



Department  
for Education

# **Evaluation of the Special Educational Needs and Disability Pathfinder Programme**

**Thematic Report: Collaborative working with health**

**Research report**

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## Key learning points

This report was produced as part of SQW's evaluation of the Special Educational Needs (SEN) and Disability Pathfinder Programme for the Department for Education. **It focuses on collaborative working between health and the local authority, based on evidence gathered from four pathfinder areas.** The key learning points were:

- **Health had a crucial and significant role to play in meeting and delivering the requirements of the SEN and disability reforms**, which should be led strategically by health commissioners (from both children's and adult health), in conjunction with Clinical Commissioning Groups (CCGs) and Health & Wellbeing Boards, and operationally by the heads of the services such as community paediatrics, the therapies and Child and Adolescent Mental Health Services.
- **A diverse range of approaches had been developed and were being implemented to facilitate the required collaborative working with health** in relation to the SEN and disability reforms. These approaches included:
  - The **establishment of multi-agency governance structures** to oversee and direct the work of the pathfinder
  - The **development of new strategies, frameworks and structures to support the creation of new joint commissioning arrangements**
  - **Development of the 'health-related' elements of the local offer** via effective engagement and consultation their local health providers
  - **Setting up Section 75 agreements between health and the local authority to integrate and pool resources**
- More limited operational collaborative working had been achieved, which included:
  - The **development of multi-disciplinary and/or co-located teams**, made up from health, social care and SEN professionals
  - **Involvement of operational health professionals**, including managerial and front-line staff, **in development of the Education, Health and Care pathway**
  - The **provision of multi-agency and health-specific training on the delivery of the EHC assessment and planning process**
  - **Health professionals forming an integral part of the delivery of the new EHC assessment and planning process.**
- **Several challenges remained across the four pathfinder areas that would need to be addressed over the coming months**, which included a need to: operationalise the strategic mechanisms that had been developed; more effectively engage adult strategic and operational health professionals; engage the wider health workforce and undertake wholesale workforce development to engender cultural change; develop inter-agency information sharing protocols; develop a wider set of integrated and pooled resources; create sufficient capacity in the system to enable health professionals to meet the requirements of the EHC process; and clarify who would take on the role of designated medical/clinical officer moving forwards.

# 1. Introduction

## Evaluation of the Special Educational Needs (SEN) and Disability Pathfinder Programme

SQW was commissioned by the Department for Education (DfE) to lead a consortium of organisations to undertake the Evaluation of the Special Educational Needs (SEN) and Disability Pathfinder Programme. A series of reports from the study are available on the government publications website, including two previous thematic reports on key working and workforce development, and the Education, Health and Care (EHC) planning pathway<sup>1</sup>. This particular thematic report focuses on *collaborative working with health*.

### Rationale for the research

Improved multi-agency working is one of the primary objectives of the SEN and disability reforms. It relies heavily on drawing together the skills and expertise from across SEN, social care, health and other relevant agencies. This has improved over time at both strategic and operational levels. However, the first phase of the pathfinder evaluation (September 12 – March 13) identified some strong concerns about the extent to which effective collaborative working had been achieved between health and local authority colleagues, which was felt to be the result of:

- A lack of explicit guidance from the Department of Health on how to engage with the SEN and disability pathfinder
- Uncertainties surrounding the reorganisation of the health service, which had led to significant structural changes in health during the inception period of the pathfinders
- Lack of senior capacity to engage sufficiently
- Uncertainty around who to engage from adult health (given the 0-25 age range).

The DfE, Department of Health and NHS England have since sought to address this set of concerns through formal recognition of the Children and Families' Act 2014 and its implications for the health system in the NHS Mandate and Business Plan and the introduction of a new legal duty on Clinical Commissioning Groups (CCGs) to contribute to the EHC planning process and to secure services set out in EHC plans from September 2014. This thematic therefore re-examines the collaborative working arrangements between health and the local authority to understand the extent to which more time and central direction has helped to improve partnership working and the subsequent successes and lessons learnt.

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<sup>1</sup><https://www.gov.uk/government/collections/send-pathfinders#evaluation-of-the-send-pathfinders>

## Research focus

This report provides further insight into five main areas, summarised in Figure 1 covering: expectations (including which specific health professionals should be involved); models of engagement; collaborative working in relation to the pathfinder; remaining challenges; and value added (i.e. what benefits have arisen as a result of involvement from health professionals). The report is broadly structured around these themes, and where possible aims to bring out key learning points based on experience to date.

**Figure 1 Research questions**

<b>Expectations</b>	What role(s) do health professionals/non-health professionals think health (including CCGs) has to play in meeting the SEN reforms? Which specific health professionals (roles) should therefore be contributing to the delivery of the reforms across the 0-25 age range?
<b>Models of engagement</b>	What models of collaborative working between health and the local authority are being adopted to meet expectations and have these been influenced by the NHS Mandate and/or the Duty to Cooperate? What models are in place for ensuring young people make a successful transition to adult health? How are the identified models different to the previous ways of working?
<b>Collaborative working in relation to the Pathfinder</b>	Which health professionals/teams have been involved in the delivery of the pathfinder and how have they been involved (including involvement in EHC plan assessments, planning and resourcing decisions)?
<b>Remaining challenges</b>	Are there any remaining gaps in the collaborative working arrangements between health and the local authority / the provision of health services and if so why? What could be done to resolve the remaining challenges?
<b>Value added</b>	What system changes / outcomes have arisen as a result of the identified collaborative working with specialist health? For example, reduced duplication between agencies, more effective assessment and planning.

