCNA who aren't currently known to community health services which will ensure compliance with **Regulation 6(1)(c)**. However, for reasons already identified above, the HAS team remit will not include therapies as therapy advice would not usually be considered sufficient to comply with Regulation 6(1)(c)

and any identified needs and provision wouldn't usually be appropriate to be included in the health sections (Sections C and G) of an EHC Plan.

SEND Regulations Regulation 6(1)(f)

Regulation 6(1)(f) of the SEND Regulations (2014) identifies that as part of an EHCNA the LA can request "advice and information from any other person the Local Authority thinks is appropriate" and this often involves requests to NHS services such as SaLT and OT. This does not imply that a full assessment must be completed to be compliant, as the responsibility is to 'provide advice', and many C&YP will enter an EHC assessment process already known to health services. They may be under the care of a community paediatrician, be receiving therapy, or have received a diagnosis. In these cases, there may not be any need for a further assessment to be made, and the health advice can be provided based on the existing evidence about the child as identified in Regulation 6(1)(4). The process for responding to these requests has already been identified above.

SEND Regulations (2014) Regulation 6(1)(h)

Regulation 6(1)(h) differs from the agencies listed in sections 6(1)(b), (c), (d) and (e) who the LA **must** seek advice and information from and refers instead to "advice and information from any person the child's parent or young person **reasonably requests** that the Local Authority seeks advice from". Once received, this request must be fully considered by the LA to decide whether they consider it '**reasonable**' given the evidence they have available. In some areas the Designated Clinical Officer (DCO) or SaLT and OT leads support with these discussions to ensure robust and transparent multi agency decision-making practices.

As already identified, when a service such as SaLT or OT receive an EHCNA **request for advice** they will respond in one of two ways:

1. **The CYP is known to the service** (or has been known within the last 12 months). This includes when a referral has been received, triaged, and accepted by a service but the CYP is on the waiting list to be seen and an assessment has not yet been completed. In these cases, the service will provide advice back to the LA within 6 weeks.

2. **The CYP is not known to the service** and they are therefore unable to provide advice.

System partners should be aware that if a local area determines that a parental request in accordance with Regulation 6(1)(h) is '**reasonable**', and requests information from community services such as SaLT and OT for C&YP who aren't known, aren't on the waiting list or haven't been seen within the last 12 months, then it will not be possible to provide this advice and alternative options will need to be explored.

This often results in LAs agreeing to independently commission their own assessment, recognising that NHS waiting lists can't accommodate the statutory timeframes for completion of new assessments within 6 weeks. In addition to this, there is also a risk that when a CYP is triaged they may not meet NHS thresholds to be seen by that service so a request for assessment may subsequently be declined.

In situations like this, strong partnership working which demonstrates robust multi agency decision making will provide a consistent and thorough approach where risks can be identified and mitigated at the earliest opportunity.

Conclusion

It's crucial that as system partners we work together to recognise the significant capacity challenges being faced by our community providers and specialist therapy teams and commit to managing resources in a sustainable way to ensure there is sufficient capacity in the system to undertake assessments and deliver the provision our C&YP need.

We also have a responsibility to ensure our models of service delivery don't disadvantage C&YP with identified needs who are already on a waiting list to be seen by a health professional and who are not undergoing an EHCNA.

Learning should be explored with our statistical neighbours to understand solutions they've adopted which may prove beneficial. In some areas LAs have a 'bank' of trusted independent therapists they commission, others employ their own council-based therapists, or purchase additional capacity from their local NHS community providers who 'buy-in' bank and agency staff to provide assessments within 6 weeks, although this is obviously dependent on local area resources and isn't always possible.

The BSW DCOs are committed to working with system partners to explore mechanisms for improving health contributions to the SEND decision making process across the local areas and are already piloting alternative approaches. Learning from this will be shared widely once review and evaluation has taken place.

Further Reading / Appendices

Appendix 1

Administrative Justice Council Report (2023)

AJC SEND Report July 2023.pdf

Appendix 2

Council for Disabled Children (2023) Requirements to provide health advice within 6 weeks

CDC Requirements to provide health advice

Appendix 3

DCO QA Framework

DCOs Quality Assurance Framework

Appendix 4

BSW ICB Health Advisers for SEND Team Governance and Processes

BSW ICB Health Advisers for SEND Te

Authors: Liz Jarvis and Sally Beckley, BSW ICB Designated Clinical Officers

Date: Updated in August 2023 to allow for the inclusion of the Administrative Justice Council Report (2023) (Appendix 1) and subsequent minor amendments to processes which align with the Ombudsman's decision. Some additional narrative and changes to the layout have also been made to increase specificity and improve flow.

Health Advisers for SEND (HAS) Team

Governance and Processes for Oversight and Assurance

Updated August 2023

Purpose

The Health Advisers for SEND (HAS) Team will work across BaNES, Swindon and Wiltshire (BSW) to undertake holistic, light touch health assessments for children and young people (C&YP) aged 0-25 who are undergoing an Education, Health and Care Needs Assessment (EHCNA). This service will ensure that medical advice is provided back to Local Authorities (LAs) within the statutory timeframe of six weeks for all C&YP who aren't currently known to community health services.

When a Local Authority (LA) decides to issue an Education, Health and Care Plan (EHCP) following an EHCNA it becomes a statutory document, and the medical advice provided will be used to populate Sections C and G of the plan, which must be agreed by the Integrated Care Board (ICB), who are then responsible for arranging the provision identified. This Quality Assurance work is undertaken by the two ICB Designated Clinical Officers (DCOs) who work across BSW.

For the purpose of an EHCP, the Children and Families Act (2014) identify that any provision which 'educates or trains' a child or young person, for example Speech and Language therapy, Occuaptional Therapy and in some cases Physiotherapy must be considered Special Educational Provision rather than health provision, and must be specified in Section F of the EHC Plan to meet special education needs identified in Section B. The Local Authority is then responsible for arranging the provision identified.

The role of the HAS team is to support ICB compliance with Regulation 6(1)(c) of the SEND Regulations (2014), and for these reasons the requirement to provide 'medical advice' will not include therapies. Whilst the NHS usually deliver community therapy services, in accordance with the C&F Act (2014) the LA remains responsible for agreeing the special educational needs and provision specified in Sections B and F of an EHCP (see Appendix 1 for information on EHCP sections).

Governance

The BSW Integrated Care Board (ICB) Chief Nurse is the Executive Lead for SEND and the HAS Team are valued members of the Nursing and Quality Directorate, reporting directly to the Designated Clinical Officers (DCOs).

Strong links have already been established with a neighbouring ICB HAS team who have been operational for over 2 years. The HAS team are qualified health professionals who are keen to forge strong professional relationships across the local area to provide peer support, share learning, and undertake clinical supervision.

Referral Criteria

The HAS team will accept referrals for Children and Young People (CYP) aged 0-25 who are:

- Not known to community health services or who have been discharged more than 12 months ago.
- On a Paediatric 'waiting list' or 'open' list where there has been no contact in the last 12 months.
- On the Neurodevelopmental pathway but aren't known to another service for a primary health need.

Process for service allocation

When a Local Authority (LA) agrees to undertake an EHCNA it must request "medical advice and information from a health care professional identified by the responsible commissioning body", (the ICB) and this must be returned within 6 weeks (SEND Regulations 2014 6(1)(c)). When making this request the LA will also provide supporting information such as the Needs Assessment application form, evidence of the child or young person's views, and those of their parents or carers, which will include their aspirations for the future and outcomes they wish to achieve.

In Wiltshire and BaNES the Single Point of Access (SPA) will triage these requests and forward on to the appropriate service. When a CYP meets thresholds for the HAS team (as above) then the LAs request and all supporting information will be passed on to the HAS team via their central email inbox: bswicb.ehcphealthadvice@nhs.net.

The process for Swindon has yet to be finalised, but the current process involves the Designated Medical Officer (DMO) identifying the most appropraiate healthcare professional to provide the medical advice during the SEND multiagency decision making panel.

HAS Team Process

The ICB recognise that every child and young person's case is unique, and the HAS team will need to utilise their expert clinical skills and professional judgement to ensure the holistic assessment is undertaken in partnership with the CYP and their parents and completed within statutory timescales.

The following list identifies the various stages that the HAS team are likely to follow, although it should be noted that this list is not exhaustive and is provided for informative and guidance purposes only. The HAS team will always aim to work as flexibly and transparently as possible in a manner which proactively supports the needs and views of the CYP and their family / carers whilst maintaining legislative compliance.

- Referral received and logged on HAS team spreadsheet.
- Due diligence to ensure BSW ICB is the responsible health body. This may be available from the LA paperwork, electronic health records or the SPA.

- Contact CYP and their parent to explain HAS role and arrange telephone appointment for holistic health assessment.
- Review of EHCNA application and all available supporting information including the parent's views and the CYP's aspirations for the future and outcomes they wish to achieve.
- Identify any known health needs and contact any other professionals who may have been involved with the CYP in the past to ascertain if they hold information considered relevant for the purpose of completing the holistic health assessment.
- Review electronic health records (where available).
- Meet with child / young person and their parents / family / carers to gain their views on their health needs. This discussion will usually be undertaken over the telephone, or via a video call, however where a CYP or their family request a face to face appointment instead, the HAS team will always endeavour to accommodate this.
- If required, the hAS team will contact the education setting or school SENCO to understand the impact of health needs on accessing or engaging with education.
- The HAS Team will consider if onward referral to another service is indicated and who may be best placed to make this referral.
- Populate the HAS health advice template following completion of the holistic assessment and review of all the information provided.
- The completed assessment is shared with the CYP and their family which may include links to further information, resources and signposting.
- Send completed advice to the requesting Local Authority (LA) within 6 weeks.
- Update case on HAS Team spreadsheet and close episode on system.
- Capture HAS team activity using the agreed metrics and collate and interpret this on a monthly basis in a format that can be shared and discussed with system partners for example the locality SEND Partnership Boards, Parent Carer Forum meetings and ICB Quality Assurance and Oversight committees.

Data Metrics

The ICB has proposed data collection metrics for the HAS team which mirror those of the neighbouring HAS team and it's hoped that this decision will provide greater opportunities for benchmarking, collaboration, and local area learning with our statistical neighbours.

The agreed metrics which will be reported monthly are as follows:

- Number of requests received for health advice (to include LA area and BSW data)
- Reason for accepted referral (in accordance with service referral criteria)
- Number of requests that did not meet service criteria (with exceptions report)
- Number of assessments completed within 6 weeks (with exceptions report)

- Number of onward referrals recommended (including service specific data capture)

Evidencing the impact

The ICB recognise the importance of obtaining feedback from the CYP and their families who are seen by the HAS team so individual experiences can be explored and any areas for service improvement or change identified.

It's currently proposed that feedback will be requested via an online survey tool, a link to which will be emailed to the CYP and their family at the same time the assessment report is sent to them.

Appendix 1

Useful Information – Sections of an EHCP

Section A – Views, interests and aspirations of the child / young person and their family

Section B – Special Educational Needs (SEN)

Section C – Health Needs *ICB RESPONSIBILITY*

Section D – Social Care Needs

Section E – Outcomes

Section F – Special Educational Provision

Section G – Health provision * ICB RESPONSIBILITY*

Section H1 – Social Care Provision under S2 Chronically Sick and Disabled Persons Act (1970)

Section H2 – Any other Social Care Provision

Section I – Placement

Section J – Personal Budget

Section K – Appendices / Advice and Information received

Authors: Liz Jarvis and Sally Beckley, Designated Clinical Officers BSW ICB.

Date: 24.05.23 Updated August 2023.

Briefing Paper

Title: DCO Quality Assurance; Specificity of Health Provision in Section G of Education, Health and Care Plans (EHCP's)

Authors: Liz Jarvis and Sally Beckley, BSW Designated Clinical Officer's (DCOs)

Date: 10.10.2022 and **Updated on**: 18.01.2023

Introduction

At the Wiltshire locality SEND Executive Meeting on the 20th September 2022 it was identified that an audit had been undertaken of 5 Education, Health and Care Plans (EHCP's) by the Department for Education (DfE) SEND Adviser (Appendix A). The audit findings were shared with the BSW SEND Executive team leads, and later with the BSW Designated Clinical Officers (DCOs).

Copies of the EHCP's were shared with the DCOs and a meeting to discuss the audit findings in relation to the health sections of the plans took place on 5th October. In attendance at the meeting was the DfE SEND Adviser, NHS England's South West SEND Manager and both BSW DCOs.

Audit Findings

Areas of good practice noted by the DfE Auditor:

- Evidence of provision being specified by health professionals such as a Speech and Language Therapist and an Occupational Therapist.
- Evidence of health describing how they'd work with the education settings to support the individual child or young person.

Areas for improvement noted by the DfE Auditor:

- Health needs not being mapped to outcomes and provision particularly around medication.
- Repeated use of the unspecific phrase "X will be seen at intervals deemed appropriate by these services" in the health provision section (Section G).

Background

Section G of an Education, Health and Care Plan (EHCP) should identify "Any health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having Special Educational Needs (SEN)" (ipsea.org.uk).

Section 37 of the Children and Families Act (2014) and the SEND code of Practice (2015) requires Health Care Provision in Section G to be "detailed, specific and normally quantified, for example, in terms of the type of support and who will provide it".

DCO Quality Assurance

The BSW DCOs are committed to reviewing the health sections (C and G) of all draft EHCP's to ensure they are factually accurate, in line with the advice received (as part of the needs assessment or annual review), and in accordance with SEND legislation. Their feedback is provided to the SEND Case Officers in each Local Authority (LA) using a written template which is intended to inform and educate in addition to providing clear rationale for the suggested wording which can also be shared with young people and their families (Appendix B).

This practice also aligns with the SEND Code of Practice (2015) which identifies that health care provision specified in Section G of the EHCP must be agreed by the ICB (or where relevant, NHS England) and any health care provision should be agreed in time to be included in the draft EHC plan sent to the child's parent or to the young person.

Following feedback from the Wiltshire EHCP audit the DCOs felt it was important to critically reflect and review their position on some of the wording being used to describe Community Paediatric provision in Section G, to ensure it is high quality and in line with best practice, after the auditor had queried whether the wording being used provided adequate levels of specificity as detailed in the SEND legislation:

> *"XXXX will remain under the care of the Community Paediatrician who will review him at intervals deemed clinically appropriate".*

Critical Review

The DCOs reviewed national guidance on specificity requirements for Section G and the information provided to them by the DfE Auditor. This included but wasn't limited to information provided by the Council for Disabled Children (CDC) such as their e-learning modules 'holistic outcomes' and 'focus on health advice', and the Independent Provider of Special Education Advice (IPSEA). Some of the guidance appeared to be quite old (over 5 years) and therefore contained information which was no longer considered accurate or best practice, for example, some of the provision detailed in the CDC (2017) document titled 'Examples of Good Practice' referenced Occupational Therapy (OT) and CBT therapy provision in Section G, which, in accordance with the C&F Act (2014) and recent case law examples, would usually be considered to 'educate or train' a child or young person so should therefore be specified in Section F. There was also reference to interventions being delivered to, or by a child's parents being identified in Section G which wouldn't usually constitute health provision.

All the guidance documents reviewed made frequent reference to the requirement for Section G to reflect any provision required to meet the health needs identified in Section C and should be 'specified' and quantified'. However, the DCOs were unable to find any examples in any of the guidance of specificity for detailing provision when a child or young person remained on the Community Paediatric caseload whilst a diagnostic pathway was being competed, or where 'watchful waiting' was employed (so no direct clinical interventions were being provided). Furthermore, all the case law examples reviewed focused on either therapies or provision pertaining to Section F.

Some examples of the case law reviewed by the DCOs included SB v Herefordshire CC [2018] UKUT 141 (AAC) who noted:

> *"the requirement for specificity in relation to EHC Plans, although important is not an absolute. There will be certain situations where less specific provision is appropriate"* (CDC Case Law updates 28 July 2018).

