

# Children and Families Act 2014 Implementation Update: Issues Relating to Health



One of the core ambitions of the Children and Families Act is to improve the way education, health and social care services work together to improve the outcomes for disabled children and young people and those with special educational needs and their families.

This report focusses on emerging learning about the key challenges facing local area, messages about practice from local areas and themes to be addressed in future work. This is based on the work the Council for Disabled Children (CDC) has done on behalf of NHS England and the Department for Education with health commissioners, Designated Medical and Clinical Officers (DMO/DCO).

This has included a national summit for Designated Medical and Clinical Officers, three regional Health and Children and Families Act Implementation events and four regional Designated Medical and Clinical Officers events, attended by 600 health professionals from across England. In addition it draws on our work with children and young people and evidence from Information Advice and Support Services (IASS) and CDC member organisations.

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## 1. Introduction: Children and Families Act and the health service

The Children and Families Act has significant implications for health services. It introduces a framework that codifies existing duties on the health service in relation to the delivery of provision to children and young people with SEN and disability and builds on existing levers for integration.

The links to existing legislation are set out in a previous CDC publication (*Using the Children and Families Act 2014 to improve outcomes for children and young people with SEN and disability: a briefing for health services*) available [here](#).

The Children and Families Act gives local areas the freedom to develop their own joint commissioning structures to fit with their circumstances and systems. The key responsibilities on health commissioners, both NHS England as well as Clinical Commissioning Groups (CCGs), are set out in the CDC Joint Commissioning Implementation Table.

While there is guidance in the SEN and Disability Code of Practice and a degree of learning from the Pathfinders, there must be development of a detailed plan as to how education, health and social care services will work together - this is a process determined by local partners. This context means that the reforms are being implemented in local areas that may have different structures and decision making processes between their partners. This is in addition to different population demographics and locally formulated policy priorities, at a time of significant pressure on Local Authority (LA) and CCG resources.

### Implementation in Context

The result is that there is no 'one size fits all model' of implementation being applied across the country, there are key, consistent messages of what elements need to be in place as part of an effective implementation strategy.

However, the need to concentrate on the delivery of the operational element of the reforms has meant that these formal arrangements have not been put in place or fully established in all areas.

This results in an increasing pressure to fulfil the operational aspects of the reforms (i.e. Education Health and Care (EHC) plans and maintaining a Local Offer) without the strategic changes required to support this delivery. This means that agencies are still operating independently in their approach to children and young people and their parents, and are not working towards holistic shared outcomes.

Across our work with health professionals supporting the implementation of the reforms it is apparent that translating the requirements of the Children and Families Act is resulting in a diverse set of arrangements.

To ensure the robustness of these arrangements and to reduce unnecessary duplication of effort across areas there is significant scope to provide support for areas regarding the clear set of core expectation, and detailed practical guidance to support them in implementation.

## Key Challenges for Implementation

1. Clear support at senior level within CCGs for children and young people with SEN and disability, in the context of responsibility for children with complex needs
2. Development of a participation strategy with children and young people with families.
3. Development of shared strategic outcomes for children and young people with SEN and disability, based on engagement with children, young people and families and analysis of strategic data.
4. A clear, jointly owned Education, Health and Care assessment and planning process, developed with input from health and social care including effective information sharing and oversight arrangements.
5. Clear protocols with provider organisations for delivery of key aspects of EHC Plans.
6. Ensuring health services reflected in the development review of the Local Offer and this contributes to strategic commissioning decisions.
7. Process for including adult health services for 18-25 year olds.
8. Consideration of delivering reforms to children and young people in the Youth Justice System.

## 2. The importance of health engagement in Joint Commissioning Arrangements

The Children and Families Act is only one part of a wider set of significant policy and structural changes to how services are organised and delivered across health and care for both children and adults at a time of intense fiscal pressures.

This content will require new approaches and important decisions about how resources across education, health and social care can be utilised more effectively to improve outcomes and reduce health inequalities for children and young people who require them across service boundaries.

