**Present**

**Cath McEvoy-Carr** (CMC), Director: Children, Education and Skills, NCC Joint Chair

**Tara Case** (TC), Associate Director Newcastle System, Northeast & North Cumbria Integrated Care Board (ICB) Joint Chair

**Chris Rollings** (CR), Head Teacher Hadrian School

**Steve Gittins** (SG), Chair SEND subgroup on behalf of the Promise Board

**Ann Banks** (AB), SEND Service Improvement Lead, NCC

**Gary Myserscough** (GM), (representing **Johnathon Jamison**), Service Manager, LDA and Mental Health Service

**Clare Ault** (CA), Portfolio Lead for all age mental health, learning disabilities and autism, ICB

**Sarah Kerrigan** (SK), Service Manager, Children Education and Skills Directorate, NCC

**Deanne Taylor** (DT), Head of SEND, NCC

**Jill Bauld** (JB), SEND Voice Lead, NCC

**Jenny Ellis** (JE), Designated Clinical Officer for SEND, ICB

**Hassan Ilyas** (HI), SEND Voice Trainee, NCC

**Nikan Islami** (NI), SEND Voice Trainee, NCC

**Azhad Fauzi** (AF), SEND Voice Volunteer, NCC

**Rachel Gibson** (RG), Representative of the post 16 sector, Newcastle College

**Sarah Francis** (SF), Manager – SENDIASS, NCC

**Richard Scott** (RS), Director of Nursing, ICB

**Miriam McGregor** (MM), Commissioning Lead Specialist, NCC

**Anna English** (AE),Group Director Central Locality Care Group (CNTW)

**Tony McMillan** (TM), Community Clinical Manager (CNTW)

**Sarah Newton** (SN), Community Clinical Manager (CNTW)

**Gareth Smith** (GS), Head Teacher, Walker Riverside Academy

**Alex Herries** (AH), Senior Project Manager, NECS

**Anna Telfer** (AT), (representing **Helga Charters**), Associate Director of Nursing (Children and Young People)

**Kim Barrett** (KB), Consultant Paediatrician - Designated Medical Officer for SEN (Special Educational Needs)

**Ewan Dick** (ED),(representing **Stella Wilson**), Associate Director of Allied Health Professionals & Therapy Services, NUTh

**Hayley McGough** (HM), Service Improvement Assistant, NCC

**Ed Wilkinson** (EW), Service Improvement Assistant, NCC (minutes)

**Apologies:** Claire Taylor, Warren Petitjean, Mark Patton, Jonathan Jamison

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| 1 | **Welcome and Apologies** | **Action** |
|   | Chair welcomed everyone to the meeting. |   |
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| 2 | **Outstanding Actions** |   |
|   | APP 18-month review* Still awaiting a date to be set with DfE. It had been due in September but likely to be October/November now.
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| 3 | **Minutes of last meeting** |   |
|   | * Agreed as an accurate record.
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| 4 | **Further update to Therapies Redesign** |   |
|   | **Paper provided but additional information highlighted*** Steering group has been set up and a project brief established.
* Operational group is now meeting, and it has set up small delivery action groups for occupational therapy, physiotherapy and speech and language therapy.
* There is a focus on looking at existing capacity and what is on offer while children and families are on a waiting list.
* Smaller action groups are identifying pathways with the highest volume.
* Work has commenced with Social Care with respect to Occupational therapies in the communities (adaptation services) There is a plan to map a new pathway by 31 oct (no date set).
* Mapping will include parents and those involved in education.
* The aim is to identify how things can be improved as well as identifying current challenges.
* Target timeline is to deliver some outputs by Christmas.

Questions * Are there plans to have an SLA and are there plans to commission additional provision for the specialist sector?
	+ We are mapping the pathway to create a spec and identify the requirements for that spec.
	+ Would love to benchmark with other places and learn from what’s happening in other areas.

