



## Cumbria SEND Information, Advice and Support Service

Offering impartial information, advice and support to children and young people with special educational needs and or disabilities and their parents & carers.

### **Cumbria SENDIASS ADVISORY BOARD MEETING - 10 am to 12pm 8<sup>th</sup> July 2020 By**

#### **Microsoft Teams**

#### 1. Welcome and Introductions

Attendees: Hayley Stewart (Chair/Parent)

Tracey O’Roarty (SEND IAS Service Manager)

Charlotte Wight (Parent)

Kirsty Reid (Parent)

Adrienne Gill (Parent)

Shirley Murphy (Parent/Carer)

Sharon Simpson (CCC Senior Manager Children’s Commissioning)

Helen Leader (CCC Business Improvement Officer)

Alex Nancollis (NHS Designated Clinical Officer)

Alison May (CCG Morecambe Bay Trust)

Hannah Graham (SENCO Kingmoor Junior School)

Faye McEwan-Barry (Education Manager People First)

Kris Williams (Headteacher James Rennie School)

Gregg Everett (CCG North Cumbria Integrated Care Trust)

Zoe Richards (NHS SEND South Cumbria)

Ann Breeze (Early Years Team Manager Barrow and South Lakeland)

Celia Jones (SEND IAS Co-ordinator)

Laura Hopkins (SEND IAS Co-ordinator)

Polly Shields (SEND IAS Co-ordinator)

Daisy Russell (IASN Manager)

#### 2. Apologies

Gill Ireland (Parent)

Fay Kabarra (CCC Senior Advisor)

Di Routledge (CCC Inclusion Manager)

Julie Westaway (CCG Morecambe Bay Trust)

#### 3. Minute of last meeting

Agreed and signed off.

#### 4. Cumbria SENDIASS Update – effects on Service due to COVID

SENDIASS has offered as full a service as was possible. Normal service of home visits and face-to-face school meetings etc stopped. Cumbria County Council set staff up with Microsoft Teams and this was utilised straight away. Staff have offered support to parents who were unsure about using this system in the form of practice sessions so they were more confident to use it for EHCP reviews etc.

The team feel they have been able to support more parents using Teams as they are not spending time travelling. However, they do feel that some of the personal touch that is important to the service's work has been lost. Some Teams sessions have worked well whereas some parents need us to be there in a meeting to give more direct support and to be able to take time out with them to discuss things. Going forward, there will need to be a balance between face-to-face and using technology.

The whole team have carried on working. They have been keeping up-to-date on the changes due to the Coronavirus Act 2020 and relaying these to parents. Referrals got back to normal amounts quickly after the initial period of lockdown.

There are some issues with schools not having the technology to accommodate doing virtual meetings and also parents not having the equipment at home. Suggestions were made about parents being able to borrow technology from school (if they have it) and documents being sent electronically rather than paper copies. There are good points to this in so far as electronic copies could be shared with the service by parents more easily but paper copies were easier to access for some parents.

It was noted that schools should have received laptops for vulnerable learners. It was felt that parents perhaps find Zoom easier as this is more widely used in the community. Lending tablets might be helpful for families. Family Fund was mentioned as a possible avenues for families to get the technology they need although it was acknowledged that this can take some time. People First have tablets available for families who have no access to devices, SENDIASS can refer families to People First.

The initial introduction before a meeting can be now missing as people join the meeting at the given time, whereas in person you may meet outside the venue etc before it starts. This could be remedied by choosing to start the meeting earlier or individuals could come out of the meeting and others could stay on and keep talking.

Action: SENDIAS team to review what they are putting in place for Teams meetings and review training.

#### 5. Cumbria SEND IASS Development Plan 20/21 and IASP Funding: (10.35)

- Website update
- New team member - maternity cover, Kendal and East Cumbria

Amendments to the development plan have been made to allow for Covid 19.

The links to the tasks in the plan relate to the funding received and are RAG rated. Covid 19 hasn't stopped too much of the plan being carried out and there isn't as much amber rating as first thought.

**Reducing cultural barriers** relies on face-to-face drop-in sessions at places such as children centres so this has been rated amber. However, the All of Us young people events are continuing using Teams. Before lockdown, SENDIASS delivered workshops on the EHCP process, what it includes and how young people should be getting involved with their annual reviews.

