

**Halton SEND Strategic Improvement Board (HSSIB)
Minutes – 6th November 2024**

Attendees

Anita Marsland (AM)	Independent Chair
Anne Tattersall (AT)	Associate Director CYP Service and Trust Strategic Lead for SEND, Mersey Care NHS Foundation Trust
Benjamin Holmes	Acting Director of Education
Carl Fagan (CaF)	SEND Improvement Regional Lead, DfE North West Regions Group
Cathy Liku (CL)	Headteacher/SENCO, Birchfield Nursery School
Charlotte Finch (CF)	Acting Director SEND/Inclusion, Halton Borough Council
Denise Roberts (DR)	Associate Director for Quality & Service Improvement, C&M ICB Halton Place
Elaine Haver (EH)	Principal Head Teacher Cavendish High Academy
Joanne Galloway (JG)	JJ's Early Explorers (Early Years PVI Rep)
Jonathan Bailey (JB)	Inclusion & Support Specialist Teacher, Riverside College and Cronton Sixth Form College
Karen Worthington (KW)	Associate Director of Children's Services, Bridgewater Community Healthcare NHS Trust
Katherine Appleton (KA)	Director for Children's Social Care and Early Help, Halton Borough Council
Lindsey Marlton (LM)	North West Regional SEND Senior Manager, NHS England
Marie Lynch (ML)	Director Care Management, Safeguarding & Quality, Halton Borough Council
Matty Deeney (MD)	Head of School, Wade Deacon High School
Nattalie Kennedy (NK)	Commissioning Manager Public Health, Halton Borough Council
Nick King (NK)	DfE Commissioned SEND Adviser, NMK Consultancy Services Ltd
Philip Thomas (PT)	Associate Director of Transformation and Partnerships - Halton, NHS Cheshire and Merseyside.
Stephen Young (SY)	Chief Executive, Halton Borough Council
Tom McInerney (TM)	Cllr - Lead Member Children and Young People, Halton Borough Council
Tony Leo (TL)	Director, Halton – NHS Cheshire and Merseyside Integrated Care Board
Wayne Longshaw (WL)	Director of Integration, Mersey and West Lancs NHS Trust
Zoe Fearon (ZF)	Executive Director Children's Services, Halton Borough Council

Apologies

Chris Douglas (CD)	Director of Nursing & Care NHS Cheshire and Merseyside
Clare Collins (CC)	Chair Halton SEND Parent Carer Forum (HSPCF)
Emma Roberts (ER)	Head Teacher Victoria Road Primary School
Oladayo Ojekunle (OO)	Data Performance Management Analyst, Halton Borough Council
Mike Stapleton-Chambers (MS-C)	DBV SEND Programme Lead, Halton Borough Council
Julia Rosser (JR)	Assistant Director of Public Health, Halton Borough Council

Attendee PAP 1 SRO presenter

Other attendees

Dorothy Roberts (Dot)

Principal Policy Officer, Halton Borough Council

Tracy Ryan (Tracy)

Policy Officer, Halton Borough Council (Minutes)

No	Item	Action	Deadline
1.	<p>Introductions/Apologies and Declaration of Conflicts of Interest</p> <p>The Chair welcomed everyone to the meeting. Apologies noted as listed above. No Declarations of Conflict raised.</p> <p>Unfortunately CC in hospital so is unable to attend and provide the update report for HSPCF. Board members send Clare best wishes for a speedy recovery. Meeting remained quorate.</p> <p>Joanne Galloway, rep for the Early Years/Childcare PVI sector is stepping down as a Board member due to work/capacity commitments. An alternative rep from the sector is being sought.</p>		
2.	<p>Minutes previous meeting 12 September 2024</p> <p>With the revisions to be made as discussed, members agreed to approve the Minutes as final.</p>		
3.	<p>Action Log Action Log updates included based on the discussion.</p> <p>20.06.24 Action 10e - CF noted that Specialist Equipment should be deemed as quite a high risk for the Partnership as it's not been able to progress at the pace it needs to. Progress has been hampered by limited intelligence across the SEND system around existing equipment and funding. CF noted that specialist seating for CYP is provided albeit there may have been delays during the process. This seating is very expensive to fund, which means that some schools incur these costs more than other schools, due to the current arrangements not being equitable across all schools. EH agreed with CF and added that this is a very complex area. CF added that this work has been picked up by Lee Ellis, the new Head of Commissioning and Placements. LE will provide an update on this as part of the PAP 3 update report at the next meeting.</p> <p>20.06.24 Action 10g – work on the Joint Commissioning Strategy being produced is now being jointly led by Lee Ellis and Philip Thomas. Action can be closed on the Action Log.</p> <p>RAG status colour coding - PT requested could better consistency be adopted across all documentation as different colour coding for not started had been used which causes confusion. This was noted/agreed.</p> <p>20.06.24 Action 11b – AM noted that the Board still need to agree a process to enable CYP or parent/carers to share their SEND experiences and challenges at the start of each meeting. AT suggested that it could be by way of a case study presented on their behalf, a video clip or by</p>		

