

Good Practice principles for requesting and responding to EHCNA health advice requests

Evaluation toolkit



November 24

Introduction

The East of England regional Education, Health and Care plan task and finish group commenced in January 2023 following a presentation by the regional Designated Clinical and medical offers and the SEND in the East of England SEND conference in October 22.

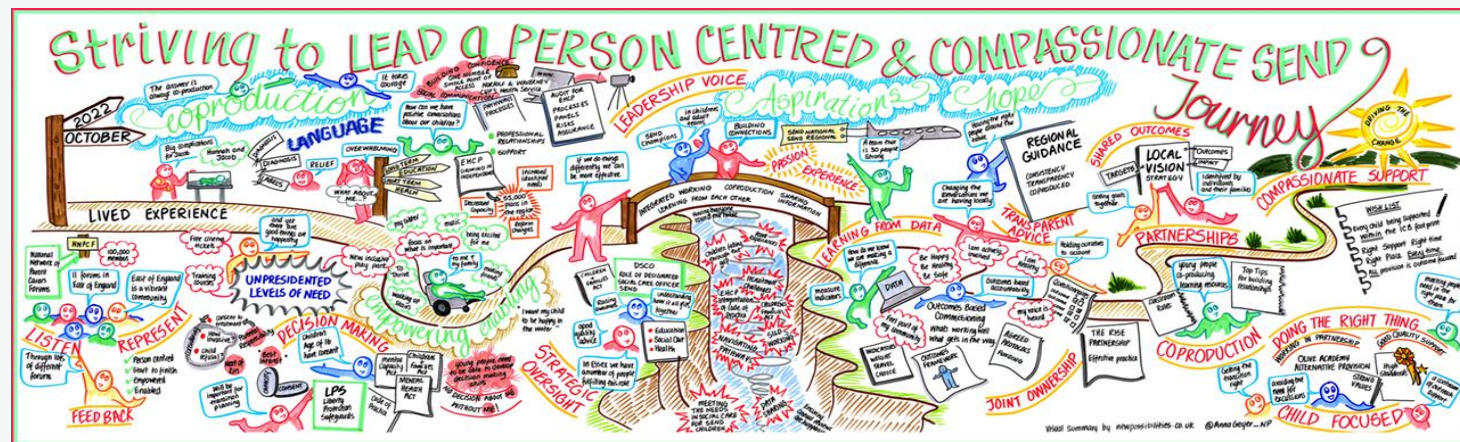
The objective was to explore and understand the current practices, barriers, and opportunities to ensuring compliance with the SEND code of practice and to develop good practice principles to be implemented across the region. The focus was to ensure that a consistent, lawful, and effective toolkit was developed to support health providers responding to requests and to inform system partners of expectations and responsibilities to enable a person centred, open and transparent approach.

The task and finish group consisted of Designated clinical officers, medical officers, parent carer representatives, Heads of SEN, SEND caseworkers, social care practitioners, health provider practitioners, specialist nurses and engagement with children and young people.

Following a series of presentations, an audit of health provider process and practices, review of the Code of practice and seeking legal advice and review the task and finish group has produced principles of best practice and a self -assessment tool for health providers to benchmark themselves against good practice.

The toolkit consists of:

- Principles of good practice when requesting and responding to health advice requests through the Education, health, and Care plan process.
- Requirements and recommendations to achieve the good practice principles.
- Self-assessment for health providers.
- **Evaluation Criteria and assessment table**



Evaluation Criteria and tool development:



Following the implementation of the regional co-produced good practice principles, the task and finish group have developed an evaluation toolkit based on the identified principles.

The following pages identify an evaluation table and criteria to assess the service and local area against in relation to requesting and responding to EHCNA needs assessments health information, advice and or assessment requests.

The tool can used for both individual health provider services and for local areas to utilise as part of the multi-agency quality assurance framework.

The task and finish group recommend that the tool is used initially 6 months after implementation of the principles and then further evaluations 9,12 months. Once the principles are embedded than an annual review is recommended.



Evaluation Criteria and tool development:



The overall progress rating should be considered in relation to the relating statements and the appendix A criteria.

| Starting Conversations | Emerging | Embedding |
|---|---|---|
| Starting Conversations | Emerging | Embedding |
| <p>The local area is aware of the local families' experiences of requesting health advice.</p> <p>Service providers are exploring implementation of the self-assessment. The ICB and local area have discussed the principles at board level and there is an agreement that the local area will adopt/adapt as part of their QA processes.</p> <p>The local area / ICB can recognise in the criteria within the local area and have a robust action plan to support implementation and development.</p> | <p>Families' experiences are positively increasing</p> <p>Service providers have undertaken the self-assessment tool and the ICB has a clear picture of areas of best practice and areas for development. The local area has a clear understanding of processes in place for requesting health advice and the areas/services that require development.</p> <p>The local area can evidence a level of shared understanding of processes with clear leadership direction.</p> | <p>Families receive a typically positive experience when health advice is requested for their child.</p> <p>All health providers have undertaken the self-assessment tool and robust action plans have been completed.</p> <p>Provider organisations have clear lines of accountability and leadership for SEND.</p> <p>Executive lead provides clear leadership to the local area on the health response to EHCNA requests in accordance with legislation.</p> <p>The local area have a shared understanding of the principles and communication pathways to requesting health advice. The local area supports all services in robust actions and areas of development</p> |

