

MINUTES – Local SEND Partnership Board

Date: Wednesday 19th March 2025

Time: 13.00pm – 14.20pm

Venue: Microsoft Teams Meeting

Discussion Items	Lead
<p>1. Welcome, Introductions and Apologies</p> <p>Meeting Chaired by Andrea Ibbeson</p> <p>Attendees:</p> <p>Andrea Ibbeson (AI), Martyn Owen (MO), Alison Tomes (AT), Angela Harrington (AH), Karl Bower (KB), Sarah Hall (SH), Emma Price (EP), Harriet Heffron (HH), Roberta Radcliffe-Birds (RRB), Annika Leyland (AL), Debbie Osborne (DO), Emma Smith (ES), Lee Golze (LG), Sarah Hall (SH), Natalie Tyrrell (NT), Georgina Todd (GT), Diane Burkinshaw (DB)</p> <p>Apologies:</p> <p>Emma Kirk, Kim Holdridge, Alexis Johnson, Leanne Hornsby</p> <p>Non-Attendees: Paul Scotting, Phillipa Cousins, Bushra Ismaiel, Georgie Holliday, Jane Cresswell, Laura Churm,</p>	AI
<p>2. Requests for any other business</p> <p>MO confirms LG is covering for LH in her absence.</p> <p>AT raises awareness of the different approaches taking place across education settings and the need for a more consistent approach for children as they transition from Early Years into school. Alison Fleetwood, Suzanne Walton and Harriet Heffron have been meeting to look at what is currently in place and how to take this forward. They will be raising this at Engine Room when the work is ready.</p> <p>AI requests to look at SEND Improvement later in the meeting.</p>	
<p>3. Minutes from previous SEND Board</p> <p>Everyone in attendance agreed the minutes from the previous Board could be approved as the final version.</p>	
<p>4. Voice Update</p> <p>➤ <i>The Voice of SEND Young People Group</i></p> <p>The Voice of SEND Young People Group have established priorities for the next SEND Strategy:</p> <ul style="list-style-type: none"> • Whole school training in all schools; • dual diagnosis; • post 16 options - having a greater range; • 'autism in teenagers' training to be developed; 	

	<ul style="list-style-type: none"> • more guidance on reasonable adjustments and sensory issues in schools; • and looking at the breadth of curriculum in mainstream schools. <p>Looking at upcoming meetings, the group have requested Lee Pitcher MP to join a future meeting, while there is no definite date Lee is keen to meet them. Upcoming guests are Kooth, Director of Children, Young People and Families, Riana Nelson and Doncaster Mayor, Ros Jones. The group have also requested CAMHS to join. There has been interest in members of the group to be young commissioners and we are looking at potential venues for the next Futures Fair.</p> <p>On 21st March there will be a peer review focused on inclusion within mainstream schools with Ann Hayward from DfE, some of this group are going to talk about their experiences at the sessions. The Voice of SEND Young People session had a focus on their perspective and the questions they will ask as part of that review including reflection and detailed contributions on support, feeling listened to and progress.</p> <p>ACTION - RRB to suggest a CAMHS lead to contact.</p>	RRB
5.	<p>SEND Implementation Plan – Update on progress</p> <p>NT shares an update on the deliverables within the Implementation Plan. NT shares that the following deliverable has been removed from the plan, due to the change in government and their priorities: <i>Develop locality and city-wide inclusion forums and strengthen links to regional commissioning forums</i></p> <p>AI asks if the Board can do anything to help the not started deliverables to progress. NT shares that there is nothing in terms of escalation for the SEND Board, and that some deliverables have been delayed due to the volume of the panels taking place having priority.</p>	
6.	<p>Preparation for Adulthood Update and Highlight Report</p> <p>AL shares that the PFA board did not meet in February due to Adult Social Care receiving their CQC inspection notification and no chair being available for the meeting. A meeting is due to take place in March.</p> <p>AL updates they are stepping up their 'huddles' for their transition's virtual hub. The huddles bring together various professionals to discuss a young person and join up their support. This is in the test and learn phase, there have been 4 to date but early feedback is positive and there is full buy in from partnership attendance at the huddles. At 6th huddle there will be a pause and discuss learning, what do we need to shape further, etc.</p> <p>AL confirmed there are no escalations to the board.</p> <p>ACTION: AL to send the highlight report to NT to circulate to board members.</p>	AL
7.	<p>Speech, Language Communication Needs (SLCN) Update</p> <p>It was noted this was an escalation from the SEND Engine Room to provide Board Members with an updated on the capacity issues across the SLCN service.</p> <p>HH shares a piece of work about demand and capacity in Childrens SALT.</p> <p>There is a large demand in the service compared to the level of staff available - around 2.2 days' worth of resource per 1000 Doncaster children predicted to have a language disorder.</p> <p>The different conditions SALT support covers Speech Sound Disorder; (Developmental) Language Disorder; Stammering; Functional communication; Augmentative and Alternative Communication</p>	