The decision making structures may look different in different areas but there will be common elements about the contribution each part of the system has to make, from the Health and Wellbeing Board (HWB) downwards.

These arrangements should include key service areas, including, but not limited to:

- Health visitors and school nursing
- Personal Health Budgets
- The palliative care framework
- Child and Adolescent Mental Health Services (CAMHS)
- Adult mental health and learning disability services
- Looked After Children health services

**See Appendix 1, page 12, for more detail.**



## Participation

The voices of children, young people and their parents are at the centre of Children and Families Act, clearly set out in the principles of Section 19. This means that children, young people and their families should be involved in decision making at every level of the system. These principles are built, in part, on input from children and young people during the development of the reforms.

The participation requirements in the Children and Families Act are firmly in line with the existing statutory duties in the Health and Social Care Act 2012 that promote the involvement and participation of the patient and public in the health system, and these are clearly set out in the rights in the NHS Constitution.

CDC and the National Children's Bureau's work on children and young people and the NHS Constitution has set out how the rights in the NHS Constitution apply to children and young people, and their parents and carers. Our reports and website bring together clear messages for health professionals about the requirements on them.

However, children and young people with SEN and disabilities and their families are often not included in mainstream public and patient engagement initiatives that operate in the NHS. The participation requirements in the Children and Families Act set out additional considerations that need to be made to ensure that NHS organisations are meeting their statutory requirements. To meet these duties each CCG should think about how to involve children and young people with SEN and disability and their parents in the planning and commissioning of services.

Contact a Family and the National Network of Parent Carer Forums have produced guidance on how health services can work with parents of disabled children and young people to make significant improvements that benefit all parties. 'The sharing good practice: parent participation in health settings' sets out the participation process for health commissioners and services working with the parents of disabled children to address issues.

## Children and Young People's Health Outcomes

We already know a lot about what children and young people want. CDC has built up an extensive evidence base and practice expertise in working with children and young people and their families to understand their views on their own and health and care, and the outcomes that matter to them.

- NHS Constitution: experience of rights when using health services;
- Managing My Way: Children and Young people's experience of being supported to manage their own care;
- CHUMS: the importance children and young people place on their health outcomes.

We know from these projects that disabled children and young people are often:

- Not supported by health services to be equal partners in their own health care;
- Not supported to work towards the outcomes that they value;
- Not supported to develop their independence and ownership of their own health and care

Developing and delivering person-centred outcomes for disabled children and young people as part of the Children and Families Act requires a new way of envisioning the role health services play in the wider context. They need to understand:

- How to focus on the outcomes that matter most to disabled children and young people's quality of life;
- How professionals and services can share responsibility for progress towards outcomes avoiding fragmented service delivery;
- The importance of supporting disabled children and young people to develop a shared sense of ownership of outcomes as a basis of increased self-engagement;
- What the mechanisms/tools for the measurement of outcomes are.

### Developing Shared Outcomes:

CCGs need to work with their partner local authorities to commission services in a way that improves outcomes for children and young people with SEN and disability across traditional service boundaries.

The starting point for this is the development of a joint understanding of the needs of this population across education, health and social care, followed by analysis of how these needs can be most effectively met by the available resources and monitor the effectiveness of the provision they commission in improving outcomes.

With this evidence partners must consider how they can integrate services, including the use of Section 75 arrangements to pool budgets across health and local authority services.

### Local Offer:

These shared outcomes should be a major driver behind the Local Offer. Local authorities must involve children and young people with SEN or disabilities and their parents in developing and reviewing the Local Offer. The Local Offer must be kept under review and children, young people and their parents need to be involved in this process. This includes the publishing of anonymised comments from young people and their parents. How children, young people and parents are involved in reviewing the local offer should be clearly set out. Information from the review of the Local Offer should be a major driver for improving understanding of local need and informing future commissioning decisions.



