## Halton SEND Strategic Improvement Board (HSSIB) Minutes – 20<sup>th</sup> June 2024

## Attendees

Anita Marsland (AM)	Independent Chair				
Anne Tattersall (AT)	Associate Director CYP Service and Trust Strategic Lead for SEND, Mersey Care				
Cathy Liku (CL)	Headteacher/SENCO, Birchfield Nursery School				
Charlotte Finch (CF)	Acting Director SEND/Inclusion HBC				
Chris Douglas (CD)	Director of Nursing & Care NHS Cheshire and Merseyside				
Claire Collins (CC)	Chair Halton SEND Parent Carer Forum (HSPCF)				
Denise Roberts (DR)	Associate Director for Quality & Service Improvement, C&M ICB Halton Place				
Dean Tierney (DT)	Principal Manager, Complex Care Runcorn, Transition (Rep for Marie)				
Elaine Haver (EH)	Principal Head Teacher Cavendish High Academy				
Emma Roberts (ÉR)	Head Teacher Victoria Road Primary School				
Jess Haslam (JH)	DfE/SEND Advisor (Via Teams)				
Julia Rosser (JR)	Assistance Director of Public Health, HBC				
Karen Worthington (KW)	Associate Director of Children's Services, Bridgewater Community				
	Healthcare NHS Trust (Rep for Colin)				
Lindsey Marlton (LM)	NHS England North West Regional SEND Senior Manager				
Philip Thomas (PT)	Associate Director of Transformation and Partnerships - Halton, NHS				
	Cheshire and Merseyside.				
Sarah Le Good (SLG)	Head of Inclusion, Learning Support, Riverside College				
Wayne Longshaw (WL)	Director of Integration, Mersey and West Lancs NHS Trust				
Zoe Fearon (ZF)	Executive Director Children's Services HBC				
Apologies					
Anthony Leo (AL)	Director, Halton – NHS Cheshire and Merseyside Integrated Care Board				
Carl Fagan (CF)	SEND Improvement Regional Lead, North West Regions Group				
Colin Scales (CS)	CEO at the Bridgewater Foundation Trust				
Jill Farrell (JF)	Director Education, Inclusion and SEND, HBC				
Katherine Appleton (KA)	Director for Children's Social Care and Early Help, HBC				
Marie Lynch (ML)	Operational Director Care Management, Safeguarding & Quality				
Matty Deeney (MD)	Head of School Wade Deacon				
Stephen Young (SY)	Chief Executive, Halton Borough Council				
Tom McInerney (TMI)	Cllr - Lead Member Children and Young People				
Attendee presenters	Michelle Creed (MC), Interim SEND Governance & Quality Assurance Lead, C&M ICB				
	Kevin Greaves (KG), Interim Head of Commissioning – Social Care,				
	Early Help & Education, Contracts, Commissioning & Placements, HBC				
Other attendees					
Dorothy Roberts (Dot)	Principal Policy Officer, HBC (Minutes)				

No	Item	Action	Deadline
1.	Welcome/Introductions/Apologies		
	a) The Chair welcomed everyone to her first meeting, members		
	introduced themselves.		
	b) Apologies noted as listed above.		
	c) Acknowledged talent, expertise and experience in the room.		
	d) Conduct - need for constructive conversations and challenge, hold		
	ourselves and the wider system to account.		