## Our approach

**This report gives a snapshot of practice in four pathfinder areas – Bexley, Kent, Lewisham and Nottinghamshire** – via in-depth face-to-face and telephone interviews with key individuals including the pathfinder lead and manager, strategic and operational health professionals, and leads for SEN and social care (see Annex B for more detail on the research methods used). We would like to express our sincere thanks to the participating pathfinders and to the Department of Health, Council for Disabled Children (CDC) and Association of Directors of Children’s Services (ADCS) for providing useful insights into the issues raised.

## Intended audience

This report is intended to support those charged with facilitating collaborative working with health to meet the requirements of the SEN and disability reforms.

## 2. Context and expectations

### Context of the reforms

“If children and young people with SEN or disabilities are to achieve their ambitions and the best possible educational and other outcomes, including getting a job and living as independently as possible, local education, **health** and social care services should work together to ensure they get the right support...

...When carrying out their statutory duties under the Children and Families Act 2014...local authorities and **health bodies** must have arrangements in place to plan and commission education, health and social care services jointly for children and young people with SEN or disabilities”.

Draft SEN and Disability Code of Practice (April 2014)

The Children and Families Act 2014, which received Royal Assent in March 2014, and is to be implemented from September 2014, sets out a series of expectations for health bodies, including:

- A **joint commissioning duty** which requires local authorities and their health partners (i.e. local CCGs and NHS England) to establish joint commissioning arrangements to improve outcomes for children and young people with SEN and disabilities, which must include how health services will support the identification of children and young people with SEN and disabilities
- A duty on every local authority to **publish a Local Offer**, setting out the local provision available for children and young people aged 0-25 years with SEN and disabilities, including locally and centrally-commissioned (by NHS England) health services
- A **duty on health care professionals to provide medical advice and information to the local authority to inform a statutory assessment of SEN and where relevant subsequent development of an EHC plan**. This includes agreement on the health provision set out in the EHC plan (including which elements could be funded through a Personal Budget) and responsibility for ensuring the services listed as health provision are made available to the child or young person until the plan is reviewed.

The Draft SEN and Disability Code of Practice<sup>2</sup>, provides additional statutory guidance on how to deliver the above duties, and is applicable to organisations including NHS England, CCGs, NHS Trusts, NHS Foundation Trusts and Local Health Boards. In addition, the wider health-specific legal framework further re-enforces the move towards better integrated services for children and young people with SEN and disabilities across local authorities and health services. This includes: the NHS Mandate, the NHS Act 2006 and Health and Social Care Act 2012, which require NHS England, CCGs and Health and Wellbeing Boards to promote the integration of services; and the Care Act 2014, which requires local authorities to ensure co-operation between children's and adults' services to promote the integration of care and support with health services.

It is therefore clear that the SEN and disability, and wider health and care reforms, have major and aligned implications for how the NHS and its constituent health bodies organise and deliver services to children and young people who have SEN and/or a disability. This involves greater integration, coordination and personalisation of health, SEN and social care support with a view to achieving a holistic, joined up and more transparent experience for the relevant children and young people and their families.

## Local expectations – the ideal scenario

**All parties across the four pathfinder areas felt that health had a crucial and significant role to play in meeting and delivering the requirements set out in the SEN and disability reforms.** This included a diverse range of both strategic and operational involvement, which in ideal terms should be simultaneously developed and aligned both within health structures and in collaboration with SEN and social care.

Both health and non-health professionals in the four areas reflected that **strategic involvement from health should be led by the relevant strategic health commissioners (from both children's and adult health)**, in conjunction with the local CCGs and Health & Wellbeing Board. Leadership of this nature should in turn involve championing and formalising the following activities:

*"Strategic commissioners need to hold the reigns and create a foundation upon which better integration and joint working can take place"*

Joint Health and Local Authority  
Commissioner

- **Raising awareness of the SEN and disability reforms and acting as a conduit** to inform relevant health agendas and health structures e.g. the CCGs, the Commissioning Support Unit and the Health & Wellbeing Board

*"CCGs have a limited understanding of how best to support children and young people with multiple and complex needs, so they need to be brought up to speed, so they can steer resources appropriately"*

Head of Therapies

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<sup>2</sup> [https://www.gov.uk/government/consultations/revision-of-the-](https://www.gov.uk/government/consultations/revision-of-the)



- Working through **how to commission services to meet the new requirements** and how **new arrangements can be developed to meet the joint commissioning duty**
- **Bringing about formal pooling of resources** (e.g. through the use of a Section 75 agreement) to support the facilitation of improved multi-agency working
- **Initiating the development of Personal Health Budgets (PHBs)**, as health commissioners act as the budget-holders for services that would lend themselves to inclusion in a PHB
- **Initiating the development of the health elements of the Local Offer**, as health commissioners were felt to have the closest links to local health providers
- **Agreeing responsibilities about how health professionals should contribute to delivery of the EHC planning process** (and associated requirements of the SEN and disability reforms) **and the associated workforce development implications** in both staffing and funding terms, in collaboration with operational health providers.

Our research also indicated that **operational involvement from health should be led by the heads or managers of the services that were relevant to their local population of children and young people with SEN and disabilities**. In practice, this was most likely to include: community paediatrics, speech and language therapy, occupational therapy, physiotherapy, children's and adolescent mental health (CAMHS) and specialist nursing.

