

## **Designated Clinical Officer (DCO)**

## **Special Educational Needs and / or Disability (SEND)**

### **Annual Report 2020/21**

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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 will 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 be required for the CCG in order 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**

South Gloucestershire had its first SEND inspection in November 2017 when Inspectors identified eight areas of significant weaknesses in the local area’s SEND practice. As a result Her Majesty’s Chief Inspector determined that a Written Statement of Action (WSOA) was required.

In January 2020 the Ofsted/CQC Inspectors returned for a revisit, and this Inspection was focused specifically on the eight areas of significant weakness identified in the 2017 inspection.

Inspectors concluded that sufficient progress had been made in six of the eight areas of significant weakness, however in two of the areas, it was deemed that insufficient progress had been made; namely around the quality of EHC Plans and the level of progress made on improving educational outcomes in early years and key stage 1. As a result the local area were required to produce an Accelerated Progress Plan (APP) to address the two outstanding areas of significant weakness. To ensure sufficient progress is being made the local area are now working on this plan under the governance of the South Gloucestershire Children’s Partnership, Complex Needs work stream under the scrutiny of NHS England and the Department of Education advisors.

#### **North Somerset**

North Somerset had its first SEND inspection in May 2018 when Inspectors identified eight areas of significant weaknesses in the local area’s SEND practice. As a result Her Majesty’s Chief Inspector determined that a Written Statement of Action (WSOA) was required. The local authority and CCG were jointly responsible for submitting the WSOA to Ofsted and this was co-produced with parents, carers, children, young people and key stakeholders.

Each of the eight priority areas for improvement is being monitored, managed and delivered through a more detailed action plan, with operational oversight by the SEND Programme Board.

The local area is being regularly monitored and scrutinised by NHS England and the Department of Education advisors at quarterly meetings to ensure acceptable progress is being made. The re-inspection was originally expected in spring 2020, but this was delayed due to the Coronavirus pandemic which caused all inspection activity to be temporarily paused. The local area is expecting to be one of the first areas to be re-inspected once the inspection regime is resumed.

#### **Bristol**

In October 2019, Ofsted and the Care Quality Commission (CQC) jointly inspected the effectiveness of Bristol’s approach to implementing the SEND reforms and identified many areas

of good practice, including the identification of medical needs in early years, positive integrated working between health and education in relation to mental health and speech, language and communication needs, effective transition arrangements at key stages, and the positive impact of joint commissioning for equipment. Inspectors however also identified five areas of significant weaknesses in the local area's SEND practice, most notably in relation to leadership and accountability, fractured relationships with parents and carers, and timeliness and quality of EHCPs. As a consequence, Her Majesty's Chief Inspector determined that a Written Statement of Action (WSOA) was required. The local authority and CCG were jointly responsible for submitting the WSOA to Ofsted and this was co-produced with parents, carers, children, young people and key stakeholders.

Each of the five priority areas for improvement is being monitored, managed and delivered through a more detailed action plan, with operational oversight by the SEND Partnership Group. The local area is being regularly monitored and scrutinised by NHS England and the Department of Education advisors at quarterly meetings to ensure acceptable progress is being made. The re-inspection was originally expected in mid-2021 but is likely to be delayed due to Coronavirus pandemic which has caused all inspection activity to be temporarily paused.

### **The 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

Following the merger of 3 CCG's in March 2018 Bristol, North Somerset and South Gloucestershire CCG's became one 'BNSSG' CCG. At that time a decision was made to employ 1.0 WTE Designated Clinical Officer (DCO) to take responsibility for managing the operational health 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 also a Designated Medical Officer (DMO) in post, which is a historic arrangement from when it was previously commissioned by South Gloucestershire CCG. This role is undertaken by a Consultant Community Paediatrician who undertakes one dedicated session per week, and works closely with the Designated Clinical Officer (DCO) to fulfil the clinical element of the role.

This is further supported by two Community Paediatricians in Bristol who are employed as Consultant Community Paediatricians but have a special interest in SEND, and dedicated time allocated specifically for SEND activity.

The DCO continues to 'gate-keep' 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.