	e) Fundamental principal - focus our lens through the experience of CYP and families.		
2.	Declaration of Conflicts of Interest		
	a) If in doubt declare		
	Anita Marsland – Chair of the Board of Trustees at The Reader		
	Organisation and Independent Scrutineer, Liverpool Safeguarding Children		
	Partnership (LSCP).		
3.	<ul> <li>b) Michelle Creed - Independent Chair Sefton Adult Safeguarding Board.</li> <li>Minutes previous meeting 17<sup>th</sup> April 2024</li> </ul>		
5.	<ul> <li>a) Minutes agreed by members present at the last meeting.</li> <li>b) Deputy Chair – discussion, appointed Independent Chair, need to maintain independence. ZF and DR original proposal however they chair Delivery Group that feed in to this HSSIB meeting. Proposal Executive Officer or Lead Member i.e. SY, TMI or CD. CD was proposed, AM and CD to discuss outside of meeting.</li> </ul>	AM & CD	14.08.24
	<ul> <li>c) Rep from Early Years Sector Early Years Private, Voluntary and Independent sector be sought to join HSSIB. Not noted in Action Log, Not completed.</li> </ul>	CF	14.08.24
	Action Log		
	<ul> <li>d) Action 1 - completed</li> <li>e) Action 2 – Update, mapping obtained, projection data from Myman Analytics, commissioned as a tool to plan sufficiency, looked at all cohorts 0-25, every age phase, every SEND category and every establishment. Got current data and projections up to 2039. Good that we have data never had before but numbers slightly lower than real</li> </ul>		
	<ul> <li>time data so clarification being sought. Action Complete.</li> <li>f) Action 3 – SRO's checked membership, circulated in agenda pack. Action complete. Mersey Care represented in PAP 2, not in PAP 4 &amp; 5, operational representation to be sought.</li> <li>g) Action 4 - Survey is currently live. Action complete.</li> </ul>	AT	14.08.24
	<ul> <li>h) Action 5 – Risk register is on agenda. Action complete</li> <li>i) Action 6 – Independent Chair recruited, Action complete</li> <li>j) Action 7 – SRO reviewing PAP timescales. Action complete</li> <li>k) Action 8 – Column to identify reason for slippage i.e. timescales. Added to the Action Plan. Action Complete</li> </ul>		
	<ul> <li>I) Action 9 – Strategy overviews – on Agenda. Action complete</li> <li>m) Action 10 – Strategy Governance matrix. In progress (Amber)</li> <li>n) Action 11 &amp; 12 – Performance Dashboard. On agenda. Action complete.</li> </ul>	CF	14.08.24
	<ul> <li>o) Action 13 – Communications as agenda item next meeting, Tony raised it but not his action. Communication strategy needs to be done collectively as a partnership.</li> </ul>	All	14.08.24
4.	PAP Highlights Report		
	<ul> <li>a) A lot of information in the agenda pack on this item, PAP's vary in presentation, differing styles from SRO. CF developed summary report. This paper not circulated previously, was presented on screen and will be circulated.</li> </ul>	Dot	28.06.24
	<ul> <li>b) Proposal to Board is to use this format going forward. Does it give enough information to allow understanding of progress without going through every action in the action plan.</li> </ul>		
	<ul> <li>c) SEND Delivery Group feedback needs to be standing Agenda Item.</li> <li>d) Briefing report from Delivery Group inclusive of PAP highlight report to be presented at future meetings.</li> </ul>	AM DR/ZF	14.08.24

