



Joint Agreement between Education, Health and Care in supporting children and young people with SEND - duty to co-operate and assist

1. Introduction

Purpose of an agreement

- 1.1 Trust plays an important part in relationships between organisations. But even where there is trust, a written agreement can:
- Help avoid misunderstandings
 - Provide a common reference point
 - Provide a useful to guide collaboration on a daily basis as well as when confusion arises
 - Be crucial to maintaining understanding and expectations where staff changes occur
- 1.2 It is general good practice to define roles, responsibilities and boundaries that separate joint work from ongoing operations of each partner so that everyone is clear.

Context

- 1.3 The Children and Families Act 2014 requires local authorities (LAs) to co-operate with each of its local partners, and each local partner to co-operate with the authority, in the exercise of functions under Part Three of the Act. Partners include schools and Governing Bodies, Youth Offending teams, NHS and Clinical Commissioning Groups (now Integrated Care Boards / Systems). It also requires LAs to make arrangements for ensuring co-operation between LA officers responsible for functions relating to education, officers responsible for social services functions for children or young people with SEND and any other officers of the LA who can assist with provision to help prepare children and young people for adulthood and independent living.
- 1.4 The Children and Families Act 2014 also requires LAs and CCGs (now ICBs) to have joint commissioning arrangements for education, health and care provision for children and young people with special educational needs and disabilities (SEND) aged 0 to 25. This includes joint commissioning of services at a strategic level and joint commissioning of arrangements for individual children with SEN and disabilities through the Education, Health and Care assessment and planning process.
- 1.5 This document has been drawn up by Islington Council, North Central London ICB, Whittington Health and our SEND Co-Production Group of parent representatives. It covers joint arrangements for individual children and young people with SEND. Strategic joint commissioning arrangements for the local population of children and young people with SEND are covered by a separate Joint Commissioning Strategy and plan.

Principles underpinning the SEND Code of Practice

- 1.6 The Children and Families Act 2014 requires the Secretary of State to provide statutory guidance to all partners involved in identifying and providing for children and young people with SEND in the form of a SEND Code of Practice. The Code of Practice gives guidance to professionals in their work with children and young people who have SEN or disabilities and supports them in:

- Considering the views of children, young people, and families
- Enabling children, young people, and parents to participate in decision-making
- Collaborating with partners in education, health, and social care to provide support
- Identifying children and young people's needs
- Making high quality provision to meet the needs of children and young people
- Focusing on inclusive practice and removing barriers to learning
- Helping children and young people to prepare for adulthood

Safeguarding

- 1.7 Protecting children and young people from harm is the responsibility of all agencies. Section 11 of the Children Act 2004 places a statutory duty on a range of organisations, including both children's and adult services who meet with children, their parents and family members, to make arrangements to ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children.
- 1.8 All services working with families, including those working with adult family members, must ensure that the Local Safeguarding Children and Adults Board's safeguarding procedures are followed at all times.

Preparing for adulthood from the earliest years

- 1.9 Everyone working with children and young people with SEND should support them to prepare for adult life from the earliest years. As children develop and increasingly form their own views, they should be involved more closely in decision making about their future. LAs, education providers and health partners should therefore work together to help children and young people to realize their ambitions in relation to:
- Higher education or employment
 - Independent living
 - Participating in society
 - Being as healthy as possible in adult life

What is working together?

- 1.10 Chapter 3 of the SEND Code of Practice - "Working Together Across Education, Health And Care For Joint Outcomes". explains the duties local authorities and partners to develop joint arrangements for improving outcomes for children and young people with SEND. The idea behind this is that those in education, health and care must work together for the good of children and young people with SEND. This is how the duty to 'co-operate and assist' will be delivered in practice.
- 1.11 But the whole ethos behind the SEND framework is that a child or young person with SEND (and their family) is always put at the heart of the process when decisions are being made about what future support should be made for them and how that support is to be delivered.
- 1.12 So "working together" also means working with parents of children with SEN and disabilities or the young people themselves.
- 1.13 As a partnership, we recognise working is together essential to ensure children have their needs identified, assessed and met throughout their childhood. Building good professional connections reduces working in isolation and will ensure a holistic view of children and families. This in turn will support high aspirations for children and better outcomes.

