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| **Graphical user interface, text, application  Description automatically generatedA picture containing drawing  Description automatically generated****Annual Review of Education, Health and Care Plans (EHCPs)****Request for Health Advice** |
| **Statutory Advice for Annual Reviews:**The SEND Code of Practice specifies that the Local Authority or the child or young person’s school must seek advice and information about the child or young person prior to their Annual Review meeting from all parties invited, and that they must share the information gathered at least two weeks before the meeting. An important part of the Annual Review is to evaluate the health provision made for the child or young person and its effectiveness in ensuring good progress towards outcomes, and therefore the Local Authority or the school will contact Health professionals for their information and advice and would be grateful if this is returned within **2 weeks** of the date on which they received the request.  |
| Date of Request for an **ANNUAL REVIEW** |  | Date response due (within 2 **wks** of request) |  |
|  |  |  |  |
| **Details of person providing the statutory advice** |
| Name |  |
| Department |  |
| NHS Trust / Organisation |  |
| Professional Role |  |
| Phone |  | Email |  |
| Signature |  | Date |  |
|  |
| **Child/Young Person’s details** |
| First name/s |  | Middle name/s  |  |
| Surname/s |  | Prefers to be known as (if different from first name) |  |
| Date of birth |  | Main method of communication |  |
| Sex |  | Gender and preferred pronouns |  |
| Home address |  |
| Telephone number (if over 16) |  | Email address (if over 16) |  |
| Ethnicity |  | Religion |  |
| Languages spoken at home |  | Is interpretation required? |  |

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| **Parents’/Carers’ details** |
|  | Parent/Carer 1 | Parent/Carer 2 |
| Name and title |   |  |
| Address |  |  |
| Telephone number |  |  |
| Email address |  |  |
| Name of those with Parental Responsibility  |  |  |
|  |
| **Health details** |
| Name of GP |  | NHS Number |  |
| Address of GP |  |
| Is the Child/Young Person on their GP’s Learning Disability register? | Yes  |  | No |  | Not known |  |
| In receipt of Continuing Care package (if under 18)? | Yes  |  | No |  | Not known |  |
| In receipt of Continuing Healthcare package (if over 18)? | Yes |  | No |  | Not known |  |
| Is the Child or Young Person likely to have eligible health or social care needs as an adult? | Yes |  | No |  | Not known |  |
| Has a Care Act (2014) Assessment been undertaken?**Further information:**[Care Act factsheets - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets) | Yes |  | No |  | Not known |  |
| If yes, please confirm that the report or outcome is attached, and this has been used to inform the amending of the EHCP. | Yes |  | No |  | Not known |  |
| If no, is a referral required? | Yes |  | No |  | Not known |  |
| If the Child or Young Person is on the Learning Disability register and over 14, are they accessing their Annual Health Check?**Further information:**[Learning disabilities - Annual health checks - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/learning-disabilities/annual-health-checks/) | Yes |  | No |  | Not known |  |
| Is the Child/Young Person on the Dynamic Support Register?**Further information:**[Dynamic Support Register - Dorset Council](https://www.dorsetcouncil.gov.uk/dynamic-support-register)[Learning Disabilities and Autism – NHS Dorset CCG](https://www.dorsetccg.nhs.uk/learning-disabilities/#DynamicSupportRegister) | Yes |  | No |  | Not known |  |
| If there have been any significant changes in relation to the Child or Young Person’s Health or Social Care needs or provision, please provide details |  |
| Any other relevant information in regard to Health or Social Care needs, and details of any planning that is taking place between Children’s and Adults’ Health and Social Care |  |

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| **PART 1 – Not currently known to Health Services** |
| Where there is no current involvement from Health services, are you satisfied, based on the information provided that the above child or young person’s Health needs are currently being met? | Yes |  | No |  |
| If yes, please provide details of how needs are being met e.g., universal services etc. |
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| If no, what referrals or assessments are recommended? An assessment would ideally be completed within 6 weeks and outcomes documented on the form below. |
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| **PART 2 – Known/Previously known to Health Services** |
| Brief history of involvement with Health Services, including a chronology, relating to the child or young person named on this request |
| **Example*** Initial assessment in August 2018 - name of service
* Clinic review in March 2019 - outcome?
* Seen for school review in November 2019 – advice/strategies provided to school
 |
| **Health needs which relate to the Child/Young Peron’s Special Educational Needs and Disabilities*:******Include only diagnoses and information which relate to the child/young person’s SEN and to the impact on their learning.****Ensure that all diagnoses have a definition, can be easily understood by the reader, and explain what the diagnosis means for the child and how it impacts on their learning. Ensure all acronyms are explained.* *If there are health needs, there will need to be corresponding health provision detailed below (which may be access to universal services).* |
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| **Any other health needs:** ***Include any diagnoses and information which do not relate to the child/young person’s SEN or impact on their learning.****Ensure that all diagnoses have a definition, can be easily understood by the reader, and explain what the diagnosis means for the child. Ensure all acronyms are explained.* *If there are health needs, there will need to be corresponding health provision detailed below (which may be access to universal services).* |
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Outcomes and provision must be detailed for anyone with health needs specified above (although provision can be universal services if additional input is not required).

An outcome is described as “the benefit or difference made to an individual as a result of an intervention”. **They must be SMART: Specific, Measurable, Achievable, Realistic and Time-Bound** e.g. By July 2024, Child/Young Person will be able to independently complete all their physiotherapy exercises each week.

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| **Outcome X** |  |
| Provision and Provider (e.g., CAMHS Practitioner, Physiotherapist, Neurology Department etc.) | Specificity (number and length of sessions per day/week/term/year) | How often the support will be reviewed, and by whom |
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| **Outcome X** |  |
| Provision and Provider (e.g., CAMHS Practitioner, Physiotherapist, Neurology Department etc.) | Specificity (number and length of sessions per day/week/term/year) | How often the support will be reviewed, and by whom |
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| **Outcome X** |  |
| Provision and Provider (e.g., CAMHS Practitioner, Physiotherapist, Neurology Department etc.) | Specificity (number and length of sessions per day/week/term/year) | How often the support will be reviewed, and by whom |
|  |  |  |

**Please add a row for each intervention/provision**

**Please send this completed paperwork via secure email using the email address for the locality the Child or Young Person resides in:**

* **northlocality@dorsetcouncil.gov.uk**
* **eastlocality@dorsetcouncil.gov.uk**
* **westlocality@dorsetcouncil.gov.uk**
* **dorchesterlocality@dorsetcouncil.gov.uk**
* **purbecklocality@dorsetcouncil.gov.uk**
* **chesillocality@dorsetcouncil.gov.uk**