

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

Item 22j

Governing Body meeting

6 October 2016

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<b>Is your report for Approval / Consideration / Noting</b>	
For information.	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
There are anticipated resource implications through the newly established EHC Single Point of Access Team within SC(NHS)FT. This is being tested with temporary funding provided by the DfE SEND Grant and will be specified on an ongoing basis in SC(NHS)FT contract from 2017/18.	
<b>Audit Requirement</b>	
<b><u>CCG Objectives</u></b>	
<b><i>Which of the CCG's objectives does this paper support?</i></b>	
2. To improve the quality and equity of healthcare in Sheffield	
<b><u>Equality impact assessment</u></b>	
<b><i>Have you carried out an Equality Impact Assessment and is it attached? If not, why not?</i></b>	
An EIA is in development.	
<b><u>PPE Activity</u></b>	
<b><i>How does your paper support involving patients, carers and the public?</i></b>	
Development of the SEND reforms has involved the Parent Carer Forum. The programme of work is led by Sheffield City Council but is joint in some areas, which includes the engagement and communication 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 an update in January 2017</li> </ul>	

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

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#### **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 between statutory commissioners
- 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) To contribute to the development of the Local Offer website to ensure it reflects relevant child and adult health services
- 2) To support the planning process for EHC Plans and redesign of the health workforce to support the new assessment and review process
- 3) To establish a Designated Medical Officer (DMO) function
- 4) To support the development of joint commissioning arrangements for this population.

1.5. The last update on the delivery of the reforms was provided at the Governing Body meeting in July 2016. This paper provides an update on the overall work 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**

Sheffield continues to perform poorly in relation to timescales for production of EHC plans within the statutory timeframes, however improvements have been seen in recent months, particularly in clearing the backlog of SEN statement to EHC Plan conversions. DfE continue to actively monitor Sheffield's performance through regular visits and target

settings. There have been no reports that health information, assessment or processes have contributed to any of the delays. Information on the performance and plans to improve it are addressed through the SEND programme management office.

A joint CQC and OFSTED inspection framework was published in April 2016 and became operational in May. Sheffield is likely to be one of the earlier areas inspected due to performance. Local areas will be given five working days' notice and inspections will not take place over the school holiday period. All providers have been briefed and the CCG has a contact flowchart to ensure the relevant people are informed on notification of the inspection.

A SEND Inspection Readiness Group has been established by the Local Authority which the CCG and all providers are invited to attend to jointly prepare. Sheffield Self-Evaluation Framework is being completed which was developed against the Inspection Framework. In addition, The Council for Disabled Children was commissioned to develop an audit tool for CCG's to record how they are delivering their statutory duties as part of the SEND reforms; this has been completed for Sheffield and submitted to NHS England. The audit tool links into the Sheffield Self-Evaluation Framework.

The SEND Health task group has now been closed and replaced with a SEND review group. The task group completed the design of a pathway for health involvement in the EHC Plan process for which it was established and the CCG is now working with providers to ensure operational plans are developed and implemented. The review will receive data on implementation of the pathway including timescales and discuss any issues within delivery and how they can be resolved.

The Children's Joint Commissioning Group recently approved a project plan for the Children with Complex Needs programme which will see further roll out of integrated assessment and commissioning of services for this group of children. This programme includes development of a pathway for joint placement monitoring and funding approval as part of the EHC pathway. This will enable health, social care and education services to plan and make decisions together around the needs of children and young people with special educational needs.

Implementation of the SEND reforms continues to be a risk for the CCG and has been identified on the CCG risk register due to the financial and reputational risk of not being able to confirm the health input within required statutory timescales which may result in a judicial review. It is recommended that this remains on the risk register until evidence is obtained on successful implementation of the new health pathway, this expected later in 2016.

## **2.1. CCG's responsibility**

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

### **2.1.1. Local Offer**

The Local Offer provides details of a number of health services provided by SCH FT; SHSC FT and the CCG and has recently been reviewed and there are pending plans to update it. Further work is needed to develop and expand the local offer following the review of its content. Guidance has recently been added on PHBs and further guidance needed is role of private providers in the EHC Plan Pathway.

### **2.1.2. EHC Plan Process**

A Health Task and Finish Group was established in November 2015 to develop a new pathway from April 2016. This group has involved representation from a range of health services from Sheffield Children's FT and Sheffield Health and Social Care Trust and is chaired by the CCG's Clinical Director for Children, Young People and Maternity.

The group has completed development of a new pathway which will be tested and reviewed over a 12 month period. The key areas of changes include:

- A single point of access within health services to gather information required in relation to the EHCP Process. This will provide a central point of contact within health for individual cases and a single point to monitor the collection of health data to support the plan.
- A template for the collection of essential information at key stages in the process; this will ensure the right information is provided in a useful format for the Council's SEN Team.
- Agreement has been reached that health professionals do not need to be present at the request-to-assess stage.
- The CCG will no longer commission medical assessments by community paediatricians as standard as part of the EHC plans. Only for those children and young people new to city and where the school, family or professionals working with the child/young person believe there are health needs not being met will a medical assessment take place. For all other children and young people input will be sought from those health professionals already working with the child.

The role of GPs in this process is likely to be required in only a small number of cases and the details are yet to be finalised and negotiated with the LMC.

The Local Authority is developing a process for supporting children and young people in mainstream schools through a "My Plan" process. This is similar to an EHC Plan in that it will detail the additional needs, support and outcomes for children in education with SEND but it is non-statutory and more flexible in terms of timescales and process. The CCG and health providers are working with the Council to ensure relevant health services are involved in the process where possible and required. The aim is that the My Plan will support the EHC Plan process as many children will start with a My Plan which can then be used in producing an EHC plan if required and speed up the process.

### **2.1.3. Designated Medical Officer (DMO) Function**

The role of the DMO has been finalised, Dr Harrower Consultant Paediatrician from SC NHS FT is in post and providing this function commissioned by the CCG. Dr Harrower has played a key role on the Health Task and Finish Group and his role is currently being reviewed now that the new pathway is in implementation phase.

### **2.1.4. Joint commissioning**

Work is commencing to bring together the assessment and decision-making function for children and young people requiring additional packages of support required via CHC, EHC plans and social care placements. This programme is being overseen by the Children's Joint Commissioning Group. It is hoped that this will facilitate improved joint planning for Children and young people with complex needs, speedier decision-making and a reduction in out-of-city placements. As part of this, a placement monitoring panel has been established to enable review of specialist placements and provision to be monitored jointly.

Further work is planned to review the change in needs of provision as the process of EHC plans is embedded this will inform next stage plans for joint commissioning in regards to joining up the pathways for PHB and direct payments.

### **3. Next Steps**

- 3.1. Further develop the operational plan with SHSC FT and STH FT for full implementation of the new pathway. Alongside this will be an activity monitoring plan to support evaluation of the pathway.
- 3.2. Finalise and agree the role of GPs in the EHC Plan process with the LMC.
- 3.3. Further develop the plans around joint commissioning of provision for SEND groups.

### **4. Recommendations**

The Governing Body is asked to:

- Note the progress made in delivering the reforms and next steps
- Receive an update in January 2017.

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