

Joint Commissioning (Version 5 - October 2014)  
Appendix 3 - NHS England South West Strategic  
Clinical Network (swSCN) for Maternity and Children  
Special Educational Needs and Disability (SEND)  
**BEST PRACTICE STANDARDS**

**NHS England South West Strategic Clinical Network (swSCN) for Maternity and Children**

**Special Educational Needs and Disability (SEND) BEST PRACTICE STANDARDS**

**Background:**

There are estimated to be 56,000 0-16 year old children and adolescents (rising to 90,000 of 0-25 year olds) with a 'Core' Disability as defined by Equality Legislation living in the South West in 2013<sup>i</sup>. Of these 20,885 were issued with a 'statement of special educational needs' during 2013 (some 2.7% of the 764,655 children and young people in full time primary and secondary education across the South West)<sup>ii</sup>.

A code of practice for special educational needs and disability has been issued in draft<sup>iii</sup> and comes into effect in September 2014 under part 3 of the Children and Families Act 2014.

The code is designed to enable better integrated services for children with special educational needs and disabilities and a greater degree of participation for children and families in agreeing their needs and how best to meet them.

The key changes for health staff will involve a more integrated multiagency assessment and planning process with a new emphasis on face to face planning with professionals and families meeting up in real time. This will require a new 'designated medical officer' role within providers (see practice standard 11 below) to oversee the process revision, modifications to allow for SEND planning meetings and keyworking in clinical job plans for a wide range of staff(see practice standards 2-7 below) and a more rapid response time to assessment notifications (see practice standard 6 below).

The following practice standards are designed for clinical commissioning groups and providers to ensure compliance with the Code of Practice. Their selection arose from SWSCN Maternity and Children SEND regional strategic planning day hosted by NHS England in collaboration with regional branches of the National Network of Parent Carer Forums, British Association for Child Disability and British Association for Community Child Health in Devon on June 19<sup>th</sup> 2014. They are all taken from the code of practice and have been selected to enable self assessment of progress towards SEND reform implementation.

1. CCGs, NHS Trusts, and NHS Foundation Trusts will inform the appropriate local authority if they identify a child under compulsory school age as having, or probably having, **a disability or Special Educational Need** (as defined under Section 23 of the Children and Families Act 2014) within 6 weeks of diagnosis.
2. **Education Health and Care (EHC) Planning** will proceed in partnership with parents, children and young people and will be based on a coordinated approach to the delivery of services across education, health and social care. Formats will vary according to locally determined processes but the principle of **dynamic partnership** with families will be universal.
3. All families undergoing EHC Planning will have access to a **'key worker'** approach.

4. Where families are required to attend multiple appointments with different professionals, these will be **co-ordinated or combined** where possible.
5. There should be a **'tell us once'** approach to sharing information, so families and young people do not have to repeat the same information to different agencies.
6. When local authorities request advice from health partners as part of the assessment process, those giving the advice must reply within a **maximum of 6 working weeks** to help achieve the EHC planning **maximum timeframe of 20 working weeks**.
7. **EHC plans** should be person-centred, evidence-based and focussed on outcomes (both short term outcomes and longer term aspirations for children and young people). An outcome is not the delivery of support or a service; it is what that support or service is trying to help the child or young person achieve. Outcomes need to be specific, measurable, achievable and time-bound.

#### 8. Transition

EHC plans should support preparation for key transition points across 0-25 years, including from early years providers to primary school, primary to secondary school, school to college or training and from education into the adult world.

#### 9. Local Offer

Local authorities and their partners will need to develop the local offer in the context of their local Health and Wellbeing Strategy, joint commissioning arrangements and agreements about the delegation of SEN funding with local partners. The local offer is the key vehicle for communicating the effects of these strategic discussions to local families affected by SEN.

Health providers must work with local authorities to produce a Local Offer, setting out in one place information about provision they expect to be available across education, health and social care for children and young people in their area who have SEN or are disabled, including those who do not have Education, Health and Care (EHC) plans. The Local Offer has two key purposes: To provide clear, comprehensive, accessible and up-to-date information about the available provision and how to access it, and to make provision more responsive to local needs and aspirations by directly involving disabled children and those with SEN and their parents, and disabled young people and those with SEN, and service providers in its development and review.

#### 10. Joint Commissioning

Joint commissioning arrangements must include arrangements to secure education, health and care needs assessments.

#### 11. Designated Medical Officer (DMO)

CCGs need to ensure there is a Designated Medical Officer (DMO) to support them in meeting their statutory responsibilities for children and young people with SEN and disabilities, primarily by providing a point of contact for local partners, when notifying parents and local authorities about children and young people they believe have, or may have, SEN or a disability, and when seeking advice on SEN or disabilities. This is a non-statutory role which would usually be carried out by a paediatrician, but there is local flexibility for the role to be undertaken by a suitably competent qualified and experienced nurse or other health professional (in which case the role would be the Designated Clinical Officer). The person in this role should have appropriate expertise and links with other professionals to enable them to exercise it in relation to children and young adults with EHC plans from the age of 0 to 25 in a wide range of educational institutions.

*Long Term Conditions Working Group  
NHS England South West Strategic Clinical Network for Maternity and Children*

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<sup>i</sup> ONS 2014

<sup>ii</sup> DoE <https://www.gov.uk/government/publications/special-educational-needs-in-england-january-2013>

<sup>iii</sup> Special educational needs and disability code of practice: 0 to 25 years. Statutory guidance for organisations who work with and support children and young people with special educational needs and disabilities. DoE. June 2014

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