Statement of Commitment

1.15 Partners to this agreement therefore recognise that:

- Effective planning of services requires agencies and professionals to work in partnership with each other and with service users at a strategic level to ensure services are comprehensive, complimentary and co-ordinated
- Effective service provision depends upon proficient information-sharing; continued collaboration; understanding and mutual respect between agencies and professionals
- Constructive relationships between individual practitioners need to be supported by a strong lead from elected members and the commitment of, and leadership from, chief officers and senior managers of partner organisations
- Individual practitioners need to be facilitated in meeting their responsibilities under this agreement through the provision of appropriate training and high-quality management support.

Essentials for working together – co-operate and assist

C	ommitment	All partners commit to working together with other professionals and agencies and ensure parents are aware that this is our professional responsibility
O	penness	Use evidence - based approaches when assessing and discussing children’s needs and progress
O	ppportunity	Ensure policies and procedures are understood by all and clearly outline roles and responsibilities
P	ersistence	We will continually work to build and maintain positive professional relationships
E	vidence-based	Ensure all staff are aware of the Local Offer and are confident to signpost parents to services as appropriate
R	ecord	Keep records of discussions with other professional and agencies
A	wareness	Ensure parents understand why detailed assessments or observations are required
T	ogether	Involve parents and children as much as possible by keeping the child’s needs at the centre
E	very child matters	Always follow safeguarding guidelines, including when gaining permissions from parents for information sharing

And it’s all about relationships....

1.16 ‘Relationships are the foundations of our existence, and no matter what your mission in life is, we should focus on creating and sustaining relationships because relationships improve all aspects of our lives -- spiritually, physically, emotionally, and mentally. The more you put in, the more you get out. As a result, when we invest in healthy relationships, we expand and evolve. Nevertheless, when we neglect our relationships, we will not thrive and nor will we prosper’

Colette Gee

1.17 Partners agree to actively implement the protocol within their agency by:

- Promoting ownership of it at all levels
- Ensuring dissemination to all staff
- Monitoring implementation and compliance

Endorsement

1.18 The partners on the following Boards endorse the principles and practice laid out in the agreement and fully support its implementation:

- Children's Services Management Team
- SEND and AP Partnership Board
- Children's Partnership Board

2. Roles and responsibilities

Education

- 2.1 All mainstream schools, early years providers and colleges have a duty to use their best endeavours to provide support to children and young people with SEND, whether or not they have an EHC plan. Schools must designate a teacher to be responsible for co-ordinating SEN provision (the SEN coordinator or SENCO) and must inform parents when they are making special educational provision for a child.
- 2.2 Mainstream schools must ensure that children and young people with SEND can take part in the activities of the school alongside those who do not have SEND, and maintained schools and academies must make arrangements to support those who have medical conditions. They must make reasonable adjustments, including the provision of auxiliary aids, specialist equipment, environmental adaptations and services for disabled children, to prevent them being put at a substantial disadvantage.
- 2.3 Maintained schools and academies must prepare and publish a SEND information report.
- 2.4 Maintained schools and Pupil Referral Units (PRUs) must ensure that pupils from Year 8 until Year 13 are provided with independent careers guidance. Academies are subject to this duty through their funding agreements. There should be a member of the school's governing body with specific oversight of the school's arrangements for SEND.

Health

- 2.5 Clinicians and therapists provide health services for children and young people with SEND from early identification, throughout their school and college years and into the transition to adulthood. Much of the health care for children and young people will be delivered through universal public health services with a focus on prevention and early identification. There will be times when adaptations are required for some pupils in mainstream settings and targeted delivery may be required for CYP with additional needs and those with EHC plans. Some children may also need the support of CAMHS and the schools should ensure that arrangements are in place for the CYP to access this service.
- 2.7 ICBs (formerly CCGs) must:
 - Commission services jointly for children and young people (up to age 25) with SEND, including those with Education Health and Care (EHC) plans
 - Work with the LA to contribute to the Local Offer of services available
 - Have mechanisms in place to ensure practitioners and clinicians support the integrated EHC needs assessment process, and
 - Consider Personal Health Budgets where they are provided for those with continuing health care needs and an EHC plans

Children's Social Care

- 2.8 Where a child or young person has been assessed as having social care needs in relation to their SEND social care teams:
 - Must secure social care provision under the Chronically Sick and Disabled Persons Act (CSDPA) 1970 which has been assessed as being necessary to support a child or young person's SEND and which is specified in their EHC plan
 - Must contribute to reviews of children and young people with EHC plans where there are social care needs

- Should make sure that for looked after children and care leavers the arrangements for assessing and meeting their needs across education, health and social care are coordinated effectively within the process of care and pathway planning, and that there is liaison with the Virtual School Head for looked after children

Adult Social Care

- 2.9 Young people with SEND turning 18 may become eligible for adult social care services, regardless of whether they have an EHC plan or whether they have been receiving services from children's social care.
- 2.10 For those already receiving support from children's services, LAs must continue to provide children's services until adult provision has started or a decision is made that the young person's needs do not meet the eligibility criteria for adult care and support following an assessment. Children's services must not be discontinued simply because a young person has reached their 18th birthday.

