

**SEND Steering Board Meeting
Tuesday 14 August 2018, 12 - 2 pm
Ascot / Bray Room, Ground Floor, Town Hall, Maidenhead**

Present:

Sarah Bellars (Chair) – Director of Nursing and Quality, Clinical Commissioning Group
Kevin McDaniel - Director of Children’s Services
Alison Crossick – Service Leader, Inclusion and Pupil Support (AfC)
Cllr N. Airey – Lead Member for Children’s Services RBWM
Lisa Vickers – Secretary, PaCiP
Debbie Hartrick – Designated Clinical Officer SEND, Clinical Commissioning Group
Karen Cridland – Director of Children’s Service, BHFT
Nick Stevens – Head Teacher, Riverside Primary School and Nursery

Apologies:

Liz Kelsall (Vice-Chair) – Chair of PaCiP
Chris Tomes – Head Teacher, Churchmead School
Janette Fullwood – Head of CYP&F Clinical Commissioning Group
Jennifer Humphreys – Communications and Marketing Officer, RBWM
Louise Kerfoot – Learning Disability Service Manager (Optalis)
Joolz Scarlett – Head Teacher, Manor Green School

Minutes:

Hannah Golec - Business Support Team Leader for CYPDS, Early Help and Education

Minutes

1. Welcome and introductions

2. Minutes of last meeting, actions and matters arising

The minutes from the previous meeting held on 17 July 2018 were approved, with one correction: it was agreed that SB would explore the number of Autism assessments for RBWM children and young people on the waiting list, and not the single point of access as reported in the minutes.

- DV has scheduled a meeting re. data for Thursday 20 September.
- AC reported that Rebecca Askew will be the Educational Psychologist representative on the matrix T&F group. Geraldine Rowe will be included on the graduated response T&F group.
- The Local Offer does not yet feature PaCiP’s Annual Report as Open Objects is not allowing the report to be uploaded in its current format. Solutions are being explored.
- PaCiP should inform DH what IT and Social Media support is specifically needed.

Single Point of Access: KC reported that a single point of access exists for any new referrals, but to

enable this for children already in the system it is a substantial piece of work that involves restructuring the existing systems. The original deadline set was July 2018, but KC noted that January 2019 is a more realistic deadline for BHFT. KC noted that there is a single point of access in Wokingham for all services in Berkshire, and new referrals are directed here. If there is a review request, for example, for a child already in the system who is known to a service (e.g. CYPIT, CAMHS), the LA currently have to contact that service directly but the future objective is that the LA will go to the Single Point of Access. SB reported that currently it is inconsistent from a Health perspective as to who responds to what request in Health, and the SEND report picked out that if a new practitioner becomes involved in the care of a child, then you would not necessarily be aware of this as it is not recorded anywhere. SB asked in the interim whether there is a point where all services have the opportunity to comment on a particular child. KC noted there is, but this will need to be audited, which has agreed to be done by October 2018. DH reported that Southampton Solent now have a single point of access which is a good model.

Autism Assessments: KC reported that 16 out of the 50 additional Autism Assessments that have been commissioned have now been completed. KC reported that BHFT are commissioned to carry out the assessments but KC does not have the figures for the number of RBWM assessments. KMCD noted these figures are required to assess the impact. KC reported that the Neurodisability Service Lead is in discussion with a company called Helios regarding the 'less complex' cases on the waiting list, with a view for these assessments to be subcontracted out. Surrey are currently undertaking this approach and BHFT are going to explore this model for RBWM, Slough and Bracknell.

LV noted she would like to know the number of CYP on the Autism Assessment waiting list that have been positively diagnosed. KC reported that there is a high conversion rate, and SB stated that despite the additional resource, the additional number of referrals is a lot higher which is why a different model is needed. The current view is that 50 additional assessments is not sufficient, but it is not always funding that is the issue; it is the lack of staff resource which is another reason to explore a subcontractor. KC reported that Berkshire is an outlier for Autism, with much higher rates. AC noted that RBWM is particularly rich in ASD (Autism Spectrum Disorder) schools and SB stated that two explanations have been offered: the technical industry in Berkshire and the Automatic Weapons Establishment. However there is no data to corroborate these theories.

KMCD stated that we should be careful not to build a system that relies on a diagnosis to offer support, and we could therefore look to contribute more funding into services with an earlier threshold. AC noted that SHINE, for example, require a diagnosis as their baseline, and AC agreed with KMCD that we need to think more creatively as there are different ways to support families. LV noted that the diagnosis for families is important. It helps parents to determine how to progress and is reassuring to know that there is a reason as to why your child 'doesn't fit the mould'. LV noted that for parents there is the belief that a diagnosis leads to funding, a solution, and leads to services. The diagnosis gets them to where they *expect* to be. We need to educate parents that the solution not only comes from schools, the LA and professionals, but that it is a team effort and about working holistically.

