

CCGs working together

Airedale, Wharfedale and Craven CCG
Bradford City CCG
Bradford Districts CCG



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METROPOLITAN DISTRICT COUNCIL

Department of Children's Services

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SEND Strategic Partnership Board Chair: Marium Haque 8 January 2019

Attendees:

Name	Organisation
Dominic Wall	Southfield Grange Trust (Special School Rep)
Julie Bruce	Parent's Forum
Ann Andrew	High Park School
David Byrom	CBMDC
Ruksana Sardar Akram	CBMDC
Ruth Hayward	NHS Bradford and Craven CCGs
Clare Smart	NHS Bradford and Craven CCGs: In attendance on behalf of Alijan Haider
Mary Ryan	Strategic Commissioning Manager: In attendance on behalf of Jenny Cryer
Wendy Uttley	Down Syndrome Training and Support Service and a parent
Lynn Donohue	CBMDC
Sharon Bowring	ANHSFT
Peter Horner	Community Action/Young Lives Bradford
Marium Haque	CBMDC (Deputy Director, Education and Learning) - Chair
Andy Crabtree	CBMDC
Stephen Nyakatawa	CBMDC
Debbie Jowett	SENDIASS (Barnardos)
Sally Townend	CBMDC (Transitions Service Manager)
Lorraine Hawkesworth-Quill	CBMDC (Respite CCHDT Services Manager)
Julia Elliot	BDCFT
Annette Jackson	BDCFT
Nav Chohan	Shingley College (Principal)

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Gail Grant	Riddlesden St Mary's Primary School
Mark Anslow	CBMDC (Prevention and Early Help)
Nick Smith	SENDIASS (Barnardos)
Rahila Nazir	CBMDC (SEND Dedicated Business Support Officer) – Note Taker

Apologies :

Name	
Ian Morrel	Titus Salt
Jenny Cryer	CBMDC
Jim Hopkinson	CBMDC
Gareth Flemyng	Adult Social Care
Ali Jan Haider	Bradford CCGs
Angela Vinnicombe	Ingrow and Long Lee Primary School - Resigned
Sasha Bhat	Bradford and Craven CCGs and CBMDC – Head of Commissioning
Dianne Richardson	Headteacher Rep - Swain House Primary School

Ref. No.	Action / Decision	Action Owner
1.	<p>Welcome, Introduction & Apologies The Chair welcomed everyone to the meeting. Introductions were made and apologies noted.</p> <p>The Chair recommended that for transparency and openness the work of the SEND Strategic Partnership Board should be shared publicly through the Local Offer and BSO. This will enable a better understanding of decisions made. The Board agreed with no objections.</p> <p>Action: To arrange for the agenda, minutes, Terms of Reference and Workstream Outcomes/ Membership be published on Local Offer website and BSO</p>	RN/AC
2. 2.1	<p>Minutes of the Last Meeting & Matters Arising The minutes from the last meeting held 27 November 2018.</p> <p>Amendment Item 4: Local Area Audit Tools not Self Evaluation Tool to be circulated. Minutes were then agreed as a true and accurate record.</p>	

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	<p>Matters Arising: Page 3: RN to invite Emma Hamer to the next meeting (26 February 2019) to provide an update on data The contact for Social Care (YOT) to provide information/data to Health would be Charlie Jones confirmed David Byrom. Page 4: Actions for Transformation and Compliance Team – AC updated that block of actions are being addressed through meeting individual officers and local area audit tool. Page 5: One minute SEND Guide for all front line staff – AC advised this was outstanding and will be prepared and circulated to Board members. AC to Action Page 6: Quorum for meetings: Noted that either the Director or Deputy Director of CCG will be rep for key decision when not quorate.</p>	<p>RN</p> <p>AC</p>
<p>3.</p>	<p>SEND Reforms/SEND Local Area Inspection The Chair updated that the LA has received notification from Ofsted that the ILACs monitoring visit will take place in early March 2019. It is expected that the SEND local area inspection is likely to take place either before or after the monitoring visit.</p> <p>The Chair summarised on the procedure/process of being notified of the inspection. As LANO (Local Authority Nominated Officer) MH would be notified of the inspection. In the first week of the inspection preparation will be made within the LA (timetable) The inspectors may require meeting with leads from SEND services and random visits may be arranged to early years settings, primary schools, secondary schools, special schools and post 16 provisions. Inspectors will also speak to parents about their views.</p> <p>It will be necessary to ensure partnerships across education, health and care and parenting groups are aware of the concept and have a clear understanding of the SEND agenda.</p>	
<p>4.</p>	<p>Local Area Audit Tools AC tabled extracts from the Local Area Audit Tool for the LA to allow members to feed into the SEF, QA judgements made and provide comments / data and evidence. An updated CCG version is still awaited. When the CCG tool has been updated, a combined (LA and CCG) local area audit tool will be produced, which will need to be collectively agreed.. RH advised that the health information will be provided by 18 January 2019. AC asked members for their feedback on the judgements, work of the workstreams and any additional information and to challenge if required.</p> <p><i>Schedule for Inspectors, information and evidence has been drawn up.</i> <i>Action: Rahila to circulate to SEND Partnership Board</i></p>	<p>Andy Crabtree</p> <p>RN</p>

