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|  | | THE LAW / SY ICB SUPPORT / FAQ’S | |  | |
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|  | SEND & THE NHS ICB | | | |  | |
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| A picture containing text  Description automatically generated  WHAT IS THE ICB?  ICB stands for Integrated Care Board. These are NHS organisations responsible for planning health services for their local population. The Designated Clinical Officer for SEND and Sheffield SEND Team are employed by South Yorkshire ICB. |  |  | The Statutory function of the ICB in relation to SEND is to provide:   * oversight and assurance across all health services 0-25 delivering healthcare to children and young people with SEND * coordination and assurance of strategic health’s input into the EHC process and reporting of health’s position and audits to quality committees * strategic assurance to support commissioners’ contribution to development of the joint commissioning and local area SEND strategies * championing Co-Production as a way of working within and across health | NHS Sheffield SEND Team (ICB)  The team are based in NHS South Yorkshire Integrated Care Board (ICB) – alongside NHS Commissioners and Strategic Leads, and the Children’s Continuing Care team. They provide:   * advice, support, assessment and professional oversight from a health perspective to facilitate access to education. * work in collaboration with colleagues across all health services within Sheffield to ensure that a child or young person’s health needs are appropriately assessed and accounted for when planning a holistic package of support. * provide consultation and support for partner agencies (including SENDSARS) and parent/carers/young people, who may require additional guidance in relation to the Children and Families Act specifically about health issues. * case co-ordination for EHCP processes for children and young people with exceptional complex healthcare needs.   The team accepts referrals from professionals where there has been attempts already to resolve health issues using a graduated approach and or existing service arrangements.  The Team aims to intervene early in order to avoid escalations relating to a child’s health needs. To do this they provide MDT access to specified drop-in sessions for areas of discussion that include:   * Specific health related advice - Referrals for tribunal - Health pathway complexity / blockages   Where this offer has not been accessed and where CYP pass through based panels such as primary inclusion panels, secondary inclusion panel, locality panels where professionals have exhausted all other advisory services the service will provide support to facilitate specialist health advice being made available. | | What is the Designated Clinical Officer for SEND?  The Designated Clinical Officer plays a key part in implementing the SEND reforms and in supporting joined up working between health services and local authorities. It is a non-statutory role, which means that different areas have taken different approaches to the role and function of the post. It is therefore important to understand what is expected of the Designated Clinical Officer in your area, as well as what the law says about NHS responsibilities under the SEND code of practice. |
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| **Health Assessment Team (SEND)** |  |  |  |

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|  | Frequently Asked Questions (FAQs) | | | | |
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| Doctor male with solid fill  **Can the NHS Sheffield SEND Team (ICB) check if a referral has been made, whether a child/young person is under the care of an NHS service?** | |  | The simple answer is no – NHS services do not use a single Electronic Health Record system.  Enquiries of this nature should go directly to the service. |  | **Key contacts**  Child Development and Neurodisability Service  [**scn-tr.neurodevelopmentalspa@nhs.net**](mailto:scn-tr.neurodevelopmentalspa@nhs.net)  Speech and Language Therapy  [**scn-tr.slt-sheffield@nhs.net**](mailto:scn-tr.slt-sheffield@nhs.net)  Occupational & Physiotherapy  [**scn-tr.pt-otryegateadmin@nhs.net**](mailto:scn-tr.pt-otryegateadmin@nhs.net)  CAMHS  [**camhsspa@nhs.net**](mailto:camhsspa@nhs.net) |
| **Open envelope with solid fill**  **Will the NHS Sheffield SEND Team provide outstanding health reports?** | |  | The responsibility sits with SENDSARS to collate all relevant advice and this should be carried out directly with the services. The NHS is an umbrella term for a number of different health organisations and services. Locally this consists of the Sheffield Children’s NHS Foundation Trust, Sheffield Health and Social Care NHS Trust, Sheffield Teaching Hospitals NHS Foundation Trust, NHS South Yorkshire Integrated Care Board (ICB), and Primary Care Sheffield - to name a few.  The Sheffield SEND Team act as a point of escalation where there are recurrent challenges or individual case issues with NHS services. This is so that clarity can be provided to the ICB who will then liaise with NHS providers within contract discussions, directly with service managers, or through training opportunities. | | |
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| **What health information can the NHS Sheffield SEND Team access?**  Computer with solid fill  The DCO and NHS Sheffield SEND Team have access to a shared electronic patient health record system known as SystmOne. This record system is used by some other health services in Sheffield, *but not all*. The majority of GP practices in Sheffield use SystmOne, however the majority of Sheffield Children’s hospital services use a different records system.  At the moment these differences present a barrier to the team being able to access all of a child’s health record. The ICB are taking steps to increase access to other relevant health record systems. Further updates will be provided as and when enhanced access to wider health records is achieved.  In the majority of cases, parent/carers will provide evidence of health need within the stage 1 request to assess. The simplest and speediest manner to access up to date health reports is for the Inclusion Officer / SENDSARS team to request this at initial contact. | | | | | |