(AAC); Eating and Drinking (mechanical only); Neonatal Eating and Drinking; Cleft Palate; Youth Justice; Autism Diagnostics; Deafness.

The Outpatient Clinic sees the majority of children and young people referred to the service, around 1000 children per year. An assessment session is provided, and therapy intervention offered for speech sound difficulties and language difficulties. Support is restricted to two, 6 session therapy blocks (12 x 30 minute sessions) per child before discharge with the current waiting time for initial assessment being 22 weeks. This team need an extra 2 full time staff members to cover the additional 4,432 appointments needed. However, as yet there is no evidence that tells us that intervention over six sessions in a block of treatment is effective.

The Mainstream schools team offer for children year 1 and above in mainstream schools, primarily with Language Disorder but also for AAC and other communication needs related to SEND. New referrals receive an initial appointment phone call, a school visit for assessment and a school visit for modelling therapy goals and approaches. School or parents must then request a review within six months, or the patient will be discharged. The current wait time for the initial appointment for mainstream schools is 27 weeks. 1110 appointments are required per year but there is only capacity for 912, meaning a child would be lucky to get 1 phone call, 1 assessment visit and 1 modelling visit within a year.

Children that have AAC need a different voice as language is not their primary way of communicating. They may use signs or symbols, different types of access or a device. The AAC only have one day of time to support children with AAC across Doncaster and Bassetlaw with one day of assistant time for some direct work. There is no dedicated pathway or time for these children despite their needs being more time consuming than other areas and likely to last longer term.

The NHS England say that every child should be able to access a regional specialist hub which Doncaster have access to Barnsley Assisted Technology Hub in Doncaster. They support those more complex cases, but every CYP should be able to access this locally with a loan bank of equipment which we don't currently have.

Nottinghamshire have an AAC panel funded jointly by Health and Local Authority which covers the cost of devices, software and maintenance support. If we had the opportunity for additional funding this could be used for additional specialist time, additional assistant time and AAC short- and long-term loan bank.

Additional funding would allow for local assessments, more specialised local support with implementation for children who do and don't meet regional criteria, and less specialised powered and non-powered communication aids.

The Bercow report shares that communication and early intervention are crucial. We have a very long wait time and are not providing the most effective intervention, CYP of Doncaster are affected by this and will lead to long term communication difficulties, social emotional difficulties, poor educational attainment, accessing youth justice system. More SLT would lead to more effective SLCN interventions meaning better outcomes for CYP and would save money in the long term.

KB asks if SALT resource being mandated to section F is impacting the services ability to support children without a plan, in turn leading to a push for EHCPs to ensure children are being seen. HH confirms children can be seen without an EHCP, but parents believe they will get more support from the service with one – with current capacity this hasn't been the case. SALT try to provide direct intervention, but this can be difficult. Educational staff aren't following through with EHC