e)	CF went through report, noted:		
	<ul> <li>Overall Priority Action Plan Progress – 17% all actions completed,</li> </ul>		
	51% on target to meet timescales, 30% marked as delayed but not		
	significantly with 2% yet to start. Early stages of Improvement		
	journey - encouraging progress. Delays relate to survey as		
	underpins all actions in the PAP. Board did agree survey delay to		
	ensure it was representative with true co production. Survey is live		
	closing date 30.06.24. Survey delay won't delay overall progress or		
	ability to report progress but will be reflected in the plan. When		
	survey closed amber action in chart will be green.		
	PAP 1 - 44% actions completed, 44% delayed (Survey) 55%		
	completed or on target, reportable progress on all actions, no delays		
	caused completion dates to be missed. Risks - 1) Dashboard,		
	agenda item. Risk 2) Alternative Provision deadline Sept 24, draft		
	developed, consulted with SLIP LA, was not sufficient for		
	publication, foundations there, not all stake holders included,		
	focused on schools as key stakeholder. Agreement to use external		
	consultant to complete it, awaiting confirmation, timescale Sept		
	2024. Focus on getting it right rather meet deadline. Risk 3) SEND		
	Programme Manager post, with HBC HR for evaluation, escalated		
	to get expedited. Post is key to support CF her name against		
	significant number of actions, doesn't appear balanced. Have		
	appointed Head of Service for 2 years who will be DBV lead taking		
	pressure off CF and adding additional capacity whilst CF supporting		
	Director Level.		
	<ul> <li>PAP 2 - 60% on target, 40% delayed likely to miss completion date,</li> </ul>		
	general overview not all will miss completion date. Everything		
	started. No risks identified (refer to paper).		
	• PAP 3 - 71% on target, 29% delayed no actions complete but		
	progress being made. No risks identified (refer to paper).		
	<ul> <li>PAP 4 - 58% on target, 25% delayed, no actions complete, 17% not</li> </ul>		
	started. Some have long completion timescales so doesn't mean not		
	on target also some have a later start date in terms of planning. No		
	risks identified (refer to paper).		
	<ul> <li>PAP 5 - 22% complete, 40% on target, 15% delayed, 23% not</li> </ul>		
	started, progress being made. Risk – general capacity of SRO CF		
	but capacity issues being addressed as referenced above.		
f)	Overall, progress continues since agenda pack issued on 06.06.24 i.e.		
יי	all in PAP 5 now started. General risks for the whole plan, ILACS		
	inspection may generate work and create tension across the area.		
a)		ZF	14.08.24
9)	Evaluating DSCO post main measure to ensure all services engaged	۱_	17.00.24
г)	in improvement work.		
h)	Joint working across all SEND Services still inconsistent, not working		
	together in all cases. HBC utilising independent consultant Deborah		
	Glassbrook, expert SEND background. HSSIB is a newly established		
	Board, has there been the storming, forming and norming, do we have		
	collective, shared understanding of what trying to achieve, when it is		
	achieved, our part in that. Session offered to shape collective and		
	agreed understanding, reach optimal functionality and effectiveness.		
	Opportunities to discuss through same lens, clarify perspectives so can		
	work in harmony. Dates October 22nd and 23rd offered can be planned	ZF/CF	14.08.24
	for other date, will not delay or impact on work currently being	,01	
	undertaken, agreed in principal as a good idea.		
	undenaren, agreed in principal as a good idea.		

	<ul> <li>i) PAP highlight report gives detail but reading one month to the next doesn't identify were improved or not. HSSIB need to have both. Reporting on outcome measures, maybe little early, but do need to incorporate in highlight report to measure progress, some not possible to determine until survey closed. If particular concerns an in depth report requested for Delivery group or HSSIB. Confirmed RAG rating in PAP highlight report relates to has it been done, started or complete. KPI put in against impact in the PAP against each individual action and was signed off by key stakeholders and DofE, Ofsted and CQC. Need to add KPI's into highlight report in order to see progress. KPI measures impact/outcome of CYP and families. PAP highlights report template agreed at previous HSSIB, having used it need for it to be refined to meet need, Proposal PAP action plan front sheet to identify not on timescale, mitigations can be included.</li> <li>j) CD to provide examples of where monitoring progress to CF.</li> <li>k) Need to trust SRO assurances when reporting actions complete, on target or to escalate to the HSSIB. Query assurance on the percentage of actions delayed, clarity of sight needed for the HSSIB.</li> <li>l) Feedback from the Chair of Delivery Group is a gap in the assurance for HSSIB.</li> </ul>	CF CD DR/ZF	14.08.24 14.08.24 14.08.24
5.	<ul> <li>Halton SEND Integrated Performance Dashboard <ul> <li>a) Power point presentation, Michelle Creed.</li> <li>b) Mindful previous SEND partnership disbanded, HSSIB will be the forum for reporting progress against SEND Strategy. Public Health rerunning the JSNA, data will inform the new strategy in future. Evidence based data, numbers. Need to see each other's data to commission as a system, currently in isolation. Potential data solution one system, would require financial investment.</li> <li>c) Not had an integrated dashboard before, come from 11 sources, each with own systems that don't speak to each other. Long tern HSSIB will see trend lines not the data. Analysts reached point of expertise, looked at systems, sourcing data, collection process but not got subject matter expertise to say, i.e. what is going to demonstrate improvement, or what HSSIB want so see. Suggestion - need to book a morning with SRO and analyst's to tease out KPI.</li> <li>d) Too many indicators, gone from collating 240 to 159 KPI's but still too many. The dashboard is what we already collect, why collecting, where are they going, can we see them, never been brought together before.</li> <li>o Comments – very useful information operationally and for other contexts but not needed at HSSIB need to separate what relates to performance to show if having impact and what relates to the 5 priority areas, on this basis can strip it back. Ask HSPCF, partners, stakeholders to look at the Ofsted statements, when will that be different, how will that feel, look like and how will we know we have achieved it, and we measure that. Survey specific questions i.e. what could we have done different to make it better for you, and how we put that in a KPI. 25 is a manageable number of KPI, 5 per PAP also number suggested by DofE.</li> <li>o ICB dashboards exist in other forums, need to avoid contract discussions, triangulation to identify need, can cause delay if it need to change, providers don't always know if have a diagnosis. national 'Spine' i</li></ul></li></ul>		