	<p>their attendance in person so that Board members keep CYP in our minds during the meeting. AM acknowledged that the Board needs to maintain a focus on this to always be looking through the lens of CYP when discussing and progressing issues. TM agreed to pick this up with ZF and TL with DR and health providers so that as a Partnership, this can be progressed at pace. Dot mentioned that pre COVID-19 under the former Halton Children’s Trust, Question Time sessions took place with Board members asked questions directly by young people on a range of different issues that were important to them. MD confirmed being happy to put forward some pupils to attend the Board from Wade Deacon and noted that other Secondary school pupils would be willing to attend the Board to share their SEND experiences so that the Partnership can learn from these, if this would help. EH agreed with this proposal and also noted that Family Support Workers in schools would have examples to share on CYP’s behalf. That we would need to agree a mechanism to capture experiences, consistency of approach and for written communication the use of widget symbols to make information accessible to SEND CYP. To move this action on and plan a way forward, TL agreed to pick this up in discussion with ZF.</p> <p>Action: a) Discuss and agree a plan with ZF to facilitate CYP's SEND experiences to be presented at Board meetings.</p>	TL	06.11.24
4.	<p>Halton SEND Parent Carers Forum Report</p> <p>Item deferred.</p>		
5.	<p>PAP 1 Governance Summary Report</p> <p>MW explained that he is the SRO for PAP 1. That there are nine actions in PAP 1, six are complete so hopefully there are no questions on those.</p> <p>1.4 recruitment of the SEND Programme Management Officer - CF advised that four candidates were shortlisted and invited to interview. Unfortunately, only two attended the interview, one candidate excused themselves from the process and the fourth candidate didn't turn up at the interview. One candidate may be able to be appointed however, the interview panel (PT, CF and KA) were unable to agree on an appointment. Therefore, it's been agreed that DR will meet with the candidate to establish more assurance that they are able to fulfil the role/tasks effectively. If an appointment cannot be made, the vacancy will need to be re-advertised and the recruitment process repeated, which is unfortunate.</p> <p>1.7 SEND Strategy 2025-2028 – MW noted that this action is on track and has been commissioned to a consultant to progress work on the Strategy.</p> <p>1.8 Alternative Provision Strategy – MW explained that although this action is delayed, a significant amount of work has already been undertaken by a consultant and Head teacher previously commissioned on this. Whilst their report was good, Children’s Leadership Team agreed that it wasn’t quite what is required. The Strategy work has now been commissioned to a different consultant. We recently appointed some</p>		

officers to our School Improvement Service, one of them has a good background in Alternative Provision. It is hoped they can assist driving forward Alternative Provision work in the short term.

AT queried CYP's involvement in the work to date i.e. were they consulted? MW confirmed that they have been involved previously and for going forward plans will be in place to work with CYP for example, via The Bridge School (Pupil Referral Unit).

PT queried the accuracy of actions 1.2 and 1.3 being reported as completed, given that as the Board evolves and membership changes etc governance arrangements could only be reported as completed at a particular point in time. Also, that Board members have sought to add health colleagues to workstream groups but have failed to be invited to meetings. The RAG rating for 1.4 was challenged that it should be Red as opposed to Amber due to the six month delay on recruitment. More assurance of progress was sought on 1.7, given that a number of detailed actions with deadlines should already have been completed. As the overall cumulative deadline for the Strategy to be produced is March 2025., can we be assured of progress being on track at this stage?

CF began to explain that there are three Strategies that are all interdependent so they need to be completed together SEND Strategy, Alternative Provision Strategy and a SEND Sufficiency Strategy.

Further challenge and discussion then continued at some length. TL interceded at an opportune time to explain that this linked back to the previous Board meeting in September around all members being able to have confidence and assurance of progress. That due to the nature of the work involved, some Board members will be more sighted than others on specific PAP actions/progress. That it's about the golden thread of how we manage the reporting process and work it through together.