## Education Health and Care Plans

There is a clear framework for Education, Health and Care Plans (EHC), set out in the CDC guide to EHC Plans.

However the mechanism for delivering the EHC needs assessment and planning is determined at a local level, with the development and operation of individual structures influenced by existing relationships, service configurations, individual attitudes and resource considerations.

The development of this process needs to be co-produced with children, young people and their parents and carers. Where this has not been the case, children, young people and their parents and carers should be involved in the review of processes.

There are key elements of the EHC assessment and planning process that require a clear and shared understating between the local authority and CCG. This includes:

- The nature and purpose of medical advice required for an assessment;
- The level of health professional involvement required in cases where a child or young person has no additional health issues;
- The role of health professionals in defining and supporting outcomes;
- The process of agreeing appropriate health provision in EHC Plans;
- Assessments carried out by services with existing waiting times;
- A quality assurance process to ensure children and young people's needs are being properly identified and meet;
- Mechanisms to ensure health provision in EHC Plans is delivered by provider organisations, despite different commissioning arrangements;
- Responding to independently commissioned reports on health provision required.

It is crucial that health services are involved in developing this process to ensure that children, young people and their families experience a holistic, integrated assessment. It is also a key requirement of meeting the statutory time frames. Not having these key processes in place can delay the EHC planning process, and undermine the collaborative approach stipulated in legislation.

Our work with DMO/DCOs has highlighted examples of good practice for effective health engagement in the EHC needs assessment and planning process within the statutory framework. CDC will pull these together into a practice EHC Needs Assessment process, but they include:

- Pre "week zero" information sharing
- DMO/DCO attendance at regular Panel Meetings- participate in decisions to assess, decisions to issue plan, and plan content
- Standard format for each provider / professional to respond to a request for information along clear- include needs and recommended provision
- Where no relevant health need, this is clearly articulated - but oversight mechanism to ensure needs aren't overlooked e.g. phone call from DMO/DCO to parents to check no unrecognised factors
- Clear process for signing off - from routine provision in contracts to bespoke packages.

## The Designated Medical/Clinical Officer

It is clear from events CDC has recently run with DMO/DCOs that there is huge variation across England in the way the roles are being operationalised. Variations in the time allocated to role, by whom the individual is employed (CCG or provider organisations) and whether the role has more strategic or operational functions. The previous Designated Doctor for SEN role does not neatly transfer to DMO/DCO role, this was much more clinically focussed with a defined remit. It is also clear that there are differences in the functions of the role depending on whether the post holder is a DMO or a DCO.

CDC has a comprehensive database of DMO/DCOs in post and continues to provide advice and share learning from practice.

Function to operationalise reforms	Messages from implementation and examples from current practice	Priorities going forward
<p>Clear responsibility within the CCG for implementation of SEND reforms</p>	<p>DMO/DCO must have recognition at CCG board level - needs route to influence if based in provider organisation</p> <p><b>Example</b></p> <ul style="list-style-type: none"> <li>Identified lead commissioner for SEND agenda working in tandem with DMO/DCO.</li> </ul>	<p>Clear message from DH and NHS England regarding the importance of the reforms</p> <p>Support for utilisation of Department of Health Quality Assurance Checklist</p> <p>Ensure importance of Children and Families Act reflected in refreshing of Children’s Continuing Care Guidance, NICE Transition Guidance</p> <p>Launch of joint Ofsted/CQC inspection framework</p> <p>Development of CQUIN models building on existing local best practice</p>
<p>Put in place clear strategy to ensure health professionals are aware of Act’s requirements</p>	<p>Clear education role for DMO/DCO</p> <p><b>Example</b></p> <ul style="list-style-type: none"> <li>DMO/DCOs providing training to health staff, primarily children’s workforce. Difficulty engaging adult colleagues to ensure 18-25 and GPs.</li> </ul>	<p>Build on best practice from professional colleges including British Academy of Childhood Disability (BACD) and College of Occupational Therapists</p> <p>Develop engagement with General Practitioners (GPs)</p>
<p>Establish strategic outcomes for children and young people with SEND and their families</p>	<p>Linking to strategic decisions making bodies, such as Children’s Trust with arrangements to set outcomes as part of children’s plans</p> <p><b>Example</b></p> <ul style="list-style-type: none"> <li>Using indicators used by SEN team in Local Authority to establish shared understanding</li> </ul>	<p>Increased support for the development of formal, detailed joint commissioning arrangements in CCG and LA.</p> <p>Participation of children, young people and parent carers must be at the core of this process.</p>

