

Principles of good practice when requesting and responding to health advice requests through the Education, Health and Care Plan process.



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:

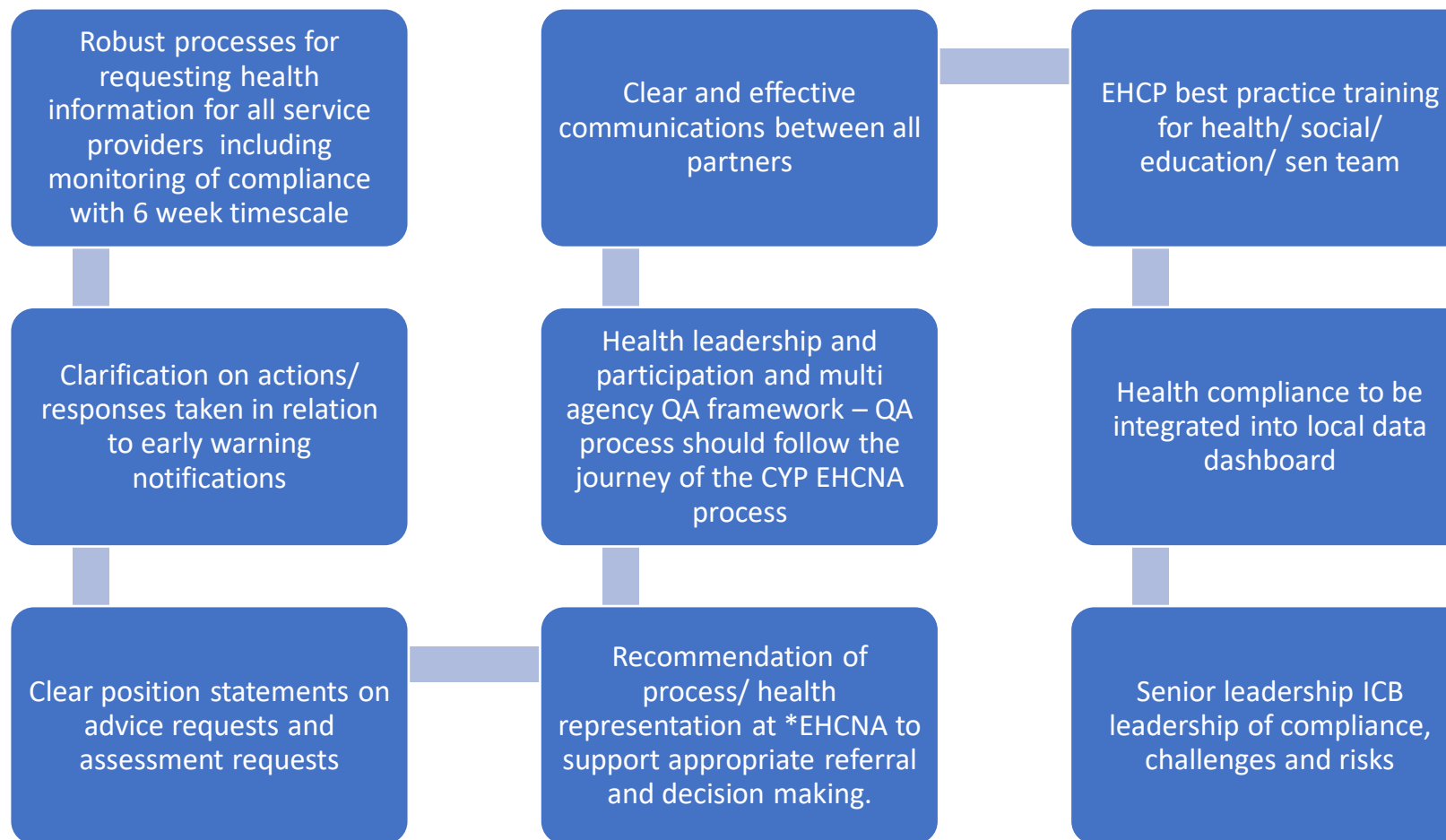
- Principles of good practice when requesting and responding to health advice requests through the Education, health, and Care plan process.
- Requirements and recommendations to achieve the good practice principles.
- Self-assessment for health providers.



