NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Designated Clinical Officer (DCO) for Special Educational Needs and / or Disability (SEND)

Annual Report 2022/23

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Purpose

The purpose of this report is to provide an overview of the role and responsibilities of the Designated Clinical Officer's (DCOs) for Special Educational Needs and / or Disability (SEND) working at NHS Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (ICB). It will identify some of the work undertaken over the last 12 months and describe plans and aspirations for the next 12 months.

The report will provide assurance and inform Senior Leaders across BSW about functions and accountability of the Integrated Care Board (ICB) in relation to children and young people (CYP) aged 0-25 years with Special Education Needs and/or Disability (SEND) and provide commissioners with an indication of future resources that may be required for the ICB to fulfil its responsibilities in relation to SEND.

This report should not be read or considered in isolation, and for ease, additional reading material and supporting documents have been included at the end, in the appendices.

Legislation and Guidance

The Children and Families Act (2014) and the 0-25 SEND Code of Practice (2015) provide the ICB with details of the statutory legislation it must adhere to. In addition to this, publications such as the SEND and Alternative Improvement Plan (2023) and SEND Inspection Framework (2023) provide further guidance and direction to Local Authorities (LAs) and ICBs.

The Children and Families Act (2014) intended to improve services for children, young people and families with SEND (including those with complex health needs) in three main ways:

- **Identifying children and young people (up to the age of 25) who have SEND**. This includes the timeliness of identification, and the effective use of information from neonatal and newborn screening and early health checks.
- **Assessing and meeting their needs**. This includes securing health input to Education Health and Care (EHC) Plans and information about health services through the Local Offer.
- **Improving their outcomes**. This includes preparation for being as healthy as possible in adult life.

The 0-25 SEND Code of Practice (2014) provides guidance to all professionals in their work with children and young people who have SEND and supports them in:

- Taking into account the views and aspirations of children, young people and families.

- Enabling children, young people and parents to participate in decision-making.
- Collaborating with partners in education, health and social care to provide integrated support.
- Identifying children and young people's needs and outcomes.
- Securing high quality provision to meet the needs of children and young people.
- Focusing on inclusive practice and removing barriers to learning.
- Helping children and young people to prepare for adulthood.

From September 2014 the Clinical Commissioning Groups (which have since been replaced by ICBs) were required to:

- Commission services jointly with Local Authorities for children and young people with SEND, including those with EHC Plans.
- Work with the Local Authority to contribute to a Local Offer of available services.
- Have mechanisms in place to ensure clinicians support the integrated EHC needs assessment process and align it with Children's Continuing Care.
- Have a designated health officer for SEND.
- Agree Personal Budgets, where they are requested, for those with EHC Plans.

SEND and AP Improvement Plan

In March 2023 the Government published the SEND and Alternative Provision (AP) Improvement Plan: 'Right Support, Right Place, Right Time' in response to the green paper consultation which sets out plans to enable high quality, early support for children. This includes setting out expectations for training, a new portfolio of national standards and consideration of each child's unique experience with an overarching ambition to **"create a more inclusive society that celebrates and enables success in all forms."**

The BSW DCOs were keen to ensure that the Improvement Plan was easily to understand and accessible to all ICB colleagues and system partners, so developed an 'overview' document which identifies the key points raised in the 97 page plan and incorporates some observations entitled 'DCO Reflective Points' which are included to help prompt further discussions and aid a deeper level of understanding (a copy is attached in the appendices).

SEND legislation compliance

Local area SEND inspections are carried out jointly by Ofsted and the Care Quality Commission (CQC) under Section 20 of the Children Act (2004) and focus on how effectively education, health and care services work together to serve children, young people (CYP) and their families with SEND.

SEND Inspection Framework

In January 2023 a new SEND inspection framework was published and the new processes it identifies became operational.

Inspections will now be undertaken over a three-week period (previously two), with inspectors considering how well local areas are operating and working together to improve experiences and outcomes of C&YP with SEND (aged 0-25). Inspectors will do this in several ways, including asking C&YP with SEND, their parents/carers, and practitioners for feedback (surveys and in person) and evaluating case records for individual children, in many instances alongside practitioners.

As part of an integrated thematic review, the inspection will now also consider whether the Local Authority's (LA's) approach to commissioning and oversight of alternative provision (AP) is meeting legal requirements (Section 19 of the Education Act 1996).

The framework provides a clear list of the evaluation criteria inspectors will use to reach a judgement of local area performance. The 3 possible resulting judgements are:

1. Arrangements typically lead to **positive experiences and outcomes** for C&YP with SEND. The local area partnership is taking action where improvements are needed.
2. Arrangements lead to **inconsistent experiences and outcomes** for C&YP with SEND. The local area partnership must work jointly to make improvements.
3. There are widespread and/or systemic failings leading to **significant concerns about the experiences and outcomes** of C&YP with SEND, which the local area partnership must address urgently.

After an inspection, a report of inspectors' findings will be published and the local area partnership will be required to update and publish strategic plans, and where necessary, a priority action plan.

A copy of the new inspection handbook can be found here - Area SEND: framework and handbook - GOV.UK (www.gov.uk) however the ICB DCOs have developed a briefing paper which can be found at the end of this report (in the appendices) which is intended to highlight the important points raised and support system partners to smoothly navigate the framework.

Across BSW previous SEND inspections and reinspection's were carried out on the following dates:

Bath and North East Somerset - 18th and 22nd March 2019
Swindon - 11th and 12th October 2021
Wiltshire - 29th January and 2nd February 2018

The DCOs continue to be actively involved in the ongoing work across BSW to prepare and collate evidence in advance of the anticipated inspections and in accordance with the new framework guidance.

SEND and EHC Plans - A National Overview

On May 12th, 2022, the government published the SEN 2 data which identifies there are currently **473,255** children and young people with Education, Health, and Care Plans (EHCP's) in England, an increase of **42,558 (10%)** from 2021.

The data also identifies that there were **93,302** requests made for EHC Needs Assessments, an increase of **23%** compared with 2020, with **62,180** new EHC Plans being issued, an increase of **3%** from 2020.
(Accessed online via: Education, health and care plans, Reporting Year 2022 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk))

SEND and EHC Plans - Local Area Demographics

Bath and North East Somerset (BaNES)
In BaNES the total population is estimated to be **196,357** (Population Census 2020) of which **30,197** is estimated to be of 'school age'.

BanES Council currently have **1708** Children and Young People with EHCP's which are attributed to the following age groups (SEN2 data 2022):

Aged under 5yrs	**54**
Aged 5-10yrs	**632**
Aged 11-15yrs	**609**
Aged 16-19yrs	**334**
Aged 20-25 yrs	**79**

Swindon
In Swindon the total population is estimated to be **222,193** of which **34,979** is identified to be of school age.

4,752 children and young people in Swindon receive additional SEN support within an education setting without the need for an EHCP (Swindon SEND Strategy 2020-2023).

Swindon has a total of **2,264** EHCP's which are attributed to the following age groups (SEN2 data 2022):

Aged under 5yrs	**117**
Aged 5-10yrs	**743**

Aged 11-15yrs **801**
Aged 16-19yrs **461**
Aged 20-25 yrs **142**

Wiltshire
In Wiltshire the total population is estimated to be **504,070** of which there are approximately **76,198** children and young people of school age.

Wiltshire has approximately **8,500** children and young people who receive additional SEN support within an education setting without the need for an EHCP.

Wiltshire has a total of **4,287** EHCP's which are attributed to the following age groups (SEN2 data 2022):

Aged under 5yrs **121**
Aged 5-10yrs **1557**
Aged 11-15yrs **1690**
Aged 16-19yrs **804**
Aged 20-25 yrs **115**

The role of the DCO

The role of the Designated Clinical Officer (DCO) is diverse and multi-factoral, encompassing both operational and strategic elements.

The BSW ICB DCOs have developed a document titled 'Priorities on a Page' (available in the appendices) which provides a workplan overview and a framework which supports a wider action plan. It identifies seven key areas of responsibility, all underpinned by capacity, recognising that the DCOs are currently managing the Children's Continuing Care Clinical Advisers too.

The areas identified are:

1. **Statutory compliance**
2. **Governance and reporting**
3. **Quality Assurance**
4. **Risk Management**
5. **Education and Training**
6. **Participation and Collaboration**
7. **Service Improvement**

The DCOs are responsible for evidencing the progress made against the associated action plan and providing assurance to the ICB Chief Nurse and Executive Lead for SEND. Some examples in relation to these areas are provided below.

1. **Statutory Compliance** - Section 23 Notifications

In accordance with the Children and Families Act (2014) the ICB has a statutory responsibility to identify C&YP (up to the age of 25) who have, or may have SEND, and notify the relevant local authority (LA). This process is more commonly known as a Section 23 (S23) notification and helps to support LAs to better understand the emerging needs of the population and effectively develop and commission services for SEND, now and in the future.

The DCOs were aware that working in partnership with 3 LAs across BSW, meant that a simple and standardised approach was necessary to ensure compliance, and were keen to learn from other ICBs who have already successfully implemented a S23 system.

A task and finish group was established and key stakeholders such as Health Visitor and School Nursing Team Leads were invited. The DCOs set out their vision for a BSW approach to S23 notifications and developed a draft template as a starting point for discussions.

The DCOs were aware that NHS Somerset ICB's Parent Carer Forum (PCF) had already developed an information leaflet for families explaining the S23 process and reasons why their consent for information sharing would be required. This has been discussed with the Chair of Wiltshire Parent Carer Council (WPCC) who have agreed to review it with representatives from BaNES and Swindon PCFs and agree a format which can be used across BSW. This is expected to be completed by the end of May 2023 when the new process will then 'go live'.

2. **Governance and Reporting** - DCO Highlight Reports

The DCOs recognise the benefit of robust data collection and wanted to develop a mechanism for regular reporting on their monthly activity levels. A DCO 'Highlight report' template was developed to capture this, and it is shared each month with BSW system partners including local area SEND Partnership Boards (an example can be found in the appendices).

These reports are intended to provide an overview of quantitative data in a monthly snapshot, such as the number of EHC Plans where the DCOs have provided quality assurance feedback for sections C and G, or the number of new Tribunals registered and being case managed by the DCOs.

The highlight reports have now been operational for 12 months and the DCOs plan to seek feedback to review and evaluate the format and data metrics currently used to ensure the report remains information rich, informative and meaningful.

3. **Quality Assurance** - The DCO QA Framework

A significant part of the DCO role focuses on quality assurance, this is not only because the ICB have a statutory duty in accordance with the Children and Families Act (2014) and

SEND code of Practice (2015) to 'agree' any health provision specified in Section G of the EHCP in time to be included in the draft EHC plan sent to the child's parent or to the young person. But also, because CYP and their families will report higher levels of satisfaction when they receive a draft EHC plan where the health sections (C and G) are of the highest quality, factually accurate, and individualised.

The DCOs have well established systems and processes in two out of the three LA areas, and discussions are ongoing in the third, to ensure they're able to review and provide QA feedback on all draft EHC Plans.

A DCO Quality Assurance Framework has been developed (available in the appendices) to provide more detail on this area of work and identifies key principles as being:

- A shared commitment to quality.
- Factually accurate, relevant and meaningful health sections.
- Engagement, Participation and Co-Production.
- Clear and transparent decision making.
- Timely information sharing, involvement, and support.
- Continuous review and focus on improvement.

A process map of DCO QA and an example template of the feedback from used is also included in the framework.

In addition to this the DCOs are actively involved in the NHS England national workstreams and task and finish groups on quality assurance which currently involves development of a new QA health audit tool which would allow for a collaborative approach with local and national level benchmarking.

In one local area the DCOs were made aware of a LA and Department for Education (DfE) EHC Plan audit which prompted them to consider QA around the specificity of health provision being identified in Section G of EHC Plans. A critical review was undertaken which involved exploring the available guidance, discussions with senior SEND leaders in NHS England, and reviewing case law examples. Following their critical review, the DCOs concluded that their current holistic QA processes, undertaken on an individual basis and using clear and consistent language to describe health provision in Section G contains sufficient specificity to comply with SEND legislation and best practice guidance. The full briefing paper can be found at the end of this report in the appendices.

4. **Risk Management** - SEND Tribunals

The BSW ICB DCOs continue to be responsible for case managing all SEND First Tier Tribunal extended appeals when there is a health element for determination.

Much of the DCO work focuses on tribunal avoidance and wherever possible, working alongside the LA to agree or suggest compromises to parental requests for amendments to

be made to Section C (Health Needs) and Section G (Health Provision) of their child's EHCP's.

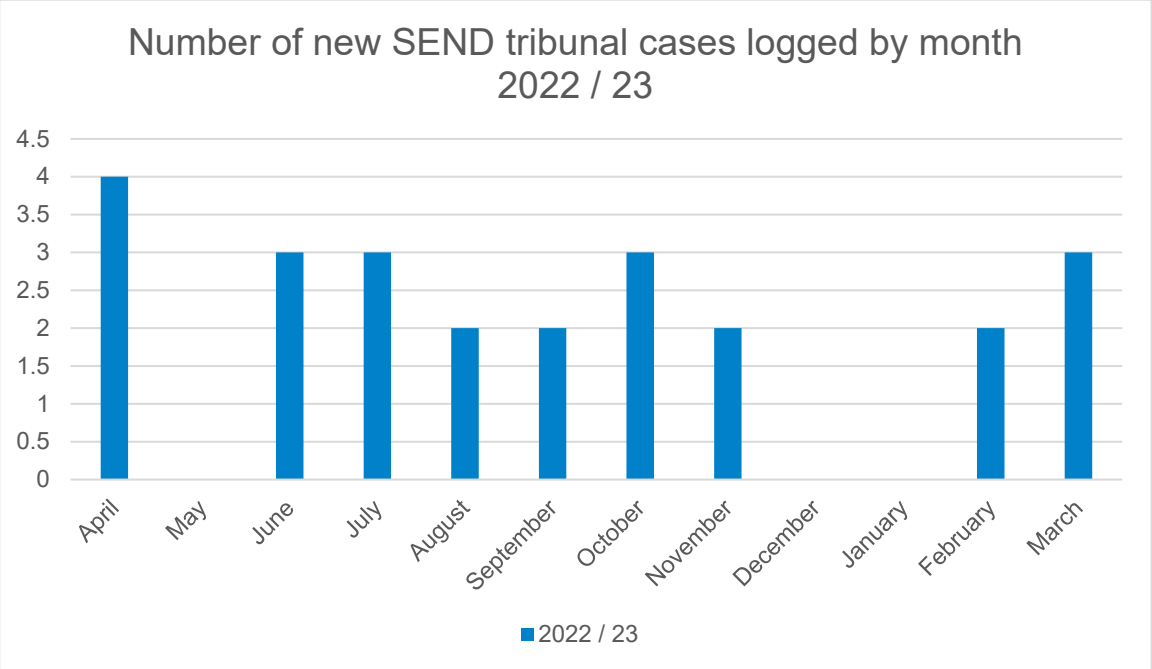
However, when required to do so, the DCO will attend the tribunal appeal hearing or provide a written statement on behalf of the ICB which identifies their position.

