

SEND Strategic Partnership Board
Tuesday 18th October 2022
1:00 - 3:00

Present

Name	Organisation	Initials
Niall Devlin	Assistant Director – SEND and Inclusion, CBMDC(Chair)	ND
Julie Bruce	Manager, Parents' Forum (Vice Chair)	JB
Ann Andrew	Principal, High Park Special School, Bradford	AA
Kellie Barker	Deputy Director, Operation, LD, Bradford District Care and NHS Foundation Trust	KB
Haider Ali Jan	Director, Health and Care, Integrated Care Board)	HAI
Julia Elliot	Designated Clinical Officer SEND and Senior Head of Integration and Care	JE
Ruth Shaw		RS
Robena Sheikh	Parent Representative	RoS
Sharon Bowring	DMO & Community Paediatrician, Airedale NHS Foundation Trust	SBo
Ava Green		AG
Sally Skipper	Transformation and Compliance Co-ordinator, SEND Services, CBMDC	SS
Joel Herbert	Transformation and Compliance Co-ordinator, SEND Services, CBMDC	JH
Nazmun Khan	Business Support Officer, SEND Services, CBMDC	NK
Josh Wadsworth	Transformation and Compliance Co-ordinator, SEND Services, CBMDC	JW
Lisa Brett	Head of Service, Early Help & Prevention and YJS	LB
Sarah Exall	Consultant Public Health, CBMDC	SE
Claire Reeves	Rep from Adult Social Care	CR
Diana Bird	Vice Principal, Shipley College	DB
Mark Hindwash	Programme Director, Bradford District and Care Health Partnership (Children Arena)	MH
Dawn Lee	Head of Community Children Services of Bradford District Care Trust	DL
Peter Horner	Community Action/Young Lives Bradford	PH
Emma Hamer	Integrated Health & Care, Bradford District and Craven CCG	EH
Amanda Stanford		AS

Apologies

Name	Organisation	Initials
Jack Skinner	Service Manager	JS
Christina Holloway		CH
Joanne Hilton		JHi

Andrea Walters	Head of Service – CCHDT	AW
Wendy Uttley	Coordinator & Trainer, Down Syndrome Training & Support Service	WU
David Stevens	Service Manager, CCHDT Team, Social Care	DS
Debbie Jowett	SENDIASS	DJ
Stu Barratt	Interim Strategic Manager – Integrated Assessment and Transformation and Compliance, SEND Services, CBMDC	SB


Ref No	Action/Decision	Action Owner
1.	<p>Welcome, Introduction & Apologies</p> <p>ND (the chair) welcomed everyone and an introduction took place. The apologies were also noted.</p>	
2.	<p>Notes of the last meeting / Matters Arising</p> <p>All the actions were discussed in the meeting and updated except one</p> <p>Repeat Action: CSH to do a short update on Short Breaks in November</p> <p>SSPB membership and mailing list needs updating. Action: RS/ JE to email NK the list of SSPB members from Health sector</p>	
3.	<p>CYP Programme</p> <p>The aim of the CYP Programme is to bring together Health, Local Authority and other community partnership in the District in collaboration to understand better the challenges and services that are exist currently for the parents and carers and also focusing on the key things together to make a positive difference in 2022- 2023.</p> <p>MH shared their plans for the next few weeks and mentioned how other rganisations could get involved. JB suggested if the programme could support the organisations who are already working and engaging with the parents carers/ network.Question was raised by RSh on involving the CAHMS on Board to support the children and families/ schools. DL mentioned the need for the clear ambitions for the children, communicating the shared goals and the Quality of the Governance.SE stated Bradford also committed to be a Child Friendly City its not just SEND or health specific.KB raised its important to understand the continual support for the CYP especially for CAHMS which needs to be at an appropriate level based on the children’s demand.LB added the relationship based practice is getting missed.DB stated the need for the mental health access to CAHMS from college’s point of view and demand for the onsite proactive supports in colleges. RS reflected and clarified to all that CYP is more about wider partnership work within the district not just health. Ava wrote on the Teams comment box.</p> <p>MH listened to all and clarified fantastic research going on in Bradford and the CYP programme will incorporate all the findings. It’s not just about Health or</p>	

CAHMS it's about the holistic partnership and all services are interconnected. MH suggested rather than being reactive all services need to be proactive regarding the Ofsted visits and partnership work.