*"Therapists have important and specific roles in supporting children and young people with SEN and disabilities, working directly with children and young people, advising and training education staff and setting programmes for implementation at home and in school"*

Draft SEN and Disability Code of Practice (Apr 14)

**Ideal engagement of this operational group of professionals should as a minimum include their integral involvement in the development and delivery of the EHC planning process.**

This encompassed development of: the process/pathway, including the key stages and sequencing of involvement from each set of professionals; the EHC plan paperwork, including referral documentation and the EHC plan template; and involvement in the delivery of

the process itself. It was also evident that **operational health professionals had an important role to play in the early identification of children who have, or may develop, SEN and/or disabilities**.

Although it was apparent that **professionals from adult health services should also be involved, consultees across the four areas found it more challenging to articulate which specific professionals from this group should be engaged** outside of practitioners from the learning difficulties and disabilities team. Difficulties identifying relevant roles were felt to be caused by a lack of understanding of the often condition-led structures that govern adult health and a lack of information relating to which adult health services most commonly supported 18-25 year olds with SEN and disabilities.

Additional views on the ideal engagement of operational staff tended to be heavily influenced by the starting point and what had been achieved to date in each of the participating pathfinder areas. This is described in detail in the next chapter of the report.

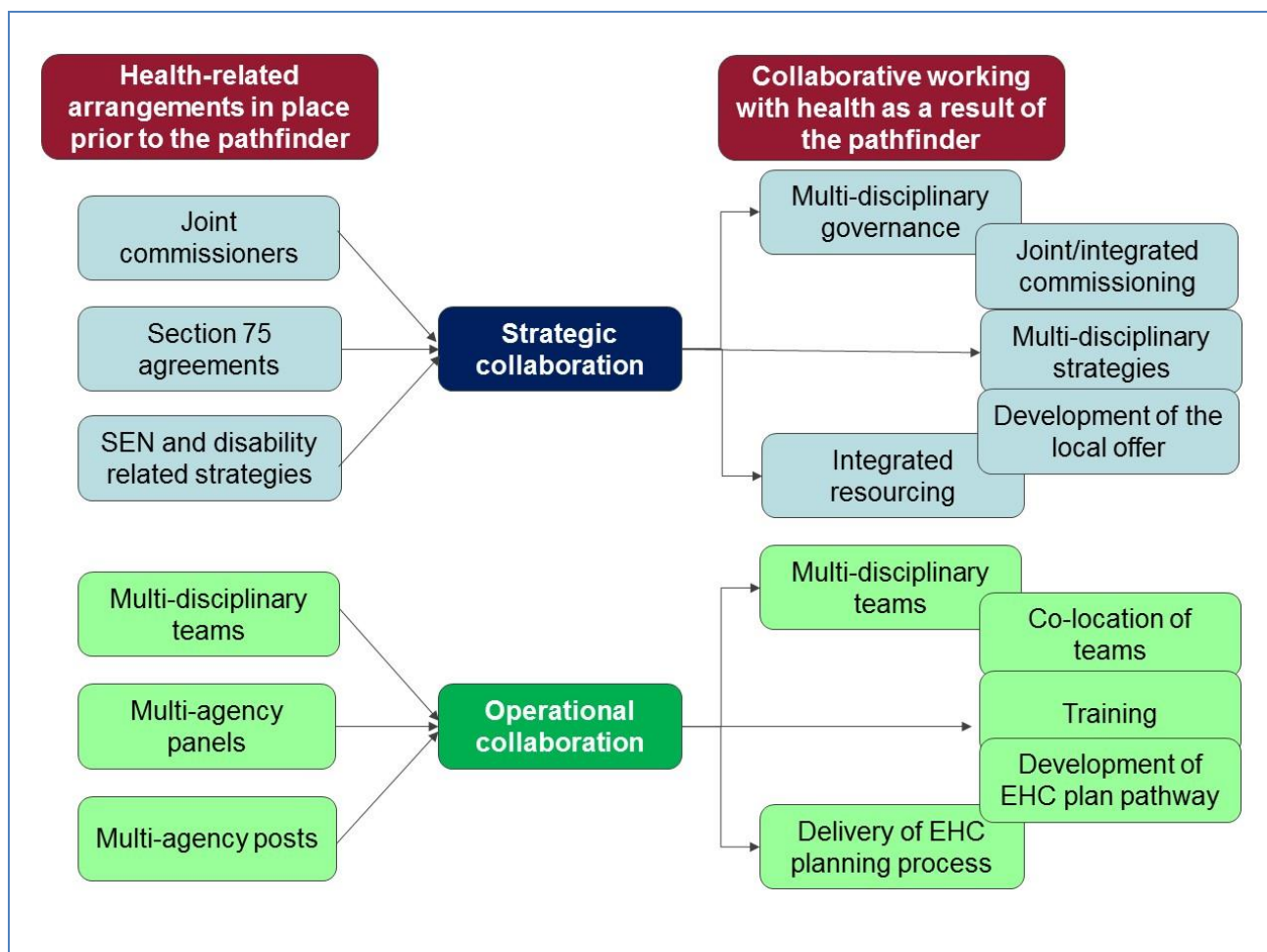
### 3. Models of engagement and collaborative working

A diverse range of approaches had been developed and were being implemented to facilitate the required collaborative working with health in relation to the SEN and disability reforms across the four areas. **To date, much of this work had been strategic in its nature, and had not yet been fully operationalised, which limited the extent to which the research could show what added value the changes had made.**

These developments were often heavily influenced by the presence of existing strategic and operational multi-agency infrastructure that was in place prior to the pathfinder.

