

Standard Operating Procedure 3 (SOP 3)

CAMHS SEN Process

Why we have a procedure?

This Standard Operating Procedure has been developed for use by Sandwell CAMHS to provide clarity regarding their contribution to SEN process in relation to Education, Health Care Plans (EHP).

AN EHC Plan is the document which replaces Statements of SEN and Learning Difficulties Assessments for children and young people with special educational needs.

As well as the special educational needs and special educational provision of the child/young person, the draft EHC plan should also detail:

- Health care provision that has been assessed as reasonably as required:
- Social care provision which is being made for the child/young person under the Chronically Sick and Disabled Persons Act 1970 and any other social care provision that has been assessed as reasonably required

The local health care provider will have the legal duty to “arrange” the health care provision specified in the EHC Plan, that is, to ensure that the provision is delivered.

CAMHS/CAFS Clinicians and Medical Staff have an important role in supporting the delivery of the Healthy Child Programme (HCP); (Department of Health (DH) 2009). The EHP Plan supports all children and young people having equal rights to full care based on their needs and wishes, rather than any appropriate or poorly informed judgements about quality of life. The core principles of the EHP being that regard is given to:

- the views, wishes and feelings of children and their parents, or the young person
- the importance of the child and their parents, or the young person, participating as fully as possible in decisions;
- the importance of child and their parents, or the young person, being provided with the information and support they need in order to participate in decision making;
- the need to support parents, children and young people so that children and young people achieve the best possible educational and other outcomes

What overarching policy the procedure links to?

Child and Adolescent Mental Health Service (Sandwell) Operational Policy
Children and Families Act 2014
SEND Code of Practice: 0 to 25 years

Which services of the trust does this apply to? **Where** is it in operation?

Group	Inpatients	Community	Locations
Mental Health Services	x	x	
Learning Disabilities Services	x	x	
Children and Young People Services	x	✓	CAMHS

Who does the procedure apply to?

This procedure applies to all children requiring an ECHP. It applies to staff within Local Authority and at Sandwell CAMHS

When should the procedure be applied?

This procedure should be applied as soon as notification is given by the Local Authority SEN Team alerting CAMHS staff to children and young people requiring an ECHP.

This should be in a locally agreed and recognised format, within an ethical timeframe and should take into account statutory guidance.

How to carry out this procedure

An Education, Health Care Plan (EHCP) is a tool designed to make communication easier in the event of a healthcare Education, for children with complex healthcare needs and/or life limiting conditions.

CAMH Services need to contribute to any ECHP's required for children and young people with special educational needs.

The child or young person's health care needs which relate to their SEN

- The ECH Plan **must** specify any health needs identified through the EHC needs assessment which relate to the child or young person's SEN. Some health care needs, such as routine dental needs, are unlikely to be related
- The Clinical Commissioning Group (CCG) may also choose to specify other health care needs which are not related to the child or young person's SEN (e.g. a long term condition which might need management in a special setting)

An individual ECHP needs to:

- Be drawn up after open and sensitive discussion between child, parents or carers and lead health professional (for example a Consultant Paediatrician)
- Take into account the views of the multidisciplinary team who know the child best, including the General Practitioner
- Keep the child's best interests paramount at all times
- Be brief so that information can be communicated quickly in an Education,
- Use simple language, free from jargon and abbreviations, so that it can be understood by those without medical training
- Show clearly what action should be taken so that this can be understood immediately in a crisis situation
- Be signed in ink by the Lead Clinician

There should only be one version of a child's ECHP. The ECHP should be reviewed regularly as the child's condition changes, and at least on an annual basis. The ECHP should be dated appropriately when updated.

The Education, Health Care Plan is split into 12 sections and includes:

Section A: The views, interests and aspirations of the child and their parents, or young person. Regulation 12(1) (a) – Special Educational Needs and Disability Regulations 2014

- A summary of the child or young person's history
- Details about the child or young person's aspirations for the future, including aspirations relating to paid employment, independent living, and community participation
- A summary of how to communicate with the child or young person and how to engage them in decision making
- If written in the first person, the plan should make clear whether the child or young person is being quoted directly, or if the views of parents or professionals are being represented

Section B: The child or young person's special educational needs (SEN). Regulation 12(1) (a) – Special Educational Needs and Disability Regulations 2014

- All of the child or young person's identified special educational needs **must** be specified
- Advice and information requested by the local authority must be provided within six weeks of the request

