

Housekeeping

- Please mute and turn off cameras when you join. Unless you're a speaker!
- Please use chat rather than raising your hands with questions. There are too many of you for us to reliably identify those with hands up.
- Teams top tip, if you're struggling to see slides press Ctrl and scroll your mouse arrow and it will make the content bigger or smaller.
- To turn on captions, select '...' in the top right and select 'turn on live captions'

Welcome and Introductions

Amanda Allard, Deputy Director, CDC

Poll questions

- To access the polling, **use your smart phone/computer and search:** www.PollEv.com/jazzeddew393
- Enter the code: **22333**



Update from CDC on learning from delivery this year – the EHC Process

How do you feel about writing advice?



The ideal EHC Process

No element happens in isolation:

1. CYP/ family defines aspirations
2. CYP/ family is supported to define outcomes
3. Practitioner/ professional:
 1. Understands CYP need (beyond diagnosis)
 2. Has sight of CYP outcomes
 3. Recommends provision which will support CYP to achieve outcomes, in response to need
4. Plan writer develops SMART outcomes

Barriers/ challenges	Frequently recommended solutions
<p>The person-centred conversation, at which aspirations and outcomes sought by the child, young person and/or parent carer/s should be established, often takes place too late in the process.</p>	<p>Confirm that the person-centred conversation takes place in parallel with the decision on whether or not to assess.</p>
<p>There is often a lack of clarity as to who is responsible for this conversation, where it is delegated by the local authority.</p>	<p>Establish a clear process in each local area to agree who is responsible for the person-centred conversation, and this should be published on the Local Offer.</p>
<p>Both the person facilitating the person-centred conversation and the family insufficiently aware of the purpose of the person-centred conversation. Aspirations are usually identified, but these are not unpicked to identify the tangible, holistic outcomes which will move the individual closer to achieving their aspirations. There is often a focus on provision and/or educational targets rather than holistic outcomes.</p>	<p>Routinely use the 4 Preparing for Adulthood domains (Employment, Independent Living, Community Inclusion, Health) as the framework for the person-centred conversation, regardless of the age of the child or young person.</p> <p>Develop resources to support the professionals who facilitate the person-centred conversation, as well as families, to understand the purpose and value of the conversation and to prepare for it. These should support families to move from a focus on provision to a focus on outcomes. These should also include approaches for ‘conversations’ with non- and pre-verbal children, as well as those children and young people who are reluctant to engage.</p> <p>Ensure SEN Case Officers have sufficient capacity to support those who are facilitating the person-centred conversations and quality assure the information they receive. Many SEN Case Officers would like the capacity to conduct the person-centred conversations themselves.</p>

Advice givers rarely receive the individual's aspirations and outcomes sought with the request for advice.

Improve the quality of person-centred conversations to ensure that the aspirations and outcomes sought are available (see above).

Explore national advice request templates which include the individual's aspirations and outcomes sought as standard.

Current statutory timescales do not allow sufficient time for assessment, particularly where the individual is not currently known to services

Acknowledge tensions between timescales for different agencies/services, and explore how alignment might be achieved with the EHCP process.

Advice givers have insufficient capacity to respond to the request for advice in a way which is person-centred and high quality, particularly where they have not recently engaged with the individual.

Acknowledge that engaging effectively in the EHCP process is time-consuming, and take this into account when planning work/caseloads; engaging in EHCP's should be 'part of the day job' rather than in addition to.

Explore options for increasing capacity through further recruitment.

Build the evidence based to demonstrate where interventions led by non-practitioners (e.g. parent carers, teaching assistants) are effective, to increase confidence. This would take pressure off practitioners, but families need more confidence and reassurance that it is effective.

Advice givers have insufficient capacity to coordinate and align advice

See above

Explore digital solutions as an alternative to multi-disciplinary meetings

Advice givers are under pressure to recommend provision that is known to be available locally, rather than the provision that is most appropriate to meet the child's needs and drive towards their outcomes.

Commissioners to aggregate data on provision that is requested but not available, and use this to inform commissioning decisions.

Improve co-production in commissioning decisions to better meet need and increase trust from families.

Parent carers lack confidence that the state-funded SEND system is able (and in some cases, willing) to meet their child's needs, so turn to private recommendations. This tension can lead to tribunals where there is conflict in the recommendations.