Figure 2 illustrates the range of existing health-related arrangements that were in place across the four participating areas and the resultant forms of collaborative working with health that had been put in place to meet the SEN and disability reforms (each of which is discussed in further detail below).

**Figure 2 Range of existing health-related arrangements in place prior to the pathfinder and resultant collaborative working with health put in place to meet the SEN and disability reforms**



Source: SQW

## Strategic collaborative working

### Multi-disciplinary pathfinder governance structures

Multi-agency governance structures had been established to oversee and direct the work of the four pathfinder areas, the responsibilities of which had often broadened over time to provide accountability for meeting the needs of children and young people with SEN and disabilities in the relevant locality. Examples of these structures included the following:

- Pathfinder project boards – which in one area had health representation from two CCGs, NHS England and Public Health
- A multi-agency steering group for children and young people with SEN and disabilities
- A change and communications board
- Transition steering groups – to oversee developments for the 18-25 years group.

The established structures all had representation from either children's strategic health and/or a head(s) of children's operational health services, with much rarer involvement from either adult strategic or operational health professionals.

**Health representation on various structures had been an effective means of embedding the views of health professionals in the ongoing development and delivery of the SEN and disability reforms.** Many consultees also highlighted the valuable contributions made by strategic children's health commissioners (and in one area a senior member of the Commissioning Support Unit), that had acted as a **conduit between the pathfinder/SEN and disability reform board and wider health-related governance structures**, including local CCGs, Health & Wellbeing Boards and health providers.

*"It would have been relatively impossible to communicate and gain the required buy-in from wider health structures, especially the local CCGs without the support of our children's health commissioner"*

Operational health provider

### Joint/integrated commissioning and multi-disciplinary strategies

The Draft SEN and Disability Code of Practice provides detailed statutory guidance on how to effectively develop and deliver joint commissioning arrangements across health, SEN and social care. Table 1 provides some excerpts from the Draft Code, which illustrate some of the wide-ranging factors that must and should be considered by health professionals when putting in place such arrangements.

**Table 1 Statutory guidance on joint commissioning taken from Draft SEN and Disability Code of Practice**

Theme	Statutory Guidance
Coverage	Joint commissioning arrangements <b>must</b> cover the services for 0-25 year old children and young people with SEN and disability, both with and without EHC plans  Services <b>will</b> include specialist support and therapies, such as clinical treatments and delivery of medications, speech and language therapy, Child and Adolescent Mental Health Services (CAMHS), occupational therapy, habilitation training, physiotherapy, a range of nursing support, specialist equipment, wheelchairs and continence supplies and also emergency provision
EHC assessment and planning	Joint commissioning <b>must</b> include arrangements for securing EHC assessments and the EHC provision specified in EHC plans
Responsibility for decision making	Partners <b>must</b> be clear about who is responsible for delivering what, and who the decision makers are in education, health and social care
Personal budgets (PB)	Partners <b>must</b> set out in their arrangements for agreeing PBs, which may contain elements of education, social care and health funding
Joint delivery	At a strategic level, partners <b>should</b> consider whether when commissioning training for professionals, combined service delivery, training or a common set of key skills would help professionals and providers adapt to meeting the needs of children and young people with SEN and disability in a more personalised way
Joint review	Partners <b>should</b> agree how they will work together to monitor how outcomes in education, health and care are being improved as a result of the provision they make

Source: Draft SEN and Disability Code of Practice (April 2014)

All four of the participating areas had engaged their children's health commissioner (some of whom held joint health-local authority positions), each of which were leading the development of the health-related elements of the new joint commissioning arrangements. Areas were at various stages of this development, which had included:

- **Development of a multi-agency SEN and Disability strategy** to illustrate key priorities and integration intentions
- **Establishment of an Integrated Commissioning Hub (ICH)**, to liaise with local CCGs on the SEN and disability reforms and monitor the population-level needs of the SEN and disabled population, and linked to this, establishment of **a multi-agency SEND hub**, which leads on individual-level commissioning for children and young people with and without EHC plans
- **Development of three multi-agency commissioning frameworks** for children with 1) physical impairments, 2) speech and language needs, 3) severe challenging behaviour, each of which uses common language agreed by health, SEN and social care and is underwritten by Key Performance Indicators.

- **Development of a number of business cases to support joint commissioning**, including, 1) the wider roll out of personal health budgets for children, young people and adults and, 2) multi-agency working for speech and language therapists
- **Strategic review of challenging workstreams by an existing integrated commissioning team**, including, 1) how services could be commissioned to enable the resourcing of EHC plans for 19-25 year olds, and 2) how health provision could be re-modelled and re-commissioned to ensure that specific outcomes are achieved for the identified population.

