

## Update on the Implementation of the Special Educational Needs and Disability Reforms (SEND)

Governing Body meeting

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4 June 2015

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<b>Is your report for Approval / Consideration / Noting</b>	
For consideration.	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
None identified at this stage	
<b>Audit Requirement</b>	
<b><u>CCG Objectives</u></b>	
<i>Which of the CCG's objectives does this paper support?</i>	
2. To improve the quality and equity of healthcare in Sheffield	
<b><u>Equality impact assessment</u></b>	
<i>Have you carried out an Equality Impact Assessment and is it attached?</i> No	
<i>If not, why not?</i>	
Not applicable at this stage	
<b><u>PPE Activity</u></b>	
<i>How does your paper support involving patients, carers and the public?</i>	
Development of the SEND reforms has involved the Parent Carer Forum at all stages. A SEND co-production group has been formed as part of the programme of work.	
<b>Recommendations</b>	
The Governing Body is asked to: <ul style="list-style-type: none"> <li>• Note the progress made in delivering the reforms and next steps</li> <li>• Receive a report in November 2015 for a further update</li> </ul>	

## **Update on the Implementation of the Special Educational Needs and Disability Reforms (SEND)**

### **Governing Body meeting**

**4 June 2015**

#### **1. Background**

1.1. The Children and Families Act 2014 became statute on 1 September 2014 and reforms the process by which Local authorities, NHS and partners assess and support children and young people with a special educational need and disability.

1.2. The main changes are:

- Changes to the statutory assessment process
- Introduction of Education and Health Care (EHC) Plans to replace SEN statements
- Publication of an online Local Offer provision
- Developing joint commissioning arrangements for children and young people 0-25 years old with an SEN or disability
- Strengthening parental rights and decision making

1.3. The Act provides CCGs with a duty to cooperate with the Local Authority in commissioning integrated, personalised services and designing the Local Offer. The CCG has a duty to ensure that clinicians and providers:

- Support the identification of children and young people with SEN
- Respond to requests for advice for an EHC plan within required time limits
- Make available health care provision specified in the EHC plan as per their commissioning role
- Contribute to regular reviews of children and young people with EHC plans
- Contribute to the Local Offer to include information about health care provision

1.4. The CCG's key responsibilities are:

- 1) Contribute to the development of the Local Offer website to ensure it reflects relevant child and adult health services
- 2) Support the planning process for EHC Plans and redesign of the health workforce to support the new assessment and review process
- 3) Establish a Designated Medical Officer (DMO) function
- 4) Support the development of joint commissioning arrangements for this population.

1.5. An overview of delivery of the reforms to date was provided at Governing Body's meeting in December at which a number of concerns were raised. This paper provides an update on how these concerns are being addressed and where we are to date in meeting our statutory duties, as well as the next steps required to ensure compliance and reduce risks in delivery.

## **2. Progress to date**

### **2.1. Issues to highlight**

The level of transformation and culture change required to implement the SEND Reforms continues to present challenges for partners and a range of issues exist which are preventing effective and full implementation of the SEND Reforms in Sheffield.

The Local Authority is currently processing a high number of requests for new and conversion EHC plans and is faced with a considerable challenge to process these within statutory timescales, with no final EHC plans issued as yet. Progress is being reported monthly to the Future Shape SEND Board.

There continues to be a lack of clarity on the EHC assessment, planning and review pathway and there is a lack of assurance on the quality or content of the health information contained within EHC plans. As such, the CGG has requested that, until further agreement on process is reached, an EHC plan with any health input will have to be signed off on a case by case basis by the DMO or a member of his team. The automatic signature of the DMO has been withheld until the process is outlined and agreed with health.

Following a recent update to CET, it was agreed the SEND Reforms would be added to the agenda for the joint Executive meeting with the Local Authority given the continued level of concern around delivery of the programme. Issues around clarity of the proposed process and the impact and lack of a joint plan with health have also been escalated to the SEND programme board.