KMCD noted that there is a piece of work by Newton Europe, who have identified five factors that influence the level of spend on children's services which varies across different LAs. One factor relates to high levels of disposable income as more funding is required to meet expectations. SB noted that this is a challenge for Health services working across three different areas, as expectations in Slough are lower than in RBWM. Cllr NA noted that the socio-economic status is different, and that she perceives the expectation to be a lot higher in RBWM. RBWM has one of the highest population of care homes; and Cllr NA noted that families may look to west Windsor as there is a special school, plus a home for over 65s, so it is catering to all needs. LV noted that she is currently undertaking a piece of work to find out the best place to live in the country for when her child leaves school, which has the balance of a fulfilling life and professional support.

Cllr NA asked whether the mindset of families would change if they did not need a diagnosis to get the

support needed. KC reported that you will inform families of the support and process that their child needs, but some parents believe they are told this only because it is too long a wait for a diagnosis. Cllr NA asked whether parents expectations are being managed appropriately. AC noted that for parents a diagnosis helps them to make sense of things, and suggested we conduct a questionnaire the children and families currently on the waiting list. KMCD noted that we do set up services which mean you need a 'ticket' to get through the barriers to the service, but we need to work to reshape this as the child has needs, with or without a diagnosis. LV reminded the Board that having a diagnosis helps with benefits, and financial support. SB noted that this needs to be captured for the next steps of the work plan to enable a shared vision.

Ofsted: KMCD reported we have not yet received a letter from the minister but we have received CP's final edit of the evidence that sits behind the report, and it is as positive as what we reported at the July Steering Board Meeting.

Actions:

- **BFHT/CCG to report on the number of RBWM assessments.**

3. East Berkshire Multi-Agency Audit Education, Health and Care (EHC) Plans Thematic Report

DH provided an update on the East Berkshire Multi-Agency Audit of EHC Plans. Thirteen EHC Plans were provided by RBWM, Slough and Bracknell and DH reported that there were variations across the piece about the standard of plans.

Referring to the table of evidence, DH reported will be part of the audit tool going forward, and DH will circulate the Steering Board to invite comments. Results will be compared a year from now.

DH reported that there were good examples of good practice; teams working together is evident and there is strong evidence on multi-agency working; however there was variation throughout the plans of the voice of the child or young person being heard. DH reported that the outcomes focussed on educational outcomes, which is a national finding, and should be picked up in the workshop.

AC noted that the evidence does not match what was reported in the findings. DH reported the evidence table in the report was populated by JF post-audit, by summarising the responses, and was not part of the initial audit tool and not part of the brief. SB asked for a footnote to be included stating that the table was summarised by JF, so that we are being explicit and to ensure transparency.

NS asked whether this table could be included in the SEND Handbook and feature as a self-sufficient 'tick list' for professionals which would sit behind every EHC plan and for the SENCo to complete. NS suggested this may increase the quality of the EHC Plans and ensures consistency. The Steering Board agreed this was an excellent idea.

KMCD referred to the key themes and recommendations in the executive summary and noted that the recommendations were a little light, even though they are included in the full report. DH report the full report is finalised, but the executive summary can still be amended. SB agreed to any comments and amendments to be given to DH by close of play on Thursday 16 August 2018. DH noted that the next audit is September 2018 and the turn around will be much quicker, so the next report will follow soon.

Actions:

- **Organisations to provide DH with comments on the executive summary by Thursday 16 August 2018.**
 - **DH to circulate the Table of Evidence to the Steering Board for comments.**
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4. Consultations with young people on the green paper *Transforming Children and Young People's Mental Health Provision*

DH reported that there was a national conversation with Children and Young People about the mental health provision but there was no consultation before selecting the models. Children agree with the model around a designated mental health lead in schools.

There has been an invitation of expressions of interest to be a trailblazer site in response to the Green Paper, which JF is working on. KMcD reported that certain criteria had to be met to qualify as a trailblazer area. KMcD reported that from a conversation with NHS England, we can meet some of the criteria but not all due a lack of resource, and that we risk criticism if we do not win the bid.

KC reported that Berkshire West CCG was also asked to be a trailblazer site. If we do not win the bid then we need to decide which model to go for. SB noted that the aim is to establish a cluster of schools with access to mental health support teams, which therefore impacts schools who are back on 03 September. The bid goes in on 17 September, and SB asked how we engage with schools between now and then. KMcD suggested we reply on NS, JS, and CT as our school representatives.

AC noted that although there is funding for training, there is no funding given to the schools for the post which is problematic. AC suggested we engage with Nicola Green, the Head Teacher of Datchet St Mary's CofE Primary Academy who is a representative at the CAMHS Transformation Group. DH reported there is a meeting on 28 August to further discuss this.