The DCOs have significant knowledge, experience and understanding of working across the SEND arena and have undertaken IPSEA accredited legal training and worked closely with specialist legal teams for many years. They have access to legal advice and support from the ICB Solicitor, who will always ensure the ICB acts lawfully when discharging its duties in relation to SEND.

Following a Tribunal appeal hearing the ICB is notified of the outcome in writing and must consider all the court's non-binding health recommendations. A Regulation 6 response letter must then be submitted within five weeks to the LA outlining whether the ICB agrees (or not) to comply with the courts non-binding recommendations, providing clear rationale for their decisions.

The DCOs prepared a briefing paper which was shared with ICB Executives and identifies the ICB responsibilities, and the agreed process followed across BSW following receipt of a tribunal order (attached in the appendices).

Number of registered SEND First Tier Tribunals involving BSW ICB



The graph above shows that in the last twelve months the ICB DCOs have been notified and case managed a total of 24 tribunals involving health, some of which are still ongoing. Of these 24 cases, the DCOs have only had to attend a tribunal hearing as a witness on three occasions, one of which was just to confirm a consent order. This demonstrates that

the DCOs current methods of caseload management add value and are effective at reducing the need for ICB tribunal attendance.

5. **Education and Training** - Supporting pupils with medical needs

The DCOs provide regular education and training sessions on a wide range of subject areas to diverse audiences across BSW. This often includes presentations to LA SEND teams, school SENCOs and health professionals about the role and responsibilities of the DCO and Quality Assurance of health advice and EHCPs. Bespoke advice and training is also provided at short notice to individuals or teams who are managing complex cases such as tribunals.

The DCOs work closely with the Designated Medical Officers (DMOs) and lead Community Paediatrician for SEND who provide learning and support to medical professionals, identifying, developing and delivering ongoing SEND service improvement. A recent example of this work includes development of a new template for Community Paediatricians to provide health advice as part of an EHC Needs Assessment (EHCNA).

The DCOs have recently reviewed and updated the ICB guidance on supporting education settings to manage CYP with medical needs (attached in the appendices) and presented this at a local area SENCO conference alongside school nurses and community paediatricians to increase awareness and understanding of the guidance and answer questions. This has promoted the DCOs visibility and increased the volume of queries being received, which demonstrate the positive impact that these sessions have had.

6. **Participation and Collaboration**

The BSW ICB and system partners are committed to working in partnership with C&YP with SEND and their families / carers. Parent Carer Forum representatives are always invited to attend and actively contribute to local area SEND partnership Boards, working alongside system partners to ensure the views and 'voice' of the child and their family is always considered in everything we do. Some recent examples of this include the development of a local area SEND Strategy, Self Evaluation Framework (SEF) and the Section 23 information leaflet.

The DCOs have also been undertaking visits to special schools across BSW where they've had the opportunity to meet with teachers, SENCOs and support staff who assist and care for C&YP with SEND, including those with complex health needs, to access and engage with education. This increased visibility of the DCOs has improved communication flow and increased confidence and understanding of their roles and function.

7. **Service Improvement** – Developing a team of Health Advisers for SEND (HAS)

SEND legislation requires the responsible health body (the ICB) to provide 'health advice and information' to a local authority (LA) within six weeks when they have agreed to undertake a statutory Education Health and Care Needs Assessment (EHCNA).

The DCOs recognised that the ICB discharges its responsibilities differently in all three LA areas, and whilst some could be considered as providing in excess of the legal requirements, other areas who are responding with a "not known to service" response may not be legally complaint.

The DCOs produced a business case outlining their proposals for the ICB to recruit a new team of Health Advisers for SEND (HAS) who will ensure ICB compliance by undertaking a light touch holistic assessment of all C&YP who aren't currently on a children's community health service caseload, who've been discharged more than 12 months ago or who are currently on a diagnostic pathway / waiting to be seen. This will involve talking to the CYP and their family / carers, reviewing their electronic medical records and liaising with other professionals who know them well such as the school SENCO, school health nurse, GP, health visitor or acute hospital specialists.

A significant amount of interest was shown when these exciting new roles were advertised, with a total of seventeen people applying. Following a successful recruitment campaign the 2 HAS positions have now been recruited to, and an induction programme is expected to begin in the summer.

The DCOs recognise the challenges of setting up a new service and have been working closely with colleagues at a neighbouring ICB health provider who've already got a well-established HAS team in place, to ensure learning is shared and a consistent and high-quality approach is modelled and delivered to ensure robust governance is achieved across the wider local area.

The BSW DCOs will line manage the HAS Team and develop data metrics for service monitoring and evaluation purposes which will be included on the SEND data dashboard and scrutinised at both the ICB Quality Committee and local area SEND partnership Boards. This will also ensure careful monitoring, management and evaluation of the demand and capacity issues experienced by this new service, providing a platform to positively utilise the evidence for further expansion and team evolution.

Conclusion

The DCO annual report continues to demonstrate the breadth and depth of the ongoing work the DCOs are involved in, providing an opportunity to highlight some of their many achievements, and showcasing some individual examples of excellence delivered over the

past 12 months which identify the significant impact their role is having, not just across BSW ICB, but system wide.

Aspirations for the next 12 months are likely to be just as ambitious, with many new opportunities and challenges still to navigate such as the Children's Continuing Care (CCC) team transferring to an All Age Continuing Care (AACC) model, implementation and further development of the new SEND Inspection framework and SEND and AP Improvement Plan focusing on development of areas such as key national standards, and operationalising the ICB Health Advisers for SEND (HAS) team across BSW.

You can contact the BSW ICB DCO's on: bswicb.send@nhs.net

Special Educational Needs & Disability (SEND) Inspection Framework January 2023

Contents:

1. Overview

The **new** framework for inspection of the effectiveness of the local area partnership's arrangements for children and young people (C&YP) with Special Education Needs and Disabilities (SEND) became operational in January 2023. This inspection of the Education, Health, and Care arrangements for children & young people (C&YP) with SEND is carried out jointly by Ofsted and the Care Quality Commission. This is a three-week inspection which looks at how well we are operating as a partnership to improve experiences and outcomes of C&YP with SEND (aged 0-25). Inspectors will do this in a number of ways including asking C&YP with SEND, their parents/carers, and practitioners for feedback (surveys and in person) and evaluating case records for individual children, in many instances alongside practitioners.

Area SEND: framework and handbook - GOV.UK (www.gov.uk)

The key considerations for the inspectors will be:

- How well members of partnership work together to improve experiences and outcomes of C&YP with SEND
- How well the partnership jointly plan, evaluate and develop services
- To evaluate arrangements for all C&YP with SEND (aged 0-25) those with EHC Plans and those receiving support for SEND who live in the local area

As part of an integrated thematic review, the initial inspection **will now also consider** whether the Local Authority's approach to commissioning and oversight of alternative provision (AP) is meeting legal requirements (Section 19 of Education Act 1996).

2. Judgements

The framework provides a clear list of the evaluation criteria inspectors will use to reach a judgement of local area performance. The 3 possible resulting judgements are:

- Arrangements typically lead to positive experiences and outcomes for C&YP with SEND. The local area partnership is taking action where improvements are needed.
- Arrangements lead to inconsistent experiences and outcomes for C&YP with SEND. The local area partnership must work jointly to make improvements
- There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of C&YP with SEND, which the local area partnership must address urgently.

3. Scope

The scope of the inspection covers C&YP who live in the local authority area, including those educated out of area. However, it does not cover those who live in other areas but attend an education setting within the local authority's boundaries.

After an inspection, a report of inspectors' findings will be published and the local area partnership will be required to update and publish strategic plans, and where necessary, a priority action plan.

4. Key Components

This is a three-week inspection, with the notification phone call expected on a Monday morning. Inspector activities in the first two weeks are carried out remotely and then will be on-site for the third week. The key components of the inspection activity are:

- Evaluation of the local area's self-assessment and other requested management information
- Ofsted defined surveys to gather feedback
- Detailed evaluation of six C&YP with SEND as "tracked cases"
- Case sampling
- Sampling visits to providers and services
- Meetings with C&YP with SEND
- Meetings with parents and carers of C&YP with SEND
- Outlined below is more information about each of these elements and the action that will be required during an inspection. There will also be meetings with leaders and practitioners during weeks two and three which will be requested by inspectors as part of agreeing the timetable.

Management information

Annex A of the inspection framework outlines a detailed list of the full set of management information that is required to be provided to inspectors. There is an initial set of documents, including a self-evaluation that need to be uploaded by 11am on the Tuesday following notification with the remainder of the documents required by 5pm on the Friday of that first week.

5. Surveys

Ofsted will provide links to three different surveys to gather feedback from:

- C&YP with SEND
- Parents and carers of C&YP with SEND
- Practitioners across the local partnership working with C&YP with SEND

These are accessible, with easy read versions, audio recordings of questions and introductory videos available for each. The surveys will be live for six days from the date of notification.

6. Tracked Cases

The LA is required to provide child-level data to inspectors, outlining details of all C&YP with an EHCP or SEN support. From this list they will choose approximately six cases to "track" across the system. The case numbers for tracked cases will be confirmed at the end of the Tuesday after notification. Required documents (see below) for each tracked case must be provided to inspectors by the end of the Friday of Week 1.

Inspectors will usually include at least one C&YP who is studying in alternative provision and at least two C&YP who are receiving SEN support. They will also try to include at least one C&YP with needs from each of four categories of need: communication and interaction; cognition and learning; social, emotional and mental health; sensory and/or physical needs.

The local partnership will need to quickly work closely together to:

- Collate the case-related documents for each child (see below)
- Arrange for a practitioner who knows the child and parent/carer to request their agreement to be involved in a meeting with inspectors "tracking meeting". These meetings could happen remotely in week 2 or onsite in week 3.
- Arrange a "multi-disciplinary tracking meeting" for inspectors to meet with the practitioners working with the child. These meetings could happen remotely in week 2 or onsite in week 3.

The documents required by 5pm on Friday of Week 1 for each tracked case are:

- Multi-agency audit of the child's programme and support, including an evaluation of the impact of plans and support, and learning for the providers and services involved
- Chronology of significant events in the 2 years before the inspection
- Pen portrait of the child including information about their needs, aspirations and support
- The most recent assessments, including an early help assessment if applicable
- The most recent plans including an EHC plan, personal education plan or care plan where relevant
- Notes of any key multi-agency discussions or equivalent
- The current commissioning agreements when the child or young person is in alternative provision

7. Case sampling

Inspectors will evaluate the decision-making processes and oversight, including those related to legal duties, for specific groups of C&YP with SEND, by sampling cases from these groups with officers from the local area partnership. Inspectors will ask to discuss a selection of C&YP's experiences with one or two officers who are directly involved in the decision-making and oversight of their support. Inspectors will choose which C&YP they want to discuss.

Topics that may be a subject for focused sampling include the decision-making and oversight of the quality of EHC plans, fair access protocols, and use of the dynamic support register. Inspectors may also use focused sampling to review the local area partnership's oversight for particular cohorts of C&YP with SEND, for example those who have high rates of absence from school, are educated somewhere other than at school, are known to youth justice, are not on a school roll or are home educated. This activity will happen in week three.

Sampling visits to providers and services

Inspectors will visit a number of providers and services across education, health and care to review the experiences of a wider group of C&YP. These visits are not to directly inspect the quality of provision, as these providers are subject to other inspection arrangements. These sampling visits enable inspectors to review the impact of the local area partnership's arrangements on a larger group of C&YP with SEND. Inspectors will evaluate C&YP's experiences and outcomes by reviewing documents and talking to practitioners.

Inspectors will select providers and services they visit and will ask for information about individual children and young people's experiences. These may include C&YP who have a specific need, who are receiving a specific service and/or who are at a

particular point in their care or education. Inspectors will choose the C&YP. They may do this before the visit, using the information provided by the local area partnership. Alternatively, they will ask practitioners to show them records based on certain criteria established from the lines of enquiry and will choose the children that way.

Inspectors will look at any documents relating to the C&YP and will discuss their experiences and outcomes with the practitioners in that provision or service. Inspectors may also look at case supervision notes. Where case records are held wholly or partly electronically, the provider should arrange for the inspectors to have secure access to the electronic system.

Inspectors sampling in social care will consider the identification, assessment, intervention and transition stages of social care support. This may include visits to services such as the disabled children's team, early intervention support and adult social care teams.

This activity will happen in week three.

8. Meetings with children and young people with SEND

Inspectors will want to meet with a group of C&YP with SEND early in the inspection to discuss and understand:

- their experiences and outcomes
- how the local area engages with them and the impact this engagement has
- their views on effective practice and how the local area can improve its arrangements for C&YP with SEND.

They may also meet with additional C&YP to discuss relevant lines of enquiry, discuss their individual experiences or seek their views on a specific aspect of the local area's arrangements.