Another Upper Tier Tribunal case law example from London Borough of Redbridge v HO [2020] UKUT 323 (AAC) which focused on specificity in Section F of an EHCP concluded that a plan:

> *"must have sufficient certainty to be enforced in case of dispute, but it is also a living document for a developing pupil. There is a resultant tension between the certainty the parties need in order to comply with or enforce their duties and rights and the need for flexibility for the plan to remain relevant. Courts and Tribunals have struggled in finding this balance"* (CDC Case Law Update 52 April 2021).

It was interesting to consider that even Courts and Tribunals sometimes struggle to determine what constitutes adequate specificity for the purpose of detailing provision in an EHCP and the DCOs reflected back to Section 37 of the C&F Act (2014) and the terminology used by IPSEA who say provision should detail '**the type of support'** and '**who will provide it**'.

Being specific around provision of therapeutic interventions such as Hydrotherapy appears to be simpler, for example by detailing the number of sessions the child or young person has been assessed as needing and stating who will be delivering them.

However, provision such as 'watchful waiting' being undertaken by a Community Paediatrician appears to be more difficult to specify as the aims and frequency of appointments are likely to be more 'fluid' and determined mostly by the child or young person's presentation at the time, alongside the clinical acumen of the medical professional.

To try and understand the Community Paediatrician's perspective better, the DCOs met with the Designated Medical Officer (DMO) and a locality area Lead Community Paediatrician for SEND to discuss the audit findings and explore these issues further. Themes raised during discussions included the need for the Community Paediatrician to be able to make clinical decisions based on the child's needs at the time which would include determining intervals for follow up appointments flexibly. It was recognised that whilst there are certain scenario's where appointment intervals are generally agreed, such as 6 monthly monitoring for ADHD medication, this is not always the case. There was also concern about health elements of the EHCP becoming out of date and incorrect if the LA decides not to amend them each year following the annual review. It was felt that this had the potential to cause confusion and unrealistic expectations of what the Community Paediatrician would be able to deliver for the child, young person, their parents and carers.

For C&YP who remain on the Community Paediatrics caseload whilst they follow a diagnostic pathway, such as Autism, it was agreed that additional specificity could easily be achieved by stating that they'd be reviewed "at least once more before being discharged".

In cases where a child or young person has significant medical needs then the expectation would always be that an Individual Health Care Plan (IHCP) would be used to specify the detailed requirements for managing and monitoring the condition, administration of any prescribed medication, delivery of health or care interventions and any emergency procedures which education setting staff will need to follow (see ICB Guidance document in Appendix C for more information).

Conclusion

The DCOs, DMO and Lead Community Paediatrician for SEND reviewed again the wording that the audit identified had been used in Section G:

> *"XXXX will remain under the care of the Community Paediatrician who will review him at intervals deemed clinically appropriate"*

They all agreed that whilst this provision does not specify exact time frames for review, the provision remained appropriate for this particular child, and the wording aligned with the Children and Families Act (2014) and IPSEA guidance who say provision should detail '**the type of support'** and '**who will provide it**'

This is because the wording answers both prompts; 'The type of support' being **a review** and 'who will provide it', being **a Community Paediatrician**.

Following their critical review, the DCOs conclude that their current holistic quality assurance processes, undertaken on an individual basis and using clear and consistent language to describe health provision in Section G contains sufficient specificity to comply with SEND legislation and best practice guidance.

Next Steps

The DCOs have met and discussed the findings of this focused review with the NHS England South West SEND Manager to provide her with sufficient oversight and assurance of the work the DCOs have undertaken and ensure the issues raised are also considered, not just locally but also regionally and nationally. She has also agreed to contact the authors of some of the guidance documents such as the Council for Disabled Children (CDC), to understand timeframes for reviewing and updating these, after our review identified some were published over five years ago, and as DCOs we are keen to be actively involved in supporting this.

The DCOs will share this review as part of their Quality Assurance update with the Wiltshire SEND and Inclusion Manager, Department for Education (DfE) SEND Adviser, ICB Quality and Performance Committee and local area SEND Boards.

Briefing Paper Update 18.01.2023

Following completion of this briefing paper in October 2022 and initial sharing, the DCOs were asked to clarify further their quality assurance processes, including their use of consistent wording, as there appeared to have been some confusion.

Over the following three months the DCOs engaged in further discussions with both DfE and NHSE colleagues, to clarify the holistic and individualised approach used. Additional explanation and clarity was sought on the wording of the 'legal test' relating to specificity, and the DfE auditor's perception that some of the wording identified during the Wiltshire EHCP audit was not complaint with this.

Further clarification was obtained from NHS England's National Specialist Advisor - Special Educational Needs and Disabilities (SEND) and NHSE's Designated Therapies Professional Manager on 10.01.23. The 'legal test' was discussed, and it was agreed that specificity should be recommended on a case by case basis in line with Section 37 of the C&F Act (2014) and

the terminology used by IPSEA who say provision should detail 'the type of support' and 'who will provide it'. Further specificity relating to quantity and frequency would be considered good practice and should be given when it is clinically indicated. Both the BSW DCOs and NHSE colleagues were in agreement that blanket statements should not be used.

The BSW DCOs were asked to update this briefing paper to make this clear, and to clarify that their current quality assurance practices always involve a holistic and individualised approach, and whilst this does include the use of some consistent language, this is considered both a sensible approach and good practice.

Since this briefing paper was first drafted, further meetings have been held with the Designated Medical Officer and Community Paediatrician SEND Leads to further update and improve the templates used for providing health advice and information. Positive feedback was received following a 'soft launch' and these new templates have now been formally adopted.

Tribunal Case Study – Specificity in Section G

Learning from a recent SEND First Tier Tribunal appeal in Wiltshire [EH865/22/00034] was also considered to be a relevant update for this briefing paper as the order (dated 10.01.23) identifies that specificity was a key area being challenged by the family:

Point 9. states *"The Tribunal heard oral evidence from [the parent] that at the heart of their appeal was a concern that the EHC Needs Assessment for [their child] did not adequately specify her needs and that as a consequence the corresponding provision does not meet her needs".*

As part of the appeal process the BSW DCOs had provided updated health information and suggested wording for Sections C and G of her EHC Plan which included the following wording for Section G (which has been anonymised):

> X's care will be co-ordinated by a variety of health professionals who will review and monitor her health needs at intervals deemed clinically appropriate, liaising with her parents and education setting to ensure provision is delivered holistically. This will include, but not be limited to; The Paediatrician, Epilepsy Nurse Specialist, Orthopaedics and Spinal teams, The Community Paediatrician, Orthotics team, Integrated Therapies Team, School Nurse and Bladder and Bowel Team.
>
> The Epilepsy Nurse Specialist will review and update X's seizure management plan at least yearly, or sooner if there are significant changes.
>
> X should attend her GP surgery for an Annual LD Health Check.

Point 16 of the Tribunal order addressed the issue of specificity of the professional reports stating:

"We particularly considered whether the recommendations which were being made were generic or whether they were specific to X. We found no reason to reject them as being non-specific".

The Tribunal concluded by NOT making any non-binding recommendations for Section G.

This order provides further assurance that the wording being used by BSW DCOs in health sections of EHCP's is legally compliant and meets the thresholds for specificity.

Recommendations

The final recommendation made by NHSE colleagues was that this updated briefing paper should now be shared with local area SEND Boards and DCO colleagues to provide information and assurance of the work that the BSW DCOs are undertaking, and to promote wider learning and rich discussions across the system.

The DCOs continue to strive for excellence as they develop and improve their quality assurance practices. They are grateful for the opportunities that undertaking this critical review has provided and are keen to be more actively involved in any future EHC Plan audits.

References and Further Reading

The Children and Families Act (2014)
https://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga_20140006_en.pdf

SEND Code of Practice (2015) SEND_Code_of_Practice_January_2015.pdf (publishing.service.gov.uk)

Council for Disabled Children (2017) *Education, Health and Care Plans: Examples of Good Practice* EHCP Exemplar Guide 2017.pdf (councilfordisabledchildren.org.uk)

Independent Provider of Specialist Education Advice (IPSEA) Education, Health and Care plans | (IPSEA) Independent Provider of Special Education Advice

Case Law Examples

CDC Case Law Update 28_SB v Heref

CDC Case law update 52_Redbridge v HO.p

SEND Therapies Case Law Examples.pdf

Appendices

APPENDIX A – Wiltshire EHCP Audit

DfE Findings of EHCP Audit.pdf

APPENDIX B - Example of DCO Quality Assurance Template

ICB DCO QA Feedback Template .p

APPENDIX C – BSW ICB Guidance for Supporting C&YP with Medical Needs attending Education Settings

BSW ICB Guidance on Supporting the needs

Briefing Paper

Date: 01.07.2022
Title: SEND first Tier Tribunal Orders – Regulation 6 Response Letters
Author: Liz Jarvis Designated Clinical Officer (SEND)

1. Purpose

To provide a brief overview of the statutory and non-statutory guidance and legislation in relation to Special Educational Needs and / or Disability (SEND) and identify the key areas of responsibility for the ICB following a SEND First Tier Tribunal appeal and receipt of the Tribunal order.

To provide an overview of what is meant by 'extended' SEND First Tier Tribunals and to outline the powers that the Tribunal have with regards to making 'non-binding' health recommendations for the ICB to consider.

To identify a process for the ICB to follow which ensures robust governance, oversight and scrutiny of the Regulation 6 response letters whether the ICB agree or disagree to implement the recommendations of the Tribunal order (in full or in part).

1. Background

The Children and Families Act (2014) introduced important changes to the system of support for children and young people with special educational needs and / or disability (SEND). The reforms aim to create a more 'joined up' approach across Education, Health and Social Care from birth to 25 years.

A national trial began on the 3rd of April 2018 which extended the powers of the SEND First Tier Tribunal allowing children, young people and their families a 'single route of redress' which would allow Tribunals to also consider health and social care elements alongside those of education. This then allowed the Tribunal to make 'non-binding' recommendations about the health and social care aspects of Local Authority (LA) decisions regarding Education, Health and Care Plans (EHCPs). The trial ran for over three years and concluded that 'extended' appeals which involved health and social care elements for determination should continue.

The ICB's Designated Clinical Officer (DCO) is the first point of contact when a new SEND Tribunal appeal involving health is received. The DCO works closely with the Local Authority (LA) SEND Managers and commissioned health providers to identify the specific issues being sought and wherever possible aims to agree amendments to the EHC plan to prevent any unnecessary attendance at a Tribunal Hearing.

The DCO will review Tribunal bundles and any submitted evidence / reports and will prepare the ICB's formal response for submission to the court, and when necessary, provide a witness statement and attend the hearing as an expert witness. The DCO can access legal advice and support from the ICB Solicitor for cases that require legal oversight or to provide assurance to the ICB that they are acting lawfully when discharging their duties in relation to SEND.

Regulation 6 Response Letters to a Tribunal Order

Approximately 2 weeks after a SEND First Tier Tribunal hearing has taken place, a written 'Tribunal Order' is sent to the ICB (via the DCO) which clearly specifies the tribunal conclusions and details what the Judge is ordering the LA to do. For extended appeals the order will also identify any 'non-binding' recommendations for health and social care to consider.

Unlike the Local Authority, the Tribunal are not able to directly 'order' the ICB to comply with their recommendations, however, appropriate consideration should be given to the requests and the ICB must fully justify their decision as to whether they agree or disagree to implement the recommendations (in full or in part) in their Regulation 6 response letter.

A Regulation 6 Response letter is the ICB's formal response to the 'non-binding' recommendations and must be submitted within 5 weeks of receiving the final Tribunal order. It must clearly state what steps the ICB has decided to take following consideration of the Tribunal recommendations and if a decision has been made not to follow all, or part, of the recommendations then the ICB must give sufficiently detailed reasons for that decision.

2. Key Points / Issues of Concern

It is important to note that should the ICB decide not to follow any of the 'non-binding' recommendations or fail to deliver any of the provision it has 'agreed' in the health sections of the EHC Plan following a Tribunal, then children, young people and their families are able to complain to the Public Health Service Ombudsman (PHSO) or seek to have the decision judicially reviewed.

Copies of Regulation 6 response letters can also be requested by Ofsted and the CQC during local area SEND inspections.

The ICB should therefore have robust arrangements in place which provide senior leaders and Healthcare Professionals with the opportunity to review all the health evidence available and scrutinise and challenge the non-binding recommendations to inform the ICB's Regulation 6 response.

The DCO manages all SEND First Tier Tribunal cases involving health, helps to navigate and explain NHS services and pathways and provides written clarification on the ICB's position in relation to the health elements for determination. When required the DCO will also represent the ICB as the expert witness at the Tribunal hearing.

It is for these reasons, and to prevent the ICB's DCO from being seen as the unilateral decision maker, that a more senior member of the ICB should be identified as the signatory for the Regulation 6 response letters.

3. Summary and Recommendations

The ICB should agree a process for managing Regulation 6 response letters following a SEND First Tier Tribunal which provides sufficient oversight and scrutiny of the response and the rationale for the decisions being made.

The DCO will have good knowledge of the case and would be best placed to draft the regulation 6 response.

This should then be shared with a pre-agreed core group of senior clinicians who can come together and independently review the case. The DCO should present an outline of the case including the health issues for determination, the ICB's position and share any formal correspondence and clinical reports which have been used as evidence during the appeal process.

Once agreed, Regulation 6 responses should be approved and signed off in the same way as a formal complaint, so it would therefore seem sensible that the ICB's Chief Nurse and SRO for SEND is the ICB's authorised signatory.

4. Further Reading / Useful Resources

SEND Tribunal single route of redress natic

SEND Tribunal Regulations.pdf

Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Briefing Paper

Title: Review of Education, Health and Care Needs Assessment (EHCNA) contributions from HCRG Care Group in Wiltshire to release clinical capacity.

Authors: Liz Jarvis and Sally Beckley, BSW Designated Clinical Officers (DCOs) in partnership with Carolyn Alvis, Interim Head of Specialist Services and Di Elsmore, Professional Lead for Care Coordination HCRG Care Group.

Date: 31.08.2023

Background

Regulation 6(1) of the Special Educational Needs and Disability (SEND) Regulations (2014) identifies the information and advice which Local Authorities (LAs) must obtain when agreeing to undertake an Education, Health and Care Needs Assessment (EHCNA).

Regulation 6(1)(c) places a duty on LA's to obtain "medical advice and information from a health care professional identified by the responsible commissioning body" (the ICB). There is then a legal responsibility placed on NHS bodies to respond to requests for advice and information as part of EHC assessments within six weeks of the date on which they receive the request (for more information please see Appendix A).

When a local area decides to issue an Education, Health and Care Plan (EHCP) following an EHCNA it becomes a statutory document, and the medical advice provided from the Regulation 6(1)(c) request is used to populate Sections C and G of the plan, which must be agreed by the Integrated Care Board (ICB), who are then responsible for arranging the provision identified. This Quality Assurance work is undertaken by the two ICB Designated Clinical Officers (DCOs) who work across BSW in accordance with their DCO QA Framework to review the information provided and provide the wording for Sections C and G (Appendix B).

During a recent LGA SEND Peer review in Wiltshire an audit of 16 EHCPs was undertaken (see Appendix C) which prompted the ICB DCOs to review the quality of the health advice and outcomes provided by services such as the Wiltshire Autism Assessment Service (WAAS).

This identified that reports were being provided for CYP who were on the neurodevelopmental pathway, but hadn't yet been seen, which meant that information provided was often generic and not holistic or individualised.

Overview

HCRG Care Group (HCRGCG) is the children's community health service provider across Wiltshire. When Wiltshire Council (WC) agree to undertake an EHCNA they notify the

HCRGCG Single Point of Access (SPA) with a 'Go Ahead' letter. The SPA then reviews the records held for that Child or Young Person (CYP) and responds back to the LA advising them of which services the CYP is known to, or has been known to, during the past 12 months.