Principles of best practice when requesting and responding to health advice requests through the Education, Health and Care Plan evaluation tool.

| Principles | Date of review | Evidence — to be reviewed alongside the principles good practice criteria in appendix A | Starting Conversations | Emerging | Embedding | Action plan developed Yes/No |
|--|----------------|---|------------------------|----------|-----------|------------------------------|
| Personalised approach – think family and voice of the CYP and family | | | | | | |
| Strategic leadership, governance and oversight | | | | | | |
| Effective communication/ information sharing | | | | | | |
| Robust and effective pathways | | | | | | |
| Quality assurance | | | | | | |
| Training | | | | | | |
| Auditing and Compliance | | | | | | |

| Name of auditors | | Date action plan developed | |
|---------------------|--|---|--|
| Date of Next review | | Date presented at SEND Governance board/ steering group | |

Appendix A – please use these criteria to evidence your progress/ areas for development.

CYP focused – voice of the child

- All process and procedures must be person centred and consider the best interests and voice of the Child and Young Person.
- Processes must ensure that Children and Young People who use different forms of communication and have a full opportunity to participate and their views are facilitated
- The experiences of Children and Young people and their families must be captured to understand the journey of their EHCP process.
- Processes must ensure that the golden thread of strengths, needs, outcomes and provision is fundamental in all decision making around service provision and delivery.
- CYP and their families must be supported to make decisions around their care and provision to support their aspirations.

System leadership, governance and oversight

- **The Executive lead and SRO must ensure:** [NHS England » Executive lead roles within integrated care boards](#)
- robust processes and pathways in place to comply with the statutory requirements of the Children and Families act 2014.
- sufficient DCO/DMO and SEND leadership capacity to ensure compliance with the statutory requirements.
- escalation pathways for non-compliance and identification of gaps and risks within the health elements of the EHCNA process.
- maintenance of a risk management log and that is reviewed at ICB board level and SEND Improvement board.
- Services are jointly commissioned, to ensure the needs of the local SEND population are addressed and provided for, and are evident within the initial EHCP process to ensure appropriate and timely referrals.
- System wide leadership including provider services must be established with key delivery responsibilities and compliance with the Children and Families Act 2014.

Effective communication information sharing

- The Local offer is up to date and give CYP and families comprehensive and accurate information regarding referral process and the EHCNA pathway including contact information for Health. Details should include the type of advice that will be supplied in accordance with the Children and Families Act. All information on the local offer must be in accessible formats and overseen by the ICB.
- Details of a service's eligibility criteria and supporting services should be clearly described (to parents and partners).
- Health providers must have a robust and effective process for communication/information sharing with partners, ensuring pathways for escalation if responses are not received.
- The local system should have an information sharing agreement between all partners and robust informed consent processes integral to the EHCNA request process.

Appendix A continued

Auditing and Compliance

- Health providers should have a process for auditing compliance with the 6 weeks' timescale. This data should be included with monthly reporting and included within the SEND data dashboard.
- Non-compliance with the 6 weeks' timescale to be reported to the SRO/ Exec lead through ICB governance process and identified as a risk if appropriate.
- The compliance data should be included with in the health data compliance dashboard

Robust and effective pathways

- ICB/ Health providers should provide clear position statements on the process and response to advice requests and assessment requests – this should be available on the local offer and to all parent/carers and partners – Easy read information must be available for all information. ICB/ health providers should be clear that assessments will be undertaken based on clinical need and not because the request has come via the EHCNA process.
- All requests for health information advice must be returned within 6 weeks (unless exceptional circumstances as identified by the Code of Practice) or the advice required will take longer than 6 weeks due to the clinical need and this is effectively communicated with requesting team.
- Children and young people who are currently not known to service will require a full referral to the identified service, clearly identifying the identified/ potential needs of the child and if the CYP has received any support for the need. The service should follow their criteria and processes to understand the CYP's needs, this may include triage, advice and/ or assessments.

Quality assurance

- High quality health 'advice' including signposting to local offer services if CYP does not meet the criteria for the service. ICB/ Health providers should ensure they maintain their commissioning parameters and clearly identify services commissioned and criteria for service are shared openly with the local area.
- The ICB/health providers should consider identifying health professionals to attend EHCNA and Initiation panel to provide clinical advice and support- ensuring appropriate sign posting and referrals are made to any unmet health needs.
- ICB and Health providers must be an integral part of the Quality Assurance processes, ensuring health elements of EHCPs are good quality and clinically appropriate and safe. Health representation present at all stages of the QA process and QA processes at individual service level.
- QA action plans to be developed to support culture of learning and areas for development. QA action plans and reports to be presented through the governance processes.

Training

- ICB and health providers should ensure a comprehensive training offer to all health staff and partners to ensure health elements and responsibilities and processes are understood enabling a culture of learning and understanding
- ICBs to require SEND training to be a mandatory element to all CYP and SEND staff's learning portfolio. [Special Educational Needs and Disability \(SEND\) Training Assurance Framework for Health Professionals \(councilfordisabledchildren.org.uk\)](https://councilfordisabledchildren.org.uk)