**Action: EW to send SLA to Alex Herries** |  **EW** |
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| 5 | **SEND Voice Networks update**  |   |
|   |  **Slides shared and additional information highlighted*** Introductions to Hassan, Nikan and Azhad were made.
* An update was shared about the work completed at Newcastle College.
* All felt that being a part of the SEND voice network was a very good thing to do and the group are currently looking at finding a new name (online survey) for the SEND Voice Survey.
* Update on the work and findings from Thomas Bewick
	+ Keen to support each other.
	+ Make sure people understand and hear their ideas for their needs in the city and how this can be done in Newcastle.
	+ Key issues were: Making friendships, Support for making friendships and having activities do to.
* Update on the Ongoing Development of the Voice Network
	+ Running trials in secondary mainstream settings and **JB** advised that if any other secondary schools would like to get involved to contact her.
	+ Information has been sent out to all children and young people educated in different settings so that all can get involved no matter how or where they are educated- trainees have helped with the resources sent out.
* Update on Accessible Newcastle
	+ All words and ideas for Accessible Newcastle have come from an online questionnaire completed by staff and parent carers.
	+ Putting this information into Rix Wiki – Azhad has started his own already.
* The team have offered help and advice on how to run things in individual settings - **JB** can be contactedin the first instance.
* Discussions raised around the use of acronyms in the board meetings and the confusion that can come from this - similar acronyms are used for different things in SEND and Health.
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| 6 | **Newcastle Mental Health, Learning Disability and Autism Board Review** |   |
|   | **Paper shared and discussion held.*** Agreed that it would be useful to set up a mental health, learning disability and autism board.
* There has been a lot of traction in the working and operation groups, but the board meeting has not been as well attended.
* A review and consultation around work completed already now.
* Paper sets out the feedback and proposals to move forward.
* Proposal is that workstreams continue – but these should report into SEND Executive Board meetings and other meetings that are useful instead of having a dedicated board.

**Action: Any comments or concerns about what may be lost from this change can be reported to CA.** |  **All** |
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| 7 | **Newcastle Local Area SEND Strategy** |   |
|   | **Slides shared and discussion held*** Production of the strategy started in February with an event at the Civic Centre commissioned by the local authority and the ICB. This was facilitated by the Council for Disabled Children.
* Two key priorities were identified:
	+ Priority 1: Children and Young people get the right support at the right time.
	+ Priority 2: Getting it right together.
* The strategy has been intentionally kept simple.
* The document sets out our governance structure, how we work in Newcastle (all different workstreams), what the strategy means to us, recapped what has been done over the last couple of years and sets out the growing needs in our city.
* It has also built on what our Children and Young People have told us are important to them.
* It was highlighted that there are 2 errors to remedy.
* - on page 11 - growing waiting lists since 2011- this will be changed.
* - draft copy also does not have signature of Joe Corrigan.
* When these changes have been made an updated version of the strategy will be sent out.
* Workstreams will now be tasked with producing work plans and any progress or barriers to progress will be reported to this board.

**Action: Final copy of Local Area SEND Strategy to be shared.** |  **DT** |
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| 8 | **ICB forward plan and Learning Disability Project Plan** |   |
|   | **Document shared and discussion held*** The key areas of the Forward plan were highlighted.
* There is still work ongoing about which areas of work sit centrally at scale or locally at place.
* The work plan that follows on from this were some of the key areas of focus for us around the 0-25 age group.
* Improvements needed:
	+ The health and care outcomes for local people
	+ Waiting lists for children on the neurodevelopmental pathway
* A discussion was held with single point of access team which has identified a need to work differently and do more work around prevention and early help.
* An analysis of referrals coming through raised questions as to why some young people are referred for a specialist mental health service when support is needed now and being on the waiting list will not provide the needed interventions.
* A number of meetings and events with partners are planned to look at these issues and how we can solve them together.

Also looking at early identification of learning disabilities:* From this term within Hadrian and Charles Parson schools work has been completed on this and highlighting this in an EHCP.
* This means a letter is sent to GPs so a child can be registered as having a learning disability and annual health checks from age 14.
* This is work in progress and discussing with the with the Local Authority to see if this can be used to help children and young people get access to specialist teams without a diagnosis but need to ensure these teams are then not overwhelmed due to the change.
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| 9 | **Autism Assessment Waiting times** |   |
|   | * It is difficult to give accurate waiting times for autism assessments.
* This is dependent upon how the referral was input and the pathway it followed.
* There are currently around 1352 young people waiting for an assessment for autism, ADHD, or both across Newcastle and Gateshead area.

