

## SEND Strategic Partnership Board

### Tuesday 16<sup>th</sup> March 2021

### 9:00am - 11:00am via Webex

Present

Name	Organisation	Initial
Marium Haque	CBMDC Deputy Director (Education & Learning) – Chair of SSPB	MH
Niall Devlin	Strategic Manager, Integrated Assessment and Psychology, CBMDC	ND
Julie Bruce	Manager, Parent's Forum	JB
Annette Jackson	Designated Medical Officer, Consultant Paediatrician, BTHFT	AJ
Joel Herbert	Transformation and Compliance Co-ordinator, SEND Services, CBMDC	JHe
Sally Skipper	Transformation and Compliance Project Officer, SEND Services, CBMDC	SS
Julia Elliot	Designated Clinical Officer, Bradford District and Craven CCGs	JE
David Stephens	Service Manager CCHDT	DS
Dianne Richardson	Headteacher, Swain House Primary School	DR
Peter Horner	Community Action/Young Lives Bradford	PH
Luke Metcalfe	Transformation and Compliance Co-ordinator, SEND Services, CBMDC	LM
Debbie Jowett	Manager SENDIASS	DJ
Nav Chohan	Principal Shipley College	NC
Andrea Walters	Head of Service, Social Care, CBMDC	AW
Kirsty McCloud	Team Manager, Transitions Service, Health and Well Being, CBDMC	KM
Lynne Donohue	Strategic Manager, Specialist Services, CBMDC	LD
Mary Ryan	Strategic Commissioning Manager, Children's Services, CBMDC	MR
Lisa Brett	Head of Service, Early Help and YOT	LB
Sharon Bowring	DMO Consultant Paediatrician, Airedale NHS Foundation Trust	SB
Ruth Shaw	Senior head of strategy, change and delivery NHS Bradford District and Craven Clinical Commissioning Group (CCG).	RS
Sasha Bhatt	Head of Mental Wellbeing, Bradford District and Craven CCG	SB
Ann Andrew	Headteacher - High Park School	AA
Elaine Baulcombe	DfE SEND Advisor Y&H	EB

Apologies

Name	Organisation	
Sarah Pawson	Transformation and Compliance Team, Local Offer Lead, SEND Services, CBMDC	SP
Jane Hall	Transformation and Compliance Manager, SEND Services, CBMDC	JH
Josh Wadsworth	Transformation and Compliance Co-ordinator, SEND Services, CBMDC	JW
Ann Andrew	Headteacher High park School	AA
Duncan Cooper	Public Health Consultant, CYP Mental Health	DC
Wendy Utley	Downs Syndrome Support Group Representative	WU

Ref No	Action/Decision	Action Owner
1.	<p><b>Welcome, Introduction &amp; Apologies</b> The Chair (MH) welcomed everyone to the meeting. Introductions were made. Elaine Baulcombe was welcomed to the group as the DfE SEND Advisor for the Yorkshire &amp; Humber.</p>	
2.	<p><b>Notes of the last meeting:</b></p> <p><b>Action: WU sent her apologies for this meeting but hopes to attend the next SSPB. SSk to invite.</b> <b>Action: DS to follow up outstanding action point re CIN figures not increasing.</b> <b>Action: JHe reminded SEF narrative owners this needs updating. All SEF narrative owners to check sections are up to date.</b> JC strategy has gone to design. ND updated that he shared the stacking figures in the previous minutes and the annual review data requested by DR will be available by September.</p>	<p>SSk DS All</p>
3.	<p><b>SEN Headline Indicators</b></p> <p>From SEN Data dashboard, updated by the strategic manager from each service area.</p> <p>The first headlines are from SEN Assessment Team which shows a sustained increase on compliance from May last year. The EHCP cohort increased and continues to increase, and is expected to increase by 10% for the next couple of years.</p> <p>There are no permanent exclusions in the past year for children with EHCPs which is positive.</p> <p>The persistent absence figure is currently difficult to monitor because of lockdown and school closures but this will be more accurate from March's figure onwards due to schools reopening for all pupils. The commentary from Attendance team is that they are working closely with schools to monitor. MH added that as part of the Raising Attainment Strategy, funding has been identified for a specialist absence team to focus on priority groups at higher risk of persistent absence, including children with EHCPs.</p> <p>There are currently 2 children with EHCPs categorised as CME (children missing education). This figure is low but is still a concern and work is underway to establish the whereabouts of the child and family.</p> <p>Social Care figures show a steady increase in the number of children in care with EHCPs. Children's Services Improvement Board also have site of this data. The Board discussed the low number of children with EHCPs who are also CIN and CP. It was queried about the accuracy of data across the two systems in education and social care. Also we need to make sure where complex family situations are evident, the child's disability element is not masking any safeguarding or child protection issues.</p> <p>EB praised the SEND Team for clearing the historical EHCA backlog and improving on the 20 week compliance. EB referenced the target of 50% set by the DfE for the 2020 calendar year and this was exceeded. MH recognised that we are very mindful of the wait children and families were going through and ND confirmed they were increasing staffing by 4 to ensure they can maintain the high level of compliance.</p>	

