

North Somerset SEND Partnership

SEND Improvement Board Minutes

Tuesday 15th August 2023, 15.00 to 17.00

Present

Catherine Gibbons (CG) Cllr. Executive Member & Chair
Alison Stone (AS), Head of Children's Commissioning, NSC
Anna Clark (AC), Senior Performance Manager, ICB
Anthony Webster (AW), Head of SEND, NSC
Carolyn Fair (CF), Interim Director of Childrens Services, NSC
Helen Caldwell (HC), Strategic and Policy Development, NSC
Jacqui Scott (JS), Head of Learning & Achievement for Education Partnership
Jane Humphreys (JaH), Children's Improvement Advisor within the Local Government Association
Jo Walker (JW), Chief Executive, NSC
Lisa Manson (LM), Director of Performance & Delivery, BNSSG, ICB
Lorraine McMullen (LMc), Associate Director of Childrens Services, Sirona
Mandy Plumridge (MP), SEND Manager, NSC
Martin Hawketts (MH), Head of Service Adult Social Care, NSC
Matt Greenhalgh (MG), Interim Service Director for Safeguarding and Support
Pip Hesketh (PH), Assistant Director for Education Partnerships, NSC
Shane Devlin (SD), Chief Executive for Integrated Care Board for BNSSG
Mallory Freeman (MF), Minute Taker, Agilisys Limited

Apologies

Bally Nagra (BN), Head of Service for Children with Disabilities in North Somerset
Ed Bowen-Roberts (EBR), Headteacher, Baytree and Reception for special schools
Emma Bray (EBra), Headteacher Christ Church Primary, representing Primary Headteachers
Emma Brown, (EBro), Vulnerable Children's Unit, DfE
Emma Diakou (ED), Head of Business Insight, Policy & Partnerships, NSC

Grainne Rogers (GR) on behalf of Lorraine McMullen
Hannah Batts (HB), Principal Business Intelligence Lead
Justin Humphries (JH), Secondary Head Representative, St Katherine's School
Keith Thompson, (KT), SEND Professional Advisor for the Southwest, DfE
Kenton Mee (KM), Chief Executive for North Somerset Parents Carer's Working Together & Parent Carer Forum for North Somerset
Mark Hemmings (MH), Transformation Manager with ICB
Mark Tucker (MT), SEND Advisor for the Southwest, NHS England

1.0 Welcome and Introductions

1.1 Introductions and welcome to Carolyn Fair who is the new Interim Childrens Services Director.

2.0 Minutes of Meeting of 13th July 2023

2.1 CG review the minutes for accuracy.

JaH Point 2.19 I've been in contact with Greenwich and they have shared their **SEF and we plan to bring it to the board in September – ACTION** At 3.1 should read “thematic” not strategy and next is Preparing for Adulthood.

2.2 PH Point 6.3 we added Kenton to this board, but he is away and we have **moved him to September board instead - ACTION**

2.3 CG noted that was the last board attended by Sheila Smith and wished her well in retirement.

2.4 Action Log

The Action Log, Forward Plan and Risk Log have been merged into one document.

2.5 Transitions is complete, and we will be having a deep dive later in this meeting.

2.6 AW The rest are all September dates or going on into October. All on track at present.

2.7 Forward Plan

2.8 AW you can see we have Pathway To Adulthood and Education Strategy in the September board – it hasn't saved will change that now - **ACTION**.

2.9 Kenton's Parent / Carer Survey Report has been moved to the September board.

2.10 PH has a slot for updating Safety Valve in September.

- 2.11 Then in October we have reports on Attendance / Exclusions, Independent Schools Monitoring Process Report by AW and a paper on Progress and Attainment Results by JS. All key areas for the next two boards.

