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**MINUTES OF MEETING**

**SEND Partnership Assurance and Improvement Group (PAIG)**

**Date: Friday 21 March 2025**

**Time:**  **10:00pm- 12:00pm**

**Location:** **The Bridge Skills Hub, Worksop**

**Co-chairs: Peter McConnochie / Nicola Ryan**

**Present:**

| **Name** | **Role** | **Organisation** |  |
| --- | --- | --- | --- |
| Peter McConnochie | Service Director, Education, Learning and Inclusion | Nottinghamshire County Council (NCC) | PM |
| Nicola Ryan | Deputy Chief Nurse | Nottingham and Nottinghamshire Integrated Care Board (NNICB) | NR |
| Andrew Board | Head Teacher | Carnarvon Primary School | AB |
| Orlaith Green | Group Manager, Psychology, and Inclusion Services | NCC | OG |
| Raman Kaur | Associate Director of Nursing, AHPs and Quality,  Children, Young People & Families | Nottinghamshire Healthcare NHS Foundation Trust | RK |
| Chris Jones | SEND Strategic Lead | NCC | CJ |
| Becky Edwards | Assistant Head: SENCO and Inclusion | Bramcote College | BE |
| Sarah Beatty | SEND Improvement Programme Business Administrator | NCC | SB |
| Claire Sampson | Head of Integrated Children’s Disability Services | NCC | CS |
| Helen Bray | Director of SEND | East Midlands Education Trust | HB |
| Diane Blood | Parent / carer | NPCF | DB |
| Maria Smith | Assistant Director of Children, Young People and Maternity. | NNICB | MS |
| Laura Redfern | Parent / carer | NPCF | LR |
| Lisa Nixon | Safeguarding Lead (& Named Nurse for Safeguarding Children and Young People) | Sherwood Forest Hospitals NHS Foundation Trust | LN |
| Jamie Hutchinson | Head Teacher | Foxwood Academy | JH |
| Maria Ballantyne | Group Manager, Occupational Therapy, Adult Social Care and Public Health | NCC | MB |
| Kim | Parent / carer | NPCF | K |
| Vicky Smart | Senior Practitioner Quality Assurance | NCC | VS |
| Anna Reed | Specialist Advisory Qualified Teacher of the Visually Impaired | NCC | AR |

**Apologies:**

| **Name** | **Role** | **Organisation** |  |
| --- | --- | --- | --- |
| Maxine Bunn | System Delivery Director | NNICB | MB |
| Margaret Lane | Head of Additional Learning Support and Designated Safeguarding Officer | Nottingham College | ML |
| Sue Batty | Service Director, Adult Social Care and Health | NCC | SB1 |
| Adrian O’Malley | Director of Education | R.E.A.L. Education Ltd | AOM |
| Catherine Connolly | Manager | SENDIASS (ASK US) | CC |
| Laura Churm | Divisional Nurse Children and Neonates | Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust | LC |
| Sophie Eadsforth | Head of Looked After Children, Leaving Care & Fostering Services | NCC | SE |
| Mark Dale | Principal and Chief Executive | Portland College and Pollyteach School | MD |
| Stephanie Astil | Headteacher | High Oakham School | SA |
| Jenny Smith | Strength-based Practice Lead | NCC | JS |
| Damian Murphy-Clarke | Parent / Carer | NPCF | DMC |
| Michelle Sherlock | Designated Clinical Officer | NNICB | MS |

