

MINUTES

Meeting:	SEND Programme Committee
Purpose or Mandate:	The role of this Committee is to oversee operational delivery of the SEND Strategy and Priority Action Plan. The Committee will review and monitor the programme performance and outcomes and assist in resolving escalation from the SEND Programme Office. The focus and effective operation of the Committee will be led by the LAP Senior Responsible Officers.
Date:	23-05-2024
Place:	Hybrid; Endeavour House, Ipswich/ Teams Meeting
Times:	10:00-13:00
Members:	<p>Garry Joyce (GJ), Deputy Director Transformation SNEE ICB (Joint Chair)</p> <p>Ros Somerville (RS), Assistant Director Inclusion, SCC (Joint Chair)</p> <p>Claire Smith (CS), Suffolk Parent Carer Forum (SPCF) Chair</p> <p>Rebecca Hulme (RH), Integrated Care Board Director Norfolk and Waveney ICB</p> <p>Nicki Howlett (NH), SENDIASS</p> <p>Susie McIvor (SM), Young Person Representative</p> <p>Codrutz Oros-Marsh (COM), AD Children's Social Care, SCC</p> <p>Seb Smith (SS), Assistant Director Family Support, Safeguarding, MASH, QEPD, Resource & Support and Community Health, SCC</p> <p>Adrian Orr (AO), Assistant Director Education, SCC</p> <p>Harriet Wakeling (HW), Head of Data & Intelligence Hub, SCC</p> <p>Nic Roper (NR), Assistant Director Adult Services - Mental Health, Learning Disabilities & Autism and Sensing Change, SCC</p> <p>Wendy Allen (WA), SEND Programme Manager, SCC</p> <p>Graham Beamish (GB), head of Programmes CYP, SCC</p> <p>Hannah Holder (HH), Designated Social Care Officer, SCC</p> <p>Jack Walker (JW), Designated Clinical Officer SNEE ICB</p> <p>Mark Gower (MG), Designated Clinical Officer Norfolk & Waveney ICB</p> <p>Nic Smith-Howell (NSH) AD of Integrated Community Paediatric Services</p> <p>Sarah Gibbs (SG) CFYP Suffolk NSFT</p> <p>Fran Alexander (FA), Head of SEND Services, SCC</p> <p>Izzy Connell (IC), Headteacher of Specialist Education Services, SCC</p>

	Kathryn Searle (KS) IES/WS ICB Daniel Jones (DJ) SEP Lawrence Chapman (LC), CEO SENDAT
Invited to Attend	Gareth Peters (PG) Head of Operations and Partnerships, ACS Nicki Cooper (NC) Public Health Michael Hattrell (MH) Public Health – In place of Nicki Cooper Jamie Mills (JM), ICB Programme Manager Sophie Cooke (Project Lead Officer) – Note Taker Emma Connell Smith (Project Lead Officer) Sophie Martin (Coproduction Lead) Sue Willgoss (SPCF)
Invited Guests:	Susie McIvor, Claire McClusky & Jess Walker – Engagement Hub Sam Boyd-Lambley, Social Care Practice Manager for CiC Ipswich South and West (Case Study)

Commented [SC1]: This list remaining is legacy from minutes from previous board; can we confirm the invited to attend section remains the same with the new governance please?

PART A – contains items that could be disclosed in full to the public and staff


No	Item Description
1.	Welcome & Introductions. Ros Somerville chaired the meeting. Ros clarified that traffic has impacted on the attendance of meeting. Apologies <ul style="list-style-type: none">Nic Roper – Gareth Peters attended in placeClare BesleyNicki HowlettFran Alexander
2.	Case Study – Social Care Sam Boyd-Lambley, Social Care Practice Manager for CiC Ipswich South and West, presented a case study to the committee. Sam talked through the timeline associated with the anonymised 'Charlie', who is part of the September 2024 phased transfer cohort; the social worker attended and worked closely with the school, but this is not reflected in the EHCP, demonstrating the importance of the EHCP Review paperwork having sections for Social Care views clearly within the form.