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| How should NHS Sheffield SEND Team reports be used in EHCPs?  Checklist with solid fill  The NHS Sheffield SEND Team will only provide stage 2 reports if the healthcare needs of the child or young person are exceptional or highly complex. This means we only provide support for children and young people where they have complexity which derives from a collection of multiple health conditions. Commonly these children and young people will have 3 or more Consultants overseeing their care. The SEND Clinical Case Manager will make an informed decision about the eligibility of children and young people accessing this service through various routes that include:-  • Health and education panels where exceptionality has been identified,  • Case management process via SENDSARS  Children and young people who are accessing complex clinical case management support will be assessed to inform the content of sections C and G of the EHCP and clarify other health offers that may be required to be described in sections B and F. A small proportion of these children and young people will be eligible for additional funding to meet exceptional need where there are specific risks that could pose a barrier to a CYP accessing education. This can include provision that may be directed through Children’s Continuing Care or as exceptionality where Children’s Continuing Care deems the child or young person not eligible.  It is vital that the advice provided within the health advice bundle is referenced in section K and detailed within all sections relevant to the specific advice enclosed within the bundle (B,F, C and G). This is because health professionals can advise of provisions that significantly impact on a child or young person’s development and access to education.  The SEND Clinical Case Manager must have opportunity to review the draft EHCP to allow quality assurance practices and support the efficacy and accuracy of health content within the EHCP.  If a report references an Individual Healthcare Plan (IHP) this should also be referenced in sections C and G of the EHCP, with the full document referred to in section K and included as an addendum.  The final EHCP must be shared with the NHS Sheffield SEND Team and those providing health advice as per the SEND Code of Practice.  Where children and young people move from Sheffield Local Authority to another Local Authority and have previously or currently have involvement from the SEND Clinical Case Manager and/or where children and young people have content within section G, a formal notification is required into the NHS Sheffield SEND Team to enable us to discharge our duties as per the SEND Code of Practice. |

**A note on consent and information sharing practices**

The SEND Code of Practice states that *‘Information sharing is vital to support an effective assessment and planning process which fully identifies needs and outcomes and the education, health and care provision needed by the child or young person… Local authorities must discuss with the child and young person and their parents what information they are happy for the local authority to share with other agencies. A record should be made of what information can be shared and with whom.’* [SEND CoP 2018 9.32 & 9.34]

While consent is implied via the request for EHCP assessment, the Local Authority should be explicit with families about which health services they are going to work with, and provide a copy of the record of consent in order for NHS services to follow due process.

The NHS Sheffield SEND team adheres to the eight Caldicott Principles to ensure people's information is kept confidential and used appropriately.

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| **Can the DCO/NHS Sheffield SEND Team check and verify health reports?** | | | | | |
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| **Is the report from an NHS provider?**  Doctor female outline |  | NHS services have their own quality assurance processes, for key services (SLT, OT, PT) these feed into the overarching Sheffield SEND QA process. The Designated Clinical Officer provides regular training opportunities to health services to quality assure and optimise health advice that is provided as part of the statutory process. If there are broader concerns, this can be raised to the DCO for more targeted support for individuals or services, and may involve escalation to commissioner / contract discussion. |  |  | Payroll outline  Is the report from an independent provider?  The ICB do not have a responsibility to interrogate reports from independent providers. Reports should be considered as evidence for writing an EHCP by the Local authority. (Ref 9.14 SEND CoP)  *For independent provider reports commissioned by the ICB, see further information below.* | |
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| Family with boy outline  Has the independent health report been paid for by the parent? |  | Reports completed by therapists outside of the NHS must be recognised by Local Authorities when considering the additional support needed by a child in an EHCP. It is not the responsibility of the DCO or the ICB to review or quality assure these reports, nor can they pass comment on the provision as neither are they qualified in the specific discipline (for example OT, SLT, mental health practitioner), nor do they know the child/young person.  It is not the responsibility of the ICB to commission or fund provision based on recommendations from an independent report. |