| **No** | **ITEM** |
| --- | --- |
|  | 1. **Welcome and introductions.**   Introductions were made and apologies noted.   1. **Minutes**   The minutes were agreed as an accurate copy.   1. **Action log**  * Action 27- CJ to raise at a meeting next week – to come back at the next PAIG. * Action 37- Marked green – to come back to PAIG in July. * Action 40 – Closed * Action 48 – CJ has spoken to transport who has spoked with REAL. Action closed.   PM suggested a separate transport update on SEND. LR agreed this would be beneficial. CS requested transformation colleagues to meet with LR to scope the piece of work needed.   * Action 52 – SB to send out dashboard link- any members who cannot get access to email SB and that will be escalated.   PM felt a small group of PAIG members to meet with Simon Frampton to discuss how the dashboard is working for PAIG to include OG and HB.   * Action 53 – ongoing challenge to PAIG members.  1. **Risk Log.**   All risks are being managed and escalated through the SEND Executive Group.  **ACTION:**   1. **SB to send out dashboard link.** 2. **CS to arrange for transformation colleague to meet with LR to discuss a piece of work of transport.** 3. **SB to arrange a data dashboard meeting.** |
|  | **Voice of the Child/Young Person -** Hearing and Vision Specialist Support Team  **Anna Reed presented the item.**  Anna introduced herself and explained that she is a teacher of visually impaired children from 0-19 their work includes providing advice and training, teaching braille and introducing technology. Anna’s work includes working directly with children, this could be at home, in school or in the hospital.  Anna talked about a piece of work with 2 sisters that Anna worked with. 1 sister is in year 5 and 1 sister is in year 6. The sisters have Nystagmus, Achromatopsia and extreme photophobia. The girls have been provided with iPad Pros, these have a bigger screen, bigger txt and allows the teacher to share the screen, this was described by the oldest sister as the single thing that helps her the most.  AR advised that her recent observation of the children took place in a class with a supply teacher, which emerged new issues that hadn’t been previously raised. The supply teacher was not aware of what the sisters needed, and the students expressed that they did not feel confident in raising this. After the lesson AR discussed what they could do to help this in the future and what needs to be in place everyday to make lessons accessible. This led to the creation of an access card, this was printed in the text that could be read by the student. This is owned by the student and modified together with AR when needed. This has been able to give the girls a voice and is being looked in to be rolled out where needed however with the understanding that no size fits all.  AR opened for questions  Kim advised that within the PINS project facilitated by PCF they have produced a document with improvements listed and this includes cards on each child which is like this work.  DB asked regarding the nystagmus what be included on the access card, AR advised this is dependant on the student.  PM reflected of the universality of a really simple technique and a no cost technique; alongside visual seating plans is very empowering. NR agreed this is empowering.  LR advised that children are sometimes frightened to give their voice and the difference that can be made when their voice is heard.  HB felt that this is important that this work is not localised and that it feeds into the graduated response and the heads of departments need to be accountable.  MB reflected this was excellent work.  PM thanked AR and requested that our thanks is passed through to the team. |
|  | **Ofsted / CQC Monitoring Inspection**  **PM Introduced the item**  We were told last Autumn that monitoring inspections have been paused while the SEND system was under review and Nottinghamshire would be the first area to be reinspected. We were expecting new guidance of the outputs of the review to be shared in the springtime and new guidance of the monitoring framework to be released before the resumption of monitoring inspections which has not been issued to date. There is a commitment to reinstate monitoring inspections of local areas in the summer term i.e. possibly straight after the Easter school holidays.  **CS Presented the activity in place.**   * Virtual inspection team which has been meeting monthly, which currently includes local area and health colleagues to look at the preparation needed in terms of our Annex A documentation and practical arrangements. * CS has been identified as the LANO. CS, OG and MS are meeting weekly to make sure the practical arrangements are in place. * Our SEND Consultant Marian Cullen will be delivering 2 briefings across the partnership these will be on 3rd and 23rd April in terms on preparation. * There is a DFE and NHSE deep dive going ahead on Monday 24 March. This will consist of practitioner focused groups to include S&L, ND Pathways and EHCP which will be used as preparation for the Ofsted visit. Practitioners that have attended the deep dive will also be asked to talk at the briefings being held in April. * We have started to talk about the visit in our comms, we had a partnership showcase event this week and had a section on good examples of practice and what feels different. We are using the fortnight internal notes to prepare our staff. * We are producing an inspection preparation pack including a collection of short accessible documents including SEF to send to a distribution list which includes, headteachers, SENCOs health staff and DCLs. * We are preparing position statements for the areas of the priority action plan where we don’t feel we have completely met the actions. * We are continuing to collect examples of good practice, CS welcomed examples from members. * We are looking at collating 10/15 good examples of EHCPs   CS opened for questions.  JH stated that this is very positive and a complete shift from the run up to the inspection previously. JH questioned if this is all ready to go which CS advised most of this is ready. PM reflected that we are now able to have meaningful conversations, and we know what our priorities are. NR added that we are now able to articulate in an honest and open way. PM stated that we are never going to be in place where everything is complete, we have an ongoing commitment to improving outcomes and experiences by receiving feedback from families and the partnership. RK questioned if we will get feedback and what the next steps will look like after the inspection. PM advised that this will be included in the delivery plan, we will be able to show our next steps and where we want to go.  **ACTION:**  **1. Members to share examples of good practice for case studies to show Ofsted.** |