Supporting carers

- 2.11 LAs should consider ways of supporting carers. This can include any services assessed under an early help assessment and/or under Section 17 or Section 47 of the Children Act 1989 or eligible needs identified by assessments under adult care provisions. Parent carers of disabled children often have significant needs for support to enable them to care for their children effectively and have a right to an assessment of their needs from the LA. Social care services play an important role in helping to meet those needs. Relevant services may include short breaks. The Local Offer must provide details of groups who can support parent carers of disabled children and how to contact them

3. Education Health and Care needs assessments and preparation of Education, Health and Care Plans

Identification and referral to the Local Authority of children with SEND

3.1 ICBs (formerly CCGs).and NHS Trusts must inform a school / education setting or the LA if they identify a child as having or probably having SEND:

- In the case of children whose needs may be met by the Local Offer, notification should be made by the relevant health professional to the school or setting
- The LA should be informed about children who may have severe and complex needs which are likely to be long term, and who may require services above those normally available through the Local Offer. In these cases, it is normally the DMO / DCO who will make the notification to the LA SEND Operations Manager
- The relevant Health professional will obtain parental consent prior to making any notification.

Children with SEND whose needs can be met at SEN Support through the Local Offer

3.2 The majority of children with SEND will have their needs met through the local offer, including local mainstream schools, without the need for an Education, Health and Care (EHC) Plan. Schools and Colleges have resources allocated to them to meet the needs of children and young people with SEND. Only children with the most persistent and complex needs, who fail to make acceptable progress in spite of having access to the range of support which is routinely available to all children with SEND through the Local Offer, will need an EHC Assessment / Plan.

3.3 In meeting the needs of all children with SEND, with or without an EHC Plan, schools may need advice in respect of the child's health and social care needs. In the first instance, guidance should be sought through the Local Offer which includes a range of resources and toolkits.

3.4 If specific advice from a health professional is needed, schools can either make referrals, with parental consent, or parents can make direct referrals to health services.

3.5 Where a child's needs are being met at SEN Support, health professionals who are involved with the child will support the school or educational setting through advice, which may include guidance and support in developing a Health Plan for children with more complex health needs.

Provision of information and advice to families, including contribution to the Local Offer

3.6 Services available to children and young people with SEND aged 0 to 25 years are known collectively as the Local Offer, and it includes services provided by Education, Social Care, Health and the voluntary and independent sectors.

LAs have a duty to make all of this information available to parents and young people in one place. This must include a Local Offer website, although the information can also be made available in other ways. The content of the Local Offer website is prescribed by regulations and must include information on how services can be accessed, referral processes and eligibility criteria, as well as a description of services.

3.7

- 3.8 While the LA has lead responsibility for developing and maintaining the Local Offer, it is reliant on Health Commissioners and the Provider Trust to provide and keep up to date relevant Health information.
- 3.9 NCL ICB and Whittington Health will provide any information which is reasonably required by the LA for the purpose of maintaining a Local Offer. Whittington Health will provide a named contact person with whom the LA can liaise in respect of Health information for the Local Offer. This named person will liaise with departments within Whittington Health as necessary and will also promote the Local Offer with staff within Whittington Health both as a resource for professionals and as a resource to which parents of children with SEND can be signposted.
- 3.10 Each LA has must have an 'arm's length' SEND Information, Advice and Support Service to provide independent advice and support to parents of children with SEND and to the young people themselves. This advice and information must cover education, health and social care issues. In Islington, the SEND Community Support Service is jointly commissioned by the LA and health to provide SEND information, advice and support. The SEND Community Support Service may also refer parents to Patient Advisory Liaison Services (PALS) or seek advice from PALS on their behalf. Whittington Health will cooperate with the LA and the SEND Community Support Service to provide information as required.

