

**SEND Strategic Partnership Board  
Tuesday 14 December 2021  
13:00pm- 15:00pm via TEAMS**

Present

Name	Organisation	Initial
Niall Devlin	Strategic Manager, Integrated Assessment and Psychology, CBMDC, Chair SSPB	ND
Julie Bruce	Manager, Parent's Forum, Vice Chair SSPB	JB
Stu Barratt	Transformation and Compliance Lead, SEND Services, CBMDC	SB
Mary Ryan	Strategic Commissioning Manager, Children's Services, CBMDC	MR
Damon Boxer	Co-ordinator (Community Co-production and ASD), Bradford District Care Trust	DB
Julia Elliot	Designated Clinical Officer, Bradford District and Craven CCGs	JE
Ruth Shaw	Senior head of strategy, change and delivery NHS Bradford District and Craven (CCGs).	RS
Christina Holloway	Bradford District and Craven CCGs	CH
Annette Jackson	Designated Medical Officer, Consultant Paediatrician, BTHFT	AJ
Josh Wadsworth	Transformation and Compliance Co-ordinator, SEND Services, CBMDC	JW
Joel Herbert	Transformation and Compliance Co-ordinator, SEND Services, CBMDC	JH
Sally Skipper	Transformation and Compliance Co-ordinator, SEND Services, CBMDC	SS
Peter Horner	Community Action/Young Lives Bradford	PH
Diana Bird	Vice Principal, FE, Shipley College	DB
Helen Willet	Head Teacher, Chellow Height School	HW
Clare Reeves	SEND Lead, PFA team in Adult Social Care	CR
David Stephens	Service Manager CCHDT, Social Care	DS
Duncan Cooper	Consultant, Public Health, CBMDC	DC
Debbie Jowett	Manager SENDIASS	DJ
Clare Reeves	SEND Lead, PFA team in Adult Social Care	CR
Wendy Uttley	Coordinator & Trainer, Down Syndrome Training & Support Service Ltd	WU
Sarah Flockton	Sufficiency officer, The Intelligence Insufficiency Team	SF
Nazmun Khan	Business Support Officer, SEND Services, CBMDC	NK

Apologies

Name	Organisation	
Ann Andrew	Head Teacher, Hyde Park Special School	AA
Sharon Bowring	DMO Consultant Paediatrician, Airedale NHS Foundation Trust	SBo

Ref No	Action/Decision	Action Owner
1.	<p><b>Welcome, Introduction &amp; Apologies</b></p> <p>The Chair (ND) welcomed everyone to the meeting, introductions took place and apologies were noted.</p>	
2.	<p><b>Notes of the last meeting: Notes of the last meeting / Matters Arising</b></p> <ul style="list-style-type: none"> <li>• <b>Minutes of Last Meeting</b></li> <li>• <b>Action Updates</b></li> </ul> <p>Most of the actions are covered in the agenda item and SB also updated on the following-</p> <ol style="list-style-type: none"> <li>1. Re: document to be used for partners will bind together a summary document in one PDF file and will share after the meeting</li> <li>2. Re: Position Statement on Exclusions Agreed to bring back case studies in January and February and will add in January agenda</li> <li>3. Re: a statement for tribunals agreed that to bring back a paper in February regarding the lessons learned on the tribunals</li> <li>4. Re: how to allow professionals to meet the deadlines were hoping to get that out in mid-January</li> <li>5. Re: SSPB breakdown of families is going to tribunal agreed to provide an easy to read the two-page report so that they can kind of have a look at what lessons can be learned.</li> <li>6. Re: masking in schools- we are going to create an action plan with the actions from the report and will bring a report back in three months about where we're getting on with the actions which were going to cascade and share with colleagues in January.</li> <li>7. Re: the Sussex tool agreed to bring back in January.</li> </ol>	
3.	<p><b>Open Houses Feedback and Next Steps following events (JHe)</b></p> <p>JHe updated on open houses - 10 virtual events and 2 in-person events - and did engage with over 100 people and received both written and verbal feedback and the quality of the feedback was appreciated.</p> <p>The summary of the feedback was shared with a slide for each of the projects of the sessions and the SSPB group was requested to identify any gaps or comment on how to communicate with parents and young people going forward. The Co-production and engagement workstream are going to be looking at a communication plan which will be shared in this workstream.</p> <p>Next steps- Implementation in short term and long term projects and keep the SSPB group updated.</p>	

