## EDUCATION, HEALTH AND CARE PLAN (EHCP)

## Report submitted by Health professional (therapist) to Local Authority SEND 0-25 Team – guidance on content

Health services that are involved with children and young people being assessed for an EHCP are required to input into these assessments, and any subsequent EHC Plans, to ensure that the health needs of these children are known and provision is in place to meet their needs. Once health provision is detailed in the EHC plan, the Clinical Commissioning Group (or where relevant, NHS England) has a statutory duty to ensure that it is made available to the child or young person.

This report will contribute to the assessment for an EHCP and if this results in a plan, to the plan itself. Please send it to:

SEND 0-25 Team, Level 5 North Wing, Moorfoot, Sheffield, S1 4PL

Telephone: 0114 2736394

Please inform the Health EHC Single Point of Access Team at Ryegate of the date this report has been sent at education.healthcare@nhs.net.

Your report will need to include the information detailed in the six sections below. These guidance notes explain what content is needed in your report but do not specify the format. **If you have a recent clinic letter or other report which covers this, please feel free to send that through in response to the request.**

**Please note, the SEND Manager preparing the EHCP will copy and paste sections of this report into the relevant parts of the EHCP**.

You will also be invited to attend a multi-agency meeting to co-produce the plan along with the young person or child and parent. Please refer to additional guidance to help you decide whether to attend.

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| **Part 1** | **Identifiers*** date
* child or young person’s name
* date of birth
* address
* NHS Number
* school
* your name, job title and service address
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| **Part 2** | **Background**A brief summary of your involvement with the child which may include:* the date of your last assessment
* any other health professionals involved who may provide more detail, such as therapists
* if there is an emergency health care plan
* include any referrals to other health services and likely timescales for further information to be available from this
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| **Part 3** | **Health needs which relate to child/young person’s special educational needs (section C in the EHCP):**This section must specify any health needs which relate to the child or young person’s SEN for which health provision is available. Some health care needs, such as routine dental health needs, are unlikely to be related.It may also include other health care needs which are not related to the child or young person’s SEN (for example, a long-term condition which might need management in a special educational setting).It should include any diagnosis in lay language and a summary of the impact this has on the child/young person’s education. |
| **Part 4** | **Outcomes (section E in the EHCP):**This section should specify the health outcomes of the service provision in place.An outcome is defined as the benefit or difference made to the child or young person as a result of an intervention. It should be:* personal and does not describe provision agreed by considering what is important *to* the child or young person (why they want to achieve it) and what is important *for* them (why professionals and/or parents want them to achieve it)
* written as though it has already been achieved – what will the individual be able to do by the achievement date that they cannot do now?
* timebound

Outcomes would normally set out what will be achieved over a 12 month period or longer.Outcomes should reflect the individual’s needs and clearly link to the delivery of specified provision. From age 13 (year 9) outcomes should begin to help prepare the individual for adulthood.Example outcomes are:**Outcome**By the end of Year 7, A will be able to fully participate in all aspects of school life without needing adult assistance, i.e. changing for PE, coping independently at lunchtime, accessing the laptop.**Steps to achieve:**By the end of the school year, A will be able to confidently and happily to use a laptop in school to record his work, alongside handwriting.By the end of the school year, A will be able to do up his buttons, put on his socks and use cutlery by himself.By the end of the school year, A will be able to confidently and happily go to a local swimming pool with his mum.By the end of the school year, A will be able to ride a two wheeled bike in his local park. |
| **Part 5** | **Any health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN (section G in the EHCP):**Explain the health provision in place to meet the needs you have detailed in part 3 above. 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.It should be clear how the provision will support achievement of the outcomes, including the health needs to be met and the outcomes to be achieved through provision secured through a personal health budgetHealth 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 (for example therapeutic provision for young offenders in the secure estate)It may also include 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 coordinated with other services in the planInclude at the end of this part of the report, the relevant sign off chosen from the following:**1. In Local Offer/Commissioned services** The health provision specified is provided through locally commissioned services as part of the Local Offer. (This can be confirmed by the professional providing reports or attending the multi-agency meeting) **2. Health care is provided through Children’s Continuing Health Care (CHC).** This package of care is funded through Children’s CHC as approved by Panel on [insert date]; the next review date will be [insert date]. (These details can be provided by the Health EHC Team or the Health professional attending the multi-agency meeting for these children) **3. Personal Health Budget/Direct Payment** This package of health care is provided through allocation of a PHB or health contribution to a direct payment as approved by the CHC panel on [insert date]; the next review date will be [insert date]. (These details can be provided by the Health EHC Team or the Health professional attending the multi-agency meeting for these children) |
| **Part 6** | **Your signature and date of completion of the report** |