3.0 Risk Log

- 3.1 AW said it's like last time in terms of high risks. Key areas to monitor is EHCP and EP backlog, while monitoring the transitioning work of moving children from Top up funding to an EHC plan. The New TUF guidance is being finalised and will be with schools in September. Any changes to this we will bring back to the September board in the safety value update slot.
- 3.2 JW asked about trends in the risk log is it up or down. Is a red risk getting worse or not. Can we use a symbol to indicate if the risk is increasing or decreasing so we can focus our attention suitably. **AW to add symbols - ACTION. Completed 18 August 2023**
- 3.3 PH reflected that the risk log relates to our existing improvement plan and the risk profile will change under the new regime. How do we respond. How to transition across. The question is how big these risks will feel under the new regime looking at different priorities. A discussion for later.
- 3.4 PH there is something about where we tackle National Issues. Risks around how to tackle issues that sit at the heart of government. CG It's about the way we respond.
- 3.5 JW I see we are medium / high risk for JS & A data. It's almost a hypothetical problem. I'm not aware there is actual issue with the data, and we could be flagging an issue that is not an issue. SD its do with the nature of the 5x5 risk grid, it's a technicality due to be 1 and 5 and that makes it a medium risk.. **PH said I will take this to Emma and come back about it in September – ACTION (Risk re-evaluated to low/med due to risk sitting outside of North Somerset's control.) Complete**

3.6 Improvement Plan Status Has Changed – the notice has been removed.

- 3.7 JW Thanks to all for all the hard work. We had a conversation that our commitment to the improvement journey has not changed. We have committed to an ongoing 6 monthly improvement reporting regime and the presence of NHSE and DfE at our calls. I have asked about the frequency of that and the reporting requirements.
- 3.8 They were impressed with what they have seen. In some areas we have matured and based on some green shoots were happy to recommend the minister lift the notice. We have shown we work well as a system. Thanks to you and all your teams.
- 3.9 Update following the meeting from the Department of Education. They will attend the SEND improvement board Quarterly – September, December, March and June. They will be copied into agenda's and minutes of the SEND improvement Board that

they do not attend. There will no longer be a need to submit a formal report. A review meeting will be held in December and further details will be provided around what that will entail.

4.0 Pathway to Adulthood Update & Deep Dive (MH & MG)

- 4.1 MH stated the focus to today's presentation is those young person's transitioning from Childrens Social Care to Adult Social Care. This is only one piece of the puzzle and is not representative of the whole picture of transitions for young people.
- 4.2 Pathway to Adulthood is the new term for the work we are doing previously it was known as Transition. Confusingly the CQC still refer to transition as their terminology for the same work.
- 4.3 The Transitions Team was formed back in November of 2019 just before the world went into Covid which changed the face of all work. We have reconfigured and now are an Adult Social Care team with a single point of entry. We plan to have one team and one process.
- 4.4 Plans include doing assessments early to avoid doing it all as the child turns 18 and cliff edge approaches. Assessments will be carried out from 16 + years with identification of potential clients from 14 + years. Our target for the 2022 / 2023 year is to have 90% of all potential clients assessed by their 17th birthday.
- 4.5 The assessment criteria for adults are not related to diagnosis or being in possession of a care order or any legal status or an EHCP. There are no specific hurdles to the criteria it is based on the appearance of needs.
- 4.6 Our aim is to maximise independence, reduce reliance on care services and increase the young person's chance of an independent life. We are using creative solutions for support.
- 4.7 CF asked for the exact age the assessment is completed. MH said the average is 17 years old, twelve months from the point of transition, but this can be an ongoing process. Candidates are identified at 14.
- 4.8 CF queried the cost implications of transitions and how these are managed. MH explained that work is being done with Finance to try to predict the costs of care going forward from 14 years +. However, care provision can be delayed due to living at home or in a residential college. JaH noted that it is good practise to undertake an ASC assessment at 16 with an idea of an indicative budget.
- 4.9 CG suggested that assessments should be done as early as possible to mitigate stress to the family. Many tell her they don't know what happens when their child turns

18 and it is often the parents who are stressed not the young person. MH explained how important it is to offer the parents information on what it might look like. To that end they are working on the written resources and website information that parents can be signposted to.

