

## Introduction

This handbook sets out learning from the Council for Disabled Children's (CDC) work with Designated Medical Officer (DMO) and Designated Clinical Officers (DCO), health commissioners and providers from a series of national and regional events.

This has included a national summit for DMO and DCOs, three regional Health and Children and Families Act implementation events and seven regional DMO and DCO workshops, attended by over 600 health professionals from across England. In addition, it draws on our work with children and young people and CDC member organisations.

This handbook sets out practical tips and learning with the aim of helping DMO and DCOs, commissioners and other professionals involved in the implementation of the health elements of the Children and Families Act.

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## Section 1: Designated Medical Officer/ Designated Clinical Officer Role in Context

The Children and Families Act 2014 places a new requirement on local partners to work effectively together to improve outcomes for disabled children and young people and those with special education needs (SEN).

Disabled children and young people and those with SEN and their families often need support from services that are designed and delivered by different sets of specialist staff and providers working in different systems with different priorities across education and social care.

These systems and priorities don't always align with each other and this can generate serious problems for children, young people and their families when trying to get the support they need.

These challenges have been well documented in key reports over the past five years, including:

- [The Kennedy Review of Children's Services](#)
- [The two reports from the Children and Young People's Health Outcomes Forum](#)
- [The Chief Medical Officer's Report](#)

These reports highlight how disabled children and young people and those with SEN do not achieve the outcomes that the system should support them to achieve. This includes quality of life, school absence, secondary mental and physical health problems, personal autonomy and involvement in further education and employment.

Addressing these challenges during a period of structural change and resource pressures will require new ways of working across the traditional boundaries of education, health and social care services. The Children and Families Act provides areas with a statutory framework and a significant degree of flexibility to decide how they choose to implement this to best fit their local systems.

### Helpful resources

[Code of Practice - DMO/DCO Section page 50](#)

[CDC Making It Happen interactive resources](#)

[CDC Children and Families Act Briefing for Health professionals.](#)

[CDC Children and Families Act Implementation Briefing](#)

The aims of the Children and Families Act - more integrated, personalised services and a focus on outcomes, align with a number of key NHS programmes.

These include:

- [Integrated Personal Commissioning - developing mechanisms to pool resources across health and social care](#)
- [Transforming Care](#) - improving community based provision and reducing residential placements for people with Challenging Behaviour, Autism and Learning Disability
- [Building the Right Support Plan-](#) Transforming Care delivery Plan
- [Future in Mind CAMHS Transformation Report](#) Implementation Plan setting out how it will Transform CAMHS
- [Local CAMHS Transformation Plan Guidance](#)
- [New Models of Care Vanguards - joined up working across primary, secondary and tertiary care providers](#)

The Children and Families Act can provide a framework for delivering on the shared goals of these programmes in a way that makes the most efficient use of limited resources. The Children and Families should be a central element of the implementation plans for Transforming Care, CAMHS Transformation and Integrated Personalised Commissioning.

Getting this right can help ensure that these programmes deliver for disabled children and young people and their families CCG's and partner local authorities need to integrate these programmes in a way that avoids setting up duplicate processes and realise the potential cost savings by working together across services.

## **Developing the Designated Medical Officer/Designated Clinical Officer Role in Practice**

Under the previous SEN system some areas have a Designated Doctor for SEN, but the Children and Families Act reforms means that the role of the DMO/DCO may be very different from that of the previous designated Doctor role.

CDC's work with DMOs /DCOs around the country has highlighted the significant variations in how different areas are formulating their DMO and DCO roles to fit with their approach to implementation of the Children and Families Act.

## Key Questions

- **Who has responsibility within the CCG for the Children and Families Act joint commissioning arrangements?**
- **What is the role of DMO/DCO within these arrangements?**
- **How is the implementation of the Children and Families Act linked to other key local area transformation strategies, e.g. Transforming Care and Future in Mind?**
- **What are the resources available to the DMO/DCO to support them to carry out their role?**

## Section 2: Scope of the Designated Medical Officer/ Designated Clinical Officer Role

The DMO and DCO roles are a key element in supporting the health service in its implementation of the Children and Families Act.

As chapter one highlights, there are significant new requirements on CCGs, NHS England and providers that mean the potential scope of the DMO and DCO role can be very broad.

While it is clear that DMOs and DCOs have a key role to play in supporting local arrangements, the appointment of a DMO/DCO cannot be a substitute for fully developed joint commissioning arrangements and partnership working processes. Rather, there need to be clear and realistic expectations of a DMO/DCO's responsibilities for the key work streams and how they are supported by the CCG to make progress.

There are significant variations in the approaches local areas are taking and in the role of the DMO and DCO.

The specifications of the DMO and DCO roles will need to reflect the specific elements of arrangements in each area but across CDC's engagement with DMOs and DCOs, we have seen some core elements that should be considered when developing or reviewing a DMO/DCO role.

