

**SEND Strategic Partnership Board**  
**Tuesday 19<sup>th</sup> October 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
Ruth Shaw	Senior head of strategy, change and delivery NHS Bradford District and Craven Clinical Commissioning Group (CCG).	RS
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
Duncan Cooper	Consultant, Public Health, CBMDC	DC
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
David Stephens	Service Manager CCHDT, Social Care	DS
Peter Horner	Community Action/Young Lives Bradford	PH
Lynn Donohue	Strategic Manager, Specialist Services, CBMDC	LD
Andrea Walters	Head of Service, Social Care, CBMDC	AW
Lynne Donohue	Strategic Manager, Specialist Services, CBMDC	LD
Mary Ryan	Strategic Commissioning Manager, Children's Services, CBMDC	MR
Debbie Jowett	Manager SENDIASS	DJ
Sharon Bowring	DMO Consultant Paediatrician, Airedale NHS Foundation Trust	SBo
Diana Bird	Vice Principal, FE, Shipley College	DB
Nazmun Khan	Transformation and Compliance Business Support, SEND Services, CBMDC	NK

Apologies

Name	Organisation	
Ian Morrel	Head Teacher, Titus Salt School	IM
Irfan Alam	Deputy Director Social Care	IA
Dominic Wall	(resigned)	DW

Malcolm Campell	MC
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Ref No	Action/Decision	Action Owner
1.	<p><b>Welcome, Introduction &amp; Apologies</b></p> <p>The new-Chair (ND) welcomed everyone to the meeting. ND updated the workstream on the management changes and mentioned that MD is left now and MH will be acting as a DCS until December and during this period ND will be acting as an AD for SEND and Inclusion and review will take place in the new year. ND will share the relevant statement communications with the partners of the SSPB group.</p> <p>ND requested the members to share their reasons for apologies in future.</p>	
2.	<p><b>Notes of the last meeting:</b></p> <p>SB thanked all the people who contributed to the Actions and mentioned two actions will be rolled over to the next meeting. He clarified that the reason for those actions was not done was that they were dependent on open-house events outcome and feedback. The rolled over actions are-</p> <p><b>Action: The SSPB group to do resourcing paper around reasonable time frame vs capacity and make sure they bring them back to the group for further discussion on priorities and resources.</b></p> <p><b>Action: Once all the projects and improvement areas are re-shaped and the board needs to show a communication plan around them.</b></p> <p>All the other actions are picked on either as an agenda item or individual presentations.</p>	
3.	<p><b>Self Evaluation Value for SEND Update (SB)</b></p> <p>SB mentioned that they have now updated the SEF ( 8 versions of SEF in two and half weeks) and formally thanked all 20 individuals/ partners who contributed to it. He added that health partner JE played a major role in shaping the SEF and also showed his gratitude to JE and RS for their contributions.</p> <p>SB mentioned that this Brand new SEF reads better with a flow of all these various chapters. He added there are a couple of sections that still need to be added to the final version of SEF- for example, the relation Between SEND and early health. DL and DC are helping out with the information.</p>	

	<p>He mentioned this SEF is an evolving ongoing document and some data might have become outdated which will be picked up in Vital Signs. In addition, SB formally shared his special thanks to each member of the SSPB workstream and appreciated their commitment and contributions in completing the SEF together.</p> <p>ND reiterated that the new SEF is extremely accessible and clear and identifies what we have achieved, what we need to achieve and how we will go to move forward. Collating from 55 different authors contributions, SB added that they worked hard to make sure the language is inclusive and reflects more of a partnership document.</p> <p>ND asked the group for questions on the SEF but the members seemed content with the SEF raised no issues.</p> <p>SB will continue to reach out to partners via workstreams and update the SEF every three months.</p> <p><b>Action: SB to keep an agenda item on the SEF</b></p> <p>Showing appreciation for the new SEF, JE echoed SB and thanked SB and all the other partners. JE asked SB if it was okay to share the SEF with the Health Partnership group and SB happily agreed.</p>	
5.	<p><b>Neurodiversity Updates (RS)</b></p> <p>RS shared a few updates in addition to key points from the last meeting-</p> <ul style="list-style-type: none"> <li>• Outsourcing processes on the Neurodiversity business case to address the backlog of long waits for autism and/or ADHD assessments and begin to start processing next month.</li> <li>• Conversation going on how to work with children and their parents who are not brought and also not on the waiting list.</li> <li>• Working with the NHS providers who are still following the current model under shortage of staff. As the new recruitment will take time the discussions were going on what to do in the interim time.</li> <li>• Conversations going on the development of a system-wide approach from a diagnostic model to a need assessment model and how the current pathway can be improved</li> <li>• Damen Box is having a conversation on the introduction of a pre-diagnostic assessment and a discussion on the shifting of funding from</li> </ul>	

