

Designated Clinical Officer for Special Educational

Needs and / or Disability (SEND)

Annual Report 2019/20

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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 (DCO) for Special Educational Needs and/or Disability (SEND) working at Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG). It will identify the work that has been undertaken over the last 12 months and describe plans and aspirations for the next 12 months.

The report is to both provide assurance and inform Senior Leaders across BNSSG about functions and accountability of the Clinical Commissioning Group (CCG) in relation to children and young people 0-25 years with Special Education Needs and/or Disability (SEND), and provide commissioners with an indication of future resources that may well be required for the CCG to fulfil its responsibilities in relation to SEND.

Legislation

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 CCGs 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 legislation compliance

SEND Inspections

South Gloucestershire - Between the 6th and 10th of November 2017, Ofsted and the CQC conducted a joint inspection of the local area of South Gloucestershire. Ofsted and the CQC issued their letter detailing inspection findings on the 18th of December 2017 and determined that a Written Statement of Action (WSOA) was required due to some significant areas of weakness in the local area's practice.

Progress in delivering the SEND Written Statement of Action (WSOA) in South Gloucestershire is as follows:

- Shared Outcomes Framework (SOF) developed
- SEND Joint Commissioning Strategy developed
- Revised autism diagnosis pathway developed
- Autism diagnosis waiting list initiative
- EHCP Standard Operating Procedure (SOP) developed
- Multi-professional Quality Assurance events to review EHC Plans
- Significant improvement in access to speech and language therapy service, with performance now at 100% of children assessed within 18 weeks of referral
- SEND Data Dashboard developed
- Jointly recommissioned Short Breaks Service at Russell House
- DCO SEND Inspection Position Statement completed
- Positive Feedback received on the DCO role

A re-inspection of South Gloucestershire local area is expected during early 2020.

North Somerset - Between the 14th and 18th of May 2018, Ofsted and CQC conducted a joint inspection of the local area of North Somerset. Ofsted and the CQC issued their letter detailing inspection findings on the 27th June 2018 and determined that a Written Statement of Action (WSOA) was required due to some significant areas of weakness in the local area's practice.

Progress in delivering the SEND Written Statement of Action (WSOA) in North Somerset is as follows:

- SEND Strategy developed
- Shared Outcomes Framework (SOF) developed

- Draft SEND Joint Commissioning Strategy and Plan developed
- Revised autism diagnosis pathway developed
- Planned autism diagnosis waiting list initiative
- EHCP Standard Operating Procedure (SOP) developed
- Identified and accountable leadership, including a Designated Clinical Officer
- SEND Data Dashboard
- Quality Assurance / audit process developed for EHC Plans
- More positive relationship with North Somerset Parent Carers
- DCO SEND Inspection Position Statement completed
- Positive feedback received on the DCO role

A re-inspection of North Somerset is expected any time from April 2020.

Bristol - Between the 30th September and 4th October 2019, Ofsted and CQC conducted a joint inspection of the local area of Bristol. Ofsted and the CQC issued their letter detailing inspection findings on the 20th December 2019 (dated 13th November 2019 and embargoed due to pre general election purdah) and determined that a Written Statement of Action (WSOA) was required due to some significant areas of weakness in the local area's practice.

Whilst a Written Statement of Action (WSOA) plan is currently in the process of being developed, this was the expected outcome due to the area's extremely poor performance (previously 0%) in meeting the national requirement to issue Education, Health and Care Plans within 20 weeks.

As such, the Local Authority and CCG SEND inspection preparation group met weekly prior to the inspection, with the SEND Partnership Group meeting fortnightly to progress strategic planning and a SEND joint commissioning group was also established as a formal sub-group of the Partnership Board.

Progress in delivering SEND requirements in Bristol are as follows:

- SEND Strategy developed
- SEND Self Evaluation completed
- Shared Outcomes Framework (SOF) developed
- SEND Joint Commissioning Strategy developed, with existing examples of good practice
- Revised autism diagnosis pathway and comparatively low waiting times
- Improvements in CAMHS waiting times
- EHCP Standard Operating Procedure (SOP) developed
- SEND Data Dashboard
- Multi-professional Quality Assurance events to review EHC Plans and pilot new top up funding framework
- Dedicated Joint Strategic Needs Assessment (JSNA) chapter for SEND
- Pooled Budgets for example the Youth Offending Team (YOT), IPBS and Community Equipment
- DCO SEND Position Statement completed

- Positive feedback received on the DCO role

During all inspections the CCG and Local Authorities worked very closely together to co-ordinate their responses and collate evidence for the Inspectors. Engagement was good across all areas from young people, schools, parents, carers and service providers.

