

Agenda Item 2
SEND Strategic Partnership Board
Tuesday 16th November 2021
9:00am- 11:00am 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
Julia Elliot	Designated Clinical Officer, Bradford District and Craven CCGs	JE
Dawn Lee	Assistant General Manager, CCSBDCT	DL
Annette Jackson	Designated Medical Officer, Consultant Paediatrician, BTHFT	AJ
Ann Andrew	Head Teacher, Hyde Park Special School	AA
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
Sharon Bowring	DMO Consultant Paediatrician, Airedale NHS Foundation Trust	SBo
Hannah Whittaker	Service Manager, Medical Needs & Hospital Education Service	HW
Christine Holloway	Associate Director, CCG	CH

Apologies

Name	Organisation	
Ian Morrel	Head Teacher, Titus Salt School	IM
Diana Bird		DB
Ruth Shaw	Senior head of strategy, change and delivery, NHS Bradford District and Craven Clinical Commissioning Group (CCG)	RS
Clare Reeves	SEND Lead, PfA team	CR
Andrea Walters	Head of Service - Social Work Keigh/Ship, Children's Services	AW
Mariam Haque	Interim DCS	MH

David Stephens	Service Manager, Children's Services	DS
Micheal Campbell	Denholme Primary	MC
Debbie Jowett	Team Manager Bradford SENDIASS	DJ
Duncan Cooper	Consultant in Public Health	DC
Mary Ryan	Strategic Commissioning Manager, Children's Services	MR
Nazmun Khan	Business Support officer, Bradford Council	NK

Ref No	Action/Decision	Action Owner
1.	Welcome, Introduction & Apologies As above	
2.	Actions: All actions bar 2 are in the agenda (resourcing paper comes to Jan/Feb Board) A meeting will be scheduled with the Strategic Director to consider how this links to the Health and Wellbeing Board. An Amended summary report which will then go to the highest functioning groups, check that attendees of the SSPB are happy with content. ACTION – to create a summary document to be used for partners as needed. Minutes were accepted as a true reflection of the meeting	SEND T&C
3.	Position Statement on Exclusions SB ran through KRs position statement, stating that our PX numbers have decreased. JB, asked what support do families get? The numbers tell us part of this story but there is a need to look at case studies ACTION – Case studies of those families that have experienced a PX to come to SSPB in Jan/Feb. Which is to include those CYP that have moved several settings, to look at the adverse challenges that these have experienced. Not every LA can say there hasn't been any permanent exclusions with young people who have an EHCP.	KR & SEND T&C
5.	Position Statement Tribunals for SEND	

	<p>Colleagues asked- What are the key themes, the challenges coming back so we can work more closely as a partnership to stop the tribunals come through.</p> <p>Colleagues noted that the numbers are relatively low, and this is quite a surprise for a LA of our size. Colleagues asked if families know their rights and how does this link with mediation and wider council complaints.</p> <p>JB, we tend to buck the trend. How does Bradford have such low tribunal rates? There is a lot of data coming to of the ombudsman, are we using this? It is complimentary when you look at both of these together. They are keen to do more, in supporting these type of tribunals.</p> <p>Are people going down a different route, the information today has been a good start but we are now asking some good questions.</p> <p>ND, it is intriguing why we don't get more tribunals, most come following a phase transfer. Naming a school in time, allows to work through mediation and therefore don't need to go to tribunal.</p> <p>Working hard to provide families their rights, missed appeals, we have reissued letters and decisions so they can hit appeal dates.</p> <p>SS, would be great to have SENDIASS input in this. They do get a lot of families considering this route but then go down an another route.</p> <p>JE, Extended appeal process, this is new to all. Being a vertical learning curve, developing processes. A plea tribunal are utilising our processes, health working very hard to review current processes. Reengage and have open conversations.</p> <p>Key challenges with extended appeal process, consent. When request comes through, we do have a lot of nervousness about sharing health records, which means they miss deadlines.</p> <p>ACTION: A report to be scheduled at SSPB in a 2 months' time and bring back a lessons learned paper in 3 months' time on existing tribunals. Paper to be co-produced with SENDIASS.</p> <p>ACTION – bring back sub-agenda item to look at the above point and consent of sharing health records. Flowchart and what actions are being completed to allow for professionals to hit deadlines.</p> <p>ACTION - Give SSPB a further breakdown as to why families are going to Tribunal. (Policies, statutory components, LA processes breaking down)</p>	<p>SEND T&C & DJ</p> <p>Sendiass / SB</p> <p>CL & SEND T&C</p>
6.	<p>CCG ASD Update</p> <p>JE, RS gave verbal update but had not realised she was on AL. Outsourcing, business case. Weekly provider meeting/ops meeting using a 2 pronged approach, current waiting list have been scoped. 898 CYP not commenced assessment, these will be assessed by 3 external providers.</p> <p>The CYP that have reviewed will be completed by April. The remaining will be complete by July 2022.</p>	

