



Isle of Wight SEND Partnership Board

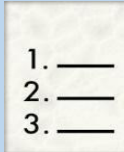
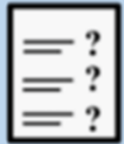
	24 June 2024, 9:30 – 11:30 am
	Via Microsoft Teams

Attendees			
Name	Initial	Role	Organisation
Chair: Ashley Whittaker	AW	Strategic Director of Children’s Services	Isle of Wight Council
Abigail Metcalfe	AM	Youth Voice Advocate and Chair	NHS Youth Forum
Cllr Debbie Andre	DA	Cabinet member for Adult Social Care and Public Health	Isle of Wight Council
Cllr Jonathon Bacon	JB	Cabinet Member for Children’s Services, Ward Councillor for St Helens and Brading	Isle of Wight Council
Catherine Barnard	CB	Senior Transformation Manager – LDA and Neurodiversity	Hampshire and Isle of Wight Integrated Care Board

Anna Clarke	AC	Independent reviewing officer and lead quality assurance officer – representing early help services	Isle of Wight Council
Claire Collins	CC	Service Manager Autism Inclusion Matters (AIM) Isle of Wight	AIM Isle of Wight
Jo Dare	JD	CEO Youth Trust Isle of Wight	Youth Trust
Simon Dear	SD	Service Manager Strategic Development and Commissioning	Isle of Wight Council
Zoe Edwards	ZE	Team Lead Children’s Physiotherapy and representing Children’s occupational therapy and speech and language therapy.	NHS Hampshire and Isle of Wight
Tim Gaites	TG	Senior Probation Officer	Portsmouth & Isle of Wight Probation Delivery Unit
Laura Gaudion	LG	Strategic Director Adult Social Care and Housing	Isle of Wight Council
Mark Hannam	MH	Child Adolescent Mental Health Service (CAMHS) Isle of Wight Manager	NHS Hampshire and Isle of Wight
Anthony Harper (Co-Chair)	AH	Deputy Director for Children’s Care	NHS Hampshire and Isle of Wight
Ruth Hayles	RH	Team Manager Youth Justice Service	Isle of Wight Council
Simon Homes	SH	Service Director Adult Social Care	Isle of Wight Council
Kay Jones	KJ	Service Director Children’s Social Care	Isle of Wight Council
Jade Kennett	JK	Service Manager Strategic Development	Isle of Wight Council
Mark McCurrie	MM	Independent SEND advisor (commissioned by DfE) – observing only	Department for Education
Emma Meek	EM	Senior delivery manager for Children’s Care	NHS Hampshire and Isle of Wight
Heather Morris	HM	Strategic Manager of SEND & Inclusion	Isle of Wight Council
Matthew Powell	MP	Associate Director: Special Educational Needs and Disabilities / Designated Clinical Officer	Hampshire and Isle of Wight ICB



Samantha Rooney	SR	Assistant Principal	Isle of Wight College
Rosie Viette	RV	Parents and Carers Together Project	Aspire Ryde
Helen Figgins	HF	Assistant Director Barnardos	Barnardos Isle of Wight
Cally Wareham	CW	Cluster Lead for Children and Young People Services	CAMHS
Rachael Williams	RW	Education and Inclusion manager	Isle of Wight Council

 Minutes		 Actions
1.	<p>Welcomes, introductions, and apologies (10 minutes)</p> <p>AW explained that we will try to avoid using acronyms throughout these meetings.</p> <p>A round of introductions were made and apologies noted.</p>	