Strengthen the graduated approach in schools

Build evidence base for interventions (including case studies of success), and co-produce messaging to reassure and support families.

Ensure services are accessible on a needs-led basis, not diagnosis-led.

Ensure the Local Offer is clear, accessible, up-to-date and easy to use.

Increase practitioner capacity so they are able to discuss proposed provision with families and allay any concerns, using evidence and success stories.

Plan writers do not receive sufficiently specific information from advice givers to write SMART outcomes.	See 6.
Plan writers do not receive sufficiently specific information from advice givers to specify provision.	See 6.
Practitioners receive insufficient warning of the Annual Review	Align Annual Review dates with the individual's birthday, rather than the education setting's calendar. Review Annual Review timescales in light of constraints in practitioners' timeframes (e.g. minimum 6 week notice for Health).
Practitioners have insufficient capacity to attend/ meaningfully contribute to Annual Reviews.	See 6.
Annual Reviews are insufficiently person-centred.	Promote existing resources and guidance on delivering quality Annual Reviews, including supporting families to prepare. Promote usage of the 4 Preparing for Adulthood domains in Annual Reviews, regardless of age.

Key asks for change

- Shared understanding of challenges between agencies (pinch points)
CDC is working on developing this
- Training for those leading the person-centred conversation re. aspirations and outcomes
- Conversations about the CYP's outcomes sought to routinely take place at the beginning of the process
- Amended forms to effectively capture the voices of children and young people
- Share aspirations and outcomes with the request for advice

Key asks for change

- Professionals to see each other's advice
- Simplification of paperwork – minimal time commitment and digitisation of the process
- Health professionals to see draft plan before it is finalised
- Training for whole journey inclusive of tribunal work
- Arrangement for some degree of MDT approach to define outcome and provisions for complex needs

Learning from Tribunals

Specificity issue – *detail, detail, detail!* Demonstrate weight of evidence i.e. how many times that CYP seen by clinician, by the service, over how many years. Demonstrate that child, and their specific needs, are known.

What does a good report look like?

- Description of Needs
- Provision required, as a result of these needs
- Clear description of the difference we expect to see as a result of provision being in place and needs being met

Resources

[EHCPs: Examples of Good Practice](#)

[Securing good quality health advice for EHC Plans](#)

Pinch points in EHCP process resource (in development)

FAQs document for Specialist Health Advice Givers

[Outcomes, outputs and impact: What is the difference?](#)

[Requirements to provide health advice in 6 weeks](#)

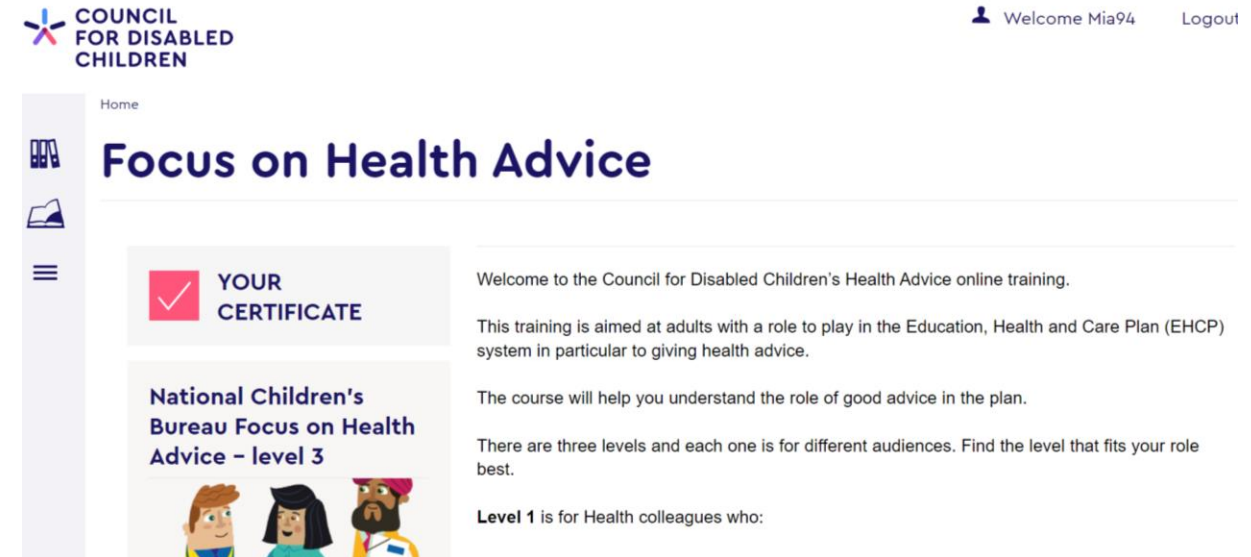
E-Learning – Health Advice, Holistic Outcomes and Annual Reviews