WC will then expect to receive advice and information from all those services within 6 weeks to inform the EHCNA. This can often result in numerous pieces of advice being prepared and the ICB DCOs consider that this is likely to be in excess of the requirements placed on the ICB when ensuring compliance with Regulation 6(1)(c).

This approach is also not adopted in areas that don't have a SPA, such as Swindon where only one piece of medical advice is provided, and the ICB DCOs were therefore keen to explore these differences further.

Review

The DCOs met with senior leaders at HCRGCG to understand the SPA process and the impact that current practice has on clinical teams. They advised the DCOs that they were currently updating their Guidance on when to provide advice and undertake assessments for an EHCNA and this appeared to be an ideal opportunity to review current processes, consider clinical capacity and streamline our approach.

Initial data for the first 6 months of 2023 (January to June) identifies the volume of contributions / reports generated by the following HCRGCG services and the average time taken to complete them:

Wiltshire Autism Assessment Service (WAAS)

216 reports generated.

Average time taken to complete: 30 minutes.

Demand on Service = 108 hours.

Public Health Nursing (including Health Visitors & School Nurses)

251 reports generated.

Average time taken to complete: 45 minutes.

Demand on Service = 188.25 hours.

Children in Care

9 reports generated.

Average time taken to complete: 2 hours.

Demand on Service = 18 hours.

Audiology

13 reports generated (for CYP with no hearing difficulties).

Average time taken to complete: 30 minutes.

Demand on Service = 6.5 hours.

The DCOs and HCRGCG Leaders reviewed some of the reports that these services provide and noted that many of the WAAS reports contained generic information and weren't individualised as the child was still on the neurodevelopmental pathway, so the information in the report provided no additional information about the CYP's specific needs. Other services such as Audiology frequently sent reports which just confirmed that the CYP had undergone a routine hearing test and no abnormalities / difficulties had been found. It was also identified that the Children Looked After Nurses were spending several hours repurposing their lengthy annual health reviews into EHCNA advice which again, often didn't relate specifically to a CYP's health needs or special educational needs. A large volume of reports was being completed by the Public Health Nurses, for example Health Visitors and School Nurses which contained information about universal support which wouldn't usually be considered necessary to include in an EHCP as it's available to all CYP.

The DCOs recognise that the LA requires sufficient advice and information from services to correctly identify CYPs needs during and EHCNA, however too much information can often cause unnecessary confusion and lead to lengthy narrative which becomes less meaningful and less child centred. As the DCOs review every draft EHC Plan and advice provided as part of their Quality Assurance work, they remain confident that, should additional advice and information be required from any of these services then this could easily and quickly be obtained.

Discussions were then explored about what benefits could be realised for clinical teams if a decision was made to stop services providing this information. The following information identifies the expected amount of additional clinical capacity that would be realised for each service:

Wiltshire Autism Assessment Service (WAAS) - **18 hours / 2.5 days a month / 29 days a year additional clinical capacity.**

Public Health Nursing (PHN) - **31.4 hours / over 4 days a month / 50 days a year additional clinical capacity.**

Children in Care (CiC) - **3 hours / approx. 0.5 days a month / 5 days a year additional clinical capacity.**

Audiology (providing reports which identify the CYP has no hearing difficulties) - **1.08 hours a month / almost 2 days a year additional capacity.**

Collaborative Partnership Working

The DCOs and HCRGCG are keen to actively participate in SEND decision making processes, and a 3 month trial of a HCRGCG clinical representative attending the Discussion and Decision Panels (DaD1) is due to start in October to understand if this contribution adds value and supports multiagency decision making, including the appropriate identification of which health services should be approached to provide the medical and health advice for the purpose of an EHCNA. This will be in addition to the DCO attendance at the weekly DaD2 panels where decisions to issue draft plans are made and quality assurance feedback is provided.

Next Steps

From 1st September HCRGCG will commence a 6th month trial, during which time WAAS, PHN, CiC and Audiology (where no hearing difficulties have been identified) will no longer routinely provide advice as part of an EHCNA. The DCOs recognise there may be occasions when advice from these services might be considered essential to inform an EHCNA and mechanisms are already in place to ensure the DCOs are still able to request this and receive advice in a timely manner if they deem this is necessary.

The DCOs and HCRGCG Leaders meet regularly and will closely monitor the new processes to ensure there's no unexpected negative consequences which may impact on the ability to deliver high quality health sections of all CYPs EHC Plans.

The DCOs will support HCRGCG Leaders to complete an Equality and Quality Impact Assessment (EQIA).

APPENDIX A

Regulation 6(1) Position

BSW ICB DCO
Position on Regulatio

APPENDIX B

DCO QA Framework

BSW ICB DCOs
Quality Assurance Fra

APPENDIX C

DCO response to LGA Peer review Audit

Wiltshire Peer Review
EHCP Audit DCO Brief

DCO Briefing Paper

SEND Inspection Annex A - Evaluation of a 'Dry Run' exercise with health partners in Wiltshire.

Date: 12.10.23

Background

A new SEND Inspection Framework which considers the effectiveness of the local area partnership arrangements for Children and Young People (CYP) with Special Education Needs and Disabilities (SEND) became operational in January 2023 Area SEND inspections: framework and handbook - GOV.UK (www.gov.uk) and following this the DCOs developed a briefing paper to raise awareness and support system partners to understand the changes (see Appendix A).

This inspection of the Education, Health, and Care arrangements for CYP is undertaken jointly by Ofsted and the Care Quality Commission (CQC), and over a period of three weeks, inspectors will use different methods to review and evaluate how well we operate as a partnership to improve experiences and outcomes for CYP aged 0-25 with SEND.

This will include asking CYP with SEND, their parents and / or carers, and professionals and practitioners who know them for feedback (surveys and in person) and evaluating case records for individual CYP, in many instances alongside practitioners.

SEND Inspection Annex A 'tracked cases'

Annex A of the new SEND Inspection Framework sets out the information that inspectors request when they notify the local area partnership of a SEND inspection. It also sets out the information that the inspectors will request to assist them in selecting children and young people's cases for tracking, and the further information they will request about those selected.

The Local Authority (LA) is required to provide child-level data to inspectors, outlining details of all CYP with an Education Health and Care Plan (EHCP) or those receiving SEN support. By the end of Tuesday (a day after the area is notified of an Inspection) a list of approximately six cases will be identified by the Inspectors to 'track' across the system. There is then a requirement that partners from across Education, Health, and Care complete specific documents (see below) for each tracked case which are then collated into a single multi agency audit which is shared with Inspectors on the Friday of Week 1. This means that the local area has just three days to gather, collate and agree this information for all 6 cases.

The local area partnership will therefore need to work quickly and collaboratively to collate the case related documents for each child (see below) and seek consent for involvement from the CYP and their parents and / or carers.

A timeline of expected activity in Week 1 is likely to be as follows:

Monday – The local area is advised that a SEND Inspection is under way and must provide child level data for all CYP who have an EHCP or are receiving SEN support.

Tuesday – The Inspectors will review the child level data and identify 6 Individual cases for tracking – this will be confirmed by 5pm.

Wednesday – The Local Authority (LA) will contact the CYP and families of the identified individuals to seek their consent for involvement in the Inspection. Once consent has been gained partners from Education, Health and Care will need to comprehensively review the cases and provide the following information for each case:

- A Chronology of significant events for the CYP in the 2 years before the inspection.
- A 'Pen portrait' of the child including information about their needs, aspirations, and support.
- Details of the most recent assessments undertaken.
- The most recent plans including an EHC plan, personal education plan or care plan where relevant.
- Notes of any key multi-agency discussions or team around the child meetings that have taken place.

If a YP or their family declines to give consent or the LA have been unable to make contact, then Inspectors will be informed and a new case will be identified which will be communicated with partners.

A draft template has been developed as a tool for capturing this information and all 6 cases will need to be completed within 24 hours to enable multi agency discussions and agreement about the information required to populate the multi-agency audit.

Thursday – Education, Health and Care partners will need to come together to review the information gathered for each case and collate a multi-agency audit for each case which will consider every element of support provided to the CYP including an evaluation of the impact that their EHCP or SEN support plan has had, with an opportunity to identify service, provider and commissioning level learning and reflections. This activity is likely to take all day given this will only provide partners with just over an hour per case.

Friday – The information agreed from the multi-agency audits and discussions had on Thursday is finalised and formatted into a document which is reviewed and 'signed off' by system leaders (in Wiltshire this is the Director of Children's Services and the ICB Chief Nurse) before it is shared with Inspectors.

Overview

The ICB DCOs were keen to support partners to be as prepared as possible for their involvement in any future SEND inspection, and invited service managers from community providers HCRGCG and Oxford Health to take part in a 'dry run' exercise which would not only test out the proposed template but would also provide an opportunity for each service to consider the resources and capacity required to complete this task during an actual inspection.

Method

The DCOs provided each service with four case examples and asked them to review each case and capture the information requested on the proposed template (Appendix B). They were also asked to provide feedback on how they found the process, including using the template and were asked if any changes were needed.

Feedback and evaluation

The DCOs received written feedback from both the HCRGCG and Oxford Health Service Managers, then came together to explore individual experiences, themes, and recommendations.

The questions and feedback received has been populated in the table below.

Question	Feedback
Q1. How long did it take you to complete the audit? Did this feel reasonable?	• 90 minutes to review notes and complete form but Young Person was only 10. It would take longer for a complex adolescent. • Up to an hour. It felt reasonable but only because it was a case with not a lot of history. A case with more CAMHS input would've taken far longer to examine and pull information together. • Approx. 2-3 hours (various case records/documents to go through to gather all info needed). This felt reasonable, the prompts were helpful. • It took about 1.5 hours to complete. I worry that this means it would take 9 hours to complete is we had 6 to do.
Q2. What were the challenges in completing it?	• The chosen young person hadn't been known to the service for a couple of years and didn't engage well with the service so it was hard to give a clear picture of their situation. • No particular difficulties. • Finding the time to prioritise this over other work-related tasks was a challenge but completing it in itself was not difficult. • I couldn't get any of the drop-down lists to work where it asked to select yes / no etc in the template.

	• We wouldn't necessarily have all of the information for section 2 e.g. ethnicity data.
Q3. What changes could be made to improve the template? what worked / what didn't?	• I found the template useful and easy to follow. • For 'other relevant individuals' I included family members and social workers – it would be helpful to clarify if this is supposed to include key professionals as well as relatives as it wasn't clear. • Very helpful to have the reflection analysis / appraisal section. • The prompts were helpful
Q4. What learning has there been from completing this audit which needs to be shared with teams?	• The young person hasn't been known to the service for a couple of years so information we could provide was limited. • Specific issues were identified relating to locum psychiatry (no consistency), and a gap in service for ARFID and family therapy in our area. • We've reflected that there has not been enough ongoing focus on mental health needs and support. Highlighting this to lead professional since doing the audit is leading to us addressing this going forward. • The importance of prioritising this work during an inspection.

Conclusion

The 'Dry Run' exercise was widely viewed as a positive experience which provided an opportunity to 'see and feel' what will be expected during a real inspection. The exercise also helped consider what capacity this activity would require, with each provider identifying it took between 1 and 3 hours to complete a case, so from a holistic 'health' perspective (physical and mental health) this equates to between 2 and 6 hours per case x 6 = 12 to 36 hours work which will all need to be completed on the Wednesday of Week 1 which is a huge undertaking.

All partners identified the impact on resources that completing the 'dry run' audit had placed on them and members of their teams. Some individuals were concerned about how long it had taken them to complete just one case and worried how this would be managed against competing work demands during an actual inspection when information would need to be collated at short notice rather than in a planned way. However, it was acknowledged that when a service had less involvement in a case then the time was reduced. Colleagues in HCRGCG also noted that for many CYP there would need to be involvement from several services for example Community Paediatrics, Speech and Language Therapy and Integrated therapies, so identifying a senior clinician with the ability to access and review all clinical records at once to complete the template was likely to be the most sensible approach during an inspection.

All partners agreed that they felt better prepared and knowledgeable about what would be expected during an inspection as a result of undertaking this 'Dry Run' exercise.

Next Steps

Service Leaders from HCRGCG and Oxford Health will take responsibility for sharing provider level learning from this exercise with their teams.

The DCOs will share the feedback with system partners and review the draft template to consider whether changes are required which would make completion easier.

Once agreed health partners logos should be added to the audit template.

Appendices

APPENDIX A

New SEND Inspection Framework Briefing Paper

BSW SEND Inspection Framework Briefing Ja

APPENDIX B

Wiltshire Template for multi-agency audit

Wiltshire Template for multi-agency audit

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Guidance for Supporting the Needs of Children and Young People with Medical Conditions Attending Educational Settings

Updated October 2022

Introduction

This guidance is designed to ensure that children and young people who have medical needs are able to have full access to educational settings, including early years settings, schools and colleges.

It provides a framework for a consistent response to the health needs of children and young people in a confidential and respectful way to ensure that they have the opportunity to participate in all aspects of learning.

The aim of this guidance is to:

- Demonstrate a local multi-agency commitment to positively promote the inclusion of all children with medical needs delivered in partnership with children, young people and their families.
- Clarify roles, responsibilities, and accountability in enabling children and young people with medical needs to be fully included in educational settings.
- Provide reassurance and clarity to both children and young people and their parents and carers about what they can expect to be provided, and by whom.
- Provide a framework within which to manage the risks associated with supporting a child or young person's medical needs at the educational setting.

Background and the National Context

This guidance is based on the principles contained within the following documents:

The Department for Education (2015) *Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

The Royal College of Nursing (RCN 2018) *Meeting Health Needs in Educational and Other Community Settings* https://www.rcn.org.uk/professional- development/publications/pdf-006634.

The Children and Families Act (2014)
https://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga_20140006_en.pdf

The Equality Act (2010) https://www.gov.uk/guidance/equality-act-2010-guidance

Council for Disabled Children and Department for Education (2022) *Disabled Children and the Equality Act 2010: What teachers need to know and schools need to do* Disabled Children and the Equality Act 2010: What teachers need to know and what schools need to do (councilfordisabledchildren.org.uk)

Improving access to education and educational achievement for pupils with medical needs is essential to ensure equality of opportunity, full participation in society, access to employment opportunities and inclusion within mainstream education.

The Children and Families Act (2014) requires maintained schools, academies, and pupil referral units to make arrangements for supporting pupils at the school with medical conditions and to have regard to the statutory guidance published by the DfE (2015) '*Supporting pupils at school with medical conditions'.*

The guidance identifies that children and young people with medical conditions may count as being disabled under The Equality Act (2010) and schools should ensure they can access the same opportunities as other pupils. It also supports settings to understand what may be considered reasonable adjustments for this group of pupils.

'Supporting pupils at school with medical conditions' also provides schools with guidance on the development of policies on the management and administration of medicines and on putting in place systems for supporting individual pupils with medical needs (CDC and DfE 2022).

Local Context

This guidance seeks to provide clarity to all education settings who support children and young people with medical needs. It emphasizes their responsibility to ensure that all appropriate policies and documents are completed and available in line with their statutory duties, and to ensure that they are able to effectively meet the needs of children and young people with medical needs who attend their setting.

These policies will include (but are not limited to) the following:

- Safeguarding Policy, including providing intimate care
- Supporting pupils with Medical Needs, including administration of medication, record keeping and disposal of sharps.
- Health and Safety Policy, including risk assessments and moving and handling plans.

Each Local Authority has their own 'Local Offer' which provides information on local services for children, young people and their families which can be found using the following links:

Bath and North East Somerset: https://www.rainbowresource.org.uk/
Swindon: https://localoffer.swindon.gov.uk/home
Wiltshire: http://www.wiltshire.gov.uk/local-offer

Roles and Responsibilities

Guidance on the roles and responsibilities for individuals and specific settings which support children and young people are described in the Department for Education (2015) guidance document "Supporting pupils at school with medical conditions" and the Royal College of Nursing (2018) document "Meeting Health Needs in Educational and other Community Settings".