### **2.2. Issues raised at Governing Body December 2014**

At its December meeting, Governing Body raised concerns regarding implementation of the reforms; progress against each of these concerns is detailed below:

#### Lack of clear process from request to processing of an EHC plan.

Interim arrangements are in place for the SEN Team within SCC to obtain information from Community Paediatrics and CAMHS in line with the previous arrangements which existed for SEN Statements.

Interim arrangements also exist with the Community Learning Disability Team within SHSC FT to obtain information for young people aged 19-25 years.

There is now an outline Target Operating Model proposal in place, but there is no detail yet worked up in terms of the proposed pathway, the health functions within this and impact on the workforce or clarification on roles and responsibilities within this.

#### No workforce training and development plan in place.

It is hoped that this will be worked up following the clarification of the roles within the new identification, assessment and review pathway (Targeted Operating Model) for EHC and workforce will be targeted to support specific development needs when roles are agreed.

#### Lack of good, clear communication on what is happening with the reforms.

This was also highlighted by a peer review which was undertaken in January. A Co-production Group has been established which seeks to engage and consult a range of partners, including parents and carers, on specific developments around the reforms.

No clear plan exists for phase two delivery and timescales for the programme of work. A jointly agreed delivery plan is not in place for the programme. SCC has indicated they have a delivery plan and report progress against this to the FS SEND Board, a decision was taken for this to be agreed within the senior team at CYPF. A plan on joint commissioning is in place and a set of principles around commissioning have been agreed.

#### Clarity required on the governance structure and reporting arrangements.

A revised structure has been developed which clarifies the reporting arrangements to the CCG; see Appendix A. The Future Shape SEND Board reports to the Commissioning Executive Team, the Council's CYPF PLT and the Children's Health and Wellbeing Partnership Board. The structure was agreed at the CCG's CET meeting of 5 May 2015.

#### Lack of assessment of the financial impact of the reforms.

This will be assessed when the Targeted Operating Model is agreed and the workforce assessment impact is undertaken. Children's Joint commissioning Group will also keep oversight of requests to commission services out of contracted services.

### **2.3. CCG's responsibility**

Key progress against the CCG's responsibilities is as follows:

#### 2.3.1. Local Offer

The Local Offer provides details of a number of health services provided by SCH FT; the CCG is working with SHSC FT to ensure adult services are detailed on the website.

The SDIP for 2015/16 agreed between the CCG and SCH FT includes a requirement for SCH to ensure all their relevant services are detailed on the website.

#### 2.3.2. EHC Plan Process

As detailed above, a clear EHC Plan process is in development but remains outstanding. The CCG is working with the DMO, Local Authority and health providers to support the development of a process to meet demand and statutory requirements; this must be managed within existing resources.

#### 2.3.3. Designated Medical Officer (DMO) Function

Dr Neil Harrower, Consultant Paediatrician, as DMO continues to attend the FS SEND Board meeting and SCH's SEND meetings. The role description for the DMO will be finalised for approval by SCH during quarter one 2015/16. Dr Harrower recently spoke at a national conference on SEND as one of few DMOs for SEND in the country.

#### 2.3.4. Joint Commissioning

An extensive data sharing project is underway between the Local Authority, SCH FT and SHSC FT which will enable a detailed mapping of the number of children and young people accessing health, social care and education services with SEND. New requests for provision not within contracted services, and requests for health budgets will be monitored within Joint Commissioning. All of this intelligence will inform the development of future joint commissioning plans.

### **3. Next Steps**

3.1. Development of an EHC plan process (Targeted Operating Model) is a priority for the Local Authority and the CCG to ensure that EHC plans are being developed in line with statutory requirements. The CCG will continue to work with SCC and engage providers to progress this.

3.2. The data sharing work that is currently underway requires further analysis to support joint commissioning; a series of workshops have been established to facilitate this in which the CCG and providers are involved.

### **4. Recommendations**

The Governing Body is asked to:

- Note the progress made in delivering the reforms
- Receive a report in November 2015 with a further update

Paper prepared by: Kate Laurance, Head of Commissioning, Children, Young People and Maternity

On behalf of Nikki Bates, CCG Governing Body Lead, Children and Families Portfolio

22 May 2015

# Appendix A – SEND Programme Governance Structure