No	Item Description
	<p>Please see case study timeline for further information. A voice clip was also played to programme committee of the young person speaking to their social worker.</p> <ul style="list-style-type: none"> CS raised there was a suggestive point within case study presentation shared, and that we are unable to know position of the parent within the case study. Recording should be factual, as opposed to opinions to prevent a bias. <ul style="list-style-type: none"> Sam noted that she takes this on board and will reflect on this, and that the situation of the parent is known. SW asked whether there has been a good transition over to the new social worker at transition point. Lots of CYP in care have attachment difficulties – has there been work done with CYP/ early support available for this and lined up? <ul style="list-style-type: none"> Sam shared that 'Charlie' has had art therapy with Connect. 'Charlie' knows that his foster carers are committed to him long term. For Charlie, having attachments to these carers will be what he needs as he moves into adolescence. The transition between social workers has not been as streamlined as would have hoped due to other issue but the new social worker is considered a good match and is very experienced. Sam is also continuity for 'Charlie'. SW shared that autistic adults have diagnosable levels of trauma, and that there may be more support needed around processing trauma, ensuring that care continues into his post 16 life with access to the trauma therapy that is needed. Intervention package will be reviewed on an ongoing basis, with access to Connect service. <p>SW asked if the committee are following up on case studies; this was confirmed by the committee.</p> <p>SPC Action 1: It was agreed that Charlie's case will come back with an update in January 2025.</p>
4.	<p>Agree Terms of Reference</p> <p>WA shared the Terms of Reference, which have been previously circulated with the board. The committee reviewed each page of the Terms of Reference.</p> <p>Pg 5: WA clarified that highlighted paragraph will be unhighlighted.</p> <p>Pg 6: NSH proposed agreeing the providers.</p> <p>Education representative:</p> <ul style="list-style-type: none"> AO updated the board that the election process for a member of the board is concluding. 19 school sector leaders expressed an interest for 6 available places, and so formal nominations were requested, and expectations and responsibilities were made clear. Voting closed last night, and Adrian is awaiting an update on the vote and will share as soon as possible.

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	<ul style="list-style-type: none"> • Further discussion with group of representatives will take place to identify who will sit on the committee. <p>Integrated Care Board Providers:</p> <ul style="list-style-type: none"> • Ros opened discussion amongst the committee regarding the representatives • NSH: Community paediatrics require named roles - link in with both acute health and NSFT. Agreed Nic Smith-Howell and Sarah Gibbs will be on committee. • RH: to propose membership for representation from Waveney system following discussion; SW reiterated the importance of representation. <p>SPC Action 2: Rebecca Hulme and Mark Gower to discuss with Garry Joyce and Jack Walker for ICB agreement on which providers should attend SEND Programme Committee.</p> <p>SM suggested voluntary sector representation, for example Suffolk Family Carers, as this dynamic is slightly different.</p> <p>SW shared that VASP have an elected member who attends on behalf of the voluntary sector.</p> <p>SPC Action 3: Representative of voluntary sector to be identified, with SM to support introductions. Terms of reference to be updated to include.</p> <p>'Integrated board director', director of maternity – both roles clarified to be Rebecca Hulme - Director, Children, Young People, Maternity and Safeguarding for Norfolk and Waveney ICB and we can remove the ICB Director for N&W.</p> <p>Pg 7: The purpose of the committee is to have clear evidence that we are on track to deliver actions that PAP commits us to, and to scrutinise and address blockers to progress.</p> <ul style="list-style-type: none"> • NSH raised that this structure may evolve. CYP committee is not necessarily a subgroup of SEND, may need a clearer focus for this group. • RS shared that the structure is trying to represent that there are other places in the system that engagement needs to take place – the structure needs to explain that what is included is not a finite list, as there are other groups which support send. <p>Following the amendments discussed, terms of reference will be recirculated. It was agreed that the terms of reference will be reviewed annually.</p>

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	<p>Draft SEND Strategy</p> <p>The SEND strategy has now passed through both ICB boards and has gone through Cabinet this week; the unformatted draft version was made available in the agenda pack.</p> <p>Amendments to the graphically designed version will also be made, and the finalised graphic version will be sent round to the board.</p> <p>SW provided feedback, noting that references to Education, Health and Care Plan need to include a comma consistently, and that a quote on page 11 required to be amended in order to make sense (to be corrected to 'who are').</p> <p>Sue also shared that she could not use text to speech software on the draft, and so this will need to be checked for the final version.</p>
	<p>SEND Health Dashboard</p> <p>JW advised he spoke to DfE this week about the return of health advice for EHC needs assessment process (metric 2). Despite the pressure, 90% of advice is returned within the 6-week deadline. Work continues with Nicola and NSFT regarding advice, but numbers are much smaller.</p> <p>NSH: ICPS are pleased with response times; increase has been year on year, and the concern is that SALT and paediatricians medical teams are impacted and that sustaining % of advice returned within the deadline is a challenge. Trying to quantify amount of time taken and be mindful of this in line with numbers continuing to grow.</p> <p>JW: With the new EHCNA team, requests for advice may come through more quickly, and so we need to think about this as a system.</p> <p>RS: Trajectory work has been shared with Gary and Rebecca; this indicates what may be ahead of us and already in the system – important that this is shared across the system to support predications and improvements.</p> <p>Family Services teams will be split into assessments team, and reviews focused teams.</p> <p>KS: Regarding NSFT, asked about work with colleagues and sought clarification on Red categorisation/ measures (does this mean no response or overdue?) Also queried if the SEND action plan includes detail about requests.</p> <p>NR: Clarified all requests were with one consultant clinician, and that an action plan has been put in place (with requests to be distributed throughout the team) to address this and an improvement should be seen.</p> <p>There has been sickness within the administration team overseeing the inbox, and a clinician off sick, and a large number of advice returned recently.</p> <p>Red categorisation indicates no response and overdue.</p> <p>SW: Suggested separation for ADHD from those who are within services for mental health.</p>