The split is quite even between Newcastle and Gateshead – but there is a slight bias on number of referrals coming from Newcastle.* A fairer way to judge wait times currently is to say where we are with referrals and currently assessing people with referrals from November 2020, so an estimated wait time of 2 years 10 months.
* There are currently discussions with Psychiatry UK to send up to 90 dual assessments (autism and ADHD) to them.
* An allocation model within the assessment pathway has been introduced as it is hoped that this will improve the flow of the pathway.
* Workshops are being offered for those on the waiting list This will offer up to 100 families per month to come to these sessions to show what they can expect from the service, the assessment process and what support is available whilst on the waiting list.
* The long-term plan and solution aim is to be more needs led and support children and families without the need for a diagnosis.
* The ICB Central team are starting some regional work looking at the neurodevelopmental pathway – 2nd of October event for all commissioners in the Northeast and North Cumbria and on the 12th of October Clinicians from the region will be invited.
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| 10 | **ICB Proposal Compass Trust Schools** |   |
|   | **Paper shared and discussion held*** This proposal has been written by Northeast and North Cumbria Integrated Care Board
* It draws upon a lot of the communications we’ve had over the last few years with system partners.
* The proposal has brought together opinions and suggestions - NHS England have endorsed it as one of the best models in the country currently.
* The proposed model is to reform some of our services into Hadrian and Sir Charles Parson
* It is hoped that it will make it safer for students and reduce the risk of staff making errors.
* It will also help provide the Compass Trust with the clear governance structures that they need with training and supervision or oversight and become a beacon of good practice.
* The first step is to implement a service level agreement and have Children’s community Nurses based at Regent Point but would be visiting the school often to provide training and ensure competency frameworks were in place as well as talk to staff and pupils.
* They will also liaise with other nurses and health colleagues who need to come into the school and will be overseen by and a band 7 Sister working for NuTH.
* Also funding pharmacy oversight – launching this week
	+ Both schools receive one day a week from a pharmacist or technician to look at range of services we offer from a medicine point of view.
	+ Looking at administration, storage, security and make massive links out in community with paediatric consultants and ensure information is passed on in a timely manner.
	+ Looking at delivery SOPs to ensure we are managing medication effectively.
	+ This would be reconfigured money from how budgets are setup currently.

CR raised the importance of meeting needs as stated in the Education Health Care Plans and the Compass Trust not being in the position to respond to the proposal without views from the Local Authority. DT requested that any cases where needs are not being met must be escalated to her. **Action: ICB, Local Authority and Compass Trust to meet - TC or RS arrange the meeting asap.****Action: CR to send example EHCPs where section G is not being delivered to DT.** |  **TC/RS****CR** |
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| 11 | **SENDIASS Annual Report** |   |
|   | **Paper shared and discussion held*** There has been significant staff absence, so the service is running at 50% capacity, but it is still able to respond within 48 hours.
* There is a notable increase in the complexity of the case work.
* Case work is to be recorded differently from September: each person is given a number for the academic year.
* This number can then more accurately reflect the amount of work undertaken or cases seen by the service.
* Case studies in the report discussed.
* Looking to the future; changes to service will be done in a staggered approach.
* Looking to reduce the number of meetings attended due to capacity – thresholds will be used as well as working to ensure parents can attend meetings without SENDIASS support.
* Discussions around Case Study 3 of the report and the importance what is written in an EHCP accurately reflecting a child’s true needs.
* Report is being shared to the SENCO Network.
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| 12 | **SEND SEF** |   |
|   |  **Paper shared and discussion held*** This is based on the SEND local area inspection framework with 11 criteria domains.
* This is a dynamic iteration that will be kept under review.
* It has been structured with a focus on practice.

**Action: Any feedback should be sent to AB.** |  **All** |
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| 13 | **Audit of EHCP Panel** |   |
|   | * An audit was undertaken at the end of the summer term looking at the decision making of the EHCP panel.
* Newcastle are outliers in the number of agreed requests for assessments and the number of plans agreed.
* The DfE were also invited and the audit used dip sampling of 10 cases across age range.
* It was found that 9 out of 10 decisions were appropriate - 1 outlier for post 16.
* This resulted in the decision to bring the current 2 panels together.
* We will keep this under review but have received positive feedback so far.
* Three risks identified during the audit in relation to practice:
1. Health advisers did not consider information that was held in primary care records. **JE** has reviewed this and advised that health can now access primary care records.
2. If health workers believe a child no longer requires provision they will make the decision to discharge the child. In some cases, schools are not being made aware of this discharge letter. This health provision is named on the child’s EHCP, so unless a school is made aware of changes, this will not be reflected in the EHCP until the next statutory annual review meeting. Again, **JE** has reviewed this and made health workers aware that they need to inform schools that there is a discharge letter. Once notified, schools will then hold an Annual Review meeting to make required changes to the child's EHCP. If you have an example where provision has been ceased and an EHCP had been left outdated as the school or parents have not been notified, please forward these to **JE** to be investigated.
3. There was a challenge from the DfE that Newcastle College was referring children and young people to the Council to be able to access funded internships.

**Action: Forward cases where schools were not notified of discharge letters leading to out of date EHCPs to JE and DT.****Action: DT to organise a meeting to discuss DfE challenge of funded internships from Newcastle College.**  |  **All****DT** |
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| 14 | **AOB**  |   |
|   | **Terms of Reference****Action: Send any updates to EW.** |  **All** |
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|   | APP/DFE Support* No further comments.
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| 15 | Date and time of next meetingMonday 13 November 2023, 10 - 12 |   |