


<b>MEETING DATE:</b>	8 October 2015	 <b>North Lincolnshire Clinical Commissioning Group</b>  <b>REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY</b>
<b>AGENDA ITEM NUMBER:</b>	Item 7.10	
<b>AUTHOR:</b>	Tara Harness	
<b>JOB TITLE:</b> <b>DEPARTMENT:</b>	NHS Continuing Healthcare – Children’s Lead/Interim Designated Clinical Officer - SEND	

## ANNUAL REPORT FOR SPECIAL EDUCATION NEEDS AND DISABILITY (SEND)

<b>PURPOSE/ACTION REQUIRED:</b>	To Receive & Note
<b>CONSULTATION AND/OR INVOLVEMENT PROCESS:</b>	Integrated Commissioning Group Vulnerable Peoples Group
<b>FREEDOM OF INFORMATION:</b>	<i>Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)</i>  <b>Public</b>

### 1. PURPOSE OF THE REPORT:

#### Implementing the new 0-25 Special Education Needs and Disability (SEND) system

This is the inaugural annual report of the SEND Designated Clinical Officer for North Lincolnshire CCG, September 2014- April 2015

#### Foreword

- The need for a continuing focus on and the highest expectations for disabled children and young people and those with special educational needs is an issue for all of us.
- North Lincolnshire CCG has high aspirations and a determination to assist children and young people with SEND to be as independent as possible, to improve their outcomes and to celebrate their achievements
- The previous system of SEN support was complicated, picked up issues too late, and had too much duplication, and was not focused on outcomes. Sometimes young people and their parents found there was a “cliff edge” of support between children and adults services
- Parents often found it difficult to navigate the system that was intended to help them, sometimes found it adversarial, and complained that they had to tell their stories time and time again
- The new SEND programme offers unparalleled opportunities to “Get it right”

### 2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

<b>Continue to improve the quality of services</b>	
<b>Reduce unwarranted variations in services</b>	
<b>Deliver the best outcomes for every patient</b>	<b>x</b>
<b>Improve patient experience</b>	<b>x</b>
<b>Reduce the inequalities gap in North Lincolnshire</b>	

**3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP**

**4. IMPACT ON RISK ASSURANCE FRAMEWORK:**

Yes		No	x
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**5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:**

Yes		No	x
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**6. LEGAL IMPLICATIONS:**

Yes	x	No	
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**7. RESOURCE IMPLICATIONS:**

Yes	x	No	
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**8. EQUALITY IMPACT ASSESSMENT:**

Yes		No	x
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**9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:**

Yes		No	
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**10. RECOMMENDATIONS:**

The CCG Governing Body is asked to: -

- Receive and note the Annual Report for Special Education Needs and Disability (SEND).

# Annual Report for special education Needs and Disability (SEND)

**North Lincolnshire CCG SEND Annual report**

**September 1- 2014-March 31- 2015**

**Prepared by the North Lincolnshire CCG Designated Clinical Officer  
V1 2015**

**Author: Tara Harness**

**Date: May 2015 Draft V2**



# **North Lincolnshire CCG SEND Annual report September 1 2014-March 31 2015 Prepared by the North Lincolnshire CCG Designated Clinical Officer V1 2015**

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### **Introduction**

The Children and Families Act received Royal Assent on 13 March 2014 and implementation nationally commenced September 2014. The Act has made significant changes to the statutory responsibilities for Special Education Needs and Disability to improve the outcomes for children and young people with Special Education Needs and Disability from 0-25. North Lincolnshire Local Authority lead the implementation of the reforms for North Lincolnshire children and young people. The Mandate to the NHS also highlights the importance of SEND North Lincolnshire Clinical Commissioning Group (NL CCG) works closely with North Lincolnshire Local Authority (NL LA) to implement this new system in the North Lincolnshire area. The Special Educational Needs and Disability (SEND) Code of Practice recommends CCGs identify a Designated Clinical Officer (DCO) to coordinate and support the implementation of the system.