Role of the Designated Medical Officer (DMO) and Designated Clinical Officer (DCO)

The DMO and DCO roles were created under the Children and Families Act (2014) to support local health services to implement and monitor the changes required by the act. Each local area is responsible for determining what this provision looks like and how these roles can be utilised most effectively to support their area's approach to implementing the act. In essence, there are 3 key areas of responsibility;

- **Oversight of health needs and provision**

This includes but isn't limited to; identification of children and young people with SEND, attendance at multi-agency and Education, Health and Care Plan (EHCP) meetings, clinical advice and input, recommendations and sign off of EHCP's in particular the specified health provision.

- **Coordination of service providers and partner organisations**

This requires building and maintaining strong professional relationships across various provider and voluntary organisations as well as with children, young people and their families/carers. Ensuring that all health services are reflected in the 'Local Offer' and providers are cooperating with the Local Authority (LA). Coordination of EHC assessments in line with other assessments such as Children's Continuing Care or Looked After Children's health assessment and decisions relating to the commissioning of packages and services for individual EHC assessments and plans..

- **Strategic contribution**

This involves close working and involvement with commissioners from the CCG and LA who are responsible for joint commissioning of services and the local area participation and engagement strategy, contributing to and influencing decisions on service integration to improve outcomes.

Background

Prior to the merger of Bristol, North Somerset and South Gloucestershire CCG's in 2018, each CCG local area had a very different allocation of resources in place to manage, monitor and deliver the SEND agenda. There were no dedicated 'Designated Clinical Officer' posts, and the additional responsibilities had just been 'added on' to individual workloads.



Following the CCG merger, a new structure was developed for the Continuing Healthcare (CHC) team, which is managed by the Associate Director of Quality and CHC Lead, and forms part of the Nursing and Quality Directorate. In this structure there is 1.0 WTE Designated Clinical Officer (DCO) post with responsibility to manage the operational delivery component of SEND across all three local authority areas, with the strategic elements of the role being undertaken by the Children and Maternity Commissioners in the Transformation Team.

There is currently a Designated Medical Officer (DMO) in post, which is a historic arrangement from when it was previously commissioned by South Gloucestershire CCG. This is delivered by a Consultant Community Paediatrician who undertakes one dedicated session per week, and works closely with the Designated Clinical Officer (DCO). This is supported by two Community Paediatricians in Bristol (job share) who have a special interest in SEND and dedicated time allocated specifically for SEND.

The DCO 'gate-keeps' the DMO's time and will triage all requests for advice first so that only appropriate queries are escalated. This also ensures that the DMO's time is utilised appropriately and their expert knowledge and advice is used as effectively as possible.

The DCO works closely with the DMO's on complex Tribunal cases and when reviewing medical notes and preparing legal statements. Working together to support each other, meeting regularly to share best practice and discuss specific cases and broader SEND issues ensures credible professional leadership and ongoing development and delivery of the SEND agenda.

CCG Governance

CCG SEND Group

A CCG SEND Group has been established, comprising of Directors with responsibility for SEND, Commissioners, Transformation managers, and senior members of the Nursing and Quality Directorate. The group meets quarterly to ensure the CCG is meeting its statutory responsibilities across BNSSG.

Quality Committee

SEND is a standing agenda item at the CCG Quality Committee meetings and quarterly reports are submitted to provide oversight and assurance.

Children and Young People's Performance Dashboard

A data dashboard and action plan specifically for children and young people in all three LA areas is discussed and updated at the CCG SEND Group and scrutinised at the Children's Delivery Board.

Children's Delivery Board

The Children's Delivery Board was established in 2019 and is chaired by the CCG Chief Executive. SEND is a standing agenda item where both strategic and operational issues are discussed alongside scrutiny of the SEND Data dashboard to ensure high level strategic oversight and assurance across BNSSG CCG.