- ### Parental Responsibility

Parents should ensure that the setting is provided with sufficient, relevant, and up to date information about their child's medical needs, including details of any health professionals who are involved with

their child. They should maintain effective communication with the setting to identify any changes in the child or young person's condition and where applicable, participate in the regular review and update of their child's Individual Health Care Plan.

- Child and Young Person Involvement

All Children and young people with medical needs should be included in meetings and have the opportunity to express their own thoughts and feelings; they should also be encouraged to provide their consent for each identified health or care procedure or intervention when appropriate to do so.

- Governing Bodies and Setting Staff

Governing bodies, proprietors, trustees of all types of educational and community settings are legally responsible under Section 100 of the Children and Families Act (2014) to make suitable arrangements to support pupils with medical conditions, and each setting should identify a named person with responsibility for effective policy implementation.

Settings must ensure there are sufficient staff who are appropriately trained to meet needs of the Children and Young People, ensuring that it is not the responsibility of just one member of staff to carry out health and care procedures / interventions. Policies should identify collaborative working arrangements between school staff, parents, the child or young person, health care professionals and local authorities. Settings must undertake risk assessments for setting environment, visits, holidays and any other activity e.g., PE or other sporting activities.

Individual Health Care Plans (IHCP's) or School Health Action Plans should be drawn up to capture how to support individual children and young people. These plans should be reviewed at least annually or sooner if medical needs change. Settings must ensure written records of treatment and care are maintained and that parents are informed if the child or young person is unwell at school.

Any staff members involved in supporting the child or young person must have access to the IHCP and have received sufficient training to deliver the care required. Staff should have an understanding of the specific conditions they are being asked to deal with and request further training if they do not feel they have sufficient skills to deliver the care required (Health and Safety at Work Act 1974). All school staff should undertake basic awareness training with annual updates as specified in the settings Health and Safety Policy, this is likely to include asthma, allergy and first aid awareness.
Local arrangements will need to be described in each settings administration of medication / medical needs policy.

- Healthcare Professionals

Healthcare professionals are responsible for producing the Individual Health Care Plan (IHCP) which is held by the educational setting. Depending on a child's diagnosis and subsequent medical needs this may involve contributions from professionals such as the School Nurse, Epilepsy or Diabetes Nurse Specialist, Children's Community Nurse or Specialist Physiotherapist. They will ensure that settings are notified and updated about a child's medical needs and provide the setting with the relevant information and training required to safely care for that child or young person (as detailed in

the IHCP). The Healthcare Professional will also monitor the accuracy and impact of the IHCP and update it at least annually (or sooner if medical needs change).

- The Local Authority and Integrated Care Board

The local Authority (LA) and Integrated Care Board (ICB) agree joint commissioning arrangements for children with medical needs and have a duty to promote cooperation between the relevant partners. This will include commissioning of school nurses, providing support, advice and guidance for educational settings or providing alternative arrangements for children and young people who are not able to attend the educational setting for medical reasons.

Risk Assessment

It is the responsibility of the individual educational setting to undertake a risk assessment with the support of parents, the child or young person and any appropriate health professionals involved. The risk assessment process should clearly identify:

- Any risks identified around the medical needs and the impact that these needs have on the child or young person and others.
- Control measures to manage the risks e.g. specialist resources, environment considerations.
- Any training needs; specifically who will need to be trained, how often, to what level and by whom.
- Measures in place to maintain the privacy and dignity of the child or young person.
- All environments the child or young person may access whilst under the care of the setting, such as trips and visits, sports activities and transport arrangements.

Education or Community Setting Health Action Plan

A Health Action Plan is a document drawn up between the education setting and parents (with contributions from health professionals if needed) which describes how the health care plan can be delivered in the setting. A Health Action Plan is usually required when a child needs administration of medication or care tasks which are not covered under the setting's generic policy such as the administration of medication policy.

Individual Health Care Plan (IHCP)

An Individual Health Care Plan (IHCP) is required when a child or young person is identified as needing the administration of specific prescribed medication, management or monitoring of a medical condition or delivery of a health or care intervention whilst in attendance at the setting, and which is not covered under one of the setting's generic policies. Such a plan is normally drawn up and signed off by a qualified health care professional who will provide the appropriate advice, support and training to ensure that setting staff are competent to carry out the required tasks. The competency will be signed off and monitored by the relevant healthcare professional at regular intervals and the child, young person and their families should always be fully involved in this process.

Differences between a Health Action Plan and an Individual Health Care Plan (IHCP)

Setting Health Action plan	**Individual Health Care Plan**
Education setting **Health Action Plans** are normally (but not exclusively) related to **Level 1** needs as described in Appendix A. The format of the plan should include: • Description of how CYPs needs may impact on attending the setting. • How to support the CYP in a particular setting including activities such as PE or off site activities. • Identifies what training staff require and how this is accessed • Risk assessment of how needs can be managed in setting • Parental/child agreement to care • Review arrangements An example can be found in Appendix D	**Individual Health Care Plans** are normally (but not exclusively) related to **Level 2** needs as described in Appendix A. The format of the plan should include: • Description of the child's individual needs and how these may impact on the child, what they can do for themselves. • Level of support needed for routine daily care • Details of any medication needed, storage and disposal of medication, dose, method of administration • Clinical procedures which need to be carried out, by whom, when and how • Details of any tests that need to be undertaken in school and action to be taken depending on results, e.g. diabetes care • What training is required and how this will be provided including assessment of competence • Any additional medical information required to keep the child safe within the setting including a description of what constitutes an emergency and what action should be taken • Parental/child agreement to care plan • Should include a review date, in some circumstance when no changes are expected this may be less frequently than annually, but this should be documented. • Healthcare professional sign off of the plan including any support staff competency. An example can be found in Appendix E

Points to consider when writing plans
The health care plan should only contain relevant information. The views of the child should be sought to establish what information they want to be shared with staff and potentially other pupils to keep them safe. All plans should be stored and shared in line with data protection guidance. All plans will have to be shared with temporary or agency setting staff to ensure they are alerted to the needs of Children and Young People with plans.

Review Process

All Health Action Plans and IHCP's must be reviewed by settings, in liaison with parents, at least annually, or more frequently if the child or young person's needs change to ensure the plan is still up to date and accurate. Parents should be asked to inform settings of any changes to their child's medical condition or management plan and share any updated advice from healthcare professionals at the earliest opportunity.

Some medical conditions are not expected to change so in some instances Health Action Plans will not routinely be updated by health professionals on an annual basis, but settings must still check with families that the plan still contains the most up to date recommendations from health professionals.

It is the responsibility of all settings to complete their own Risk Assessments and support transitions by sharing Health Action Plans.

Record Keeping

All medication and interventions / procedures that need to be undertaken should be clearly documented in accordance with the settings medication policy and the LA's Health and Safety guidance. Records should be updated contemporaneously i.e. documented immediately after the event.
For a summary of the Level of Need descriptors, process and record keeping responsibilities please refer to summary table set out in Appendix A.

Training

Settings will be supported by the child or young person's health professionals to identify and advise on the training required to ensure staff achieve the agreed competencies in line with evidence based best practice.
The level of training and support will be proportionate and relevant to the level of need as specified

in Appendix A. The skills required to meet these needs may be routine and easily obtained (Level 1 tasks) or may require training from specialist health professionals (Level 2 tasks) or they may be tasks that should only be carried out or delegated by trained health professionals who have received additional training (Level 3 tasks).

Once training has taken place and any agreed competencies have been achieved then setting staff will have the required skills to safely manage the identified health and / or care interventions for the individual child or young person.
Setting Staff will have the contact details of the Health Professional who trained them should they need to request further training or support, including advice if the child or young person's needs change.

Planning for Emergencies

Each setting must have policies and procedures in place which clearly detail actions that need to be taken in the event of an emergency. These should be easily accessible to all setting staff and must include details of when and how to contact both the child's parents and the Emergency Services (999). This may also include identifying procedures which are unique to a specific setting or activity.

Funding

The majority of children and young people with medical needs will only require a minimal level of additional support to access a setting and engage with activities. This is generally considered to be a 'reasonable adjustment' or, where additional resources are needed, then a setting would be expected to use the notional funding allocated for the provision of Special Educational Needs and / or Disability (SEND) which is intended to support access and inclusion.

For Early Years settings most medical needs will be met within the setting's reasonable adjustments and adult to child ratios. Inclusion support funding is also available from the LA where children's medical needs are impacting on their education.

When a child or young person has been found eligible for NHS Children's Continuing Care (CCC) then the ICB will consider requests to contribute to the provision required to support medical needs which fall into Level 3 (See Appendix A) which doesn't result in a duplication of provision or funding.

Insurance and Indemnity

Educational settings must ensure they have an appropriate level of indemnity insurance to cover for both organizational and individual accountability as described in the Health and Safety policy.

The concern of employees administering medication in respect of personal liability is unfounded. The LA takes vicarious liability for the actions of its staff provided those actions are taken in good faith and in accordance with LA policy and practices.

Safeguarding

All settings and their staff providing a service for children and young people with a disability should be aware of the wealth of published evidence which highlights their increased vulnerability to abuse and neglect. https://www.gov.uk/topic/schools-colleges-childrens-services/safeguarding-children

Appropriate communication between all professionals is essential for effective safeguarding practices, especially where there is increased vulnerability.

All setting staff must have received an appropriate level of Safeguarding training and undergone pre-employment checks. Local multi-agency safeguarding procedures should be well established and communicated across the setting, and a supportive culture where concerns are raised and investigated should be encouraged.

Monitoring and Evaluation

This guidance should be reviewed by the ICB Designated Clinical Officers (DCO's) on a yearly basis, or sooner if there are significant changes to local or national policy, or if it is deemed that the guidance no longer demonstrates evidence based best practice.

APPENDIX A

Levels of Need, Responsibilities and Support Implications

Children and young people may present with a range of needs.

Levels of health and / or care interventions which may be required by children and young people fall broadly into three groups which are differentiated by the skills required to undertake the task and any associated risks.

It should be noted that this list is not exhaustive, and the ICB Designated Clinical Officer (DCO) will be able to offer advice and support to settings should an intervention not be listed below.

	Level 1 **Routine and Easily Acquired Skills**	**Level 2** **Tasks Requiring Training from a Health Professional**	**Level 3** **More complex clinical procedures**
Tasks	**Feeding and Medication** • Making up of a routine infant feed following instructions as to how much feed and water to mix together • Assisting a child with eating or drinking in accordance with a simple plan which may involve environmental, postural and equipment adaptions to promote independence at meal times.	**Feeding and Medication** • Administering medicine via a Nasogastric or Gastrostomy Tube in accordance with a child's individual Health Care Plan • Administration of bolus or continuous feeds via a Nasogastric or Gastrostomy tube including setting up an electronic pump • Stoma care including maintenance of patency of a stoma in an emergency situation	**Feeding and Medication** • Re-insertion of a Nasogastric or Gastrostomy Tube • Intramuscular and sub-cutaneous injections involving assembling of the syringe and dose calculation • Intravenous administration of medication • Programming of syringe drivers • Administration of prescribed Medication not documented in the child's Individual Health Care Plan

	Personal Care, Toileting and Manual Handling • Providing intimate personal care, assisting with cleaning and changing of soiled clothing, changing nappies and sanitary wear • Promoting continence by assisting with toileting regimes, ensuring children have access to appropriate and accessible toilets, regular drinks encouraged etc • Moving and handling; assisting a child who may have mobility problems in accordance with local policy and / or in addition to advice from their Physiotherapist or Occupational Therapist • Dry/wet wrapping for a child with eczema; a prescribed treatment involving dressings for children with severe eczema • Undertaking a child's physiotherapy program by following the plan developed by their Physiotherapist	• Injections (intramuscular or subcutaneous). These may be single dose or multiple dose devices which are pre-assembled with pre-determined amounts of medication to be administered as documented in the individual child's Health Care Plan, e.g. Insulin for diabetes or Adrenaline for Anaphylaxis • Inserting suppositories or pessaries with a pre-packaged dose of a prescribed medicine e.g., rectal diazepam • Rectal paraldehyde which is not pre-packaged and has to be prepared before it can be administered, permitted on a named child basis as agreed by the child's lead medical practitioner e.g., Community Paediatrician or Consultant Neurologist • Emergency administration of 'rescue medication' such as Buccal or Intra-nasal Midazolam for seizures, and Hypo stop or Gluco Gel for the management of low blood sugars in Diabetes **Personal Care, Toileting and Manual Handling** • Intermittent Catheterisation and routine catheter care for both urethral and	**Personal care, toileting and manual handling** • Re-insertion of permanent urethral or supra-pubic indwelling catheters **Breathing** • Deep Suctioning (where the oral suctioning tube goes beyond the back of the mouth, or tracheal suctioning beyond the end of the trachea) • Ventilation care for an unstable and unpredictable child

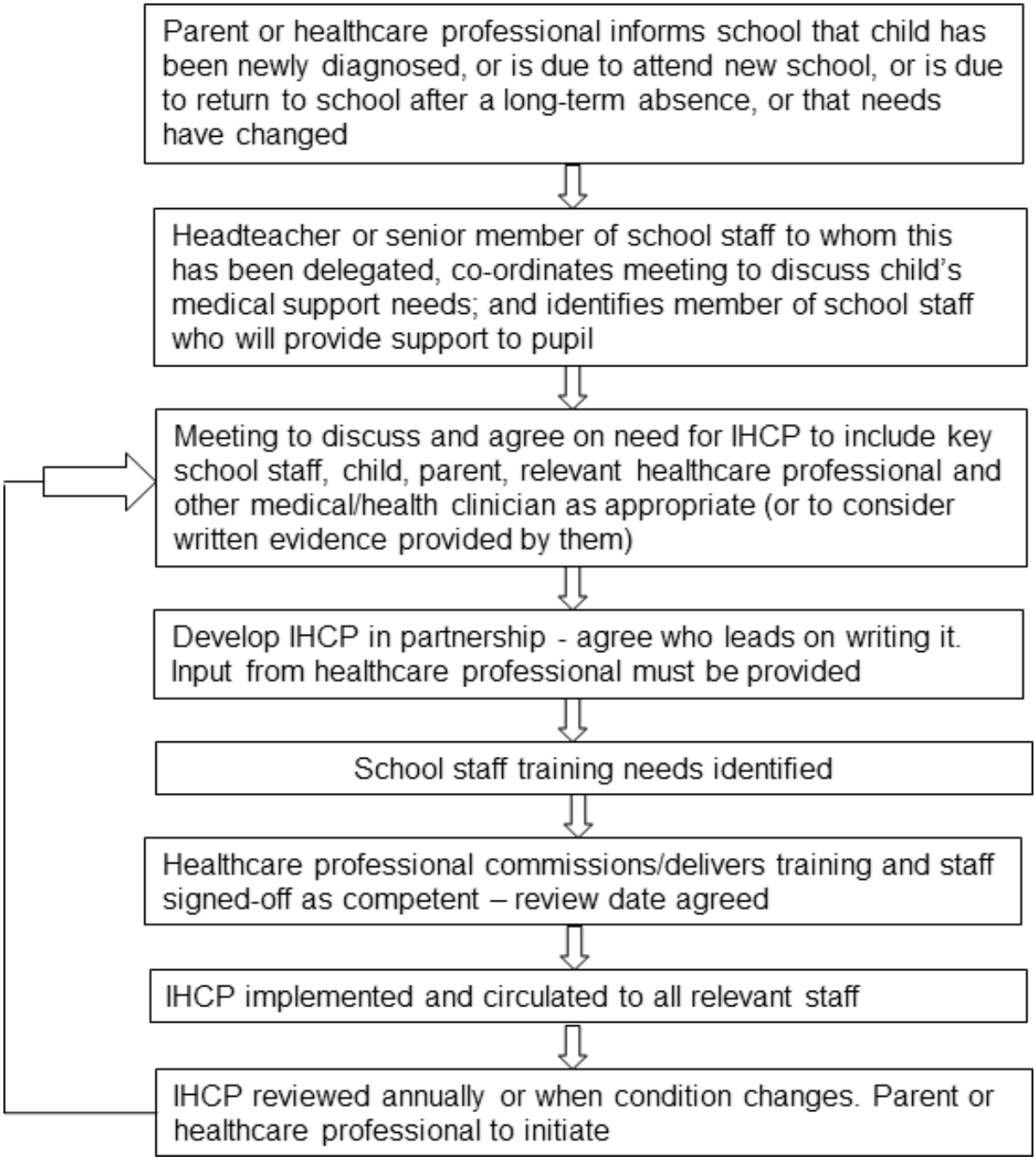
	Breathing • Use of inhalers; assisting a child who may have respiratory problems (e.g. asthma) in accordance with local policy • Assisting and supporting a child who may need emergency care, including basic life support (CPR), seizure management or anaphylaxis treatment in accordance with local policy • Administering oral medicine in accordance with local policy to include over the counter medication such as Paracetamol **Other Support and Interventions** • Care of a child with epilepsy (not requiring emergency medication) to ensure the safety of the child is maintained during a seizure • Simple dressings applied to the skin following a written care plan, for example, application of a gauze non-adhesive dressing with tape to secure, or the application of a Transdermal patch	supra-pubic catheters and management of Mitrofanoff (a surgical opening to the bladder) • Routine Tracheostomy care including suction using a suction catheter • Emergency change of a tracheostomy tube • Oral suction of the mouth • Emergency interventions which would be deemed basic first aid and includes airway management • Assistance with prescribed oxygen administration including oxygen saturation monitoring where required • Ventilation care for a child with a predictable medical condition and stable ventilation requirements (both invasive and non-invasive ventilation). Stability of ventilation requirements should be determined by the child's respiratory physician and will include consideration of the predictability of the child's ventilation needs **Other Support and Interventions** • Blood Glucose monitoring as agreed by the child's lead nursing/medical practitioner e.g., Consultant Paediatrician or Paediatric Diabetes Nurse Specialist and as detailed in their individual Health Care Plan	