Function to operationalise reforms	Messages from implementation and examples from current practice	Priorities going forward
<p>Coordinated EHC plan assessment and planning process in operation</p>	<p>The operation of the EHC assessment and planning process needs to have very clear and formal processes for health involvement at every stage and resource considerations of this must be taken into account.</p> <p><b>Examples</b></p> <ul style="list-style-type: none"> <li>• Requests are electronic, early warning system of requests to come, DMO/DCO monitors breaches in timescales quarterly, DMO/DCO attending EHC Multiagency Panel at 0, 6 and 18 weeks</li> </ul>	<p>CDC developing a generic ‘best practice’ EHC Assessment Tool based on work with DMO/DCOs and commissioners to existing highlight effective solutions.</p> <p>Develop co-production model for development of EHC needs assessments</p>
<p>Develop a participation and engagement strategy with children, young people and families</p>	<p><b>Examples</b></p> <ul style="list-style-type: none"> <li>• Young people from participation group are involved in quality assuring SEND processes, has been led by DMO/DCO.</li> <li>• Comms and Engagement Officer from CCG working directly with young people in schools and colleges and reporting to DMO/DCO</li> </ul>	<p>Materials to Support the development of participation</p> <p>Expert Parent Programme</p> <p>Information Advice and Support Services</p> <p>Parent Carer Forums</p>
<p>All health services reflected in development and review of Local Offer</p>	<p>DMO/DCO should have oversight of health input into Local Offer</p> <p><b>Examples</b></p> <ul style="list-style-type: none"> <li>• DMO/DCO involved in reviewing and creating template to ensure continuity across health services in area.</li> <li>• DMO/DCO responsible for contacting all health services listed and requesting update to information on Local Offer (LO).</li> <li>• Provider contracts stipulate provision of info for LO.</li> </ul>	<p>Annual Reviews of Local Offer must include explicit focus on the health elements, and must set out a clear articulation of how the process will be linked to the commissioning and recommissioning of services.</p>
<p>Arrangements for children, and young people who require specialist services commissioned on a regional basis</p>	<p>DMO/DCO to have awareness of this commissioning in area, signposting function, point of call for frontline staff enquiries into process.</p> <p><b>Example</b></p> <ul style="list-style-type: none"> <li>• DMO/DCO developed own links to appropriate NHS England Commissioners.</li> </ul>	<p>Clarity from NHS England regarding their role as commissioner as well as system leader. This requires a clear process for how NHS England will be formally involved in assessments and plans for children and young people who access or require specialist services.</p>

Function to operationalise reforms	Messages from implementation and examples from current practice	Priorities going forward
<p>Process for extending the reforms to 18-25 year olds</p>	<p>Liaison role for DMO/DCO with adult services e.g. Learning Disability (LD) teams and General Practitioners (GPs)</p> <p>Suggestion that useful link to be made with GPs carrying out annual LD health checks on young people 14+</p> <p><b>Example</b></p> <ul style="list-style-type: none"> <li>In one area in the North West there is agreement with the CCG that paediatrician involved can continue for young people 18+, backfill provided on case by case basis to enable this.</li> </ul>	<p>A focus on adult services' involvement in reforms</p> <p>The link to the implementation of the Care Act</p> <p>The extension of the disability health check to 14+</p> <p>NICE Transition Guidance read-across</p> <p>Development of local transition CQUINS</p>
<p>Delivery of EHC assessments and plans in youth justice system</p>	<p>The implications of the youth justice reforms need to be considered.</p> <p><b>Example</b></p> <ul style="list-style-type: none"> <li>In one area in the North West, there is a pathway in place with the Youth Offending Team (YOT) who notify the LA and DMO/DCO when a young person leaves the secure estate</li> </ul>	<p>Development of a clear pathway between CCG, health provision within the secure estate, NHS England with information moving in and out of the secure estate</p> <p>Develop an understanding of the complementary roles and responsibilities for looked after children's health teams and CCG.</p>