- 4.10 PH suggested communications should be of broader importance as opposed to the narrow pathway described here. Parents and carers should be able to access and understand eligibility and threshold from the earliest times. It can be a shock to them. JaH noted that the National Development Team for inclusion (NDTi) have done some really good work re PTA which may be worth having a link to in our local offer and that Cambridgeshire have some good info too, just google PFA Cambridgeshire. MH agreed the information offer needed work.
- 4.11 JW suggested there are actions to be taken from this regarding **work on signposting and information**. And a **review of the optimal age of assessment** to ensure that it is correct. **ACTION for MH**. JW suggested that the information could be brought back to the board.
- 4.12 MH explained that the initial contact at 16 years may be a light touch as it is a dynamic process likely to be adapted at the later stages as the situation changes. The final assessment would be prior to turning 18 to have full clarity. Need to define what is expected of the first contact. JW suggested that further work is needed to clarify the process between the ages of 14 and 18. CF suggested a separate meeting to discuss.
- 4.13 PH was concerned about the voice of the young person in the process - what of their expectations. Young people are vastly different to their parents. MH explained that the nature of the Care Act assessment captures the aspirations, goals, and strengths of the person as well as their needs. It is its underpinning philosophy. We should remember that at 18 the young person is an adult and as such we speak to them directly and the assessment is written from that standpoint.
- 4.14 Currently MH revealed there are between 55 and 60 referrals a year. This is not a high figure and currently there are 89 active cases and 10 in review. 48 young people are in the tracking stage at 14 to 18 years. The team has a FTE of 5.42 staff. JW queried the difference between 48 tracking and 89 active cases. MH explained that some are case managed beyond 18 years of age. They can be held up to 25 years of age. The legal criteria states they should be handed over when in a stable package or at age 25. 41 cases are those post 18 years. **CF requested additional information on the active cases - ACTION**.
- 4.15 MH shared a list of things still to be achieved by the team including using the Mind of my Own app to garner direct communications with children, how the referral should look and what happens when it is received, a letter and pack of information. Also interfacing the two databases (childrens and adults) to streamline the process of data transfer. The team is only small doing complex work. Other challenges include resources and provision of care and cases that don't fit the standard eligibility criteria

requiring support with more creative solutions.

- 4.16 JaH noted that care leavers and UASC often have needs that are not care act eligible, some LA's have developed services for that group of YP, have adult service colleagues been to parent/ carer forums to talk about care act eligibility? MH The care act is based around disability or impairment.
- 4.17 PH stated we should be smarter about young people's aspirations, how are they going to live as adults in an adult space. Are we preparing them for the life they will lead? MH replied there is a lot of discussion about whole life perspectives especially within LD. One of the experiences of being an adult is about taking risks. PH noted this discussion around risk management has been part of planning for the next inspection framework. Working with parents and carers in allowing their SEND children to learn risk management skills little by little like other children do, rather than cocooning them in protection. CG stated that work with parents on this is the most important aspect.
- 4.18 MH noted within adult care there is a strong emphasis on risk enablement and the balance between independence and risk. To take risk within appropriate structures. Which can be a shock if not dealt with before the age of 18. PTA is known nationally as difficult nut to crack. Various models are available. CF noted that one approach is a 0-25 Service. MH we still have work to do.
- 4.19 JW & CG thanked MH & MG for the interesting presentation, we have learnt much more about the needs of this cohort.