Documentation	Education and Community setting records, medical reports. Health Action Plan is agreed between school and parents and child/young person with medical input where required.	Individual Health Care Plan (IHCP) Educational and Community setting records Medical Reports IHCP developed and signed off by a relevant medical / health care professional. Parents and the child/young person should be fully involved throughout the process.	Individual Health Care Plan (IHCP) Educational and Community setting records Medical Reports Individual Health Care Plan has to be drawn up and signed off by a relevant medical/health care professional. Parents and the child/young person should be involved throughout the process.
Responsibilities	Education and Community setting staff are able to fully support child or young person. Relevant medical / healthcare professional to provide advice and support.	Education and Community setting staff able to fully support child or young person but only with relevant medical / healthcare professional's advice, training and support. The relevant medical professional will participate in regular reviews as outlined in the Individual Health Care Plan (IHCP).	Suitably qualified Healthcare professional
Funding Implications	LA Education – all needs are met within universally available resources. NHS Health – all needs are met within commissioned services.	LA Education - In the vast majority of cases needs should be met within the delegated resources. Educational settings will be expected to provide reasonable adjustments, equipment or support as detailed in the IHCP up to the value of £6K.	NHS Health – support fully provided by health commissioned service.

		If support outlined in the IHCP is above this, then the setting should follow the LA process for applying for 'Top Up' funding. NHS Health - Relevant health professional will provide advice, support and training to ensure that setting staff are competent to carry out health care tasks (sign off of competency should be recorded). Additional or update training provided as required. IHCP will be reviewed and signed off by the relevant health professional. In certain situations, specialist equipment will be provided. In a few, highly complex cases the ICB may consider a funding contribution or jointly funded package. which doesn't result in a duplication of provision or funding	

APPENDIX B

Process for developing Individual Healthcare Plans (IHCPs)



APPENDIX C – Ordinarily available support and access to Top Up Funding

Ordinarily available support in Education and Community settings:

Most children and young people with medical needs will be supported within existing resources at education and community settings; this applies to all children and young people requiring health and care interventions described in Level 1 (Appendix A) and the majority of tasks described in Level 2.

This support will include

- Reasonable adjustments which should be considered as part of the risk assessment process
- Resources available through accessibility and strategy plans
- Auxiliary Aids
- If necessary, provision of additional staff would be funded through he delegated funding made available to education settings and sometimes referred to as 'SEN support' which usually equates to £6K which would normally provide up to 15 hours of support a week.
- Information, support, advice, and guidance provided by healthcare professionals.

Access to top up funding:

In some circumstances, due to the complexity, severity or unpredictability of the health needs, the child or young person may require support beyond what would be normally expected for the educational setting to provide. The assessment of such needs and necessary support must be supported by up-to-date individual health care plan and relevant medical reports.

Top up funding on medical grounds is not linked to the Education, Health and Care Plan (EHCP) process. This is because some children may have medical conditions but no special educational needs.

Top up funding is allocated by the Local Authority and is usually reviewed every 6 to 12 months. This is in addition to funds and resources already available to settings. In line with the guiding principle of promoting independence and safe access to educational and community settings, reasonable adjustments, use of equipment or other auxiliary aids will always be considered first.

Each case will be considered individually.

For example:

A child or young person with well managed diabetes who requires monitoring whilst attending an education setting should be able to be supported by the setting without the need for any additional top up funding.

However, a young child with poorly controlled diabetes, in need of frequent monitoring and interventions throughout the day may require additional top up funding to ensure adequate support is available.

The same scenario with an older child or young person might result in them being able to monitor their blood sugar levels independently and setting staff would be able to meet the needs through ordinarily available provision.

APPENDIX D – Example of a Health Action plan

This form should be used to record support for children with medical needs described as Level 1

Name of school/setting	
Name of child	
Date of birth	
Group/class	
Medical condition or illness	

Medicine or support required

Name/type of medicine	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Child/young person's views (e.g. what helps?)	
Self-administration – y/n	
Procedures to take in an emergency	
Other support required (pls specify)	
Review arrangements	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details Parent/Carer

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature (parent/carer) ---------- Date ----------

Signature (on behalf of the educational setting) ---------- Date ----------

APPENDIX D – Example of an Individual Health Care Plan

This form should be used to record support for children with medical needs described as Level 2 and 3

Name of school/setting	
Child's name	
Group/class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date of the IHCP	
Next Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	

Lead health care professional Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	
Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, impact on schools day.

Describe recommended treatments including facilities, equipment, environmental issues, medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Arrangements for school visits/trips/off site activities

Child/young person views (e.g. what helps, how do they feel about the treatment plan)

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Staff training needed/undertaken – who, what, when

Staff name	Training undertaken and signed off (pls provide data)	Review arrangements (pls specify any future training needs, reviews of competencies)

Signature (parent/carer) ---------- Date ----------

Signature (on behalf of the educational setting) ---------- Date ----------

Signature (healthcare professional) to sign off the health care plan ----------

Signature (healthcare professional) to sign off competency of educational staff member (s)

---------- date ----------

APPENDIX E – Example of Top up Funding Application Form

Children or young people with Medical Needs Request to Access Top Up Funding

Attach documentation as detailed below:	**Please select**
Evidence of the level of need; this should include information about diagnosis, medical condition, severity and impact on school day. (copies of up to date assessments and reports must be attached)	☐
Evidence of what support is already provided by school. This could include reasonable adjustments, equipment or additional staffing. Any support must be supported by relevant medical advice (copies of up to date reports must be attached)	☐
Copy of the Individual Health Care Plan, signed and dated.	☐

Please note, applications will **only** be considered if the relevant information is included.

Pupil's Name:			
Date of Birth:		**Year Group:**	
Name of school/setting:			

Medical needs:

Areas of concern – please describe the medical need, severity and impact on school day	**Assessed by:**	**Date:**

Support already provided:

Details of adjustment, resources, strategies, medication and auxiliary aids	**Impact**

Additional support required:

Type of support	**As recommended by:** the relevant reports and Individual Health Care Plan must be included

Signed: (Headteacher) _____ Date

Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Education Health and Care Plan (EHCP) Audit of Health Sections (BaNES locality)

February 2024

Authors

Liz Jarvis and Sally Beckley

Designated Clinical Officers

Background

To comply with SEND legislation, the health provision specified in Section G of an Education, Health and Care Plan (EHCP) must be agreed by the Integrated Care Board (ICB), or where relevant NHS England, in time to be included in the draft EHC plan sent to the child's parent or to the young person.

In Bath and North East Somerset (BaNES), Swindon and Wiltshire (BSW) this quality assurance (QA) work is undertaken by the Integrated Care Board (ICB) Designated Clinical Officers (DCOs) who've developed a QA Framework which describes the process followed to review health advice and provide wording for all draft EHCPs.

Overview

BaNES Local Authority hold fortnightly multi agency statutory panel meetings where multi agency discussions and decisions are made about whether to agree to undertake EHC Needs Assessments (EHCNA) and whether to issue an EHC Plan following completion of an EHCNA. In addition to this there are also fortnightly 'internal panels' where attendance is limited to the Local Authority (LA).

Panel papers are not regularly shared with the DCO's in advance so preparation work is not required, and the SEND Lead Worker will attend the panels and present each case. This is something that is currently being reviewed and is likely to change as new processes are developed and embedded across the LA.

When requested the DCOs will review the draft plan and advice received following the EHCNA, triangulating the health information received and providing written feedback to the SEND Lead Worker with agreed wording to populate the health sections (C and G).

Aims & Objectives

The aim of this audit is to provide assurance to the ICB that the wording agreed by the DCOs is being applied to the health sections of all draft EHCPs.

The audit will consider current processes, identify what is working well, and where improvements could further improve assurance and strengthen adherence to legislative compliance.

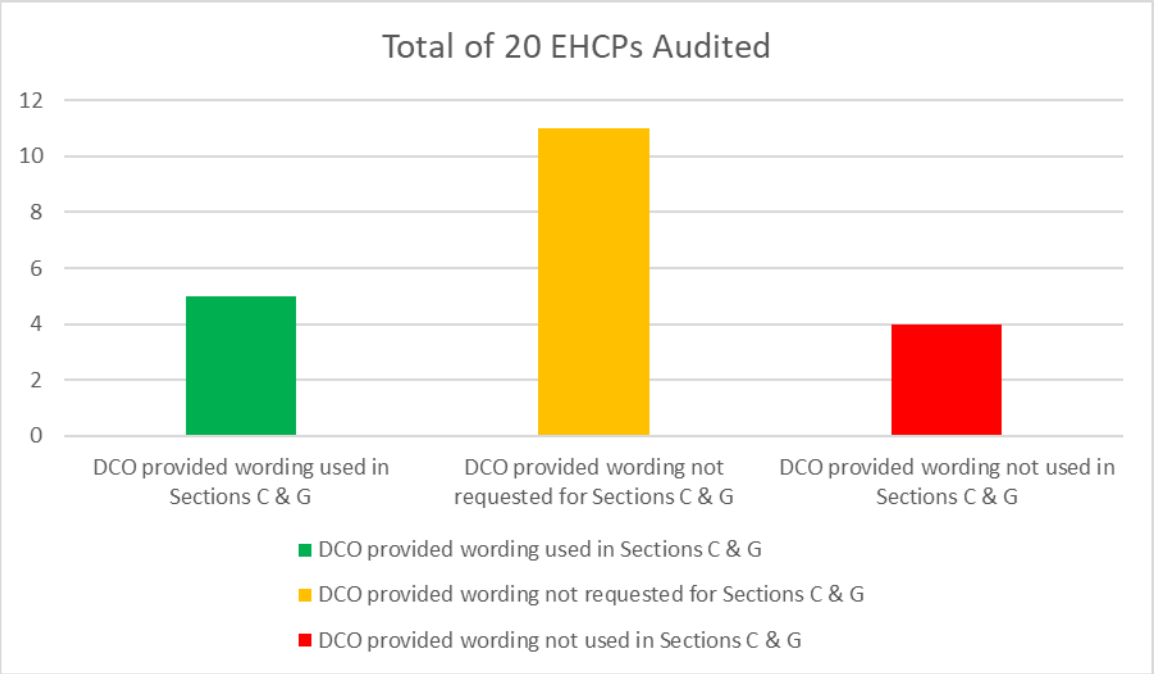
Method

The DCOs reviewed 20 EHCPs selected at random and issued between January and September 2023.

All cases were allocated an 'ID Case Reference' and wording from Sections C and G of the EHCP was lifted into a spreadsheet to enable direct comparison against the DCO wording provided.

As the expectation is that the DCO wording is applied in full and not amended or altered (without prior discussion), only plans where the exact wording had been applied from the DCO feedback were considered to be compliant.

Results



The graph above identifies that out of the 20 plans audited, the DCO wording had been used to populate the health sections of 5 EHCPs (25%). There were 11 cases (55%) where the DCOs had not been asked to provide DCO Quality Assurance, and when DCO wording had been provided, 4 of the EHCPs audited (20%) did not use the agreed wording to populate the health sections. In almost all of these cases therapy provision such as Speech and Language or Occupational Therapy had been included despite the DCOs advising that it should be included in Section F not G.

Conclusion

The audit findings suggest that the process of requesting the DCOs contribution; quality assurance and wording for the health sections of all draft plans is not yet fully embedded across the LA SEND Lead worker team.

The DCOs monthly 'Highlight Report' identifies the volume of Quality Assurance undertaken in each locality and demonstrates the significant increase in requests from BaNES. For example, in January 2023 the DCOs were asked to provide QA for 18 draft EHC Plans, and by January 2024 this had risen to 43 requests. This improving trajectory is likely to be reflective, in part, due to senior leadership changes and the appointment of a new Head of SEND and Inclusion who came into post in September 2023. Regular meetings with the DCOs have also led to more opportunities for DCO engagement and whole team training.

The audit also identified several examples of therapy provision such as Speech and Language (SaLT) and Occupational therapy (OT) being incorrectly placed in Section G, despite SEND legislation such as the Children and Families Act (2014) Section 21 (5) and SEND Code of practice (2015) stating that any health and social care provision which 'educates or trains' must be considered special educational provision and specified in Section F of an EHC Plan. This position appears to have been both historic and cultural and is being actively addressed by the DCOs during their education and training sessions and the new LA senior leadership.

This audit has been helpful to understand and recognise our current position and identify learning and opportunities to strengthen processes which will deliver improvements.

Recommendations

The DCOs will continue to work in partnership with the BaNES Head of SEND and Inclusion and new SEND service managers (when appointed) to identify training and education opportunities which would be beneficial for the SEND Lead Workers to ensure DCO QA processes are embedded and considered 'Business As Usual'.

This audit should be shared with colleagues and system partners at locality meetings and the SEND and AP Partnership Board.

A reaudit should be undertaken within the next 12 months to evidence the impact of the DCO's focused education and training sessions and the new SEND leadership structure.

Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Education Health and Care Plan (EHCP) Audit of Health Sections (Swindon locality)

October 2023

Authors

Amanda Marshall and Kerri Dodd-Rostron

Health Advisers for SEND

Background

To comply with SEND legislation, the health provision specified in Section G of an Education, Health and Care Plan (EHCP) must be agreed by the Integrated Care Board (ICB), or where relevant NHS England, in time to be included in the draft EHC plan sent to the child's parent or to the young person.

In Bath and North East Somerset (BanES), Swindon and Wiltshire (BSW) this quality assurance (QA) work is undertaken by the Integrated Care Board (ICB) Designated Clinical Officers (DCOs) who've developed a QA Framework which describes the process followed to review health advice and provide wording for all draft EHCPs.

Overview

Swindon Borough Council hold weekly multi agency panel meetings (SENRAP) where multi agency discussions and decisions are made about whether to agree to undertake EHC Needs Assessments (EHCNA) and whether to issue an EHC Plan following completion of an EHCNA.

Prior to the panel papers are shared with panel members which, for decisions to issue, include all advice and information received (in accordance with Regulation 6(1) of the SEND Regulations 2014) and a draft EHCP is also included.