9. Meetings with parents and carers of children and young people with SEND

Inspectors will meet remotely with representatives from the Parent Carer Forum and/or other representative groups of parents and carers at the start of the inspection to:

- identify any common themes that contribute to developing lines of enquiry for the inspection
- discuss their views on effective practice and how the local area partnership could improve its arrangements for C&YP with SEND

Inspectors will also meet with parents and carers during the inspection to:

- understand the impact on their child of the local area's SEND arrangements
- understand the impact on the wider family
- identify effective practice and how arrangements could be improved
- gain more information about specific lines of enquiry

If you would like any additional information, please contact the BSW Designated Clinical Officers at bswicb.send@nhs.net

Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Improvement Plan: Right Support, Right Place, Right Time

Overview

On 3rd March 2023 the Government published their response following feedback to the SEND and AP Green Paper. Their response is delivered in the form of an 'Improvement Plan' that outlines how the Government is going to update the current SEND system.

This is a long-term plan which is set out over 97 pages with 6 chapters, a conclusion and 3 annexes. It details the expected dates for further publications, guidance and future legislation, however, as only a handful of change is envisaged before 2025, local areas will need to continue to follow current legislation and guidance as identified in the Children and Families Act (2014) and the SEND Code of Practice (2015) until any changes are made statutory.

Purpose

The BSW ICB Designated Clinical Officers wanted to develop an easy read document which provided a meaningful and concise overview of the key points raised in the Improvement Plan which also incorporated some of their observations and reflections to aid discussion.

Review

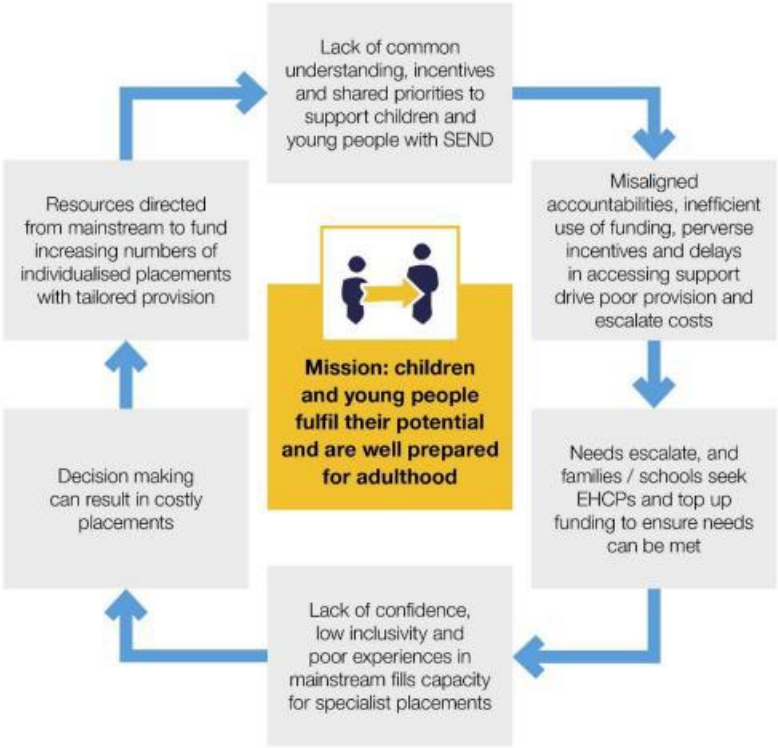
Chapter 1: Introduction

The three key challenges identified in the SEND and AP Green Paper were to:

- **Ensure each child achieves their potential** - Children and Young People (C&YP) with SEND should enjoy their childhood, consistently achieve good outcomes and be well prepared for adulthood and employment.
- **Build parents confidence and trust** - parents and carers should experience a fair, accessible system which is easy to navigate and provides them with confidence that their child will receive the right support, in the right place, at the right time.
- **Provide financial sustainability** - local leaders should utilise the additional financial investment in the high needs budget to effectively meet children and young people's needs,

which improve their outcomes and experience, whilst supporting the financial stability and sustainability of system partners.

The flow chart below identifies the vicious cycle of late intervention, low confidence and inefficient resource allocation.



The publication of the Green Paper marked the start of an extensive and accessible 16- week consultation period during which the Department for Education (DfE):

- Attended 175 events, hearing from over 4,500 people, including CYP and their families.
- Received around 6,000 responses to the online consultation questions.
- Received submissions from organisations and respondents directly through email.

You can read a full report of the feedback from the consultation here.

The Change Programme identifies a commitment of £70 million to develop nine regional Expert Partnerships which will help co-produce, test and refine key reforms.
There will be three approaches to delivery:

1. **Support and stabilise** - The DfE will support and stabilise the system, ensuring local areas are working in the best possible way within the current system to ensure that the

needs of C&YP are met, without escalating costs, and to ensure local authority deficits are brought under control. This includes supporting LAs through the Delivering Better Value and the Safety Valve programmes.

2. **Delivering capacity to address supply issues** - In the short to medium term, the DfE will take action to address supply issues, ensuring there is sufficient support available for children and young people when they need it, in the most efficient way. This includes investing £2.6 billion between 2022 and 2025 to deliver new places and improve existing provision for C&YP with SEND or those who require alternative provision, reducing the need for costly independent provision.
3. **Design and test for systemic reform** - The DfE £70 million Change Programme will create up to nine 'Regional Expert Partnerships' that will test and refine longer-term systemic reforms including developing and testing National Standards, strategic partnerships and inclusion plans, the proposed alternative provision service and tailored lists. This will help guard against unintended consequences and build a strong evidence base to inform future funding and legislation.

Chapter 2: A national system underpinned by National Standards

This chapter describes the Government's vision for an inclusive education system which delivers high quality mainstream and specialist provision which places C&YP at the centre.

Development of National Standards

- Engagement across education, health and care during spring 2023 to develop National Standards. This will include working with a broad range of system partners as well as with CYP and their parents and/or carers to consider a wide range of perspectives.
- By the end of 2023 the DfE expect to be able to start testing certain elements of the National Standards with 'Regional Expert Partnerships' via The Change Programme.
- By the end of 2025, the DfE expect to be able to publish a significant amount of the National Standards, focusing on those considered to be the most deliverable within the current system.

***DCO Reflective Point**: By identifying that that a 'significant proportion' of the National Standards will be published by the end of 2025 it infers that it will be 2026 and beyond before the full library of standards are rolled out.*

In order to facilitate proactive adoption by education settings the National Standards will need to be underpinned by legislation, and ahead of this they will need to be completed and published to allow for a period of consultation, further extending the time trajectory before implementation.

National Standards will:

- Set clear and ambitious expectations for what good looks like when identifying and meeting a range of C&YP's needs.
- Provide clarity for CYP and their families on what provision is available through ordinarily available provision and for those with EHCPs.
- Clarify what high quality, evidence-based provision looks like, who is responsible for securing it and who is responsible for funding it.
- Support families, practitioners and providers understand what support every C&YP should be receiving from early years through to further education, no matter where they live or what their needs are.

DCO Reflective Point: *The DfE reference building on existing best practice and identify Portsmouth City Council's document titled 'Ordinarily Available Provision' Ordinarily-available-Provision-document.pdf (portsmouthlocaloffer.org) which sets out expectations of the support that should be made available for all CYP with SEND in early years, schools and colleges. Other local authorities such as Bristol have similar documents on their Local Offer.*

SEND and Alternative Provision Partnerships

- To introduce statutory local area SEND and alternative provision partnerships that bring together system partners to plan and commission support for C&YP with SEND and in alternative provision, meeting the National Standards.
- Provision partnerships will create evidence based local inclusion plans (LIP) that will set out how the needs of C&YP in the local area will be met in accordance with the National Standards and will be underpinned by a maturity matrix self-assessment tool to support local areas to evolve.
- Investment of £2.6 billion between 2022 and 2025 to fund new education places and improve existing provision for C&YP with SEND or those requiring alternative provision.
- Approval of a tranche of applications from local authorities to open new special schools in their area.
- Non-Statutory guidance will be published in the Autumn of 2023 outlining the full detail and expectations for local are SEND and AP Partnerships including clear roles and responsibilities for partners individually and the partnership collectively.
- The creation of a three-tier alternative provision system, focusing on targeted early support within mainstream school, time-limited intensive placements in an alternative provision setting, and longer term placements to support a return to mainstream or a sustainable post-16 destination.

DCO Reflective Point: *There appears to be an assumption that there is capacity available within existing resources, when in reality many specialist settings and AP don't have any additional space or the ability to create more places. It also assumes that our current AP is adequately staffed to support timely adoption, recognising that additional recruitment and training is likely to cause delays. New Special Schools are likely to take many years to be fully operational, especially if new buildings are required which means that in reality many of these will not be open and available to C&YP until 2026 and beyond. The ability to recruit and train staff will then also have an impact.*

Education, Health and Care Plans

- To **Standardise** the templates and processes around EHCPs to improve consistency and best practice, improving experiences for CYP, with guidance available from 2025.
- To **Digitise** EHCPs to reduce the administrative burden and improve experiences for parents, carers and professionals, reduce bureaucracy and improve our ability to monitor the health of the SEND system.
- To **introduce local multi-agency panels** to improve parental confidence in the EHC Needs Assessment process and promote holistic conversations between local area partners who can support and challenge each other and contribute towards robust decision making and facilitate timely access to support for C&YP with SEND.

DCO Reflective Point: *Until this is change is mandated through legislation the Government can only encourage Local Authorities to use a standardised template. Adoption will need to be carefully considered and planned to avoid a repeat of the long delays and challenges previously experienced when educational statements were transferred to EHCPs. Currently digital EHCP platforms offer the same level of inconsistency in their content and design as EHCP templates. Significant investment will be needed to support a digitised system that is accessible across all local authority services including health and social care. Training and support will also be required to ensure a smooth transition to the digitised process.*

Additional points including short breaks and Social Care

• The development of innovative approaches for short breaks for children, young people and their families with £30 million in funding being allocated to new projects over three years.

• The DfE will undertake a review of social care legislation relating to disabled children so they can improve clarity for families about the support they are legally entitled to.

• Local Authorities will improve information available to families and provide a tailored list of suitable settings informed by the local inclusion plan.

DCO Reflective Point: *This appears to be describing the 'Local Offer'.*

Chapter 3: Successful transitions and preparation for adulthood

The DfE's vision is of a SEND and alternative provision system which supports children and young people to successfully move through education and into adulthood, regardless of whether they have an EHCP, through the wide variety of routes available.

The DfE identify they will:

- Publish guidance to support effective transitions between all stages of education, and into employment and adult services.
- Conduct a pilot to consider the evidence required to access flexibilities to standard English and mathematics requirements for apprenticeships.
- Invest £18 million between 2022 and 2025 to double the capacity of the Supported Internships Programme.
- Continue to support the Department for Work and Pensions' Adjustments Passport pilot to smooth the transition into employment.
- Improve the Disabled Students Allowance process, by continuing to work with the Student Loans Company to reduce the time for support to be agreed.

DCO Reflective Point: *It's envisaged that the move towards a model of All Aged Continuing Care (AACC) will strengthen and improve transitions for children and young people with complex health needs who have been found eligible for Children's Continuing Care (CCC) and are transitioning to Adult Continuing Health Care (CHC).*

Chapter 4: A skilled workforce and excellent leadership

Any reform must build on the extensive expertise held by the multitude of professionals working across the system in education, health and care settings, specialist and AP, LAs, ICBs and beyond and focus on setting consistent standards and incentives to build a united workforce around the child or YP.

- The introduction of a new leadership level SENCo (Special Educational Needs Co-ordinator) NPQ (National Professional Qualification) for schools.
- To review the Initial Teacher Training (ITT) and Early Career Frameworks (commencing early this year). This includes developing guidance on special schools' involvement in ITT.
- Ensuring SEND expertise is held at every level. To support excellent SEND leadership the government have begun development of a new MAT CEO development offer, introduced a new NPQ for Early Years Leadership and revised the NPQ for Headship to ensure they are able to support all pupils including those with SEND.
- To fund up to 5,000 early years staff to gain an accredited Level 3 early years SENCo qualification to support the early years sector, with training running until August 2024.

- To increase the capacity of specialists, including by investing a further £21 million to train two more cohorts of Educational Psychologists in the academic years 2024 and 2025; and, in partnership with NHS England, as part of our £70 million Change Programme, pioneering innovative practice through running Early Language and Support for Every Child (ELSEC) pathfinder to improve access to speech and language therapy for those who need it.
- To publish the first three practice guides for frontline professionals, building on existing best practice, including the Nuffield Early Language Intervention, the work of the Autism Education Trust, and the government's guidance on promoting C&YP's mental health and wellbeing.
- To consult on the SEND Code of Practice to include new guidance on delivering a responsive and supportive SEND casework service to families.
- To develop a longer-term approach for teaching assistants to ensure their impact is consistent across the system, starting with a research project to develop our evidence based on current school approaches, demand and best practice.
- Strongly encourage the adoption of the Designated Social Care Officer (DSCO) role in each local area.
- Improving mainstream provision through high quality teaching and SEND training so all pupils have access to high quality inclusive teaching and every teacher is able to adapt their practice to meet the needs of their classroom.

DCO Reflective Point: *The first three practice guides referred to for frontline Professionals are expected to be published by the end of 2025.*
The planned replacement of the NASENCO qualification with a mandatory leadership level SENCO NPQ for SENCOs who do not currently hold the NASENCO Award (this includes all those who became a SENCO prior to 2009 and were exempt) has no time-line for implementation, and in the mean time SENCOs must continue to complete the NASENCO Award within three years of commencing their role.