SEND and EHC Plans - A National Overview

In 2019 the Department for Education reported there were 354,000 children and young people with Education, Health and care Plans in England, an increase of 34,200 (11%) from 2018.

There were 72,400 initial requests made for assessment for an EHC Plan during 2018, an increase of 12% compared with 2017 and of those initial requests 17,900 (25%) were refused. This compares to 14,600 (23%) in 2017.

Once a request has been approved and an assessment undertaken, then a decision is made whether or not to issue a plan.

Of the 51,600 children and young people assessed during 2018, 48,900 (95%) were issued with a plan, an increase of 93% from 2017, and 2,700 were deemed not to require an EHC Plan (Statements of SEN and EHC Plans: England 2019 Accessed online via www.gov.uk).

SEND - Local Area Demographics

South Gloucestershire

In South Gloucestershire the population is estimated to be **282,600** (Population and Demographics 2018 accessed online via www.southglos.gov.uk), of which **39,030** is identified to be of 'school age', and 6,111 children are known to have SEND (South Gloucestershire SEND Strategy 2018 – 2023).

South Gloucestershire has a total of **1920** Children and Young People with Education, Health and Care Plans (EHCP's) which are attributed to the following age groups (Statements of SEN and EHC Plans: England 2019 www.gov.uk);

Aged under 5yrs	90
Aged 5-10yrs	653
Aged 11-15yrs	640
Aged 16-19yrs	428
Aged 20-25 yrs	109

North Somerset

In North Somerset the total population is estimated to be **213,919** of which **30,486** is identified to be of 'school age and attending a North Somerset school' (Office of National Statistics accessed online via www.ons.gov.uk).

During 2018/19 a total of **1,137** children and young people in North Somerset received additional funding to support their Special Educational Needs (SEN) (SEND Strategy 2019-2021).

North Somerset has a total of **900** Children and Young People with Education, Health and Care Plans (EHCP's) which are attributed to the following age groups (Statements of SEN and EHC Plans: England 2019 www.gov.uk);

Aged under 5yrs	28
Aged 5-10yrs	226
Aged 11-15yrs	340

Aged 16-19yrs	228
Aged 20-25 yrs	78

Bristol

In Bristol the total population is estimated to be **463,400** of which there are **167,035** children and young people aged 0-25 years old ('The Population of Bristol 2019' accessed via www.bristol.gov.uk and the latest Population Census as cited in the Bristol SEND Joint Commissioning Strategy 2019).

In 2018/19 approximately **10,500** children and young people were identified as having special educational needs (SEN) and of these **7,961** were supported at SEN Support level.

Bristol has a total of **2280** Children and Young People with Education, Health and Care Plans (EHCP's) which are attributed to the following age groups (Statements of SEN and EHC Plans: England 2019 www.gov.uk);

Aged under 5yrs	49
Aged 5-10yrs	555
Aged 11-15yrs	828
Aged 16-19yrs	677
Aged 20-25 yrs	171

Specific responsibilities undertaken by the DCO

The DCO is the key point of contact for health in relation to Special Educational Needs and Disability across Bristol, North Somerset and South Gloucestershire.

As the operational lead for SEND, the DCO attends the SEND statutory panels in all three local authority areas on a weekly basis. This is to ensure that all relevant clinical advice and support is provided to the panel and health is an equal partner when discussing children and young people with SEND.

Panel papers and reports are read and reviewed prior to the panels (except in North Somerset) so that the DCO can formulate an opinion in accordance with the SEND Code of Practice and Children's and Families Act on;

- Whether a 'Needs Assessment' for an Education, Health and Care Plan (EHCP) is required.
- Following a 'Needs Assessment', and review of all the evidence, whether the Local Authority needs to issue a statutory EHC Plan for the child or young person.
- When the Local Authority makes a decision to issue an EHC Plan, then a decision on the type (mainstream or specialist) of provision that the child or young person requires to meet their needs.
- When an annual review identifies a change of placement is required or is being requested by parents.
- Requests for Personal Budgets.