## Local Area Statistics

### 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](http://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 within their educational setting.

The 'SEN2' data identifies that as of 1<sup>st</sup> January 2020 Bristol had a total of **2280** children and young people with an EHC Plan in place, and that the number of plans being issued is rising year on year with **272** new EHCP's being issued in 2018 and **410** new EHCP's being issued in 2019.

### 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](http://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) within their educational setting (SEND Strategy 2019-2021).

The 'SEN2' data identifies that as of 1<sup>st</sup> January 2020 North Somerset had **900** children and young people with an EHC Plan in place, and that the number of plans being issued is rising year on year with **114** new EHCP's being issued in 2018 and **168** new EHCP's being issued in 2019.

### **South Gloucestershire**

In South Gloucestershire the population is estimated to be **282,600** (Population and Demographics 2018 accessed online via [www.southglos.gov.uk](http://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).

The 'SEN2' data identifies that as of 1<sup>st</sup> January 2020 South Gloucestershire had **1920** children and young people with an EHC Plan in place, and that the number of plans being issued is rising year on year with **206** new EHCP's being issued in 2018 and **266** new EHCP's being issued in 2019.

### **EHC Plans - Increasing demand**

These figures demonstrate that across BNSSG there **were 844 new EHC Plans** issued in 2019, an increase in **252** from 2018 when only **592 new plans** were issued.

It is not just the BNSSG area that has seen an increase in demand for EHCP's; nationally the 'SEN2' data identifies that there has been a **10% increase** in the number of EHCP's being issued by every local authority area in England (figures from January 2019 to 2020). This equates to a total of 390,109 children and young people in England having an EHCP in place; an increase of 36,100 EHC plans since 2019, and 53,899 since 2018. (Statements of SEN and EHC Plans: England Accessed online via [www.gov.uk](http://www.gov.uk)).

It is important to remember that these numbers only represent the total number of EHC Plans issued, and that these numbers do not take into account the total number of requests that each local authority receives for EHC needs assessments, as this will be far higher than the numbers of new EHC plans actually issued. This is because some of the requests will not meet the thresholds for assessment, and others, following the full assessment being undertaken, will then not require provision to be made with the issuing of an EHCP. However, both locally and nationally the trajectory of demand for EHCP's continues to increase and commissioners must be made aware of the additional pressures that this is placing on services across the NHS, local authorities and education providers so that capacity and resources can be planned and reviewed as part of this.

### **BNSSG CCG SEND Delivery Team**

The CCG recognises that to effectively deliver the SEND agenda it requires a committed and experienced team of individuals, some of whom are listed below:

## **BNSSG CCG SEND Senior Responsible Officer (SRO)**

Rebecca Dunn, Deputy Director of Transformation

- Responsible for ensuring that the CCG meets its statutory responsibilities. Works closely with colleagues to coordinate and develop strategies for effectively delivering SEND across all three local areas. Chairs the CCG SEND Delivery Group.

## **Local Area Director Strategic SEND Leads**

**Bristol** - Deborah El-Sayed - Director of Transformation

**North Somerset** - Colin Bradbury – Area Director

**South Gloucestershire** - Michael Richardson - Deputy Director of Nursing and Quality

- Responsible for providing a strategic Director level lead and senior CCG representation in each local area; contributes towards SEND local area inspections and attends the relevant SEND Partnership Board meetings.

## **Designated Medical Officer (DMO)**

Dr Jo Brookes – Consultant Community Paediatrician

- Plays a key strategic role in ensuring the CCG meets its statutory duties and responsibilities and provides clinical oversight, advice and support to the DCO.

## **Designated Clinical Officer (DCO)**

Liz Jarvis

- Plays a key role in ensuring the CCG meets its statutory duties and responsibilities and supports the joined up working between health services and local authorities. Works closely with the DMO to ensure the operational and clinical elements of the role are discharged effectively. Attends local authority statutory SEND Panels and acts as a point of contact for the LA and health colleagues. Collates and manages the Tribunal case load on behalf of the CCG. Works closely with the Head of Children's Transformation (SEND) to ensure the strategic elements of the role are discharged effectively. Prepares an annual report which is published on each area's 'Local Offer'.