The DCO role is non- statutory but their input into the statutory SEND process is essential and the appointment of a DCO for North Lincolnshire CCG has been invaluable in assisting in the implementation of the North Lincolnshire SEND programme. The clinical and managerial balance of the role has been difficult to separate, so careful consideration has been required to manage both elements. An evaluation of the role was undertaken in July 2015. Evaluation has not just focussed on achievement of targets but has also considered the effectiveness of the service development and leadership component of the role.

### **Implementation**

As well as new legal duties of the Act, the changes offer an opportunity to think widely about SEND in the context of local reform to child and adult services in North Lincolnshire, for

example early intervention and a life course approach. Locally we have agreed shared outcomes, using a joint analysis of intelligence and data about North Lincolnshire drawing, for example, on registers of disabled children, including children with impaired hearing and sight.

A core offer of support was made available to all local authorities to help prepare for implementation of the SEND reforms with their health partners. This was accessed through the regional pathfinder champions who have experience of implementation. Funding support for implementation has been allocated to local authorities. North Lincolnshire local authority received funding through an SEND Reform Grant. Additional funding has also been made available to support parent involvement in implementing the reforms, and to support families with the new assessment and planning processes. This reinforces the existing duties on Local Authorities and health commissioners to promote the integration of services and the opportunity to pool budgets if this would enhance wellbeing.

NHS England, the Departments for Education and Health, the Council for Disabled Children and In Control provided a range of support to help CCGs, clinicians and providers to better understand and prepare for the reforms, including offering specific guidance for clinicians and health commissioners on how to deliver key elements of the reforms for example the role and function of the Designated Clinical Officer (DCO). The DCO has scoped and defined the role of the North Lincolnshire CCG in the delivery of the services to children and young people with SEN and Disabilities and implement

### **North Lincolnshire CCG Implementation**

The role of North Lincolnshire DCO required some detailed work to help develop the role in order to implement the statutory changes. The links between the SEND reforms and Continuing Health Care were very obvious so the role is a dual role incorporating the Children's continuing care function.

The role of the DCO is to:

- act as a point of contact for local authorities, schools and colleges when notifying parents and local authorities about children and young people they believe have, or may have, SEN or a disability, and when seeking advice on SEN or disabilities;
- act as point of contact for local authorities, schools and colleges seeking health advice; support schools with their duties to pupils with medical conditions ensure that assessments, planning and health support is carried out within CCGs.

The DCO does not carry out the assessments themselves but ensure they are done. The DCO should have appropriate expertise and links with other professionals to enable them to exercise it in relation to children and young adults with EHC plans from the age of 0 to 25 in a wide range of educational institutions.

North Lincolnshire CCG appointed Tara Harness a registered Specialist Practitioner Community Children's Nursing, RN (Child/Adult) as the interim Designated Clinical Officer (DCO) 0.2 WTE in December 2014 until November 2015 to support with the preparation and planning for transition to the new system. The post holder substantive post is NL CCG CYP Continuing Care assessor 0.6 WTE this was reduced to 0.6 WTE to accommodate the DCO role. The role of the DCO has been crucial in helping to facilitate the collaborative approach required to implement the SEND reforms locally. The two roles complement each other as there are a number of interdependencies.

NL Local authority and NL CCG have developed procedures and agreed a plan of action to secure provision in line with commissioning statutory responsibilities to meet a child or young person's reasonable health need. The output of the joint commissioning work has been

presented publicly as part of the local offer, which capture the range of health services available relevant to children and young people with a disability

There is a specific duty for health practitioners to bring children who may have SEN or disability to the attention of the local authority so they can consider whether an assessment is necessary, working with parents.

Health services for children and young people with SEN or disabilities include those provided by paediatricians, psychiatrists, nurses and allied health professionals such as occupational therapists, speech and language therapists, physiotherapists and psychologists.