The DCO will also make decisions about whether a child or young person with a complex health condition requires referral to the Children's Complex Care (CCC) or Adult Continuing Health Care (CHC) Team for triage and/or assessment, and if any serious concerns warrant a Safeguarding referral.

The DCO role also involves working with service providers to support their understanding of the SEND reforms and the Code of Practice, which may involve providing support and advice to those who are contributing to the EHC needs assessment to ensure person-centred, deliverable outcomes that are 'SMART'.

The DCO also works closely with the Local Authority 0-25 Team and schools and colleges, often meeting with the 0-25 Team Manager, SEND Case Workers; SENCO's and Head teachers to discuss provision for children with medical conditions.

The DCO has delegated authority for the financial sign off and approval on behalf of the CCG of all EHCP's that are finalised at the SEND Panels, and any health provision specified in Section G of the EHC Plan.

It is vitally important that the DCO as the operational lead for SEND, and the Children and Maternity Transformation Manager, who leads on the strategic elements of SEND, meet regularly to ensure both are fully appraised of current trends, risks and current and future work plans and commissioning intentions. This ensures a seamless joining of both operational and strategic elements of the SEND agenda and prioritised appropriately within the CCG.

Quarterly updates on SEND are submitted to the CCG Quality Committee and SEND is a standing agenda item at the CCG Children's Delivery Board which is chaired by the CCG Chief Executive.

The DCO attends regional and national DMO/DCO Network events throughout the year as deemed appropriate and often alongside Local Authority colleagues and the local Parent Carer representatives from each area.

Additional responsibilities with SEND First Tier Tribunals

The Government's announcement to trial extending powers of the First-tier Tribunal (SEND) to make non-binding recommendations about the health and social care aspects of Local Authority (LA) decisions regarding Education, Health and Care Plans (EHCPs) on all decisions made from the 3rd of April 2018 apply to all LA's and CCGs and will run until August 2020.

Currently appeals can only be made to the Tribunal over the educational aspects of LA decisions regarding EHCP's, and the trial will give parents and young people the ability to appeal associated health and social care issues via a single route.

The Designated Clinical Officer (DCO) is the first point of contact when a new SEND Tribunal appeal involving health is received. The DCO will work closely with the Local Authority SEND Managers to identify the specific issues and wherever possible agree amendments to the plan to



prevent any unnecessary attendance at a Tribunal Hearing. The DCO will review Tribunal bundles and any submitted evidence / reports and will prepare a written statement for submission to the court, attending as a witness when requested to do so by the LA. The DCO has access to legal advice and support from the CCG Solicitor, who will always ensure the CCG acts lawfully when discharging its duties in relation to SEND.

Since the First Tier Tribunal Trial commenced in 2018 the CCG has been notified about 13 cases involving 'health' and the DCO has attended two court hearings with a third planned for February 2020. To date there have been no 'non-binding' health recommendations made by the Tribunal Judge at any of the hearings which is extremely positive and likely to be as a result of the early case management and work directly undertaken by the DCO, DMO and CCG Solicitor.

It is unclear what the exact financial cost has been to the CCG as a result of the National Trial, however, the first case that the CCG was involved with resulted in approximately £30k in legal costs, not including additional costs incurred by the professionals from the CCG, Health Provider and LA who attended meetings, undertook assessments, wrote reports and attended the hearing.

Whilst there is the ability for Local Authorities to apply for compensation of 'expenses' incurred for a Tribunal, this is only available up to a maximum of £4k per case, and legal costs cannot be included. Any amount obtained would then need to be split three ways between the CCG and LA's education and Social Care teams. This is potentially one of the reasons why, to date, Mott Macdonald who manage this compensation process, identify that they have not received a single claim from anywhere in the country.

Achievements and progress over the past 12 months

EHC Plan Standard Operating Procedure (SOP) for Health

CCG and provider health leads in BNSSG have developed a system-wide Standard Operating Procedure (SOP) to standardise and quality assure the provision of health advice to Education, Health and Care Plans. This includes a process for sharing patient-level early identification information between health providers and the local authority, which is a requirement of the SEND Code of Practice. A standard template has been developed and agreed that will be used by all health providers to respond to a request for information which will improve the quality and timeliness as well as efficiency in the EHCP process as a whole.