Section C: The child or young person's health needs which relate to their SEN. Regulation 12(1) (c) – Special Educational Needs and Disability Regulations 2014

- The EHC Plan must specify any health needs identified through the EHC needs assessment that relate to the learning difficulty or disability that results in a child or young person having SEN
- The plan can also specify any other health care needs that are not related to the child or young person's SEN (e.g. a long term condition)
- Relevant local clinicians, such as a community paediatrician, will participate in the development of the child or young person's EHC plan, advising on the child's needs and the provision to meet them
- CCGs must ensure that commissioned services are mobilised to participate in the development of EHC plans
- Advice and information requested by the local authority must be provided within six weeks of the request. This includes requests for advice and information from CCGs and NHS England. The only exceptions to this are if there are exceptional circumstances affecting the child, their parents or the young person

Section D: The child or young person's special care needs which relate to their SEN or to a disability. Regulation 12(1) (d) – Special Educational Needs and Disability Regulations 2014

- The local authority must gather advice from relevant professionals about the child or young person's care needs and care provision that may be required to meet identified needs and achieve desired outcomes

- The local authority may also choose to specify other social care needs which are not linked to the child or young person's SEN or to a disability
- Advice and information requested by the local authority must be provided within six weeks of the request

Section E: The outcomes sought for the child or the young person. Regulation 12(1) € - Special Educational Needs and the Disability Regulations 2014

- Benefit of difference made to an individual as a result of an intervention. Outcomes are not a description of service being provided
- Outcomes will usually set out what needs to be achieved by the end of a phase or stage of education
- Outcomes should be specific, measurable, achievable, realistic and time bound (SMART)
- The EHC plan should also specify the arrangements for setting shorter term targets at the level of the school or other institution where the child or young person is placed. Professionals should, wherever possible, append these shorter term plans and targets to the EHC plan
- When an EHC plan is ceased for a young person aged over 18, regard must be taken of whether the education and training outcomes have been achieved. Therefore for young people aged over 17, the EHC Plan should identify clearly which outcomes are education and training outcomes

Section F: The special educational provision required by the child or young person. Regulation 12(1) (f) – Special Educational Needs and Disability Regulations 2014

- Provision must be detailed and specific and should normally be quantified, for example, in terms of the type, hours and frequency of support and level of expertise
- This sections must specify all the special educational provision that the LA considers appropriate to meet each and every need identified in Section B (special educational needs)
- There should be a clear link between the special educational provision and the outcome is intended to support
- It should be clear how advice and information gathered has informed the provision specified. Where the local authority has departed from that advice, they should say so and give reasons for it
- Health or social care provision which educates or trains a child or young person must be treated as special educational provision and included in Section F of the EHC plan
- As communication is so central to education, speech and language therapy must normally be recorded as educational provision unless there are exceptional reasons for not doing so

Section G: Any health care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN. Regulation 12(1) (g) – Special Educational Needs and Disability Regulations 2014

- Provision should be detailed and specific and should normally be quantified, for example, in terms of the type, hours and frequency of support and level of expertise
- There should be a clear link between the health care provision and the outcome it is intended to support

- It should be clear as to how advice and information gathered has informed the provision specified
- Health care provision reasonably required may include specialist support and therapies, such as: medical treatments and delivery of medications, occupational therapy and physiotherapy, a range of nursing support, specialist equipment, wheelchairs and continence supplies. It could include highly specialist services needed by only a small number of children which are commissioned centrally by NHS England
- The local authority and CCG may also choose to specify other health care provision reasonably required by the child or young person, which is not linked to their learning difficulties or disabilities, but which should sensibly be co-ordinated with other services in the plan
- The health care provision specified in section G of the EHC Plan must be agreed in time to be included in the draft EHC Plan sent to the child's parent or to the young person
- CCGs will need therefore to satisfy themselves that the arrangements they have in place for participating in the development of EHC plans include a mechanism for agreeing the health provision, which would usually be delegated to the relevant health professionals commissioned by the CCG. CCGs may however wish to have formal oversight arrangements of all EHC Plans to which they are a party

Section H1: Any social care provision which must be made for a child or young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA). Regulation 12(1) (h) (i) – Special Educational Needs and Disability Regulations 2014

- Section H1 of the EHC Plan must specify all services assessed as being needed for a disabled child or young person under 18, under section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA)
- Provision should be detailed and specific and should normally be quantified, for example, in terms of the type, hours and frequency of support and level of expertise
- It should be clear how the provision will support the achievement of the outcomes
- It should be clear as to how advice and information gathered has informed the provision specified