<p>2.</p>	<p>Insights from young people (10 minutes) – Abi Metcalfe</p> <p>AM shared that since the last meeting she has met with other youth forums and boards to listen to young people’s experiences. One item that comes up often is that siblings can feel ‘left in the dark’ when a sibling goes through the diagnosis process. Siblings can feel left out or confused by what is going on. Services need to remember siblings and consider whether they are able to be involved or made to feel like they have a voice within their family dynamic during this process.</p> <p>AM has been in discussion with young people about the waiting well process. One idea is that there could be an automatic offer of talking therapies for young people who are referred for diagnosis. Sometimes young people are left to complete their own referrals to services, if this is the case then they should receive support to write their referral.</p>	<p>HM to raise this feedback with the Parent Carer forum steering group</p> <p>HF will also raise this with support for neurodiverse families – Parent Factor and Cygnet</p>
<p>3</p>	<p>Insights from Parents/Carers (10 minutes) – Jo Lawlor</p> <p>Unfortunately JL was unable to make this meeting so this topic was open to anyone who can share parent and carer views and priorities. JD shared that there is significant wait times for Youth Trust, particularly for under 11’s and children who have a diagnosis of Autism or ADHD, or are awaiting diagnosis. Youth trust are offering a four week course for parents and carers</p>	



	<p>of children who have a neurodiversity. Youth Trust asks that they complete all four weeks and the aim is to give them confidence and feel they can manage better whilst they are waiting.</p> <p>MP shared that he feels many parents are unaware of the Local Offer website. HM explained that the Local Offer website will be improved and transferred over to the Family Hubs website so we are currently between two platforms. Heather shared recruitment is underway and the Local Offer website will be decommissioned in July. Then work will begin to make the Local Offer more interactive and accessible.</p> <p>JD shared that Youth Trust have a ‘no wrong door’ principle, where it doesn’t matter how children come into the system, the same support is still given and they are not excluded for how they entered the referral process.</p> <p>CC shared that parents and carers are talking about having concerns with the Safety Valve agreement. This was discussed in more detail in the next agenda item.</p>	
<p>4.</p>	<p>Trust and relationships (10 minutes)</p> <p>AW shared some of the points from the terms of reference that relate to trust and relationships.</p> <p>AW shared that some families are significantly unhappy with how things are going for their children in terms of SEN. AW has met with individual parents and some parent carer groups. Relationships with the Local Authority need to improve for some families and practitioners on the Island.</p>	



	<p>AW discussed transparency being important so that parents and carers feel more informed on what is happening locally.</p> <p>AW then discussed the Safety Valve agreement that the Local Authority entered into in March 2023. This agreement means the council can access more funding in addition to funding received by the Department for Education dedicated schools grant. The agreement includes improving pathways into adulthood, vocational pathways and working with school colleagues to improve the quality of provision within schools. .</p> <p>AW has previously met with JL, they discussed JL working with the parent carer steering group to find an agreed way that parents and carers will interact with practitioners and vice versa.</p> <p>The Safety Valve agreement has caused anxiety for some families. A local parent group has arranged for a lawyer to visit the Island on the 5th July to talk to families about the agreement. AW has met with the group that is organising the lawyer to visit, and shared some information with them to ensure everyone is dealing in fact and not rumour. There are concerns that this visit may increase anxiety among parents.</p> <p>CC shared that as part of the Raise Project, AIM have been delivering training to schools where teachers, governors and parents can be in the same room hearing each other's points of view.</p> <p>HM met with SENDIASS last week as they have recently been commissioned under a new contract. AW will also be meeting with them soon.</p>	
5.	BREAK	



6. **Deep Dive: Assessment and Diagnosis, Waiting Well**

Catherine Barnard – Autism (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) referrals

CB shared that in her area they have been focusing on ASD and ADHD referrals as long term plans. They are still focused on assessment waiting times and are ramping up the focus on children, young people and adults. Assessment services came to a natural end on 31st March this year due to legal contracts expiring.

The Owl Centre delivers on Autism assessments and PSICON continue with ADHD assessments. ADHD assessments had ceased for new referrals in April 2023 but this has now reopened fully. The priority criteria has been adjusted so a wider range of referrals are being assessed. The Integrated Care Board has set up a new Hampshire and Isle of Wight wide protocol that covers all medications and all age groups. This is now being used by PSICON and some GP's have been signing up to this. There needs to be further focus on GP's working in partnership.

Zoe Edwards – Physiotherapy, Speech and Language and Occupational Therapy.

The average wait time for Speech and Language therapy is around 13 weeks with the longest wait being 25 weeks, usually due to anomalies such as non attendance of appointments, difficulty making contact etc. The team has had some pressures with staffing due to maternity leave. Some vacancies are being recruited to currently.