### Key responsibilities of the role

**1. Oversight** across all health professionals delivering healthcare to individual disabled children, young people and those with special educational needs. This may include a focus on:

- Processes for identification of disabled children and young people and those with special educational needs, particularly pre-school children
- The process for securing health assessment and key principles for health advice in EHC Plans
- Oversight and assurance of health provision specified in EHC Plans
- Provision of information and advice in the Local Offer on available health services for children and young people with SEN and disability, their parents and those who may care for them or want to refer them for assessment
- The assessment of health needs and provision of services to young offenders with EHC plans
- Working with schools to support pupils with medical conditions

## 2. **Coordination** to ensure:

- All health services are reflected in the Local Offer and that health providers are cooperating with the local authority in its development/review
- A clear process for mediation arrangements regarding the health element of EHC plans
- Coordination of EHC assessments with other key health assessments e.g. Children and Young People's Continuing Care assessment, Looked-after Children's Health Assessment

## 3. **Strategic** contribution to development of:

- A joint commissioning strategy that works towards the integration of services to improve outcomes
- A participation and engagement strategy with children and young people with SEN and disability and their families

## Key Elements of Role Specification

### 1. **Time and capacity**

The DMO and DCO roles are a substantial role supporting an important, wide ranging reform agenda that will develop over time.

To reflect these requirements, the British Association of Childhood Disability (BACD) and British Association for Community Child Health (BACCH) have made a recommendation that a DMO or DCO role has two dedicated Programmed Activities (PAs) for every 70,000 children under 18 in the local area. A PA session usually equates to four hours.

It is important that CCGs commissioning a DMO or DCO role are confident that the clinician concerned is being released from clinical work for the allocated time period in order to carry out their DMO/DCO responsibilities.

## Person Requirements

The person specifications for a DMO and DCO role will vary depending on the exact circumstances of the local area but there are key elements that the role will need to consider: These can be roughly grouped as:-

### 1. **Clinical knowledge**

The post will have to provide and quality assure medical advice about children and young people, make recommendations about need and provision and contribute to formulating outcomes.

It will therefore be helpful for them to have the following expertise:

- Relevant qualification and paediatric training with specialist expertise in childhood disability gained either via specialist training in paediatric neuro-disability or community child health with specific competences in paediatric disability
- knowledge of the health issues faced by children and young people with SEN and/or a disability

## 2. System knowledge

Working with multi agency teams to develop new processes. For example, knowledge of:

- National policy landscape for child health
- Structures and processes of the local area's approach to child health
- Healthcare services for adults

## 3. Data and information

Understanding the needs and resources of the local population. For example the ability to:

- Analyse population data
- Lead data and evidence collection strategy

## 4. Professional skills

Building relationships with a wide range of partners:

- Ability to build strategic relationships with young people, parents and health professionals - both clinicians and commissioners
- Communication, leadership and influencing skills

## Designated Medical Officer and Designated Clinical Officer - Role Distinction

The Code of Practice describes the role as being that of a DMO or a DCO. The experiences of implementation of the Act have shown that there are some differences in the functions of the role depending on whether the post holder is a DMO or a DCO.

While an excellent knowledge of the children and young people's health system is required for both roles, there are distinctions relative to the focus of the role.

**DMO:** This is a role taken by a paediatrician.

**DCO:** This is usually a senior allied health professional, speech and language therapist, occupational therapist or nurse.

Consideration needs to be given to how key functions of the Children and Families Act will be delivered across. This includes:

- Coordinating medical information, assessments and recommendations relating to individual EHC assessments and plans
- Decisions relating to the commissioning of packages and services for individual EHC assessments and plans,
- The development of strategic commissioning arrangements

Each local area needs to decide whether to appoint a DMO, a DCO or both, and work out how the different roles will align most effectively

If an area only appoints one post, there needs to be clarity as to how the Children and Families Act will be fully implemented, and the additional resources and responsibilities that will be mobilised to do this.

### Helpful resources

[British Association of Community Child Health and British Academy of Childhood Disability DMO Template](#)

[Local Area Example DMO Job Specification](#)

[Local Area Example DCO Job Specification](#)

### Additional Support

Implementing the Children and Families Act can involve a complex set of arrangements and processes that generate significant levels of administrative activity:

- Coordination of requests for EHC Plan assessments
- Collection and collation of existing medical information
- Organising attendance at person centred planning meetings

It may not be cost effective for a DMO or DCO to spend significant amounts of their dedicated time fulfilling these requirements. Instead local areas should consider the most effective way of supporting the roles of DMO/DCO through appropriate administrative arrangements.



## Key Questions

- **How do your arrangements fulfil the functions of Children and Families Act?**
- **Does this require a DMO or a DCO or both?**
- **Will you share the role across other CCGs within your local authority area? If not, how will you ensure a co-ordinated approach?**
- **How have you determined the resource for the role?**
- **Is the clinician's time spent performing the DMO or DCO role appropriately covered to maintain service provision?**
- **What administrative support have you provided for the role?**

## Section 3: Strategic Relationships with CCGs

DMOs and DCOs have a key role to play in helping CCGs, NHS England and health providers to meet their statutory responsibilities under the Children and Families Act, but the range of these responsibilities mean that this cannot be fulfilled by a DMO or DCO in isolation.

The aim of the Children and Families Act is not just to bring separate services together in an EHC Plan, but to reorganise and integrate the delivery of these services at a strategic level.