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PH asked whether the Audit Tool could be shared widely? The Chair advised that the Audit Tool is currently a working document where partners are still looking at the narrative and contributing to enhancing the document. Members of the Board are being asked to assess and contribute on behalf of their organisations and to write a self- evaluation which is accurate, reflects the judgements and demonstrates good practice to enable the LA to develop the SEF. This could be shared once it is complete.

AC provided an overview of the diagnostic checklist for local authorities. The Children and Families Act is a statutory framework for the integration and personalized services for children with SEND and improving outcomes through education, social care and health services to work together at both a strategic joint commissioning level and through the provision of integrated services for individuals through EHCPs where appropriate.

Strong joint working arrangements, based on a shared local vision, strategy and common understanding of areas of strength and where improvement is needed is key and crucial for delivering transformation programmes for children and young people including:

- Transforming Care Programme
- CAMHS Local Transformation Plans
- Increasing the use of Integrated Personal budgets

The audit tool is used to support joint working between LAs and health partners and pull together the key evidence in supporting children with SEND. The tool presents information that can be RAG rated on progress and implementation. Across the following 6 areas.

- i) Leadership and Governance)
- ii) Joint Arrangements (
- iii) Commissioning
- iv) EHC Plan
- v) Co-Production (Engagement)
- vi) Monitoring an Redress

Ratings are as follows:

Red – No compliance

Amber: partial compliance

Green: Full compliance

It was recognized that many of the ratings scored amber, were on the basis of work being started for improvement and could easily revert back to red if sufficient progress was not made.

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There are a number of issues that are impacting on the compliance rate. SN reported that further work needs to be done in Integrated assessment and service delivery. Following recent work it has been ascertained the issues are:

- Capacity
- Not enough officers to go to when a parent query is received
- Telephone calls are not answered which result in complaints
- Increase numbers in enquiries, FOIs, SARs, Enquiries and Complaints which takes up officer time

The team is working on bringing together the services (early years, schools and post 16) together to provide 0-25 Integrated assessment and delivery service. The aim is to "get it right the first time".

The audit tool will be developed on an ongoing basis with the workstreams and inform the SEF.

MB updated that Commissioning does not have a commissioning strategy and are working on this to provide accurate detail for the audit tool.

EHCP Compliance is a major weakness. 20 week performance is only 22% which includes all Exceptions and pupil absence. Excluding Capita1 exceptions is 53%, but this does not match DFE methodology and cannot be justified.. This needs to be rationalised.

The Chair confirmed that Ofsted only looks at the 20 week performance which is only 22%. JB said she was surprised at this as there has been a lot of good work done. It is also important not to lose sight of producing a quality EHCP.

Auditing of a sample of EHCPs shows that many are not compliant and some of them are incomplete. EHCPs tend to contain either education information with health or social care information missing. The plans are not reflective of the needs of the children and young people, documents need to be updated (SN). The Chair commented that everyone has ownership and an assessment should be carried out where a diagnosis has not been made.

- The national average compliance rate is 62%
- Annual Reviews should be carried out at a minimum of every 12 months
- The LA receives approximately 700 SEND requests per year and has a caseload of circa 3600 EHCP plans.
- They should cover the age range 0 – 25.

The Chair advised the current situation has occurred as Bradford was not previously resourced to meet the compliance rate / SEND agenda. The current processes and systems that are in place are impacting in significant delays and this needs to change. With additional capacity the rate could be improved

