

**Halton SEND Strategic Improvement Board (HSSIB)
Minutes – 12 September 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
Carl Fagan (CaF)	SEND Improvement Regional Lead, North West Regions Group
Chris Douglas (CD) via Teams	Director of Nursing & Care NHS Cheshire and Merseyside
Clare Collins (CC)	Chair Halton SEND Parent Carer Forum (HSPCF)
Denise Roberts (DR)	Associate Director for Quality & Service Improvement, C&M ICB Halton Place
Elaine Haver (EH)	Principal Head Teacher Cavendish High Academy
Jonathan Bailey (JB)	Inclusion & Support Specialist Teacher, Riverside College and Cronton Sixth Form College
Julia Rosser (JR)	Assistant Director of Public Health, Halton Borough Council
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)	NHS England North West Regional SEND Senior Manager
Matty Deeney (MD)	Head of School Wade Deacon
Mike Stapleton-Chambers (MS-C)	DBV SEND Programme Lead, Halton Borough Council
Nattalie Kennedy (NK)	Commissioning Manager Public Health, Halton Borough Council
Oladayo Ojekunle (OO)	Data Performance Management Analyst, Halton Borough Council
Philip Thomas (PT)	Associate Director of Transformation and Partnerships - Halton, NHS Cheshire and Merseyside.
Wayne Longshaw (WL)	Director of Integration, Mersey and West Lancs NHS Trust
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
Zoe Fearon (ZF)	Executive Director Children's Services, Halton Borough Council

Apologies

Cathy Liku (CL)	Headteacher/SENCO, Birchfield Nursery School
Charlotte Finch (CF)	Acting Director SEND/Inclusion, Halton Borough Council
Emma Roberts (ER)	Head Teacher Victoria Road Primary School
Jill Farrell (JF)	Director Education, Inclusion and SEND, Halton Borough Council
Joanne Galloway (JG)	JJ's Early Explorers (Early Years PVI Rep)
Marie Lynch (ML)	Director Care Management, Safeguarding & Quality, Halton Borough Council
Stephen Young (SY)	Chief Executive, Halton Borough Council

Attendee presenters

Adam Hindhaugh (AH)	Early Help Transformation Lead-Family Hubs Programme, Halton Borough Council
Andrew Orme (AO)	Sales Director, Beebot AI
Emma Power (EP)	SEND Project Manager, Transformation Delivery Unit, Halton Borough Council

Other attendees

Dorothy Roberts (Dot)

Tracy Ryan (Tracy)

Principal Policy Officer, Halton Borough Council

Policy Officer, Halton Borough Council (Minutes)

No	Item	Action	Deadline
1.	<p>Welcome/Introductions/Apologies and Declaration of Conflicts of Interest</p> <p>The Chair welcomed everyone to the meeting, members introduced themselves.</p> <p>Apologies noted as listed above.</p> <p>Nick King will replace Jess Haslam as the new DfE SEND Adviser. Due to ill health Jess is no longer able to support Halton. Members sent Jess their thanks and best wishes.</p> <p>The Chair explained that each agenda item was tight for time and detailed scrutiny/discussion - so a new schedule of meeting and agenda format would be proposed later for Board members agreement.</p>		
2.	<p>Family Hubs Digital Platform presentation (Local Offer)</p> <p>AH explained that HBC and Beebot AI have been working together for the past 15 months to deliver Family Hubs Online. The next phase of this programme is to transfer over the Local Offer website into this platform. This was agreed by Children’s Leadership Team and at the Council’s Corporate Management Team. Several co-production events are scheduled with key stakeholders including parents/carers and young people to develop this together. The new automated Local Offer platform is due to be available in the next few months.</p> <p>AO provided a short overview to outline how automated intelligence works. This enables families to self-serve themselves via self-help information, advice and support as and when required with automated care pathways pushing out help, advice and information to support families waiting well. The Domino Pizza analogy of keeping people informed where they are in the process e.g. Pizza being prepared/Pizza in the oven/Pizza out for delivery.</p> <p>Earlier intervention can be optimised and we can be more proactive by making better use of what information/advice families are searching. Website, Desktop application and a Mobile App, consolidates the customer journey by having all the content available for them via one digital ‘front door’ and access point. It avoids families getting lost on a digital safari by using a seamless browsing experience so all windows open up in the platform. It provides conversational AI through a digital robot that is available 24/7 to signpost to support, self-help etc.</p>		

The new platform will help automate labour intensive work and reminders to teams/services. Wraps around lots of services that can support families better.