This will require each CCG to have clear strategic leadership and accountability at a senior level, able to make formal arrangements with local authorities and authorise resource investment. This should take the form of:

- Formal joint commissioning arrangements with the local authority
- A statement of commitment to improving outcomes for disabled children and young people with SEN reflected in CCG strategy
- Formal progress reporting on progress to the governing body
- A named lead or champion for CCG at Board level with accountability - with a strong relationship with DMO and/or DCO
- Appointment and support for a DMO and/or DCO, including appropriate resource allocation

These arrangements will be subject to a joint CQC Ofsted inspection of their Children and Families Act. This will focus on the structure and process areas have in place to identify children and young people with SEN and disability, and how they improve their outcomes.

[CQC Ofsted Inspection Framework](#)  
[CQC Ofsted Handbook](#)

### DMO/DCO role

A DMO/DCO may take responsibility for developing and inputting into these arrangements, but there needs to be clarity about how the CCG supports these process throughout its decision making structures.

A DMO and or a DCO can support the development of relationships between key organisations and groups of professionals to ensure they understand their own roles

and responsibilities in providing support to disabled children and young people and those with SEN.

### **1. Providers**

The Children and Families Act requires providers across universal, targeted and specialist services, from early years' services through to adult services to work in partnership to identify disabled children and young people and those with SEN, and to support them in an integrated way to improve outcomes.

These arrangements should include, but not be limited to:

- Health visitors and school nursing teams
- Children's multidisciplinary teams
- Therapy services
- Specialist services
- Palliative care services
- Child and Adolescent Mental Health Services (CAMHS)
- Looked-after children health services Designated Doctor and Nurses
- Adult mental health, learning disability and therapy services
- GPs

### **2. Commissioners**

Where a DMO and/or DCO is employed by a provider organisation there must be arrangements for a strong working relationship with the identified lead commissioner in the CCG.

This relationship is crucial for ensuring that a DMO and/or DCO is appropriately supported in their role, has clarity about their responsibilities and has a route for addressing issues that need to be tackled at a strategic level. This is particularly important given the role DMO and DCOs play in coordinating and overseeing the EHC needs assessments and the delivery of EHC Plans; which provide them with an excellent insight into the challenges of joint working and effective implementation.

There need to be mechanisms for DMO and/or DCO to be able to use this information to improve decisions about future commissioning.

This may include both:

- Formal — e.g. data relating to EHC needs assessments and
- informal — e.g. feedback from professionals across services



This will be critical where there are currently not robust data sets in place regarding need and resource allocation, where aggregated information relating to health assessments and provision within EHC Plans.



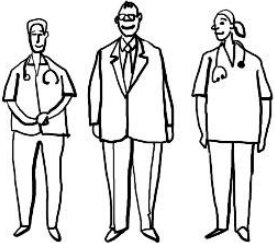
### 3. Strategic Joint Working Relationships

In each area there will be a set of structures bringing professionals across services together to make decisions about children, young people and adult services.

This structure can help DMOs and DCOs identify the key stakeholders across services to help ensure that there is active support for improving the system of support for disabled children and young people and those with SEN.

These structures may look different in different areas but there will be common features:

Body	Role in Implementation	Key Questions for DMO/DCO
<p><b>Health and Wellbeing Board</b></p> 	<p>Provide strategic leadership and set direction for implementation across the CCG and local authority</p>	<p>Does the Joint Strategic needs assessment and or the Joint Health and Wellbeing Strategy include a proactive focus on SEN and disability.</p>
<p><b>Children and Young People Strategic Decision Making</b></p> 	<p>Share information and set the strategic priorities for the area that will inform commissioning plans.</p> <p>The CCG representative should be well informed on the progress of the reforms and able to raise issues and agree decision.</p>	<p>Who represents the CCG on the strategic decision making board?</p> <p>How is the group informed of issues related to SEN and disability?</p>
<p><b>Children and Young People Strategic Commissioning and</b></p>	<p>CCGs and Local Authorities should plan the integration of services through from formal partnership agreements between</p>	<p>How does the DMO/DCO report to the group?</p> <p>Are there clear objectives relating to disabled children and</p>

<p><b>Operational Group</b></p> 	<p>commissioners to jointly funded commissioning posts between health and the local authority</p>	<p>young people and those with SEN?</p>
<p><b>SEN and disability Partnership/ Implementation Board</b></p> 	<p>CCGs should be fully engaged with the SEN and disability Partnership Board which will be responsible for overseeing the implementation of the reforms.</p>	<p>Does the DMO and/ or DCO sit on this group?</p> <p>Is the group able to take decisions to address operational and strategic concerns?</p>
<p><b>Health SEN and Disability Working Group</b></p> 	<p>The group can play an important role in promoting the key elements of the reforms to the relevant providers and professionals who will support children and young people with SEN and disability</p>	<p>Are key health professionals represented in the group?</p> <p>Can it identify solutions to shared challenges?</p> <p>Is there a route for the DMO and/ or DCO to address the issues raised in this group with commissioners?</p>

## Key Questions

- **What mechanisms are in place for the DMO/DCO to influence providers and health professionals?**
- **What strategic decisions can the DMO/DCO take?**
- **What is the route for resolving issues or bringing about change where the DMO/DCO cannot take a decision themselves?**
- **How can the DMO/DCO raise issues with the appropriate level of decision makers within the CCG?**

## Section 4: Participation

The voices of children, young people and their parents are at the heart of the Children and Families Act, and clearly set out in the principles in section 19 which states that in carrying out their functions under the legislation local authorities must have regard to:

- the views, wishes and feelings of the child and their parent, or the young person
- the importance of the child and his or her parent, or the young person, participating as fully as possible in decisions relating to the exercise of the function concerned
- the importance of the child and his or her parent, or the young person, being provided with the information and support necessary to enable participation in those decision
- the need to support the child and his or her parent, or the young person, in order to facilitate the development of the child or young person and to help him or her achieve the best possible educational and other outcomes

These principles reinforce the existing statutory duties on the NHS to promote the participation of the patient and public in decisions about their health and care. These duties are brought together in the NHS Constitution and apply to children and young people as well as adults.