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<p>significantly.</p> <p>RS-A asked how many EHCP are over 20 weeks? The Chair reported there is a significant drift from 20 weeks and data for this can be shared.</p> <p>Action: To provide data on compliance rate, 20 weeks onwards</p> <p>DW said that there is complexity around SEND as the previous two inspections resulted in a number of issues. There are key factors that need consideration including:</p> <ul style="list-style-type: none"> • Nursing - health advice • Pressure to maintain care • Nurses are catching up on paperwork during the school summer holidays rather than at initial stage • Headteachers consulted, however there is additional demand on completing EHCPs – first element • 2nd element is the culture and learned complacency. <p>DW: These issues were raised three years ago and nothing has moved forward. JB commented there is lack of self-regulation. MB advised that some of these issues will be dealt with in the workstreams. SN: for consistency and keeping track of children with SEND. Every child should have a named caseworker/Education Officer from the date of referral /assessment to the end.</p> <p>The chair summarised that the work is not just about monitoring processes but also quality assurance across the local authority and health. There are internal issues with processes/systems which need addressing e.g JAMs system that takes too long and includes too many professionals.</p> <p>The paperwork needs to be correctly completed by SEN support in early years, schools and colleges which match's a child's EHCP. The format and layout of the documentation needs to be consistent and aligned across partners and to have a multi-agency approach working in a collaborative manner. Parents are familiar and understand their child's needs and should be consulted from the beginning. The Board needs to be more challenging. It was agreed that an early year representative should sit on the Board.</p> <p>Action: AC to explore and seek an Early Year member</p> <p>The Chair advised that board members should be confident of the RAG ratings in the audit tools, being aware of strengths and weaknesses and supporting evidence and challenging appropriately.</p> <p>The Local Offer (LO) is rag rated as green. DW asked in relation to</p>	<p style="text-align: center;">AC</p> <p style="text-align: center;">AC</p>
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	<p>commissioning, how is the LO used in order to understand unmet needs and how is it amended to reflect new services/provision commissioned? DW said he was concerned as there is massive unmet need. JB reported that parents attend events and work on the local offer with Sarah Pawson. The LO should be informing JSNA. RS-A added in relation to public health a further conversation needs to take place as commissioner. The Chair recommended it is how we commission and develop.</p>	
<p>5.</p>	<p>Workstreams AC updated that to date a briefing has been provided to the Chairs of the workstreams followed by a briefing to the rest of the members of the workstreams. A number of workstream meetings will be arranged taking into account flexibility in time and venue for parents to attend. JB offered Carlise Business Centre to hold the Co-production workstream meetings.</p> <p>Workstream highlight reports are to be presented to the Board in a composite report where possible.</p> <p>The Chair suggested that in reference to the code of practice, the first workstream meeting should look at the statutory aspects of each workstream ..</p> <p>Action:</p> <ul style="list-style-type: none"> • To recirculate the Terms of Reference, Workstream paper, highlight reports and schedule of meetings • Final copy of the Workstreams and membership is published on the Local Offer / BSO • Highlight Reports to be discussed at the next meeting <p>RH reported that CCG is still working on putting forward the health representatives that will take part on each workstream.</p> <p>The Health and Wellbeing Board is due to take place on 19 January and has requested for a report around the work of this Board and SEND, including the work of the workstreams and the 'red' risk areas. AC will be pulling together a report which will be shared with the members for feedback before the board. The chair apologised for the short notice.</p> <p>Action: AC to write a report for the Health and Wellbeing Board and share with Board for feedback</p>	<p>AC / RN</p> <p>AC</p>
<p>6.</p>	<p>A.O.B Annette Jackson, (DMO) Health flagged up the issue of providing support for families of children with SEND in crisis? AJ updated that she has received reports</p>	

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	<p>of children being brought to the A&E Department in BRI hospital as families cannot cope with their behaviour and it is unclear how to get urgent support.</p> <p>She requested clarity on what pathways are in place. Lorraine confirmed that CCHDT has an initial contact point and can provide advice on 'children in crisis' and provide a pathway.</p> <p>Mark Anslow advised that Early Help and Prevention is currently working on setting out a clear pathway.</p> <p>The Chair advised that the Board is able to agree a recovery plan and reducing the waiting lists. Identified there is a plan in place to deliver, this will be tested to be sure it is robust and achieve what it is set out to. What do we do for those on waiting lists, particularly those waiting for autism diagnosis and CAMHS assessments.? Behaviour pathways</p> <p><i>Parent's Forum:</i> JB informed that she has arranged a workshop for families regarding "what do we do for children with behaviour" (Positive Behaviours). It will be focusing on how to support the children and young people A total of 58 have signed up to attending. MR recommended a meeting following the event with Parent's Forum on how the LA can work on a pathway and how the LA provides support in relation to Early Help, Social Care etc.</p> <p>Action: Julie Bruce to feedback issues/outcomes from the event and propose a pathway</p> <p>Action: Rahila to set up a meeting on Behaviour Support Pathway. To invite Julie Bruce, Lorraine Hawkesworth-Quill, Wendy Fairman, Mark Anslow, Annette Jackson, Ruksana Sardar-Akram and Ruth Hayward.</p> <p><i>Post 19 EHCP:</i> Wendy Uttley advised that there is a requirement to have a post 19 EHCP – MH added that the EHCP needs to demonstrate that the young person is making progress – academic basis and ECHP elements if the College is to receive funding.</p>	<p>JB</p> <p>RN</p>
<p>8.</p>	<p>Date of Next Meeting: Tuesday 26 February 2019, Bronte/Priestley Conference Room, MMT at 12:30 – 14:30pm</p> <p>Workstream meetings: Schedule attached</p>	