Whilst the initial mechanisms employed to facilitate joint commissioning varied across the four areas and remained a 'work in progress', the health-related developments had been made possible as a result of:

- **Strong and committed leadership** from children's health (and in one case, a joint children's and adult commissioner) to develop the new arrangements
- **Collaborative working with operational health professionals**, who were able to provide views on the practical implications of any new arrangements, **and both strategic and operational professionals from SEN and social care**
- **Alignment of any new developments with local priorities**, including the Joint Strategic Needs Assessment (JSNA) and associated priorities set by local CCGs and public health
- **Strategic review of existing commissioning arrangements in relation to the key requirements of the SEN and disability reforms**, to identify the most challenging themes, e.g. supporting young people aged 18-25 years with SEN and disabilities, and begin thinking about how best to address these
- **The use of common language, agreed by health, SEN and social care**, enabling multi-agency professionals to begin to bridge gaps in working cultures and to work towards the achievement of common goals
- **A recognition that it would take time to identify and engage all the relevant people**, e.g. adult health commissioners, **and therefore to develop comprehensive joint commissioning arrangements**, which would need to be a '*work in progress for some time*'.

*"Development of comprehensive joint commissioning arrangements needs careful consideration and will take time...it should ideally be led by joint-commissioners who have oversight of both health and local authority commissioning and include consideration of the whole age range...but again this is a massive undertaking, so is likely to be a work in progress for some time"*

Joint health and local authority  
commissioner for children



- **Development of the health elements of the local offer**

There was wide recognition of the strategic and operational value of the local offer for both professionals and families across the four participating areas. **The areas that made strong progress in this area had done so through effective engagement and consultation with their local health providers.** This had been facilitated either through the refreshing of an existing health service directory or the creation of a health-specific Local Offer working group (made up from both strategic and operational health professionals). It was also evident that **progress had been linked to: the presence of a designated health lead to champion this development and act as a conduit between strategic and operational health providers; and the use of a common template within which to input the relevant information,** which had been developed with operational health providers (i.e. the ultimate users of the templates).

All four of the areas also reflected a series of challenges associated with developing a comprehensive and updatable health component of their local offer. This included concern that health provision was currently governed by service level agreements (SLAs), many of which had been issued as block contracts and therefore when translated into the Local Offer, may not be perceived as sufficiently flexible by local families. Concern was also expressed about the impact PHBs (which in most cases had not been fully developed) might have on health providers and therefore their inputs to the Local Offer. This set of concerns implied that there were still a number of challenges that need to be addressed by health professionals over the coming months to ensure that a comprehensive health local offer is made available by September 2014.

## **Integrated resourcing**

### **Duty to consider the alignment or pooling of budgets**

Under Section 10 of the Children Act 2004 and Section 75 of the National Health Service Act 2006, local authorities and CCGs have a statutory duty to consider the extent to which children and young people's needs could be more effectively met through integrating services and aligning or pooling budgets in order to offer greater value for money, improve outcomes and/or better integrate services for children and young people with SEN and disabilities

Draft SEN and Disability Code of Practice (April 2014)

**The pooling and aligning of health and local authority-held budgets using an NHS Act 2006 Section 75 agreement, was viewed as a vital building block to achieving true integrated and child-centred processes.** Consideration of the development of such arrangements had most commonly taken place as part of discussions around joint

commissioning (of which integrated resourcing forms a part), and had involved strategic commissioners and heads of operational health services, i.e. the budget-holders for the relevant services. This had led to the

*"Funding still sits in separate pots, but needs to be pooled to enable us to look at 'all the money that is available to a child' and therefore make the most efficient use of it"*

Clinical Director

formalisation of new and refresh of existing Section 75 agreements, which covered:

- Learning disability, mental health, specialist equipment and safeguarding
- Funding for Personal Budgets
- Information-sharing.

Areas conceded that they had **initially sought to achieve some ‘quick wins’ and had therefore brought together their least challenging and most flexible budgets.**

However, in considering how to increase the scope of these arrangements to allow greater pooling of resources, they **voiced concerns around the conditionality associated with other health budgets (i.e. that they had to be spent in a certain manner), which did not make them conducive to a pooled arrangement.** It is likely that this challenge will need to be addressed by both national and local health bodies, to create the required flexibility in the system.

## Operational collaborative working

It was evident that all four of the case study areas had begun to consider the majority of the principles from the Draft SEN and Disability Code of Practice (see box on next page), albeit to varying extents. This had **most commonly involved drawing together small numbers of ‘willing’ professionals from across the therapies, community paediatrics and specialist nursing, alongside colleagues from SEN and social care, to develop and deliver initial/revised versions of the EHC assessment and planning process.**

This small-scale development had in some cases led to the wider development of either a multi-disciplinary team and/or the co-location of professionals (including health professionals) to deliver the new process, which had often take place as part of a wider restructuring of children’s services. However, **the majority of areas still had a way to go to engage and embed integrated working across all the relevant health professionals that would be involved in delivering the new process moving forwards.**

*“We recognise that the wider health (and other) workforce now needs to be engaged...we still need to knit that together, as they are separated at present”*

Strategic health commissioner



## Principles underpinning co-ordinated assessment and planning

The EHC assessment and planning process **should**...

- Bring together relevant professionals to discuss and agree together the overall approach
- Deliver an outcomes focused and co-ordinated plan for the child or young person and their parents
- Be supported by senior leadership teams monitoring the quality and sufficiency of EHC needs assessments through robust quality assurance systems
- Include the establishment of local protocols for the effective sharing of information
- Consider the range of professionals across education, health and care who need to be involved and their availability...and flexibility for professionals to engage in a range of ways and to plan their input

Draft SEN and Disability Code of Practice (April 2014)

### Multi-disciplinary teams and co-location

Co-location had been achieved in smaller areas via the transferral of relevant health, SEN and social care workers to the same building/floor, and in larger county councils via the development of several area-based offices, which hosted professionals from across the three agencies. This, in addition to the creation of multi-disciplinary teams was felt to add value to the integration process because it:

- **Initiated and fostered the beginnings of a common working culture and shared values** – although it was widely acknowledged that true culture change across the board would take time and require continuous workforce development
- **Enabled professionals from across the disciplines to understand the different working approaches used and highlighted the challenges faced across the professions** – in the case of health professionals, working more closely with their SEN colleagues had enabled them to gain a more comprehensive understanding of the SEN system and its associated requirements
- **Enabled the building of closer working relationships between individuals from different professions and began to create a more open and discursive culture** – purely via individuals and teams being in closer proximity.