CDC Focus on Health Advice e-learning

3 levels:

- **Level 1:** Health colleagues who are new to the world of SEND
- **Level 2:** Health colleagues who regularly give advice for EHCPs
- **Level 3:** Health colleagues who have a strategic role in EHCP process, role in quality assurance

Each level takes approx. 45-60 mins
Does not need to be completed in one go



The screenshot shows the user interface of the CDC Focus on Health Advice e-learning platform. At the top left is the Council for Disabled Children logo. On the right, it says "Welcome Mia94" and "Logout". Below the logo is a navigation menu with icons for Home, Focus on Health Advice, and a hamburger menu. The main content area features a "YOUR CERTIFICATE" section with a red checkmark icon, followed by a section titled "National Children's Bureau Focus on Health Advice - level 3" with an illustration of three diverse people. To the right of these sections, there is a welcome message: "Welcome to the Council for Disabled Children's Health Advice online training. This training is aimed at adults with a role to play in the Education, Health and Care Plan (EHCP) system in particular to giving health advice. The course will help you understand the role of good advice in the plan. There are three levels and each one is for different audiences. Find the level that fits your role best. Level 1 is for Health colleagues who:"



Devon
Clinical Commissioning Group

Escalation Process for late Appendix C's (Health Contributions)

Jo Pritchard

Designated Clinical Officer (DCO)

Devon, Torbay & Plymouth DCO/DMO Team

Devon Clinical Commissioning Group (CCG) / ICS

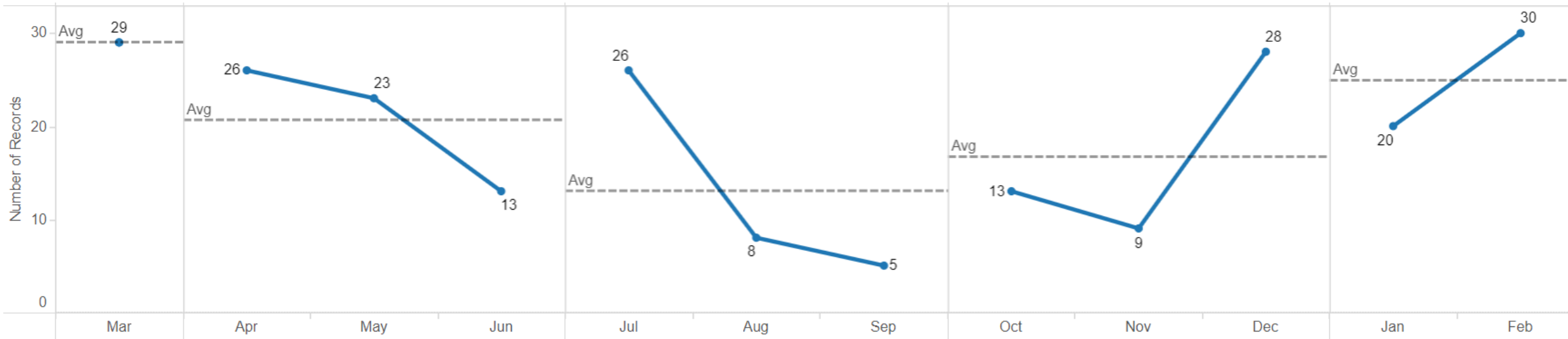
Aims of Session

- Overview of EHC Assessment requests for health in Torbay
- Outline current escalation process used in Torbay
- Next steps for Devon