Providing specialist support at the point of need

- A commitment to improve the supply, training and deployment of key workforces to make the best use of Professional expertise at whatever age or stage is needed and prevent C&YP's needs from escalating.
- National standards will clarify who is responsible for delivering provision and from which budgets.
- Special schools and AP play a key role in providing outreach support to mainstream schools.
- A commitment that the Department of Health and Social Care and the DfE will work alongside NHS England and Health Education England to commission analysis to better understand

demand for support for C&YP with SEND from health services so there is a clear focus on SEND in health workforce planning.

- Build on existing initiatives to increase the supply of speech and language therapists and occupational therapists within the NHS.
- Investment to improve early identification and access to Autism diagnostic pathways.
- Further expansion of the Mental Health Support Teams (MHSTs) in schools and colleges.
- Funds will be provided to state schools and colleges so they can train a senior mental health lead by 2025 and have access to an online resource hub.

Social Care

- Aligning SEND reforms with those set out in the Children's Social Care Implementation Strategy.
- Development of national frontline practice guides for professionals specifically working with disabled children to improve communication and support to families.
- Proposing amendment to the SEND Code of Practice to incorporate the Designated Social Care Officer (DSCO) role.

Chapter 5: Strengthened accountabilities and clear routes of redress

The DfE's vision is for a SEND and AP system where decisions are made collectively and consistently by partnerships and informed by robust data and evidence. This will be underpinned by strengthened accountabilities for all those responsible for local delivery.

The DfE identify they will:

- Publish a local and national inclusion dashboard showing metrics based on the local area rather than school-level from autumn 2023 to support the development of local inclusion plans, giving parents improved transparency of local performance, informing decision making and driving self-improvement across the system with ongoing updates and iterations in response to user feedback.
- Deliver updated Ofsted and Care Quality Commission (CQC) Area SEND inspections from 2023 with a greater focus on the outcomes and experience of children and young people with SEND and in alternative provision.

DCO Reflective Point: These have been in place since January 2023 in accordance with the new SEND Inspection Framework.

- Strengthen accountabilities across all parts of the system. A ladder of intervention for local areas will be created in 2023, greater powers for the Secretary of State for Health through

the Health and Care Act 2022, and robust action will be taken where statutory duties for children and young people with SEND and AP provision are not met.

- Require every Integrated Care Board (ICB) to have a named Executive Board member lead accountable for SEND.
- Facilitate a more joined-up response between the Department for Education and NHS England to improve outcomes and experiences for children and young people with SEND, including social, emotional and mental health issues, and tackle systemic failings leading to significant concerns.
- Strengthen the redress for individual disagreements by clarifying who is responsible for resolving complaints and undertaking further testing of effective mediation approaches.
- Set up an expert group to support the development of a bespoke national AP performance framework.

The DfE will work with health colleagues to strengthen lines of accountability through health structures by:

- Issuing statutory guidance to ensure every ICB will have an Executive Board Lead for Children and Young People with SEND and Safeguarding, responsible for supporting the ICB Chief Executive in meeting the legal requirements of relevant legislation.
- Continuing to review and bring together the existing functions of Designated Clinical Officers and Designated Medical Officers. This will provide greater consistency in the offer this role brings to the local SEND partnership in relation to the health needs of C&YP with SEND. Consider whether Designated Health officer is the most appropriate title.
- Facilitating a more joined up response between DfE and NHS regional and national teams to improve outcomes and experiences for C&YP with SEND and tackle systemic failings leading to significant concerns.

Chapter 6: A financially sustainable system delivering improved outcomes

These reforms will be a significant change to the high needs system and will require reforms to funding arrangements to support their delivery.

The DfE identify they will:

- Increase core school funding by £3.5 billion in 2023-24 compared to the year before, of which almost £1 billion of that increase will go towards high needs. This means high needs funding will be £10.1 billion in 2023-24.
- Develop a system of funding bands and tariffs so that consistent National Standard are backed by more consistent funding across the country.

DCO Reflective Point: *The majority of LA high needs budgets are already in deficit from increasing demand and rising costs. There is therefore a concern that this additional funding will only help to bridge the existing deficit and not be able to provide additional funding to support the implementation of the proposed changes. A consistent, national SEND and AP funding structure will support consistency and reduce unwarranted national and local area variation, which is likely to result in some settings having to review their current models of support delivery.*

- Publish a response to the consultation on the schools National Funding Formula in 2023 which includes proposals on funding for SEND, including the notional SEND budget, and a mechanism for transferring funding to high needs budgets.
- Develop new approaches to funding AP aligned to their focus on preventative work with, and reintegration of pupils into, mainstream schools.
- Re-examine the state's relationship with independent special schools to ensure we set comparable expectations for all state-funded specialist providers.

If you have any question or you'd like to discuss any of the issues raised in this paper further the BSW ICB Designated Clinical Officers can be contacted at bswicb.send@nhs.net

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Designated Clinical Officer 'Priorities on a Page'

Designated Clinical Officer (DCO) Capacity Responsibilities for Children's Continuing Care (CCC) must be removed from the DCO portfolio to enable the DCO's the capacity to focus on their role						
Statutory Compliance	**Governance and Reporting**	**Quality Assurance**	**Risk Management**	**Education and Training**	**Participation and Collaboration**	**Service Improvement**
Ensuring that the ICB are compliant with their responsibilities in accordance with the C&F Act (2014), SEND Code of Practice SEND Regulations (2014). Providing health advice within 6 weeks. ICB oversight and 'sign off' of Sections C & G of all draft EHC Plans. Health contribution to EHCP Annual Reviews. Ofsted / CQC SEND Inspections.	To promote organisational oversight and accountability for the DCO elements of SEND. Identify and develop reporting metrics, frequency, and audience for DCO reports which add value and provide board level assurance. Publish annual DCO report.	QA of health advice and information as part of EHC Needs Assessment. Triangulation of health advice and in-depth QA of Sections C & G of all draft EHC plans. Ensuring effective QA processes are in place at each level. Attendance at weekly SEND Statutory Panels and quality assurance reviews.	Minimising risks to the organisation. Case management of all SEND First Tier Tribunals Including mediation and acting as a witness on behalf of the ICB at hearings. Submission of Regulation 6 responses Providing expert clinical advice when formal complaints involve SEND. Corporate Risk Register.	Ensuring that SEND is everyone's business and remains high on the organisational agenda. Act as the point of contact for providers, LA's and educational settings and support them to 'navigate' health services, systems and processes effectively. Delivering feedback, training and educational events across organisations.	Ensuring that the ICB and 'health' are represented all LA weekly Statutory SEND panels. Active participation in joint working and task and finish groups, contribution to ICB policies and LA SEND Strategies etc. DCO / DMO Partnership working. Parent Carer forum's, voluntary Sector organisations and providers.	Understanding and interpretating local and national level directives and the organisational impact. Change management Continuously identifying opportunities for service improvement and better outcomes for those with SEND. Development of ICB strategies, policies and guidance.

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Designated Clinical Officers (DCOs) Quality Assurance Framework

Ensuring High Quality Health Sections of Education, Health and Care Plans (EHCPs)

Liz Jarvis and Sally Beckley

DCO Quality Assurance Framework

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Aims

To ensure health elements of EHCPs are high quality, factually accurate, specific and fit for purpose

To ensure all draft EHCPs have had the health sections quality assured before they are shared with CYP and their families

To provide clear rationale and transparent decision making which supports a consistent and holistic approach

DCO Quality Assurance Framework

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

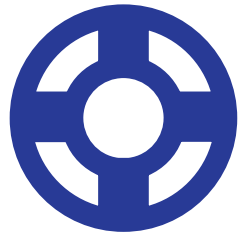
Measures of Success and Impact

Consistent approach

CYP and their families report that health sections of EHCPs are accurate and meaningful

Improved satisfaction

The ICB receives fewer complaints and extended SEND Tribunals involving health



Oversight and Assurance

The ICB DCOs work collaboratively to agree the wording and arrange provision

Key Principles

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Shared Commitment to Quality	Factually Accurate, Relevant and Meaningful
Engagement, Participation and Co-Production	Clear and Transparent Decision Making
Timely Information Sharing, Involvement & Support	Continuous Review and Focus on Improvement

Key Principles

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Shared Commitment to Quality

Partners across BaNES, Swindon and Wiltshire have a shared understanding of ‘quality’.

Partners work together to deliver against quality improvement priorities and collective ownership.

Quality Assurance practices are embedded at every level.

Key Principles

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Factually Accurate, Relevant and Meaningful

Health Advice and information is provided by knowledgeable Professionals who work within the boundaries of their speciality and in accordance with local area QA practices.

Education and Training needs of partners are identified and addressed promptly.

Health advice and information is reviewed and triangulated, medical jargon is minimised and reduced and communicated in a meaningful way.

Key Principles

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Engagement, Participation and Co-Production

Templates and policies are developed and reviewed to ensure the voice of CYP and their families is captured and remains central.

Outcomes are holistic and focused on the individuals aspirations and goals.

DCO Quality Assurance Feedback shared in writing to facilitate transparent and informative discussions with CYP and their families which promotes a collaborative approach.

Key Principles

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Clear and Transparent Decision Making

DCO Quality Assurance Feedback includes suggested wording for Sections C and G and provides clear rationale for these decisions.

Ensures that whilst a holistic and individual approach is taken for each case, the wording used in the health sections remains consistent.

Reduces confusion by eliminating unnecessary variation in wording and supports LA colleagues who are writing draft EHCPs.

Key Principles

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Timely Information Sharing, Involvement and Support

DCOs are responsive and reactive providing timely quality assurance, advice and support to partners.

Partners share data and intelligence across the system which will be populated in a SEND Data Dashboard providing a consistent approach to data intelligence across BSW.

DCOs produce monthly ‘Highlight Reports’ which detail the volume of Quality Assurance work undertaken in each area and will help to inform capacity.

Key Principles

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Review and Continuous Improvement

Partners across BSW recognise the importance of reviewing and learning from quality assurance practices.

Tools such as Invision 360 are utilised to promote a consistent approach which supports a ‘forward view’ and wider learning from benchmarking locally and nationally.

BSW DCOs are actively participating in National Quality Assurance work being undertaken by The Council for Disabled Children and NHS England, regionally developing QA standards and tools to achieve best practice.

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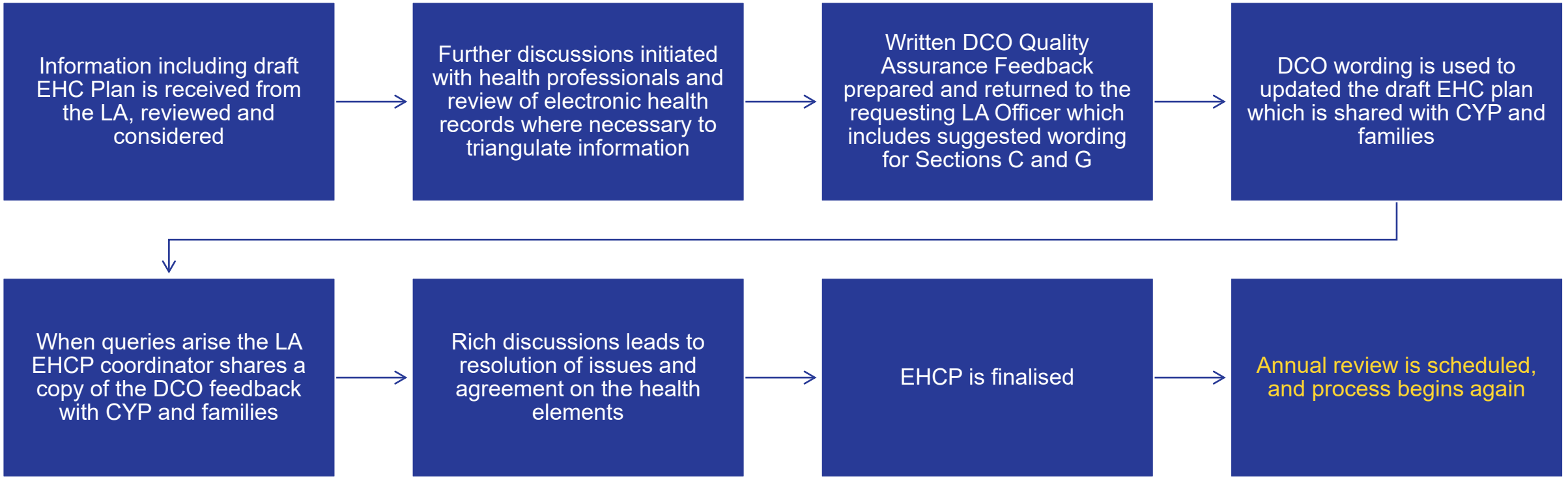
QA Process

* Proposed additional step



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DCO Quality Assurance Feedback Template example

The Designated Clinical Officer (DCO) has reviewed the draft Education Health and Care Plan (EHCP) and all health advice provided for the child or young person named below. To ensure that EHCP's are accurate, concise, and up to date it is recommend that the following wording is used to populate Section C (Health Needs) and Section G (Health Provision) of the EHC Plan.

Name:		DOB:	EHCP Coordinator:
	Current wording	DCO comments	Suggested wording to replace current wording
Section C			
Section G			

The above information has been prepared by the BSW ICB's Designated Clinical Officer (DCO) on XXDATEXX following review of the information provided by XXXXX Local Authority. If you have any question or would like to discuss a case further the DCO's can be contacted at: bswicb.send@nhs.net

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Section 23 Health Service Notification to Local Authority

Integrated Care Boards (ICBs), NHS Trusts and NHS Providers have a legal duty under the Children and Families Act (2014) to inform the responsible Local Authority if they identify a chid under compulsory school age who has, or is likely to have a Special Educational Needs and / or a Disability.

Before this form is completed the Health Professional must discuss the purpose of this notification with the child's parent(s) and obtain their consent. They should also be provided with a copy of the local area information leaflet which identifies how they can access additional support and advice.

Once consent has been given this form should be populated and emailed to the relevant Local Authority (nhs.net and .gov email accounts are secure) using the address below.