	<p>Plans in relation to SALT advice and guidance provided. Work is taking place to try to develop evidence of what educational staff can offer.</p> <p>LG queries whether this item is for Board to have information or request resource. HH shares that this is mostly for information but also to raise awareness of what additional resource could do. The service support ages 2–18 without an EHCP, up to 25 with an EHCP. Extra resource would want to target Early Years/Primary for early intervention, leading to more success.</p> <p>AT shares her team have seen from the Talking Together Pathway how important early intervention is to help refer them from being referred to SALT in the first place. Concerns are shared that the funding for this work is temporary from Start for Life. AT queries how we bring the model more into Doncaster and shares that their LA group and 1:1 session are also at capacity.</p> <p>HH shares it has been an effective service to offer and has allowed more time for specialist services but agrees the worry of knowing the funding is temporary means a further gap will be created without it.</p> <p>LG queries how much funding would be, HH shares that funding for more universal targeted services so our service can be more specialist, from there increasing intervention in outpatient service, and providing more direct intervention including AAC, which is becoming more of a demand on service as cases become more complex. Timely intervention is needed for these children.</p> <p>KB shares work is being done about what should be ordinarily available in schools and communities, and what specialist services should be able to provide. Graeme Routledge has been collating this information on what schools should provide. KB queries how we put this graduated support into place and looking at wider community requirements.</p> <p>AI asks what is needed from Board following this escalation from SEND Engine Room.</p> <p>ACTION – subgroup to come up with a firm ask for the Board, draft a proposal to take back to SEND Engine Room. Link work with training, sufficiency, education settings.</p>	HH
8.	<p>Update on future reforms, recent reports from ISOS/NAO which focus on SEND and activities happening across South Yorkshire</p> <p>MO shares slides and summarises reports on the National SEND System. Which includes:</p> <ul style="list-style-type: none"> National Update – IsoS Report Summary National Picture – National Audit Office Report National Update EPI Report – National Policy (update and recommendations) <p>Attached with these minutes, is the full detail of the updated provided by Martyn Owen.</p> <p>ACTION – subgroup to meet and reflect on what these reports means for our strategy, as a piece of work for the Board. Link with NHS demand and their changes.</p> <p>ACTION - Share slides with the group and briefing MO provided.</p>	<p>MO</p> <p>GT</p>

9.	SEND Engine Room Update <ul style="list-style-type: none"> ➤ Risks for escalation <ul style="list-style-type: none"> ○ Multi-Agency Case Audits <p>KB shares struggle with DBTH information sharing agreement.</p> <p>ACTION – KB to discuss with AI how to move forward.</p> <p>Capacity to deliver case audits is the challenge, challenges from DBTH attendance. Need the commitment from Board to allow colleagues to take part in the case audit days as they are vital.</p> <p>LG confirmed that the Local Authority will commit to the capacity of LA staff to take part in these. LG has two sessions booked in April to look at the Annex A Data to ensure that all spreadsheets are working correctly and linking with relevant systems. Want to ensure that Multi-Agency Case Audits happen as soon as possible, with a view that towards the end of may these have either been booked in the diary or completed.</p> <p>AI queries if health is needed at these meetings. LG updates that they weren't needed at this stage but will ensure they are kept up to date and will be pulled in when required.</p>	KB
10.	Performance, Quality Assurance and Improvement Framework (PQAIF) <p>ACTION - Move to next agenda to discuss at the start of the meeting.</p>	GT
11.	Escalations to Education and Skills Portfolio Board <ul style="list-style-type: none"> ➤ Escalations to be agreed in the meeting <p>The group agrees there is nothing to escalate at this time.</p>	
12.	Any other business <p><i>SEND Improvement Journey</i></p> <p>LG updated that he is becoming more involved in the improvement work now due to Leanne Hornsby's absence. He has had an initial meeting with the DCS who has paused the collation of thematic position statements. LG initial thoughts are to check data validation urgently and get multi case audits up urgently.</p> <p>Internal presentation from Martyn Owen and colleagues tomorrow to discuss what is working well, support and initial conversations. Implementation Group are going to own this work more. Transition to adulthood presents challenges. Suggestion for performance and inclusion performance clinic to wrap around send framework but needs to understand how this would work.</p> <p>AI urges LG to involve health colleagues where needed.</p>	All
13.	Date and time of next meeting <ul style="list-style-type: none"> ➤ Wednesday 30th April, 13:00 – 14:20 	