There appears to be a rise in parents wanting to carry on **home educating** their children as they have found there has been a huge amount of stress lifted. SENDIASS have asked colleagues in the Home Education team to signpost parents to us if support is needed.

There is to be a multi-agency virtual **transition fair** in the autumn. In the meantime, there are plans for virtual transition surgeries which SENDIASS are keen to be involved in.

There are concerns that disadvantaged groups are being missed without the face-to-face contact. It was noted that the service has actually worked with more **hard to reach** families as they have contacted us on various things using the technology available. There is work going on with Youth Offending where co-ordinators have been able to support young people, some with complex needs, and their families. This however is still rated amber.

To make SENDIASS more **accessible** to parents/carers and CYP and arms-length to the LA. The service has rebranded to move away from the cooperate look, using purple for parent information sheets etc and purple SENDIASS lanyards. The SENDIASS website is being developed and is waiting to be put online as the IT team have been redeployed due to Covid 19. We are hoping that this will go online soon. The SENDIASS Facebook page is very busy. There has been as much up-to-date information put on there for parents as possible, particularly around the Coronavirus Act 2020 and how CCC are dealing with the changes.

Action: SENDIASS Manager to carry out surveys on Facebook use and the website when it goes on line.

Appropriate support for **tribunal appeals** continues by the team. All team members, bar the co-ordinator recently employed to cover maternity leave, are trained to Level 3. 2 co-ordinators are carrying out Tribunal training in July and other shorter webinars have been attended and shared with the team by co-ordinators. The team are working on a variety of tribunal cases, including some complex disability discrimination cases.

The manager is supporting new ways of working that have had to be put in place as Covid 19 has forced the service to work differently. Going forward, the team will need to find the appropriate balance between virtual and face-to-face working. The team are having a **weekly virtual meeting** and the monthly 1 to 1 sessions for Co-ordinators continue virtually. The away day has had to be postponed. The team have provided support for each other taking into consideration personal circumstances.

There was an initial meeting about **joint commissioning** with Health in March and today is the next development of this. This section is rated amber as there is not yet a joint commissioned service level agreement.

It was suggested that a **network of parents** could be set up to support other parents going through the tribunal process, it was acknowledged that they know what it is like to personally go through it and could answer questions from their point of view that professionals cannot. The parent putting this forward generously offered to do this using her experience of the tribunal process, SM also offered to be part of this work. This could be with the support from the SENDIASS co-ordinators.

The **new team member** was introduced to the board. She is covering the maternity leave of one of the co-ordinators and will cover Kendal and East Cumbria.

The Chair **congratulated** the team on keeping so many things going during the Covid 19 crisis.

#### 6. Cumbria SEND IASS Policy Review – Code of Conduct (10.50)

The Code had been put on Facebook for parents to comment on in October and there had been some positive feedback. Comments from the board present were asked for.

- It was suggested that there needs to be mention of how SENDIASS will feed back responses from the Children's Services team within the Code.
- Adding something about the SENDIASS's offer in light of the Covid situation, such as how social distancing etc is impacting on the service provided. It will be important to mention that the service is following relevant guidance and that this is subject to change.
- Links to other plans and guidance such as government documents/CCC protocols/social media avenues could be added.
- It was mentioned to the board that CCC has a recovery plan in place and the managers have been working on this and circulating it to staff.
- On the final bullet point, the sharing with other organisations as appropriate could be added.

Action: SENDIASS Manager to update the policy

#### 7. Daisy Russell - Practice and Policy Manager, Information, Advice & Support Programme, Council for Disabled Children - Joint commissioning discussion

**Joint commissioning** with health and social care is laid down within the SEND Code of Practice 2015. Nationally this hasn't happened everywhere yet. Because there is no joint commissioning yet, the Service cannot meet the IASN minimum standards. Initial conversations happened in March with partners. Health issues form part of the service's case work, especially in complex level 3 and 4 cases of which 20% involve health and is part of the work done carried out by the service.

A parent asked where SEMH sits within health and it was noted that there appears to be an increase in need in this area (their experience being in the South of the county). It was asked about how this approach will join up so that it will have an actual impact on the services being offered by health and SENDIASS. It was acknowledged by SENDIASS that SEMH runs through a large part of the case work.