	<p>JHe shared a Quote from one of the parents who attended the sessions <i>'it was a very positive platform -Our parents, carers and professionals, all working together to better the outcomes of SEND children.'</i></p> <p>MR raised that we will create a bit of a gap in ownership of the workstream plans with no commissioning group up and running.</p> <p>SB mentioned that there have been lots of other work going on and they are still trying to form the new joint commissioning workstream with the right people. He hoped to get an update around the joint commissioning workstream end of this week. RS mentioned that there is a gap around where these conversations are taking place.</p> <p><b>Action: Re: Joint Commissioning SB to provide an update and forward about how the conversations went this week</b></p>	
4.	<p><b>Neurodiversity Presentation (DB)</b></p> <p>DB presented a visual presentation on 'Digitally Acting Together As (DATA 1)'. The purpose is to simplify relationships between households and services and allow collaboration between professionals.</p> <p>Key points are as follows:</p> <ul style="list-style-type: none"> <li>• Needs Driven System has a set of methodologies and processes that should be more widely applicable to other areas of vulnerability and inequality.</li> <li>• Needs Driven Neurodiversity System- to identify and meet most of the support needed by most neurodiversity children within their environment with other universal services, more effective access to specialist assessment and support. That is to be made possible by connected data, high-quality data tools as well as permissions and resources.</li> <li>• Next steps on Neurodiversity: <ul style="list-style-type: none"> <li>- to apply data science so that can better model patterns of vulnerability and better understand risk;</li> <li>-to develop the data tools for practitioners that allow them to see those insights and allow sharing information and health professionals identify risk earlier in, intervene faster, as well as giving Commissioners a clearer and more accurate picture of need demanded impact across the district.</li> </ul> </li> <li>• 4 main areas - a workstream looking at future system design ( with professionals and communities);- work looking at connected data and developing practical data tools; -work on Communications, Co-production and skills and -setting up to look at governance and ethics.</li> <li>• Future system team for Autism -. this is about trying to develop this idea of a neurodiversity profiling tool to give more General Staff a better sense of a child's issues straight away and provide for them within their</li> </ul>	

	<p>environment and then refer to the specialist. Modelling both the work and the system to see a future system if that works.</p> <ul style="list-style-type: none"> <li>• They are also working with CYP - trying to look at the neurodiversity profile, prepare materials and resources for schools and then move to pilot that profile in selected localities.</li> <li>• Locality-led Modelling- selecting an issue, selecting places, trying to identify the core group of people, professionals, community and so on, and families who ought to be connected around an issue and then trying to model that future system in terms of interactions and information flows and so on. Model the Future System- Permissions, Resource and Tools.</li> <li>• Bradford Local needs- The system needs to adapt to people's needs. 3 areas they are covering-             <ol style="list-style-type: none"> <li>1. Holme Wood</li> <li>2. Manningham Girdlington</li> <li>3. Keighley Central</li> </ol> </li> </ul> <p>MR asked how they could link their server/work with DATA1 work; DB reassured MR and mentioned she could be pulled into one or more of their workstreams. JB raised concern as many families do not have access to the Internet and have language barriers. Also, the speed of the system should be bearable for families to follow. She also requested DB to take into consideration the impact of the DATA1 work on the school staff's workload. DB noted all these questions to address in the future.</p>	
5.	<p><b>Listening Event Mental Health – Feedback from Parent Carers (JB)</b></p> <p>JB updated on the Listening event about the children's mental health services and mentioned that the presenters were very good and the presentations were clear for the parents and carers, with useful information including referral routes. JB mentioned that they are bundling parents/carers questions to put a presentation on Q&amp;A's which she will share with this group. There was an urge for future listening events on various matters arising, including specialist sessions on social anxiety, ADHD, the rights of parent carers, and the children refusing to go to school etc.</p> <p>JB raised a few concerns to Social Care about provisions and services:</p> <ol style="list-style-type: none"> <li>1. the current state of affairs in terms of how many children have access to their services and what those types of services are.</li> <li>2. The second one is what's the current state or provision, i.e. In terms of respite, etc.</li> </ol> <p>DS replied that Valley View children's home was for children to live in and so it wasn't being used as a short break. Wedgewood and Clockhouse were primary short breaks homes that have been impacted by COVID and the</p>	