The DCOs review each case where an EHCNA has been completed, triangulating the health advice received and providing written feedback to the SEND EHCP Coordinators with agreed wording to populate the health sections (C and G).

Aims & Objectives

The aim of this audit is to provide assurance to the ICB that the wording agreed by the DCOs is being applied to the health sections of all draft EHCPs.

The audit will consider current processes, identify what is working well, and where improvements could further improve assurance and strengthen adherence to legislative compliance.

Method

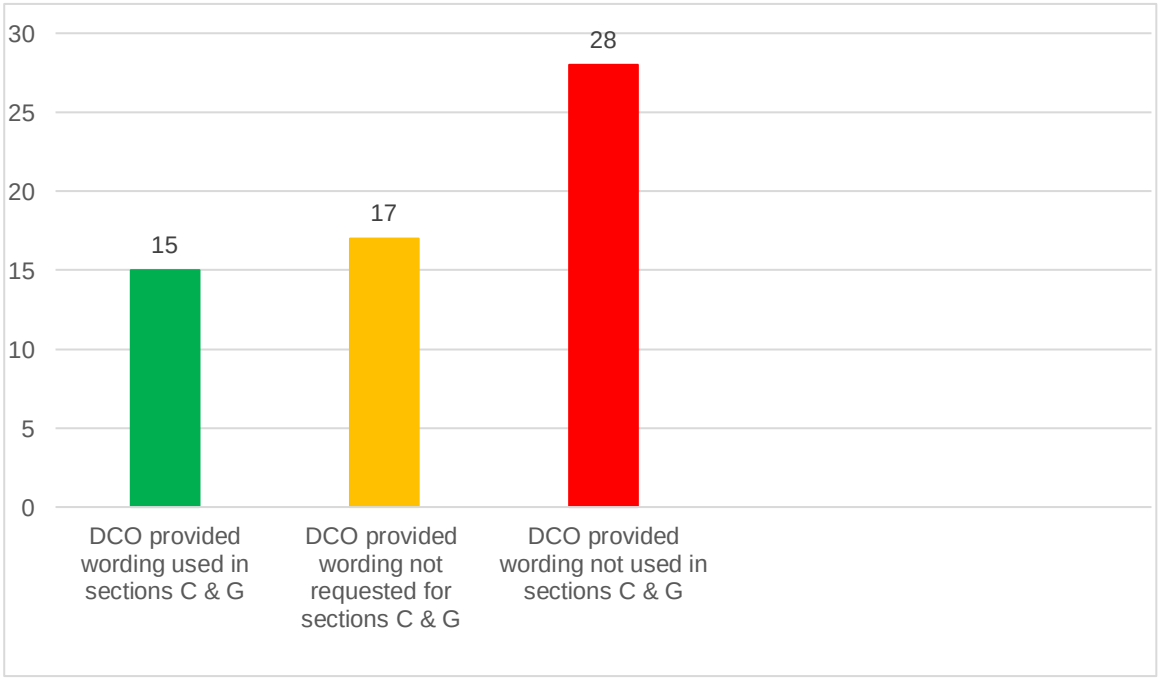
The DCOs asked the Health Advisers for SEND (HAS) to undertake the audit with administrative support provided by the Local Authority (LA) SEND delivery support officer.

60 cases were selected at random from all SENRAP panel cases logged between January and September 2023.

All cases were allocated an 'ID Case Reference' and wording from Sections C and G of the EHCP was lifted into a spreadsheet to enable direct comparison against the DCO wording provided.

As the expectation is that the DCO wording is applied in full and not amended or altered (without prior discussion), only plans where the exact wording had been applied from the DCO feedback were considered to be compliant.

Results



The graph above identifies that out of the 60 plans audited, the DCO wording had been used to populate the health sections of 15 EHCPs (25%). There were 17 cases (28%) where the DCOs had not been asked to provide DCO Quality Assurance, either because the plans had been agreed outside of SENRAP panel so papers were never circulated, or because health advice wasn't available at the time the papers were shared. In cases like these the DCOs often noted on their QA feedback that once the health advice became available, they'd be happy to review and provide wording for the health sections, however there was no evidence this happened for any of the cases audited. When DCO wording had been provided, 28 of the EHCPs audited (47%) did not use the agreed wording to populate the health sections.

Conclusion

Given the large volume of Quality Assurance undertaken by the BSW ICB DCOs (as evidenced in the DCO monthly Highlight Report) this audit has been helpful in understanding and recognising the impact this work is having in Swindon and has provided opportunities to identify learning and strengthen processes which will deliver improvements.

The audit has identified that the DCO wording provided is not being consistently applied to the health sections of all draft EHC Plans, and some focused education and training sessions are likely to be beneficial to increase knowledge and understanding within the SEND EHCP Coordinator team.

It would be helpful to understand why in some cases the EHCP Coordinator had chosen to only use certain parts of the DCO wording and not apply it in full. A possible reason for this could be that the DCO feedback template uses terminology such as “Suggested wording”, which does not imply that the wording must be used, so could be interpreted as acceptable for this to be changed or altered.

The audit also identified several examples of therapy provision such as Speech and Language (SaLT) and Occupational therapy (OT) being incorrectly placed in Section G, despite SEND legislation such as the Children and Families Act (2014) Section 21 (5) and SEND Code of practice (2015) stating that any health and social care provision which ‘educates or trains’ must be considered special educational provision and specified in Section F of an EHC Plan.

Recommendations

The DCOs should update their Quality Assurance Feedback Template and replace the term ‘suggested wording’ with something which suggests it must be used, for example ‘DCO Approved Wording’ or ‘ICB Approved wording’ which will help minimise confusion and make the purpose clear.

The DCOs should consider asking the EHCP Coordinators to complete a brief survey to ascertain current levels of understanding and satisfaction with the DCO QA feedback template used, so suggested changes can be incorporated into the updated version.

The DCOs will work in partnership with the Swindon SEND service manager to identify training and education opportunities which would be beneficial for the EHCP Coordinator team in relation to the health elements of EHCPs and the need to use the health wording provided by DCOs.

This audit should be shared with system partners at the SEND Partnership Board.

Briefing Paper

Title: Wiltshire LGA Peer Review EHCP Audit

Authors: Liz Jarvis and Sally Beckley, BSW Designated Clinical Officer's (DCOs)

Date: 28.07.2023

Background

Between Tuesday 13th and Friday 16th June 2023 a local area Local Government Association (LGA) SEND Peer review took place in Wiltshire.

As part of this review an audit of 16 Education Health and Care Plans (EHCPs) was undertaken by associate LGA peer review auditors.

System partners including the ICB Designated Clinical Officers (DCOs) received a copy of their report (see Appendix A) on Monday 12th June and the DCOs shared their initial response the following day in order to inform the EHCP peer review meeting which was scheduled for Wednesday 14th June.

Purpose

The purpose of this briefing paper is to provide a response to the auditor's observations on the health sections of the EHC Plans, noting the areas of good practice which have been identified, as well as the recommendations provided to support quality improvement. The paper also describes the additional work undertaken by the DCOs to review and scrutinise the 16 cases audited, with an aim of providing further context and reflections that can support the systems approach to quality assurance and ongoing partnership working.

LGA Peer Review Audit Feedback

The full audit report is attached in Appendix A and considers all sections of the EHCPs, however, this briefing paper will just be considering observations made in relation to Section C (Health Needs) and Section G (Health Provision).

The Auditors identified that the health sections of EHC Plans required development, and their observations are as follows:

Report Point 2.23 There were children where plans had no specialist advice from health partners as they were not known to Community Services. Although local authorities do not routinely contact primary health care providers for children when developing plans, this is a missed opportunity for some children as there are health needs that have not been referred

for specialist health provision that are impacting on their learning. For example, one child had been seen by the GP for health issues and sick notes had been provided for school where their attendance had significant impact on their learning; information from the GP in that situation would have better informed the plan.

DCO Response to Report point 2.23

The ICB notes the recommendation of the auditors and has previously recognised this as an area for improvement with the development of a new team of Health Advisers for SEND (HAS), which will provide medical advice for children and young people (CYP) who are not known to community health services or who have been discharged in the last 12 months (see HAS team process and governance briefing paper attached in Appendix B).

Regarding the case where 'sick notes' had been included as evidence in the EHCP appendices, the DCOs have reviewed all 16 cases and identified one case, where there was a GP sick certificate / fit note dated 2017 which referred to the child having chicken pox. Comprehensive medical advice had already been provided by the Community Paediatrician so obtaining advice from the GP in this case would not have been necessary.

As part of the DCOs review into the quality assurance process for this case it was noted that DCO feedback had been provided but wording had not been applied to the EHCP. There is therefore an opportunity for shared learning with our partners to ensure mechanisms are in place which support this feedback being included prior to draft plans being shared with CYP and their families.

Actions to address these observations can be found on the multi-agency Action Plan on the SharePoint system and a copy is attached in Appendix C.

Report Point 2.24 Where they were known, there was evidence of engagement by health partners with some level of detail although health professionals tend not to complete the outcomes section of the advice or consider impact of health needs. This section was completed in a cursory way in many of the plans and health information could be used more effectively within the plan. Even where the child's diagnosis and health needs were explained more fully in other sections particularly in Section A, this was not always strengthened by inclusion of the health advice.

DCO Response to Report point 2.24

The DCOs have recently met with the Community Paediatricians in Wiltshire as part of their education and training programme to discuss providing good quality health advice. As a sub-set of the Health Operational Group (HOG) the DCOs have also established a new task and finish group with health provider colleagues from HCRG and Oxford Health to review existing EHC Plan templates following a successful review and relaunch in Swindon. It's anticipated that a similar template will be agreed which includes prompts which identify the impact of the health needs on the CYPs ability to access and engage with education. This will ensure that moving forward, impact of health needs is always considered and documented on their advice.

The last sentence in point 2.24 says "*Even where the child's diagnosis and health needs were explained more fully in other sections particularly in Section A, this was not always*

strengthened by inclusion of the health advice". High quality health sections will reflect a child or YP's current health needs which will always be evidence based, concise and wherever possible avoid medical jargon. Sometimes parents choose to use Section A to include past medical history and narrative about previous health needs which have since resolved, or which don't impact on the CYPs ability to access or engage with education. This is perfectly acceptable, and whether this narrative is included in Section A or attached as an appendix will be at the discretion of the LA. However, the content of Section C and G must always be evidence based, factually accurate, up to date, and relevant, and this will often mean that historic information, maybe about events that happened in the months after birth, or conditions which have since resolved aren't included. As it's not possible to determine which EHC Plan this audit observation refers to it's difficult to interpret what further information would be needed to meet this recommendation, therefore the DCO's would welcome an opportunity to explore this example further with the auditors to ensure learning is captured.

The DCOs agree with the auditor's observations about the lack of health outcomes. Only 4 out of the 16 EHC plans had health outcomes included, and of these, 2 were taken from the Wiltshire Autism Assessment Service (WAAS) reports which identify that within 3 years the child or young person will know if they have an Autism diagnosis. This is neither health related nor a holistic child focused aspirational outcome. Another outcome for a child with no identified health needs in Section C and no health provision in Section G was that education setting staff would ensure his health needs were met. There was however a good example of health outcomes provided by the Community Paediatrician and included in Section E for one case.

This is an area for development and the DCOs are keen to work with system partners to ensure holistic, individualised outcomes are always considered and included. The DCOs intend to contribute to this by expanding their quality assurance practices to include a section on their QA feedback form which considers the health outcomes for all draft EHC plans. This work could be further strengthened with the development of a local area coproduced C&YP Outcomes framework similar to the one attached in Appendix D.

Report Point 2.25 Ensuring the appropriate involvement of health partners is an area for consideration; for example, a care experienced child had a plan with no advice from a LAC nurse or reference to that provision. There are health needs referenced in other sections of the plan that are not addressed such as sleep patterns and eating issues which are not linked to an outcome although they are impacting on the child's educational progress.

DCO Response to Report point 2.25

The DCOs agree that relevant advice and information from the Children Looked After (CLA) Nurse, and reference to the annual health checks as provision should always be included in the health sections of the plan. The DCOs have reviewed all 16 cases and found one child who recently became a CLA following child protection proceedings.

Unfortunately, it doesn't appear that the DCOs were asked to provide QA feedback for the health sections of this draft EHCP, nor is there evidence that the case was discussed at the multiagency discussion and decision panel (DaD) the DCO attends, which is a missed opportunity for health oversight.

The audit recommendations should be used by the local area to share learning which will support improvements and strengthen the agreed QA processes as detailed in the DCO QA Framework and local area SEND QA framework (Appendix G) to ensure processes are understood and embedded.

Report Point 2.26 Medical terminology was not well explained, even when there is explanation in the specialist advice. For example, there is a useful description of autism in every health contribution for a child with this diagnosis using non-medical language that could be lifted directly into the plan. This is an area for development as health partners can be asked to explain other health needs in non-medical language to include in plans.

DCO Response to Report Point 2.26

The DCOs always try and avoid medical jargon, explain medical terminology, and describe how a diagnosed medical condition will impact on the individual child or YP. However, the DCOs also recognise that there is always room for improvement and this audit has identified a couple of cases where, on reflection, the DCO advice could have been more detailed.

The audit recommends that a generic narrative provided by Community Paediatrics, which describes some generalised features of Autism should be directly lifted into health sections of the plan and suggested that health partners could be asked to provide generic wording for other medical conditions too. As DCOs we wouldn't consider this to be best practice as it doesn't demonstrate a holistic individualised approach and recognise that two children with the same diagnosis can often present very differently and have contrasting needs, so it would not be appropriate or accurate to use generic narrative to describe them in the same way.

It should also be remembered that whilst the NHS provide the diagnostic pathways for neurodevelopmental conditions such as Autism, this rarely leads to a child or YP having health needs which require ongoing health provision to be made. For these reasons it's common to see only a diagnosis specified in section C, which is usually followed by wording to confirm that no health needs have been identified.

It's helpful to note that during the LGA SEND Peer review the on-site team conducting the DCO interview confirmed their agreement with this position and praised the local area on having a whole system ambition for a 'needs' rather than diagnosis led approach.

Report Point 2.27 The involvement of CAMHS in the EHC process could be better developed and the challenges of their waiting lists is impacting on children's outcomes. The impact of these delays was evidenced for some children. For two children a recorded outcome was '*To know within the next three years whether X has autism spectrum disorder (ASD)'.* A three-year wait is certainly not within the required timeframe of the children and young people concerned and should be an area for further exploration. One child had been diagnosed as part of a waiting list initiative, which meant there is a diagnosis, but without detailed observation as to the child's functioning. There was one child who had extensive, high level support from CAMHS and their mental health worker was to some extent the lead practitioner. There was good practice in including her in the provision and planning.

DCO Response to Report Point 2.27

This feedback appears to relate to waiting times for the Neurodevelopmental (ND) Pathway which is managed by the community services provider HCRG Care Group and not CAMHS. The EHCP outcome identified in the audit has been taken from the Wiltshire Autism Assessment Service (WAAS) report, and as part of their ongoing quality assurance work the DCOs have already met with the Service Manager to consider alternative, more holistic outcomes which could be used instead.

As already described, the development of a coproduced local area CYP Outcomes framework which is written by children, young people and their families should also be considered. In other areas such as Bristol where this has already been developed and implemented, high levels of satisfaction and engagement have been reported (see Appendix D).

CAMHS services are provided in Wiltshire by Oxford Health, and the audit identified one child who was having "extensive, high-level support from CAMHS and their mental health worker was to some extent the lead practitioner, there was good practice in including her in the provision and planning".

The audit observed that "CAMHS involvement in the EHC process could be better developed and the challenges of their waiting lists is impacting on children's outcomes".
Without access to the terms of reference for this audit, it's difficult to understand why waiting list data and outcomes specifically related to CAMHS are being aligned with the neurodevelopmental pathway. It's also unclear what waiting list data was accessed to inform this observation, and the DCO's would welcome an opportunity to explore this area further with the auditors to ensure this observation is fully understood.