Section H2: Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN. Regulation 12(1) (h) (ii) – Special Educational Needs and Disability Regulations 2014

- Social care provision reasonably required may include provision identified though early help and children in need assessments and safeguarding assessments for children
- Section H2 **must** only include services which are not under section 2 of the CSDPA. For children and young people under 18 this includes residential short breaks and services provided to children arising from their SEN but unrelated to a disability

Section I: Placement. Regulation 12(1) (i) – Special Educational Needs and Disability Regulations 2014

- The name and type of the school, maintained nursery, post-16 institution or other institution to be attended by the child or young person and they type of that institution
- These details must be included only in the final EHC plan, not the draft EHC Plan sent to the child's parent or to the young person

Section J; Personal budget (including arrangements for direct payments). Regulation 12(1) (j) – Special Educational Needs and Disability Regulations 2014

- This section should provide detailed information on any personal budget that will be used to secure provision in the EHC Plan
- It should set out the arrangements in relation to direct payments as required by education, health and social care regulations
- The special educational needs and outcomes that are to be met by any direct payment must be specified
- Where a direct payment is proposed for special educational provision, local authorities must ensure the agreement of the early years setting, school or college, if any of the provision is to be delivered on that institutions premises

Section K: Advice and information. Regulation 12(4) – Special Educational Needs and Disability Regulations 2014

- The advice and information gathered during the EHC needs assessment must be set out in appendices to the EHC Plan. There should be a list of this advice and information

The local process for Sandwell CAMHS is as follows:

The Sandwell Local Authority SEN Team will contact Sandwell CAMHS via the secure Point of Access Service inbox (**CYP_MentalWellbeing@Sandwell.gcsx.gov.uk**) to notify them of any children requiring an ECHP. This notification may include names of children and young people known to Sandwell CAMHS and some children and young people who are not.

The secure inbox is monitored for a minimum of three times a day by administrative staff based at Sandwell CAMHS.

Once a notification has been received from the Local Authority, Sandwell CAMHS administrative staff will check the child/young person's details on the Patient Administration System (currently Oasis). The purpose of this is to see which clinician or medic is involved in the care of the child or young person. If the child or young person is not known to the service, administrative staff will contact the original sender of the notification to inform them that CAMHS cannot contribute to the ECHP.

Where the child or young person is known to the service, the administrative staff will complete the SEND Tracker (saved on the service shared drive) and will contact the CAMHS clinician or medic to inform them of the need to complete an ECHP. Administrative staff will put a reminder in the clinician's electronic diary to remind them to complete the ECHP.