5.0 SEND Engagement Plan

- 5.1 PH stated this was the slot for Kenton's report on the Parent / Carer Survey, there has been an ongoing discussion around the reach of the survey and a wider theme of communication with Parents and Carers.
- 5.2 PH the need is to develop an engagement plan for the new inspection regime to embed in practise as a cornerstone of operations.
- 5.3 Using the Islington Pyramid of Participation AW has been working in the background. He has circulated this recently.
- 5.4 PH suggested we need to ensure that the engagement strategy is inclusive of all our cohort. CF noted that we need a clear articulation of our engagement strategy.
- 5.5 Mandy has been doing some work in the Send Team so that all new referrals from September will get a scripted call about what to expect, how to contact us, what the process looks like. It is the start of a new relationship. We have a new Parent / Carer Liaison Officer starting in September.
- 5.6 CG noted that the initial contact colours all later perceptions of Parents and carers.

The first stages need to be sensitively handled. PH Indeed those experiences live with you for all time. Need to distinguish if these are still troubling people.

- 5.7 HC reports we wanted to hear from a greater number of children with SEND and SEND support. To engage with the SENDCO's, using the Mind of MY Own App developed a survey about safety at school. We have close to 100 responses. Very exciting. Will get some general info and the school so we can share the feedback with them. The survey closes on 28th August. **We can feedback at next board - ACTION.**
- 5.8 PH This is the largest number of responses we have ever had and hoping to get real views – not looking for comfort. The actual survey is very beautifully crafted. We have other projects in pipeline such as a video which is due in September.
- 5.9 PH suggested that in the next few months when we develop our engagement strategy, we will be collating a range of ideas including the response in the room – not least Lisa who has some innovative ideas about how the structure works in other authorities and how we might harness them.
- 5.10 SD asked how we will be feeding this back to the Parent and Carers groups. We need to include as many sources as possible. Need to include them in the learning from the childrens survey without prejudice. PH these surveys target very different things they must be seen in conjunction with each other.
- 5.11 PH said at the next meeting we agreed we would look at the SENDIAS report, survey that have been done in schools, or health for a bigger picture. We will need to present a bigger picture for the new inspection regime.
- 5.12 LM suggested the over 16s be included at the parents and carer forum to broaden the feedback group. We might get a better balance. Allowing our actions to be for everybody.
- 5.13 PH mentioned that Race Equality North Somerset has offered to broker a conversation with parents and carers and children and young people from a diverse racial and cultural background, to get their views as well. Reflecting all our children and young people.

6.0 Improvement Plan

6.1 Area 2 – Verbal Update from Anna Clark

- 6.2 Performance data has been returned and Community Paediatrics response times has declined to 11% from 12.5% in May. This is due to increased demand; doctors strikes and a service wide focus on statutory responsibilities, reducing capacity.
- 6.3 LMc explained UASC remain in the service for longer but the focus on EHCP and meeting our statutory requirements is still a key element of the service offer.

- 6.4 LM indicated that impact of doctor's strikes has been broader than thought. We have been prioritising same day urgent care rather than community services. Recognising there have been seven days a month of action.
- 6.5 CG asked how long will this last? LM responded we are planning for the action to continue to the end of the year. Having a knock-on effect on all services whilst we prioritise the safety of emergency care.
- 6.6 Data from Therapy Services from March 2023 has been received. The delay in data is due to migration of systems. SALT results at about 98% and physiotherapy at 100% of children seen within 18 weeks. OT is not meeting targets 100% not seen in 18 weeks.
- 6.7 LMc stated there should be an improvement moving forward as many of these long waits were for hydrotherapy and we have secured a new provider.
- 6.8 Public Health Nursing improved to 87.6% for Q1 of 2023/2024. Just shy of the 90% target. EHCP (EHCNA) 100% returned in 6 weeks, a big improvement on 85% in May.
- 6.9 CG requests **Anna shares the report with the board – ACTION.**
- 6.10 JW commented that the community paediatric performance update is going in the wrong direction. I must ask is there anything else we can do in this space. It's a gloomy picture. What do we do about it?
- 6.11 LMc responded Anna and I have met about this situation with Lisa and Shane. We are looking at decades of issues. Average delivery from people required to do a bit of everything. The focus now is on meeting our statutory responsibilities and how to deliver the skill mix to achieve this. It will improve.
- 6.12 JW suggested that a meeting with LMc outside the meeting would be appropriate. We haven't challenged ourselves as a system on this subject and we need a deep dive to see what else we can do.
- 6.13 SD commented it's a national issue, but Jo is right we haven't looked closely at it. What is the strategic difference we could make on this issue as we have for other areas. **JW, LMc and SD to meet regarding the topic – ACTION.**
- 6.14 CF asks about the longest wait times for children.
- 6.15 LMc responds that could be as much as 104 weeks rolling over. Other geographical areas have a much narrower threshold for community paediatrics access. Lots of things have already happened and more to come.