	<p>RS updated the Board that If 900 assessments are completed the waiting list would fall to approximately 27 weeks. If 1000 completed the waiting list would fall to approximately 22 weeks.</p> <p>CAMHS gone through each case, this has noted there has been a reduction in the waiting list, with those on it being contacted and coming off the waiting list.</p> <p>JB, stated this was good news. Do we know how many cases CAMHS have looked at? JE noted that they have looked at each case.</p> <p>PH updated that there are 2 elements and 1 waiting list and the part that services were being delivered even if there wasn't a diagnosis. The Board asked if an updated can be provided on the Neurodiversity Programme, led by Damon Boxer, and RD, in relation to how we approach ND.</p> <p>Action- Presentation by DB to come to next SSPB Board on Neurodiversity.</p> <p>Bradford and Leeds are becoming the national lead for data and using this strategically, allowing for earlier identification. Bradford is leading on ND. Pulling this data to look at key identifiers of need, and then to get the support in early. RD is developing a tool which will allow professionals to identify these, not taking away from the formal assessment, but another resource to support families.</p> <p>Initial scoping work what is happening ICS level and National level, looking at best practice.</p> <p>Request that SSPB were cited on this piece of work moving forward.</p>	
6.	<p>Draft Performance Reporting for SEND – Vital Signs Prototype Education Attainment</p> <p>This is the culmination of a group of colleagues to help pull this first document together.</p> <p>Public Health Colleagues asked how this is related to the JSNA. Board members asked for a further data session tying into the Public Health. Request for a second session, looking at the data sets for the next 3 months. We have had a lot of professionals who are wanting to help and get involved with the development of this piece of work.</p> <p>ACTION – Forward plans for the Data Working Group to SSPB colleagues.</p> <p>Data Working Group Update</p> <p>AA, would like to see destinations in the academic attainment data. Quality of life when they leave school. AA noted that Adult SC services have been reduced drastically. And those Complex CYP do not appear in this report.</p> <p>We will bring back toft he next boards the Destinations Data set in the PFA information</p>	<p>SEND T&C cords</p> <p>SEND T&C (JW)</p>

	<p>ACTION – To bring back the PFA Outcomes Data in December 21 for a discussion.</p> <p>AA noted that the picture has drastically got worst over the last 3 years.</p> <p>JB, likes the vital signs, tells us what we already know through Lived experiences. We are supposed to be involved from age 14, some have got it cracked but some need work, Alongside the vital signs. Need more information for families. ND, the ARRT are now in place, a year that they are working with is year9, going through them to look at how they develop PfA outcomes. Year 8, focusing on mainstream ARs, highlighting if you already have PfA outcomes in we need to include them. Emma leading on this.</p> <p>In Jan, Andrea W, DS, EJ and ND are meeting to look at the transition plans look like for those who are post 19, who no longer have EHCPs. We will continue to work with partners to click all these together. AA, there is a lack of SC representation at this meeting. We can't move forward without SC involved.</p> <p>We will request AW to come to the next SSPB to answer some of the questions by the group, AW will be interested in the on the ground intelligence.</p> <p>ACTION – AW to come to Dec meeting. Principal SW to the SSPB to hear the views and talk through wider issues about SW and SEND.</p> <p>PH, is there a point where we need to highlight this point to other groups. We will ensure that this information is identified in SSPB report/slide so that the wider system is aware of the risks/issues.</p>	
7.	<p>Parent Carers Update Report on Masking in Schools</p> <p>The Masking Group was presented to the Board and the board thanked the PFA for bringing the important report to the board.</p> <p>JB updated the group secondarily that, some of the recommendations are quick wins. These have come from families and therefore must be provided on action being taken.</p> <p>HW, is actioning (Medical needs and Hospitilation Service) it matches what they are finding in tier service. 104 CYP that are not attending school, 79 MH 47 ASD. Increased referrals that have increased anxiety.</p> <p>Action – An action plan to be created by SEND T&C working with the PFBA to be shared to ensure actions are captured. SB to meet with JB to talk through how that may work and agree a dated to bring back to SSPB.</p> <p>JE, this work sounds really exciting. One of clinical leads is involved in any of these cases, what is the pathway of the assessment to identify those that are not able to</p>	