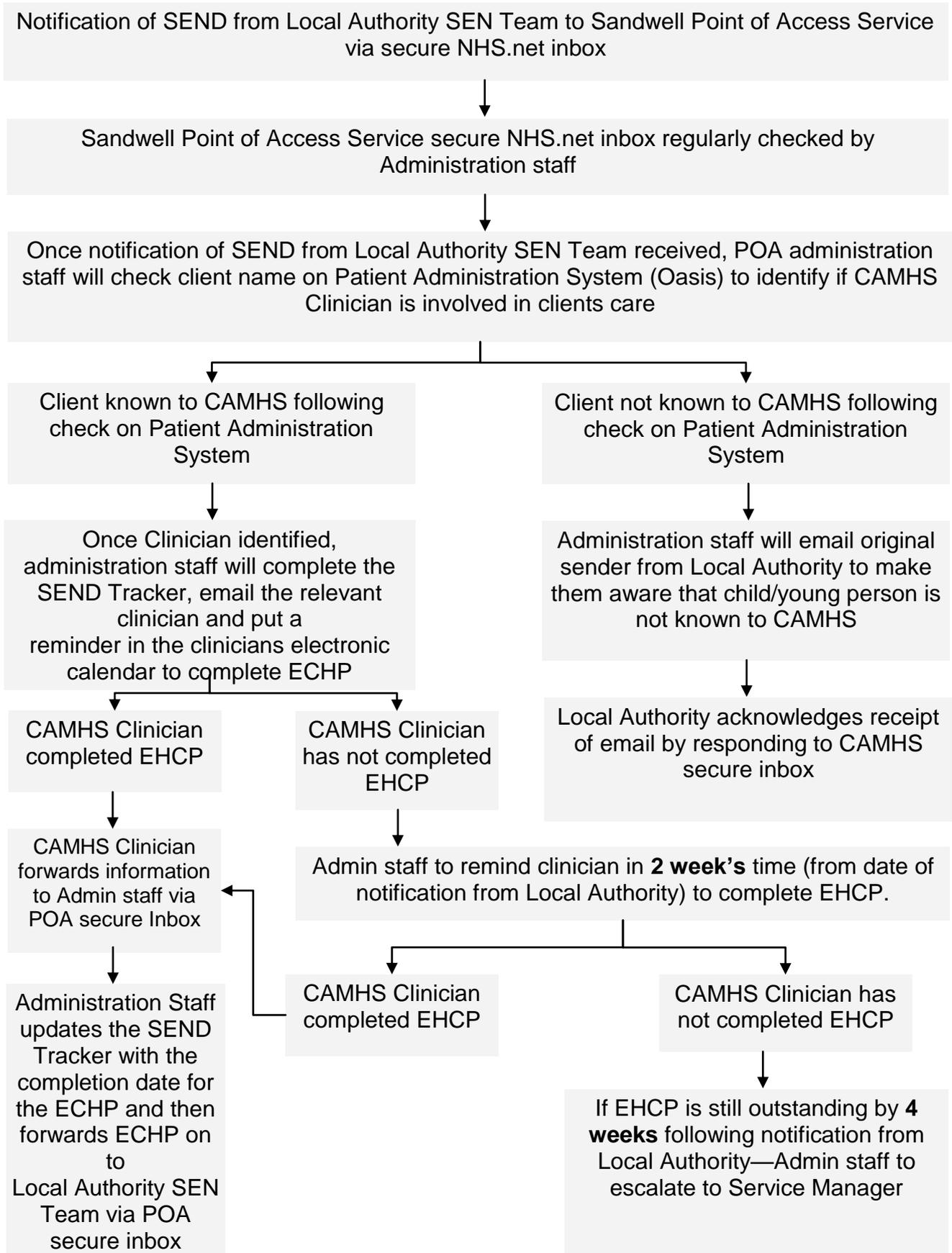
If the ECHP has not been completed within two weeks of the email notification from the Local Authority, administration staff will remind the relevant CAMHS clinician or medic again to complete the ECHP. Where this is still not completed by 4 weeks following the date of notification, administrative staff will escalate the situation to the Service Manager.

Once the ECHP has been completed by the relevant clinician or medic, they will forward the plan to the administrative staff. They will then in turn send the information on to the Local Authority SEN Team via the POA secure inbox.

Deadlines must be adhered to following notification from the Local Authority of an ECHP requirement.

The below flowchart has been created as a visual prompt for the localised process for Sandwell CAMHS.

Sandwell CAMHS SEND Process Map



SEN Process Map.pub V2.0 CN/DM

Where do I go for further advice or information?

Service Manager
Line Manager

Training

Staff may receive training in relation to this procedure, where it is identified in their appraisal as part of the specific development needs for their role and responsibilities. Please refer to the Trust's Mandatory & Risk Management Training Needs Analysis for further details on training requirements, target audiences and update frequencies

Monitoring / Review of this Procedure

In the event of planned change in the process(es) described within this document or an incident involving the described process(es) within the review cycle, this SOP will be reviewed and revised as necessary to maintain its accuracy and effectiveness.

Equality Impact Assessment

Please refer to overarching policy

Data Protection Act and Freedom of Information Act

Please refer to overarching policy

Standard Operating Procedure Details – to be completed by Corporate Governance

Unique Identifier for this SOP is	BCPFT-CYPF-SOP-OP-03
State if SOP is New or Revised	New
Policy Category	Children's - Specialist Mental Health - CAMHS
Executive Director whose portfolio this SOP comes under	Executive Director of Nursing, AHPs, Quality and Psychology
Policy Lead/Author Job titles only	Service Manager for Sandwell CAMHS & Project Support Officer for Specialist Mental Health Services
Committee/Group Responsible for Approval of this SOP	CYPF Quality and Safety Steering Group
Month/year consultation process completed	March 2019
Month/year SOP was approved	May 2019
Next review due	March 2022
Disclosure Status	'B' can be disclosed to patients and the public

Review and Amendment History - to be completed by Corporate Governance

Version	Date	Description of Change
1.0	Mar 2019	New SOP for BCPFT