



Self Assessment of our SEND Implementation

Oct 19

*A new approach to special educational
needs and disability*



Development of a single point of contact for new EHC requests to child health

What was the issue

- The Local Authorities (Devon and Torbay) were unsure who to contact for contributions to EHC plans and who to expect reports from.

Our Journey so far

- The child health community recognised the benefit of having a single point of contact for the Local Authorities and for service leads that was 'place based'
- Each key team within the local health area (likely to have relevant information) identified a contact point/ email that was monitored in order to improve communication to and from the Local Authorities
- A process to identify the different record systems across the teams was led through a SEND Champions meeting
- Protected administrative time was piloted as a SPOC (single point of contact), to access multiple systems (where electronic) and act as an initial point of contact for services with paper records. This was evaluated using feedback from the Local Authorities and team managers.

What have we done?

- We have identified and provided access to necessary systems for the SPOC
- We have highlighted both the value of the role but also the complexity of record keeping across child health for strategic planning
- We have ensured feedback on the pilot to senior management and thus protected the SPOC through a change in service
- The SPOC has brought expertise such as:
 - mapping processes to support team managers in training
 - Supporting development of a shared drive for managers
 - supporting escalation to be effective
- We have shared the process and spreadsheet template across the CCG health system (to other providers) and this has formed the basis of a monthly 'sitrep' report into the CCG around timeliness of EHC report returns to Local Authorities
- We have brought in further services as they have been identified through case review by managers and DCO/ DMO

What difference has this made?

- There is consistency in the instructions and report templates going out to individual practitioners
- Revisions have been embedded quickly through the SPOC
- There is a central point (spreadsheet) to track timeliness of responses with a clear escalation process
- There is a single point of contact for tracking and queries from individual health teams or the Local Authority

- We have now identified up to 12 services that could contribute to a child's plan and are piloting some joint reports where relevant and possible within timescales.
- We have identified where a child is not known and the SPOC has developed an administrative process to inform the Local Authority
- The Local Authority have, through the SEND operations group, committed to wait on issue of plans if necessary to ensure that health content is included to improve quality now that they know which reports to expect
- The SEND champions have data to review to improve timeliness at team level (in real time) or understand challenges for escalation

Areas for further action

- Strategic reporting to continue to embed IT advances and using data to improve timeliness
- Links with further services (such as adult services, orthotics/ orthopaedics and possibly General Practice)
- Job descriptions to embed roles in the place based health structure
- Clarification of clinical decision support behind the SPOC (for instance for those 'not known') and further requests from the Local Authority for advice (working with the DCO/ DMO)

Immediate next steps

- Update the process charts and include with strategic report
- Clarify SPOC contribution into the Quality Assurance monthly meeting (previously SEND champions)
- Embed reporting (on timeliness) from all South Devon and Torbay place based services with implementation of Children Family Health Devon contract

Author

- Charlotte Childs SEND lead
- Simon Dunn Practice Manager Child Health