AO referred to the extensive user survey recently conducted (PAP Survey) with 45% of families didn't feel they were kept informed, the new platform can help by having an embedded email within the referral process so they can receive push notifications, having clear pathways published, self-help etc

32% of families disagreed that advice and support was easy to access, having one digital front door and the content is one platform will make this really easy.

22% of families said they used the SEND Local Offer website to look for advice which means going off on digital safari, possibly accessing content or advice that you would not recommend. Having access via the new Family Hubs Online platform will increase the usage of the Local Offer and staff will be briefed on how to download the app and use it so they can help to signpost families to it and content etc.

47% of families disagreed that they knew what services were available, having the one digital platform and dedicated landing pages based on the top reasons for referral.

57% of families whose children have an EHCP didn't feel that they had enough knowledge or information about the EHCP process. This involves making the information on the step by step journey more readily accessible to better support families.

39% of families felt they were dissatisfied with SEND services – by having greater awareness, an understanding of what is available and it being readily accessible will make positive improvements to this.

CC queried what arrangement were being made around accessibility for parents/carers? Some parents/carers have SEND themselves so are unable to use technology without help. AH advised the platform has been downloaded and used by many professionals already working with families and can sit with families to work this through with them using their mobile phone. That the platform is very simple to use and very intuitive. CC understood this but still had concerns that families would require being shown how to use the platform. AO advised that through the use of 'onboarding' families can have information and notifications personalised to meet their needs. KW confirmed that all Health Visitors were using the platform and found it very easy to use.

TL was keen to learn more about how easy it would be to keep all of the content information accurate and up to date? AO explained that backend login will make this really straightforward to be able to update information and events etc. That wherever the existing content is hosted if this is kept up to date then the new platform merely links to it. Robots can check URLs to ensure they are kept working etc. A governance agreement will be put in place to agree the process to

	<p>help cover this. All the Holiday Activity Fund (HAF) providers will have backend login access to keep their information up to date. This will be ready for the December holiday period.</p> <p>CaF was keen to understand how the new Local Offer might influence and support work underway to improve the tell it once approach for families and have any impact on outcomes to improve communication? E.g. Tell it Once and to what extent this platform can make an impact towards making these improvements. AO explained he was happy to set up a separate session with Carl to discuss this at another time.</p> <p>PT indicated that as work progresses to pilot the neurodiversity programme and toolkit to improve early help and support this will be linked in with the Local Offer as it is developed. Also to have a further discussion around integrating the functionality of the platform to support and improve early help.</p> <p>AM reiterated CC's concerns in making the platform accessible to families and that we shouldn't underestimate this as this may make things more stressful for families.</p>		
3.	<p>Minutes previous meeting 20 June 2024 Minutes agreed as final by members present at the meeting, no matters arising.</p> <p>Action Log: AM explained that due to time constraints, we will not go through this line by line but this does need populating.</p> <p>Action: a) Members should send through updates on their actions to Tracy, who will share the circulate an updated version with the Minutes.</p>	ALL with actions	11.10.24
4.	<p>Halton SEND Parent Carers Forum Report Due to school summer holidays this item has been deferred.</p>		
5.	<p>Halton PAP Survey Results Report</p> <p>MC-C wanted to thank Tracy Ryan and Emma Power for their work on the survey which everyone agreed was an extensive piece of work co-produced with families and the SROs. The results provide the baseline from which improvement can be made, with future surveys to be scheduled to track progress and evidence the improvements.</p> <p>By March 2025, the Comms Group will have publicity available to demonstrate the improvement journey that will highlight as an Improvement Board the changes made (You Said, We Did). MS-C sought any comments and questions.</p> <p>PT acknowledged some very helpful feedback, not necessarily what we would want to hear but it's very important that we do and then as an Improvement Board act on this.</p>		