Shared Outcomes Framework (SOF)

As required by the South Gloucestershire and North Somerset Written Statements of Action, the CCG have facilitated development of a SEND Shared Outcomes Framework (SOF) following a series of joint workshops with Bristol and South Gloucestershire local area colleagues, and also workshops in North Somerset. The Outcomes Framework was co-produced with the Parent Carer Forums across BNSSG, and scrutinized by our three SEND Partnership Boards prior to roll out of the pilot which will begin in early 2020.

Autism Diagnosis Pathway

The CCHP autism diagnostic pathway improvement project aims to make the diagnostic process

more efficient, more sustainable and provide a much more satisfactory experience for families and clinicians. Weston Area Health Trust (WAHT) has also reviewed its autism diagnostic assessment process, with parallel aims to CCHP. The CCG is now co-ordinating the development of the CCHP and WAHT pathways to achieve a unified service specification, including KPIs, across BNSSG.

Autism Diagnosis Waiting Lists

In an associated piece of work, there is also a proposed plan to address the autism diagnosis waiting list backlog across South Gloucestershire and North Somerset. Funding from NHS England was secured to commission an additional 117 assessments which will reduce the current waiting lists in both South Gloucestershire and North Somerset by approximately 40%.

SEND Annual Conference

On the 25th September 2019 health providers from across the area came together for the first annual SEND Conference which replaced the CCHP annual 'Disability Away Day'. It provided all attendees with Level 3 SEND training which is a mandatory requirement for all provider staff who must attend at least once every three years.

The day was well received with wide representation from acute and community services, parents, the voluntary sector, local commissioners and other health professionals.

Workshops on the day included – 'Disability and Neglect', 'The National iThrive Programme', 'The new ASD Pathway', 'SEND support for parents', 'Developing a shared outcomes framework' and 'How to write a concise and meaningful contribution to an EHC Plan'.

Partnership Working and sharing of best practice

The BNSSG DCO meets regularly with the DCO from Bath and North East Somerset and Wiltshire to provide peer support and share best practice. They also attend the South West regional SEND meetings hosted by NHS England and national DCO/DMO events hosted by the Council for Disabled Children (CDC).

The DCO is in close contact with the CCG's Head of Children's Complex Care and is invited to attend the Children's Complex Case Panels where CCC eligibility and funding requests are discussed and agreed.

Feedback received about the DCO role from Local Areas

South Gloucestershire

Feedback received from a Senior SEN Caseworker

"Having a named health contact has supported my practice immensely; by default, it has therefore supported the parents/guardians and young people who are involved in the EHCP Process. On a number of occasions I have been unclear of the availability of specialist health interventions which private therapists have recommended and in discussions with you, I have learnt whether the therapy is available, if so, how to access this and if not, details of any potential alternatives. This has provided an EHCP with clarity which if not available, could lead to tribunal under the single route and cause distress to families. Your knowledge of the management structure and specialisms available in health has been very useful. For example, you have facilitated contact between me and a consultant paediatrician enabling me to gain an understanding of what could be



happening to a child who is on a diagnostic journey – for example, rare syndromes with which teachers are unlikely to be familiar have been explained to me in a manner which allows non-medical staff to understand and offer appropriate support. Your presence at the 0-25 Statutory Panel is invaluable. Many panel members may not be clear on the description a referral provides when a child has a particular need; you have been able to set the scene on this, supporting panel with their decision making”.

Feedback received from the Head teacher of a SEMH Special School

“The input at statutory panel from Liz in her role is invaluable. She brings a wealth of health knowledge as well as an external perspective on the different applications. Her professional contacts with others in the health profession means that we can call upon expert advice should it be needed and she is able to advise us on core service provision which might impact decision making”.

Feedback from Social Care Assistant, 0-25 Disability Team

“It is really helpful to have the Designated Clinical Officer as a consistent representative for the CCG each week as often on panel there is not able to be any other consistent health representatives which are essential for multi-agency working. Her contributions from a health perspective are invaluable for providing knowledge and advice regarding children with health needs which other members of the panel (e.g from Education or Social care) may not have an understanding of. This helps to have informed and meaningful multi-agency discussions and aids decision making, particularly helping to decide whether a young person’s needs can be met using a health care plan when their needs are not currently having an impact on their learning or are above what could be supported by the core offer/SEN support within schools. In addition, she is able to give a factual, evidence-based opinion on health needs within children and young people’s EHCP’s. Liz is always child focused with her contributions and considers the impact of the child’s needs long term which is essential when the children we discuss are vulnerable and often complex.