Childs Name: **Date of Birth**:

Address: **Parent(s) Name(s):**

Postcode:

Telephone: **Email**:

Details of any access barriers e.g Interpreter required:

SEND Category of Notification (Tick one box)

Cognition and Learning ☐ Communication and Interaction ☐

Social, Emotional and Mental Health ☐ Physical and Sensory ☐

Summary of Difficulties:

Signature of Referrer: _____

Name of Referrer: _____

Job Title: _____

Relationship to family

Please accept this as formal notification in accordance with Section 23 of the Children and Families Act (2014) that the child detailed above may have Special Educational Needs and / or a Disability (SEND). I confirm that parents have consented to the sharing of this information with the responsible Local Authority.

Please email completed forms to:

Bath and North East Somerset Council: XXXXemail@.gov.uk

Swindon Borough Council: XXXXemail@gov.uk

Wiltshire Council: XXXXemail@gov.uk

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Designated Clinical Officer
Monthly Highlight Report – March 2023

DCO Portfolio	Reporting Period: Jan - March 2023	Assurance Rating: Amber

Current Issues, areas of focus Actions and Priorities

- Work has begun to populate the CDC multi agency SEF in BANES
- No access to electronic medical records
- Children's Continuing Care (CCC) caseload will transfer March 2023
- Multi agency SEND inspection preparation planning Banes & Wilts
- DCO briefing paper on Wilts audit relating to specificity of health sections
- Development of QA framework in Wilts
- DCO to review and quality assure all draft plans and attend statutory panels
- Monitoring of Quality Assurance compliance
- Recruitment and interviews for HAS
- High number of SEND tribunals
- Section 23 Health notifications pathway
- Involvement in the ICB deep dive report into all age ASD and AHDH pathways
- Supporting CYP commissioners with community services recommising

Risk Management / Assurance

- DCO highlight report continues to demonstrate high numbers of QA and contacts for advice from DCO
- All draft plans are reviewed and QA written feedback provided to LA's
- DCO capacity will be increased to enable support of HAS team when CCC caseload is removed from portfolio

Areas of Good Practice / Achievements / Measures of Success

- DCO provides quality assurance feedback on health sections of **all** draft EHCP's for **all** localities, this data is reported monthly
- DCOs participating in task and finish groups at national and regional level to review SEND leadership and Standards
- Sec 23 Template and process for health complete awaiting for LAs to complete pathway. PCF to coproduce parent leaflet

Looking Ahead – next month and beyond

- CDC training framework for health professionals
- Health Operational Group to be established in BANES
- SEND inspection preparation full day events
- Preparing DCO annual report
- Handover for CCC to AACC

Reporting period: March 2023	Banes	Swindon	Wiltshire	Mar-23	Feb-23	Jan-23	Dec-22	Nov-22	Oct-22	Sep-22	Aug-22	Jul-22	Jun-22	May-22	Apr-22	YTD from April 22	Change from previous month
Number of Statutory SEND Panel Cases reviewed at Panel (DaD2 + SENRAP + EARLY YEARS + BaNES)	0	36	0	36	80	158	128	116	204	149	257	186	111	153	102	1680	▼
Number of draft EHCP's quality assured by DCO at panel	2	39	9	50	28	106	34	75	99	55	181	69	53	59	9	818	▲
Requests for DCO to provide updated health advice for Sections C and G outside of panels (e.g Annual Review)	2	2	56	60	56	9	13	14	9	11	14	5	6	3	2	202	▲
Number of complex individual cases referred for DCO case management	2	2	3	7	17	16	15	19	13	24	8	11	11	20	15	176	▼
Total number of SEND First Tier Tribunals logged on DCO caseload	0	0	1	1	2	4	2	2	4	0	2	2	0	0	0	19	▼
Number of active SEND First tier Tribunals	2	10	7	19	18	16	15	16	15	11	8	9	5	5	5	n/a	
Number of DCO Education and Training sessions delivered (informal and formal)	0	1	0	1	4	4	0	1	1	2	1	1	7	1	0	23	▼
Number of SEND Boards and meetings attended	4	2	5	11	4	8	21	29	31	33	2	10	4	2	3	158	▲

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Designated Clinical Officers (DCOs) Quality Assurance Framework

Ensuring High Quality Health Sections of Education, Health and Care Plans (EHCPs)

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To provide clear rationale and transparent decision making which supports a consistent and holistic approach

DCO Quality Assurance Framework

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

Measures of Success and Impact

Consistent approach

CYP and their families report that health sections of EHCPs are accurate and meaningful

Improved satisfaction

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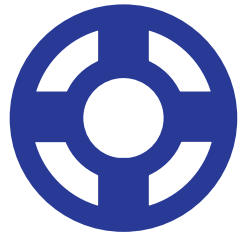


Oversight and Assurance

The ICB DCOs work collaboratively to agree the wording and arrange provision

Key Principles

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Shared Commitment to Quality	Factually Accurate, Relevant and Meaningful
Engagement, Participation and Co-Production	Clear and Transparent Decision Making
Timely Information Sharing, Involvement & Support	Continuous Review and Focus on Improvement

Key Principles

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Shared Commitment to Quality

Partners across BaNES, Swindon and Wiltshire have a shared understanding of ‘quality’.

Partners work together to deliver against quality improvement priorities and collective ownership.

Quality Assurance practices are embedded at every level.

Key Principles

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Factually Accurate, Relevant and Meaningful

Health Advice and information is provided by knowledgeable Professionals who work within the boundaries of their speciality and in accordance with local area QA practices.

Education and Training needs of partners are identified and addressed promptly.

Health advice and information is reviewed and triangulated, medical jargon is minimised and reduced and communicated in a meaningful way.

Key Principles

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Engagement, Participation and Co-Production

Templates and policies are developed and reviewed to ensure the voice of CYP and their families is captured and remains central.

Outcomes are holistic and focused on the individuals aspirations and goals.

DCO Quality Assurance Feedback shared in writing to facilitate transparent and informative discussions with CYP and their families which promotes a collaborative approach.

Key Principles

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Clear and Transparent Decision Making

DCO Quality Assurance Feedback includes suggested wording for Sections C and G and provides clear rationale for these decisions.

Ensures that whilst a holistic and individual approach is taken for each case, the wording used in the health sections remains consistent.

Reduces confusion by eliminating unnecessary variation in wording and supports LA colleagues who are writing draft EHCPs.

Key Principles

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Timely Information Sharing, Involvement and Support

DCOs are responsive and reactive providing timely quality assurance, advice and support to partners.

Partners share data and intelligence across the system which will be populated in a SEND Data Dashboard providing a consistent approach to data intelligence across BSW.

DCOs produce monthly ‘Highlight Reports’ which detail the volume of Quality Assurance work undertaken in each area and will help to inform capacity.

Key Principles

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Review and Continuous Improvement

Partners across BSW recognise the importance of reviewing and learning from quality assurance practices.

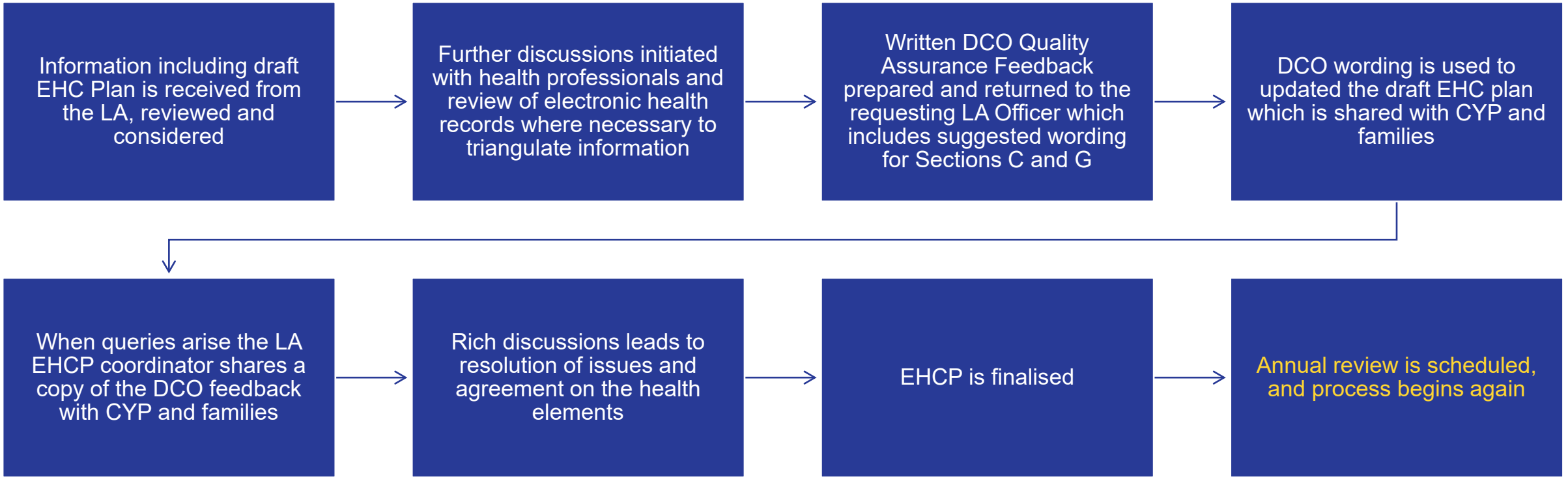
Tools such as Invision 360 are utilised to promote a consistent approach which supports a ‘forward view’ and wider learning from benchmarking locally and nationally.

BSW DCOs are actively participating in National Quality Assurance work being undertaken by The Council for Disabled Children and NHS England, regionally developing QA standards and tools to achieve best practice.

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

QA Process

* Proposed additional step



NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

DCO Quality Assurance Feedback Template example

The Designated Clinical Officer (DCO) has reviewed the draft Education Health and Care Plan (EHCP) and all health advice provided for the child or young person named below. To ensure that EHCP's are accurate, concise, and up to date it is recommend that the following wording is used to populate Section C (Health Needs) and Section G (Health Provision) of the EHC Plan.

Name:		DOB:	EHCP Coordinator:
	Current wording	DCO comments	Suggested wording to replace current wording
Section C			
Section G			

The above information has been prepared by the BSW ICB's Designated Clinical Officer (DCO) on XXDATEXX following review of the information provided by XXXXX Local Authority. If you have any question or would like to discuss a case further the DCO's can be contacted at: bswicb.send@nhs.net

Briefing Paper

Title: DCO Quality Assurance; Specificity of Health Provision in Section G of Education, Health and Care Plans (EHCP's)

Authors: Liz Jarvis and Sally Beckley, BSW Designated Clinical Officer's (DCOs)

Date: 10.10.2022 and **Updated on**: 18.01.2023

Introduction

At the Wiltshire locality SEND Executive Meeting on the 20th September 2022 it was identified that an audit had been undertaken of 5 Education, Health and Care Plans (EHCP's) by the Department for Education (DfE) SEND Adviser (Appendix A). The audit findings were shared with the BSW SEND Executive team leads, and later with the BSW Designated Clinical Officers (DCOs).

Copies of the EHCP's were shared with the DCOs and a meeting to discuss the audit findings in relation to the health sections of the plans took place on 5th October. In attendance at the meeting was the DfE SEND Adviser, NHS England's South West SEND Manager and both BSW DCOs.

Audit Findings

Areas of good practice noted by the DfE Auditor:

- Evidence of provision being specified by health professionals such as a Speech and Language Therapist and an Occupational Therapist.
- Evidence of health describing how they'd work with the education settings to support the individual child or young person.

Areas for improvement noted by the DfE Auditor:

- Health needs not being mapped to outcomes and provision particularly around medication.
- Repeated use of the unspecific phrase "X will be seen at intervals deemed appropriate by these services" in the health provision section (Section G).

Background

Section G of an Education, Health and Care Plan (EHCP) should identify "Any health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having Special Educational Needs (SEN)" (ipsea.org.uk).

Section 37 of the Children and Families Act (2014) and the SEND code of Practice (2015) requires Health Care Provision in Section G to be "detailed, specific and normally quantified, for example, in terms of the type of support and who will provide it".

DCO Quality Assurance

The BSW DCOs are committed to reviewing the health sections (C and G) of all draft EHCP's to ensure they are factually accurate, in line with the advice received (as part of the needs assessment or annual review), and in accordance with SEND legislation. Their feedback is provided to the SEND Case Officers in each Local Authority (LA) using a written template which is intended to inform and educate in addition to providing clear rationale for the suggested wording which can also be shared with young people and their families (Appendix B).

This practice also aligns with the SEND Code of Practice (2015) which identifies that health care provision specified in Section G of the EHCP must be agreed by the ICB (or where relevant, NHS England) and any health care provision should be agreed in time to be included in the draft EHC plan sent to the child's parent or to the young person.

Following feedback from the Wiltshire EHCP audit the DCOs felt it was important to critically reflect and review their position on some of the wording being used to describe Community Paediatric provision in Section G, to ensure it is high quality and in line with best practice, after the auditor had queried whether the wording being used provided adequate levels of specificity as detailed in the SEND legislation:

> *"XXXX will remain under the care of the Community Paediatrician who will review him at intervals deemed clinically appropriate".*

Critical Review

The DCOs reviewed national guidance on specificity requirements for Section G and the information provided to them by the DfE Auditor. This included but wasn't limited to information provided by the Council for Disabled Children (CDC) such as their e-learning modules 'holistic outcomes' and 'focus on health advice', and the Independent Provider of Special Education Advice (IPSEA). Some of the guidance appeared to be quite old (over 5 years) and therefore contained information which was no longer considered accurate or best practice, for example, some of the provision detailed in the CDC (2017) document titled 'Examples of Good Practice' referenced Occupational Therapy (OT) and CBT therapy provision in Section G, which, in accordance with the C&F Act (2014) and recent case law examples, would usually be considered to 'educate or train' a child or young person so should therefore be specified in Section F. There was also reference to interventions being delivered to, or by a child's parents being identified in Section G which wouldn't usually constitute health provision.