<p>MS-C agreed this is why we ensured we asked the upfront questions so that we unearth the true experiences and can then move forwards for families.</p> <p>PT advised that all SRO's have been tasked with using the results to identify key improvement targets (KPIs) and/or modify the PAP for their area in light of this feedback.</p> <p>MS-C said that we will have other journey points to gather feedback and then by the next SEND inspection we hope to have turned around the experiences more positively.</p> <p>TL thought we need to ensure that the specific actions we are taking links back to this feedback. That it isn't a one-off exercise.</p> <p>LM wanted to know what was the improvements targets for each of the survey questions. PT suggested that the SROs need to look at the findings from the survey and agree some improvement targets around what is realistic in the short, medium and longer term.</p> <p>Action:</p> <p>b) At next SEND Delivery Group, SROs to identify improvement targets for each PAP and the survey questions, to include by how much do we want to see an improvement for the next time we conduct the survey.</p> <p>The Health Forum will meet separately to analyse the results. CaF suggested being smarter asking families for their feedback by using the Family Hubs Online platform to gather feedback in real-time. This could allow families to provide feedback whilst it is still fresh in their mind and as they source information and advice etc.</p> <p>CC agreed parents/carers don't want to be surveyed on a quarterly basis and would prefer being asked questions immediately having accessed information online.</p> <p>JB and MD felt that schools/college could be used to increase the number of CYP feedback. MS-C explained that the survey had been sent out widely to all schools and providers to seek their help in working with young people to support them in submitting their feedback.</p> <p>LM noted that the issues around ADHD and other medication that families raised in the survey are not isolated to Halton but are a national issue. That through the Comms Group, we could publicise this to families so they are aware that this is a national issue. JR queried if the embedded comments could be sent to her separately.</p> <p>Action:</p> <p>c) Partnership comms to families to inform them that ADHD medication is a national issue not isolated to Halton</p> <p>d) Tracy to forward CYP and parent/carers PAP Survey comments to JR</p>	<p>SROs</p> <p>DR/Comms Group Tracy</p>	<p>16.10.24</p> <p>06.11.24 12.09.24</p>
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<p>6.</p>	<p>SEND Delivery Group Report</p> <p>MS-C noted that the report had been circulated and asked if any members had questions?</p> <p>TL felt that it was important to have a succinct report as there are so many actions across the whole PAP that it's difficult for the Board to have assurance from all of that detail. Whilst the pie chart on page 29 gives an assessment overview of progress, how do we check and challenge ourselves that this is the right assessment? How do we get that collective position that we all feel confident we are on track? So that as a Board we all feel comfortable with progress.</p> <p>MS-C highlighted that 63% of all PAP actions were either complete or on target. Only 13% were delayed. WL stated that 23% of actions have not yet been started and these might be key, whereas those that have been completed may not be as important. PT clarified that those actions not started is because they are actually not due yet to be started. The Board will want to consider if the report is providing the right level of detail to give them the assurance they need.</p> <p>TL acknowledged that we now have the integrated scorecard but we need to identify some time to understand this, which may come when we change the format of the meetings and the rotational agenda.</p> <p>CC would prefer a report that is simpler to understand.</p> <p>ZF felt it was key that we can link this back to the impact on families, like the survey feedback. How does it feel different? What difference is this making to me as a parent/family? This is where we will get the impact – the crossover between the two is what we've not cracked yet.</p> <p>TL stated that the Board require time in the meetings to be able to unpick the evidence before members can feel comfortable on progress.</p> <p>ZF agreed that the plan to proposed rotational agendas at future meetings could enable Board members to have focused discussion on specific PAPs and understand how it feels for families in this area, which will increase Board members' confidence around assurance.</p> <p>CaF suggested what is needed is a one page report with the 10 key indicators on it to show how we are delivering against this.</p> <p>TL thought it was about the time to understand the information being presented with.</p> <p>AM said it was important that we get to this point sooner rather than later, that there is too much information to take in and having time to reflect on this as a Board is important.</p> <p>Action: e) Draw up succinct PAP Summary Report templates for each SRO to complete/submit.</p>	<p>Tracy & SROs</p>	<p>11.10.24</p>
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7.	<p>SEND Data Dashboard</p> <p>Ola provided an overview of the integrated Data Dashboard, Escalation Reports and Scorecard covering:</p> <ul style="list-style-type: none"> • Specialist Seating • Independent and Non-Maintained Special Schools • SALT • Community Paeds • ASD • ADHD • EHCP <p>KW wanted to understand how partners can feed into the Escalation Report that might help the Board feel more assured and provide a balanced overview on the current position.</p> <p>AT agreed that it's the so what for how providers can contribute to explain what we are doing to support those families that are on that trajectory or waiting lists etc That health need to invest some time looking at this to be able to contribute better in the future.</p> <p>PT explained that the dashboard provides the key headline summaries agreed by the Board. Underneath these are an extensive range of performance indicators (over 200) monitored by the LA and C&M ICB.</p> <p>ZF queried if these are the areas that Ofsted/CQC said we needed to measure and get better at? Is this right? CaF suggested that this Dashboard is much more comprehensive than that. The areas are probably in there but are very disparate. ZF noted how do we make this explicit? This this is a really good starting point as previously we've not had anything so we need to scrutinise this data and request an Exception Report to gain a better understanding of what is going on and what are we doing about it collectively about it. We need to tie these back to the Areas for Priority Action (APAs) received during the inspection so we can demonstrate to Ofsted/CQC this is the impact we've had against those APAs.</p> <p>PT advised that it was his understanding that these are the specific indicators that were put into the PAPs, therefore it's important that the Board is sighted on these indicators as they are in the PAP. 159 indicators originally drawn up that have been distilled down to these key areas. It is assumed that the other full range of indicators are monitored and managed at operational and senior leadership level through our individual organisations so that Escalation Reports are provided elsewhere if any of them are going off track.</p> <p>DR indicated that there is a range of Health Board where this and other data will be presented and reviewed to challenge and support.</p>		