## Evidence from Information Advice and Support Services (IASS)

Feedback from a rapid response exercise with local Information Advice and Support Services highlighted the diversity in approaches in local area.

### Positive Practice

- Excellent joined up approach between health and local authority based on the excellent practice around Early Support and the Team Around the Child approach;
- Area with integrated, community based Child Development Teams in position to coordinate health input into the EHC assessment and planning process;
- IASS involved at a strategic decision making level on all aspects of the SEND reforms and developed the relationship with health colleagues from both provider organisation and CCG;
- Health aspect of the Local Offer is demonstrating excellent co-production, using IASS as the lever;
- Health attendance and input at the Quality Assurance and Scrutiny groups for EHC Plans;
- Children and Families Act creating move to increased joint commissioning approach;
- Establishment of SEND health working party to coordinate health professionals.

### Negatives

- Lack of health engagement, specifically there are no established processes for health reps to contribute to multi-agency meetings / assessments etc. other than the pre-existing referral route;
- In areas where services for children and young people with SEND are delivered across different provider trusts the result can be silo working;
- Issues with inadequate levels of commissioned services rather than processes;
- Health professionals' infrequent attendance at review meetings;
- Local authorities unclear about the involvement they want from health professionals, with responsibility for providing information being pushed to parents and carers;
- Little interaction directly with health service professionals, although we do have a lot of parents and young people signposted by various children's health services professionals.

The CDC Expert Parent Programme resources can provide a mechanism for increasing parents knowledge of the existing legal basis of NHS services, how commissioning works, the responsibilities of NHS England and Clinical Commissioning Groups, the purchaser/provider split, the configuration of primary secondary and tertiary care provision. This programme has been developed in partnership with parents with a focus on how they can work with practitioners to develop and realise their children's outcomes.

## Resources

There are additional resource implications for CCGs to deliver on the Children and Families Act reforms. There are also potential cost savings to be realised by working together across services. However, currently the potential of these cost savings is incentivising only a few areas to commit financial resources to the reform process. This means that many frontline clinicians are being asked to deliver on top of their existing roles. Dedication of resources has a significant impact on the progress of implementation

Options which have been raised by DMO/DCOs include:

- An element of funding received by Local Authorities for implementation should be shared with the CCGs, this would require clear guidance;
- Additional funding from NHS England;
- No additional funding, increased activity funded by CCG;
- No additional funding, increased activity funded by CCG dependent on resource savings.

We have also had feedback from some DMO/DCOs that whilst the CCG has transferred resources to their Trust to cover the time commitment required that this money has not been used to backfill any of their clinical commitments. It is therefore critical that CCGs as well as investing in the reforms have a clear oversight of that investment.

## 3. Recommendations

- Work to support the development of Joint Commissioning Arrangements between CCGs and local authorities that can support delivery of improved outcomes
- Further work to be done with DMO/DCOs in post, as this role is central to embedding and delivering the reforms across health services;
  - \* Embed regional DMO/DCO networks to share local issues and practice;
  - \* Maintaining national oversight of DMO/DCO practice;
- Focus on transition and involving adult health workforce

The Department of Health Diagnostic Checklist for CCGs provides a framework for local areas to assess their processes, identify areas of weakness and means for improvement. CDC will be piloting this quality assurance tool with six local areas and disseminating learning from the pilot sites over the coming months.

