

SEND Board Away Afternoon

Monday 24th June 2024, 13.00pm – 17.00pm

| Attendance: | | |
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| Name | Job Title | Organisation |
| Angela Harrington | Head of Service, Commissioning | City of Doncaster Council |
| Emma Kirk | Lead for SEND across DN Colleges | Doncaster College |
| Laura Churm | Divisional Nurse Children and Neonates | Doncaster Bassetlaw Trust Hospitals |
| Martyn Owen | Head Of Service, SEND Transformation | City of Doncaster Council |
| Karl Bower | Designated Clinical Officer | Intergrated Care Board |
| Jane Cresswell | Head of Serice, Equity and Inclusion | City of Doncaster Council |
| Andrea Ibbeson | Deputy Chief Nurse & Designated Nurse for Safeguarding Children & Children in Care (Doncaster Place) | Intergrated Care Board |
| Natalie Tyrrell | Project Manager | City of Doncaster Council |
| Bushra Ismaiel | Designated Medical Officer | DBTHFT (NHS) |
| Kim Holdridge | Transformation Manager | City of Doncaster Council |
| Debbie Osborne | Doncaster Parents Voice | Doncaster Parents Voice |
| Leanne Hornsby | Service Director, Children, Young People and Families | City of Doncaster Council |
| Kathryn Hawley | Head of Service, Adults | City of Doncaster Council |
| Naomi Handley-Ward | Service Manager – Getting Help Pathways, CAMHS | RDASH |
| Sam Rooksby | Team Leader – Children’s Long Term Conditions | RDASH |

Introductions: *Local National and Regional Updates*

- National changes are upon us, with a general election on the 4th July which could change our current landscape.
- City of Doncaster Council currently working with Think Tank – Founation Stage 4 Development.
- Lots of on-going international work with Pittsburgh.
- Spoken to all policitians and reconise its time to do something different for SEND.
- Continued emphasis on local working across health, delegated through the services we commission and supported by the DCO, Director of Nursing and the joint commissioning roles and agendas.
- South Yorkshire wide, the ICB are in a period of ‘insight’ work, looking at how we can work better across all 4 areas of South Yorkshire. We are in the process of developing a SY ICB SEND Board that will seek clarity on governance and working models across South Yorkshire.
- NHS England have developed a Quality Assurance Framework that will be tested in selected areas, South Yorkshire is hoping to become a formal pilot site.
- Right support, right time of the right quality.

What have we achieved so far?

- GDA Panel has provided digital assessments online which has been able to give quicker diagnosis.
- Early Intervention approach to SALT has reduced the statutory need for SALT involvement and provided support from age 2
- Engagement has increased across the partnership – parent surveys, Doncaster Parents Voice, SEND Board, Shadow Board.
- Everyone contributed towards republishing our Local Offer page, making it more accessible to families. SENDIAS and the Parent Carer Forum are valued by local families.
- Academic outcomes for those with an EHCP are improving and are in line with the national average. The percentage of those with an EHCP who are NEET has reduced quickly.
- Annual Health Checks at 14 plus is 76.6% of those eligible for an annual health check have received one in the past 12 months. against the national target of 75% We have also introduced a new paediatric splint service.
- Council teams particularly SEND team seeing a high rise in levels of need coming in – responding to demand well and consistently.

What are the key opportunities for us in the future?

- Elective home education
- Part time timetables
- Community partnership / shared vision
- Inclusion / consistency
- Children and young people to have a suitable school place locally
- Reasonable adjustments / additional support in mainstream education
- SEMH focus in schools
- Right support at the right time – clearer identification of change
- Coordinated approach to identifying and monitoring need
- Breaking barriers around diagnosis
- Get inclusion right
- Reviewing placements for Children With Disabilities
- Good foundation
- Leadership commitment
- Effective communication
- South Yorkshire / CYP joined up > Brings threads together
- Bringing everything together
- Shared understanding – helps to know who to go to e.g., Key people
- 12 months - greater opportunity to work together
- Health and equalities – getting them assessed – How? What? So what?
- Huge shift – labour manifesto
- System – fragmented
- Opportunity to turn the tide
- Parents – what can they get? – underlying issues – low
- Changed – yet cases are individual
- New funding model
- Child voice – parents intention – but what does child want
- Diagnosis – transition into adult world > child not diagnosis – needs led
- Do we actually live this?
- Learning disability – have to meet diagnosis / locally
- Not looking at quality or outcomes in health – driver for waiting lists etc.
- Communicating the best practice – how do we get the word out