Barnardos have put in place an early intervention programme which has significantly reduced the Speech and Language caseload. Information is also being provided to parents for young people on the waiting list.

In physiotherapy, the team is fully staffed and can usually pick referrals up within 2-3 weeks. They are currently taking part in a national research trial for stretching and strengthening exercises to support children with Cerebral Palsy. They are supporting the adult learning disability team for adolescents with musculoskeletal conditions.



Occupational therapy waiting times have been too long. The team have worked hard to bring maximum wait time from 54 weeks down to 27 weeks. They have a waiting list recovery service to triage and assess as many children and young people as they can. There has been vacancies in the team that are being filled. The team are also working with AIM to further support accessibility to the department.

Mark Hannam – CAMHS

The national target for assessment is 28 days and 18 weeks to treatment. Referrals come through to Mark or one of his leads who will triage the referral. If it is clear the referrer has sent an inappropriate referral then they will signpost to the correct service for the child or young person. There is a weekly referral meeting which usually includes representatives from Barnardos, Youth Trust, Mental Health Support Team and Autism Inclusion Matters (AIM). If a referral is discussed then it can jointly be decided who is the most appropriate service. If the referral is accepted by CAMHS then the young person is added to the waiting list. Sometimes a young person may be taken on by CAMHS and referred to other services.

The main challenges are that CAMHS currently only have one clinical psychologist, there are two posts unfilled. There is one family therapist with 2 posts also unfilled. Waiting times are therefore higher for these two areas.

There is a waiting well call back system where practitioners make contact with families on the waiting list. If there are any change in risk then it can be addressed at this point.

For urgent eating disorder referrals, children are seen within a week and for routine referrals within 4 weeks. There is no waiting list for support. It is a small team however one clinical staff member has left and another is off sick. CAMHS continue to work closely with dieticians and paediatric services.

Emma Meek – Mental Health Support Team (MHST in schools)

MHST are assessing children within 3 weeks. A specialist practitioner for autism and neurodiversity has been recruited. MHSTs do not have a waiting list and will signpost and work with Youth Trust and CAMHS for additional support.

In the future, Emma and the team are exploring a neurodivergent multi disciplinary team to enhance the existing wellbeing service. They have explored what this looks like in Portsmouth. This would include support whilst waiting and using a profiling tool, to create a holistic approach to identifying needs with a wrap-around support team.

A therapies system review is taking place so that care pathways and referral pathways are redesigned and reproced by April 2025. There will be a stakeholder engagement event for this so consultation takes place. This redesign will address some of issues highlighted with services. Sensory integration training will be offered to all front line practitioners so it is embedded in all assessments and areas.

MHST are exploring a wider offer that will include all schools. They would like to see all schools having MHST support especially given that there will be some school closures. Autism in Schools will continue to deliver their services as well into 2025.

Questions

KJ asked MH whether there has been any workforce planning in terms of 'growing our own' psychologists or family therapists on the Island and whether this could be a further career pathway for Social Workers. MH explained there are continual discussions on how more psychologists can be recruited. This shortage is also an issue nationally. MH shared that there are a number of Social Workers already in the mental health team, and there are plans to have Social Worker students to join the team as part of their degree.



AH shared from a strategic perspective, CAMHS has moved into the Hampshire and Isle of Wight Community Healthcare Trust which will bring together four different service structures. This will open CAMHS up to better resourcing due to the shared footprint across the trust. This will be a long process but it will help in terms of the workforce planning.

LG chairs the Isle of Wight Health and Social Care system workforce board which reports directly into the Isle of Wight Health and Care Partnership. There is also a Children's Services representative at this board. LG shared that the pressures around specific Children's roles has not been fed into this process. LG shared that it would be useful to discuss at these meetings any recruitment challenges so this can be fed into the correct processes.

JD asked MH how much CAMHS can support children with Avoidant Restrictive Food Intake Disorder (ARFID). MH shared there is a national need at the moment for this support but currently there is no specific pathway on the Island. CC echoed that this question is asked often by parents.