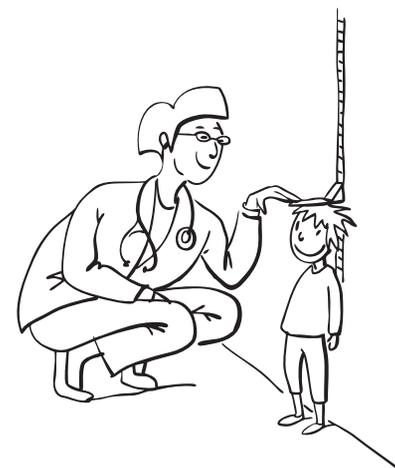


## Appendix 1: Strategic Decision Making and Joint Commissioning Arrangements

Structure	Function	Members	Link to Joint Commissioning Arrangements
<p><b>Top level strategic joint commissioning</b></p> <p><b>Health and Wellbeing Board</b></p>	<p>The Health and Wellbeing Board (HWB) brings together the system leaders in local health and social care system. HWBs set the strategic direction of local commissioning through undertaking the Joint Strategic Needs Assessment (JSNA) and developing the Joint Health and Wellbeing Strategy (JHWBS).</p>	<p>Whole system leaders:</p> <ul style="list-style-type: none"> <li>• Council Leader</li> <li>• Lead Elected members for Children’s Services</li> <li>• Lead Elected members for Adults Services</li> <li>• Representative from relevant Clinical Commissioning Groups</li> <li>• Representative from Health Watch</li> <li>• NHS England link</li> <li>• A Representative from the local Voluntary Community Sector?</li> </ul>	<p>Health and Wellbeing Boards operate at a strategically high level deal with the health and social care challenges facing the entire community.</p> <p>The JSNA and JHWS may include a focus on the needs of disabled children and young people in their remit. This information will be important in providing a foundation for the Joint Commissioning Arrangements. Future JSNA and JHWS can incorporate the Joint Commissioning Arrangements and their outcomes.</p> <p>Some HWB have shown a commitment to disabled children and young people by signing the Every Disabled Child Matter’s HWB Charter.</p>
<p>Focus for future support</p>	<p>Clear messaging across Department for Education (DfE), Department for Health (DH) and NHS England about the importance of the Children and Families Act and the expectations of senior leadership support for reform agenda</p>		

Structure	Function	Who might be involved	Link to Joint Commissioning Arrangements
<p><b>Children and Young People Strategic Decision Making Board:</b></p> <p>This will be called different things in different areas.</p> <p>Health and Wellbeing Board - Children and Young People's Subcommittee</p>	<p>This group will share information and set the strategic priorities for children and young people in their area that will inform commissioning plans.</p> <p>It may have a role in producing elements of the Joint Strategic Needs Assessment and the Joint Strategic Health and Wellbeing Strategy that relate to children and young people.</p>	<ul style="list-style-type: none"> <li>• The lead member for Children and Young People's Services</li> <li>• Director of Children's Services (or officer with responsibility for children)</li> <li>• Lead Officer for vulnerable Children and Young People</li> <li>• Local Safeguarding Children's Board (LSCB)</li> <li>• Schools, including Head Teachers</li> <li>• Further Education Colleges</li> <li>• Police</li> <li>• Local Health Watch</li> <li>• Each CCG in the Local Authority area</li> <li>• NHS trusts</li> <li>• Local Parent Carer Forum</li> <li>• Youth Offending Team</li> <li>• Children and Young People's Voluntary &amp; Community Sector</li> <li>• Job Centre Plus</li> </ul>	<p>The Children and Young People's strategic decision making body is well placed to take a role in overseeing the implementation of the reform and operation of the SEND System, informing strategic decisions.</p> <p>CCGs should make sure that their representative on the Children and Young People strategic decision making body is well informed of the progress of the implementation of the reforms and can raise and resolve any emerging issues.</p>
<p><b>Focus for future support</b></p>	<p><b>Clear messages and support regarding their role in supporting the development of Joint Commissioning Arrangements</b></p>		