## **Head of Children's Transformation (SEND):**

Mark Hemmings

- Plays a key role in ensuring the CCG meets its statutory duties and responsibilities and supports joined up working between health services and local authorities. Works closely with the DCO to ensure that both the operational and strategic elements of the role are discharged effectively and that SEND remains a CCG priority. Leads on the 'Healthier Together' Children and Families Programme 'Achieving Excellence in SEND' work stream, helps coordinate the SEND local area inspections, WSoA and APP work, manages the CCG SEND Action plan and attends the 3 SEND Local Area Partnership Boards.

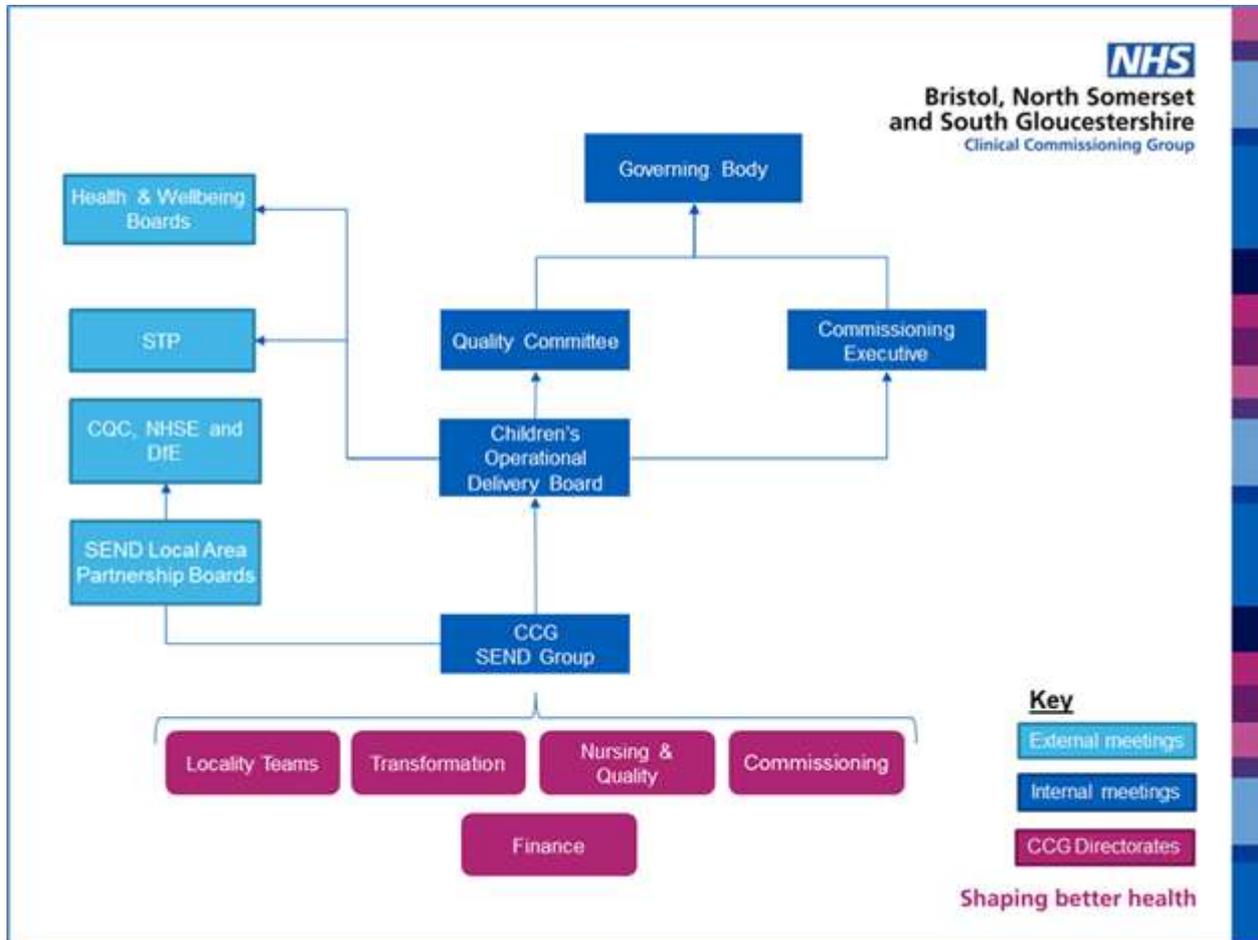
## **Designated Nurse for Looked After Children (DNLAC) and Care Leavers:**

Angela Stephens

- Leads the CCG in fulfilling their responsibilities to improve the health of children looked after and care leavers.

