



Self Assessment of our SEND Implementation

May 2017

*A new approach to special educational
needs and disability*



Health – update of original storyboard (Sept 14 – May 16)

How has the work progressed since May 16?

Health services completed their immediate next steps and the post of Designated Medical Officer, (DMO), has been extended acknowledging that health services still need a significant amount of support. Training has been taken up by health care staff working across Torbay and South Devon on the significance and content, of their contribution to EHCPs. Training has been offered to GP's across Torbay and South Devon on the completion of 14-17 Learning Disability Health Checks and discussions have started between Devon Local Medical Committee and our DMOs for NEW Devon and SDT CCG's, on their contribution to EHCP's for young people aged 18-25 where they are more likely to be a central health contact.

We have developed clearer process for considering joint funding for children and young people with additional needs and have maintained links with the Local Authority in determining the how packages should look and contribute to direct payments as part of package of care. Our Adults Learning Disability Commissioner and Quality Assurance Nurse have been undertaking Care Treatment Reviews; this has been especially helpful in transitions cases.

There has also been service specific development. Torbay Autism Assessment Service, (TAAS), is changing the skill mix of their team, while waiting times have remained at 8 months, referrals have increased by 70% and consultation with parents has told us that waiting times are less important if they are aware of the wait, process and have information to support them on the journey.

Speech And Language Therapy, (SALT), have made significant changes to encourage parents to become more engaged with their services, offering appointments at different times, not block booking appointments over the course of an intervention, reducing the length of appointments and being clearer with parents as to what is expected of them.

How has this improved outcomes for children who have SEND? How can this be evidenced?

Health services have a better understanding of what's required for the content of an EHCP, some services such as the Child Development Centre have developed recording in a report ready format, to enable information on the assessment/ diagnosis of ASD and Global Developmental Delay, in children under 5, to be easily transposed into EHCPs. The DMO is participating in Education Health and Care Plan Panels and is able to better address barriers in health services moving plans forward. Our use of Continuing Health Care assessments to support the funding of individual children's placements has resulted in greater equity of provision. Where children have direct payments families are enabled to make choices in the care that's provided.

In individual service delivery, the TAAS has improved their diagnosis rate to 75%, so more children going through the ASD assessment process would be deemed to be on the correct pathway. Nonattendance at SALT appointments is reducing and parents have been offered opportunities to feel more involved in their child's care.



Self Assessment of our SEND Implementation

May 2017

*A new approach to special educational
needs and disability*



Alongside Devon's children's health services, a number of Torbay's health services will be reprocured for April 2019. Services are being procured around children with additional needs across the STP footprint, to provide equity in the service offer and to increase the robustness of some specialist services which have historically been stand alone. All service specification will ask providers to ensure EHCP contributions are useful and provided in a timely way.

There remains a significant amount of work for health services to do and we recognises that services are not always able to contribute in a timely way, we must therefore strive for continuous improvement for children and young people with additional needs, in the way we develop our services.

Authors

Jo Hooper

Original Storyboard Sept 14 – May 16

What was the issue?

South Devon and Torbay CCG have been keen to support the implementation of the SEND reforms and become involved in EHCP processes. At the time of inception there were acute, community and health commissioning organisations in Torbay and it was important that all 3 are involved at appropriate junctures and that education and social care understand the different remits these organisations have.

Our journey so far....

The CCG and health providers have been involved at all levels from the start, including supporting the design of EHCP forms, contributing to the Local Offer and looking at transitions literature with a holistic approach to the young person.

What have we done?

- Prior to the SEND reforms SDT CCG had demonstrated good partnership working with Torbay Council in the joint commissioning of placements. This has continued and the CCG signs off additional funding commitments as part of the EHCP process.
- The CCG has been a strategic partner from the beginning and involved in linking some more practical elements up with the work our providers are engaged in.
- We have been involved in piloting Integrated Personal Commissioning and had already contributed to Personal Health Budgets were these were direct payments.
- Supported the Local Authority in their engagement of parents/ carers.
- Updated Specifications for the service we commission as they are reviewed to ensure that providers contribute to Education, Health and Care Plans, reviews and transitions.
- Our GP Clinical Lead for Children's Services has been undertaking the function of the DMO role as an interim measure.



Self Assessment of our SEND Implementation

May 2017

*A new approach to special educational
needs and disability*



- We have commissioned a paediatrician to review the scope of the DMO/CMO role
- We have carried out a Care Treatment Review for a patient with a Learning Disability, with successful repatriation from a health funded inpatient bed.

What difference has this made?

- We have historically been able to commission some innovative packages of care to keep people out of inpatient beds and facilitate seamless transition through our joint working with the local authority and our providers.
- Families are offered Personal Health budgets, either when care needs are first being considered or when packages are being reviewed; allowing them to choose how their agreed needs are best met.
- Transitions processes and paperwork for acute/ community and local authority services are now being linked together.
- Care Treatment Reviews have resulted in more personalised care packages which are therefore better for the individual and repatriation ensures more accessible involvement of MDT and family as well as quality monitoring.

Areas for further action

- Clarification is needed of the local expectations of the DMO/ CMO role
- Identification of DMO/CMO who can participate in multi agency resources panels.
- Training for staff is needed on the completion of EHCP submissions and the significance of their input into reviews.
- Ensure our providers are engaged across both the local authority areas the CCG footprint covers.
- Ensure there is equity in the CCGs involvement in both the local authority areas the CCG footprint covers.
- To continue to ensure EHCP's are reflected in service specifications and
- Advise as appropriate on the retender of the Peninsula Any Qualified Provider Children's framework. CCG Commissioning manager has been identified and linked into appropriate processes.
- Review the CCG's quality assurance on packages of care that have health input from existing provider services i.e. where the CCG are not asked to sign off an element of additionally funded care.
- Continue to work with Torbay Council to review process and identify gaps in health related involvement and identify how we can offer support to address these.

Immediate next steps

- Review the outcomes of the DMO scoping exercise and allocate role appropriately.
- Training to be provided to health care professionals in contributing to EHCPs.
- Training to be provided for GPs/ practice staff in conducting 14-17 Learning Disability Health Checks.

Author

Authors Jo Hooper/ Siobhan Grady