Contributing to Education, Health and Care (EHC) Assessments

- 3.11 Most children and young people with SEND will have their needs met by their mainstream school or college. Some may require an EHC needs assessment in order for the LA to decide whether it is necessary for it to make provision through an EHC plan.
- 3.12 The purpose of an EHC plan is to make special educational provision for the child or young person, to secure the best possible outcomes for them across education, health and social care and as they get older help prepare them for adult life.
- 3.13 Where a LA decides to carry out an EHC needs assessment it must gather advice from relevant professionals about the child or young person's education, health and care needs, desired outcomes and provision that may be required to meet identified needs and achieve desired outcomes.
- 3.14 CCGs must co-operate with LAs in relation to EHC needs assessments and plans and health commissioners must secure the health care provision specified in EHC plans. LAs are responsible for ensuring that there is effective co-ordination of the needs assessment and development process for an EHC plan.

Initiation of an EHC Assessment

- 3.15 A school / educational setting or a parent/carer can make a formal request to the LA to conduct a statutory EHC needs assessment. A young person above statutory school age can also make a request. When the LA receives a request, it will consider the evidence to decide whether an EHC Assessment is necessary. Locally, the LA consults Health partners through the Education, Health and Care Management Board (EHCMB) structure (see EHCMB below) as part of its decision-making process. Parents (or the young person) have a right of appeal to the SEND Tribunal if they are unhappy with a decision not to assess.

3.16 Other professionals, including Health professionals, cannot make a formal request for a statutory EHC Assessment, but they can draw a child or young person to the attention of the LA. Any such notifications will be investigated by the LA but if an assessment is not started, parents have no right of appeal to the SEND Tribunal in these circumstances.

Reports for EHC Assessments and timescales

3.17 The SEND Code of Practice is clear that:

- The whole process of EHC Needs Assessment and EHC Plan development, from the point when an assessment is requested (or a child/young person is brought to the Local Authority's attention) until the final Education, Health and Care Plan is issued, **must** take no more than 20 weeks
- Local Authorities (LAs) **must** give their decision in response to any request for an Education, Health and Care Needs Assessment within a maximum of six weeks from when the request was received or the point at which the child/young person was brought to the LA's attention
- When LAs request information as part of the needs assessment process, those supplying the information **must** respond in a timely manner and within a maximum of six weeks from the date of the request.

3.18 When a LA decides to start a statutory EHC Assessment, it may need advice from the following health professionals: Paediatrician, GP, Consultant, Health Visitor, Community Nurse, Speech and Language Therapist, Physiotherapist, Occupational Therapist, Child and Adolescent Mental Health Service (CAMHS), Community Mental Health Service and children's social care. (This list is not exhaustive).

3.19 The LA will provide written notice of the need for a report, and will also forward a copy of any written advice received from the parent / young person. The CCG and Whittington Health will ensure that reports are provided by the relevant health professional within **six weeks** of request.

3.20 Where this timescale is not met, the SEND Operation Manager will immediately escalate to the Designated Clinical Officer (DCO) for urgent investigation and remedy.

3.21 Children's and Adults Social Care will also identify a Designated Officer to whom the SEND Operation Manager will immediately escalate any failure to meet the statutory timescale for providing advice for urgent investigation and remedy.

3.22 Reports do not need to be written in a specific format (although a template is made available for professionals to use if they wish). Reports should be written in a way that they can be readily understood by parents and other professionals, and should lend themselves to incorporation within an EHC Plan by detailing the child's strengths, difficulties, their aspirations, the outcomes they need to achieve and the provision required to meet those outcomes.

3.23 As far as is reasonably practical, the health professional producing the report should liaise with other professionals involved in the EHC assessment, to ensure that those involved in assessing the child are working effectively together and to avoid duplication in assessments. In some circumstances it may be appropriate to do joint assessments / visits with other professionals.

3.24 All information about children and young people will be shared subject to the appropriate consents from parents and young people and in line with the Education, Health and Care Information Sharing Agreement. Where there is a dispute with parents regarding health or

CAMHS information being submitted, which cannot be resolved, the information will be submitted and parents may wish to consider the advice within the context of the completed EHCP, if a parent is not satisfied with the provision from health they can complain through Whittington Health's PALS.

- 3.25 EHC needs assessments should be combined with social care assessments under Section 17 of the Children Act 1989 where appropriate. For all children who have social care plans the social worker should co-ordinate any outward facing plan with other professionals. Where there are specific child protection concerns resulting in action under Section 47 of the Children Act, careful consideration should be given to how closely the assessment processes across education, health and care can be integrated, in order to ensure that the needs of vulnerable children are put first.