	<p>provisions were restricted. DS mentioned that he frequently requested the registered managers for reviewing the children's waiting list.</p> <p>JB mentioned that some parents couldn't access the services. DB disagreed with the comment, mentioning that there is a rise in the referral rates and the numbers of children that are entering our service, which would suggest that we are responding to the rise in demand from the community.</p> <p><b>Action: DS to provide a detailed report on Social Care provisions in March And MR to liaise with the residential service manager Re: Respite Presentations.</b></p> <p>SS asked DS two questions around the communication and requested to reply in the next meeting-</p> <ol style="list-style-type: none"> <li>1. When were the last time families communicated around social care provisions?</li> <li>2. Are the families aware of how we're trying to strive to improve the services moving forward?</li> </ol> <p><b>Action: DS to provide answers to SS's questions in January's meeting</b></p>	
6.	<p><b>School Pupil Place Sufficiency Plan for SEND (EH)</b></p> <p>SF updated on this and highlighted on the below-</p> <ul style="list-style-type: none"> <li>• The number of children and young people 0 - 25 with EHCP's was 4842 (October 2021) of those 3317 a statutory school age and of them 71% male.</li> <li>• The number of requests where EHC assessments rose by 16 1/2% on the last academic year.</li> <li>• The SEND figures are slightly decreased between October 20 and 21. We have 36% access to having their needs met in mainstream schools and academies, and 33% in special schools and 8 1/2% in resource provisions (school lead /home education).</li> <li>• The increase in Bradford in Post 16 provisions with EHCPs is not only above the national average but over the regional average and got 2085 registered places delivered in special schools, resource provisions, additional resource provisions, and the early years in hand, Specialist provisions.</li> <li>• The additional resource centres have 90% occupancy and school lead resource provisions 84% and special schools 98%.</li> </ul> <p>Overall people's needs across the Bradford district-</p> <ol style="list-style-type: none"> <li>1. EHCP's communication and interaction needs as the most prevalent, including autistic spectrum disorders, which is the same as the national trend again.</li> <li>2. Social, emotional and mental health,</li> </ol>	