## CCG Governance

In addition to participating in each local area's SEND Board the CCG has its own meetings and governance arrangements for SEND as detailed below.



### Children's Operational Delivery Board

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

### Children and Young People's Performance Dashboard

A data dashboard specifically for children and young people in each of the three LA areas with SEND is a standing agenda item on each Partnership Board and is scrutinised to inform Board members of areas of concern.

### Quality Committee

SEND is a standing agenda item of the CCG Quality Committee and quarterly reports, including the DCO annual report, are submitted to provide oversight and assurance.

## **The CCG SEND Delivery Group**

This Group ensures the CCG is fulfilling its statutory responsibilities and supports changes required to fully implement the SEND reforms (as outlined by the Children and Families Act 2014 and the SEND Code of Practice 2015) in the Bristol, North Somerset & South Gloucestershire (BNSSG) CCG area by:

- Providing a CCG forum to discuss and meet the delivery of the SEND reforms across BNSSG.
- Supporting local SEND boards by making recommendations to align processes, strategies and resources to ensure equality & equity across the BNSSG area.
- Providing the governance structure for the SEND programme of work.
- Submitting a quarterly report to the CCG Quality Committee detailing progress, achievement and organisational risk.
- Escalating risks to the CCG Quality Committee and subsequently Governing Body when appropriate.

Children and young people's SEND needs are met from a range of NHS services, some are universal, such as GPs and Health Visitors and some are more specialised and will need an assessment or referral from a health or social care professional. In addition to the general services that are commissioned for the whole of the population, health services specially provided for children and young people with additional needs includes but is not limited to:

- Community Paediatrics.
- Speech and Language Therapy, Physiotherapy, and Occupational Therapy.
- Child and Adolescent Mental Health Services.
- Continuing Care and Continuing Healthcare assessments.
- Opportunities for requesting a personal health budget.

Furthermore, the CCG also;

- Commissions additional services in partnership with our local authorities for children and young people aged 0-25 years old with SEND e.g. SENDIAS.
- Works with local authorities and provider health organisations to ensure information about health care services and how to access them is included on the 'Local Offer'.
- Engages with, and participates in co-production, by working closely with young people, parent carers and their representative groups, 'Health Watch', the voluntary sector and community groups.
- Makes available health care provision as specified in EHCP's as part of the commissioning role.
- Contributes to EHC needs assessments, EHC Plans and annual reviews.
- Collates, evaluates and reviews data to inform commissioning plans and provision based on population needs and demographics.

## **Specific responsibilities undertaken by the DCO**

The DCO is the key point of contact for health in relation to SEND 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 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 following a review of all the evidence obtained, 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 specific needs.
- When an annual review identifies a change of placement is required or is being requested by parents.
- Whether additional funding is required to ensure an educational setting is able to provide the provision specified in an EHCP.
- 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 Continuing 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 also works closely with the Local Authority 0-25 Team, education settings and health colleagues to discuss provision requirements for children with medical conditions who also may require interventions whilst at school.

The DCO also has delegated authority for the 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 Head of Children's Transformation (SEND), 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 that are prioritised appropriately within the CCG.

## **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 LA decisions regarding Education, Health and Care Plans (EHCPs) on all decisions made from the 3<sup>rd</sup> of April 2018 apply to all Local Authorities and CCGs and have been extended until at least August 2021.

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

It was initially unclear what impact this national trial would have on the CCG, not just financially but also with regards to what additional resources might be required along with the capacity of the DCO to manage all of these cases alongside other work.