CC asked why the new neurodivergent multi-disciplinary team would sit under the behaviour service remit. EM explained that discussions around this new team is just in the beginning stages and that CC will be sighted on the outcomes of some of the upcoming meetings for this. HM stated that the Primary Behaviour Service and the Wellbeing Service have transitioned to the Isle of Wight Local Authority due to Children's Services partnership with Hampshire ending. Although these services share a building and work closely together, they are two very different services so there will be some work on redefining the two.

AM raised that it would be interesting to do a deep-dive on transitions for 18-25 years old for a future meeting. AM also suggested how we can look at career pathways for young people to get them interested in our more difficult areas to recruit to, such as Clinical Psychologists and Family Therapists.

HM asked our NHS/ICB colleagues in the meeting whether they can share any information regarding meeting statutory duties when an EHCP is underway. When an EHCP is commenced, partners such as health have 6 weeks to issue their advice

AW and LG to check representation for the Isle of Wight Health and Social Care system workforce board

JD to send EM some Youth Trust information to add to the word document.

Deep-dive on transitions In January meeting



	<p>that forms the statutory assessment process. EM explained that this was not on the list of information she had requested from people but will take this away. MH stated that from a CAMHS point of view, any requests for EHCP are sent through to them to check the system. If a child is open to CAMHS then the care co-ordinator can check the assessments are up to date and ensure information is uploaded to the EHCP portal.</p> <p>AH explained that in 2022 the planning and funding of NHS services was reorganised, which created the Hampshire, Isle of Wight Integrated Care Board. This allows for good practice sharing across the footprint and also allows for efficiency savings.</p> <p>JD shared that HTP have been working in partnership with community services and identified some apprenticeships for 16-18 year olds who may want to work in the NHS. This has been really successful.</p> <p>Youth Trust have been working with the Isle of Wight Council and DWP to create a free employment advice service which is located next to the 114 building where young people go for their therapeutic support.</p>	<p>EM/ZE to check with Callie Wareham regarding the collection of this information</p>
<p>7.</p>	<p>Any other Business – Ashley Whittaker</p> <p>Local Area SEND Self-Evaluation AW shared that we have been collecting information from everyone to build our draft Local Area Self-Evaluation document. We are hoping to share this draft with you all in the September meeting so we can welcome your feedback</p> <p>Local Government Association peer review The local government association will be coming to visit for four days in October. They will be looking at our local plans for education, health and care for up to 25 year olds, from this they will write a report. This should be received by the end of</p>	

October and will help inform our self evaluation document. This ensures we triangulate what we are saying locally with some external scrutiny. They will also look at the financial situation of the council and make sure that we are doing everything we can to deliver our statutory duties alongside the Safety Valve agreement and funding challenges that we have.

Co-production workshop

This is linked to the agenda item on trust and relationships and the work that the parent/carer forum will lead on once this is agreed and shared wider. AW shared that there is some funding available via parent/carer forums and another funding route from the DfE direct. AW has discussed with parent carer forum that in November we hold a workshop with parents/carers, children and young people and practitioners from across the system. The aim of this would be to create a local co-production agreement.

CC made the point that if a co-production workshop is to take place then there will need to be a variety of different ways that people can feel involved and be able to access or contribute to the workshop . For example, quiet rooms and considering the timings. AW suggested that holding more than one workshop may be an option.

LG shared information on a co-production toolkit for Adult Social Care that was created for the South East region which may be a useful tool.

Link: <https://ipc.brookes.ac.uk/files/publications/ADASS-SE-Co-production-Guide-Feb-2023-for-website.pdf>



Forward plan

30th September

Local Area Self-Evaluation
Educational Psychology

25th November

System Workforce Board (LG)
Performance dashboard

27th January

Pathways into adulthood



Next meeting

Monday 30th September 9:30-11:30



Future meeting dates

Monday 30th September 9:30-11:30

Monday 25th November 9:30-11:30

Monday 27th January 9:30-11:30

Monday 31st March 9:30-11:30

Monday 19th May 9:30-11:30

Monday 7th July 9:30-11:30



(location/virtual TBC)