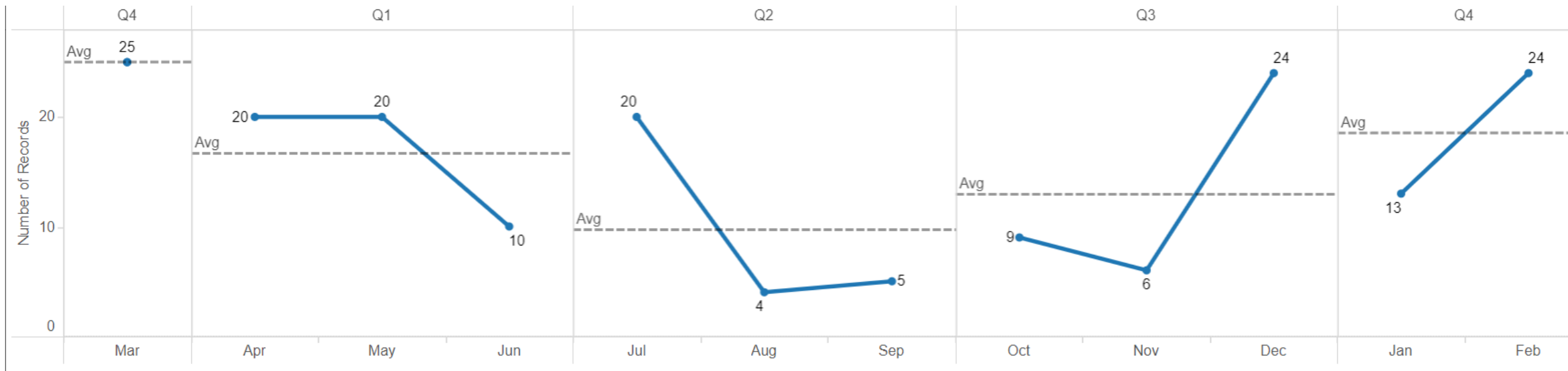
New health requests received

- 230 requests March 2021 – February 2022

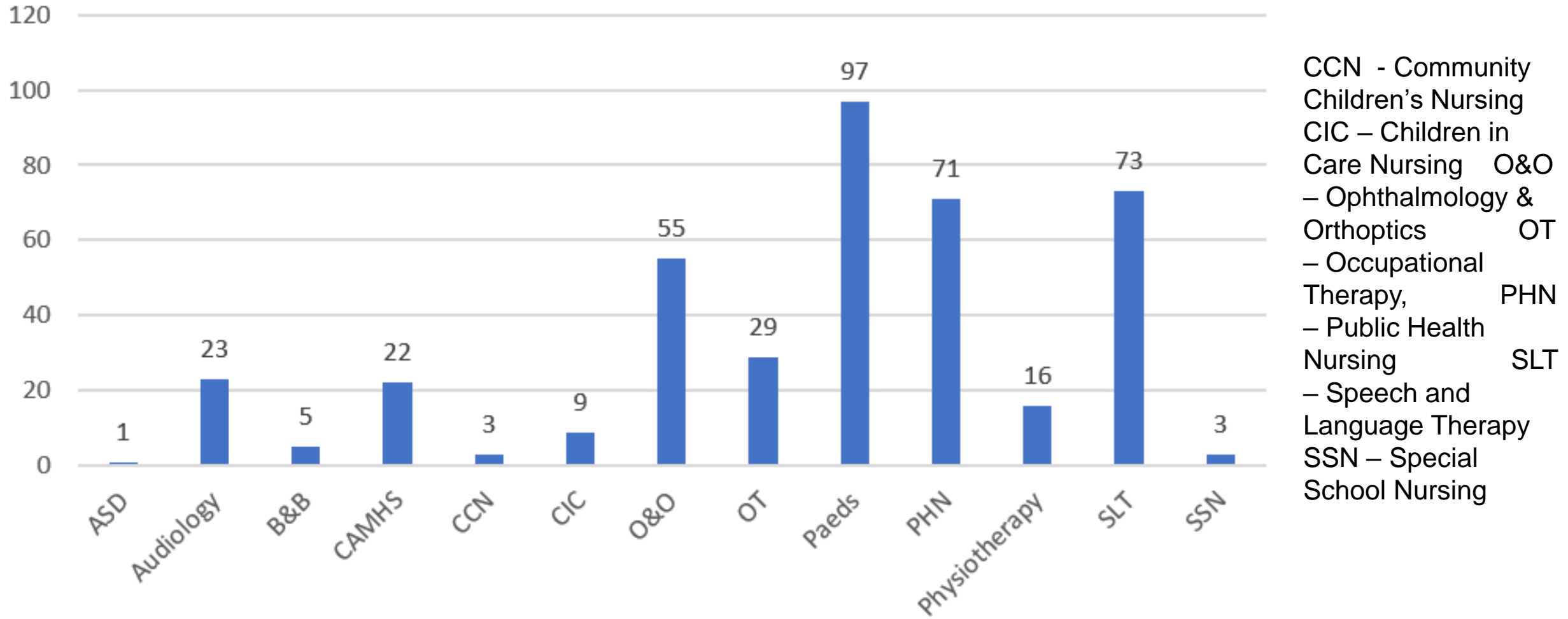


New health requests received (cont.)




- 180 were known to services (currently open or closed within last 12 months)



Requests received by service



Escalation Process for late Health Contributions

Notification (start of 6 weeks)	SEND Team notify health single point of contact (SPOC) of the request for assessment for a child. The team include in the email the health services that the parents/young person has notified of being involved
	
Acknowledgement of request	SPOC checks health system to see which other services are involved. Once known, SPOC emails an acknowledgement to ehcp@torbay.gov.uk to confirm which teams will be responding. These teams' responses will be tracked (the EHCP won't be drafted until received or informed otherwise)
	
Chase	If advice is not received within the 6 week timeframe the SEND Business Support Team will contact the SPOC to 'chase' the late advice. The SPOC chases internally within health.
	
Escalation 1 – lead by SEND	After a further 2 weeks, if the outstanding App C is still not received, <u>an escalation letter is sent from the AD Education to the CFHD Alliance Director with copy to DMO/DCO office d-ccg.send@nhs.net and SEND Business Support Team.</u> Response required within 3 working days.



The DMO/DCO will work with the health teams to facilitate the urgent return of the outstanding App C and respond to the AD Education via susan.kemp@torbay.gov.uk and copy in SEND Business Support at ehcp@torbay.gov.uk.



Response to escalation 1

After 2 weeks If the DCO/DMO office have been unable to resolve the situation they will notify the AD Education via susan.kemp@torbay.gov.uk and copy in SEND Business Support at ehcp@torbay.gov.uk notifying they have been unable to obtain the advice and have escalated the request following the internal health SEND escalation process.

Health internal escalation

Response from health via internal escalation - EITHER / OR