TL agreed that having rotational agendas will support the Board to be able to deep dive and scrutinise this information.

8. Invision 360 EHCP Audit Baseline Report

EHCP Sections shown below for reference.

Section	Description
A	The views, interests and aspirations of the child and their parents, or of the young person
B	The child or young person's special educational needs (SEND)
C	The child or young person's health needs which relate to their SEND
D	The child or young person's social care needs which relate to their SEND
E	The outcomes sought for the child or the young person
F	The special educational provision required by the child or the young person
G	Any health care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEND
H	Any social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEND
I	The name of the school or other institution to be attended by the child or young person, and the type of that institution (or just the type if no specific institution is named)
J	Details of any direct payment which will be made
K	The advice and information gathered during the EHC needs assessment

EP explained that Invision 360 is a standardised audit tool to check the quality of EHCP. It was developed by an Educational Psychologist that used to work within SEND services and has been purchased by 50 local authorities (LAs). This allows Halton to benchmark ourselves against the other LAs using the tool regionally and with national averages.

We initially rolled out Invision 360 in July as a pilot with 12 auditors from Education and Health including Specialist Teachers and Educational Psychologists. Each auditor was allocated 2 EHCPs to audit so we should have had 12 audits completed however for various reasons staff had left or moved. This meant only 3 auditors were available so this initial benchmark data is taken from 6 EHCPs; 4 were graded as Require Improvement (RI) and 2 graded as Inadequate. Invision 360 breakdowns the results by each section of the EHCP, which enables information to be drilled down to find out where the audit outcomes have come from.

The results from the content within sections A and B (see list above), indicated our EHCPs have better than national average content, which is very positive. Two main themes emerged around limitations in identifying health and social care needs and identifying health and social provision within our EHCPs. These were the sections where we scored lowest against other LAs.

Invision 360 'weights' each section of the EHCP, some more heavily than others, which can affect the overall outcome. For example, if sections E and H are rated as inadequate regardless of the other section gradings, Invision 360 will grade the overall outcome as Inadequate. Whereas, section A could be graded as Inadequate but the outcome overall could be graded as Good.

Even though we scored well in lots of the other sections, this baseline resulted in 4 EHCPs being RI and 2 EHCPs as Inadequate. As a result of the findings, we have now extrapolated the guidance for auditors within Invision 360 and put this into guidance for the Assessment Co-ordinators to use. We found that we've not been clear in what we need to say within the EHCPs which has resulted in lower gradings. For example, if there are known health and social care needs we've not been making clear and instead, we've been leaving those sections blank. There is a section about Personal Budgets and best practice of EHCPs suggests we should be placing a link in them to our Personal Budgets Policy. So there are some areas we've not been clear enough and where we can make some improvements in practice.