- Additional resources etc. – linked to diagnosis
- Foetal Alcohol Spectrum Disorder (FASD) children – cant get diagnosis > stop looking for label or diagnosis, cant get support
- Doncaster – come together – workforce understanding
- Reasonable adjustments
- Response to children – different if one has a diagnosis
- Systems don't talk to each other
- EHCPs – all about accessing education, not about health needs etc. about needs to access education
- Measuring reinforces diagnosis
- Need to look at it as a business
- Regional > sub regions / Rotherham/Sheffield/Barnsley
- Commissioning – look at a more commercial model – quality outcomes
- Data – opportunity to have overview of SEND
- SEND Board – ICB footprint
- Social care – keeping children in their areas
- Every local level – keep children in own locality – what care is needed?
- Having understanding – how will children be looked after?
- Everyone needs complete understanding – joint
- What different questions do we need to ask?
- GP – target work – CiC – want same model for children with SEND Needs
- National flag = key principles

What does good look like?

- Make the journey smooth
- Only tell story once
- Few children should be educated outside mainstream school
- Information sharing
- Outcomes
 - children happy in learning
 - happy
 - have good relationships as part of the community
- Young people want basics – hierarchies of need
- Transparency and accountability – outcomes good
- Invest wisely – money is there – got money
 - How do you use money?
 - Outcome led – preparation for life – fair curriculum / appropriate
 - Supported internships
 - Schools be more creative – reintroduce curriculum to meet interests – meet needs
- Outcomes are personal – not written in school speak
- Inclusive language – not 'normal' over there
- We would rename the SEND Board
- Needs led not diagnosis led
- Measuring what young people value
- Voice – parents voice not child voice
- Children moving into Doncaster
- Parents not engaging – would have full education sharing – health and social care
- EP's will see every child – child voice will be clear and loved

- Independent voice – no collusion
- Commissioning – where we can't meet need – OOA should be best value and quality
- EHCP's – used consistently
 - Needs being met earlier
 - Good advice
- Health - transitioning of complex children back to GP at 16 - should be a clear transition pathway from 16
- Currently developing the 16-18 pathway
- Adults - Look at what we have got currently - what are the primary needs? Where are the gaps? Phase 2 is to develop the pathway
- Transition into independence - need to be able to function.
- GP training on Autism - not all professionals have training
- Equality, diversity and inclusion - not always sure what to do/say so don't say anything.
- We have come a long way with trauma informed but something needed about being neurodiverse informed
- Looking at a health passport to take through to transition but no definite template
- Pathways - how do we get from one point to another?
- Transitions that are individualised and seamless
- Commissioning - why do services stop at 16/18 - it's an artificial line. Need to be more flexible and have a buffer zone. EHCP is up to 25 if in education
- Looking at transforming CAMHS through the THRIVE model

What will we do to get there?

- Ask CYP "what do YOU want?" voice
- Care plan should be around their goals - "How can I determine my future?"
- YP need to "want" to engage. Co-ordinated input around education provision
- Adults Practice Framework - all about the person Co-production is a blank sheet of paper to build on. True co-production is 'Start from scratch together'
- How do we get to the people who don't engage/get into the corners we don't usually get to? - over 300 people recently engaged in survey and surgeries
- Need SEND advisers who sit on partnership board
- Getting better at voice - internal services but still some work to do externally on this - next step
- Need direct interaction at every stage with CYP
- Pathways - what does it look like for CYP?
- Review the terms of reference:
 - Elective members, CEO, Schools involved
 - Child voice – should be in terms of reference – strengthen it
 - Look at all children with additional needs not just those with EHCPs
- Programme support
- Test our principles
- Articulate our principles
- PQAIF – look at what we believe in: what is the impact?
- Thrive – link in
- Be explicit – as a board
- Recognise what is in our control
- Policy – how do we change policy?
- Be brave with the funding – and the message
- Inspection – less risk adverse – how do we make sure chief execs are confident? – good governance challenges / strengths – whats going well ?

- Test the governance is working:
 - Place committee
 - Elected members
 - Chief execs
 - Team doncaster
 - MP
 - Minutes – check for SEND and also look at impact
 - What loops down?
- Need to understand the thrive model – meet needs within locality
- We need to build ownership
- Strengthen from early years
- Commissioning – ICB – regional level
- CEO's need to have the discussion
- How do they get the message?
- Have social care bought in?
- CHC – continuing care
- More thinking locally
- DSR – dynamic support register – where / who / why? – will it move – LD / ASD – diagnosis driven – think about testing

Comitment to Change

- Support the reframing of the TOR
- Use our meetings and plans to reinforce the message around action before diagnosis
- Continue to support partnership
- Think child, think family journey not pathway or service led
- Have the discussion and ask, is this equitable?
- Work with senior leaders to ensure we increase their confidence with SEND
- Listen to children and young people - improving voice
- Further work on voice and engagement. Bring schools along.
- Remain open to feedback, be reflective, promote true co-production, involving lived experience, leadership commitment to deliver on plans to bring about change