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What should we be considering for best practice ?



Identified through the EHCP Mini audit, CDC best practice guidance, Local area revisit outcomes and Bevan Brittan Tribunal training. *Education, health and care needs assessment.

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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.

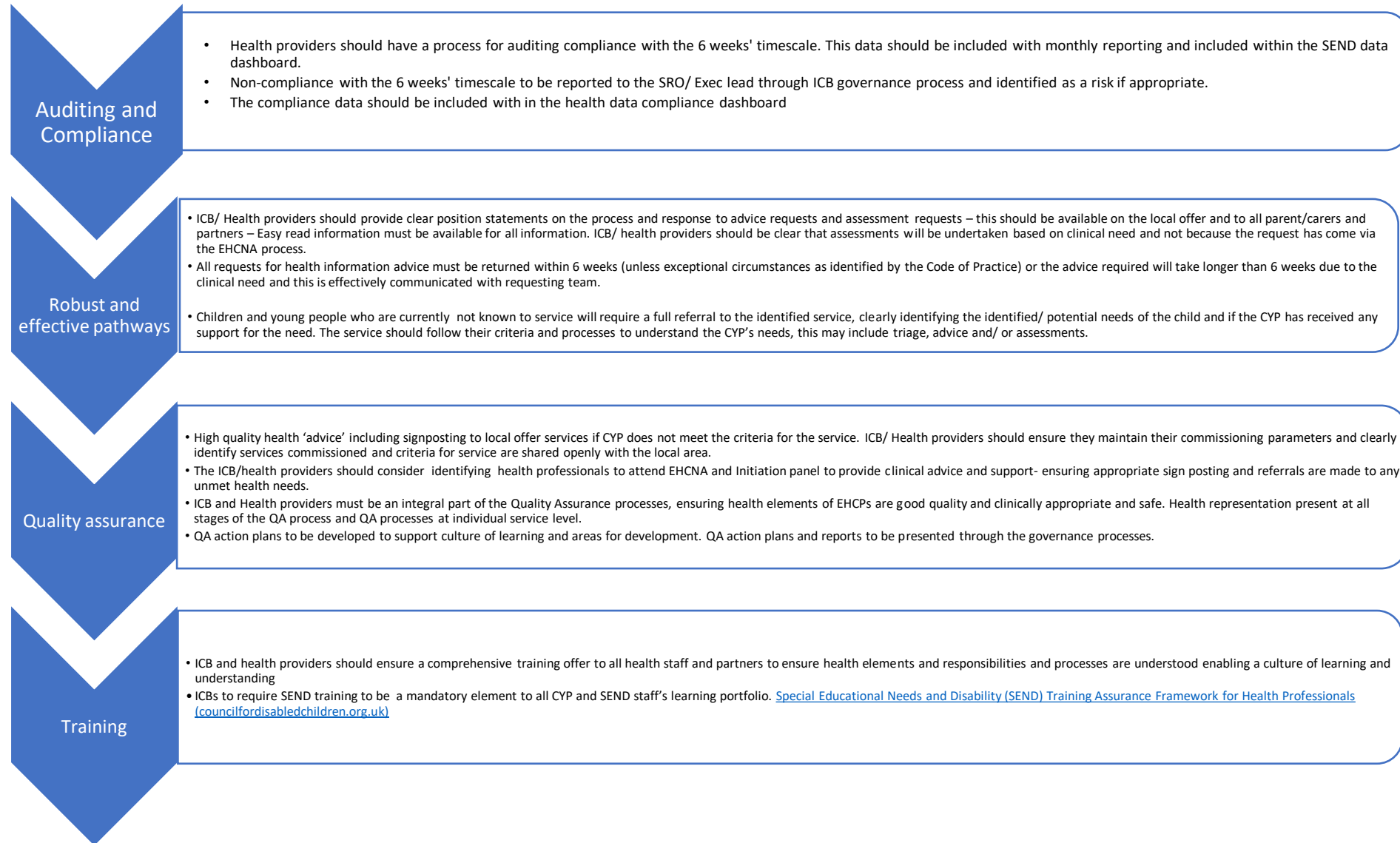
System leadership, governance and oversight

- **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.