5. Updates from the Working Group

I. WS 1 - SEND Strategy and Data

AC reported a spreadsheet has been put together for each of the different organisations to detail what data they currently collect and what data they would like. This will be discussed at the September working group before the data meeting on 20 September. DH suggested we look at the data Slough collects too. SB will send the quality schedule.

II. WS 2 – Inclusion

AC reported the Inclusion Charter posters have been printed and Suki Hayes (SH) is emailing surgeries and places in the local area with the Inclusion Charter. Libraries will display the Charter on their television screens as they do not put anything on their walls. AC reported that Comms will include this in a 'Back to School' campaign and a powerpoint version has been created to send to schools. Cllr NA suggested we could display the Inclusion Charters on the television screens in the gyms too.

AC also noted there is someone coordinating three case studies on children and young people with significant needs on what inclusion means for them, to present to councillors. There has also been an appointed case worker, Helen Huntly, starting the September 2018 for two days a week to help with resources.

LV also reported that the planning for the 2019 Inclusion Summit is underway. HG noted that there is no Health representative on the planning group as of yet. SB, DH and KC reiterated that the commitment of two hours per month is too much. KMcD stated that there may be occasions

where Health cannot attend the planning meetings, and realises the commitment, but a named contact for Health is needed so that we know who to approach for Health information. KC reported that Helen Alderman (HA) would be the representative for Health. AC also reported that there may be scope to host the Inclusion Summit at the Town Hall in the Desborough Theatre.

III. WS 3 – Processes

AC reported that Helen Cross (HC) has had feedback from HA about the Health Information in the SEND Handbook. HC was expecting more depth to the Health information. LV noted that this offers every appropriate opportunity for Health's voice to be heard and does not think it has been reflected adequately. LV agreed to provide KC with examples. KMCD asked what is missing, and whether we are not articulating what we are doing or whether there is a genuine gap. Social Care, Education and Health are all contributing to their own parts, but it is not coming together and the parents perception is that Health is lagging behind. AC reported that transitioning to adults services is not included as HA stated it is too complex to include in the guidance, so that section ends up being omitted. LV noted that there is an opportunity here to be more cohesive and speak as one system. There is a transition document for 14 - 25 year olds which is too detailed for the handbook but LV noted that it would be useful to have a watered down version of information to include in aspects of the handbook. LV and LK are aware the handbook should be completed by a certain time, but both think there is still a lot of work to do before it is finalised and published.

IV. WS 4 - Schools

No updates or actions from workstream 4.

V. BHFT

The single point of access and autism assessments were previously discussed (*see section 2*). KC reported that SH has confirmed that BHFT information can be accessed via the local offer. If anything does not work then KC needs to be made aware. KC stated there is a suite of data that BHFT provide to the CCG. KC will provide a blank copy to show what data is collected.

VI. CCG

The EHCP audit was previously discussed (*see section 2*). DH reported she and KC will discuss publishing the data.

VII. PaCiP

LV reported that with thanks to AC, LV and LK went to view some office space on Friday, which RISE have vacated. LV had a wheelchair user with her and reported that it is fit for purpose. It is a base rather than an office, but there is a meeting room that has both a formal and informal space. LV reported there are security and connectivity issues to discuss. AC noted that Allison Bradshaw manages the building and is the best placed person to discuss these issues with.

LV also reported there is a Family Awareness Day on Sunday 16 September with Cllr NA is able to attend. The event is to thank parents who have support PaCiP, offer guidance on how to deliver the strategy over the next 12 months and raise awareness of the work PaCiP have been doing to date. LV reported that in excess of 60 parents have signed up. LV noted that the Board should

have received an email invite from LK.

LV also reported that PaCiP are preparing their application for additional funding. The proposal would usually be submitted in November, but PaCiP believes that if their plans are made aware as early as possible, they may stand a better chance of securing additional funding.

6. AOB

LV reported that there are Preparing for Adulthood (PFA) events taking place and a poster was advertised in her GP Surgery. LV noted concerns as the poster did not mention the event is for SEND children. LV and AC agreed to discuss this after the meeting.

DH raised the workshop, which has been scheduled for 10 October 2018. There was some confusion by the workshop, but the Steering Board clarified the purpose is to recognise our achievements as a result of the WSOA and to establish our priorities going forward. At the July Steering Board it was discussed that there would be a group of people responsible for ensuring the workshop happened (AC, LK, NS, DH). AC noted she was happy to plan the workshop, though SB noted it does not necessarily have to fall to AC. All members of the Steering Board should be present at the workshop, which will replace the working group meeting for October.

7. Date of next meeting

Tuesday 18 September 12 - 2 pm, Desborough 2/3 , Ground Floor, Town Hall, Maidenhead.