MH shared his email on Teams for further info and also requested people to join his collaborative meeting in December to focus on 2023 joint partnership priorities.

Action: Group to pencil 1st December (afternoon) 2022 meeting with MH and MH to share further details

4. WSOA feedback (ND)


4. Bradford_WSOA_Final.pdf

The letter came back from DfE was positive with few amendments. They mentioned it was fit for purpose but raised one question and one suggestion.



Question was- the EHCP that mentioned in the WSOA was meant for all plans or only the new ones? The new amendments clarified that it was meant for all plans.


One suggestion was 55% goal for the antenatal visits. The new narrative explains the reasons. SE added current targeted offer in 36% for the pre-birth visits from the health visitors. Nationally the target is 35% but 55% seems higher than national level. However, regional average (WYH) is 55% and CBMDC is targeting reasonable and realist goal which is 55% vulnerable parents who are most vulnerable. The aim is to make sure people in need are getting the visits; however, considering their situations they could not be able to attend all the meetings. But the offer is 100% for all new mums to be.LB raised issues around the midwifery visits and targets. RS raised they needed to make the link to the SEND world. AS echoed RS and mentioned the early links to be built in. RSh raised risk factors for the older mums need to be identified.

Action: DL to email NK re: antenatal service info to add to the minutes Information regarding the antenatal visits completed by health visitors can be found [here](#)

After the amendments of the WSOA it will be published soon on the LO. JB requested for an accessible version of the report for the parents carers. ND clarified that will be built over the few weeks. Feedback from the parents will help them designing the accessible and engaged format of the WSOA.

JW clarified few mechanisms will take in place to get the feedback from the parents carers.e.g. SEND T&C emails, any mechanisms from the PFBA and other p/c networks. Finally feedback will be evaluated as 'you said , we did or we are doing' approach.CBMDC is in a process of a few scrutinies and the SSPB will be responsible in monitoring the WSOA. DfE and NHS England will do a

	<p>monitoring visit in every 90 days. The improvement plan will be rag rated and they will be able to monitor them as well for the next 18 to 24 months. Feedback of the monitor visits will be shared in the SSPB to ensure progress is happening. Finally there will be a new Ofsted visit.</p>	
<p>5.</p>	<p>SEND Services Restructure Update (ND)</p>  <p>5. Restructure Proposals Update Se</p> <p>The investment on the restructure was approved and the recruitment adverts are green to go out. Number of the jobs has already been live and pencilled in. There will be 25 new roles which might take a while to be recruited.</p>	
<p>6.</p>	<p>The QA Framework</p>  <p>6. Bradford QAF v2 (1).pdf</p> <p>JHe shared the attached Quality Assurance Framework (QAF) which sits under WSOA’s action 2. The context of the QAF was shared including how it started based on the Co-production and Engagement feedback. Scoping exercise was done before the Ofsted visit and the SLI partner Warrington’s feedback (KW’s) on the 100 plans was incorporated.</p> <p>QAF stages--</p> <ul style="list-style-type: none"> • Level 1- Service Level/ SEND Assessment • Level 2 – SEND Auditors, EHCP Complex and Vulnerable Panel , Multi-agency EHCP QA panel, Senior management termly reviews (90 Days review) • Level 3- External QA verification <p>The Board approved the QA Framework</p> <p>Next steps-</p> <ul style="list-style-type: none"> • Agreed Quality Assurance Tool- Development of performance measures (November- December to co-produce). SEND T&C team is planning to run few dropping sessions in late November 2022. The purpose is to get parents’ carers’ voice on ‘What they want from good quality plans?’ • The QAF documents have appendices on criteria and services which will be kept updating. <p>ND wanted to know how the QAF will be managed. It will be managed part of the WSOA 2 and the QAF panel will produce periodic highlight report to the SSPB. RSh raised concern if the assessment reviews are not incorporated it wouldn’t be possible to improve the quality of plans. Concerns were raised as how that will be changed? ND reassured this will be changed when all the interlinked services within the action plan are in place at the right time. He clarified currently the feedback loop wasn’t included in the plans. On the new process the high Quality</p>	