Structure	Function	Who is involved	Link to Joint Commissioning Arrangements
<p><b>Children and Young People Operational Group:</b></p> <p>This will be called different things in different areas.</p> <p><b>Joint Commissioning Board</b></p> <p><b>Joint Commissioning Unit</b></p> <p><b>Joint Partnership Unit</b></p> <p><b>Children’s Integrated Care Programme</b></p>	<p>Many areas will already have joint working arrangements in place, with Local Authority and Clinical Commissioning staff working together to deliver improved outcomes for children and young people.</p> <p>This could take a number of forms, from formal partnership agreements between commissioners, jointly funded commissioning posts between health and the Local Authority</p>	<ul style="list-style-type: none"> <li>• CCG Children and Young People’s lead Commissioner</li> <li>• CCG GP Clinical Lead for Children and Young People</li> <li>• Local Authority Director/ Assistant Director of Children Services</li> <li>• Jointly funded Health and Local Authority Commissioners</li> <li>• Schools, including Head teachers Further Education Colleges</li> </ul>	<p>Children and Young People Strategic Commissioning and Operational Group is in a position to take the lead on a number of key operational issues to implementation of the Joint Commissioning Arrangements to be developed, have been aligned and joint investment</p> <p>These include:</p> <ul style="list-style-type: none"> <li>• The development of an integrated commissioning model</li> <li>• Alignment of funding streams from the Local Authority and the CCG</li> <li>• Section 75 pooled budget arrangements</li> <li>• Education Health and Care Planning Process</li> </ul>
<p><b>Focus for future support</b></p>	<p><b>Support for the delivery of key elements of the reforms, including strategic integration of services</b></p>		



Structure	Function	Who is involved	Link to Joint Commissioning Arrangements
<p><b>SEND Operational Partnership Board</b></p>	<p>Some areas may have established an SEND Partnership or implementation board to implement and oversee the Children and Families SEND Reforms.</p> <p>This board will bring together those directly responsible for the implantation of the SEND system and will contain a wide range of representatives, including parents and children and young people themselves.</p>	<ul style="list-style-type: none"> <li>• Lead SEND/ Children and young People Commissioner</li> <li>• Service Managers from Local Authority and Health</li> <li>• Integrated Child Development &amp; Disability lead</li> <li>• Designated Medical/ Clinical Officer</li> <li>• Parent Representative</li> <li>• Strategic Commissioner</li> <li>• Head of Service Voluntary Sector Representatives</li> <li>• Head Teachers</li> <li>• SENCOs</li> <li>• Clinical and allied health professional representatives</li> </ul>	<p>The SEND Partnership Board will be responsible for the implementation of the SEND reforms, the operation of the EHC assessment and needs Process</p>
<p><b>Focus for future support</b></p>	<p><b>Support for developing and refining joint commissioning arrangements</b></p> <p><b>Guidance on Health involvement in the EHC multiagency assessment, planning and decision making process</b></p>		

Structure	Function	Members	Link to Joint Commissioning Arrangements
<p><b>Health SEN and Disability Working Group</b></p>	<p>The relevant CCGs may want to establish a health working group for special educational needs and disability that brings together key health service providers that provide identification, assessment and intervention to children and young people with special educational needs and disability from birth to 25 years of age.</p>	<ul style="list-style-type: none"> <li>• DMO/DCO</li> <li>• CCG representative</li> <li>• Parent carer Representative</li> </ul> <p>Representatives from key health service providers to including:</p> <ul style="list-style-type: none"> <li>• Specialist Children’s Services</li> <li>• Speech and Language Therapy</li> <li>• Occupational Therapy</li> <li>• Physiotherapy</li> <li>• Children’s Community Nursing Team</li> <li>• School Nursing</li> <li>• Health Visiting</li> <li>• Child and Adolescent Mental Health</li> <li>• Public Health</li> </ul>	<p>This group can play a key operational role in implementing the Joint Commissioning Arrangements by bringing together the key providers and professional groups to</p> <p>It can also play an important strategic role by providing feedback and recommendations for commissioning to the Clinical Commissioning Group and the local authority and help to identify and address training needs amongst health service providers</p>
<p><b>Focus for future support</b></p>	<p><b>Cultural Change, Person Centred Approaches, Delivering Assessments, Supporting Outcomes</b></p>		