The CCG received its first National trial case in August 2018 and since then there has been a steady increase in the number and complexity of cases being registered which involve health input.

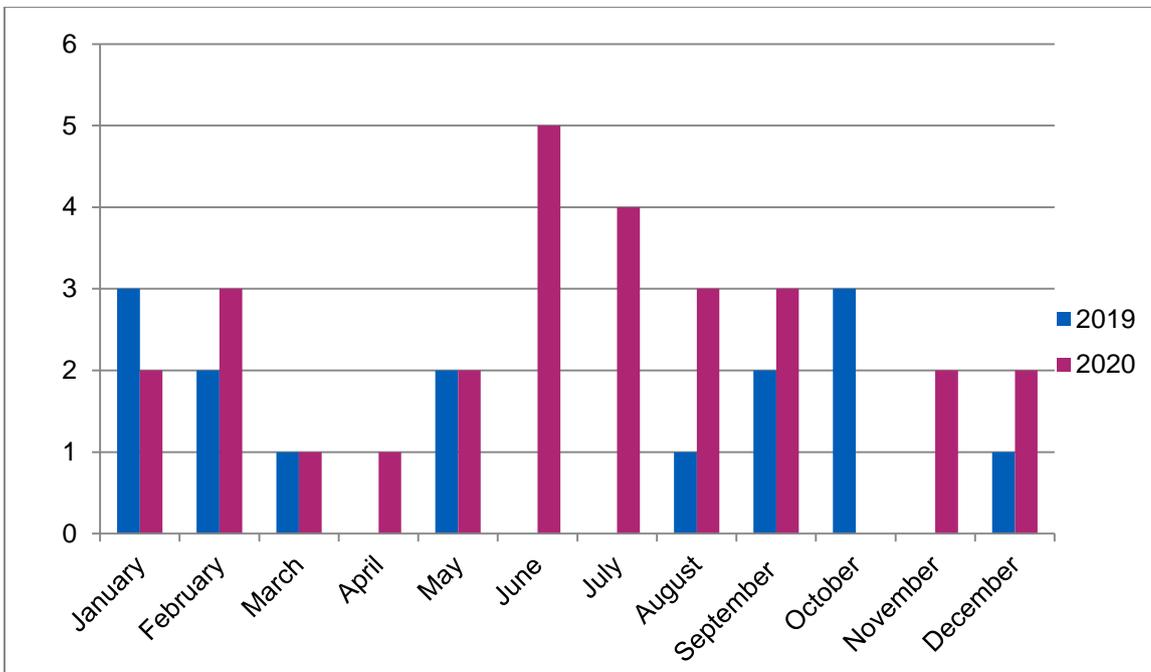
Much of the DCO tribunal work focuses on tribunal avoidance and wherever possible, working alongside the LA to agree or suggest compromises to parental requests for amendments to be made to Section C (Health Needs) and Section G (Health Provision) of their child's Education, Health and Care Plan (EHCP). If appropriate the DCO will attend the appeal hearing or provide a written statement on behalf of the CCG outlining their position. 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.

Following a Tribunal appeal hearing the CCG is notified of the outcome in writing and must consider all of the court's non-binding health recommendations. A Regulation 6 response letter must then be submitted to the Local Authority (who then sends a copy to the child or young person's parent(s) and the Court) outlining whether the CCG agrees or does not agree to comply with the courts non-binding recommendations, and the rationale for these decisions, within five weeks.

### **Number of registered SEND Tribunals involving the CCG**

The graph below identifies the significant increase in the number of registered SEND Tribunal cases that the CCG has received this year compared with 2019.

Total number of registered Tribunal cases for 2019 = 15  
Total number of registered Tribunal cases for 2020 = 28



The CCG is currently mapping the current capacity of the DCO for the three local authority areas against the increasing numbers of SEND tribunals to determine the most effective way to provide support going forward. This approach will also be exploring with system partners how children, young people and families with SEND can be supported more effectively first time in order to avoid these tribunals which can cause undue stress to families as well as delay in meeting needs.