To fulfil these statutory obligations there are a number of elements which should be in place:

- The CCG should have a policy on engaging with hard to reach groups and an active strategy for its implementation which includes events and activities.
- The CCG should be able to demonstrate how it responds to the feedback which results from engagement activities, particularly in relation to commissioning.
- The CCG should have a mechanism for engagement with children and young people and their families – this may be through its local parent carer forum.

The joint commissioning partners must engage children and young people with SEN and disabilities and children's parents in commissioning decisions so that they can, from their experiences, give useful insights into how to improve services and outcomes.

Despite these statutory obligations there is evidence from the Children and Young People's Health Outcomes Forum that disabled children and young people, and

those with SEN, are not included as a matter of course in mainstream public and patient engagement initiatives that operate in the NHS.

The DMO/DCO, drawing on their practice with children and young people, and their more strategic role in co-ordinating provision, can support the CCG with their engagement and participation strategy. If the local authority has developed participation mechanisms these may be an available route for DMO/DCO to engage the views. However, it is important that the CCG develops its own relationships with parent carer and young people's groups.

DMO and DCOs can support CCGs and Local Authorities to link their participation strategies, and undertake a joint participation strategy.

A joint engagement exercise with between the CCG and the local authority for children, young people, and their parents can be an important mechanism for identifying priority issues and planning to involve children, young people, and their parents meaningfully, on an ongoing basis.

DMO and DCOs can support CCGs to engage with relevant organisations that can help. These may include:

- 
- local Healthwatch organisations
- local parent carer forum
- local voluntary organisations and community groups working with disabled children, young people, and those with SEN

### Participation Duties: Strategic Joint Commissioning Decisions

Local authorities, CCGs, and NHS England must develop effective ways of harnessing the views of their local communities so that commissioning decisions on services for those with SEN and disabilities are shaped by users' experiences, ambitions, and expectations.

### Helpful resources

- [Your Rights Your Future](#) – a training resource which explains to disabled children and young people what the Children and Families Act means for them
- [Contact a Family](#) - for examples of how parent carer forums have helped improve services and for resources on parent participation
- [Transforming Participation in Health and Care. The NHS belongs to us all](#) - NHS England's guidance on patient and public involvement
- [Not Just A Phase](#) – RCPCH guide to children and young people's participation
- [Get Your Rights](#) – Young People's Rights in the NHS Constitution

- [Changing Young Lives Guide](#) to Co-production with disabled children and young people

## Key Questions

- **Does the CCG have a formal children and young people participation strategy?**
- **How can children and young people who are disabled or have a SEN influence the design and delivery of health service?**
- **How can families influence the design and delivery of health service?**
- **How are children, young people and their families updated about the impact of their involvement and involved in the evaluation of these services.**



## Section 5: Workforce

Cultural change is at the centre of the Children and Families Act, both in terms of how professionals work with disabled children and young people and those with SEN, and how services work together in new ways to deliver better outcomes.

The preliminary evidence from the pathfinder evaluation programme highlights where these elements of the reforms are implemented:

*The (new) family-centered way of working can lead to better quality plans as it enables professionals to develop a more comprehensive understanding of the child or young person.*

**SQW Research Report, January 2016**

This aspiration is mutually reinforcing with the current drive towards integrated personalised services in the NHS:

*The provision of integrated services around the needs of patients occurs when the right values and behaviours are allowed to prevail and there is a will to do something different. We need to move beyond arguing for integration to making it happen.*

**Professor Steve Field, NHS Future Forum**

The SQW evaluation of the Children and Families Act implementation has identified 3 key elements for workforce development across education health and social care services:

- person-centred support that involves children, young people, and their families in the development of solutions
- multi-agency working with a focus on a coordinated assessment, planning, and delivery processes
- outcomes focused provision

Embedding these approaches will require a multiagency approach to workforce development based on a robust understanding of local workforce capacity, strengths, and weaknesses.

DMO and / or DCOs have an important role to play in supporting health professionals, and other professionals to understand the requirements of the Children and Families Act, and incorporating them into the wider workforce development strategy.

Key elements of this approach may include:

### 1. Workforce Analysis

- Identify the groups of health professionals most commonly at work with children and young people with SEN and disabilities at different ages
- Are there health professionals already engaged who can raise awareness of the SEN and disability reforms and the new process with wider health professionals
- Consultation and engagement with this workforce regarding development needs.

### 2. Strategy Development

Some of the key competencies across the children and young people's workforce that need to be considered as part of a multiagency workforce development strategy may include:

- Early identification and prevention of need
- Key working functions
- Joint assessment and care planning
- Provision of treatment support and equipment
- Support planning and provision of personal budgets
- Embedding outcome-focused and person centred training in mainstream health training for all professionals

### 3. Delivery

Professionals can lend support to workforce development, including Health Education England, Local Education and Training Boards, Royal Colleges, or other organisations.