r c c	<ul> <li>ICB analysts included in developing this dashboard. Don't want to duplicate, use existing data. Post 16 provider data captured differently.</li> <li>e) Half day task and finish group to determine KPI and take outcome to Delivery Group, HSPCF and provider group to be included.</li> <li>Halton SEND Parent Carer Forum feedback <ul> <li>a) Report presented Claire Collins HSPCF, this is what we do, small forum, small LA but busy. Core stuff - parent drop-ins weekly, most other LA's monthly. Parents tell us lots, want to feed back into services, potential HSPCF may have data HSSIB find useful. Parents stuck with surveys, don't really want to engage, time is precious, Tracy Ryan sat with parents in coffee morning and got more data from that than from a survey, they liked the 1-1 Tracy gave and parents gave positive feedback on her presence.</li> <li>b) Parents don't like QR codes, they are put on social media if looking at a post on mobile can't then scan the QR code, but no alternative link. Parents want ease and quickness. Go old school, talk to parents, go to drop-ins, face to face, parents want interaction and to be listened to. Coffee mornings Thursday 9.30 – 11.30, what's on the HSPCF website just let her know, develop rota/calendar.</li> <li>c) Co-production Charter launch, part of PAP 2. Charter was produced approx. October 2022, was launched, not been instilled, was to be checked and relaunched in July 2024 but delayed till October because of election, why? Sent HBC staff a copy of the charter because they didn't know it existed. This should be instilled now, saying it but not doing it. Not specific to co production working it is in relation to the charter production. CF will query with SRO of PAP 2 and report back.</li> </ul> </li> </ul>	MC CF/CC CF	14.08.24 14.08.24 14.08.24
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-	regardless of election, based on same principals of Halton. e) Anita Marsland (Chair) and Claire Collins to meet outside of this forum.	AM/CC	14.08.24
	<b>Risk Register</b> a) Talked about establishing one, included in the agenda pack.		
8.	Quality Assurance		
	a) In Children Social Care complaints and compliment reports presented, noted this is how we understand how services are impacting. Agreed to establish similar in SEND, 6 monthly overview report triangulated with Health Services, Denise Roberts to share information as she signs off Health complaints.	CF/DR	14.08.24
	<ul> <li>b) EHCP Quality Assurance (Q.A) tool, Envisage 360 now live, need for more auditors, currently mostly LA needs a partnership approach, CF to circulate a brief of what this entails.</li> <li>c) Each HSSIB member to identify an officer to participate in Q.A and</li> </ul>	CF	14.08.24
	advise CF, CSC already sourcing, Claire will attend from HSPCF.	HSSIB	14.08.24
9.	Workstream Deep Dives		
a	<ul> <li>a) Two pronged, what do regulators want and what does the HSSIB want as themes.</li> <li>b) Carl DofE requested deep dive of governance, PAP 1 discuss structures, subgroups, data and papers. 2hrs on 15<sup>th</sup> July clarified attendance, membership of PAP 1, Carl, Jess, Lyndsey, Charlotte, Denise or rep and Anita. Charlotte to coordinate.</li> </ul>	CF	15.07.24
	Anita. Chanolie to coordinate. Strategy Updates a) SEND Strategy (Charlotte Finch)	Ur	10.07.24