	<p>diagnostic assessment to need led assessment. RS requested the SSPB board to share their view on this.</p> <ul style="list-style-type: none"> <li>• Steps of the system work- looking to coordinate system events to look at pathways and access to system support.</li> <li>• Missing action which is not forthcoming is communication out to the system-developing a health communication around funding and our processes that will allow then bigger system communication.</li> <li>• Meeting weekly with various partners groups/ stakeholders.</li> </ul> <p>ND mentioned that the SSPB board acknowledges a significantly huge financial commitment that has been made towards tackling neurodiversity waiting lists. In addition, he appreciated the huge amount of commitments and hard work of RS and the team around improving and designing and implementing this initiative.</p> <p>ND shared his view and mentioned both assessments are not mutually exclusive. Parents have a right for their children to have identified needs and be diagnosed at a reasonable time. However, there is also a need for early intervention not commissioning by need rather than diagnosis so that services are available at the earliest point.</p> <p>MR added the difficult bit is how we make that happen through need led commissioning bearing in mind that the commissioning group hasn't met for a while. ND asked if DB made any contact with MR or if she had been invited to any of their meetings. Hearing the negative answer from MR, ND requested RS to allow MR to meet DB.</p> <p>JE stated that DB is pulling a programme of work for different groups of people and they will have further information following their board partnership meetings concerning programme, workstreams and group membership.</p> <p>DL flagged that universal health visited at the school nursing in the early identification of SEND and working alongside. She added it would be useful if their findings could be shared to allow us to work proactively. RS appreciated DL's comment and reassured that DL is on their event list too.</p>	
6.	<p><b>Vital Signs (SB)</b></p> <p>SB developed and shared the first Vital Signs report prototype presentation before the meeting. He talked about the context of the report and mentioned that this is more of a prototype stage and all of the measures in another document that was shared for suggestions for these SSPB boards to consider. He added it is important to bring on a rotating carousel different vital signs measures every 3 months to this leadership group. Sharing the screen on Teams he reiterated this is the first attempt.</p>	

## Key points

- Areas for Vital Signs Development are Integrated Assessment, Health, Safeguarding, Sufficiency of Places, Co-production, Preparation for Adulthood, Academic Attainment, Commissioning, Auditing, Staffing and Training
- Data Measures will be looked at every 3 months on a revolving carousel. However Academic Attainment data are available yearly so that can be brought in 6 months.
- Measure on a page with little narratives considering a few questions on the signs-
  1. What is our trend and what are we doing about it
  2. Why it's important
  3. Are we on track to where we want to be?
- Key Indicators and Rag ratings are shared and will be updated in the SSPB board as per SEND Code of Practice.
- Few measures are currently under development due to a lack of data and will be updated with new data from the new portal.
- Key Questions that will be asked by the Ofsted are taken into Considerations
- SSPB board needs to keep an eye on where extra measures are needed for the vital signs areas.