However, bringing individual teams from different agencies together had also created new challenges, which will need to be addressed over time and included: complexities around individuals from distinct agencies being subject to different pay scales and grades (with health professionals often being the more highly paid); difficulties associated with line management, accountability and continuing professional development for different types of professionals; and in the absence of a comprehensive pooled budget, professionals feeling that they can only work in a partially integrated manner with other agencies.

## Development of the EHC assessment and planning pathway

Small numbers of operational health professionals, including both managerial and front-line staff, had been involved in the development of the EHC assessment and planning pathway across the majority of the four case study areas. This input **had enabled health professionals to understand and buy-in to the holistic aims of the new pathway, and reflect on how they had contributed to existing SEN Statements and what needed to change to achieve the new vision.** In some cases, it had also enabled this group to **influence the structure and format of the EHC plan template**, which should ideally reduce duplication via better alignment with the referral and assessment paperwork used by individual agencies to inform the new process.

In cases where operational health professionals had had more limited involvement in these developments, it was clear that the health staff consulted did not understand why particular decisions had been made and that they felt that the new system was being ‘imposed’ on them by their local authority colleagues. It was therefore clear that **health professionals should have**

*“No one asked us about whether this would work for us...decisions were made by the local authority behind closed doors and then just presented to us as here’s what you have to do...”*

Operational health service manager

**been involved from the outset of the development of the new pathway, to engender the required shared ownership and responsibility and to avoid conflict later down the line.**

## Training for health professionals

Training had been delivered to many of the health professionals that had been involved in the delivery of the EHC assessment and planning process. This had been delivered through a combination of health-specific workshops, multi-agency training events and continuous discussion held at weekly team meetings. The **focus of the training provided to date had included:**

- **Key worker training**, to support health and wider professionals to understand the requirements of the role and to equip all participants with the skills to participate effectively in Team Around the Child meetings
- **System planning training**, to explain and discuss the health-related inputs that were required to inform the new process, with a focus on preparation of accessible health reports that be easily interpreted by non-health professionals
- **Outcome-development training**, to bring about the required culture change from a prescriptive and medical process to an outcome and solution-based process
- **General troubleshooting**, to provide health professionals with the opportunity to voice their concerns about delivering the new process.

## Delivery of the EHC assessment and planning process

Although health professionals had not commonly taken on the role of key worker in the four case study areas, they had formed an integral part of the delivery of the new EHC assessment and planning process, where they were expected to provide inputs

at all stages. This was felt to be in sharp contrast to their more limited involvement in the SEN Statementing process, where health professionals had limited contact with the family and little to no contact with the SEN case worker or other support services.

*"The SEN Statementing process was quite stale, with very little opportunity to work directly with the SEN case worker"*

Senior Speech and Language Therapist

Figure 3 illustrates the differences in health involvement between delivery of the SEN Statementing process and the EHC assessment and planning process<sup>3</sup> (health inputs in both cases relate to providing sufficient support to meet the identified special educational needs and associated desired outcomes). It shows a **step-change to a more family-**

*"The way in which our services are commissioned will need to change to enable us to attend all the required meetings in the new process...as it is just not possible for us to do our day job and all this new stuff otherwise"*