We also need to work better with health and social care colleagues to ensure that we are identifying a child's health and social care needs and provision quite clearly and concisely within the EHCPs so that whoever is reading a Plan can pick this up easily.

CC queried if anyone from health had been involved in this baseline audit? EP advised that an OT from Health was invited to be an auditor but no one from health took part in this baseline audit. CC clarified that having been involved in EHCP Panels, it can be difficult to unpick information if you're not from a clinical or social care background. Also, that baseline findings might be a little bit subjective if no one from health was involved. EP acknowledged that this is a factor although the way that Invision 360 has been designed in a structured way should removed this element as it provides clear guidance and asks the auditor to look for certain information within each section.

MD queried is there any data or content around what an outstanding EHCP looks like? As this could be given to Assessment Co-ordinators to refer to for each section. EP explained that the Invision 360 guidance for each section has been put into a Word document as guidance for the Assessment Co-ordinators to use. So for example, all the different sources where Assessment Co-ordinators can go to for information to complete sections within the EHCP. Or where a section is not applicable how to make this really clear by providing a statement to explain this so that a section is not just being left blank with no reason. Also where provision is identified that in each section

	<p>that it relates to this should be referenced so it all makes sense and links up.</p> <p>TL queried if we had any good practice examples?</p> <p>Action:</p> <p>f) DfE to support the Partnership by sourcing anonymised outstanding or good practice examples to share with the Board and the HBC Assessment Team.</p> <p>MS-C asked how we are getting more auditors and how are they being represented across the whole stakeholder involvement? EP explained that over Summer more auditors were recruited and have just completed their training. We have acknowledged that we need more Education and Health colleagues trained as auditors, so if any Board members would be willing to support this in their organisations that would be very helpful.</p> <p>AM proposed that if members could support the request that they contact EP outside of the meeting.</p> <p>CC confirmed that HSPCF may be able to help but she was unsure about how much time commitment was involved? EP advised Invision 360 guidance suggests about 30 minutes per EHCP audited. CC queried how many audits are auditors being asked to complete? EP advised that this is 2 EHCPs per month. This isn't a rule, as it depends on each auditors' capacity to support this work. For example, this might be 1 per month or 1 every other month.</p> <p>MS-C said that he would share the request for auditors at the next Head Teachers Forum.</p> <p>Action:</p> <p>g) Board members to seek volunteers within own organisations to become EHCP auditors and contact EP emmalene.power@halton.gov.uk</p>	<p>CaF</p> <p>ALL</p>	<p>06.11.24</p> <p>06.11.24</p>
<p>9.</p>	<p>Risk Register</p> <p>MS-C explained that the Data Dashboard is no longer a risk as this is now in place. That Michelle Creed had led on this and OO presented this at today's meeting.</p> <p>That the Alternative Provision (AP) Strategy is led by CF. A report from the consultant Paul Brennan is being presented to Children's Leadership Team imminently in prep for the Strategy to be developed. ZF confirmed it's being presented on Tuesday 31 October, that there is a plan in place and feels more assured on this than previously around when we will have sufficient AP provision. Once we have a Strategy in place, ZF will feel more confident in this area. CF will be able to update on this at the next Board meeting.</p> <p>PT explained that are still issues around the waiting lists initiative and staffing that plans are progressing for Speech and Language Therapy (SALT) which the Data Dashboard picks up on with a report to the</p>		

SEND Delivery Group to address some of the challenges currently faced. This will be included in the update to the Board on PAP 4. Colleagues in Bridgewater have been helping with the waiting lists for SALT which is very difficult as it's hard to recruit.

PT said that Community Paeds is still a risk and expect to see waiting lists increase, despite colleagues doing everything they can with the existing resource in this. A programme management approach is being introduced to ensure that we understand all of the issues impacting on this to enable this to be progressed.

