

DERBYSHIRE SEND IMPROVEMENT AND ASSURANCE BOARD

MINUTES

Tuesday 11th November 2025

Committee Room 1, County Hall, Matlock, 14:00-17:00

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| DSIAB2425/58 | <p>Welcome, introductions and apologies</p> <p>The representative for the Parent Carer Forum and the Vice Chair of the meeting chaired today's meeting. Apologies were noted and listed above.</p> |
| DSIAB2425/59 | <p>Declarations of Interest</p> <p>The Chair asked if there were any conflicts of interest or declarations of interest that needed to be noted. None declared.</p> |
| DSIAB2425/60 | <p>Children and Young People Voices</p> <p>Today's Board had a Young Person Representative from the Derbyshire Youth Inclusion Forum attended the meeting to provide an update on their recent activities. They shared that the group has been actively engaging with other youth networks, including attending regional meetings and peer review events. The Forum has also welcomed new groups, such as the supported internships group and the campus support group, to ensure a broader range of young people's views are represented. Additionally, a member of the Forum is now linking with the adult stakeholder group to strengthen continuity between youth and adult perspectives.</p> <p>The young people were invited to provide feedback on how board reports could be made more accessible. They suggested that reports should include short summaries or bullet points at the beginning, avoid jargon and abbreviations, and use visual aids such as pictures. They emphasized the importance of focusing on the impact of decisions on young people and making information easier to understand.</p> <p>A key issue raised by the young people was the lack of mental health support in schools and colleges. They provided a direct challenge to colleagues about the lack of support they had experienced.</p> <p>that many students have experienced unexplained absences due to insufficient support and asked what measures would be put in place to address this. The Forum also highlighted the need for clear information on where young people can access help during difficult moments at school.</p> |

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| DSIAB2425/60 Continued | <p>Board members acknowledged these concerns and outlined ongoing work to gather experiences from both parents and young people regarding mental health support in educational settings. There was agreement on the importance of involving the Youth Inclusion Forum in this work and ensuring their feedback is incorporated. The idea of support groups for young people waiting for CAMHS (Child and Adolescent Mental Health Services) appointments was discussed, with some positive examples already in place.</p> <p>Finally, the board thanked the young people for their valuable input and recognized the need to improve communication about available services. It was agreed that clearer messaging and greater involvement of young people in shaping information would be priorities going forward.</p> <p>ACTION – Communications lead to be put in touch with ICB colleagues who were reviewing the MH experience</p> |
| DSIAB2425/61 | <p>Priority Impact Area Progress Reports</p> <p>Priority Impact Area 1 -</p> <p>The board received an update on Priority Impact Area 1, with discussion focusing on communication, family navigation of the system, and the management of complaints, particularly in relation to waiting times for assessments and services. Members reviewed how families experience the system, highlighting the need for clearer communication and more accessible information to support families in understanding and accessing available services.</p> <p>Concerns were raised regarding ongoing waiting times for city assessments and other services, with acknowledgement that the number of requests for assessments continues to rise, reflecting national trends. The board recognised this as a significant challenge and discussed the importance of monitoring and addressing these pressures.</p> <p>A key theme of the discussion was the need for robust data and performance monitoring. Board members emphasised the importance of having clear, headline data to track progress and provide assurance, both for internal monitoring and for external stakeholders. The introduction of a performance tracker or dashboard was suggested to ensure all parties are aware of current progress and milestones.</p> <p>The group also discussed the importance of linking data and quality assurance processes to demonstrate the impact of their actions. While some positive changes were noted, it was agreed that these need to be clearly evidenced and communicated to stakeholders.</p> <p>As a result of the discussion, it was agreed that the operational delivery group would review and clarify the key performance indicators (KPIs) and quality assurance activities for this area. The board emphasised the need for regular updates, clear narrative explanations alongside data, and ongoing review of whether the chosen indicators remain relevant and useful.</p> |