### The Coronavirus COVID-19 Pandemic

On March 11<sup>th</sup> 2020 the World Health Organisation (WHO) declared Coronavirus COVID-19 a global pandemic. Government restrictions followed including national and local level Lockdowns that saw schools, colleges and education settings as well as some businesses close.

The Coronavirus Act (2020) provided powers to temporarily relax the duties placed upon Local Authorities to provide the provision detailed in EHC Plans, and instead asked LA's to use 'reasonable endeavours' when securing the provision within an EHCP rather than an 'absolute duty'. This approach required multi agency collaboration and commitment from education, health and social care to enable flexible and creative thinking to ensure that, wherever possible, children and young people with SEND continued to receive the care and support they required.

By the summer of 2020, colleagues in health, education and social care were all preparing to respond to two further sets of COVID guidance and legislative change:

1. The requirement that all children, in all year groups and settings, would return to full time education from the beginning of the autumn term
2. That the 'reasonable endeavours' notice modifying the duty placed on LAs and CCGs to secure special education and health care specified in EHCPs had expired, and full provision should be restored.

At July's Children and Families Board, partners agreed to hold a multi-agency workshop to consider how the CCG could work together across education, health and social care to return all children to school. This event took place on 4<sup>th</sup> August 2020, with representation from Sirona Care and Health, Bristol Royal Hospital for Children, Children's Hospice South West, Special School head teachers and all three LA's (Education and Social Care).

**The Workshop identified that:**

- Plans were underway for the vast majority of children to return to mainstream and special schools in September, and there was system-wide confidence in the delivery of this.
  
- Challenges identified that needed further multi-agency consideration were:
  - Sustainable access to Personal Protective Equipment (PPE) and infection control support for schools.
  - Home to school transport.
  - Enabling peripatetic professionals (including Sirona's community health teams) to safely visit multiple school settings (which is crucial to fulfilling statutory health provision in EHCPs).
  - Supporting parents and families to feel confident in returning their children to school.

There was a group of approximately 30 children across BNSSG who required an Aerosol Generating Procedure (AGP) such as deep suctioning to be undertaken whilst at school. Due to a complex combination of factors, including PPE, special school estate and workforce, there was agreement from special schools and health professionals that following the completion of individual risk assessments, the necessary safety procedures to return these children to school had not been established, and meeting the September start date would be unlikely. Increasing cases of COVID-19 in the community and increasing community transmission throughout the autumn and commencement of a further wave in the early winter has unfortunately resulted in these children not yet returning to school. In order to mitigate these circumstances their educational needs have attempted to be met by home schooling.

Multi-agency Task and Finish Groups were required to work rapidly on progressing solutions to all of the above issues. The task and finish groups which were originally developed and facilitated by the CCG and provider health service leads from Sirona proved a popular and valuable platform for discussions and managing this high priority work programme over the summer months, culminating in several groups being merged together for broader representation, or them being handed back to the LA for future management and development.

Furthermore, Sirona Care and Health developed an Infection Prevention and Control (IPC) education package for school staff which was planned to be available (online) by the start of the spring term in January 2021. As at the time of writing schools are still closed in England due to the pandemic this will be implemented when the government advises it is safe for schools to reopen.

## **Covid-19 Support Visits**

During the pandemic Department of Education and NHS England advisers have been systematically visiting each of our three local areas to gauge the impact of the situation on our SEND provision and to review the local area plans to mitigate the challenges we continue to face. The response following each visit has been overwhelmingly positive with the advisers complementing the recovery plans and indicating the local information we are providing to them is helping shape the national response to the crisis.

These visits are not inspections, nor will they replace the current area SEND inspection cycle which is currently on hold. They will not give a formal judgement for a local area, nor publish individual reports, but will share learning from these visits, alongside good practice and case studies in national reports. Each of our 3 local areas has now had 2 support visits

## **Achievements and progress over the past 12 months**

An aspiration from last year's DCO annual report was to facilitate work with all three Local Authority areas updating the EHCP needs assessment process to allow the DCO 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. Following changes to their panel structure and timings this is now happening in South Gloucestershire and it is hoped that Bristol will follow soon too.