Some of the existing and available standards and resources that can be utilised to develop professional competencies are:

- Right from the start protocol
- Early Support multi-agency planning and improvement tool
- Relevant NICE Guidance- Autism guidance, Transition Guidance
- Better communication resources
- Healthy child programme
- Links to relevant local implementation of relevant national strategies, these include
  - CAMHS Transformation Programme

- Transforming Care Programme
- Integrated Personal Commissioning Programme

### Helpful resources

- [My life my support my choice](#) - a narrative for person centred co-ordinated care & support for children and young people with complex lives
- [Disability Matters Training for Professionals](#)
- [Me First Communication Tool](#) for health professionals
- [School Nursing Development](#) Programme - Maximising the support for children with complex and / or additional health needs within education settings
- [CDC](#) - Key Working to Support Implementation of the SEN and disability Reforms

### Key Questions

- **Is there a multiagency approach to workforce development?**
- **Is there a process to understand of the capacity of the workforce working with disabled children and young people and those with SEN?**
- **Is the DMO/DCO able to identify and respond to workforce development needs?**
- **Are there resources available to provide training?**

## Section 6: Outcomes

There is significant evidence that health outcomes for disabled children and young people and those with special educational needs (SEN) are significantly poorer than in the general population and this continues into adulthood. They are also more likely to experience material disadvantage.

- 97% of adults with a learning disability have a long term health condition
- 36% of children and young people with a learning disability have a diagnosable psychiatric disorder compared with 8% of those who did not have a learning disability
- Children and young people with SEN and a disability are more likely than others to live in poverty
- Children and young people with SEN and a disability are more likely to be more socially isolated

### Outcomes in the Children and Families Act

The overall aim of the Children and Families Act is to improve the outcomes for disabled children and young people with SEN. This aspiration is something that should be shared by all professionals working in services across education, health, and social care. The Children and Families Act strengthens the framework for professionals and services to work together towards a set of shared outcomes agreed with disabled children and young people and those with SEN, and their families.

Section 19 of the Act sets out the need for services to work together to support the child or young person, and the child's parents, in order to facilitate the development of the child or young person, and to help them achieve the best possible educational and other outcomes.

From the age of 14 this should include the Preparing for Adulthood outcomes:

- higher education and/or employment
- independent living
- participating in society and the local community
- being as healthy as possible in adult life

### Improving Outcomes

The focus on outcomes in the Children and Families Act is one element of a wider shift towards an outcomes focused approach across the NHS,

particularly following the Health and Social Care Act 2012, and the Five Year Forward View.

There is often not a shared understanding of how outcomes across different professional disciplines should relate to each other in a single framework. The outcomes that matter most for children, young people, and their families are not always the ones prioritised by professionals and services.

The DMO and DCO can play an important role in helping health professionals to develop a shared understanding of how their practice contributes to improving outcomes for disabled children and young people and those with SEN.

### Whole system Strategic Commissioning Outcomes

To improve outcomes across the system, CCGs and local authorities should work collaboratively to explore new outcome based approaches to commissioning pathways for children and young people.

While this is a commissioning responsibility, DMO and DCOs should work with commissioners to feed in the views and evidence from health professionals regarding the current commissioned services and pathways which can be seen here:

[The Health Foundation \*Need to nurture: Outcome based commissioning in the NHS\*](#)

[Outcomes Based Healthcare \*Outcomes myths\*](#)

[Outcomes Based Healthcare & Capsticks \(2014\) \*Contracting for Outcomes: A Value Based Approach\*](#)

### Service Outcomes

The Children and Families Act, together with the wider NHS policy agenda, encourages health services and professional groups to consider how their practice improves the outcomes. This may involve new ways of defining the outcomes they are working towards, measuring progress and evaluating success, and utilising new tools services to better capture the impact of their work, which can be seen here:

[My life, my support, my choice: a narrative for person centred coordinated care and support for children and young people with complex lives.](#)

[M. Gascoigne \(2015\) \*Commissioning for Speech Language and Communication Needs\*. Better Communication Research Programme](#)

### Individual Outcomes

Education Health and Care Plans must be focused on achieving outcomes that support progress towards the aspirations of a child, young person, and their family.

Relevant health professionals need to contribute to this process, but this does not mean developing service or intervention specific outcomes unless there is a clear justification.

Health professionals should contribute their knowledge and expertise to help develop SMART outcomes in EHC Plans. These outcomes must be based on the aspirations expressed by the child/young person and their family in the person centre conversation and will frequently be broader than one specific service or intervention. Rather, they should express what is expected to be achieved by a combination of services and interventions across education, health and social care.

The contribution of individual services to these outcomes might be set out as steps towards outcomes, and specific interventions will work towards targets that sit beneath the EHC Plan. Steps towards outcomes and targets will help monitor progress towards outcomes, and indicate the need for a review or change if progress is not being made.