- 6.16 JW questioned the School Mental Health provision which has an amber KPI on the update and shows a meeting is planned for January which seems too far away. What is happening there?
- 6.17 PH explained she had been speaking with Matt Lenny and Shaun Cheeseman about this as they are very heavily involved. Some LA's have public health as part of their SEND Improvement Board as its central to the services provided. We have been discussing Mental Health provision but also the wider contribution Public Health can make to the board. Hoping to get a much earlier date for reporting back, provision is high, but take up is lower than expected. **PH & Matt Lenny to discuss and report back to the board in September – ACTION.** And **Update to be changed to reflect move to September for feedback - ACTION**
- 6.18 **Area 3 – Verbal Update from Jacqui Scott**
- 6.19 JS explained that she is bringing 3 large updates to the September board. Education Strategy, Exclusion Data and Exam Results data. Its watch this space for Area 3. SATS results were given at last board, but nothing since on how our SEND children did in comparison nationally or in the southwest. I will bring the update to the September board. GCSE results don't arrive for a week or so but 10 of our 11 schools have volunteered to share their data when it arrives.
- 6.20 PH shared that Hannah has SEF comparative data for our SEND children, it is very exciting. More exciting is the progress compared to previous years. This will be shared at the next board meeting.
- 6.21 JW wondered about the KPI's on Progress 8 School, might be slipping back a bit. Awaiting 2023 data. Is this linked the September data? PH explained that Progress 8 is measured of now, against Key Stage Two benchmark. Very important data sets.
- 6.22 JS produced a document 5 months ago on progress and attainment. JS will ask **AW to recirculate with the minutes** for people to refresh themselves on the issue - **ACTION. Complete – Sent out with these minutes**
- 6.23 JW wanted to know if the exclusion KPI is red but is it a trick of the small volume of data? Should I be worried about it? PH explained how exclusion works in schools and shared an exciting piece of work by JS & WP regarding changing our school's behaviour policies regarding ECHP / SEND support students. The policies are written by the schools themselves and so we are looking at a significant cultural shift with schools taking ownership themselves of the situation. There will be additional outreach support at the starting point of issues that lead to exclusions starting soon.
- 6.24 PH described the work being done to close the gaps for vulnerable children. We went to the Teaching Schools Alliance want them to teach Inclusion and SEND to all teachers. Working closing with JS and getting right into where the gaps are for this group of children for these schools at this age, creating training programmes around the need. This will shift everything for NS.