All the guidance documents reviewed made frequent reference to the requirement for Section G to reflect any provision required to meet the health needs identified in Section C and should be 'specified' and quantified'. However, the DCOs were unable to find any examples in any of the guidance of specificity for detailing provision when a child or young person remained on the Community Paediatric caseload whilst a diagnostic pathway was being competed, or where 'watchful waiting' was employed (so no direct clinical interventions were being provided). Furthermore, all the case law examples reviewed focused on either therapies or provision pertaining to Section F.

Some examples of the case law reviewed by the DCOs included SB v Herefordshire CC [2018] UKUT 141 (AAC) who noted:

> *"the requirement for specificity in relation to EHC Plans, although important is not an absolute. There will be certain situations where less specific provision is appropriate"* (CDC Case Law updates 28 July 2018).

Another Upper Tier Tribunal case law example from London Borough of Redbridge v HO [2020] UKUT 323 (AAC) which focused on specificity in Section F of an EHCP concluded that a plan:

> *"must have sufficient certainty to be enforced in case of dispute, but it is also a living document for a developing pupil. There is a resultant tension between the certainty the parties need in order to comply with or enforce their duties and rights and the need for flexibility for the plan to remain relevant. Courts and Tribunals have struggled in finding this balance"* (CDC Case Law Update 52 April 2021).

It was interesting to consider that even Courts and Tribunals sometimes struggle to determine what constitutes adequate specificity for the purpose of detailing provision in an EHCP and the DCOs reflected back to Section 37 of the C&F Act (2014) and the terminology used by IPSEA who say provision should detail '**the type of support'** and '**who will provide it**'.

Being specific around provision of therapeutic interventions such as Hydrotherapy appears to be simpler, for example by detailing the number of sessions the child or young person has been assessed as needing and stating who will be delivering them.

However, provision such as 'watchful waiting' being undertaken by a Community Paediatrician appears to be more difficult to specify as the aims and frequency of appointments are likely to be more 'fluid' and determined mostly by the child or young person's presentation at the time, alongside the clinical acumen of the medical professional.

To try and understand the Community Paediatrician's perspective better, the DCOs met with the Designated Medical Officer (DMO) and a locality area Lead Community Paediatrician for SEND to discuss the audit findings and explore these issues further. Themes raised during discussions included the need for the Community Paediatrician to be able to make clinical decisions based on the child's needs at the time which would include determining intervals for follow up appointments flexibly. It was recognised that whilst there are certain scenario's where appointment intervals are generally agreed, such as 6 monthly monitoring for ADHD medication, this is not always the case. There was also concern about health elements of the EHCP becoming out of date and incorrect if the LA decides not to amend them each year following the annual review. It was felt that this had the potential to cause confusion and unrealistic expectations of what the Community Paediatrician would be able to deliver for the child, young person, their parents and carers.

For C&YP who remain on the Community Paediatrics caseload whilst they follow a diagnostic pathway, such as Autism, it was agreed that additional specificity could easily be achieved by stating that they'd be reviewed "at least once more before being discharged".

In cases where a child or young person has significant medical needs then the expectation would always be that an Individual Health Care Plan (IHCP) would be used to specify the detailed requirements for managing and monitoring the condition, administration of any prescribed medication, delivery of health or care interventions and any emergency procedures which education setting staff will need to follow (see ICB Guidance document in Appendix C for more information).

Conclusion

The DCOs, DMO and Lead Community Paediatrician for SEND reviewed again the wording that the audit identified had been used in Section G:

> *"XXXX will remain under the care of the Community Paediatrician who will review him at intervals deemed clinically appropriate"*

They all agreed that whilst this provision does not specify exact time frames for review, the provision remained appropriate for this particular child, and the wording aligned with the Children and Families Act (2014) and IPSEA guidance who say provision should detail '**the type of support'** and '**who will provide it**'

This is because the wording answers both prompts; 'The type of support' being **a review** and 'who will provide it', being **a Community Paediatrician**.

Following their critical review, the DCOs conclude that their current holistic quality assurance processes, undertaken on an individual basis and using clear and consistent language to describe health provision in Section G contains sufficient specificity to comply with SEND legislation and best practice guidance.

Next Steps

The DCOs have met and discussed the findings of this focused review with the NHS England South West SEND Manager to provide her with sufficient oversight and assurance of the work the DCOs have undertaken and ensure the issues raised are also considered, not just locally but also regionally and nationally. She has also agreed to contact the authors of some of the guidance documents such as the Council for Disabled Children (CDC), to understand timeframes for reviewing and updating these, after our review identified some were published over five years ago, and as DCOs we are keen to be actively involved in supporting this.

The DCOs will share this review as part of their Quality Assurance update with the Wiltshire SEND and Inclusion Manager, Department for Education (DfE) SEND Adviser, ICB Quality and Performance Committee and local area SEND Boards.

Briefing Paper Update 18.01.2023

Following completion of this briefing paper in October 2022 and initial sharing, the DCOs were asked to clarify further their quality assurance processes, including their use of consistent wording, as there appeared to have been some confusion.

Over the following three months the DCOs engaged in further discussions with both DfE and NHSE colleagues, to clarify the holistic and individualised approach used. Additional explanation and clarity was sought on the wording of the 'legal test' relating to specificity, and the DfE auditor's perception that some of the wording identified during the Wiltshire EHCP audit was not complaint with this.

Further clarification was obtained from NHS England's National Specialist Advisor - Special Educational Needs and Disabilities (SEND) and NHSE's Designated Therapies Professional Manager on 10.01.23. The 'legal test' was discussed, and it was agreed that specificity should be recommended on a case by case basis in line with Section 37 of the C&F Act (2014) and

the terminology used by IPSEA who say provision should detail 'the type of support' and 'who will provide it'. Further specificity relating to quantity and frequency would be considered good practice and should be given when it is clinically indicated. Both the BSW DCOs and NHSE colleagues were in agreement that blanket statements should not be used.

The BSW DCOs were asked to update this briefing paper to make this clear, and to clarify that their current quality assurance practices always involve a holistic and individualised approach, and whilst this does include the use of some consistent language, this is considered both a sensible approach and good practice.

Since this briefing paper was first drafted, further meetings have been held with the Designated Medical Officer and Community Paediatrician SEND Leads to further update and improve the templates used for providing health advice and information. Positive feedback was received following a 'soft launch' and these new templates have now been formally adopted.

Tribunal Case Study – Specificity in Section G

Learning from a recent SEND First Tier Tribunal appeal in Wiltshire [EH865/22/00034] was also considered to be a relevant update for this briefing paper as the order (dated 10.01.23) identifies that specificity was a key area being challenged by the family:

Point 9. states *"The Tribunal heard oral evidence from [the parent] that at the heart of their appeal was a concern that the EHC Needs Assessment for [their child] did not adequately specify her needs and that as a consequence the corresponding provision does not meet her needs".*

As part of the appeal process the BSW DCOs had provided updated health information and suggested wording for Sections C and G of her EHC Plan which included the following wording for Section G (which has been anonymised):

> X's care will be co-ordinated by a variety of health professionals who will review and monitor her health needs at intervals deemed clinically appropriate, liaising with her parents and education setting to ensure provision is delivered holistically. This will include, but not be limited to; The Paediatrician, Epilepsy Nurse Specialist, Orthopaedics and Spinal teams, The Community Paediatrician, Orthotics team, Integrated Therapies Team, School Nurse and Bladder and Bowel Team.
>
> The Epilepsy Nurse Specialist will review and update X's seizure management plan at least yearly, or sooner if there are significant changes.
>
> X should attend her GP surgery for an Annual LD Health Check.

Point 16 of the Tribunal order addressed the issue of specificity of the professional reports stating:

"We particularly considered whether the recommendations which were being made were generic or whether they were specific to X. We found no reason to reject them as being non-specific".

The Tribunal concluded by NOT making any non-binding recommendations for Section G.

This order provides further assurance that the wording being used by BSW DCOs in health sections of EHCP's is legally compliant and meets the thresholds for specificity.

Recommendations

The final recommendation made by NHSE colleagues was that this updated briefing paper should now be shared with local area SEND Boards and DCO colleagues to provide information and assurance of the work that the BSW DCOs are undertaking, and to promote wider learning and rich discussions across the system.

The DCOs continue to strive for excellence as they develop and improve their quality assurance practices. They are grateful for the opportunities that undertaking this critical review has provided and are keen to be more actively involved in any future EHC Plan audits.

References and Further Reading

The Children and Families Act (2014)
https://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga_20140006_en.pdf

SEND Code of Practice (2015) SEND Code of Practice January 2015.pdf (publishing.service.gov.uk)

Council for Disabled Children (2017) *Education, Health and Care Plans: Examples of Good Practice* EHCP Exemplar Guide 2017.pdf (councilfordisabledchildren.org.uk)

Independent Provider of Specialist Education Advice (IPSEA) Education, Health and Care plans | (IPSEA) Independent Provider of Special Education Advice

Case Law Examples

CDC Case Law Update 28_SB v Heref

CDC Case law update 52_Redbridge v HO.p

SEND Therapies Case Law Examples.pdf

Appendices

APPENDIX A – Wiltshire EHCP Audit

DfE Findings of EHCP Audit.pdf

APPENDIX B - Example of DCO Quality Assurance Template

ICB DCO QA Feedback Template .p

APPENDIX C – BSW ICB Guidance for Supporting C&YP with Medical Needs attending Education Settings

BSW ICB Guidance on Supporting the needs

Briefing Paper

Date: 01.07.2022

Title: SEND first Tier Tribunal Orders – Regulation 6 Response Letters

Author: Liz Jarvis Designated Clinical Officer (SEND)

1. Purpose

To provide a brief overview of the statutory and non-statutory guidance and legislation in relation to Special Educational Needs and / or Disability (SEND) and identify the key areas of responsibility for the ICB following a SEND First Tier Tribunal appeal and receipt of the Tribunal order.

To provide an overview of what is meant by 'extended' SEND First Tier Tribunals and to outline the powers that the Tribunal have with regards to making 'non-binding' health recommendations for the ICB to consider.

To identify a process for the ICB to follow which ensures robust governance, oversight and scrutiny of the Regulation 6 response letters whether the ICB agree or disagree to implement the recommendations of the Tribunal order (in full or in part).

1. Background

The Children and Families Act (2014) introduced important changes to the system of support for children and young people with special educational needs and / or disability (SEND). The reforms aim to create a more 'joined up' approach across Education, Health and Social Care from birth to 25 years.

A national trial began on the 3rd of April 2018 which extended the powers of the SEND First Tier Tribunal allowing children, young people and their families a 'single route of redress' which would allow Tribunals to also consider health and social care elements alongside those of education. This then allowed the Tribunal to make 'non-binding' recommendations about the health and social care aspects of Local Authority (LA) decisions regarding Education, Health and Care Plans (EHCPs). The trial ran for over three years and concluded that 'extended' appeals which involved health and social care elements for determination should continue.

The ICB's Designated Clinical Officer (DCO) is the first point of contact when a new SEND Tribunal appeal involving health is received. The DCO works closely with the Local Authority (LA) SEND Managers and commissioned health providers to identify the specific issues being sought and wherever possible aims to agree amendments to the EHC plan to prevent any unnecessary attendance at a Tribunal Hearing.

The DCO will review Tribunal bundles and any submitted evidence / reports and will prepare the ICB's formal response for submission to the court, and when necessary, provide a witness statement and attend the hearing as an expert witness. The DCO can access legal advice and support from the ICB Solicitor for cases that require legal oversight or to provide assurance to the ICB that they are acting lawfully when discharging their duties in relation to SEND.

Regulation 6 Response Letters to a Tribunal Order

Approximately 2 weeks after a SEND First Tier Tribunal hearing has taken place, a written 'Tribunal Order' is sent to the ICB (via the DCO) which clearly specifies the tribunal conclusions and details what the Judge is ordering the LA to do. For extended appeals the order will also identify any 'non-binding' recommendations for health and social care to consider.

Unlike the Local Authority, the Tribunal are not able to directly 'order' the ICB to comply with their recommendations, however, appropriate consideration should be given to the requests and the ICB must fully justify their decision as to whether they agree or disagree to implement the recommendations (in full or in part) in their Regulation 6 response letter.

A Regulation 6 Response letter is the ICB's formal response to the 'non-binding' recommendations and must be submitted within 5 weeks of receiving the final Tribunal order. It must clearly state what steps the CCG has decided to take following consideration of the Tribunal recommendations and if a decision has been made not to follow all, or part, of the recommendations then the ICB must give sufficiently detailed reasons for that decision.

2. Key Points / Issues of Concern

It is important to note that should the ICB decide not to follow any of the 'non-binding' recommendations or fail to deliver any of the provision it has 'agreed' in the health sections of the EHC Plan following a Tribunal, then children, young people and their families are able to complain to the Public Health Service Ombudsman (PHSO) or seek to have the decision judicially reviewed.

Copies of Regulation 6 response letters can also be requested by Ofsted and the CQC during local area SEND inspections.

The ICB should therefore have robust arrangements in place which provide senior leaders and Healthcare Professionals with the opportunity to review all the health evidence available and scrutinise and challenge the non-binding recommendations to inform the ICB's Regulation 6 response.

The DCO manages all SEND First Tier Tribunal cases involving health, helps to navigate and explain NHS services and pathways and provides written clarification on the ICB's position in relation to the health elements for determination. When required the DCO will also represent the ICB as the expert witness at the Tribunal hearing.

It is for these reasons, and to prevent the ICB's DCO from being seen as the unilateral decision maker, that a more senior member of the ICB should be identified as the signatory for the Regulation 6 response letters.

3. Summary and Recommendations

The ICB should agree a process for managing Regulation 6 response letters following a SEND First Tier Tribunal which provides sufficient oversight and scrutiny of the response and the rationale for the decisions being made.

The DCO will have good knowledge of the case and would be best placed to draft the regulation 6 response.