[CDC Outcomes Pyramid](#) and [CDC Outcomes Pyramid Briefing](#)

[College of Occupational Therapists Outcomes Guidance](#)

[Poet Outcome Measurement Tool](#)

[Patient Centered Outcome Measures](#)

[CDC Health Outcomes Study \(CHUMS\)](#)

## Key Questions

- **Is there a shared understanding of outcomes across the workforce?**
- **Are professionals and services collaborating to achieve broad outcomes based on the aspirations of children, young people, and their families?**

## Section 7: Education Health and Care Plans

The introduction of EHC plans is a key element of the Children and Families Act. The purpose of EHC Plans is to improve outcomes for children and young people with SEN by providing a framework for well-coordinated person centred assessment and planning leading to the right support. For this to be achieved, robust processes must be established and maintained between the appropriate partners i.e. local authorities and health commissioners/services.

Age Range	EHC Plan Reform
0-5	EHC Plans have been extended to 0-5 year olds
5-16	EHC Plans replace Statements of Special Education Needs for students in school
18-25	<ul style="list-style-type: none"> <li>• Replace Learning Difficulty Assessments in further education</li> <li>• Extended to 16-25 year olds who are in education or training, or wish to continue with education and training.</li> </ul>

### EHC Plans: health services involvement

The Children and Families Act sets out clear requirements for health services involvement in the EHC process. When carrying out a statutory assessment of SEN:

- The local authority must seek medical advice and information from health care professionals with a role in relation to the child or young person's health
- This information must be provided in a clear and specific written submission within 6 weeks of being requested
- The health provision in a plan (in Section G) must be commissioned by health services

[CDC EHC Plans Online Learning module](#)

### Education Health and Care Assessment Process – progress nationally

CDC's work with local areas has highlighted that there are widely different approaches employed by local areas to the EHC needs assessment and planning process and no one-size fits all approach.

The ways in which EHC needs assessments and planning processes are operating in practice will influence how the DMO and/or DCO can most effectively support the CCG and health providers to meet their requirements.

The number of EHC needs Assessments and transfers from statements to EHC plans means there is a significant challenge in ensuring the time and resources of health professionals is utilised most effectively.

A common theme across local areas' implementation is the need to develop a process that ensures an appropriate level of health professionals' input where required.

Where EHC planning processes have not been jointly developed by the CCG and the local authority, there may be a need to review or redevelop the process to ensure it works most effectively for all partners.

## What is the DMO/DCO's role in contributing to EHC planning process development and delivery?

### Identification

*Health care professionals should bring a child or young person who has (or may have) SEN to the attention of the local authority, particularly where they think an EHC needs assessment may be necessary.*

#### **SEN and disability Code of Practice 9.9**

To fulfil this requirement there must be a clear route for informing the local authority of children with SEN and disability who are identified by health professionals. Some areas have developed a standard notification form with a clear pathway for submission.

DMO/DCOs can contribute to developing a shared understanding among professionals of how to identify signs of SEN or disability, and the process and communicating it to the wider children's workforce, in particular, early years practitioners e.g. health visitors.

[An example referral form](#)

### Decision to assess

The decision to carry out an EHC needs assessment is based on educational criteria, and should not be dependent on a specific medical diagnosis. However, sharing available information at the earliest possible point is an opportunity to better understand the child or young person's wider needs, the effectiveness of their current provision, and the nature of health contribution that may be required in an assessment.

[An Example medical questionnaire form](#)



## Person Centred Discussion

The EHC assessment and Plan must be centred on the views and aspirations of the child, young person, and their family. There should be a person centred discussion at a very early stage in the process. For some children and young people it may be appropriate for health professionals to take part in this person centred discussion, especially where a young person's medical needs are significant or complex. For other children and young people this information should be provided to health professionals to inform the information they provide as part of the assessment and evidence gathering

PFA person centred planning: [PFA review toolkit](#)

## Assessment and Evidence Gathering

The assessment and evidence gathering process is about professionals working together to decide how best to support that young person towards their aspirations.

DMO / DCOs should ensure that the following messages are communicated with health services which may be asked to provide health advice for an EHC needs assessment:

- Health services must submit evidence requested by the local authority within 6 weeks;
- The evidence and advice provided must be focused on the aspirations from the person-centred conversations with CYP and family
- There is an importance in using relevant information and reports that are already held from previous appointments/interactions
- When a new assessment is needed to provide advice, how this can be done without undermining existing health processes and waiting lists if in operation;
- The use of standard templates/forms if these have been developed in partnership with local authority.

It would not be expected that a DMO / DCO has involvement in individual EHC plan assessments and advice (aside from those relevant to their clinical role / caseload), although there may be some exceptional circumstances where DMO / DCO input is needed.

## Situations requiring additional DMO / DCO input: Involvement of adult health services

For young people aged over 18 [for whom the Children & Families Act reforms, and in particular, its requirements on health services, may be unknown] there will be a need for advice from adult health professionals. The DMO / DCO has a role in educating relevant adult health services of their duties. This education function should extend to GPs, who are well placed to

facilitate health information for young people into adulthood. In some areas GPs are routinely sent final EHC plans for young people under their care to ensure they are well informed.

Newcastle CCG has a DMO who is a GP and the CCG's Clinical Lead for Children. They have set up a system of training which allows the DMO to educate GPs within the area on the reforms, which has shown positive impact for young people entering transition to adult services.

### **Multiagency meetings**

The Children and Families Act places a significant emphasis on joint working between professionals and services, and multiagency meetings are an important part of this process. However, it may not be possible, necessary, or desirable for every case to involve the same level of involvement from specialist health professionals, including attendance at multiagency planning meetings related to the EHC plan.