As part of the DCOs review it was noted that there were 2 EHCPs where CAMHS provision was specified in Section G. This included the plan which was praised in the audit for evidencing good practice. However, it was noted that the second plan did not appear to have had DCO oversight or quality assurance prior to issue.

It is advised that the recommendations from this audit point should be shared with the CAMHS provider Oxford Health for further consideration.

Discussion

The LGA Peer review team concluded their visit with a PowerPoint presentation on Friday 16th June (see Appendix E) in which they identified "High impact DCOs and DSCOs already driving positive change" and noted they'd witnessed "Examples of professional curiosity driving improvement".

The LGA Peer review EHCP Audit provided the DCOs with further opportunity to identify areas of good practice, opportunities to strengthen partnership working and areas for future development and improvement.

The DCOs were keen to understand and evaluate the impact of their quality assurance work and sought to gain assurance that their DCO feedback was being used, as intended, to populate the health sections of plans and ensure compliance with the SEND Code of Practice

(2015) which identifies that health care provision specified in Section G of the EHCP must be 'agreed' by the ICB (or where relevant, NHS England) and any health care provision should be agreed in time to be included in the draft EHC plan sent to the child's parent or to the young person.

The DCOs were provided with the same information as the LGA Peer review auditors, and after reading the papers and EHC Plans for all 16 cases they collated their observations into a table (attached in Appendix F).

DCO Observations

The DCO review identified that out of the 16 EHCPs Audited the DCOs had been asked to provide quality assurance feedback for 11, however, the health sections of 2 of these plans had not been updated to reflect the DCO advice or wording provided. This means that only 9 of the 16 EHCPs had been coproduced and agreed by the ICB. For the remaining 5 EHCPs where no DCO Quality Assurance had been requested, there was also no evidence that they'd been reviewed at the multi-agency discussion and decision (DaD) panel.

In line with the DCO QA Framework and local area SEND QA framework (Appendix G), the DCOs continue to be fully committed to quality assuring all draft EHCPs, and working alongside system partners to achieve their aspiration of ensuring 100% of draft plans are reviewed and quality assured prior to them being shared with CYP and their families.

All of the EHCPs audited had been issued in the last 6 months (2023) and ages ranged from the youngest who was 4 years old to the oldest who was 17. Wiltshire currently maintains a total of 5165 EHC Plans (data correct as of June 2023) so it's unlikely that during a SEND inspection all of the cases identified for tracking (SEND Inspection Framework Annex A) would be from the same year or that the sample group wouldn't include at least one post 18 learner given that SEND covers the 0-25 age range.

Out of the 16 EHCPs audited 3 had a Child Protection (CP) plan in place. Data presented at the SEND Board in July identify there are 33 C&YP in Wiltshire who currently have a CP plan in place, and only 10 of these have an EHCP. This means the peer review audit considered almost a third of this entire cohort which is unlikely to be representative.

Feedback and recommendations from this audit have been fully recognised and the DCOs are confident that the development of an action plan will further support system wide learning which will also consider the observations and assurance provided by the on-site LGA Peer review team who had access to a significant amount of local area information, evidence and data.

Conclusion

The BSW ICB DCOs always welcome the opportunity to reflect on feedback and evaluate established processes and ways of working. They fully support a model of collaborative multi agency working across the system that proactively review existing practice to deliver positive and meaningful changes that lead to improved outcomes and experiences for CYP and their families.

There are already well-established mechanisms in place for local area quality assurance recognising the DCOs commitment to providing feedback for all draft EHC Plans, however this audit and subsequent DCO review has identified that existing processes are likely to need strengthening as they may not be fully embedded given that only 9 out of the 16 plans had health sections which had been quality assured and contained wording agreed by the DCOs. Further focused quality improvement work with all system partners will support this.

A local area Action Plan will now be developed and monitored through the SEND Partnership Board to provide system wide assurance and drive forward the required improvements.

Appendices and useful reading

Appendix A

LGA Peer review Audit report

LGA Peer Review
EHCP Case Review Au

Appendix B

HAS team Governance and Process

BSW ICB Health
Advisers for SEND Te

Appendix C

Action Plan for Health Elements

Action Plan for health
elements of peer revi

Action Plan Template for full peer review audit

Action Plan full
template for peer revi

Appendix D

Example of a coproduced CYP Outcomes Framework (Bristol)

Bristol CYP Outcomes Framework.pdf

Appendix E

LGA Peer review feedback presentation slides

Wiltshire peer review SEND feedback Slides

Appendix F

DCO Table of cases reviewed

DCO Review of Health Elements .docx

Appendix G

Quality Assurance Frameworks

DCO QA Framework

7. BSW ICB DCO QA Framework.pptx

Wiltshire SEND Local Area QA framework

SEND QA Framework 2023_Final Draft_May2

Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Improvement Plan: Right Support, Right Place, Right Time

Overview

On 3rd March 2023 the Government published their response following feedback to the SEND and AP Green Paper. Their response is delivered in the form of an 'Improvement Plan' that outlines how the Government is going to update the current SEND system.

This is a long-term plan which is set out over 97 pages with 6 chapters, a conclusion and 3 annexes. It details the expected dates for further publications, guidance and future legislation, however, as only a handful of change is envisaged before 2025, local areas will need to continue to follow current legislation and guidance as identified in the Children and Families Act (2014) and the SEND Code of Practice (2015) until any changes are made statutory.

Purpose

The BSW ICB Designated Clinical Officers wanted to develop an easy read document which provided a meaningful and concise overview of the key points raised in the Improvement Plan which also incorporated some of their observations and reflections to aid discussion.

Review

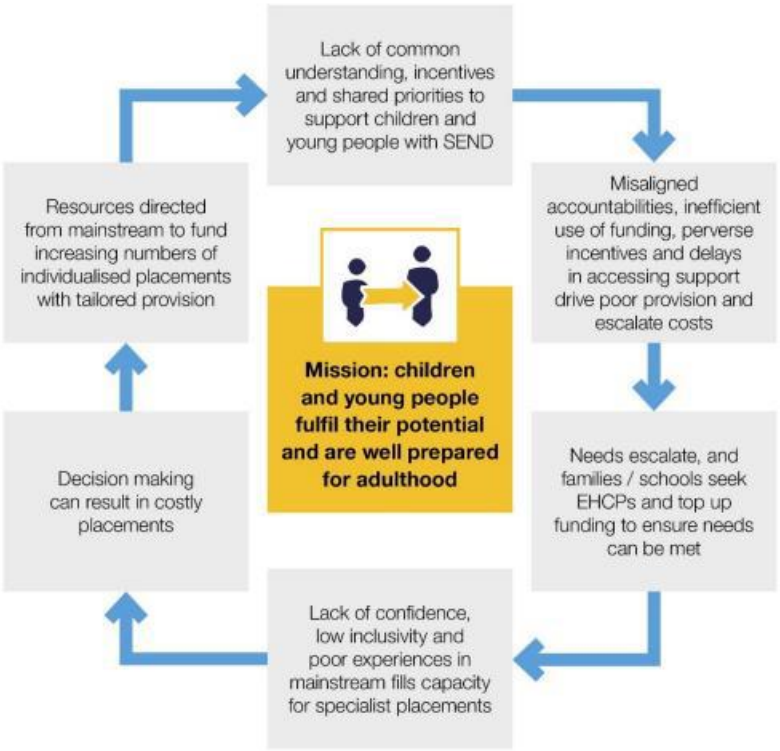
Chapter 1: Introduction

The three key challenges identified in the SEND and AP Green Paper were to:

- **Ensure each child achieves their potential** - Children and Young People (C&YP) with SEND should enjoy their childhood, consistently achieve good outcomes and be well prepared for adulthood and employment.
- **Build parents confidence and trust** - parents and carers should experience a fair, accessible system which is easy to navigate and provides them with confidence that their child will receive the right support, in the right place, at the right time.
- **Provide financial sustainability** - local leaders should utilise the additional financial investment in the high needs budget to effectively meet children and young people's needs,

which improve their outcomes and experience, whilst supporting the financial stability and sustainability of system partners.

The flow chart below identifies the vicious cycle of late intervention, low confidence and inefficient resource allocation.



The publication of the Green Paper marked the start of an extensive and accessible 16- week consultation period during which the Department for Education (DfE):

- Attended 175 events, hearing from over 4,500 people, including CYP and their families.
- Received around 6,000 responses to the online consultation questions.
- Received submissions from organisations and respondents directly through email.

You can read a full report of the feedback from the consultation here.

The Change Programme identifies a commitment of £70 million to develop nine regional expert Partnerships which will help co-produce, test and refine key reforms.
There will be three approaches to delivery:

1. **Support and stabilise** - The DfE will support and stabilise the system, ensuring local areas are working in the best possible way within the current system to ensure that the

needs of C&YP are met, without escalating costs, and to ensure local authority deficits are brought under control. This includes supporting LAs through the Delivering Better Value and the Safety Valve programmes.

2. **Delivering capacity to address supply issues** - In the short to medium term, the DfE will take action to address supply issues, ensuring there is sufficient support available for children and young people when they need it, in the most efficient way. This includes investing £2.6 billion between 2022 and 2025 to deliver new places and improve existing provision for C&YP with SEND or those who require alternative provision, reducing the need for costly independent provision.
3. **Design and test for systemic reform** - The DfE £70 million Change Programme will create up to nine 'Regional Expert Partnerships' that will test and refine longer-term systemic reforms including developing and testing National Standards, strategic partnerships and inclusion plans, the proposed alternative provision service and tailored lists. This will help guard against unintended consequences and build a strong evidence base to inform future funding and legislation.

Chapter 2: A national system underpinned by National Standards

This chapter describes the Government's vision for an inclusive education system which delivers high quality mainstream and specialist provision which places C&YP at the centre.

Development of National Standards

- Engagement across education, health and care during spring 2023 to develop National Standards. This will include working with a broad range of system partners as well as with CYP and their parents and/or carers to consider a wide range of perspectives.
- By the end of 2023 the DfE expect to be able to start testing certain elements of the National Standards with 'Regional Expert Partnerships' via The Change Programme.
- By the end of 2025, the DfE expect to be able to publish a significant amount of the National Standards, focusing on those considered to be the most deliverable within the current system.

***DCO Reflective Point**: By identifying that that a 'significant proportion' of the National Standards will be published by the end of 2025 it infers that it will be 2026 and beyond before the full library of standards are rolled out.*

In order to facilitate proactive adoption by education settings the National Standards will need to be underpinned by legislation, and ahead of this they will need to be completed and published to allow for a period of consultation, further extending the time trajectory before implementation.

National Standards will:

- Set clear and ambitious expectations for what good looks like when identifying and meeting a range of C&YP's needs.
- Provide clarity for CYP and their families on what provision is available through ordinarily available provision and for those with EHCPs.
- Clarify what high quality, evidence-based provision looks like, who is responsible for securing it and who is responsible for funding it.
- Support families, practitioners and providers understand what support every C&YP should be receiving from early years through to further education, no matter where they live or what their needs are.

DCO Reflective Point: *The DfE reference building on existing best practice and identify Portsmouth City Council's document titled 'Ordinarily Available Provision' Ordinarily-available-Provision-document.pdf (portsmouthlocaloffer.org) which sets out expectations of the support that should be made available for all CYP with SEND in early years, schools and colleges. Other local authorities such as Bristol have similar documents on their Local Offer. As DCO's we will need to consider whether a specific 'health directory of ordinarily available provision' may also be helpful.*

SEND and Alternative Provision Partnerships

- To introduce statutory local area SEND and alternative provision partnerships that bring together system partners to plan and commission support for C&YP with SEND and in alternative provision, meeting the National Standards.
- Provision partnerships will create evidence based local inclusion plans (LIP) that will set out how the needs of C&YP in the local area will be met in accordance with the National Standards and will be underpinned by a maturity matrix self-assessment tool to support local areas to evolve.
- Investment of £2.6 billion between 2022 and 2025 to fund new education places and improve existing provision for C&YP with SEND or those requiring alternative provision.
- Approval of a tranche of applications from local authorities to open new special schools in their area.
- Non-Statutory guidance will be published in the Autumn of 2023 outlining the full detail and expectations for local are SEND and AP Partnerships including clear roles and responsibilities for partners individually and the partnership collectively.
- The creation of a three-tier alternative provision system, focusing on targeted early support within mainstream school, time-limited intensive placements in an alternative provision setting, and longer term placements to support a return to mainstream or a sustainable post-16 destination.

DCO Reflective Point: *There appears to be an assumption that there is capacity available within existing resources, when in reality many specialist settings and AP don't have any additional space or the ability to create more places. It also assumes that our current AP is adequately staffed to support timely adoption, recognising that additional recruitment and training is likely to cause delays. New Special Schools are likely to take many years to be fully operational, especially if new buildings are required which means that in reality many of these will not be open and available to C&YP until 2026 and beyond. The ability to recruit and train staff will then also have an impact.*

Education, Health and Care Plans

- To **Standardise** the templates and processes around EHCPs to improve consistency and best practice, improving experiences for CYP, with guidance available from 2025.
- To **Digitise** EHCPs to reduce the administrative burden and improve experiences for parents, carers and professionals, reduce bureaucracy and improve our ability to monitor the health of the SEND system.
- To **introduce local multi-agency panels** to improve parental confidence in the EHC Needs Assessment process and promote holistic conversations between local area partners who can support and challenge each other and contribute towards robust decision making and facilitate timely access to support for C&YP with SEND.

DCO Reflective Point: *Until this is change is mandated through legislation the Government can only encourage Local Authorities to use a standardised template. Adoption will need to be carefully considered and planned to avoid a repeat of the long delays and challenges previously experienced when educational statements were transferred to EHCPs. Currently digital EHCP platforms offer the same level of inconsistency in their content and design as EHCP templates. Significant investment will be needed to support a digitised system that is accessible across all local authority services including health and social care. Training and support will also be required to ensure a smooth transition to the digitised process.*

Additional points including short breaks and Social Care

• The development of innovative approaches for short breaks for children, young people and their families with £30 million in funding being allocated to new projects over three years.

• The DfE will undertake a review of social care legislation relating to disabled children so they can improve clarity for families about the support they are legally entitled to.

• Local Authorities will improve information available to families and provide a tailored list of suitable settings informed by the local inclusion plan.

DCO Reflective Point: *This appears to be describing the 'Local Offer'.*

Chapter 3: Successful transitions and preparation for adulthood

The DfE's vision is of a SEND and alternative provision system which supports children and young people to successfully move through education and into adulthood, regardless of whether they have an EHCP, through the wide variety of routes available.

The DfE identify they will:

- Publish guidance to support effective transitions between all stages of education, and into employment and adult services.
- Conduct a pilot to consider the evidence required to access flexibilities to standard English and mathematics requirements for apprenticeships.
- Invest £18 million between 2022 and 2025 to double the capacity of the Supported Internships Programme.
- Continue to support the Department for Work and Pensions' Adjustments Passport pilot to smooth the transition into employment.
- Improve the Disabled Students Allowance process, by continuing to work with the Student Loans Company to reduce the time for support to be agreed.

DCO Reflective Point: *It's envisaged that the move towards a model of All Aged Continuing Care (AACC) will strengthen and improve transitions for children and young people with complex health needs who have been found eligible for Children's Continuing Care (CCC) and are transitioning to Adult Continuing Health Care (CHC).*

Chapter 4: A skilled workforce and excellent leadership

Any reform must build on the extensive expertise held by the multitude of professionals working across the system in education, health and care settings, specialist and AP, LAs, ICBs and beyond and focus on setting consistent standards and incentives to build a united workforce around the child or YP.

- The introduction of a new leadership level SENCo (Special Educational Needs Co-ordinator) NPQ (National Professional Qualification) for schools.
- To review the Initial Teacher Training (ITT) and Early Career Frameworks (commencing early this year). This includes developing guidance on special schools' involvement in ITT.
- Ensuring SEND expertise is held at every level. To support excellent SEND leadership the government have begun development of a new MAT CEO development offer, introduced a new NPQ for Early Years Leadership and revised the NPQ for Headship to ensure they are able to support all pupils including those with SEND.
- To fund up to 5,000 early years staff to gain an accredited Level 3 early years SENCo qualification to support the early years sector, with training running until August 2024.