NL health practitioners and clinicians are contributing to the co-ordinated Education Health and Care Assessment .The DCO ensures that services are co-ordinated to ensure the right professionals participate in assessments and they provide oversight of the plan process. The NL CCG High Cost Panel signs-off significant provision.

A lot of time and effort has been required to ensure the EHCP contains all the relevant information. This includes the early help assessments, the criteria for children's continuing care packages and NHS Continuing Care. New arrangements for children and young people with SEND and disability are not intended to replace good practice in agreeing continuing care; where a child has SEN or a disability, their continuing health care should form part of their EHC plan. The joint arrangements for securing services for those with SEN, form a good basis for making decisions on those with continuing health needs. A revised National Framework for Children's and Young People's Continuing Care 2014 captures how it features in new joint arrangements for SEND.

Partners have also included the wider duties to make reasonable adjustments under the 2010 Equality Act

The following are in place and progressing well.

- Health Action Plan a plan which sets-out the plan for 2015-16
- Special Educational Needs and Disability Advisory panel a forum for all health EHC Plan requests and assessments to be discussed/shared. This panel includes representation from .educational psychologists, ASET, CAMHS, Social care disability services, health and EHCP coordinators.sessment Process – in place with information contained in the Local Offer.

Key deliverables include:

- developing a clear implementation plan
- developing and contributing to a number of new forms, processes and pathways
- identifying and engaged with key stakeholders in the SEN and Disability system
- supporting workforce development and awareness of the SEN and Disability reforms
- acting as a point of contact for enquires relating to the Education Health and Care (EHC) Plan process
- playing a significant role in agreeing the health content of Education Health and Care Plans
- co-ordinating information between key stakeholders
- contributing to the strategic integrated commissioning of SEN and Disability services for children and young people 0-25, including personal budgets.
- providing of timely, robust and objective specialist advice either through verbal or written communication.
- providing of specialist relevant advice and input in order to support appropriate judgements to be made.

- maintaining a high standard of impartiality, integrity and objectivity in relation to advice and activities that are undertaken on NL CCGs behalf.
- operating in an open and transparent manner in all business activities and in the provision of advice undertaken on NL CCGs behalf.
- ensuring work is carried out within the scope of that required and relevant to NL CCG policies/guidance
- maintaining confidentiality of information that is accessed in the course of work undertaken for NL CCG.

Notable achievements include:

- 100% attendance by health at the SENDAP meetings
- good feedback on the content of Health summaries provided by the DCO
- improving the timeliness of reports from health
- increasing the awareness of the SEND process across the local health community

### **The NHS Commissioning Arrangements**

The NHS Mandate sets out the objectives for the NHS and highlights the areas of health and care where the Government expects to see improvements. The Mandate says that: “one area where there is a particular need for improvement, working in partnership across different services, is in supporting children and young people with special educational needs or disabilities. NHS England’s objective is to ensure that they have access to the services identified in their agreed care plan, and that parents of children who could benefit have the option of a personal budget based on a single (coordinated) assessment across health, social care and education.”

The NL Joint Commissioning Arrangements between the LA and the CCG are being revised. The CCG have a duty under Section 3 of the NHS Act 2006 to arrange health care provision for the people for whom they are responsible to meet their reasonable health needs. In addition Section 42 of the Children and Families Act 2014 creates a legal duty on the CCG to ensure that health care provision specified in the EHC plan is made available to the child or young person. The joint arrangements underpinning the plan will include agreement between the partners about their respective responsibilities for funding the arrangements, to ensure that the services specified are commissioned

The arrangements with NHS England for disabled children and young people and those with SEN who require specialist services commissioned directly by NHS England at a regional or national level need to be better understood.

#### Commissioning and partnership work.

Examples of partnership work to inform commissioning requirements:

- Kaleidoscope Project – support to families of disabled children and young people.
- Nurse Educator role – supporting medical / health needs planning / contribution to EHC Plans.
- Complex Care Market Place and Position Statement.
- Sensory Differences Framework development (including Occupational Therapy input).
- Emotional Health and Well-Being Working Group.
- LD Clinical Psychology discussions.