k	Current strategy runs until summer 2025, external consultant has been asked to consider undertaking this in the future		
○ F f ○ F ○ F	<b>ND Sufficiency Strategy</b> (Charlotte Finch) Received some high quality data, never had before, enabling forecasting, will be in better position to update at Delivery Group with dates for completion. Expected completion date January 2025. Requested representation form schools to join SEND Sufficiency working group, need health and HSPCF representatives. <b>ernative Provision Strategy</b> (Charlotte Finch)		
	Addressed in bullet 4		
e) Eq o () () () () () () () () () ()	<b>Well Strategy</b> (re-tille/lead tbc) Context - Ofsted reported huge waiting lists, how to support CYP & families waiting for appointments, how do we support whilst they wait. Advance solutions commissioned, so much support but we don't say how we do that, challenge was what is your waiting well strategy? Comments about the name 'waiting well', no one taking ownership. Health Engagement Service attended EIP Head of Service meeting, Eileen Stein and Carla McSherry, they provide a waiting well service, commissioned by GP, asked if we can link in with them for this strategy. Waiting well offer vs Early help offer that supports based on need, that can then be applied whilst waiting for formal assessment. Whole system approach looking at needs based graduated offer, what's different about waiting well. Potential overlap, interdependent, there is a difference, acknowledgment long waits, providing reassurance support not giving them the same as they will get at the end of the process, what else available, be proactive in getting information and support to anxious families. Dashboard will help understand wait times, need to triangulate waiting times across the system. CAMHS, CYP who don't meet thresholds gap in the system, who are the right people to support. Need clarity on how we support when needs start emerging, not sure how different to a waiting well strategy. Before progressing waiting well strategy need to understand. Good to know about wait times for operational perspective, is this about families experience, what put in place to support them, access to know what else available, can something else kick in whilst waiting for diagnosis, can it be put in place without diagnosis. This is a focus in PAP 4. Subject for deep dive to allow further exploration. <b>uipment Policy/Strategy</b> (Kevin Greaves Commissioning Manager) Coordinated approach to specialist equipment, are step will edd the and purchase equipment, survey gone to schools to establish what equipment to there. 3) Specialist OT suppor	HSSIB	Open

<ul> <li>the expenditure would be, many unknowns. Should be further on Need to establish schools funding, issue in commissioning team escalated to Kevin to progress. Clarity it is specialist equipment for education settings i.e. chairs to enable inclusion in school and access education. Table it as agenda item for Kevin</li> <li>SIB need to be challenging in this area.</li> </ul>		14.08.24
<ul> <li>f) Joint Commissioning Strategy (Kevin Greaves)</li> <li>PAP 3 SRO, Joint Commissioning Group, 2nd July next meeting been rebranded, new chair Ben Holmes, Strategy focus on CSC and Education and draft will be taken there. Cover sufficiency, demand and forecasting. SALT is high priority, Sensory OT</li> <li>Governance to sign off strategies, need to be brought to HSSIB for sign off. Individual governance in organisation then collective</li> </ul>		
governance at HSSIB.	KG	14.08.24
<ul> <li>Claire in that PAP group but not been getting emails, Kevin will sort.</li> <li>g) Noted 6 strategies referenced, all led the HBC, is this weighted correctly does it need a more partnership approach, suggestion Joint Commissioning to be picked up by Philip. To be picked up in Delivery Group.</li> </ul>	DR/ZF	14.08.24
11. Any other Business		
<ul> <li>a) Board Members Bio's (Paper page 32)</li> <li>o Helpful tool, names to faces, experience and background noted a few members missing can they please provide. Potential to use in different forums.</li> </ul>		31.07.24
b) Young Person's story (Verbal)		
<ul> <li>Invite a service user, CYP or parent carer, helpful reminder of why we do it, need to agree a process, look into his in more detail.</li> </ul>	HSSIB	14.08.24
c) Storming/Norming Session (Verbal)		
<ul> <li>Addressed in bullet 4.</li> <li><b>PMO update</b> (Verbal)</li> </ul>		
$\circ$ Addressed in bullet 4.		
Next meeting		
Date: Wednesday 14 <sup>th</sup> August 2024		
<b>Time</b> : 12:00 – 14:00		
Venue: The Boardroom, Municipal Building, Kingsway, Widnes, WA8 7QF		
Date: Wednesday 16 <sup>th</sup> October 2024		
<b>Time</b> : 10:00 – 12:00		
<b>Venue</b> : The Civic Suite, Runcorn Town Hall, Heath Road, Runcorn WA7 5TN		