	<p>3. Speech, language and communication needs that haven't changed from last year and</p> <p>The SEND people's needs are -</p> <ol style="list-style-type: none"> <li>1. Moderate learning difficulties.</li> <li>2. Speech-Language and mental health and</li> <li>3. being social, emotional, mental health.</li> </ol> <p>145 new specialist places across the district in the last academic year, and from the growth model ( the joint strategic needs assessment and capita system that feeds into the SEND) predictions at least 100 to 120 specialist places between 2022 and 23 and then 2023 to 24 will be needed to meet the needs. Also require primary and secondary places for children and young people with communication interaction needs, including ASD and primary and secondary for SEMH. And specialist school places for primary, secondary ASD primary and secondary SEMH and primary for SLD.</p> <p>RS asked due to the impact that these provisions would have on local health services, and vitally important that health services get some form of early warning. ND requested SF to take back on board that if we are thinking about expanding provision in a particular area that that needs to come to this SSPB board so that the board is aware of it. SF clarified Once the finances have been put in place and it has been commissioned then the different services can be notified. ND asked SF what the biggest limiting factor was; SF replied that capital funding is required to make promises ready or to extend or build new schools. AA asked for the male and female split for EHCP as she found it harder for her female patients to get in EHCP than males. ND replied saying that as a district we have a role to look at how we identify (a broader range of skills and that are more gender-neutral) and diagnose children with particular needs, and then how we promote the recommendation of those in schools. ND stated that the government allocated £2.7 billion to build capital money to build more special school places but details have not been shared yet. In addition, Bradford needs additional special school provisions around children with SLD, MLD and SLD were complex learning difficulties.</p>	
7.	<p><b>Data Working Group Update</b></p> <p>SB updated that the first data working group meeting took place last month which was well attended and very useful as they were able to share some of the vital signs which they would start to pull together.</p> <p>Key issues were-</p> <ul style="list-style-type: none"> <li>• Colleagues from public health, the CCG, and health trust said, the quantitative data need to be linked back to themes about improving outcomes for children and also the qualitative information as well about some of the quality of some of our services.</li> <li>• As following that the events of the open houses we should be publishing storyboards and infographics about how are things improving around SEND in the city and across the district.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Also, the other data performance metrics will be brought back to the board.</li> <li>• Very useful conversations about really drilling down into school by school data about how we can support young people to kind of improve their academic attainment outcomes.</li> </ul> <p><b>Action: SB to bring the PFA vital signs back in January</b></p>	
8.	<p><b>Warrington Assessment of SEND in Bradford</b></p> <p>SB shared a few key points from the Warrington Assessment and mentioned that they were complimentary about a lot of the work of our SSPB and thought that our self-assessment is an honest reflection of where we are and a lot of the work that has been going on with partners.</p> <p>However, they were honest and mentioned during the pandemic they thought that we had slightly underplayed that a little bit, but we thought that we had got the balance about right. They were very complimentary of the arrangements in terms of helping Co-produce and develop the SEND programme.</p> <p>They also liked the joint leadership statements and liked the fact that references to the pandemic were all the way through, which is something that Ofsted will raise.</p> <p>SB mentioned that in future versions of the SEF, we will focus on improving outcomes, and that ties with a lot of the work around the vital signs. They suggested moving a couple of the areas around in SEF to make more sense; SB will accordingly edit the latest SEF in January.</p> <p>They liked the information link and the local offer but asked us to reduce the length of the second part by adding links online or in appendices. They would ensure that we identify the narrative and how the improvement works will link to improving outcomes for children. Warrington also asked whether all the documents were ready for Ofsted; SB mentioned that a huge amount of work has gone across the CCG health partners, and we now feel pretty confident that we have access to many of the documents at hand which will be required for the inspection.</p> <p>They identified some missing documents and wanted us to make sure that some extra information was provided and put in about the presentations at the front door.</p> <p>ND opened up the conversation and mentioned three areas that we would like to work with Warrington: Leadership, Strategy and Policies review, Identification of Needs and the reviews on the robust Quality Assurance Framework.</p> <p>DC raised about the Safeguarding gaps bearing in mind the baby Star incident in Bradford and mentioned setting is an important domain within need that</p>	

	<p>needs to be part of the narrative about how we do things in LA. JB requested to add the transitions years when we are looking at the early years' needs identification with Warrington. With the addition of a workaround to find needs at true transitions, the board was supportive of the potential programme and ND mentioned that we can go back and confirm that to Warrington.</p> <p><b>Action: SB to Confirm back to Warrington RE: Potential Programme</b></p>	
9.	<p><b>NEET Action Plan for young people with SEND</b></p> <p>The NEET action plan was shared before the meeting and JW broadly updated the four areas</p> <ol style="list-style-type: none"> <li>1. Identifying those that become NEET as soon as possible so they don't become disengaged from ETE.</li> <li>2. Monitoring and reviewing those that are NEET</li> <li>3. Offer in terms of the flexibility and the level of choice-e.g supported Internship Programme</li> <li>4. Track and monitor those who are post 19 and not in education, employment or training to provide opportunities for them to re-engage</li> </ol> <p>The rationale behind the RED RAG on the action plan was clarified and they are still under review. Currently, there are 71 NEET people and 28 in-active NEET ( personal reasons e.g. Pregnancy etc)</p>	
10.	<p><b>QA Update - Kite Protocol for children in the Youth Justice Service</b></p> <p>SB apologised and promised to resend the Kite Protocol as the right document was not attached to the pack. The group agreed to take any comments back in the next meeting.</p>	
11.	<p><b>Highlight Reports - Workstreams, Transformation Projects by exception</b></p> <p><b>IA</b></p> <ul style="list-style-type: none"> <li>- Health colleagues (clinical leads within the CCG) now have access to system one which will improve their working when they're looking at the quality of advice is coming into the EHCP process.</li> </ul> <p><b>PfA</b></p> <ul style="list-style-type: none"> <li>- the implementation of that NEET action plan is in place,</li> <li>- and some of the work around the foundation program and the educational psychologists post 16 Bradford Pear Prospectus is underway.</li> </ul> <p><b>C&amp;E</b></p> <ul style="list-style-type: none"> <li>- A focus group meeting took place to review the future of Co-production and engagement Workstream and decided that the workstream needs to focus on the feedback from parent carers and children and young people moving forward.</li> <li>- Over the next six weeks or so we will be redeveloping that action plan and with a big focus on a communication plan and for children and</li> </ul>	