	<p>attend school due to SEMH. JE also noted that, this needs to tie into the work mentioned above RD and DB.</p> <p>JB, is this the type of thing the board would like to see more often? Masking was on the radar but this increased from the Summer hence why the need for it to be shared to the board. The next report, is about lack of respite provision which is in EHCPs. Who is accountable for this?</p> <p>JE, how do we bring the voice of the families to the SEND board. This is a great example of this and how the CPRENG workstream is facilitating this. Who is accountable for this?</p>	
8.	<p>QA Approach + Update on Identified Cohorts (Aurora)</p> <p>SB updated the board and shared the Aurora Protocol and updated board members on the requirement for a quality assurance framework that needs to be co-produced. SB updated board members that during the SEND inspection, the inspectors will concentrate on those that are very vulnerable. We will therefore review these CYP, we have identified that of those with an CE marker, EHCP and CPP. We think it is only right to bring semantic auditing practices of those who are most vulnerable, to review them.</p> <p>SSPB approved this strategy protocol and following the reports and findings this will then come back to the board in the Spring on progress.</p> <p>ACTION – share the KITE Protocol Dec meeting</p> <p>It was queried why when a CYP with CE marker move to CLA status, they come off this list, are they then classified as another highly vulnerable cohort?</p> <p>SB updated the board there are a number of vulnerable cohorts, and the above would also form part of a systematic review, as the CYP cross the boundary into another vulnerable group, the QA processes will ensure these are not missed.</p> <p>In the SEF, this is an area that needs a greater level of maturity and the work with Warrington will help with this.</p> <p>ACTION - Pick up with Safeguarding leads outside of the Board on Vulnerable Cohorts</p> <p>DL, CLA responsibilities does sit within corporate boards, therefore we need operational involvement within this piece of work. ACTION – A review of the Aurora Cohort to be completed and an update in January of the oversight and operational arrangements for this work to tie into the QAF.</p>	<p>SEND T&C</p> <p>JE, DL</p>

<p>9.</p>	<p>Engagement Events for SEND T/C Programme / Open Houses</p> <p>JH, updated the Board on the Open Houses events as the digital events had now been completed with w2 further events to follow in Keighley and Bradford City Centre.</p> <p>When we had our 1st open house, we asked them with their ideas and feedback. The event was really well attended, and 2 new parent carers were present. A positive quote from one of the parent is shared within the report, as well as key themes the project will address.</p> <p>The Local Area are now starting to look at systematic QA, in Dec the multiagency QA group are looking at EHE CYP. Next steps, engaging throughout November, 2 more events. Discussions within Warrington on progress with a full report to come back in January with all the key findings.</p> <p>ACTION – Interim Update to be provided in December and full update on Open House to be provided in January.</p>	<p>SEND T&C</p>
	<p>Highlight Reports Prototype for Improvement Programme</p> <p>SB provided the prototype to the Board to ensure that the model has the right levels of complexity / detail but is not too onerous. Feedback will be sent to the T/C.</p> <p>Information about Short Breaks has come to the group, we are now in the process of recruiting to the SB team The BSO has been recruited to and in the next couple of weeks, we will be recruiting to the specialist SB manager in Late December and Early January 22.</p> <p>SB updated the board on the model as well for the Insight and Performance following the update provided earlier.</p> <p>CH, AD at CCG. Like short and sweet, but if people need the detail will it be accessible. SB confirmed it will and further reports can be requested with more detail.</p> <p>Colleagues asked as in a QA does it tick all the boxes? Is there an action for each paper as part of the partnership? "It is difficult to see the trees because of the wood"</p> <p>SB noted that we are moving into a very busy period following the SEND Inspection, we need to provide the depth when there is a lot of breadth. We need to address what has changed and what is BAU. RS asked if these can be published? SB agreed they will and can go to partners as well.</p>	
	<p>Highlight Reports - Workstreams, Joint Commissioning</p> <p>IA</p> <ul style="list-style-type: none"> - Most of content has been covered by the QAF - Commencement of ARRT team - last page of highlight report includes requested data <p>C&E</p> <ul style="list-style-type: none"> - Included to the C&E workstream yesterday, how do we want to move things forward. there will be a group set up to look at this and how can include the families within the workstreams. 	

	<ul style="list-style-type: none"> - Parent and carers have contacted the group and happy to be involved. - Had 8 parent carers come back and are interested in joining the workstreams. <p>PfA</p> <ul style="list-style-type: none"> - 3 Risks remain the same - A lot of work around ensuring SMART PfA outcomes are included within Plans, including Outcomes Cascade training provided by the NDTi and the ARRT reviewing all Year 9 plans. <p>ACTION – PfA Vital Signs, and NEET plan to come to the Dec SSPB</p>	<p>JW</p>
	<p>AOB</p> <p>JE, Challenge around consent for an EHCA, for health colleagues going onto the portal this has changed. A lot of the times we are getting a signature, 65 haven't had valid consent this is then a barrier to the process. We have asked SS to look into this and for other Las to also look at this.</p> <p>DL, request for an agenda item. To look at the Sussex tool within the special schools, discussing in length with CCG colleagues. ACTION</p> <p>SB, sector led improvement work, we are being supported by Warrington, met with SB and ND what their thoughts were. They had a lot of positive comments but some good ideas.</p> <p>ACTION – Warrington share a presentation about what there supports are. To give partnership an overview.</p> <p>They identified 3 broad areas in how they will be able to help us with and the support they will be able to provide</p>	<p>SEND T&C & DL</p> <p>SEND T&C</p>
	<p>Date of Next Meeting:</p> <p>14th December @ 1300-1500</p>	