PT noted that for the wider C&M ICB work delaying or stopping planned actions – although still a risk, this is diminishing as we are a pilot for some of this work and Halton will benefit from some of the work due to take place at scale across C&M ICB, which will require us as a partnership to move forwards with schools, education and social care. PT explained that this work is a really exciting opportunity.

The Co-production Charter re-launch was delayed due to the General Election and plans are in place to get this back on track in September and October '24.

PT reflected that the risk register was difficult to understand and that there were a few risks identified that he was unsure what the risk was from how the information had been written. In terms of the SALT performance data, there is a plan in place and a way of moving forwards in terms of the capacity that can be delivered through the Communicate contract and what we will be doing around the gaps of what they can deliver and the demand.

MS-C said that for Specialist Equipment there is a Business Case and Action Plan in place for this.

That the risk around benchmarking of data, that Board members have just seen the report on this and have a plan in place for this.

That the SEND Programme Lead role interviews are pending.

MS-C asked TL if this explained some of the earlier queries around the SEND Delivery Group report pie chart and progress on actions within the PAP? TL noted that in terms of the overall picture it does. That from a C&M ICB perspective, TL is conscious of how as a collective partnership Board, we turn the dials on health? Also the issues outlined in the SEND Inspection outcome letter and the previous Board so feels it's important that we get into the granularity to understand the litigations, specific risks and actions being taken so that as a Board we are sighted on these.

LM indicated she wasn't clear from the Risk Register what the actual risks are, that it is too difficult to understand. We don't seem to have information to tell the Board about what the consequence of the risk actually involves. It's a struggle to understand it.

	<p>PT agreed the SEND Delivery Group would need to do more work on this to tidy it up and make it more transparent for the next meeting.</p> <p>Action:</p> <ul style="list-style-type: none"> h) Risk Register reporting format to be simplified. i) The actual risks reported to be reviewed to ensure clarity and that the consequence of each risk is appropriately recorded. 	<p>Tracy SROs</p>	<p>11.10.24</p>
<p>10.</p>	<p>Deep Dive Feedback: PAP 1 Governance</p> <p>CaF explained that the purpose of Deep Dives is have more focused discussions across the partnership and with the DfE and Health Advisors on the Areas for Priority Action at six-monthly stock take reviews. Essentially, it's a tool for DfE to get some further deeper assurance on some of the actions and deliverables within the PAPs. Having listened to discussion at today's meeting, there is a need for the Board to have deeper assurance.</p> <p>DfE recognise that on reflection they need to take on a more structured approach to Deep Dives than they have previously done and will schedule these in for the next 12-18 months to support the Board. We need to take a step back to agree a set of scheduled meetings allowing key people to come together which may link in with the rotational agendas and monthly meetings to support the level of assurance needed.</p> <p>CaF noted that in July, the first Deep Dive on Governance was undertaken with a small group of Board members - LM, AM, CF, DR, PT, JH and CF to identify any barriers to success or areas from improvement and took place by way of an informal conversation/meeting. On reflection, we probably do need a more structured approach to these. The meeting touched on a number of subjects including reflections on current governance arrangements, the use of reporting templates, how we are working across the partnership, SRO responsibilities and for SROs to escalate/de-escalate issues, introducing a Risk Register as part of the Board. So we can see that action has been taken. We discussed the impact of the Children's Social Care inspection/improvement work on the SEND work. As there is risk associated with this that impacts on SEND work. The use of parent/carers surveys, Delivering Better Value governance and the need for that to be linked into our existing governance arrangements. Collective shared communication for the partnership. We came out with a few actions essentially around risk and shared communications as a way that you can inform families about the Board and the improvement work planned and being progressed.</p> <p>DR confirmed that more structure would be welcomed, that it was unclear if as Board members we had given the DfE reassurance of progress or did our best at presenting this at the time. Whilst we came away with some really good actions that have been put in place, that structure would be appreciated so we could be better prepared for it.</p>		