LM suggested that the Board needs to be assured of the impact, the difference being....so what? Have we fulfilled the outcomes for CYP in Halton?

AT suggested that reports should include the specific date the action was completed as this can be tracked back to the PAP and would demonstrate if actions have fallen outside of the original deadlines. Also, if was her understanding health colleagues identified by AT to join the PAP workstreams had so far not been invited to any meetings.

CF outlined that each SRO operates their PAP how they see fit, this may be via group meetings or one-to-one meetings with individuals to progress specific actions. For some, having working groups failed to be a productive use of time for lots of colleagues in the same meeting, especially if their input related to one action on the PAP.

AT responded that two colleagues in her Learning Disability Service have some concerns around EHCPs and reviews of EHCPs and would like to be involved in improvements being made on these and could CF follow this up with her? CF confirmed that she had met with one of AT's colleagues recently but would follow this up outside of the meeting..

	<p>Action: b) Follow-up discussion outside of meeting re EHCPs and EHCP review issues (LD health colleagues).</p> <p>MS-C voiced concerns on behalf of the other HBC SROs, stating that this is the third or fourth time the reporting template has changed. That Board members are now looking to make further changes which takes up a lot of capacity revising these on top of existing workloads. At the last meeting the Board requested more succinct reporting with information in one place and now you want finite details against detailed actions. Therefore, a plea was made to the Chair for all Board member to make a decision on what information is required and this will be provided.</p> <p>CF added that the Board may feel better assured if SROs present the PAP and report on actions, line by line which will take a long time. A decision on the format needs to be finally agreed.</p> <p>AM summed up the discussion by agreeing that Board members have received the message, that there is clearly a lot of frustration which needs to be resolved honestly and in a supportive way to ensure the reporting mechanism meets the Boards needs for assurance.</p> <p>NK added final comments around it appeared a discussion outside of the meeting is required to agree what comes to each meeting. That you may require a middle ground around more detailed updates on action not completed, delayed etc so that areas can be focused on. NM admitted that as his has just joined the Board and not yet had opportunity to review all of the documentation/information related to the PAP and Board. Therefore, some of these things may already been agreed in place etc.</p> <p>Action: c) Agree the Board assurance requirements for PAP progress reporting.</p>	<p>CF/AT</p> <p>TL, ZF & AM</p>	<p>06.11.24</p> <p>06.11.24</p>
<p>6.</p>	<p>PAP 2 Communication/Joined up Systems Summary Report</p> <p>MS-C presented the following update on progress:</p> <p>2.1 PAP Survey is completed and we're currently identifying the Key Performance Indicators/Improvement Targets using the survey results.</p> <p>2.2 Co-production Charter relaunch has taken place digitally and at a Family Hubs formal conference at which over 200 people attended, so this action is completed.</p> <p>2.3 Tell it Once documentation attached which was co-produced with a number of people is now finalised and included within the Agenda Pack.</p> <p>2.4 Data Sharing Agreement is not required.</p> <p>2.5, 2.6 and 2.7 IT infrastructure/systems work is in progress via a working group to develop and fully implement this with partners. The</p>		