Within 10 working days - An email will be provided from the Head of Integrated Nursing & Therapies or Head of CAMHS with the date that the information will be provided an explanation for the delay to the AD Education & ehcp@torbay.gov.uk

Reason - Cannot be prioritised because....

Numbers and reasons reported into SEND Operations Group



Within 10 working days - An email confirmation that the advice will not be provided to the AD Education via susan.kemp@torbay.gov.uk & copy in SEND Business Support at ehcp@torbay.gov.uk notifying that the advice will not be provided due to:-

Reason - Decision made by Head of Nursing and Therapies and/or Head of CAMHS that App C advice is not required.

Numbers and reasons reported into SEND Operations Group

Next Steps

SEND Strategic Board	SEND Board use the data to inform commissioning requirements
Audit	DCO to audit Numbers and reasons for non-returns to collate and report back quarterly to QEAG and SEND Operations Group to inform future training or service developments

- Implementation of regular audit by DCO team
- Implementation of regular reporting to recently restructured governance structure
- Review and align process across all health services in Greater Devon (Devon/Torbay/Plymouth)

Thank You!



Developing and reporting Integrated Outcomes in an EHC Plan: health's role (Lesley Platts)

- <https://www.youtube.com/watch?v=03QV-8PC9DM>

Breakout group discussions

- 30 min discussions
- Please use the Jamboards to take notes

Questions:

- What are the barriers to the provision of timely advice?
- What are the enablers around timeliness?
- What happens when a request is made for advice for someone who is now known to a service or who is on a waiting list?
- What would need to change to enable the timely provision of advice for those not open to health services?

Final reflections

- What have you taken from today's session?

Post-evaluation form

Please fill out the post-evaluation form through this link or scan the QR code:

<https://bit.ly/34OLB5m>