Operational health professional

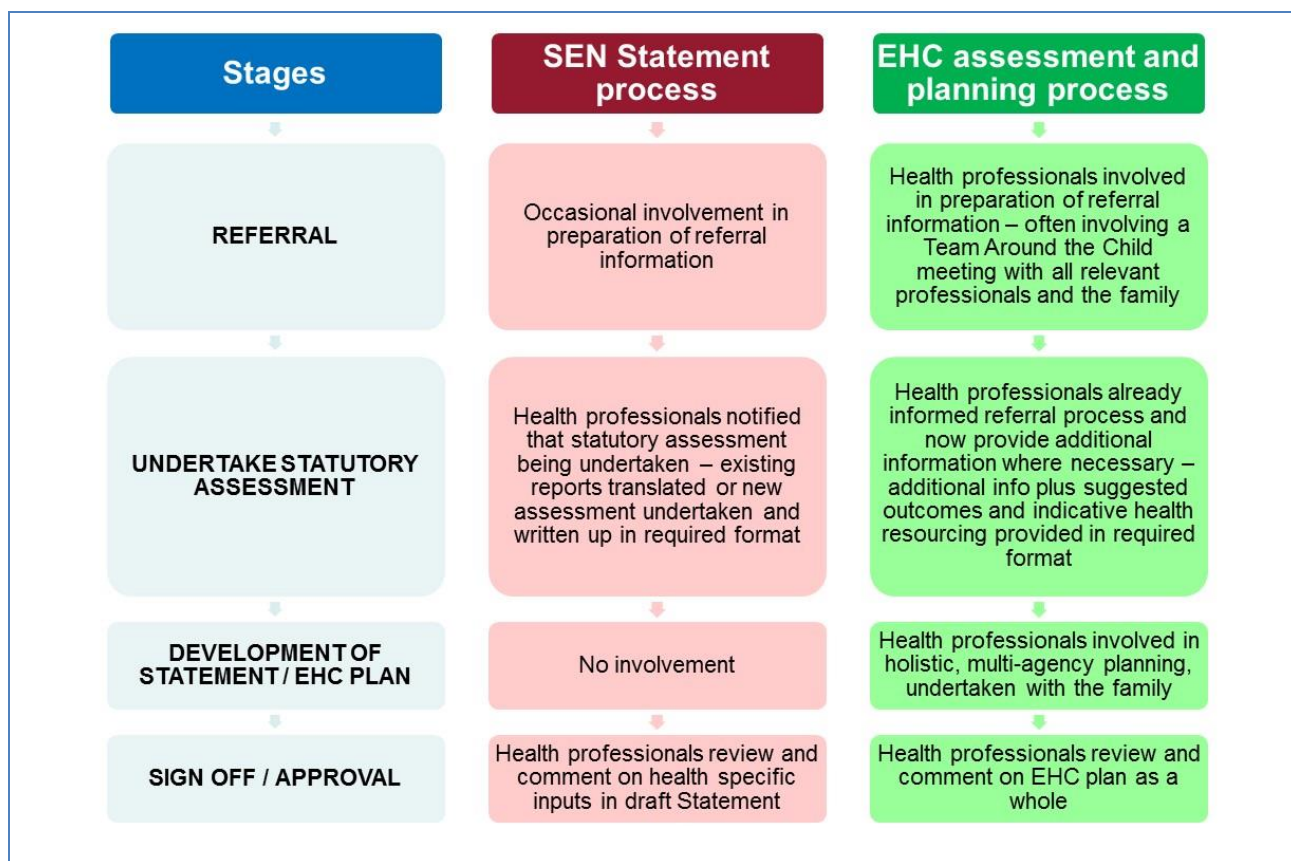
**centred and holistic approach to assessment and planning, and implies that a change in working patterns and resourcing is required to enable health professionals to participate in the desired manner.** However, many health professionals voiced their concerns about their capacity to attend all the required assessment and planning meetings,

and there was a general consensus that models of health service commissioning would need to change to achieve this.

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<sup>3</sup> Traditional health assessment and planning activities that sit outside of these processes have not been considered as part of this comparison.

Figure 3 Health involvement in the SEN Statement vs. the EHC assessment and planning process



Source: SQW

The second fundamental difference between the SEN Statementing and EHC assessment and planning process was that senior health professionals now routinely sat on the EHC plan panels, which had not been the case in the past. It was also clear that in the most complex cases, health resourcing and sign-off decisions would be referred to the relevant strategic commissioner and/or CCG. This increase in shared responsibility had come about in recognition of the fact that health services would be held

*“We’ve cracked the initial bit and have some of health on board who are trying their best to deliver as required, but still have a way to go to provide a truly integrated process...for example, we’ve got to get the wider health workforce on board, we haven’t actually pooled any budgets yet or really properly considered how to more effectively share information”*

Pathfinder Manager

accountable for delivering what was specified in the EHC plans, which again had not been true of the more SEN-focused Statement of SEN. However, the EHC panels and associated higher level commissioner/CCG sign-off had not yet been fully operationalised and therefore it was too early to comment on how these arrangements had worked.

Although collaborative working with health professionals was moving in the right direction, **it was widely acknowledged that more**

**needed to be done to achieve true collaborative working, and that this would take time and resource.** The main themes and remaining challenges associated with this are discussed in the next chapter.

## 4. What next and the remaining challenges

In moving forwards, local areas will be required to fully operationalise the strategic mechanisms that have been developed, and to scale-up and roll-out their new models of working across both children's and adult health services. This transition will be accompanied by a significant number of challenges, which are set out in the table below, along with suggestions of how these can be addressed.

**Table 2 What next, key challenges and potential solutions**

Challenge	Potential solutions
<b>Engagement of adult health commissioners and operational health professionals – to enable the comprehensive consideration of the transition from children's to adult health</b>	
<ul style="list-style-type: none"> <li>• Identification of the services and therefore individual(s) that should be engaged</li> <li>• Complexities associated with adult health – different terminology, language, eligibility thresholds and services available</li> </ul>	<ul style="list-style-type: none"> <li>• Use new links at local CCGs and on Health &amp; Wellbeing Boards to establish who relevant individuals are</li> <li>• Potentially work through engaged children's commissioner to broker discussion about the transition group</li> <li>• Use new links with adult health commissioner(s) and local CCGs to better understand the way in which adult health is structured to identify key operational managers to liaise with</li> </ul>
<b>Engagement of the wider workforce and workforce development - to bring about agency-wide cultural change</b>	
<ul style="list-style-type: none"> <li>• Identification of the groups of health professionals that should be engaged – which health professionals most commonly work with children and young people with SEN and disabilities?</li> <li>• Planning and resourcing wider engagement – which members of staff are best placed and have the capacity to take on this role?</li> <li>• Move from existing culture – the medical model - to outcomes-based and family-centred way of working</li> </ul>	<ul style="list-style-type: none"> <li>• Use of health professionals already engaged as 'health champions' to raise awareness of the SEN and disability reforms and the new process with wider health professionals</li> <li>• Ensuring SEN and disability reforms form part of the agenda</li> <li>• Re-development of job specifications to include new way of working</li> <li>• Embedding outcome-focused and person-centred training in mainstream health training for all professionals</li> </ul>
<b>Keeping CCGs engaged – to ensure retain strategic ownership</b>	
<ul style="list-style-type: none"> <li>• Challenging to retain in larger areas that have numerous CCGs to work with, each of which are at differing stages of development and therefore function differently</li> </ul>	<ul style="list-style-type: none"> <li>• Use of a senior 'health champion or conduit' – ideally a health commissioner or member of the commissioning support unit – to act as a 'translator' between CCGs and the LA</li> </ul>