Another aspiration was for the DCO to produce simple, multi-agency guidance which would 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". The purpose of this was to provide clear guidance on responsibilities, ownership and training, including quality standards for clinical interventions and administration of medicines in an education setting. The DCO successfully developed a Core Principles document in collaboration with another DCO at a neighbouring CCG and members of the parent carer forum whilst recognising that individual work would be required with each LA to adapt it to their own local area policies and procedures. This additional work has now been completed with South Gloucestershire LA and the document "Guidance for Meeting the Needs of Children and Young People with Medical Conditions attending Educational Settings" has now been published on their Local Offer. The DCO is currently working with North Somerset on developing their bespoke guidance and it is anticipated that this will be finalised and published by Easter 2021. After which work will commence to develop guidance for Bristol.

## **Creation of new SEND roles – Specialist Health Advisors for SEND (SHAS)**

The SEND Regulations which support the Children and Families Act (2014) place a duty on Local Authorities when carrying out an EHC assessment to obtain 'medical advice and information from a health care professional identified by the responsible commissioning Body' (section 6(1)(c)). There is then a legal responsibility placed on NHS bodies to respond to requests for advice and information within six weeks of the date on which they receive the request (Section 8(1)).

The CCG recognised that there was a gap in commissioning as Sirona Care and Health had only been asked to respond to requests for health advice for those children who were currently 'open' to their services or who had been seen within the preceding 12 months, and for children who did not meet this criteria they were returning a 'not known to service' response. The CCG took action to rectify this and agreed to a significant investment by funding an additional 3 WTE posts which will be hosted by Sirona Care and Health. Recruitment has already taken place and the 3 new post holders took up positions in January 2021.

These positions were originally called 'Associate Designated Clinical Officers' (ADCO's) but it quickly became apparent that this job title was causing a significant amount of confusion, and perception was that these roles would be carrying out some of the DCO duties and acting as a deputy which isn't the case.

So, after much discussion, the team decided to rename themselves 'Specialist Health Advisors for SEND' (SHAS). Sirona is currently preparing a brief communication detailing this change which will be shared with Local Authority partners, Parent/Carer forums and on Local Offers. The team also plan to develop a video resource which will describe their role in more detail.

The SHAS's main function will be to provide health advice to all three LA's for children and young people who are undergoing an EHC Needs assessment and who are not 'open' to, or been seen by Community Health Services in the last 12 months. They will review and collate all available clinical information by accessing individual patient health records, including those held by GPs and secondary care, and have conversations with the child / young person and their parents / carers either on the telephone or via video call, or at a face to face clinic appointment (COVID restrictions allowing), to ensure that all health needs are captured accurately and advice is returned to the LA within 6 weeks for the purpose of the needs assessment. As experienced health care professionals they will also be able to make judgements about whether onward referrals to other NHS services are required, and make the referral if necessary so that the child or young person can join the NHS waiting list for review by this service.

### **Children's Community Health Partnership (CCHP)**

On the 1<sup>st</sup> April 2020 BNSSG moved to a single community children's health care provider for the whole area. Sirona Health and Care were commissioned to deliver the Community Children's Health Partnership (CCHP) contract through a combination of direct provision and subcontracted services. This is an exciting development which provides the opportunity to assess our statutory compliance in children's services and to work with each of the Local Authorities to identify the joint commissioning gaps, and to develop services that locally meet the needs of our children which are good quality, good value for money and most importantly improve outcomes.

### **The Autism Diagnosis Hub**

Autism (ASD) diagnosis has historically been a long and complex process in BNSSG that has involved multiple appointments in different settings for families. Demand and dissatisfaction with long waiting lists (in some instances, up to 24 months) has been growing and the CCG was keen to explore ways in which it could do things differently.

A partnership approach was taken to think creatively and innovatively about what would make a difference and improve family experience in Bristol & South Glos. Families told us they wanted:

- Better early identification.
- A clear and timely diagnosis pathway.
- Services working better together.
- Better communication.
- Pre and post diagnosis support.