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Key notes from meeting ... (1 of 2)



- Child and Young Person focused and in their best interests – voice of the child
- 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.
- 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.
- Health providers must have a robust and effective process for communication/information sharing with partners ensuring pathways for escalation if responses are not received.

- 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.
- Children and Young People who are not known to service will require a full referral to the identified service, clearly identifying their identified/potential needs 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.
- The ICB/Health providers should identify 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/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.
- ICB/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.

EHCP health processes self- assessment

Health Providers EHCP Processes Self-Assessment Tool

The Self Assessment Tool is intended to be used in conjunction with the Good Practice EHCP principles. The tool is designed to identify areas of good practice and areas for development that ICB and health providers can use as a benchmark to ensure a robust, comprehensive and lawful response to requests for health advice for Education, Health and Care need assessments (SEND Code of Practice 2015).

The findings from the self- assessment are intended to be utilised by the ICB and health providers to identify good practice and to develop an action plan to address areas of non compliance and emerging areas for development , and for reporting via the ICB and SEND governance routes. The good practice principles and self assessment tool are recommended -an integral element of the local area's quality assurance processes.

The Tool has identified areas that are **Essential** (E) and **Desirable** (D) components of the health advice EHCP pathway. Please provide comments and supporting information for each rag rating.

			Yes	Emerging	No	Comments
1	D	Is there a mechanism in place to receive early warning of an EHCP request ?				
2	E	Is there a single referral route in place for incoming EHCP referrals? (there should be a single route for each provider service)				
3	D	Are all services using the single route of access?				
4	E	Is there a mechanism in place for collecting and reporting 6 week return data?				
5	E	Are 6 week compliance exceptions reported, together with relevant narrative, in order to identify any themes and barriers to compliance?				
6	E	Is 6 week compliance reported on the health SEND dashboard and shared with partners?				
7	E	Are there mechanisms/escalation processes in place to challenge and rectify insufficient responses from services?				
8	E	Is there a process in place and embedded in the single route of access pathway, to return information, advice or assessment , such that no response of "Not Known to Service" is made?				
9	E	Are all practitioners required to attend SEND Compliance training				

		which contains information regarding statutory responsibilities and requirements?				
10	D	Is SEND Compliance training and competencies discussed and signed off at practitioner supervision sessions? Is this aligned to the training assurance framework from CDC Special Educational Needs and Disability (SEND) Training Assurance Framework for Health Professionals (councilfordisabledchildren.org.uk)				
11	D	Is SEND training and case discussion a part of practitioner supervision ?				
12	D	Is the uptake of SEND Compliance training monitored with 100% as the target, in line with requirements for safeguarding compliance training ?				
13	D	Do you have a regular practitioner forum for SEND case discussions?				
14	E	Does the service participate in local area Case Tracking Audits?				
15	E	Is the voice of the BCYP (CYP and / or parent carer) captured during the assessment process and included in subsequent health advice / reports?				
16	E	Is there a monitoring system in place to check that health advice, information and /or assessment is co-produced with parent and / or child or young person?				
17	E	Is there a monitoring system in place to check that health advice / reports are written in a way that is understandable to a layperson and does it clearly state the impact on the BCYP's ability to access the curriculum.				
18	D	Are mechanisms in place to ensure that there is health representation at EHCP panels?				
19	E	Do practitioners see a draft version of the EHCP for review before finalised?				
20	E	Is there a process/ mechanisms in place to inform health practitioners of annual review dates and are they enabled to contribute information?				
21	E	Do health practitioners participate in an audit and improvement cycle in				

		place for auditing specifically of health advices?				
22	E	Are there clear position statements from services, on the process and response to advice requests and assessment requests, available on websites and on the Local Offer including Easy Read information?				
23	E	Does the ICB require EHCP processes for health to be adhered to eg is it specifically referred to and monitored as part of contract arrangements?				
		Total				
		Overall RAG Rating				

Rag ratings:

RED – if all essential criteria is not met or greatest number of rating is No/ Red

AMBER – if majority of ratings are amber/ emerging (all essential criteria is met)

GREEN- all Essential criteria is met and majority of ratings are Yes/Green