Challenge	Potential solutions
<b>Information- sharing – to facilitate more effective collaborative working</b>	
<ul style="list-style-type: none"> <li>• Health staff unable to send confidential information via email to local authority staff in the absence of NHS-approved local authority email network</li> <li>• Long-term solution – shared IT system - likely to require significant capital to develop</li> </ul>	<ul style="list-style-type: none"> <li>• Development of model of informed consent (for the families) and information sharing protocols between health, SEN and social care</li> <li>• Upgrading of local authority IT infrastructure to comply with NHS secure email, to enable secure email between services</li> <li>• Development of shared IT system to enable the holding of 'live' EHC plans</li> </ul>
<b>Creation of Pooled Budgets and Personal Health Budgets</b>	
<ul style="list-style-type: none"> <li>• Conditionality associated with majority of health budgets does not easily allow pooling of budgets</li> <li>• Desire on the part of the budget holder to 'retain' control of the relevant budget</li> <li>• Apportioning contributions to a pooled budget from across the agencies and relevant services</li> </ul>	<ul style="list-style-type: none"> <li>• Identification of set of health budgets (and associated social care and SEN budgets) that could be pooled – i.e. those with the most flexibility, for example continuing health care and community equipment</li> <li>• Changing of commissioning of these services to enable pooling of budgets</li> <li>• Using an initial set of pooled budgets as a basis for a business case to illustrate value added both strategically and operationally – with a view to then including more challenging budgets</li> </ul>
<b>Ensuring sufficient capacity is built into the system - to enable health professionals to meet the requirements of the new EHC process</b>	
<ul style="list-style-type: none"> <li>• Current service level agreements and commissioning arrangements do not create sufficient capacity to deliver as required</li> <li>• Health service is under-going significant restructure, in a time of economic austerity, so generally less people to undertake increasing workload</li> </ul>	<ul style="list-style-type: none"> <li>• When appropriate, ensure commissioning arrangements are modified to accommodate the requirements of the new EHC process</li> <li>• Reformulate current job specification to ensure they include participation in the EHC assessment and planning process as a priority</li> </ul>
<b>Establishment of Designated Medical/Clinical Officer – to act as the lead clinical point of liaison for the EHC assessment and planning process</b>	
<ul style="list-style-type: none"> <li>• Senior level skill-set, including effective liaison outside of children's health required</li> <li>• Choice between either sticking with current DMO – a community paediatrician – or transitioning to a different health professional</li> </ul>	<ul style="list-style-type: none"> <li>• Review current arrangements and consider whether role needs to be changed</li> <li>• Ensure DMO role is made part of the relevant individual's job specification to ensure they have sufficient capacity to fulfil the requirements</li> </ul>

Source: SQW



## **Annex A: Glossary of terms**

CCG	Clinical Commissioning Group
DfE	Department for Education
EHC	Education, Health and Social Care
NHS	National Health Service
PB	Personal Budget
PHB	Personal Health Budget
SEN	Special Educational Needs



## **Annex B: Research methods**

Research was undertaken in four pathfinder areas, selected in discussion with the DfE, DH and Pathfinder Support Team. The basis for selection of the areas included: areas that had reported having strong health engagement in the September 2013 process-related monitoring submission (SQW monitoring data); a mix from across the regions; a mix of rural/urban and large/small areas; and at least one pathfinder champion. Three scoping consultations were also undertaken with the representatives from the Department of Health, the Council for Disabled Children and the Association of Directors of Children's Services to ensure the feasibility, deliverability and usefulness of the research outputs, and identify emerging practice.

Once the four areas had agreed to participate, a scoping consultation was held with the pathfinder lead in each area to discuss the research focus and objectives, gain an overview of expectations, the selected model(s) of engagement and to identify further contacts to participate in fieldwork.

### **Fieldwork**

Fieldwork was conducted between March and April 2014, and consisted of:

- Face-to-face or telephone interviews in each area with key individuals including the pathfinder lead/manager, strategic leads for health, social care and SEN, and operational health managers/providers
- Face-face interviews or group discussions with front-line health professionals that had been involved in delivering the new EHC planning process.

The interviews followed a semi-structured topic guide designed by the research team, covering the five broad research questions outlined in the introduction of the report. Participants were asked to set aside approximately one hour for the consultations, and all interviews were recorded.

### **Analysis and reporting**

The analysis took place in two stages. Firstly, each area 'case study' was written up in alignment with the five research questions. Secondly, the research team looked across the four write-ups to explore commonalities and differences in responses across areas and the themes covered by the research questions.

The report was drafted based on these findings, with an emphasis placed on developing a readable and pragmatic report, which drew on a range of experiences and would be useful to both those facilitating collaborative working with health to meet the requirements of the SEN and disability reforms.



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