My social work colleagues in the 0-18 Children’s team also promote the benefit of the designated clinical officer role for helping to inform decisions and care plans regarding our complex young people’s health needs and they have expressed how child-focused Liz is”.

North Somerset

Feedback received from the Vulnerable Learner Service SEND Manager

“It’s great having a health representative at panel – It helps with the health questions/ clarifying what the process is with health in terms of supporting young people. It’s really good that she attends three LA’ panels as it can help bring consistency across the region and has helped share good practice. It has helped with tribunals especially the cases where the family have also appealed the health section as it has clarified what needs to be done to move things forward”.

Feedback received from a North Somerset LA SEND Officer

“It is extremely helpful to have Liz as a contact when we receive an EHC needs assessment request with medical information that can be unknown to the lay person. This helps us to understand the case better and therefore in a better position to make recommendations to the SEND panel”.

Bristol

Feedback from Lead Educational Psychologist

“From my perspective the DCO role has made a significant contribution to decision making for our vulnerable children and young people. It is vital to have a medical perspective for all children with additional needs but even more so when there are complex medical issues. Decision making about whether medical intervention plans or EHCPs are required requires an in depth knowledge of medical conditions and treatment plans. Without this role decision making can be a little two dimensional”.

Future Developments and Aspirations for the next 12 months

- Support the launch of the ‘Shared Outcomes Framework’ and embedding it into ‘business as usual’.
- The new health EHC needs assessment template is piloted and adopted by health providers.
- The Designated Clinical Officer will attend the SEND Partnership Board Meetings in each local area.
- Work with all three Local Authority areas to update the EHCP needs assessment process to allow the Designated Clinical Officer the opportunity to review all draft EHC plans, quality assure them and ‘sign off’ the content in Section C and G to ensure that any specialist provision identified is appropriately commissioned by the CCG.
- Ensure processes are in place to notify the DCO of all SEND First Tier Tribunals involving ‘health’ as soon as the Order at first registration is received by the LA.
- Develop a process to ensure that GP’s are informed about all children who have SEND and are issued with an EHC Plan so that they can flag them on their systems and offer all those aged over 14, and diagnosed with a Learning Difficulty, an annual GP Health Check.
- Produce simple multi agency guidance which will help support schools (and provide parents and carers with reassurance) on implementing the Department of Education (2015) guidance on “Supporting pupils at school with medical conditions”. Providing clear guidance on responsibilities, ownership and training quality standards for clinical interventions and administration of medicines in an education setting.
- Consider whether a policy on managing the health needs of children with SEND whilst on LA transport is required and the process for considering top up funding or a pooled budget from the CCG to support enhanced care needs on transport which is over and above what can be reasonably expected from a LA transport escort.

Future Considerations / Recommendations

Budget

There is currently no specific budget line within the CCG for SEND which means that any expenditure incurred is not easily identifiable or attributable to SEND which may prove problematic for governance and future financial forecasting. Any individual commissioned packages or recommended health provision which is specified in a child or young person's EHC Plan and falls above core commissioned services is currently either funded via the Children's Complex Care budget or is agreed by the CCG Health funding panel.

Demand and Capacity

Local and National Government data demonstrates significant year on year increases in the numbers of EHC Needs Assessment requests, numbers of EHC plans being issued, along with a comparable trend in the increased number of SEND First Tier Tribunal appeals being registered. Therefore there will be a steady and increasing demand on the capacity of the Designated Clinical Officer, covering three Local Authority areas, and this situation will need to be carefully monitored.

Designated Medical Officer (DMO)

The CCG has yet to review the role of the Designated Medical Officer (DMO) and make a decision about whether to create a BNSSG CCG post covering all three local areas in a similar way to the Designated Clinical Officer, employ separate DMO's for each area, or decide to only employ a CCG DCO.