The solution, which was co-produced with parent carers and other key stakeholders, was implemented in August 2020 and includes a number of elements but perhaps the most exciting development is the new Autism Diagnosis Hub. The Hub provides:

- A co-ordinated approach in which professionals work together reducing the need for multiple appointments.
- Co-located Speech and Language Therapists, Occupational Therapists, Community Paediatricians, Neuro-Developmental Nurses, Psychologists and Mental Health Clinicians.
- Information, advice and peer support for families from the start of their journey.
- For an outcome of the diagnostic assessments to be potentially shared on the same day.
- A pace and process tailored to suit individual children and their families.

The improvement journey is only just beginning and although the Hub is appropriate for a large proportion of children the CCG recognise that it's not a 'one size fits all'. Further work is needed to improve the pre and post ASD diagnosis support, and consideration of how children and families living in North Somerset will align to this new model, as development began before community health services all transferred to Sirona (CCHP) in April 2020.

### **Addressing waiting times for Community Children's Services**

There is currently a paediatric review in progress to understand the current needs of the population across BNSSG and to consider how Sirona can modernise the overall child health 'offer'. This will include all therapies, Neurodevelopmental Nurses, the new SHAS roles, Consultant Community Paediatricians and our 'Looked After Children' (LAC) teams. There are workshops already planned to begin the engagement with all the community teams and parent carer forums so we can understand how the child health referral pathway can be improved and become fit for purpose now and for the future.

Lessons learned from the COVID pandemic will also be considered, especially with regards to offering a 'digital' service as part of the universal offer.

### **SEND Annual Conference**

On the 11<sup>th</sup> November 2020, Sirona hosted the second annual SEND Conference, which due to the pandemic was held remotely. Over 150 participants attended, mainly from the CCHP, but there was also representation from the CCG, LA's and Parent Carer forums as well as the voluntary sector. Key note presentations included the iThrive model and Annual reviews of

EHCPs, after which, participants could choose to attend two of the six workshops being facilitated which were:

- Outcomes v Targets
- School readiness
- 2020 version of the CCHP EHCP Health Needs Assessment template
- Anxiety & COVID in Children and Young People with ASD
- Principles of Co-production and Co-design
- Transition to Adulthood

Feedback from participants about the event was extremely positive; especially in relation to how learning could be applied within individual's work places.

### **Future Developments and Aspirations for the next 12 months**

With the ongoing challenges and impact that the global Coronavirus pandemic is having on the system wide capacity of the NHS, the CCG and the DCO, it would seem sensible to have a slightly reduced list of aspirations for the DCO work plan this year.

- Provide a robust induction programme for the new SHAS's and set up a clinical advisory group and mentors to support these new roles develop and embed them into 'Business as Usual'.
- Develop the SHAS Standard Operating Procedure (SOP) and 'handbook' of resources.
- To develop an agreed process for EHCP Annual reviews to ensure 'health' are equal partners, reviewing and updating Sections C and G to ensure they are kept up to date and relevant to the child or young person.
- Explore ways in which the SHAS's can contribute to Annual reviews by providing updated health advice and provision.
- Actively participate in planning and delivering SEND training with the support of the Council for Disabled Children (CDC) to education, health and care staff in all three local areas.
- Ensure robust 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.
- For the DCO to complete the National Development Team for Inclusion (NDTi), Department of Education (DfE) and NHS England (NHSE) SEND Leadership Programme.

### **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, programme budgeting 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 Continuing Care budget or is agreed by the CCG commissioning 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.. As explained earlier in this report, demand and capacity will be reviewed in 2021/22 taking in to account the roles of the DCO and roles of other professionals in the system.

There is currently no published guidance for CCG's on how much capacity is required to deliver the DCO/DMO responsibilities, therefore part of this review will be to undertake a benchmarking exercise against comparator health and social care systems in England.

## **Designated Medical Officer (DMO)**

Since the CCG merger in 2018, BNSSG CCG has yet to review the role of the Designated Medical Officer (DMO). There are a number of options which could be considered, including a single BNSSG CCG post covering all three local areas in a similar way to the Designated Clinical Officer, a separate DMO for each area or simply to only employ a CCG DCO or multiple DCO's, as it remains the discretion of each individual CCG to determine how they will effectively discharge their responsibilities in relation to SEND.