	<p>ZF said that CF would also welcome this to be better prepared around what was required. AM confirmed this would also be welcomed.</p> <p>CaF acknowledged the amount of work that is required to service the Improvement Board and so we need to think about ways of reducing the paperwork, reporting of information so that similar information can be used once and reduce the burden on officers time and work capacity etc. That we may need to take stock and look at this as we move forward.</p> <p>CaF agreed to outline a timetable of future Deep Dives and submit this for the agenda planning and to have a discussion with Anita and Nick King the new DfE SEND Advisor to outline this new structure.</p> <p>Action:</p> <p>j) Structured Deep Dive schedule with topics to be drawn up by DfE and shared with Board members.</p> <p>CaF noted that the SEND Programme Lead was due to be appointed and should we wait to involve them in this discussion? TL confirmed it's a Programme Manager, MS-C advised the interviews for this role haven't been held yet so it's likely to be another 3 months before the role commences.</p> <p>LM requested that when the Deep Dives are scheduled that these be held in person rather than virtual.</p>	CaF	30.09.24
11.	<p>Communications</p> <p>DR explained that whilst undertaking the Governance Deep Dive, it was agreed that all partners and stakeholders have lots of communication but how are we as a partnership informing and engaging with families, professionals and the wider community to tell them about the PAP SEND Survey and the improvements planned or being made across the system.</p> <p>As a result, we have established a Comms Group to bring together all partners' comms leads to work together better and develop a comms plan to ensure that all key message are shared by partners with families, professionals and the wider community to enable information about the partnership to be communicated seamlessly. We plan to publicise small bitesize pieces of information in a regular basis as we go along so we can inform everyone where progress is up to etc. For example, we will have we will have a double-page item within Inside Halton (local newsletter/magazine), that is sent to every household within the Borough.</p> <p>As a working group they are thinking about things like, in November '24 it's a year since the SEND Inspection and how does it feel for families, is it any different? We need to think about how we are getting those messages out, as families may feel nothing is happening if they are not kept informed of improvement work taking place. We are looking to create better area partnership communication arrangements. Utilising systems and comms that we already have in</p>		

	<p>place across partners by managing our information better so we can have pure partnership comms.</p> <p>CC suggested that whilst partners may talk to each other better, that what is needed is to talk more to families, to get information out to families and the wider community. Even if it's short simple one-page statements, as families feel it's one year on and nothing has changed.</p> <p>DR agreed that this is what the working group is looking into, so that at every touch point professionals have with families, that every opportunity is taken to get the key messages out there. MD suggested that short form animations are a useful method to get messages out there as another avenue that could be used. DR advised that work is being mapped out at present and a further update on this at a future meeting will provide more details of plans.</p> <p>WL suggested that in November '24 it is one year since the SEND inspection and it may be timely to publicise a 'One year on....update of progress'. CC offered this could be held at their annual event in November - Board members agreed.</p> <p>Action:</p> <p>k) Board members to support by ensuring represented by hosting market stalls at the HSPCF Support & Advice Day held on Saturday 23 November '24.</p> <p>l) HSPCF Support & Advice Day flyer added to Local Offer and link included below Support Advice Day Flyer Halton Local Offer</p>	<p>ALL</p> <p>Tracy</p>	<p>23.11.24</p> <p>18.09.24</p>
12.	<p>Delivering Better Value (DBV) Governance</p> <p>MS-C explained that page 32 of the Agenda Pack provides the revised Terms of Reference. These have been updated so that the Delivering Better Value Programme reports can be brought under the Board for governance arrangements. The request was for Board members to confirm their agreement that the quarterly and annual reports submitted to DfE can be brought to the Board for scrutiny and sign-off. All members confirmed their agreement.</p>		
13.	<p>Strategy Updates</p> <p>MS-C confirmed these had already been covered earlier in the meeting.</p> <ul style="list-style-type: none"> • SEND Strategy led by CF • Paul Brennan appointed for the SEND Sufficiency Strategy currently at the number crunching stage. • Alternative Provision Strategy – see item 9 above. • Waiting Well to be retitled and lead to be agreed. • Lee Ellis now in post to lead on Equipment. • Lee and PT working on the Joint Commissioning Strategy, a multi-agency workshop is to be held on Monday 16 September to bring partners together to help develop this. 		