	<p>EB encouraged the Board to now have a similar focus on annual reviews moving forward.</p>	
<p>4.</p>	<p><b>Deep Dive into ASD waiting times</b></p> <p>Ruth Shaw shared a presentation. Diane Daley joined the meeting for this agenda item.</p> <p>RS confirmed where they are is not where they should be and there is a continuous discussion about the need to improve.</p> <p>RS confirmed the CCG are mindful of the missed opportunities to get early support in the system, and the delays lead to anxieties for families and consequences which impact on the longer term development of C&amp;YP.</p> <p>NICE guidelines set out an expectation of referral to assessment of 3 months.</p> <p>RS confirmed the need to work with CYP and families and confirmed they now work closely with AWARE. AWARE sit on the autism assessment process group.</p> <p>RS confirmed they have recently introduced a combined neuro diversity assessment pathway, so C&amp;YP don't start an assessment and then get diverted onto another assessment pathway.</p> <p>In December 2020 there were just under 2000 C&amp;YP on the ASD waiting list.</p> <p>RS confirmed waiting times vary in different areas of the service which can cause confusion for families.</p> <p>RS confirmed they monitor children from receipt of referral to completion of assessment, RS acknowledged there are inequalities in referrals across the district.</p> <p>Funding had been made available to commission 602 autism assessments but the impact of this had not been seen due to Covid.</p> <p>There is an intention to learn from other areas and the CCG and Health providers are working with colleagues across West Yorkshire.</p> <p>RS confirmed all families are offered support who are on the waiting list and 50 families on the ASD waiting list have accepted the support and training.</p> <p><b>Next Steps:</b></p> <p>JB- Raised concerns about waiting lists have been around a long time and that whilst it was understood the impact of Covid has not helped, this was already a significant area of concern well before Covid. JB raised concerns about managing expectations of families and queried what the outcome is expected to be on reducing the waiting list so it is far lower this time next year. JB felt that the Board needed numbers to say what the CCG hope to achieve in the next year. Targets need to be set to show improvement.</p> <p>JB also expressed concern about what messages are given to families who are waiting for a diagnosis and what can they access whilst they are on the waiting list?</p> <p>RS confirmed business case will be developed to include trajectories for improvement.</p> <p>MH confirmed that for support relating to education in a school, the message should be clear that support can be accessed by a school. Services in Education are there to meet a child's need and are not dependent on a diagnosis. This information has been clearly shared with school SENCOs.</p> <p>JB suggested not all schools were consistent in their messages about how they can support children.</p> <p>ND confirmed diagnosis are important to families as it can bring clarity and can help with understanding of needs.</p> <p>MH raised concerns regarding adequacy of funding to address the large waiting list and urged that funding needs to be at a level that reflects the pace and rate of reduction. MH suggested a reasonable expectation would be for the waiting list to be reduced to be NICE compliant within a 12 month period. MH also drew a comparison with the work of the EHC Assessment backlog which had to be reduced quickly whilst at the same time ensuring that the team was adequately resourced to meet current levels of increased demand.</p>	