	<p>Advice will be included, Children’s lived experiences and parents’ views will be included too. Once all these are in place including the Quality Health Advice, DSCO, Social Care and Short Break assessments at the right time and plans are adapted in 8 weeks.</p>	
<p>7.</p>	<p>Vital Signs</p>  <p>7. Performance Vital Signs SEND October2</p> <p>JW shared and presented the vital signs ppt which is also a living document. The Vital signs will be brought to the SSPB by monthly. This will be accessible info for parents Carers and all partners. There will be 6,300 new EHCPs next year and significant changes and restructure will take place to process those plans. Dedicated annual review team will be set up. It would be possible to pull out the EHSC Advice report from capita in future. Social Care Short Breaks gap were identified in 2020. Most recently the new short break assessment team have been developed. Moving forward the number of the short break requests could be monitored. Re: Mental health 85% is currently waiting for no longer than 18 weeks and target percentage for that will be 90% embedding the Thrive Model. RS suggested health colleagues need to review the health side of the vital signs.</p> <p>Action: JW to arrange meeting with Rs/ KB to review the Vital Signs’ health side.</p> <p>JB was interested to know reasoning behind the increasing refusal (i.e. 35%)? ND suggested that would need to be an in depth report and the SSPB would be interested to review it as well.</p> <p>DL wrote in Teams chat if they should report on the refusals.</p> <p>The need for training requirements for the schools was also discussed.</p> <p>AS was concerned and stated funding could be an issue in terms of resolving all these and how to address that. ND clarified strategic system would be needed embedding all the research, demand and resources balance, bench marking etc.</p> <p>H AJ added the changes are ongoing via the transformation programme and the governance changes to make it clear to everyone in terms of where those funding related decisions will be made.</p> <p>AS reiterated how can we make it compelling case for the children?</p> <p>H AJ echoed AS and stated we need to have strong business case and avoid duplications in terms securing resources to different groups.</p> <p>RSh suggested in investing in schools and colleges to protect from the EHCP refusal.</p>	
<p>8.</p>	<p>PFBA - lived experience from parent/carers from our schools/nursery visits</p> <p>JB shared the context of the SEND Support and presented the PFBA SEN Support Update. They started going face to face into schools since Jan 2022 to help and support SEND families. The document contained snapshots of type of responses and all together 113 parents experiences were gathered and analysed.</p>	

	<p>PFBA has only 3 part time workers who are supporting the SEND Support requests to schools as well. JB will attend the parents carers network to share these outcomes too.</p> <p>RSh showed interest to get involved with the SEND Support activities of the PFBA group.DB offered to help out to expand PFBA's SEND support and showed interest in adapting similar model in FE settings.</p> <p>SE suggested to work together with PFBA and other education settings to develop a package of SEND support which could easily fit in public health as well as other's school related projects.</p> <p>Action: DB, SE and JB to meet up to expand the SEND Support possibilities and shared feedback</p>	
	<p>A.O.B None</p>	
	<p>Date of Next Meeting: Tuesday 22 November 2022 10:00 – 12:00 Microsoft Teams</p>	
	<p>New Actions:</p> <ol style="list-style-type: none"> 1. Repeat Action: CSH to do a short update on Short Breaks in November 2. Action: RS/ JE to email NK the list of SSPB members from Health sector 3. Action: Group to pencil 1st December (afternoon) 2022 meeting with MH and MH to share further 4. Action: DL to email NK re: antenatal service info to add to the minutes 5. Action: JW to arrange meeting with Rs/ KB to review the Viral Signs' health side 6. Action: DB, SE and JB to meet up to expand the SEND Support possibilities and shared feedback 	