<p>technical systems and processes to fully implement data sharing systems between organisations will take around 18 months to put in place.</p> <p>2.8 Early notification tracker – work is in progress by Ben Holmes and Charlotte Finch.</p> <p>2.9 Local Offer review has been completed and work is currently underway to transfer this onto Family Hubs Online.</p> <p>2.10 User feedback (PAP Survey), Denise Roberts is leading the Comms Group where this is being progressed to ensure the same messages across all stakeholders are disseminated.</p> <p>MS-C closed the PAP 2 update with a reminder to Board members that the Tell it Once documentation is now ready for partners to use.</p> <p>PT raised the issue about all actions being shown as complete except one and how this linked with similar issues he had flagged up on PAP 1. PT queried either we didn't have the right actions in the whole PAP or that leaders across the Partnership should see improvements in the efficiency and quality of information gathering and sharing processes. Were we confident that we now have all the arrangements in place to do this? The acid test is if we got the actions right.</p> <p>A lengthy discussion followed by several Board members on this. After which, it was agreed by Board members that the actions on PAP 2 related to the development and implementation of information sharing and IT infrastructure should not be reported as being completed due to these taking approx. 18-months to complete.</p> <p>CF asked NK for advice around could more actions be added to the PAP as it had already been approved by DfE/CQC/Ofsted to cover this type of work?</p> <p>NK explained this is not required. That it's more about how we report on the different activities that sit underneath overarching actions so that progress is accurately reflected and equally not shown as complete for actions with work still to be implemented etc.</p> <p>CaF flagged up to Board members that the next 6-month DfE Stocktake is scheduled as an agenda item for the November Board meeting. Also that the next Ofsted/CQC Monitoring Visit although delayed will still take place before the Summer school holidays.</p> <p>Action:</p> <p>d) PAP 2 reporting details to accurately reflect the progress of the data sharing systems and processes and present at December Board.</p> <p>LM felt it was reasonable for Board members to acknowledge that for some actions there is an 18 month lead in time for actions to be complete. That reporting of these actions could be shown as progress as at the 6 months stage, then 12 months etc. This would help to evidence progress towards achieving the overarching action. That Board members</p>	<p>CF/MS-C</p>	<p>04.12.24</p>
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	recognise that the SROs are not responsible for delivering the actions, that SROs rely on those delivering the actions to provide accurate and relevant updates to report on the improvement trajectory for the Boards' assurance.		
7.	<p>PAP 5 EHCPs Summary Report</p> <p>CF presented the following update on progress:</p> <p>5.1 PAP Survey baseline established and will be repeated on a 6-month cycle. In the next survey, we hope to see the dial shift on some of the experiences and if the action plan is doing the work it's meant to do around improvements we should see more positive responses next time.</p> <p>5.2 Statutory assessment feedback mechanism to be put into place, it has been delayed but the intention is to replicate a similar process to that used by Educational Psychologists by way of a short text message to families requesting a brief response.</p> <p>5.3 Review of EHCP processes and paperwork to be completed and submitted to Panel for decision to issue an EHCP. Work is well underway but should be reported as being delayed, it is not on track which was reported in error. We were considering changing the EHCP template as schools and the DCO don't like the format, it's not very family friendly and can be a bit confusing as the information doesn't logically follow. We delayed work on this as had hoped there would be a new national template issued but there hasn't been any further news on this. Progress can't be delayed any longer so would suggest a revised deadline is agreed as January '25, NK advised Board members that he can update CF on information about the national programme during his 2-day visit to Halton w/c 14 October.</p> <p>5.4 Benchmark exercise SEND Assessment Team delivery model, CF explained that this was to review capacity and caseloads of Assessment Co-ordinators compared with other LAs. CF has only been able to ascertain data from 2 other LAs. Although, the conversations with those LAs haven been helpful, insufficient data means benchmarking can't be progressed. CaF suggested CF contact Paul Bunker, DfE Regional Improvement and Innovation Lead, who is working with a number of NW LAs around benchmarking and comparing data, so he may be able to assist. ML has done some re-modelling on caseloads in Adult Social Care and offered support.to CF if she wished to pick this up outside of the meeting.</p> <p>Action:</p> <p>e) Contact Paul Bunker to follow-up support re benchmarking data.</p> <p>5.5. Invision 360 audit tool now fully in place and being used to review the quality assurance of EHCPs. July and September audits have been completed. Rebecca Emery, DCO has suggested that we introduce half-termly multi-agency audits to sit alongside this audit tool. These may support the audit tool as on its own it's not providing sufficient quality assurance of EHCPs. We're looking to introduce these shortly.</p>	CF	04.12.24