- 6.25 JS stated that 2023 is the reset year following covid. It's the single most important year. We are about to get the most exciting data set for 4 years. CG noted it is a crucial year.
- 6.26 **Area 4 – Verbal Update from Mandy Plumridge**
- 6.27 **Updated report to be circulated by AW – ACTION- Complete shared with these minutes**
- 6.28 DfE feedback suggested that we should improve our practise further and discover the aspirations of our cohort to feed into the assessment process. BN has appointed a Family Support Worker to help this process and Bally is driving this forward.
- 6.29 Legal training for social workers is being arranged and will be led by BN and a firm called Brown Jacobson. We will be sending someone from SEND team to attend to provide input on what constitutes a good plan.
- 6.30 DfE feedback described the health advice as vague. Met with Health colleagues to get an example of detailed clear advice, which we will share with our DSCO. Arranging team training for producing good quality new plans and improving old ones.
- 6.31 CF asked if the FSW support will cut across all teams in terms of social care input & advice? AW replied yes that is the expectation.
- 6.32 JaH asked if NS has a Designated Social Care Officer (DSCO), don't believe it to be a statutory requirement yet, but many LA's have appointed one. PH replied that NS's DSCO is Bally (BN)
- 6.33 JW wanted to clarify the situation as previously being an issue around Social Care input on EHCPs, but it is now resolving. MG stated the contribution was vastly improved with BN in post as head of CWD.
- 6.34 **SENDSCO Conference Educational Psychology Feedback Report AW to attach to minutes - ACTION. Complete – Shared with minutes**
- 6.35 AW noted the report was sent with the agenda, Guy Clayton (Clinical Psychologist) led the conference, and this is the feedback.
- 6.36 AW stated it was a positive report of working together and sharing good practise. SENDSCO's find it very valuable. Our health and school colleagues prefer it to be online to dip in and then return to work.
- 6.37 JW noticed a "red" for Multi Agency Input perhaps this is more for health colleagues who are challenging your team's ability to collate the multi-agency inputs to the EHCPs

6.38 AW responded that Mandy and the team have met with David Cohen the Designated Clinical Officer and are working with Health colleagues to improve the quality. Feedback suggests there is more work to do, we accept this. We are working on specifics and making plans are more concise and relevant. Continuing with this and ensuring that quality improves.

6.39 Area 5 - Verbal Update from Alison Stone

6.40 AS informed the board that the OT and SALT offer has been signed off. A lot of work has been completed to get the offer delivered to ECHP and Special Schools. Position is we are ready to go by September as agreed with the DfE.

7.0 SEND Inspection Verbal Update – (PH)

7.1 PH shared a 4-slide presentation – **PH to circulate to attendees - ACTION. – Complete attached to the minutes.**

7.2 The slides presented showed an overview of Inspection readiness activity.

7.3 Outcomes of those authorities who have been inspected under the new framework. One in Red, 5 in Amber (Inconsistent) and 5 in Green. Both Hartlepool and Greenwich received green or positive outcomes. Their work was so good we stole it to populate with our own data.

7.4 The Annexe A requirement is like the Annexa A that we submitted to Ofsted for Childrens Social Care Inspections. Of the 35 areas covered, 23 are already green and 12 are amber indicating they require more work.

7.5 The amber requirements are mostly there but we would struggle to produce documentation if requested tomorrow. PH listed the requirements and covered activity to date and plans to bring them to fruition.

7.6 PH stated it is essential that as we prepare for the inspection all three agencies are round the table and engaging in the process. We will need to produce 6 children with chronologies, and we need to do this well when we are called. A practise run is essential.

7.7 PH is pleased with the progress being made and would expect to turn 8 of the 12 outstanding green, in short order. The remainder are outstanding due to the scale of our ambitions in these areas, and we are working on them.

7.8 CG agreed the progress was good, but as good as it is to be inspection ready, it is about a continuous journey of improvement for the sake of the young people.

8.0 Any Other Business

8.1 AW asked if he should produce the monitoring report the DfE requested considering

the sign off and non-attendance at today's meeting.

8.2 CF suggested erring on the side of caution and creating a report regardless.

8.3 JW instructed that the report should be prepared and sent off with a request for clarification about provision in future. She suggested that the Transition information from today was important for DfE to know.

8.4 **AW to produce report for DfE of today's meeting – ACTION.**

8.5 PH suggested that a long term or 3-year plan for each area would be appropriate to demonstrate the long-term commitment NSC has regardless that the notice has been lifted.

8.6 JW said that although the notice has been stood down our SEND journey continues, and we should be seen to refresh our ambitions and assure the DfE that the rest of the process is in order.

9.0 Date of Next Meeting

9.1 18 September 11am to 1pm