

**NOTES OF SEND STRATEGIC BOARD GROUP MEETING
RECEPTION ROOM, COUNCIL HOUSE: 6 JULY 2023,
1300-1530**

**Attendees:**

Annie Gammon (AG) <i>Chair</i>	Interim Service Director, EPS	PCC
Claire Paddon <i>co-Chair</i> (CP)	PPCV	
Amanda Paddison (AP)	Head of SEND	PCC
Jim Barnicott (JB)	Head of Education & Virtual School	PCC
Hannah Daw (HD)	Performance Advisor	PCC
Andrea Hemmens (AH)	SHAP Representative, Head teacher	Woodlands School
Fiona Fitzpatrick (FF)	Senior Commissioning Manager	NHS Devon ICB
Tracy Clasby (TC)	Assistant Director, Children, Young People & Families Service	Livewell South West
Helen Huntley (HHU)	PIASS Team Manager	PCC
Martine Aquilina (MA)	Head of Service, Children, Young People & Families	PCC
Brigitte Price (BP)	DCO, SEND Rep from UHP	NHS
Sara Kirkup (SK)	Children's Professional Lead	Livewell South West
Tina Brinkworth (TB)	Head of Skills & Post 16	PCC
Emma Crowther (EC)	Interim Head of Commissioning	PCC
Nicolle Gallagher (NG)	SENDIASS Case Officer	PIAS
Heidi Price (HP)	Head teacher, Early Years & Primary rep	Yealmpstone Farm Primary School
Clare Hetherington (CH)	Principal Educational Psychologist	PCC
Emma Mees (EM) (representing PHNT)	Advanced Practitioner, Community Paediatric Service	PHNT
Sue Smith (SS)	Early Years Improvement Partner	PCC
Emma Waines	Team Manager, Occupational Therapy	PCC
Tara Vassallo (TV)	Parent/ Carer Rep	PPCV
Lisa McDonald (LM)	Education Improvement Partner	PCC
Rachel Summers(RS)	Inclusion Lead & Primary Rep	Reach South
Andy Williams (AW)	Adult Social Care	Livewell South West
Heather Rogers (HR)	Adult Services Manager	Livewell
Chelsea Sleep (CS)	0-25 Team Manager	PCC
Debbie Degan (DD)	Interim Service Manager	PCC
Michelle Ollier (MO)	SEND Support Officer, Notes	PCC

Apologies:

Tim Tod	CEO	Friends & Families
Shelley Shaw	Development & Impact Manager	NSPCC
Ben Manning	Post 16 Representative	Plymouth City College
Polly Lovell	Deputy Director of Education & Inclusion and Secondary Rep	Reach South Springfields Academy
Janet Greaves-Stocker	Commissioning Officer	PCC
Lee Earnshaw	Head of Virtual School	PCC
Elizabeth Knight	Early Years Rep	Lark's Children Centre
Mark Collings	Commissioning Officer, Adult Services, 18-64	PCC
James Cook	Nurse Consultant, Child Development Centre	PHNT

Item	Notes	Action
1.	Introductions, notes, matters arising and running through actions	
	<p>The notes we agreed to be an accurate representation of the meeting.</p> <p>AG: Actions from meetings to be RAG rated going forward - MO</p> <p>AG Special School heads meeting held before end of term: forecasting demand for placement (Mastodon C) – relating to sufficiency. This is linked to the sufficiency plan</p> <p>Agreed that every subgroup should have met before 21 September. Referring to SEF and Strategy accordingly as well as incorporating discussion around agreed KPI's.</p>	MO to rag rate.
2.	Capturing learning from the inspection and risk factors / escalation points	
	<p>AG reported that the outcome of the local area SEND inspection is due to be published in mid-August.</p> <p>There were 460 responses to the survey's that were sent out. Inspectors tracked 6 cases.</p> <p>Comments and observations from inspectors:</p> <ul style="list-style-type: none"> • Get more out of working together multi-agency. • Urgent work is needed on some of our vulnerable children where there is insufficient oversight and where accountability and coordination must improve 	

- In depth dives into the children's story – looking at the children themselves.
- Need to audit as a system – don't want to lose positives, compassionate & caring.
- Need to have a plan for professional development re SEND for all stakeholders/professionals and what a difference that makes.
- Inspectors were very clear that plans in place are right and emphasised their focus in partnership working.

Board members held a break out session in order collect points relating to the SEND Inspection and discussed post inspection learning and risk identification, as below:

Post Inspection: collated points on Learning:

- Co-location of all aspects or organisational working would help communication & reflection.
- Co-production, we need to expand our links from parents into children's and adults social care.
- No common understanding of critical factors for SEND i.e. PTT.
- Models of good practice. How we can use this to bridge the gaps.
- Shared idea of what is a vulnerable CYP?
- LIVEWELL; shared information how can this good practice be across all sectors rather than different pockets of data?
- Misunderstanding around the inspection and who would be involved. Area inspection rather than LA inspection.
- Processes around inspection, communication, Data and how we share data and utilise it to its potential.
- Paper records in some aspects of health, volume of records.
- Learn inspection/IT difficulty
- Systems are not robust to access information.
- Visibility of EY not in education with SEND.
- How do health, Education & Social care know who is in education?
- Shared information on cohorts to track and know when to intervene e.g. at key points to prevent needs escalating.