- Speech and Language Therapy

### **Transitional Period**

There is a four year 'transitional' period up to 2018 for the SEND reforms to be fully implemented and developed. Certain aspects were required to be in place immediately from the 1<sup>st</sup> September 2014 such as the statutory assessment process and systems for *new* EHC Plan assessment requests. Other aspects are being progressed during the four year period for example the 'conversion' of existing Statements of SEN to EHC Plans (14 week timeframe for completion). The statutory process for new requests has been in place since the 1st September 2014 and assessments are in progress (20 week timeframe for completion). This presents certain challenges for all partners including health in ensuring that assessments and reports are timely whilst also maintaining the quality of EHC Plans. The Department for Education (DfE) is undertaking 'progress checks' in all LA areas to ensure statutory compliance, quality EHC Plans and improved outcomes for SEND children and young people. North Lincolnshire's progress check' is due in June 2015. Feedback to date has been encouraging and positive.

### **Governance**

There is a robust governance and accountability structure to ensure that SEND reform progresses appropriately in North Lincolnshire it includes all stakeholders, including education, health and care representation as well as North Lincolnshire's parent / carer forum. Children and young people have also been involved as the SEND reforms have progressed. NL CCG have contributed to the *Special Educational Needs and Disability (SEND) Inclusion Plan 'All Our Children' 2014-17* which articulates the plan for the SEND reforms in North Lincolnshire.

### **SEND Local Offer website publication.**

A key requirement was that this website was live from 1<sup>st</sup> September 2014. North Lincolnshire met this requirement and the site includes a range of information across education, health and care with links to education providers, activities such as short breaks and also information about the statutory EHC Plan process. Families and professionals have been involved in developing the website. Work is in progress to develop the range of information / content further and also the way in which information can be accessed (e.g. through the development of an APP). The *North Lincs SEND Local Offer* can be found easily through a website search. The Local Offer is framed in the context of the North Lincolnshire Single Organisational Model of universal, targeted and specialist services and provision. There is also key emphasis upon the graduated approach to meeting identified need including the use of Early Help. The SEND Team are working closely with partners to ensure that needs are identified appropriately and that reports contributing to EHC Plan assessment and production are person-centred, strengths-based and outcome focussed, including preparation for adult life.

### **Personal budgets**

Systems are in place as part of the statutory assessment process to ensure that discussions and decisions take place. Guidance forms part of the Local Offer. Take-up nationally has been low and it is likely that the DfE (SEND) will be issuing further guidance as the reforms progress, particularly in the context of combined budgets across education, health and care. This area of work requires significant further development.

### **Statutory Assessment and EHC Plan development.**

A key element of the DCO work has been addressing the implementation of the EHC Plan. Training of health staff and new processes have been required. Statements of Special Educational needs have been replaced by Education, Health and Care (EHC) Plans. EHC



plans will also replace Learning Difficulty Assessments (LDA). Local Authorities have been given until April 2018 to complete the transfer of all existing statements to EHC plans. LDAs for young people who are in further education and training must be converted to EHC plans by September 2016. Where possible children should be transferred to the new system at a point in their education at which a significant review of the statement would ordinarily take place

. See appendix 1 for detailed information

**EHC Plan and conversion statistics:**

**EHC Plan Conversions**

<b>NCY</b>	<b>No. STATEMENTS FOR TRANSFER</b>	<b>REPORTS RECEIVED</b>	<b>DRAFT EHCP ISSUED</b>	<b>FINAL EHCP ISSUED</b>	<b>WITHIN 14 WEEKS</b>	<b>NO PLAN</b>
<b>9</b>	95	46	1	15	11	3
<b>11</b>	97	88	15	17	11	0
<b>Other</b>	7	1	0	1	1	0
<b>TOTAL</b>	199	135	16	33	23	3

3.6 New EHC Plan Assessment requests are increasing. North Lincolnshire is working within 14 week timeframe. This timeframe is being reviewed by the DfE. All partners are contributing to the conversion process although the timeliness of some health reports being received requires further improvement. The 2015/16 schedule will include approximately 400 conversions which presents a significant challenge. There will be an increase in capacity to ensure that the SEND Team are able to progress this work. For this current academic year North Lincolnshire is on target.