Attendance at EHC planning meetings

- 3.26 An EHC Assessment will usually include a person centred EHC planning meeting involving the young person, parents / carers, the school or college and other professionals involved with the young person. Parents / the young person will be asked who they would like to attend that meeting. This meeting may be led by a LA SEND Keyworker, or by the school on behalf of the LA. It is this meeting which will generate the EHC Plan.
- 3.27 It is understood that health services are not resourced to be able to attend all such meetings and that clinical commitments will often have to take priority. But in cases where a health professional has a particularly significant contribution to make to the development of the EHC Plan, it is expected that they will attend or send a report, for example, a speech and language therapist where the child's primary need is a speech and language difficulty.

Drawing up an EHC Plan

- 3.28 Health professionals will need to contribute to section F of the plan if the health need is specifically focused on learning and accessing education, or G for all other health needs: Health provision should be detailed and specific and should normally be quantified, for example, in terms of the type of support and who will provide it, and it should be clear how the provision will support the outcomes.
- 3.29 Health care provision reasonably required may include universal services, specialist support and therapies, a range of nursing support, advice on 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 (for example therapeutic provision for young offenders in the secure estate)
- 3.30 The ICB as commissioner is responsible for delivery of provision and oversight through the DMO/DCO to provide assurance that the needs of children with SEND are being met in line with their statutory responsibilities.
- 3.31 For social care provision, existing duties on social care services under the Children Act 1989 continue to apply. Where the LA decides it is necessary to make provision for a disabled child or young person under 18 through Section 2 of the Chronically Sick and Disabled Person Act (CSDPA) 1970, the local authority must identify which provision is made under section 2 of the CSDPA and must specify that provision in section H1 of the EHC plan and secure that provision. Other social care provision e.g. Section 17, including any adult social care provision for a young person over 18, should be included in section H2 of the plan.
- 3.32 EHC plans must be reviewed at least once a year. EHC plan reviews should be synchronised with social care plan reviews where appropriate and must always meet the needs of the individual child. Social care professionals must co-operate during reviews.

Post 18 Assessments

- 3.33 All Health professionals involved with children with SEND should contribute to supporting key transition points, including transition to adulthood.
- 3.34 Whittington Health have transition policies and pathways setting out how young people with SEND will transition from paediatric to adult health services and involve the LA and families in the development and review of these policies and pathways.
- 3.35 Where health advice is needed for young people with SEND aged 18 to 25, it may need to be obtained from GPs or adult health services. Where this is the case, the advice will be provided on the same basis as advice for children aged 0 to 18, under the health duty to cooperate with the LA in respect of identification and assessment of SEND.
- 3.36 Young people turning 18 with SEND, or their carers, may become eligible for adult care services regardless of whether they have an EHC Plan or have been receiving services under Section 17 of the Children Act 1989. Under the Care Act 2014, the LA must carry out an adult care transition assessment where there is significant benefit to a young person in doing so, and they are likely to have needs for care or support after turning 18. LAs must continue to provide Children's Services until assessment is complete so there is no gap in provision.
- 3.37 Where young people aged 18 or over continue to have EHC Plans and are receiving care and support, this will be provided under the Care Act 2014. The statutory adult care and support plan will form the care element of the young person's EHC Plan.

Education Health and Care Management Board (EHCMB)

- 3.38 The EHC Management Board has responsibility to:
- Consider requests and make decisions about the need to carry out a statutory EHC assessment
 - Consider EHC assessment advice and make decisions about the need to issue an Education, Health and Care Plan (EHCP)
 - Consider requests and make recommendations about Continuing Care funding and additional Social Care funding to meet exceptional needs
 - Consider and make recommendations about requests for overnight care or overnight short breaks
 - Consider and make recommendations about access to special education placements outside of mainstream schools, in accordance with Special Schools and Resource Base Admission Arrangements.
 - Ensure all relevant plans and resources (direct and commissioned services, personal budgets) that meet exceptional needs are monitored and reviewed
 - Audit the EHC process at least six monthly, reporting to the Head of Pupil Services, and to inform best practice and development of local guidance
 - Provide information, advice and recommendations related to the strategic commissioning of Education, Health and Social Care services.
- 3.39 The EHCMB enables the CCGs to fulfill its duty under Section 3 of the NHS Act 2006 to arrange health care provision for the people for whom they are responsible to meet their reasonable health needs. (see EHCMB Terms of reference for further detail).

Designated Medical Officer Role

- 3.40 Islington CCG have an established Designated Medical Officer (DMO) and a Designated Clinical Officer (DCO).