**Action: SB will share a draft process to the board on how to process Annual Reviews on the Aurora ( most vulnerable of the most vulnerable) group and what the group will look like.**

**Action: SB will share a draft plan on YJS measure to the SSPB in December on how to reduce the numbers of children who are first-time entrants to the YJS as part of this measure to support better life outcomes for YP.**

SB requested the group to share any feedback/ suggestions on this report-

1. Is this helpful?
2. Does it address the relevant questions?
3. Are you happy for us to go and work with partners across the partnership to bring back the next prototype and some of the other measures? If so which one would you like to see?

DJ appreciated the report and mentioned it was clear. She added two key points which seemed missing/ not clear-

1. Quality- e.g. not sure how to translate the quality of the actual content of the plan into statistics
2. Parental feedback of the process-. e.g. satisfaction rates,

SB agreed with DJ and mentioned there was a section on measures on audit. He added it was mentioned in the previous board meeting that there will be a

Quality Assurance Framework which will set out how the quality of auditing and quality will look like because it's a gap for us.  
SB suggested bringing back an outline paper of what does auditing look like and what are the levels of the feedback, and what takes place at the service level, how are the plans being assured by the team managers, are they being agreed upon by the parents, how does that link back to parental challenge or concern or professional concern. He suggested bringing in external Las or agencies to review the auditing.

SB requested DJ to be part of the QAF as well.

**Action: SB to bring back outline papers of Quality Assurance Framework**

DB raised questioned around ethnicity, Language barrier and communication. How much money goes into translations to reach those parents with language barriers? SB said that's not in the vital signs. However, there should be something around changing the needs of families. He suggested we can have a small group of headteachers and other interested professionals to say what that could look like and how often should that be brought in as part of the Vital signs. SB suggested adding a section on 'changing needs to the city' which ties back to their JSNA works too.

DC appreciated SB's presentation and echoed the earlier comment on wider needs. He announced to offer help on the additional data (from SEF/JSNA) supporting the wider needs issues.

**Action: SB to identify how do we put these vital signs so that it's most beneficial to this board.**

JB shared concern around how are we communicating these brilliant works to the parents' carers to make sure that the families feel they are part of all these and ask them about their vital signs? SB agreed with JB and mentioned that's why they are having the open houses where they would like to ask the people what they think are their vital signs.

SB used the analogy of Lego to explain how all the pieces they are gathering to make the best fit for Bradford's needs. He added for transparency major 10/15 vital signs should be published on the LO.

JB requested SB to be mindful and careful in presenting the open houses to the parents and carers.

MR mentioned 10 vital signs are too many and suggested there should be a few key indicators agreed upon with partners and parents and communicated to the wider group too. and SB replied all the other authorities that are rated good had 3 from health, 3 from Education, 3 from Social Care and 1 from the partnership. SB suggested there should be a healthy debate on finding out the top 10 Vital signs and their wider connections.

	<p>ND suggested the findings from the open houses will allow them to prioritise the signs and will take it back from there.</p> <p>JHe responded to MR's query on the key indicators and mentioned that the initial SSPB board agreed on 10 indicators that are part of the dashboard. Each month there are updated narratives that are included on the workstream's Action plans. MR suggested as a group they need to be focused on outcome indicators rather than input indicators.</p> <p>DC shared his positive feedback on the overall conversation and mentioned we have got everything (i.e outcome indicators and new vital signs report) to put together and narrow it down.</p> <p>JE appreciated the vital signs report and mentioned it as a testament to the journey of where we were and where we want to be.</p> <p>SB appreciated everyone for the rich and healthy debate around the vital signs prototype.</p>	
6.	<p><b>Engagement Events for SEND T/C Programme (JHe)</b></p> <p>JHe presented the LO website and shared the Engagement events info with the group. He announced throughout November they will be running a series of Open Houses on the proposed SEND Transformation Programme. They will engage and consult the parents' carers and young people to help develop the services that families need.</p> <p>There will be 6 virtual events and 2 in-person events one in Kala Sangam and one in Keighley Town Centre/ The following areas will be covered in both the sessions.- Quality Assurance Framework, Local Offer Refresh, Short Breaks, Family Finance, Brokerage Services, Bradford Market Place, Young Persons' voice, Employment, Training and Education, Workforce Development and Performance and Insight. Details of the events and further information on the individual events, and video records of the virtual event's 5-minute presentations will also be available on the LO website.</p> <p>For those unable to attend any of these events, they will be providing further information on ways in which they can provide input and feedback. These include Formal Survey Via Snap Survey/ Google Form, feedback through the Local Offer page, WhatsApp group messages, direct feedback email to <a href="mailto:SENDTandC@bradford.gov.uk">SENDTandC@bradford.gov.uk</a></p>	