The DMO and / or DCO can work with the local authority and health professionals to develop criteria setting out when health professionals are required to attend face to face or multiagency planning meetings, with clear expectations as to the purpose and benefits of this. These discussions may cover:

- Where children and young people do not require specialist health services and have their health needs met through universal services;
- Where children and young people have health needs that are met through secondary services e.g. therapists, CAMHS;
- Children and young people with complex health needs who require access to a number of coordinated services or bespoke packages of care.

Appropriate notice time should be given to ensure health professionals can attend meetings, a DMO / DCO is well placed to ensure that local authorities understand the time constraints / pressures that health professionals are under i.e. attending meetings to fit with existing clinic commitments.

Where attendance at a multiagency planning meeting is either not appropriate, or not possible (although processes should be in place to avoid this wherever possible) there should be a process for sharing information between relevant professionals.

### **Draft Plan**

Professionals who have contributed to an EHC needs assessment should have sight of the draft plan to ensure that the advice and health provision within

the plan is accurate. Where this concerns a provision which a CCG would routinely provide the process should be straightforward.

To ensure this happens, DMO / DCOs should work closely with commissioners and providers when agreeing new or continuing provider contracts to ensure that providers can (and do) sign off on a provision that is within the scope of their existing contracts. This should ensure a smooth and quicker process, supporting the 20 week timeline.

When a provision in a draft plan is exceptional to what the CCG ordinarily commissions or where there is a provision that is commissioned by NHS England, the DMO / DCO should be involved in sign off to ensure that the necessary steps are progressed to secure the provision.

### **EHC plans to inform commissioning**

This process will also require a robust assurance process in place to ensure that any previously unrecognised or unmet needs which are addressed as part of the EHC needs assessment process should be captured by the CCG to inform future commissioning intentions / planning.

In some areas regular assurance panels are held, where DMO / DCO and local authority SEN officers review a selection of EHC plans to quality assure plans and capture unmet needs / gaps in commissioned services.

### **Helpful resources**

[CDC EHC Plan Module](#)

[CDC EHC Plan Guide](#)

[CDC Transition Module](#)

[College of Occupational Therapists EHC Plan Guide](#)

[Useful tips to promote a joined up approach to the EHC planning process](#)

### **Key Questions**

- **How are decisions taken about the health content of EHC Plans?**
- **How is this health input secured and assured?**
- **How are plans signed off by the CCG?**
- **What is the expectation in terms of DMO / DCO involvement in multiagency decision making forum?**
- **How are providers and professionals mobilised to provide their time and resources within 6 weeks?**

## Section 8: Local Offer

### The aims of the Local Offer are:

- To provide clear, comprehensive, and accessible information about the available provision for children and young people with SEN or disabilities between ages of 0-25 and how to access it.
- To make services and provision more responsive to local needs and aspirations by directly involving disabled children and young people, and those with SEN, their parents, and service providers in its ongoing review and development.

Information about health services in the Local Offer should include information about universal, targeted, and specialist services with details of how to access them / be referred into them. This also includes health services available to children and young people but which is delivered out with the local area e.g. specialist service commissioned by NHS England. Health services and information in the Local Offer should include but not be limited to:

- Therapies
- Health visiting
- Community paediatric services
- Equipment services
- Child & Adolescent Mental Health Services
- Dentists
- Hospices
- Relevant adult health services
- Learning disability teams
- Children's Continuing Care teams
- Information about making complaints / giving feedback in the NHS
- Information about Personal Health Budgets
- Local health service patient participation mechanisms

DMOs and DCOs have a key role to play in ensuring that health information in the Local Offer in the area(s) is up to date and that it accurately reflects available services. Rather than a DMO / DCO be responsible for producing content for the Local Offer they should coordinate this process by liaising with the health services in the area to ensure consistent messaging and ensuring a process of review and quality assurance is in place.

## The Local Offer as a tool for service development

The Local Offer is also a valuable tool for service design and planning. Commissioners should understand from the feedback received on the Local Offer where gaps in provision are and what needs are not met by existing services. It is a requirement of local authorities and partner bodies to capture and use feedback in this way.

DMO / DCOs should ensure that they are involved in Local Offer review, that they have the opportunity to take part in discussions about development of the Local Offer. Any comments or feedback received by the local authority about health services should be communicated to the DMO / DCO who in turn should ensure local health commissioners are aware of this and that it informs their commissioning intentions.

### Helpful resources

[CDC Local Offer Module](#)

[CDC has developed a Local Offer health template which DMO/DCOs may find useful to use with services in their area.](#)

[Greenwich local authority has comprehensive health information on its Local Offer](#)

## Key Questions

- **Who is responsible for the health content of the Local Offer?**
- **How are children, young people and families involved in this process?**
- **Does the DMO/DCO have a role in reviewing the Local Offers health content?**
- **Does the Local Offer provide a comprehensive and coherent guide to how children, young people and parents can assess the support they need?**

## Section 9: Children and Young People in Specific Circumstances

When implementing the Children and Families Act some children and young people may require additional or special consideration due to the complexity of the other statutory systems that support them.

While the numbers of children and young people may be relatively small they often require significant support from a range of services, and the relationships between these different legislative frameworks and organisations is often complex.