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	<p>NR advised this could be provided if useful, JW advised can look to report this.</p> <p>NSH queried what level of detail breakdown is required.</p> <p>SW: to identify if mental health services responded within time; ASD/ ADHD actions could be more clearly identified</p> <p>RS: Asked whether the service is reviewing themselves.</p> <p>JW: Much smaller numbers are being considered. Commentary does include detail about pathways. KS advised narrative is helpful.</p> <p>Work that is being done to review action plan with NSFT to be reflected in the commentary.</p> <p>SPC4 Action: Dashboard to include detail about analysis within commentary regarding data. To be reflected for future SEND Committee - JW to look into.</p> <p>NSH: Acknowledged the challenges around waiting times; there is a need to better utilise data collectively. JW raised that Section 23 data must be a part of this conversation.</p> <p>RS: Forms part of sufficiency planning, proposed workshop as an approach to unpick what the data is telling us.</p> <p>SPC5 Action: To discuss the partnership's approach to Joint Strategic Needs Assessment – RS/GJ to ensure a working group is set up.</p> <p>SEND Strategy Action Plan</p> <p>DfE deep dive is currently ongoing as part of monitoring; deep dive is focused on priority 2 (timeliness of EHCs).</p> <p>RS asked that papers sent by Gemma Morgan are reviewed with the action plan.</p> <p>WA shared the SEND Strategy Action Plan (currently in draft) and advised that this will go through the programme office, with the committee to support with solutions regarding progress.</p> <p>The far-right hand column includes references to the Priority Action Plan. Those not specific to the PAP have a reference associated with the SEND Strategy; there will be further development and any feedback is welcomed. A programme risk register has also been started.</p> <p>SM: The RISE programme is an intervention offered through CDC as part of partnership with DfE; will be holding a series of workshops.</p> <p>A coproduction charter will also be developed with SPCF and will be followed up locally with a series of workshops around thematic priorities in the action plan and strategy. These will be grouped into conversations, which can then be connected with pieces of work moving forward.</p> <p>RISE will then come back in the autumn. There is a risk related to this work due to the summer holidays, and delay this will put into the programme due to</p>

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	<p>limits on coproduction – we can prepare to hold some workshops before summer holidays, but they will mainly take place in September.</p> <p>RS asked the committee to please review the action plan and identify support for workstreams.</p> <p>SEND Performance Report</p> <p>RS: The number of requests, EHC plans, and open assessments continue to rise.</p> <p>The dotted line indicates what we anticipate we will be able to achieve based on modelling work because of new resource input, which will support the achievement of September measure set out in the PAP. Recruitment of resource ongoing.</p> <p>RS talked through the data, highlighting that the plateau in March and April is the result of leave, sick leave and leaving of agency staff.</p> <p>JW shared that it is important to appreciate the improvement seen.</p> <p>SPC6 Action: Performance report to include a graph to include earlier data, reflecting upward trajectory – RS/HW.</p> <p>GB: If committee has ideas about how the report can show the story – in terms of how it feels for CYP and parents and carers and the impact it is having any ideas are very welcome.</p> <p>SW (in chat regarding dashboard): ‘Still no numbers of cyp excluded, just percentage. No 2. % of EHCNA requests that proceed to assessment - how many of these are after mediation. No8. Annual Reviews held within 12 months, - how many are completed within 12 months?’</p> <p>CS shared that the SPCF survey is currently open, which will provide information on how it feels for parents and carers.</p>
	<p>Young Person’s session</p> <p>The committee was joined by young people from Stone Lodge Academy, a member of the Youth Forum, a young person from C2C and King Edwards school (virtually).</p> <p>Jess Walker and Claire McCluskey led a presentation to the committee, before the committee split off into groups to discuss various topics with the young people attending.</p> <div data-bbox="220 1720 338 1809">  <p>SEND Board mgt 2024.pptx</p> </div>

No	Item Description
	<p>Agree minutes and action log</p> <p>The minutes from the last board are currently inaccessible due to a business continuity situation. The minutes will be shared once available.</p> <p>Moving forward, the approach to minutes will ensure that draft minutes are stored centrally.</p> <p>WA asked for those with actions from the previous committee meeting to share actions, as we are unable to refer to these at present.</p> <p>Wendy shared that the action to remove jigsaw puzzle pieces from the SEND Strategy 2024-2029 logo was completed.</p> <p>MG queried whether committee meetings can be recorded moving forward.</p> <p>SPC7 Action: WA to follow up possibility of recording meetings with data protection colleagues.</p>
9.	<p>Forward Plan</p> <ul style="list-style-type: none"> • Focus on SEND Strategy Action Plan, monitoring plan and areas of insufficient progress. • Items to be aligned with DfE visits/ deep dive in advance. • Focus - Attendance/ Section 19 item to be carried forward to next agenda. • Focus – Locality update from SES, PTS &Health to be followed up outside of committee to determine if item is required, or is covered in scrutiny. • Agree minutes and Action Log
10.	<p>Any Other Business</p> <p>N/A</p>
	<p>Next Meeting is scheduled for 18th July 2024</p>