	<p>people and parent carers and a big focus on an engagement plan and how services are engaging with the parent carer groups as well.</p>	
12.	<p><b>Recent Ofsted Inspections and Inspection Update</b></p> <ul style="list-style-type: none"> <li>• <b>Rotherham Local Area</b></li> <li>• <b>Warwickshire Local Area</b></li> <li>• <b>Haringey Local Area</b></li> </ul> <p>SB shared the recent Ofsted Inspections reports of Rotherham, Warwickshire and Haringey and promised to collate them. They are all from completely different parts of the country and very different local areas but, interestingly, all three of them did receive a written statement of the action of between three and five points. But two of them were asked to make considerations about improving the quality of their Educational, Health and Care plans, which relates in a very timely way back to their feedback from Warrington. Ofsted put a value on making sure that the relationship between parents and carers and professionals is good. On the other hand, Ofsted in the CQC is still highlighting ASD waiting times. All of the inspections about the requirement for a renewed focus to make sure that PFA outcomes are in plans.</p> <p>ND added it was very clear from the reports that the Ofsted care very much about the few main things - Co-production, Co commissioning and in terms of that, they identify with its identification of need, which is why we are agreeing with the work from Warrington identify that both social care need health needs and learning needs. So for example in two of the three, they mentioned ASD waiting times and then the other one mention things about how well areas work in terms of the graduated approach. Rotherham is similar to Bradford. ND mentioned that the only positive is we have moved a lot in the last two years and the type of Ofsted report we will get now would be different from the one that we had if they came and inspected this early in 2019.</p>	
13.	<p><b>AOB – Updates to SEF</b></p> <p>RS updated on their priority work imposed on the COVID vaccination programme over boosting everybody and how that might impact CCG and the service providers over the weeks. ND reiterated LA staff also has received guidance on the #1 National Health priority and now waiting for clear guidance from the DfE.</p> <p>SB updated SEF is due to be updated and will be shared with the SSPB in January as per the agreement to share every three months.</p> <p>JE updated on the development of the protocol for Dynamic Support Register (DSR for children) to capture a majority of our complex children and people that include children with social-emotional mental health needs without a learning disability or neurodiversity. The protocol is now being signed off by the children, people and transforming Lives Steering Group and will be shared soon. ND appreciated the work that JE developed and considered a significant contribution for Bradford. JE announced there will be 2 professional webinars - one on the 10<sup>th</sup> of January and one on the 14<sup>th</sup> of January. That will allow</p>	

	<p>professionals to ask any questions about the DSR and there will be a parent carer webinar with PFBA's support on the 26th of January.</p>	
	<p><b>Date of Next Meeting:</b>  <b>Tuesday 25<sup>th</sup> January, via TEAMS</b></p>	
	<p><b>Actions from Previous Meetings</b></p> <ol style="list-style-type: none"> <li>1. Old Action – Interim Update to be provided in December and a full update on Open House to be provided in January.</li> <li>2. Action- Joint presentation from SENDIASS in 2 months (Re: Tribunals Data)</li> <li>3. Re: document to be used for partners will bind together a summary document in one PDF file and will share after the meeting</li> <li>4. Re: Position Statement on Exclusions Agreed to bring back case studies in January and February and will add in January agenda</li> <li>5. Re: masking in schools- the actions which were going to cascade and share with colleagues in January.</li> <li>6. Re: the Sussex tool, bring back to January Meeting.</li> </ol> <p><b>New Actions from December Meeting:</b></p> <ol style="list-style-type: none"> <li>7. Action: Re: Joint Commissioning SB to provide an update and forward about how the conversations went this week</li> <li>8. Action: DS to provide a detailed report on Social Care provisions in March and MR to liaise with the residential service manager Re: Respite Presentations.</li> <li>9. Action: DS to provide answers to SS's questions in January's meeting</li> <li>10. Action: SB to bring the PFA vital signs back in January</li> <li>11. Action: SB to Confirm back to Warrington RE: Potential Programme</li> <li>12. Action: SB/NK to resend out the Kite Protocols today</li> </ol>	