DMO and DCO will need to work with other professionals to make sure that these small groups of children and young people are taken into account by the wider system.

### Children and young people in the youth justice estate

The Children and Families Act has extended the system of SEN to children and young people within the youth justice estate, which are Youth Offending Institutions, Secure Children's Homes and Secure Training Centres.

Health services within these institutions are commissioned by Health and Justice Commissioners in NHS England, and delivered by local provider; the Children and Families Act places responsibilities on the secure estate to provide the provision of an EHC Plan

When young people have an EHC needs assessment carried out within an institution it is focused on their post release outcomes and provisions. It is important that the relevant services and CCG are involved in both the assessment process where necessary and in planning for provision on realise.

DMO and / or DCOs should contribute to the development of a protocol for children and young people in youth justice system to make sure their entry and exit is as smooth and well supported as possible; this will require working with both the local authority SEN teams but also the Youth Offending Services and health and justice commissioners.

## Helpful Resources

[CDC Practice Guide to Children and Families Act and Youth Justice](#)

[RCPCH Guidance on Health Standards in Youth Justice](#)

## SEN and Youth Justice Planning Protocol

### Looked-after children and young people

Looked-after children have the same entitlements to support under the Children and Families' Act as all children, but they have additional entitlements to support for the health services. The local authority has a duty to ensure that each looked-after child has an individual health plan based on a health assessment which forms part of the child's overall care plan, and CCGs and NHS England have a duty to cooperate to ensure support and services to looked-after children are provided.

Looked-after children and young people are far more likely to be disabled or have SEN than children and young people who are not looked-after so consideration must be given to how the looked-after child's EHC plan works together with their care plan. This should result in a process that ensures assessments and reviews are coordinated to meet the children's needs without duplicating information unnecessarily.

Each CCG will have a designated doctor and nurse for looked-after children who will be key contacts for DMOs and DCOs, thus ensuring looked-after children with special educational needs receive a coordinated approach that is tailored to their needs.

### Helpful resources

[Promoting the Health and Wellbeing of Looked-after Children](#)

### Continuing Care

Where a child or young person receives, or is being assessed for, a continuing care package there should be alignment of this and the EHC process. The recently refreshed Children and Young People's Continuing Care Framework makes reference to the EHC process and timescales for aligning the two processes. A DMO / DCO may be best placed to oversee the alignment in partnership with the health assessor and children's continuing care commissioner.

*A decision by the deciding panel on the continuing care element of the EHC plan could be secured within 28 days, and the package of*

*care commence, to be integrated subsequently with the other education and social care elements of the EHC plan as it takes shape. The health assessor's role would help facilitate the health input to the EHC plan. This would also allow a three month review to take place when the full EHC plan was considered for sign-off.*

### **Children and Young People's Continuing Care Framework**

#### **Helpful resources**

[Children and Young People's Continuing Care Framework](#)

#### **Children and young people in residential schools**

A small proportion of students with special educational needs are educated in residential schools. When a student is placed in a residential school outside of their local area the originating CCG retains responsibility even though the child is likely to register with a GP practice in the locality of the special school in a different CCG area.

It is particularly important that the DMO and / or DCO is aware of these young people and can support the CCG to plan for the young person's return to the community as part of their transition to adulthood, and avoid requiring residential hospital placements.

This should be linked to Transforming Care programme (see below)

#### **Helpful resources**

[NHS England Responsible Commissioner Guidance](#)

[Paving the Way, Early Intervention for Children and Young People with Challenging Behaviour](#)

#### **Children and young people in hospitals**

Where a young person is in hospital for a sustained period of time, generally 15 days in a year the local authority should take responsibility for their education where suitable education is not otherwise being arranged.

LAs should be ready to take responsibility for any child whose illness will prevent them from attending school for 15 or more school days, either in one absence or over the course of a school year.



A very small number of young people with a learning disability, autism and challenging behaviour are placed in specialist Assessment and Treatment units. It is important that this group of children and young people maintain a link to their community and active planning is made.

NHS England is reforming the system of support for people with learning disability, autism and challenging behaviour through the Transforming Care Programme and Building the Right Support. The aim of this programme is to prevent children and young people being placed in inappropriate residential settings.

DMOs and / or DCOs can plan an important role in supporting the development of a local approach that aligns this work to the Children and Families Act.

### Helpful resources

[Department of Health guide to hospital education](#)

[Additional guidance for local authorities](#)

[Building the Right Support Service Model](#)

### Key Questions

- **What is the DMO/DCO role in coordinating provision for specific groups of children and young people?**
- **Is there a clear pathway for disabled children and young people and those with SEN in these circumstances?**



## About the Council for Disabled Children

The Council for Disabled Children (CDC) is the umbrella body for the disabled children's sector in England, with links to the other UK nations. CDC works to influence national policy that impacts upon disabled children and children with Special Educational Needs (SEN) and their families. The CDC Council is made up of a variety of professional, voluntary and statutory organisations, including disabled young people and parent representatives. CDC's broad based membership and extensive networks of contacts provides a unique overview of current issues. It also enables us to promote collaborative and partnership working among organisations.

CDC hosts the following networks and projects:

- IASS Network
- Independent Support
- Making Ourselves Heard
- Special Educational Consortium
- Transition Information Network



Council for Disabled Children is hosted by the National Children's Bureau.  
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