<p>5.6. DCSO role is in progress, a request for a change to establishment has been submitted to HBC HR for this to be progressed and be advertised shortly. This role links with the quality of EHCPs as we have some concerns around the social care elements of plans and this role is crucial to start driving up standards and scrutiny of EHCPs.</p> <p>5.7 Implement and embed SEND portal, work is well underway however, it's likely to be delayed and not completed by January '25. As it is a bespoke IT system being built, it is very time consuming involving members of the Assessment Team working with IT to identify the different process stages required. IT have advised that it will be 6-months to have the SEND portal up and running. Training for all multi-agency staff to use the new system then needs to take place.</p> <p>Action:</p> <p>f) Provide a SEND Portal Position Statement with timelines for November Board.</p> <p>Data Dashboard, KPIs/Improvement Targets and Outcomes:</p> <ul style="list-style-type: none"> • EHCPs completed within 20 weeks is currently at 35% improvement over 12 months. • Number of annual reviews carried out within 12 months, currently fluctuating performance so slightly dipped. • Invision 360 audit results are concerning with current grading highlighting that 58% of EHCPs audited were inadequate mainly related insufficient information on social care needs and provision and also around health care provision. <p>Risks identified:</p> <ul style="list-style-type: none"> • Work capacity – we're slowly progressing. • Programme Lead interviews as previously discussed so there may be delay to the appointment. • SEND portal delays – covered above. <p>AT commented that having an MDT approach to quality assurance to EHCPs could be a very useful way forward. Also do we need to provide further training to EHCP advice givers?</p> <p>CF agreed that for health and social care advice givers this would be helpful as these are the areas the EHCPs are being graded as inadequate.</p> <p>PT felt that the improvements made on achieving the 20-week deadline of EHCPs undersold the achievements that have made on this by the Assessment Team. In that it's over 100% better that where we were 12 months ago. That this is a fantastic achievement by the team. For the RAG rating of action 5.7, PT suggested this should be shown as Red rather than Green as it will miss the deadline in January '25. CF agreed and will change it ready for the next PAP 5 update.</p> <p>TL noted that this update has shone a light on specific areas the Board need to be cited on. That this linked back with a discussion at the</p>	<p>CF</p>	<p>06.11.24</p>
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	<p>September Board, whereby CaF offered to source some EHCP good practice examples – this would be useful to assist with further training of advice givers.</p> <p>CaF agreed to send CF some good practice examples and also offered to support the Partnership by way of providing external support for training via sector led improvement partner e.g. Council for Disabled Children (CDC) or National Development Team for Inclusion (NDTi)</p> <p>Action: g) Help facilitate external training for EHCP advice givers across the different services.</p> <p>TM queried how many EHCPs do we have in Halton, compared to comparator LAs? If it's more what is the reason?</p> <p>CF acknowledged that the national average is. 2.3%, whereas in Halton we're at 5.9%, We have the sixth fastest growth rate. Most of the EHCPs are for children in Early Years and Key Stage 1 . Therefore, Halton is an outlier than other LAs for growth and the number of requests in the Early Years age range. Halton turns down more requests for EHCPs than most other LAs in the country. Halton has some unique elements that drive up the requests for EHCPs i.e. deprivation and speech and language therapy at the moment. A more useful comparator would be against our statistical neighbours but I don't have the figures to hand. We have a robust assessment scrutiny process and would be criticised if we didn't issue the EHCPs that we do issue. We issues EHCPs for children and young people that really need them and have complex needs. Are those needs being exacerbated due to other services not being in place or as effective as they could be – this is a possibility that we can't rule out.</p> <p>CF wanted to make Board members aware of the great job that Halton schools are doing, Primary schools are keen to be part of the solution by opening additional Resource Bases. Secondary schools are also saying that they want to expand their specialist offer. There is a lot of really good practice in Halton. Parents/carers are requesting places at schools within Borough rather than wanting to place their child at schools outside of the Borough which says a lot..</p> <p>TM requested a Board paper to outline the issues relating to Speech and Language Therapy, including what are the delays.</p> <p>Action: h) Board report on Speech and Language Therapy to outline issues and delays for November Board.</p>	<p>CaF</p> <p>PT</p>	<p>06.11.24</p> <p>06.11.24</p>
<p>8.</p>	<p>DBV DfE Report</p> <p>MS-C explained that this quarterly report was submitted and approved by DfE earlier in the week. The report is to enable Board members to be cited on the Delivering Better Value programme work around SEND. The Thrive behaviour support training in schools is being rolled out and well received by Head teachers as is the Team Teach workstream.</p>		

	<p>CF wished it noted that MS-C is doing a remarkable job in delivering the Delivering Better Values programme, that assurance is provided each quarter to DfE to release the next phase of funding for the programme. This work being rolled out is very transformational being delivered to all schools in Halton.</p> <p>MS-C explained that our approach is to provide schools with all the tools they will needs enable children and young people to be educated within mainstream schools. In the long-term this should hopefully reduce the number of EHCP requests received.</p>		
9.	<p>Any Other Business</p> <p>AM wished to thank all members for honesty and transparency of the discussion and debate.</p>		
10.	<p>Date/Time of next meetings:</p> <ul style="list-style-type: none"> • Progress/Reflection Session Friday 18 October 2024, 10-12noon, Box 16 DCBL Stadium, Widnes • Wednesday 6 November 2024, 12noon-2pm, Box 9, DCBL Stadium, Widnes • Wednesday 4 December 2024, 12noon-2pm, on Teams 		