This should then be shared with a pre-agreed core group of senior clinicians who can come together and independently review the case. The DCO should present an outline of the case including the health issues for determination, the ICB's position and share any formal correspondence and clinical reports which have been used as evidence during the appeal process.

Once agreed, Regulation 6 responses should be approved and signed off in the same way as a formal complaint, so it would therefore seem sensible that the CCG's Chief Nurse and SRO for SEND is the ICB's authorised signatory.

4. Further Reading / Useful Resources

SEND Tribunal single route of redress natio

SEND Tribunal Regulations.pdf

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Guidance for Supporting the Needs of Children and Young People with Medical Conditions Attending Educational Settings

Updated October 2022

Introduction

This guidance is designed to ensure that children and young people who have medical needs are able to have full access to educational settings, including early years settings, schools and colleges.

It provides a framework for a consistent response to the health needs of children and young people in a confidential and respectful way to ensure that they have the opportunity to participate in all aspects of learning.

The aim of this guidance is to:

- Demonstrate a local multi-agency commitment to positively promote the inclusion of all children with medical needs delivered in partnership with children, young people and their families.
- Clarify roles, responsibilities, and accountability in enabling children and young people with medical needs to be fully included in educational settings.
- Provide reassurance and clarity to both children and young people and their parents and carers about what they can expect to be provided, and by whom.
- Provide a framework within which to manage the risks associated with supporting a child or young person's medical needs at the educational setting.

Background and the National Context

This guidance is based on the principles contained within the following documents:

The Department for Education (2015) *Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

The Royal College of Nursing (RCN 2018) *Meeting Health Needs in Educational and Other Community Settings* https://www.rcn.org.uk/professional- development/publications/pdf-006634.

The Children and Families Act (2014)
https://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga_20140006_en.pdf

The Equality Act (2010) https://www.gov.uk/guidance/equality-act-2010-guidance

Council for Disabled Children and Department for Education (2022) *Disabled Children and the Equality Act 2010: What teachers need to know and schools need to do* Disabled Children and the Equality Act 2010: What teachers need to know and what schools need to do (councilfordisabledchildren.org.uk)

Improving access to education and educational achievement for pupils with medical needs is essential to ensure equality of opportunity, full participation in society, access to employment opportunities and inclusion within mainstream education.

The Children and Families Act (2014) requires maintained schools, academies, and pupil referral units to make arrangements for supporting pupils at the school with medical conditions and to have regard to the statutory guidance published by the DfE (2015) '*Supporting pupils at school with medical conditions'.*

The guidance identifies that children and young people with medical conditions may count as being disabled under The Equality Act (2010) and schools should ensure they can access the same opportunities as other pupils. It also supports settings to understand what may be considered reasonable adjustments for this group of pupils.

'Supporting pupils at school with medical conditions' also provides schools with guidance on the development of policies on the management and administration of medicines and on putting in place systems for supporting individual pupils with medical needs (CDC and DfE 2022).

Local Context

This guidance seeks to provide clarity to all education settings who support children and young people with medical needs. It emphasizes their responsibility to ensure that all appropriate policies and documents are completed and available in line with their statutory duties, and to ensure that they are able to effectively meet the needs of children and young people with medical needs who attend their setting.

These policies will include (but are not limited to) the following:

- Safeguarding Policy, including providing intimate care
- Supporting pupils with Medical Needs, including administration of medication, record keeping and disposal of sharps.
- Health and Safety Policy, including risk assessments and moving and handling plans.

Each Local Authority has their own 'Local Offer' which provides information on local services for children, young people and their families which can be found using the following links:

Bath and North East Somerset: https://www.rainbowresource.org.uk/
Swindon: https://localoffer.swindon.gov.uk/home
Wiltshire: http://www.wiltshire.gov.uk/local-offer

Roles and Responsibilities

Guidance on the roles and responsibilities for individuals and specific settings which support children and young people are described in the Department for Education (2015) guidance document "Supporting pupils at school with medical conditions" and the Royal College of Nursing (2018) document "Meeting Health Needs in Educational and other Community Settings".

- ### Parental Responsibility

Parents should ensure that the setting is provided with sufficient, relevant, and up to date information about their child's medical needs, including details of any health professionals who are involved with

their child. They should maintain effective communication with the setting to identify any changes in the child or young person's condition and where applicable, participate in the regular review and update of their child's Individual Health Care Plan.

- Child and Young Person Involvement

All Children and young people with medical needs should be included in meetings and have the opportunity to express their own thoughts and feelings; they should also be encouraged to provide their consent for each identified health or care procedure or intervention when appropriate to do so.

- Governing Bodies and Setting Staff

Governing bodies, proprietors, trustees of all types of educational and community settings are legally responsible under Section 100 of the Children and Families Act (2014) to make suitable arrangements to support pupils with medical conditions, and each setting should identify a named person with responsibility for effective policy implementation.

Settings must ensure there are sufficient staff who are appropriately trained to meet needs of the Children and Young People, ensuring that it is not the responsibility of just one member of staff to carry out health and care procedures / interventions. Policies should identify collaborative working arrangements between school staff, parents, the child or young person, health care professionals and local authorities. Settings must undertake risk assessments for setting environment, visits, holidays and any other activity e.g., PE or other sporting activities.

Individual Health Care Plans (IHCP's) or School Health Action Plans should be drawn up to capture how to support individual children and young people. These plans should be reviewed at least annually or sooner if medical needs change. Settings must ensure written records of treatment and care are maintained and that parents are informed if the child or young person is unwell at school.

Any staff members involved in supporting the child or young person must have access to the IHCP and have received sufficient training to deliver the care required. Staff should have an understanding of the specific conditions they are being asked to deal with and request further training if they do not feel they have sufficient skills to deliver the care required (Health and Safety at Work Act 1974). All school staff should undertake basic awareness training with annual updates as specified in the settings Health and Safety Policy, this is likely to include asthma, allergy and first aid awareness.
Local arrangements will need to be described in each settings administration of medication / medical needs policy.

- Healthcare Professionals

Healthcare professionals are responsible for producing the Individual Health Care Plan (IHCP) which is held by the educational setting. Depending on a child's diagnosis and subsequent medical needs this may involve contributions from professionals such as the School Nurse, Epilepsy or Diabetes Nurse Specialist, Children's Community Nurse or Specialist Physiotherapist. They will ensure that settings are notified and updated about a child's medical needs and provide the setting with the relevant information and training required to safely care for that child or young person (as detailed in

the IHCP). The Healthcare Professional will also monitor the accuracy and impact of the IHCP and update it at least annually (or sooner if medical needs change).

- The Local Authority and Integrated Care Board

The local Authority (LA) and Integrated Care Board (ICB) agree joint commissioning arrangements for children with medical needs and have a duty to promote cooperation between the relevant partners. This will include commissioning of school nurses, providing support, advice and guidance for educational settings or providing alternative arrangements for children and young people who are not able to attend the educational setting for medical reasons.

Risk Assessment

It is the responsibility of the individual educational setting to undertake a risk assessment with the support of parents, the child or young person and any appropriate health professionals involved. The risk assessment process should clearly identify:

- Any risks identified around the medical needs and the impact that these needs have on the child or young person and others.
- Control measures to manage the risks e.g. specialist resources, environment considerations.
- Any training needs; specifically who will need to be trained, how often, to what level and by whom.
- Measures in place to maintain the privacy and dignity of the child or young person.
- All environments the child or young person may access whilst under the care of the setting, such as trips and visits, sports activities and transport arrangements.

Education or Community Setting Health Action Plan

A Health Action Plan is a document drawn up between the education setting and parents (with contributions from health professionals if needed) which describes how the health care plan can be delivered in the setting. A Health Action Plan is usually required when a child needs administration of medication or care tasks which are not covered under the setting's generic policy such as the administration of medication policy.

Individual Health Care Plan (IHCP)

An Individual Health Care Plan (IHCP) is required when a child or young person is identified as needing the administration of specific prescribed medication, management or monitoring of a medical condition or delivery of a health or care intervention whilst in attendance at the setting, and which is not covered under one of the setting's generic policies. Such a plan is normally drawn up and signed off by a qualified health care professional who will provide the appropriate advice, support and training to ensure that setting staff are competent to carry out the required tasks. The competency will be signed off and monitored by the relevant healthcare professional at regular intervals and the child, young person and their families should always be fully involved in this process.

Differences between a Health Action Plan and an Individual Health Care Plan (IHCP)

Setting Health Action plan	**Individual Health Care Plan**
Education setting **Health Action Plans** are normally (but not exclusively) related to **Level 1** needs as described in Appendix A. The format of the plan should include: • Description of how CYPs needs may impact on attending the setting. • How to support the CYP in a particular setting including activities such as PE or off site activities. • Identifies what training staff require and how this is accessed • Risk assessment of how needs can be managed in setting • Parental/child agreement to care • Review arrangements An example can be found in Appendix D	**Individual Health Care Plans** are normally (but not exclusively) related to **Level 2** needs as described in Appendix A. The format of the plan should include: • Description of the child's individual needs and how these may impact on the child, what they can do for themselves. • Level of support needed for routine daily care • Details of any medication needed, storage and disposal of medication, dose, method of administration • Clinical procedures which need to be carried out, by whom, when and how • Details of any tests that need to be undertaken in school and action to be taken depending on results, e.g. diabetes care • What training is required and how this will be provided including assessment of competence • Any additional medical information required to keep the child safe within the setting including a description of what constitutes an emergency and what action should be taken • Parental/child agreement to care plan • Should include a review date, in some circumstance when no changes are expected this may be less frequently than annually, but this should be documented. • Healthcare professional sign off of the plan including any support staff competency. An example can be found in Appendix E

Points to consider when writing plans
The health care plan should only contain relevant information. The views of the child should be sought to establish what information they want to be shared with staff and potentially other pupils to keep them safe. All plans should be stored and shared in line with data protection guidance. All plans will have to be shared with temporary or agency setting staff to ensure they are alerted to the needs of Children and Young People with plans.

Review Process

All Health Action Plans and IHCP's must be reviewed by settings, in liaison with parents, at least annually, or more frequently if the child or young person's needs change to ensure the plan is still up to date and accurate. Parents should be asked to inform settings of any changes to their child's medical condition or management plan and share any updated advice from healthcare professionals at the earliest opportunity.

Some medical conditions are not expected to change so in some instances Health Action Plans will not routinely be updated by health professionals on an annual basis, but settings must still check with families that the plan still contains the most up to date recommendations from health professionals.

It is the responsibility of all settings to complete their own Risk Assessments and support transitions by sharing Health Action Plans.

Record Keeping

All medication and interventions / procedures that need to be undertaken should be clearly documented in accordance with the settings medication policy and the LA's Health and Safety guidance. Records should be updated contemporaneously i.e. documented immediately after the event.
For a summary of the Level of Need descriptors, process and record keeping responsibilities please refer to summary table set out in Appendix A.

Training

Settings will be supported by the child or young person's health professionals to identify and advise on the training required to ensure staff achieve the agreed competencies in line with evidence based best practice.
The level of training and support will be proportionate and relevant to the level of need as specified

in Appendix A. The skills required to meet these needs may be routine and easily obtained (Level 1 tasks) or may require training from specialist health professionals (Level 2 tasks) or they may be tasks that should only be carried out or delegated by trained health professionals who have received additional training (Level 3 tasks).

Once training has taken place and any agreed competencies have been achieved then setting staff will have the required skills to safely manage the identified health and / or care interventions for the individual child or young person.
Setting Staff will have the contact details of the Health Professional who trained them should they need to request further training or support, including advice if the child or young person's needs change.

Planning for Emergencies

Each setting must have policies and procedures in place which clearly detail actions that need to be taken in the event of an emergency. These should be easily accessible to all setting staff and must include details of when and how to contact both the child's parents and the Emergency Services (999). This may also include identifying procedures which are unique to a specific setting or activity.

Funding

The majority of children and young people with medical needs will only require a minimal level of additional support to access a setting and engage with activities. This is generally considered to be a 'reasonable adjustment' or, where additional resources are needed, then a setting would be expected to use the notional funding allocated for the provision of Special Educational Needs and / or Disability (SEND) which is intended to support access and inclusion.

For Early Years settings most medical needs will be met within the setting's reasonable adjustments and adult to child ratios. Inclusion support funding is also available from the LA where children's medical needs are impacting on their education.

When a child or young person has been found eligible for NHS Children's Continuing Care (CCC) then the ICB will consider requests to contribute to the provision required to support medical needs which fall into Level 3 (See Appendix A) which doesn't result in a duplication of provision or funding.

Insurance and Indemnity

Educational settings must ensure they have an appropriate level of indemnity insurance to cover for both organizational and individual accountability as described in the Health and Safety policy.

The concern of employees administering medication in respect of personal liability is unfounded. The LA takes vicarious liability for the actions of its staff provided those actions are taken in good faith and in accordance with LA policy and practices.

Safeguarding

All settings and their staff providing a service for children and young people with a disability should be aware of the wealth of published evidence which highlights their increased vulnerability to abuse and neglect. https://www.gov.uk/topic/schools-colleges-childrens-services/safeguarding-children

Appropriate communication between all professionals is essential for effective safeguarding practices, especially where there is increased vulnerability.

All setting staff must have received an appropriate level of Safeguarding training and undergone pre-employment checks. Local multi-agency safeguarding procedures should be well established and communicated across the setting, and a supportive culture where concerns are raised and investigated should be encouraged.

Monitoring and Evaluation

This guidance should be reviewed by the ICB Designated Clinical Officers (DCO's) on a yearly basis, or sooner if there are significant changes to local or national policy, or if it is deemed that the guidance no longer demonstrates evidence based best practice.

APPENDIX A

Levels of Need, Responsibilities and Support Implications

Children and young people may present with a range of needs.

Levels of health and / or care interventions which may be required by children and young people fall broadly into three groups which are differentiated by the skills required to undertake the task and any associated risks.

It should be noted that this list is not exhaustive, and the ICB Designated Clinical Officer (DCO) will be able to offer advice and support to settings should an intervention not be listed below.