**Statutory Protections- Appeals to First Tier Tribunal.**

There have been no appeals to tribunal.

**Local Support Services:**

These include:

- Independent Parental Supporters (Action for Children).
- Independent Parental Supporters (Special Educational Needs and Disability Information and Advice Support Service – SENDIASS).
- Mediation Services.
- Education Health and Care Plan Co-ordinators.
- Nurse Educator role (medical / health needs).

### **Consultation 'Nothing for us without us' and co-production opportunities**

All partners have participated in consultation events with families in relation to the SEND Reforms (e.g. Baths Hall SEND Conference in July 2014, various workshops throughout North Lincolnshire and the recent parent / carer forum conference in February 2015). There have also been opportunities for co-production of information materials for the Local Offer (e.g. Independent Parental Supporter information / EHC Plan template / mediation and advocacy information for families).

### **Transition and Preparing For Adulthood**

Parental and young person feedback has strongly highlighted 'transition' post18/19 as an area for further development nationally and locally. Alongside this, legislative changes such as the Children and Families Act (0-25 focus) and the Care Act are placing greater emphasis upon how services and support can be greater aligned in order to allow for smoother and improved transitions into adulthood for our young people.

Transition across services at the age of 18 means families are dealing with this at a time when they are also managing the anxiety of financial changes and legal changes regarding the young person's adult status (e.g., Mental Capacity Act and Deprivation of Liberty Safeguards – DoLS).

In order to consider the above further a Preparing for Adulthood Planning Group has been developed alongside a Preparing for Adulthood Operational Group. This is led by Adult Social Care and the Integrated Service for Disabled Children (ISDC).

The role of the operational group continues to be developed but its primary focus is to consider individual cases in order to improve communication and early planning. The operational group will also consider the live spreadsheet on a monthly basis in order to ensure accuracy.

Jointly, adult and children's services have developed a data exchange / analysis procedure which contains information of all known young people who are over 14 years of age with SEND and who may require support into adulthood. At the moment, this data mainly includes information relating to costs from an education and care perspective. A fuller picture is now required and this will require more health related information and costs. The challenges of disaggregating certain financial information within certain areas is recognised but the more complete a picture we aim for the better our planning will be for the future.

There are currently **58** young people listed within the data due to require support beyond 18/19 and transition within the next 4 years. These all have moderate to more complex / severe needs and will have a current SEN Statement, Learning Difficulty Assessment (LDA) or EHC Plan (into the future). 4 of these have recently turned 18. The total current cost of all of these individuals is approximately £2 million per year and this comprises of £1.5 million of education costs and £0.5 million of care support. This does not include health costs. It is also vital that local authorities and partners have and share the right population and needs data in order to accurately inform commissioning arrangements and requirements for the future.

A breakdown of young people due to transition over the next 4 years:

Year of transition	Number of young people
2015	14
2016	13
2017	18
2018	9

The CCG needs to further develop strengthen the current transition arrangements and implement a number of new processes The Code of Practice states that support to prepare young people for good health in adulthood should include supporting them to make the transition to adult health services. A child with significant health needs is usually under the care of a paediatrician. As an adult, they might be under the care of different consultants and teams.