JHe also added that they are looking for the SSPB's approval to start the events formally in November and asked for the board's feedback on the planned engagement arrangements.

ND asked if there were any objections to the Open House events and found no objections from the group.

JB proposed that the presentations, wording and language of the events of the open houses are very important as the parents and carers will be attending and requested if JB could have participated in testing those messages/presentations out before the events. JHe appreciated JB's proposal and also mentioned they are trying to make it as user friendly as possible and updated the descriptions of the events on the LO page. In addition, JHe shared the link on Teams chat and requested the group to share feedback on wording etc <https://localoffer.bradford.gov.uk/service/Open-Houses>

JE appreciated the events of the open house but asked for the branding of the event? Is it going to focus on the partnership approach or LA focused? JE suggested this would be a great opportunity for all services to promote the partnership approach to the parents and carers. JE also asked if there were any expectations for the partners to attend? Is there any opportunity for the partners to contribute to the Children and Young people's voices session? JHe agreed with JE and reassured her that the partnership approach will be taken. He added these are the initial dates for the events and however more than happy to add more sessions to fit everyone. JHe mentioned these were the initial dates of the events and proposed that the details of the events would reflect on the partnership approach e.g. Health, Education and Social care partners could help out with the break out sessions etc. JHe also mentioned there was a good discussion on the Children and Young people's voices in the last Co-Production and Engagement workstream meeting and mentioned that partner's contributions will be incorporated recent or in the last two years.

PH showed concern about the time scale of the open house mentioned as 'a bit tight' as the first event seems to be in two weeks including one half-term holiday and mentioned the issues around comms and arrangement etc. JHe acknowledged PH's point and clarified they needed the board's approval first. JHe mentioned they will review the events as they go along and added that comms are ready to go out via the parents' carers groups, mailing lists, social media and also will be included in the LO newsletter which has nearly 8,000 subscribers. JHe also requested the board to escalate and communicate with across their team.

SS mentioned as part of the Co-production and engagement workstream they will establish children and young people's SEND task and finish group to improve the voice of the child in SEND and invite the SSPB group or any rep

	<p>from their team to be part of the group if they are interested. She added that a new parent and carer representative joined the Integrated Assessment workstream this month from the PFBA and another parent showed interest to join the Co-Production and Engagement workstream. SS echoed JE on branding and mentioned it's also very important for the parents and carers to understand the journey as being a partner. ND agreed with SS and mentioned SEND T&amp;C team will work hard to make it clear.</p> <p>Considering PH's point, SB added a final point that they might need to run the in-person open houses again depending on how many people can be accommodated face to face applying the health and safety measures in the venues. If the uptake is high they will get some shadow dates out in two weeks to make sure everyone has the opportunity to take part and shape the services as part of genuine co-production. ND echoed SB and mentioned it's better to start early and have a contingency plan rather than any delay.</p>	
7.	<p><b>Highlight Reports – SEND Transformation and Compliance</b></p> <p><b>Preparation for Adulthood:</b> JW ran through the highlight report and mentioned this month they reviewed all the action plans assigned to the workstream. JW also shared the key achievements of the month.</p> <p><b>Co-production and Engagement:</b> SS ran through the highlight report and updated the key achievements.</p> <p><b>Integrated Assessment:</b> JHe ran through the highlight report and mentioned this month they reviewed all the action plans assigned to the workstream and there are no red rag on the plan and mentioned significant progress over the past year on key action areas. JHe also shared the key achievements of the month and planned achievements for the next month. JB announced she will run a few parents and carers training sessions to help the parents engage and contribute to the workstreams. JB will share the details of the training in a future meeting. ND mentioned they have the ambition to have parents carers involvement in all levels of their decision-making process and announced to offer full support and priorities from the SSPB group to JB running those sessions.</p> <p><b>Action: JB to share details on Parents and Carers training sessions.</b></p> <p>MR asked when the Joint Commissioning workstream might be up and running again and it's a gap at the moment? SB agreed and took an action on this.</p>	