	Level 1 **Routine and Easily Acquired Skills**	**Level 2** **Tasks Requiring Training from a Health Professional**	**Level 3** **More complex clinical procedures**
Tasks	**Feeding and Medication** • Making up of a routine infant feed following instructions as to how much feed and water to mix together • Assisting a child with eating or drinking in accordance with a simple plan which may involve environmental, postural and equipment adaptions to promote independence at meal times.	**Feeding and Medication** • Administering medicine via a Nasogastric or Gastrostomy Tube in accordance with a child's individual Health Care Plan • Administration of bolus or continuous feeds via a Nasogastric or Gastrostomy tube including setting up an electronic pump • Stoma care including maintenance of patency of a stoma in an emergency situation	**Feeding and Medication** • Re-insertion of a Nasogastric or Gastrostomy Tube • Intramuscular and sub-cutaneous injections involving assembling of the syringe and dose calculation • Intravenous administration of medication • Programming of syringe drivers • Administration of prescribed Medication not documented in the child's Individual Health Care Plan

	Personal Care, Toileting and Manual Handling • Providing intimate personal care, assisting with cleaning and changing of soiled clothing, changing nappies and sanitary wear • Promoting continence by assisting with toileting regimes, ensuring children have access to appropriate and accessible toilets, regular drinks encouraged etc • Moving and handling; assisting a child who may have mobility problems in accordance with local policy and / or in addition to advice from their Physiotherapist or Occupational Therapist • Dry/wet wrapping for a child with eczema; a prescribed treatment involving dressings for children with severe eczema • Undertaking a child's physiotherapy program by following the plan developed by their Physiotherapist	• Injections (intramuscular or subcutaneous). These may be single dose or multiple dose devices which are pre-assembled with pre-determined amounts of medication to be administered as documented in the individual child's Health Care Plan, e.g. Insulin for diabetes or Adrenaline for Anaphylaxis • Inserting suppositories or pessaries with a pre-packaged dose of a prescribed medicine e.g., rectal diazepam • Rectal paraldehyde which is not pre-packaged and has to be prepared before it can be administered, permitted on a named child basis as agreed by the child's lead medical practitioner e.g., Community Paediatrician or Consultant Neurologist • Emergency administration of 'rescue medication' such as Buccal or Intra-nasal Midazolam for seizures, and Hypo stop or Gluco Gel for the management of low blood sugars in Diabetes **Personal Care, Toileting and Manual Handling** • Intermittent Catheterisation and routine catheter care for both urethral and	**Personal care, toileting and manual handling** • Re-insertion of permanent urethral or supra-pubic indwelling catheters **Breathing** • Deep Suctioning (where the oral suctioning tube goes beyond the back of the mouth, or tracheal suctioning beyond the end of the trachea) • Ventilation care for an unstable and unpredictable child

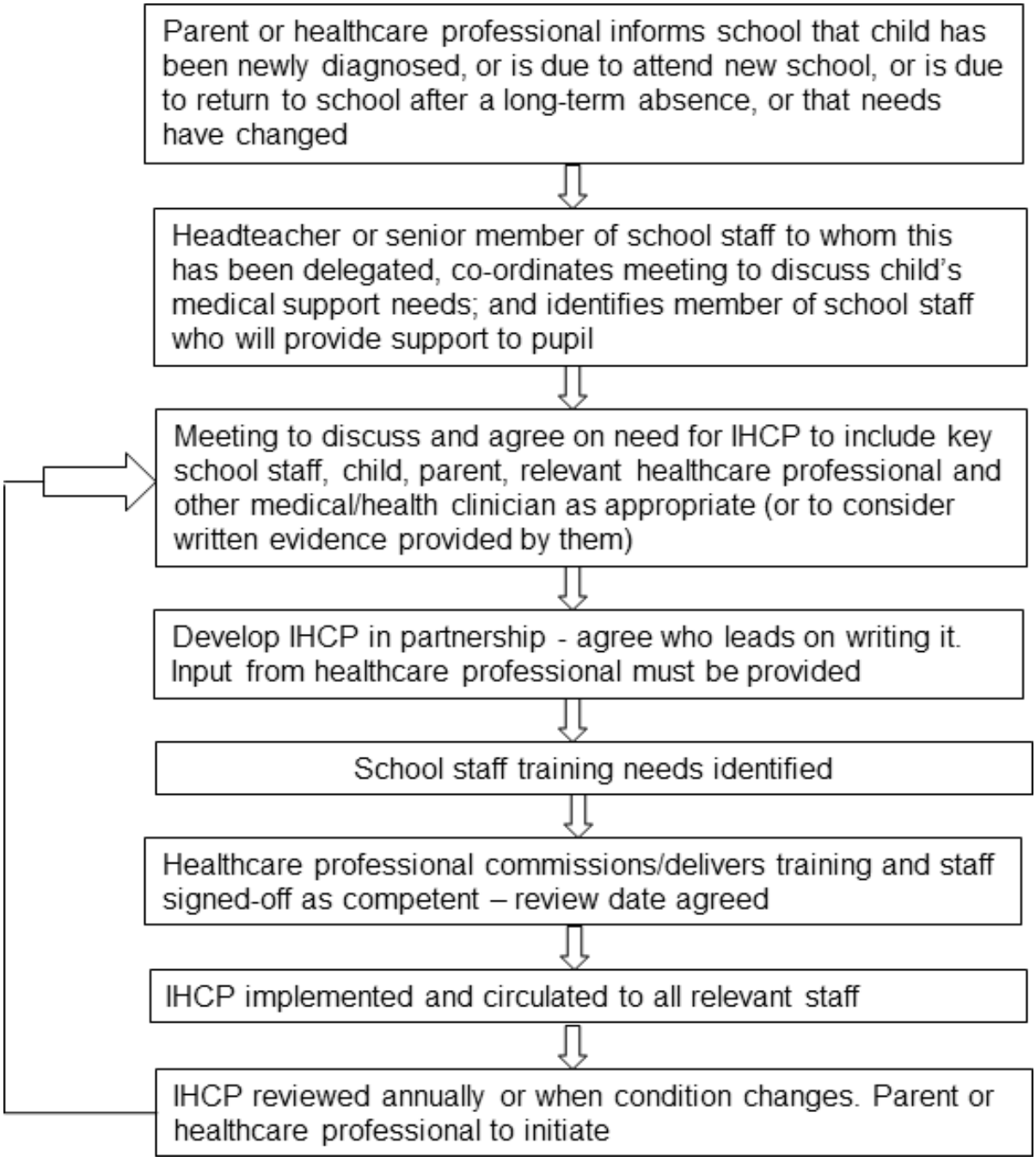
	Breathing • Use of inhalers; assisting a child who may have respiratory problems (e.g. asthma) in accordance with local policy • Assisting and supporting a child who may need emergency care, including basic life support (CPR), seizure management or anaphylaxis treatment in accordance with local policy • Administering oral medicine in accordance with local policy to include over the counter medication such as Paracetamol **Other Support and Interventions** • Care of a child with epilepsy (not requiring emergency medication) to ensure the safety of the child is maintained during a seizure • Simple dressings applied to the skin following a written care plan, for example, application of a gauze non-adhesive dressing with tape to secure, or the application of a Transdermal patch	supra-pubic catheters and management of Mitrofanoff (a surgical opening to the bladder) • Routine Tracheostomy care including suction using a suction catheter • Emergency change of a tracheostomy tube • Oral suction of the mouth • Emergency interventions which would be deemed basic first aid and includes airway management • Assistance with prescribed oxygen administration including oxygen saturation monitoring where required • Ventilation care for a child with a predictable medical condition and stable ventilation requirements (both invasive and non-invasive ventilation). Stability of ventilation requirements should be determined by the child's respiratory physician and will include consideration of the predictability of the child's ventilation needs **Other Support and Interventions** • Blood Glucose monitoring as agreed by the child's lead nursing/medical practitioner e.g., Consultant Paediatrician or Paediatric Diabetes Nurse Specialist and as detailed in their individual Health Care Plan	

Documentation	Education and Community setting records, medical reports. Health Action Plan is agreed between school and parents and child/young person with medical input where required.	Individual Health Care Plan (IHCP) Educational and Community setting records Medical Reports IHCP developed and signed off by a relevant medical / health care professional. Parents and the child/young person should be fully involved throughout the process.	Individual Health Care Plan (IHCP) Educational and Community setting records Medical Reports Individual Health Care Plan has to be drawn up and signed off by a relevant medical/health care professional. Parents and the child/young person should be involved throughout the process.
Responsibilities	Education and Community setting staff are able to fully support child or young person. Relevant medical / healthcare professional to provide advice and support.	Education and Community setting staff able to fully support child or young person but only with relevant medical / healthcare professional's advice, training and support. The relevant medical professional will participate in regular reviews as outlined in the Individual Health Care Plan (IHCP).	Suitably qualified Healthcare professional
Funding Implications	LA Education – all needs are met within universally available resources. NHS Health – all needs are met within commissioned services.	LA Education - In the vast majority of cases needs should be met within the delegated resources. Educational settings will be expected to provide reasonable adjustments, equipment or support as detailed in the IHCP up to the value of £6K.	NHS Health – support fully provided by health commissioned service.

		If support outlined in the IHCP is above this, then the setting should follow the LA process for applying for 'Top Up' funding. NHS Health - Relevant health professional will provide advice, support and training to ensure that setting staff are competent to carry out health care tasks (sign off of competency should be recorded). Additional or update training provided as required. IHCP will be reviewed and signed off by the relevant health professional. In certain situations, specialist equipment will be provided. In a few, highly complex cases the ICB may consider a funding contribution or jointly funded package. which doesn't result in a duplication of provision or funding	

APPENDIX B

Process for developing Individual Healthcare Plans (IHCPs)



APPENDIX C – Ordinarily available support and access to Top Up Funding

Ordinarily available support in Education and Community settings:

Most children and young people with medical needs will be supported within existing resources at education and community settings; this applies to all children and young people requiring health and care interventions described in Level 1 (Appendix A) and the majority of tasks described in Level 2.

This support will include

- Reasonable adjustments which should be considered as part of the risk assessment process
- Resources available through accessibility and strategy plans
- Auxiliary Aids
- If necessary, provision of additional staff would be funded through he delegated funding made available to education settings and sometimes referred to as 'SEN support' which usually equates to £6K which would normally provide up to 15 hours of support a week.
- Information, support, advice, and guidance provided by healthcare professionals.

Access to top up funding:

In some circumstances, due to the complexity, severity or unpredictability of the health needs, the child or young person may require support beyond what would be normally expected for the educational setting to provide. The assessment of such needs and necessary support must be supported by up-to-date individual health care plan and relevant medical reports.

Top up funding on medical grounds is not linked to the Education, Health and Care Plan (EHCP) process. This is because some children may have medical conditions but no special educational needs.

Top up funding is allocated by the Local Authority and is usually reviewed every 6 to 12 months. This is in addition to funds and resources already available to settings. In line with the guiding principle of promoting independence and safe access to educational and community settings, reasonable adjustments, use of equipment or other auxiliary aids will always be considered first.

Each case will be considered individually.

For example:

A child or young person with well managed diabetes who requires monitoring whilst attending an education setting should be able to be supported by the setting without the need for any additional top up funding.

However, a young child with poorly controlled diabetes, in need of frequent monitoring and interventions throughout the day may require additional top up funding to ensure adequate support is available.

The same scenario with an older child or young person might result in them being able to monitor their blood sugar levels independently and setting staff would be able to meet the needs through ordinarily available provision.

APPENDIX D – Example of a Health Action plan

This form should be used to record support for children with medical needs described as Level 1

Name of school/setting	
Name of child	
Date of birth	
Group/class	
Medical condition or illness	

Medicine or support required

Name/type of medicine	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Child/young person's views (e.g. what helps?)	
Self-administration – y/n	
Procedures to take in an emergency	
Other support required (pls specify)	
Review arrangements	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details Parent/Carer

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature (parent/carer) ---------- Date ----------

Signature (on behalf of the educational setting) ---------- Date ----------

APPENDIX D – Example of an Individual Health Care Plan

This form should be used to record support for children with medical needs described as Level 2 and 3

Name of school/setting	
Child's name	
Group/class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date of the IHCP	
Next Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	

Lead health care professional Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	
Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, impact on schools day.

Describe recommended treatments including facilities, equipment, environmental issues, medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Arrangements for school visits/trips/off site activities

Child/young person views (e.g. what helps, how do they feel about the treatment plan)

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Staff training needed/undertaken – who, what, when

Staff name	Training undertaken and signed off (pls provide data)	Review arrangements (pls specify any future training needs, reviews of competencies)

Signature (parent/carer) ---------- Date ----------

Signature (on behalf of the educational setting) ---------- Date ----------

Signature (healthcare professional) to sign off the health care plan ----------

Signature (healthcare professional) to sign off competency of educational staff member (s)

---------- date ----------

APPENDIX E – Example of Top up Funding Application Form

Children or young people with Medical Needs Request to Access Top Up Funding

Attach documentation as detailed below:	**Please select**
Evidence of the level of need; this should include information about diagnosis, medical condition, severity and impact on school day. (copies of up to date assessments and reports must be attached)	☐
Evidence of what support is already provided by school. This could include reasonable adjustments, equipment or additional staffing. Any support must be supported by relevant medical advice (copies of up to date reports must be attached)	☐
Copy of the Individual Health Care Plan, signed and dated.	☐

Please note, applications will **only** be considered if the relevant information is included.

Pupil's Name:			
Date of Birth:		**Year Group:**	
Name of school/setting:			

Medical needs:

Areas of concern – please describe the medical need, severity and impact on school day	**Assessed by:**	**Date:**

Support already provided:

Details of adjustment, resources, strategies, medication and auxiliary aids	**Impact**

Additional support required:

Type of support	**As recommended by:** the relevant reports and Individual Health Care Plan must be included

Signed: (Headteacher) _____ Date