## Appendix 2: Children and Young People's Views

CDC has gained the views of a wide range of children and young people with SEN and disability, both through the EPIC group and other consultation activity. Some of the key themes emerging from those consultation is listed below:

### Expectations of the reforms

- [Local authorities] LAs to pay attention – opportunity to explain to LAs what young people want from them;
- To have enough information from LAs about how young people are valued/ consulted;
- Make my voice heard;
- Someone in every local authority to enforce the new laws and monitor how it's being done;
- Talking to people who will implement nationally and locally;
- Hope that the reforms will actually improve the lives of disabled young people in the UK;
- The new laws work in the right way;
- A positive future for children and young people;
- Actually deliver change for children and young people.

### Fears

- Misinterpretation of young people's views;
- Children and young people won't be listened to in the implementation process;
- A lack of resources and funding for children and young people's participation;
- Still barriers for disabled young people;
- Services not working together;
- How long will it take before services improve?
- Improvements promised by the reforms will take too long to implement;
- That local authorities won't deliver the law;
- Local authorities don't pay attention to new laws and just keep doing things like before – business as usual;
- Individuals not embracing a joined up approach;
- That some people with more hidden disabilities won't be considered for an EHC Plan;
- People won't be treated as individuals but as statistics.

### Hopes

- EHC plan reviews happening every 10-12 months, not every 6 weeks;
- Local Offer is accessible to young people;
- Speaking to people with SEND is key;
- For an integrated and co-operative system between services;
- That we will make the lives of disabled people easier;
- Quality of life improves;
- That the new changes will be better for disabled young people;
- Encourage professionals to listen to young people.

### **What needs to be in place for services to work?**

- Equal chance for young people to speak;
- Clear and honest next steps;
- One to ones
- Home visits
- Shorter, more manageable meetings;
- Give young people time;
- All About Me forms – know who the people you are working with are;
- Other ways for young people to input – alternative ways to gather info and feedback;
- Visual map of what young people want
- Relaxed/informal settings;
- Not having meetings in school time;
- List of questions before and more info about what is being asked;
- Young people leaflets
- What it means
- How will it affect young people
- Feedback – simple as possible;
- Seeing everyone as an individual;
- Different ways/formats to get involved.

### **What stops services working for children and young people?**

- What holds things back?
- Feeling as if you are not listened to;
- Having families talk for the young person without actually speaking to them first;
- Formalities;
- Jargon;
- Risk of young people not attending;
- Not knowing that local authorities want to know your views – they need to be proactive in capturing them;
- You might not have a good relationship with learning support assistants;
- Worried about confidentiality of any information shared.



## About the Council for Disabled Children

The Council for Disabled Children (CDC) is the umbrella body for the disabled children's sector in England, with links to the other UK nations. CDC works to influence national policy that impacts upon disabled children and children with Special Educational Needs (SEN) and their families. The CDC Council is made up of a variety of professional, voluntary and statutory organisations, including disabled young people and parent representatives. CDC's broad based membership and extensive networks of contacts provides a unique overview of current issues. It also enables us to promote collaborative and partnership working among organisations.

CDC hosts the following networks and projects:

- IASS Network
- Independent Support
- Making Ourselves Heard
- Special Educational Consortium
- Transition Information Network



Council for Disabled Children is hosted by the National Children's Bureau.  
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