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| Classroom outline  Has the independent health report been commissioned by the school? |  | Reports by therapists outside of the NHS must be recognised by Local Authorities when considering the additional support needed by a child in an EHCP.  It is not the responsibility of the DCO or the ICB to review or quality assure these reports, nor can they pass comment on the provision as neither are they qualified in the specific discipline (for example OT, SLT, mental health practitioner), nor do they know the child/young person.  If the school considers there is an unmet health need that requires assessment or review, they should refer to the applicable NHS service. | | | |
| Does the parent/carer or school expect the NHS to deliver the provision in the independent report?  The ICB cannot commission the provision detailed by independent assessment where a child is not already known to the NHS.  A child/young person is still entitled to free NHS care in addition to independent care that is commissioned by a parent/carer  An independent report cannot be used to direct the NHS to deliver a service according to their professional remit .  The SENDSARS team may want to seek the views of the NHS service. In order to do this, the child/young person has to be known to them so it’s important to ask the service directly if the young person has been referred, is on their waiting list or has been discharged.  The NHS service will also provide their report, which includes what the NHS service recommends and can deliver under their offer. The child would need to have been referred to the NHS service. It would not be possible to expedite their assessment in the NHS service for the purposes of responding to independent assessment recommendations.  A health professional should only provide a response to recommendations made within an independent report which is within the remit of their professional role and experience. It is not generally expected that a professional will write provision for a child that is unknown to them. This would be limited to e.g. where there is conflict on the recommendations between advices, or where it is based on knowledge of what exists within universal, targeted and specialist offer in Sheffield. | | |  |  | If the independent health provider is commissioned by the ICB  ICB are working with SCC finance / contracting to develop a list of approved independent providers which will be made available to the SENDSARS team.    If the report is from a provider on the approved list then the appropriate assurances are already in place, and cost agreed.  Funding is agreed through EHC panel followed by authorisation at Joint Resource Allocation Panel (JRAP). Invoices are required to be submitted by the provider through the ICB finance portal (SBS) as detailed in the letter confirming the commission provided directly to them.  For any changes to provision (for example, through annual review) will need to EHC panel and JRAP which must include renewed quotation and rationale for change.  If the provision changes for ICB-only commissions, the IO can notify the NHS Sheffield SEND Team for JRAP. The IO must provide a completed referral form, the latest independent report and previous assessment for evidence and comparison.  The referral form must clarify what has changed. For example “therapy hours have increased from 8 hours per year to 12 hours due to surgery.” |
| Inbox Check outline  Parent/carers have an independent diagnosis of Autism / ADHD. Can we use this? |  | There is no basis in law for a Local Authority to reject a professional diagnostic report simply because it was privately obtained. Not doing so may be grounds for appeal / Tribunal.  Section 9.14 of the SEND Code of Practice states that “the local authority will need to take into account a wide range of evidence, and should pay particular attention to….. evidence of the child or young person’s physical, emotional and social development and health needs, drawing on relevant evidence from clinicians and other health professionals and what has been done to meet these by other agencies.”  SENDSARS are required to include any diagnostic assessments within the EHCP, but we would advise to include how it was obtained (e.g. In February 2024, Matthew received a diagnosis of Autism from Autism Assessment Private Services Ltd”)  Parents are seeking alternative routes to diagnosis due to the increased demand for neurodevelopmental assessment on the NHS service. This is legal and within their rights. The ICB is in the process of drafting a leaflet for parent / carers on what to look for what seeking a diagnosis in the independent market, and their options in NHS choice framework. | | | |

Useful links and resources

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| **What is it about** | **What does it say** | **Reference** |
| NHS Paying for Private care | To help protect the essential principles of the NHS, the following specific safeguards should also be applied when making decisions:  • As with any other patient who changes between NHS and private status, patients who pay for private care in these circumstances should not be put at any advantage or disadvantage in relation to the NHS care they receive. They are entitled to NHS services on exactly the same basis of clinical need as any other patient.  • The patient should bear the full costs of any private services. NHS resources should never be used to subsidise the use of private care.  • The arrangements put in place to deliver additional private care should be designed to ensure as clear a separation as possible of funding, legal status, liability and accountability between NHS care and any private care that a patient receives. | **Under the “**Department of Health Guidance on NHS patients who wish to pay for additional private care. Gateway reference 11512. 23rd March 2009. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fgovernment%2Fuploads%2Fsystem&data=05%7C02%7Csyicb-sheffield.dco%40nhs.net%7Cc0fdaf0c335847a0493008dc692c3a50%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638500887383341289%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=ZtjRAwJFbur81h%2B4%2BFYyNYlRc9jDmiZUIRjgBpJXqvI%3D&reserved=0)” |
| Individual Funding Requests | Requests for treatment within the private sector will only be considered where there is evidence that all NHS provision has been fully explored and exhausted. | <https://www.sheffieldccg.nhs.uk/Downloads/IFR%20Policy%20Update%20March%202020%20FINAL.pdf> |

Date of Issue:

To be reviewed annually