3.41 The role of the DMO / DCO will be to:

- Act as a point of contact for CCGs and health providers through whom Health will notify LAs of children who have SEND
- Act as a point of contact for Local Authorities and schools who are seeking health advice on children who may have SEND
- Support schools with their duties under “Supporting Pupils with Medical Conditions” guidance (or arrange for this support to be provided)
- Ensure that Health reports are provided for Education, Health and Care Assessments within statutory timescales
- Ensure relevant Health provision in EHC Plans is made
- Liaise as required with colleagues outside of paediatrics in respect of young people with SEND aged 18 to 25.

Dispute resolution between the CCG and the LA in the event of disagreement about responsibility for provision in a young person’s EHC Plan

3.42 In cases where the LA and the ICB is unable to agree about responsibility for provision in an EHC Plan, the relevant Head of Service will instigate the agreed dispute resolution process, as follows.

3.43 The matter will be referred to the Assistant Director, Inclusion (LA) and the Assistant Director, Children’s Commissioning (ICB) for a decision. The decision reached will be binding on both parties.

3.44 If the Assistant Director, Inclusion (LA) and the Assistant Director, Children’s Commissioning (ICB) are unable to reach a decision, the matter will be referred to the Director of Children’s Services in the LA and the chief Executive at the CCG. The decision reached will be binding on both parties.

Complaints and mediation involving Health provision

3.45 LAs have a statutory duty to provide an independent mediation service for parents of children with SEND. Parents must be offered access to the mediation service in all circumstances which can be appealed to the SEND Tribunal.

3.46 The LA currently commissions Global Mediation to provide an independent mediation service, as part of a joint commissioning arrangement between several London LAs.

3.47 Under the SEND Code of Practice 2015, parents are entitled to access independent mediation not just in relation to the educational content of the EHC Plan, but also with respect to the social care and health content of the EHC Plan.

3.48 If a mediation covers education, social care and health issues, the LA will arrange the mediation but will look to the CCG to ensure that relevant health professionals participate in the mediation process. If a mediation is entirely about a health matter, the CCG will usually make its own arrangements for independent mediation, which must be compliant with the SEND Code of Practice 2015. Alternatively, the CCG can ask the LA to arrange mediation through the LA’s arrangements, subject to the CCG paying the full cost of the mediation.

3.49 Complaints which are specifically about Health provision in section G will be dealt with by Whittington Health through its usual complaints procedures.

Appeals to the SEND Tribunal which involve Health provision

- 3.50 Where appeals to the SEND Tribunal involve provision commissioned by the LA from Whittington Health, Whittington Health will arrange for an appropriate professional to produce any reports required for the LA's case statement, attend any meetings required for Tribunal preparation and attend the Tribunal hearing.

Contribution to annual reviews of EHC Plans

- 3.51 Children with an EHC Plan must have their plan reviewed annually. These review meetings will usually be led by the school.
- 3.52 It is accepted that health professionals are not resourced to be able to attend all review meetings and that clinical commitments will often have to take priority. However, in cases where a health professional has a particularly significant contribution to make to the development of the Annual Review of EHC Plan meeting, it is expected that they will attend (or, as a minimum, provide relevant information). For example, involvement of a speech and language therapist is likely to be necessary where the child's primary need is a speech and language difficulty.

Residential placements including in-patient admissions

- 3.53 Where a health commissioner or provider trust is considering making a placement that includes an education commitment, or impacts on the child's education, they will consult the LA prior to making this decision. This might include, for example, in-patient admissions as a result of mental health issues. If a placement has to be made in an emergency, and there is no opportunity for consultation, the health commissioner or provider trust will notify the LA as soon as possible following the placement.
- 3.54 Where a child with an EHC Plan is admitted to hospital, Whittington Health will inform the LA if the hospital stay has or is likely to exceed 6 days. Where the Whittington Hospital admits a child known to have an EHC Plan, hospital staff will inform New River College if the hospital stay has or is likely to exceed 6 days. New River College will then consider what arrangements need to be made for the child's education.
- 3.55 Where a LA has no alternative but to place a child outside of its own area, and the child has significant health needs, the LA will consult with Health colleagues to satisfy itself that the child's health needs can be met by local services in that area, and to ensure that any onward referrals are made where necessary. See Joint Agency Panel (JAP) policy for joint arrangements for supporting children and young people with the most severe, complex and enduring needs.

Monitoring and Review of this Agreement

- 3.56 This agreement will be reviewed and updated on an annual basis.