- Work in silos between education and social care – keeping up with the pace of change.
- Who do we NOT hear from and how do we know what communities/ groups don't access our services? How do we measure and what do we do from this? How do we evidence it?
- How can the service share themes/ issues from individual families into the system?
- Take forward: Monitoring systems links and partnerships to keep things relevant.
- Training development across sector in including all partners.
- Sharing information across partners so that the right people know what is going on with children.
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- Promote and share the good practice of what is out there (examples required).
- Need to get better about educating health about the graduated approach. Co-production needs to be worked out. There are opportunities to connect.
- Needs to be tailored to Plymouth – what it looks like across our agencies/ parents and young people most vulnerable children.
- Identifying key opportunities to intervene early to prevent unintended outcomes such as:

Exclusion
Journey's into elective home education
Low school attendance
- Look at families and children and understand common patterns and experiences and adjust services to prevent poor outcomes.
- Training around Graduated Approach for health colleagues.

Post Inspection collated Risk factors:

- Capture the voice of young people and what they would have considered to have been an indicator that they were not safe.
- Ensuing health concerns – e.g. not wanting a child to go to hospital if unwell or a child not getting treatment because a parent refuses.
- We have no current mechanism to raise this as it doesn't meet thresholds.
- Early Years Identification/legal duties. Parental consent. Access based on need.
- Primary schools transition to secondary.
- Making better links so professionals can KNOW when another professional has a worry or concern. E.g. Clinician is worried about potential fabricated illness – how do education/school find out?
- No common understanding of escalation towards risk – e.g. when staffing increases around a child in school, what does that mean at home?
- What are the triggers of concerns for CYP that each sector can monitor and pick up i.e. school attendance?
- Those without EHCO or SEN support who are on a PTT. Why are they on a PTT? Is there an unmet need? Should we be curious about the CYO having a SEND? Who is monitoring these CYP to ensure needs are not escalating?
- Knowing who the keyworker is. Who leads on cases that brings agencies, schools & sectors together? Bring to gather services to bring vulnerable children to light.
- How does an EHAT get triggered? Based on links and complex needs.
- Transition from EY's.
- Children DNA's- rearrange appointment
- No plans in place for adults – Adult SW no background.
- Preparation for adulthood – missed opportunities.
- EY SEND children not in a setting
- No common risk factors – triggers

- EHE risk factors mental health

- **Parent family:**

Learning needs,
housing needs,
police reports,
multiple school

- **Triggers:**

Attendance
Suspensions
Referral patterns
Multiple services

- Early Years: non engagement with statutory checks

Board members also collected draft KPI's relating to their designated sub groups, as follows (**these should be incorporated into discussion at inaugural meetings due to take place before 21 September 2023**) :

Transition & Preparation for Adulthood:

KPI 1: Standards for Preparation for Adulthood are in place and met for all young people (Transition).

KPI 2: Strong improvement in direction for young people NEET & SEET, EET

Inclusion:

KPI 1: Reduction for each school in number of children on SEND support or with an EHCP who are subject to:

- Exclusions and suspensions
 - part time Time Tables
 - EHE
 - the S19 process

KPI 2: Improvement in attendance in every school for children who are EHCP or on SEND support; all schools to meet threshold average.

KPI 3: Reduction in EHCP proposals

Early Identification & Support:

KPI 1: EHCNA are responded to within statutory expected timeframes so children are assessed in a timely way.

KPI 2: The mandated 2 year + review will be completed for all children by PHN.

KPI 3: A joint training programme will be planned and delivered to settings according to agreed areas of focus e.g. inspection recommendation (communication, interaction & SEMH).

KPI 4: The Early Help Social Care Teams and the SEND teams will have agreed joint working protocols for vulnerable groups.

Managing Money & Resources:

KPI1: Resources are aligned with the emerging SEND priorities.

KPI 2: Curriculum pathway: Children's needs met in inclusive schools, reduced statutory assessment, increased parental confidence – training uptake – school engagement.

KPI 3: Attendance/CME/EHE/ Reduction PT Timetable (National/Statistical Neighbours). Local improvements. Reduction in children moving through S19.

SEND Sufficiency & Provision:

KPI 1: Every child with an EHCP is in a good school.

KPI 2: Every 16 year old with an EHCP can attend a setting at the start of Year 12 that meets their needs.

SEND Pathways:

KPI 1: Percentage of multiagency professional who have targeted SEND training to meet need an early identification. Process how people access.

- Training
- Key worker
- Local offer
- Localised meetings
- Primary need EHCP

DD is due to run internal training for Social Care on 21 July 2023. Health asked to be included in such training going forward. DD suggested that Health colleagues may be involved in joint training in part 2 around EHCP.