- To increase the capacity of specialists, including by investing a further £21 million to train two more cohorts of Educational Psychologists in the academic years 2024 and 2025; and, in partnership with NHS England, as part of our £70 million Change Programme, pioneering innovative practice through running Early Language and Support for Every Child (ELSEC) pathfinder to improve access to speech and language therapy for those who need it.
- To publish the first three practice guides for frontline professionals, building on existing best practice, including the Nuffield Early Language Intervention, the work of the Autism Education Trust, and the government's guidance on promoting C&YP's mental health and wellbeing.
- To consult on the SEND Code of Practice to include new guidance on delivering a responsive and supportive SEND casework service to families.
- To develop a longer-term approach for teaching assistants to ensure their impact is consistent across the system, starting with a research project to develop our evidence based on current school approaches, demand and best practice.
- Strongly encourage the adoption of the Designated Social Care Officer (DSCO) role in each local area.
- Improving mainstream provision through high quality teaching and SEND training so all pupils have access to high quality inclusive teaching and every teacher is able to adapt their practice to meet the needs of their classroom.

DCO Reflective Point: *The first three practice guides referred to for frontline Professionals are expected to be published by the end of 2025.*
The planned replacement of the NASENCO qualification with a mandatory leadership level SENCO NPQ for SENCOs who do not currently hold the NASENCO Award (this includes all those who became a SENCO prior to 2009 and were exempt) has no time-line for implementation, and in the mean time SENCOs must continue to complete the NASENCO Award within three years of commencing their role.

Providing specialist support at the point of need

- A commitment to improve the supply, training and deployment of key workforces to make the best use of Professional expertise at whatever age or stage is needed and prevent C&YP's needs from escalating.
- National standards will clarify who is responsible for delivering provision and from which budgets.
- Special schools and AP play a key role in providing outreach support to mainstream schools.
- A commitment that the Department of Health and Social Care and the DfE will work alongside NHS England and Health Education England to commission analysis to better understand

demand for support for C&YP with SEND from health services so there is a clear focus on SEND in health workforce planning.

- Build on existing initiatives to increase the supply of speech and language therapists and occupational therapists within the NHS.
- Investment to improve early identification and access to Autism diagnostic pathways.
- Further expansion of the Mental Health Support Teams (MHSTs) in schools and colleges.
- Funds will be provided to state schools and colleges so they can train a senior mental health lead by 2025 and have access to an online resource hub.

Social Care

- Aligning SEND reforms with those set out in the Children's Social Care Implementation Strategy.
- Development of national frontline practice guides for professionals specifically working with disabled children to improve communication and support to families.
- Proposing amendment to the SEND Code of Practice to incorporate the Designated Social Care Officer (DSCO) role.

***DCO Reflective Point**: This direction of travel supports the assertion that services and supportive interventions should be 'needs' rather than 'diagnosis' led, however it remains unclear whether the improvement plan and associated standards will provide a sufficiently robust platform from which to develop and deliver the significant culture change required for this to be successful.*

Chapter 5: Strengthened accountabilities and clear routes of redress

The DfE's vision is for a SEND and AP system where decisions are made collectively and consistently by partnerships and informed by robust data and evidence. This will be underpinned by strengthened accountabilities for all those responsible for local delivery.

The DfE identify they will:

- Publish a local and national inclusion dashboard showing metrics based on the local area rather than school-level from autumn 2023 to support the development of local inclusion plans, giving parents improved transparency of local performance, informing decision making and driving self-improvement across the system with ongoing updates and iterations in response to user feedback.
- Deliver updated Ofsted and Care Quality Commission (CQC) Area SEND inspections from 2023 with a greater focus on the outcomes and experience of children and young people with SEND and in alternative provision.

DCO Reflective Point: The new SEND Inspection Framework has been operational since January 2023, and more information can be found in the BSW ICB DCO briefing paper attached at the end of this overview.

- Strengthen accountabilities across all parts of the system. A ladder of intervention for local areas will be created in 2023, greater powers for the Secretary of State for Health through the Health and Care Act 2022, and robust action will be taken where statutory duties for children and young people with SEND and AP provision are not met.
- Require every Integrated Care Board (ICB) to have a named Executive Board member lead accountable for SEND.
- Facilitate a more joined-up response between the Department for Education and NHS England to improve outcomes and experiences for children and young people with SEND, including social, emotional and mental health issues, and tackle systemic failings leading to significant concerns.
- Strengthen the redress for individual disagreements by clarifying who is responsible for resolving complaints and undertaking further testing of effective mediation approaches.
- Set up an expert group to support the development of a bespoke national AP performance framework.

***DCO Reflective Point**: The Improvement Plan does not appear to address SEND Tribunals in the depth required to start tackling some of the significant local and national variation and inconsistency widely experienced. Until a mechanism is agreed which enables the ICB Regulation 6 responses (to Tribunal orders) to be shared with the Judge and Lay Members of the hearing, learning cannot be fully embraced and a change in practice is unlikely to occur. The impact of the current system is undoubtedly an increased workload for the DCOs and increased confusion and frustration for CYP and their families.*

The DfE will work with health colleagues to strengthen lines of accountability through health structures by:

- Issuing statutory guidance to ensure every ICB will have an Executive Board Lead for Children and Young People with SEND and Safeguarding, responsible for supporting the ICB Chief Executive in meeting the legal requirements of relevant legislation.
- Continuing to review and bring together the existing functions of Designated Clinical Officers and Designated Medical Officers. This will provide greater consistency in the offer this role brings to the local SEND partnership in relation to the health needs of C&YP with SEND.
- Consider whether Designated Health Officer (DHO) is the most appropriate title.

- Facilitating a more joined up response between DfE and NHS regional and national teams to improve outcomes and experiences for C&YP with SEND and tackle systemic failings leading to significant concerns.

***DCO Reflective Point**: Across BaNES Swindon and Wiltshire the ICB Chief Nurse is the Executive Lead for SEND, supported by the Deputy Director of Nursing and Quality and 2.0 WTE Designated Clinical Officers. There is also a Senior C&YP's Commissioner and programme manager in each Alliance locality.*

The BSW ICB DCOs are currently actively involved with the NHS England National team and Council for Disabled Children working groups to develop and inform emerging ICB SEND structures, create job descriptions and devise QA Audit tools which will further support this area of improvement.

Chapter 6: A financially sustainable system delivering improved outcomes

These reforms will be a significant change to the high needs system and will require reforms to funding arrangements to support their delivery.

The DfE identify they will:

- Increase core school funding by £3.5 billion in 2023-24 compared to the year before, of which almost £1 billion of that increase will go towards high needs. This means high needs funding will be £10.1 billion in 2023-24.
- Develop a system of funding bands and tariffs so that consistent National Standard are backed by more consistent funding across the country.

***DCO Reflective Point:** The majority of LA high needs budgets are already in deficit from increasing demand and rising costs. There is therefore a concern that this additional funding will only help to bridge the existing deficit and not be able to provide additional funding to support the implementation of the proposed changes. A consistent, national SEND and AP funding structure will support consistency and reduce unwarranted national and local area variation, which is likely to result in some settings having to review their current models of support delivery.*

- Publish a response to the consultation on the schools National Funding Formula in 2023 which includes proposals on funding for SEND, including the notional SEND budget, and a mechanism for transferring funding to high needs budgets.
- Develop new approaches to funding AP aligned to their focus on preventative work with, and reintegration of pupils into, mainstream schools.
- Re-examine the state's relationship with independent special schools to ensure we set comparable expectations for all state-funded specialist providers.

Useful Information / further reading

SEND and AP Improvement Plan

SEND and AP Improvement Plan Ma

BSW ICB DCO SEND Inspection Framework Briefing Paper

BSW SEND Inspection Framework Briefing Ja

If you have any question or you'd like to discuss any of the issues raised in this paper further the BSW ICB Designated Clinical Officers can be contacted at bswicb.send@nhs.net

Special Educational Needs & Disability (SEND) Inspection Framework January 2023

Contents:

1. Overview

The **new** framework for inspection of the effectiveness of the local area partnership's arrangements for children and young people (C&YP) with Special Education Needs and Disabilities (SEND) became operational in January 2023. This inspection of the Education, Health, and Care arrangements for children & young people (C&YP) with SEND is carried out jointly by Ofsted and the Care Quality Commission. This is a three-week inspection which looks at how well we are operating as a partnership to improve experiences and outcomes of C&YP with SEND (aged 0-25). Inspectors will do this in a number of ways including asking C&YP with SEND, their parents/carers, and practitioners for feedback (surveys and in person) and evaluating case records for individual children, in many instances alongside practitioners.

Area SEND: framework and handbook - GOV.UK (www.gov.uk)

The key considerations for the inspectors will be:

- How well members of partnership work together to improve experiences and outcomes of C&YP with SEND
- How well the partnership jointly plan, evaluate and develop services
- To evaluate arrangements for all C&YP with SEND (aged 0-25) those with EHC Plans and those receiving support for SEND who live in the local area

As part of an integrated thematic review, the initial inspection **will now also consider** whether the Local Authority's approach to commissioning and oversight of alternative provision (AP) is meeting legal requirements (Section 19 of Education Act 1996).

2. Judgements

The framework provides a clear list of the evaluation criteria inspectors will use to reach a judgement of local area performance. The 3 possible resulting judgements are:

- Arrangements typically lead to positive experiences and outcomes for C&YP with SEND. The local area partnership is taking action where improvements are needed.
- Arrangements lead to inconsistent experiences and outcomes for C&YP with SEND. The local area partnership must work jointly to make improvements
- There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of C&YP with SEND, which the local area partnership must address urgently.

3. Scope

The scope of the inspection covers C&YP who live in the local authority area, including those educated out of area. However, it does not cover those who live in other areas but attend an education setting within the local authority's boundaries.

After an inspection, a report of inspectors' findings will be published and the local area partnership will be required to update and publish strategic plans, and where necessary, a priority action plan.

4. Key Components

This is a three-week inspection, with the notification phone call expected on a Monday morning. Inspector activities in the first two weeks are carried out remotely and then will be on-site for the third week. The key components of the inspection activity are:

- Evaluation of the local area's self-assessment and other requested management information
- Ofsted defined surveys to gather feedback
- Detailed evaluation of six C&YP with SEND as "tracked cases"
- Case sampling
- Sampling visits to providers and services
- Meetings with C&YP with SEND
- Meetings with parents and carers of C&YP with SEND
- Outlined below is more information about each of these elements and the action that will be required during an inspection. There will also be meetings with leaders and practitioners during weeks two and three which will be requested by inspectors as part of agreeing the timetable.

Management information

Annex A of the inspection framework outlines a detailed list of the full set of management information that is required to be provided to inspectors. There is an initial set of documents, including a self-evaluation that need to be uploaded by 11am on the Tuesday following notification with the remainder of the documents required by 5pm on the Friday of that first week.

5. Surveys

Ofsted will provide links to three different surveys to gather feedback from:

- C&YP with SEND
- Parents and carers of C&YP with SEND
- Practitioners across the local partnership working with C&YP with SEND

These are accessible, with easy read versions, audio recordings of questions and introductory videos available for each. The surveys will be live for six days from the date of notification.

6. Tracked Cases

The LA is required to provide child-level data to inspectors, outlining details of all C&YP with an EHCP or SEN support. From this list they will choose approximately six cases to "track" across the system. The case numbers for tracked cases will be confirmed at the end of the Tuesday after notification. Required documents (see below) for each tracked case must be provided to inspectors by the end of the Friday of Week 1.

Inspectors will usually include at least one C&YP who is studying in alternative provision and at least two C&YP who are receiving SEN support. They will also try to include at least one C&YP with needs from each of four categories of need: communication and interaction; cognition and learning; social, emotional and mental health; sensory and/or physical needs.

The local partnership will need to quickly work closely together to:

- Collate the case-related documents for each child (see below)
- Arrange for a practitioner who knows the child and parent/carer to request their agreement to be involved in a meeting with inspectors "tracking meeting". These meetings could happen remotely in week 2 or onsite in week 3.
- Arrange a "multi-disciplinary tracking meeting" for inspectors to meet with the practitioners working with the child. These meetings could happen remotely in week 2 or onsite in week 3.

The documents required by 5pm on Friday of Week 1 for each tracked case are:

- Multi-agency audit of the child's programme and support, including an evaluation of the impact of plans and support, and learning for the providers and services involved
- Chronology of significant events in the 2 years before the inspection
- Pen portrait of the child including information about their needs, aspirations and support
- The most recent assessments, including an early help assessment if applicable
- The most recent plans including an EHC plan, personal education plan or care plan where relevant
- Notes of any key multi-agency discussions or equivalent
- The current commissioning agreements when the child or young person is in alternative provision

7. Case sampling

Inspectors will evaluate the decision-making processes and oversight, including those related to legal duties, for specific groups of C&YP with SEND, by sampling cases from these groups with officers from the local area partnership. Inspectors will ask to discuss a selection of C&YP's experiences with one or two officers who are directly involved in the decision-making and oversight of their support. Inspectors will choose which C&YP they want to discuss.

Topics that may be a subject for focused sampling include the decision-making and oversight of the quality of EHC plans, fair access protocols, and use of the dynamic support register. Inspectors may also use focused sampling to review the local area partnership's oversight for particular cohorts of C&YP with SEND, for example those who have high rates of absence from school, are educated somewhere other than at school, are known to youth justice, are not on a school roll or are home educated. This activity will happen in week three.

Sampling visits to providers and services

Inspectors will visit a number of providers and services across education, health and care to review the experiences of a wider group of C&YP. These visits are not to directly inspect the quality of provision, as these providers are subject to other inspection arrangements. These sampling visits enable inspectors to review the impact of the local area partnership's arrangements on a larger group of C&YP with SEND. Inspectors will evaluate C&YP's experiences and outcomes by reviewing documents and talking to practitioners.

Inspectors will select providers and services they visit and will ask for information about individual children and young people's experiences. These may include C&YP who have a specific need, who are receiving a specific service and/or who are at a

particular point in their care or education. Inspectors will choose the C&YP. They may do this before the visit, using the information provided by the local area partnership. Alternatively, they will ask practitioners to show them records based on certain criteria established from the lines of enquiry and will choose the children that way.

Inspectors will look at any documents relating to the C&YP and will discuss their experiences and outcomes with the practitioners in that provision or service. Inspectors may also look at case supervision notes. Where case records are held wholly or partly electronically, the provider should arrange for the inspectors to have secure access to the electronic system.

Inspectors sampling in social care will consider the identification, assessment, intervention and transition stages of social care support. This may include visits to services such as the disabled children's team, early intervention support and adult social care teams.

This activity will happen in week three.

8. Meetings with children and young people with SEND

Inspectors will want to meet with a group of C&YP with SEND early in the inspection to discuss and understand:

- their experiences and outcomes
- how the local area engages with them and the impact this engagement has
- their views on effective practice and how the local area can improve its arrangements for C&YP with SEND.

They may also meet with additional C&YP to discuss relevant lines of enquiry, discuss their individual experiences or seek their views on a specific aspect of the local area's arrangements.

9. Meetings with parents and carers of children and young people with SEND

Inspectors will meet remotely with representatives from the Parent Carer Forum and/or other representative groups of parents and carers at the start of the inspection to:

- identify any common themes that contribute to developing lines of enquiry for the inspection
- discuss their views on effective practice and how the local area partnership could improve its arrangements for C&YP with SEND

Inspectors will also meet with parents and carers during the inspection to:

- understand the impact on their child of the local area's SEND arrangements
- understand the impact on the wider family
- identify effective practice and how arrangements could be improved
- gain more information about specific lines of enquiry

If you would like any additional information, please contact the BSW Designated Clinical Officers at bswicb.send@nhs.net