Health service and other professionals should work with the young person and, where appropriate, their family. They should gain a good understanding of the young person's individual needs, including their learning difficulties or disabilities, to co-ordinate health care around those needs and to ensure continuity and the best outcomes for the young person. This means working with the young person to develop a transition plan, which identifies who will take the lead in co-ordinating care and referrals to other services. For young people with EHC plans, the plan should be the basis for coordinating the integration of health with other services. Where young people are moving to adult health services, the local authority and health services must co-operate, working in partnership with each other and the young person to ensure that the EHC plan and the care plan for the treatment and management of the young person's health are aligned.

## Appendix 1

### . Health related information in EHC

The EHC plan must specify any health needs identified through the EHC needs assessment which relate to the child or young person's SEN. Some health care needs, such as routine dental health needs, are unlikely to be related to SEN. The CCG may also choose to specify other health care needs which are not related to the child or young person's SEN (for example, a long-term condition which might need management in a special educational setting). In addition, the CCG will determine which services it will commission to meet the reasonable health needs of the children and young people with SEN or disabilities for whom it is responsible. These services should be described in the Local Offer. A range of local clinicians, such as community paediatricians, participate in the development of the child's or young person's EHC plan, advising on the child's needs and the provision appropriate to meet them. The health care provision specified in the EHC plan must be agreed by the CCG in time to be included in the draft EHC plan sent to the child's parent or to the young person.

As part of the joint commissioning arrangements, partners must have clear disagreement resolution procedures where there is disagreement on the services to be included in an EHC plan.

### An Education, Educational Needs Health and Care Plan (or EHCP) replaces Statements of Special

EHCPs have the same legal status as Statements of Special Educational Needs, but are designed to cover all of the child or young person's needs across education, health and social care.

### Moving from Statements of Special Educational Needs to EHCPs

From September 2014, children and young people who have special educational needs have undergone an Education Health and Care needs assessment, if they needed extra support, they received an Education, Health and Care Plan, if this was deemed appropriate.

Children and young people who currently have a statement of special educational needs are gradually being converted into an EHCP through the Annual Review process between September 2014 and July 2018.

### What is in an EHCP?

The majority of children and young people with SEN or disabilities will have their needs met within local mainstream early years settings, schools or colleges. Some children and young people may require an Education, Health and Care needs assessment in order for the council to decide whether it is necessary for it to make provision in accordance with an EHCP.

An Education, Health and Care Plan will set out clearly the special educational needs of a child or young person, what support they need, and who should provide it.

- The **Education** section of the plan will explain what is needed for the child to achieve the best they can in their learning. It will say which school or college the child will go to

- The **Health** section of the plan will set out any health services or health support that the child needs to ensure they can learn and participate fully in the curriculum
- The **Social Care** section of the plan will explain any services that the council will provide to support your child and family to live as 'ordinary' a life as possible.
- 
- Children and Young Peoples Continuing Care
- In addition, the National Framework for Children and Young People's Continuing Care (DOH 2010) sets out the requirements for assessing children with health needs and eligibility for continuing healthcare.
- 'A continuing care package will be required when a child or young person has needs arising from disability, accident or illness that cannot be met by existing universal or specialist services alone.' Where a child or young person requires services commissioned by multiple organisations, the CCG is responsible for leading the continuing care process, involving the local authority and other partners as appropriate. Children and young people's health assessors are responsible for ensuring that the assessment of a child or young person with possible continuing care needs, and their families, takes place in a consistent and open manner. During the assessment phase of the continuing care process, the following should be considered: the preferences of the child or young person and their family; holistic assessment of the child or young person and their family, including carer assessment; and reports and risk assessments from the multidisciplinary team. The carer's assessment should consider the family capacity and ability to provide care for the child or young person. The Framework recognises that parents or other primary carers need to be supported to be skilled and confident in their caring, manage the risks and ensure that quality of life is maintained for the family as a whole.
- The decision-making phase involves a multidisciplinary, multi-agency panel in which the panel will make a decision as to whether or not the child or young person has a continuing care need. The Framework provides that a decision on the package of continuing care should not be budget or finance led as the primary consideration should be supporting the child or young person's assessed needs