	<p>MH asked that the Board are provided with a clear trajectory and timeframe to bring the waiting lists to be compliant with NICE Guidelines within 12 months with quarterly targets to enable the Board to determine progress against this. MH asked for a breakdown of the number of children waiting up to 3 months, up to 6 months, up to 12 months and children waiting 24 months or longer. This will allow the Board to have awareness of the numbers of children who are waiting very long periods of time. This breakdown of data also needs to be in the SEF. RS confirmed DD will be able to provide these figures.</p> <p>MH also asked for figures on how many children are on waiting list who reach 18 years old and therefore are no-longer eligible to remain on the list. DD confirmed they can provide brackets of children waiting. DD shared that there are 106 referrals in a month. Referral rates are increasing. 88-90% of children receive a diagnosis which indicates that referral are generally appropriate.</p> <p><b>Action – Information on the breakdown of figures and a timeline trajectory to be provided for the next SSPB meeting. This is to be an agenda item at the next meeting.</b></p>	RS/DD
5	<p><b>Deep Dive into CAMHS:</b></p> <p>SB gave a brief overview on her paper which showed significant improvements in the waiting times for CAMHS which are now 18.6 weeks from referral to treatment. Concerns were raised about referral into CAMHS as GPs, Schools and Parents are reporting they cannot make referrals into CAMHS. SB acknowledged GP referrals as a route is closed.</p> <p>MH raised concerns regarding vulnerable children waiting for trauma based therapies and how delays are impacting in the stability of placements and resulting in significant challenges for some families. MH queried why there was a significant difference in the experience of families, social workers and schools in regards to waiting times for several types of therapies. The data shared did not appear to reflect this.</p> <p>SB clarified that the measure used is from referral to the second appointment. The second appointment is considered to be a treatment. SB acknowledged that the second appointment was not the delivery of the identified therapy. MH raised concern around this measure as this is unlikely to be accepted as being in line with the expectations of the SEND Code of Practice as the measure would be from referral to a child beginning therapy.</p> <p>AW agreed with the issues raised and stated this is seen as an area of concern in her work. AW raised concerns about timescales to address this issue. AW asked what support is available for families in crisis. SB confirmed every family is offered wrap around support whilst they are waiting. There is a crisis offer.</p> <p><b>Action: SB to attend the next meeting and to bring more information about the waiting times for the delivery of specific therapies commissioned from CAMHS. Information should show the waiting times for different types of therapies so the Board can understand where the delays and pressures are as well as where performance is good.</b></p>	SB

6	<p><b>Highlight Reports – SEND Transformation and Compliance</b></p> <p><b>Integrated Assessment</b> Compliance rates to stay on the Highlight Report. Quality Assurance meetings for EHCPs now happening since Nov 2020. The group is looking at how social care and health link in. Still awaiting update on the reliability of data around annual reviews. Annual Review Action Plan Awaiting for sign off.</p> <p><b>Preparation for Adulthood (PFA)</b> PFA outcomes are already appearing in plans Training has started with parents and through PFBA/ SENDIASS 9<sup>th</sup> highest performing Local Authority for delivery on Supported Internships as all our colleges are offering this. Family Friendly guide to PFA being developed. Progress and good practice presented to PfA Regional Group.</p> <p><b>Joint Commissioning (JC)</b> Joint Commissioning Strategy is now with design. Children and Young People outcomes co-produced and agreed. Co-production values agreed. 46 partners/ parents and carers attended the first Council for Disabled Children Workshop. Short Breaks review underway.</p> <p><b>Coproduction and Engagement</b> Next Listening Event planned with Parents Forum for 22<sup>nd</sup> April 2021. Second Council for Disabled Children Workshop planned to look at embedding outcomes in Bradford.</p>	<p><b>Workstream Lead</b></p> <p><b>ND</b></p> <p><b>ND</b></p> <p><b>AJH/RF</b></p> <p><b>JB</b></p>
7	<p><b>CDC Workshops Bringing the Outcomes Framework to Life In Bradford.</b></p> <p>JB updated on the joint CDC workshop and how engaging the workshop was with over 50 professionals and parents attending and confirmed the next workshop is on Thursday 18<sup>th</sup> March. Following this actions will need to be owned by all partners to enable the outcomes to be embedded across the Local Area.</p>	<p><b>ALL</b></p>
	<p><b>AOB</b></p> <p><b>No matters raised.</b></p>	
	<p><b>Date of Next Meeting:</b></p> <p>Tuesday 18<sup>th</sup> May 1:00pm - 3:00pm</p>	