|  | **SEND Demographics for Nottinghamshire**  **CJ presented the item and focussed on demographics.**  OG commented that it is helpful to see the whole picture to include SEMH needs, in care and our children within the graduated response.  RK felt it would be beneficial to see if the data correlated to ethnicity.  PM advised the dashboard should be able to do this.  NR added it would be helpful to see an overlay of looked after children.  LR questioned if the funding matches where the needs are the highest. It was advised that funding is fairly distributed however the funding may not meet need.  AB advised that the distribution is much more evenly distributed than he thought however there are areas that receive double the funding than others.  DB questioned why Nottinghamshire has less SEN support. The understanding is we should have less EHCP because of the graduated response however this should then make the SEN support number increase.  PM advised that if schools can meet need, they may not be added to the SEN support list. BE added that schools may add children to the monitoring register instead. LR advised it would be good to see the monitoring register however was advised that this data is not collected. OG added that the definition for SEN support varies and is conditional per school. LR asked if this affects the funding as we are showing less SEN children than we have. OG replied that this does not affect the funding.  PM advised it would be useful to see what stage the ECHP was applied for and requested. MS added that these points would be good to pass through to SF to improve the dashboard  CJ highlighted the increase in SEMH, and autism CJ advised that this data is determined on the primary need and so many children and young people will have other needs.  PM raised that the outcomes should come back to PAIG as a separate item.  NR raised if we should have public health around the table.  JH Highlighted the increase of EHCPs in year 4/5 and felt this was as children are approaching secondary schools. JH also highlighted the increase of SEMH, and we need to be thinking about this. OG added that all schools should be meeting SEMH needs better, the main reason of exclusion is whole class disruption.  RK presented mental health resources, and this was discussed that this needs to be more focused at secondary school. BE added that there is an assumption between primary and secondary that there is nurture support, and this is not always available and communication between primary and secondary needs to be improved. HB advised that she would be happy to share the work that has taken place for SEMH support in mainstream to prevent the need for EHCP. LR agreed that need to share the good practice as there is a lot around.  **ACTION:**   1. **SB to send out the presentation to members.** 2. **Outcomes to come back for a future PAIG item.** 3. **PM to arrange public health representation at PAIG.** 4. **HB to share EMT work around SEMH support in mainstream.** |
|  | **Annual report of the SEND Partnership Assurance and Improvement Group**  **CJ presented the item.**  The group found the report very interesting and helpful. PM advised this will help to get into the rhythm of the annual report, CJ questioned where this should go. PM advised that the PAIG should have 2 weeks for comments and the report should be signed off with the minutes during the next PAIG meeting in May and added to the website. PM advised that this should also go to the SEND Executive Group in April. |
|  | **Quality Assurance of EHCP’s**  **VS presented the item.**  It was questioned if other councils are using AI. VS advised 67 councils are currently using an AI product that we are interested in. The market is fast moving and there are other products that we are interested in. VS advised we are learning locally and nationally.  CS advised the next Quality Assurance Steering Group is on 23rd April and this includes the City Council.  CS added as part of the new framework we would like to include co production work to include what families, children and young people feel a good plan looks like. CS also added from a children’s social care perspective if it would be beneficial for our principal social worker to come to our next PAIG to talk about children’s social care and their input to SEND.  JH questioned if AI would allow us to tell us how many hours of speech and language the County requires, and through that are we then able to look at funding. VS advised that this could possibly be how AI could be used wider than as an auditing tool.  JH also challenged the specificity as plans are now so specific we are unable to meet need. Previously it was softer language but still specific. RK added that we need to understand what the impact of the specific request will be. CS added that within the ICDS redesign there will be an assessment and plan writing team to work on the quality of our plans, including what goes into the plans, the hope is that at district level there will be multi agency groups to look over plans before they are signed off. We need to have a much tighter grip of what goes into plans. Plans need to be individual but also deliverable.  OG added that it leads back to our work with the graduated response as parents want that level of specificity in the plan as they do not have the confidence that their child will receive the support and how are we, as the PAIG supporting the schools or settings that are not able to deliver this. RK added that the instruction in a report needs to be linked to an outcome. LR advised that parents are being given mixed messages as they are being given advice of what to include in the plan and then the school is not able to meet need. AB added that is related to capacity in schools. The plan needs to be direct and have a direct link to funding. VS advised that there is a working party for a national template on guidance of what should be in a plan.  MB questioned if there are members of adult PFA in the working group team. VS advised that there isn’t however it is an action. LN agreed that when looking at transitions they do need to be led by adults. MB added that the legislations are very different.  PM advised that it is encouraging to hear this overview of the work and when it is felt appropriate an update should be provided at PAIG meeting. Once a timescale is confirmed it can be added to the PAIG forward plan.  **ACTION:**   1. **SB to invite Diana Bentley (Principal Social Worker) to May’s meeting and add to the forward plan.** 2. **VS to invite a representative from the PfA Team to join the QA Steering Group.** 3. **CS to take the question around using AI for funding to the developers.** |
|  | **Any Other Business**   * MB handed out hard colleagues of the PFA guidance and thanked all colleagues involved. * PM advised that it makes sense that PFA should be with us all and an early conversation. * PM also added that the photo’s within our strategy should be of children in Nottinghamshire and requested photos from members.   **ACTION:**   1. **Consent and photos to be shared via SB to replace generic children and young people’s photos.** |
| **8.** | **Close** - the meeting closed at 12.00pm |

**Meeting Schedule**

The meeting dates are currently scheduled as follows:

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| --- | --- | --- |
| **Date** | **Time** | **Location** |
| Friday 9th May 2025 | 10.00am- 12.00pm | Newstead Centre, Newstead Village |
| Monday 7th July 2025 | 13.00pm-15.00pm | Edwinstowe Business Centre. |