TC and FF both suggested the need for a small, focussed group to develop clear immediate actions post inspection as well as long term actions. Adding the importance of thinking across systems of how we can improve early identification, integrate and ownership for a solution that's focussed on interventions.

HH how are we going to get opinions from children and young people? Should be included in everything. Team to work on this during September (possibly taking the form of a response to outcome of inspection).

	<p>HP: Doc: No child left behind – identifying vulnerable children.</p> <p>JB confirmed that SI9 will be reviewed in the summer.</p>	<p>AG/TC/FF to consider children & young people’s responses post inspection</p> <p>LMcD to pick up with IM</p>
<p>Early Years Update: (CH &SS)</p>		
	<p>Universal Provision:</p> <ul style="list-style-type: none"> ▪ 241 Early Years Settings -99% Good and above ▪ Children’s Centre’s ▪ Emerging Family Hubs ▪ Early Years Improvement Team ▪ Stronger Practice Hub ▪ Training (AET, ELKAN, Trauma Informed) ▪ Monitoring and support to settings ▪ Information, advice and guidance ▪ Health Visiting, healthy child programme, hearing screening , 2+year reviews ▪ Midwifery <p>Targeted, SEN Support, Getting help and more Help:</p> <ul style="list-style-type: none"> ▪ Early Years Inclusion Service (244 children) ▪ Plymouth Advisory Teachers for Sensory Support ▪ SENCO briefings (4 per year) ▪ Helpline and Early help support for families ▪ Children’s Centres Step by Step Groups ▪ Early years inclusion funding ▪ LSW Speech and language, Health Visiting ELIM, MECSH and FNP. Infant mental health. ▪ UHP - Midwifery, CDC ▪ Transition Planning <p>Specialist: Education, Health & Care:</p> <ul style="list-style-type: none"> ▪ Early Years Inclusion Service & PATSS (Plymouth Advisory Team for Sensory Support) ▪ Educational Psychologists ▪ Health professionals according to need. ▪ Family support EHAT ▪ Joint assessments for Education Health and Care planning ▪ Enhanced transition planning 	

	<ul style="list-style-type: none"> ▪ Outreach support from special schools ▪ Health visitors integrated 2 year review. ▪ ACCESS health wellbeing and send. <p>Key messages/themes:</p> <ul style="list-style-type: none"> ▪ Pathway for identification, assessment, planning and review across education health and social care to include key transition points, UHP notification. ▪ Transformation and the development of Family Hubs ▪ Parents /carers focus, communication and engagement. ‘Local offer’ development. ▪ Earlier identification - Public health nursing, healthy child programme, increasing offer of reviews. Health visitors SEND support pathway. ▪ Increase in specialist need (60 EHCPs in 2021, 90 EHCPs 2022) <p>CH confirmed 20% national increase in request for EHCP’s. A change in focus of what an EHCP is for. HP commented on Covid role in this as children have not had the same opportunity to socialise. Delayed development in EY is not necessarily due to SEND Needs.</p>	
	<p>Children with Disabilities</p>	
	<p>AP talked about the Children with Disabilities Teams who work with children in the age range of 0-18 who’s daily lives are substantially impaired (from a 6 month upward time period), and who require coordinated intervention. All children and young people have an EHCP. The team is now fully staffed.</p> <p>Their disability is from birth or pre-birth and develops over time and includes life limiting conditions. AP confirmed there are 6 social works and team a manager, assessments that are undertaken consider needs of the children and their family environment. A core assessment in undertaken by the social worker who are disability expert eyes. CDT work with children with profound duality and complex needs.</p> <p>AP confirmed that the most recent stats confirm that the team are managing 100 children– some transient, some known over many years. The team is generic – they do everything –from front door right through the system through to transitioning to adulthood. Children & families work with the same Social Worker right through wherever possible building up long relationships.</p> <p>Packages vary is size and the team work with colleagues around the table, across all agencies. Many social workers are long established and really understand the services, pulling them together to include housing and adaptations.</p> <p>In response to AG’s question on how plan interacts with EHCP’s, AP responded that a single, holistic assessment is undertaken considering</p>	

	<p>specific aspects of need. I.e. How and where the child is being educated and dipping in at review points. AP added that children in care have a designated independent reviewing officer and that Virtual School are also heavily involved. Dovetailing. With children that have complex, unique needs that can't be educated in the city and need to be placed out of City, regular meetings are held in line with social work guidance.</p> <p>HD asked whether we are still monitoring children if they leave CDT. AP confirmed that if they still have a social worker there is still a level of monitoring that that takes place. Otherwise it falls to Team around Family and Child but there is no statutory framework for this. Comment was made on the need to tighten up and manage the monitoring of CYP sitting under statutory need.</p>	
15:30	Meeting close	

Next meeting: First in new academic year: 1:30-15:30, 21 September 2023. Online via Teams.