	<p><b>Action: SB to update on Joint Commission Workstream Resurrection.</b></p>	
<p>8.</p>	<p><b>Updated Terms of Reference</b></p> <p>SB updated on the Terms of Reference and asked the group to reflect on the ToR which was shared before the meeting. SB mentioned the ToR was updated, however, he opened up the questions to the board members around the adequacy of the ToR in terms of the SSPB works they all are doing and if that needs amending to make them clearer and understandable. DC raised his concern around the governance in the Children's structure and mentioned Children Assistant Board haven't met for months. DC mentioned Health and Wellbeing Board and Children's partnership board are their main governance which, he believes, the SSPB should feed into. SB mentioned they also need clarity on where the SSPB agenda updates and Highlight reports are needed to be sent However, SB suggested it would be a good idea to speak to JE, RS and ND for clarity. ND agreed with DC and also suggested to SB that there is a piece of work from FM which might help them for more clarity.</p> <p><b>Action: SB to find out the structure of the SSPB board about Health and Wellbeing Governance.</b></p> <p>ND formally thanked the group members and announced that subject to clarification on the structure of boards that they accept the ToR in the round.</p>	
<p>9.</p>	<p><b>AOB:</b></p> <p>SB mentioned sending out the SSPB minute quicker next time as per a few colleagues requests and also doing an action tracker soon.</p> <p>JB mentioned the Listening Event will take place on the 25<sup>th</sup> of November and the title is Children's Mental Health Services. JB added they will get the comms out for that event and requested the group members to share them as well. ND asked if the info was also going on SEND newsletter and JB replied yes.</p> <p>JE shared a piece of good news and mentioned they won bidding on the NHS bidding England Re: CDC work around outcomes and co-production and received £10,000 to develop and progress the work. JE also mentioned keeping updated the board on the progress.</p> <p>ND formally thanked the group for their co-operation in his first meeting as a chair of the SSPB.</p>	

	<p><b>Date of Next Meeting:</b></p> <p><b>Tuesday 16<sup>th</sup> November 2021, 9:00am- 11:00am via TEAMS</b></p>	
	<p><b>Actions:</b></p> <p><b>Action: The SSPB group to do resourcing paper around reasonable time frame vs capacity and make sure they bring them back to the group for further discussion on priorities and resources.</b></p> <p><b>Action: Once all the projects and improvement areas are re-shaped and the board needs to show a communication plan around them.</b></p> <p><b>Action: SB to keep an agenda item on the SEF</b></p> <p><b>Action: SB will share a draft process to the board on how to process Annual Reviews on the Aurora ( most vulnerable of the most vulnerable) group and what the group will look like.</b></p> <p><b>Action: SB will share a draft plan on YJS measure to the SSPB in December on how to reduce the numbers of children who are first-time entrants to the YJS as part of this measure to support better life outcomes for YP.</b></p> <p><b>Action: SB to bring back outline papers of Quality Assurance Framework</b></p> <p><b>Action: SB to identify how do we put these vital signs so that it's most beneficial to this board.</b></p> <p><b>Action: JB to share details on Parents and Carers training sessions.</b></p> <p><b>Action: SB to update on Joint Commission Workstream Resurrection.</b></p> <p><b>Action: SB to find out the structure of the SSPB board about Health and Wellbeing Governance.</b></p>	