	<p>CaF queried the dates the Strategies are due to be published, Joint Commissioning was October '24 but this may be delayed and the SEND Strategy is due in 2025.</p>		
<p>14.</p>	<p>Any Other Business</p> <p>Revised ToRs Changes made include updates on membership, adding CD as the Deputy Chair, DBV governance and a reference to quoracy. MS-C noted Val Armor's name needs to be removed from Governance Chart. DR will sent Tracy some revised words to replace NHS Acute Trusts for the quoracy paragraph. Action see</p> <p>Halton SSIB Plan on a Page Tracy explained this is presented to the Board for approval and that it was a team effort by Dot and Tracy to produce a simple, visual, one-page summary Plan on a Page taken from the SEND Strategy and SEND Improvement Plan.</p> <p>Members approved of the plan, saying that they really liked its simplicity. Dot confirmed that Tracy will publish this on the Local Offer with other HSSIB information.</p> <p>Action: m) Publish the approved HSSIB Plan on a Page and Minutes from previous meetings on the Local Offer.</p> <p>See published HSSIB information on the Local Offer under the heading Halton SEND Improvement Plan (Priority Action Plan) Useful Information & Documents Local Offer (haltonchildrenstrust.co.uk)</p> <p>Ofsted SEND Monitoring Visits CaF queried if members were aware of the announcement that Ofsted have put future inspection monitoring visits temporarily on hold as they have listened to concerns raised with them about the reporting arrangements. Ofsted will be writing to all local area partnerships that are in scope of this delay. This will include Halton, so a letter will be sent to ZF to advice of this TES article link 'Irresponsible' to delay SEND inspections in failing areas Tes</p> <p>Preparation/collation of Agenda Pack LM wished to thank Tracy for the timely agenda pack being prepared and issued to all members as this is extremely helpful. AM agreed that all members second this.</p> <p>Next meeting AM explained that as a Board we need to be able to give the wider community, professionals and partners the confidence and assurance that improvements across the SEND system are being progressed.</p> <p>It is important that we keep children, young people and families at the core of this and that we are always looking through the lens with them in mind. The Board also has the important function of assurance with</p>	<p>Tracy</p>	<p>11.10.24</p>

<p>regards to grip and pace and in order to do this successfully we need to organise ourselves in a slightly different way.</p> <p>Following a meeting (AM, TL, DR, ZF, CD and Tracy) AM proposed that the Board moved to a new monthly meeting adopting a more focused, clear, rotational agenda to allow more time to discuss issues and provide ourselves with assurance.</p> <p>The meetings will alternate between in person and virtual on Teams and take place on either the 1st or 2nd Wednesday each month. AM acknowledged that everyone will be very committed to making this work as we move forwards.</p> <p>DR confirmed agreement to moving to monthly and that the rotational agenda will be a positive move as this will allay fears by SROs around having to report more often as they can report every other month. So that this doesn't put pressure on the SROs/staff in reporting progress of work that is already taking place. SROs will attend the Board to present their PAP report as per the rotational agenda.</p> <p>JB queried that if the meetings do move to monthly there is small chance (school holiday periods) that the Board may not always be quorate.</p> <p>TL clarified that the request being sought is that as members we each make a commitment to attend on a monthly basis. AM confirmed that that is the ask.</p> <p>All Board members confirmed their commitment to the new approach of meeting monthly.</p> <p>CaF suggested that whilst the Board changes over to monthly meetings that the efficiency of the reports be reviewed. That a lot of effort is being put into well-crafted reports and that may not be required to be able to get the key messages across. TL felt a balance has to be adopted between far too much and far too little. Particularly, when the inspectors come back we need to be able pull evidence out of our repository to demonstrate what the discussion has been including our challenge of each other. So that we can demonstrate the conclusions that we have reached as a Board.</p> <p>The next meeting will be on Teams. Forward Agenda Plans, a meeting schedule and diary invites will follow.</p> <p>Action:</p> <ul style="list-style-type: none"> n) Revise ToR membership to add SROs, amend quoracy paragraph to reflect NHS Commissioned Providers and school/college/parent-carer forum term-time working. Update Governance Chart to remove Val Armor from PAP 2 SRO. o) Draw up rotational Forward Agenda Plan and share. p) Draw up schedule of monthly meetings linked in with SEND Delivery Group and share. 	<p>Tracy</p>	<p>11.10.24</p>
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	q) Update distribution list and issue diary invites for Board meetings.		
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