Sometimes there are barriers in complex cases as services work differently across agencies. This led to a parent expressing that they felt there was a 'blame game' with education saying that is for health to do and vice versa. They hope that joint commissioning will help with this.

A parent commented that there was a long waiting list for CAMHS. They felt that they don't work well with other services. They are short on funding but are such an important part of health. It was suggested that it is seen by parents that if you get into CAMHS, you've got what you need. There was much agreement to this suggestion.

**Daisy Russell** introduced herself and the organisation she works for (IASN) which is run by the Department for Education and they give the current funding that IAS service bid for. Daisy shared a PowerPoint. It is Daisy's role to get joint commissioning working.

Joint commissioning is in law (Children and Families Act 2014 (CAFA 2014)). Section 32 says that children, young people and their parents will be provided with information, advice and support around SEND. Children and young people need to be able to access the service confidentially from their parents if they wish.

Joint commissioning however is not happening across the whole of the country. There does need to be compliance and it must be sustainable as the DfE are not going to continue to fund IASS long term. Nationally, a third of IASS are joint commissioned with Health, all involve a funding aspect.

What are the advantages of joint commissioning for Health and Social Care?

- It can support parents, children and young people
- Support can be given in tribunals under the National trial for Health and Social Care
- It will help to empower parents, children and young people
- It can provide some geographical and demographic mapping of data.
- IASS can provide data on nature of health queries – looking at what is the data showing and what is going on.

OFSTED are picking up on joint commissioning in inspections and there is an expectation that this will happen going forward.

What needs to be done to achieve joint commissioning?

- Create a business plan
- Data collected and presented
- Detail what is needed and what more could be done.
- Give flexibility to timings and budgets

- Resource in different ways
- Could offices be shared
- Look at what specialisms people have in health and social care
- Look at having children and young people officer for health and social care.

Daisy indicated that something needs to change as Cumbria's core funding for SENDIASS is £0.68 per 0-25, whereas the national average is £1.03 with some local authorities being over £2. In Wolverhampton the funding level is as high as £2.47 per 0-25 year old.

Daisy stated that 50 SENDIASS had joint commissioning with funding. There is an expectation that joint commissioning should be resourced and sustainable. This could involve moving resources from one area to another.

Daisy suggested SENDIASS should come up with plans thinking about:

1. These are the extra things we can do...
2. These are the options...
3. Ask Health and social care - what do you think will be useful to you?
4. Ask schools – what do you see most need in?
5. There will be differences across LAs.

A CCG colleague suggested that the spending on SENDIASS was not as bad as it looks as there are other services that also give general advice and support. In the written statement of action for OFSTED, there are other joint commissioning /funding agreements. This shows commitment to joint commissioning. This may need more coordinating.

A CCG colleague asked if this could be brought into Working Group 2 and brought to the attention of CCC senior leadership team. It could be seen as an easy win as there is lots of information available already to help organise this. It could give confidence moving forward with other joint commissioning ventures. There needs to be clarity to understand what it does cover and what it could cover in the future.

Daisy offered to send examples from other services. She suggested having something in the process, even if it isn't funded initially, would be useful with a short and long term plan. Once it is done it can be built on. The Chair is on Working Group 2 and will take this to members. She offered to put CCGs in touch with other CCGs to discuss how it worked there.

### **CAHMS redesign**

A CCG colleague from the Morecambe Bay Trust talked about the CAMHS redesign that is taking place there. They are changing the model so that there is a single point of access. The website for the South Cumbria model has now been agreed. They are going to use the Thrive model which integrates with other services as they move forward.

A CCG colleague from the North Cumbria Integrated Care Trust stated that there will be an integrated care system between themselves the North East and North Cumbria with a single CCG footprint for mental health. Cumbria, Northumbria and Tyne and Wear Trust

have significant programme and resources around the trust. The care model is based on community support by intervening early before it becomes a more significant SEMH issue.

The following website was shared:

<https://www.healthyyoungmindslsc.co.uk/camhs-redesign>

8. Any Other Business

None put forwarded.

9. Date and Venue of Next Meeting

**Date of next meeting – Tuesday 20<sup>th</sup> October, 10am – Microsoft Teams**

Thanks were given by the Chair before closing the meeting.