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| <p>DSIAB2425/61 Continued</p> | <p>ACTION – priority leads to understand the types and sources of data that they use within the reports. Reports will continue to provide a narrative, but this will be contextualised through the use of available data, alongside meaningful progress metrics within a priority area.</p> <p>Priority impact area 2 -</p> <p>The board received an update on Priority Impact Area 2, which focused on the development of a local area strategic partnership agreement and the processes for joint commissioning. It was reported that the working group for this area has been meeting regularly to establish the necessary arrangements and to clarify what the partnership agreement will look like in practice.</p> <p>A key part of the discussion centred on the alignment of this work with the outcomes of recent strategic workshops and the joint strategic needs assessment. The group is using these to inform commissioning intentions and to identify areas where co-production can be embedded, particularly in the development of a joint commissioning plan. The importance of gathering feedback and ensuring that services are co-produced with stakeholders, including children, young people, and families, was emphasised.</p> <p>Progress was noted in the completion of an information sharing agreement, which was identified as a significant milestone. The next steps for the group include drafting the joint commissioning agreement and continuing to develop the partnership's strategic outcomes, with a focus on neurodiversity and other priority areas identified through needs assessment.</p> <p>The board also discussed the need to map existing commissioned services, identify gaps, and determine where further focus is required. There was agreement that co-production and stakeholder feedback will be essential in shaping future commissioning priorities and ensuring that services are responsive to local needs.</p> <p>Additionally, the group has begun to test joint commissioning processes using case studies, such as work undertaken by the sensory processing steering group. This practical approach is intended to ensure that the partnership agreement is not just theoretical but is reflected in real-world commissioning activity. Finally, the board reflected on the importance of clear governance and accountability within the partnership. There was discussion about how the operational group's work feeds into other workstreams and the need for ongoing review of key performance indicators and quality assurance processes to ensure that the partnership's objectives are being met.</p> <p>ACTION - Chair to follow-up with data leads and PIA leads on progress of reporting against KPIs as part of evidence base for SEND ACTION - ODG / PIA Leads to review KPIs in the Priority Impact Plan and provide update on relevance / alternatives at the December SIAB ACTION - ODG to consider content of future progress reports in demonstrating evidence of progress.</p> |

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| DSIAB2425/62 | <p data-bbox="354 107 805 145">Health Data and Performance</p> <p data-bbox="354 145 1524 548">The Board received an update on the ongoing work to improve the collection, analysis, and presentation of health data and performance metrics across Derbyshire, with a particular focus on neurodevelopmental (ND) and Child and Adolescent Mental Health Services (CAMHS) pathways. The discussion began with an outline of three key areas: the enhancement of the existing Derbyshire ICB dashboard to improve data flows and enable eventual patient-level access; the development of a joint dashboard with Derbyshire County Council to facilitate the integration of health and education data, particularly in relation to Education, Health and Care Plan (EHCP) delays; and the establishment of clear measures for Priority Area 6, including assessment waits, average wait times, referral numbers, and waiting list sizes.</p> <p data-bbox="354 586 1524 913">Updates were provided on the status of data submissions from key providers. Derbyshire Healthcare Foundation Trust (DHCFT) was noted to be supplying the required ND measures with appropriate city and county splits. Chesterfield Royal Hospital (CRH) was providing a substantial amount of CAMHS data, though some essential metrics, such as average wait times, were either missing or presented in non-standard formats. University Hospitals of Derby and Burton (UHDB) had submitted data for clinical psychology but not for CAMHS. It was acknowledged that some providers had not submitted recent data, and efforts were ongoing to standardise and clarify data submissions across the system.</p> <p data-bbox="354 952 1289 990">ACTION – ICB Leads to follow up the above Data submission</p> <p data-bbox="354 1025 1524 1209">The board discussed the current Data Sharing Agreement (DSA), which is limited to the EHCP cohort and does not cover the wider SEND population. This agreement, initiated by the Council, was recognised as a necessary but insufficient step, with a consensus that broader data sharing arrangements are required to support comprehensive service improvement.</p> <p data-bbox="354 1247 1524 1500">A demonstration of the draft dashboard was presented, showing the ability to break down key metrics such as numbers waiting, average wait times, and new referrals by provider and by city or county. The dashboard also included data on ND referrals, assessments, and waits for each provider, as well as CAMHS data on triage, assessment, performance against 18-week waits, age mix, and longest waits. Additional data sources, such as speech and language therapy and ADHD nursing, were also referenced.</p> <p data-bbox="354 1538 1524 1792">Challenges were identified during the discussion. These included difficulties in standardising data submissions due to providers using different formats, the need for manual data extraction in some cases (raising concerns about data validation and comparability), and the existence of geographical variation in service provision and user experience across Derbyshire. The limitations of the current data sharing agreement were also highlighted as a barrier to more comprehensive analysis.</p> <p data-bbox="354 1830 1524 2083">The Board agreed on next steps. These included ongoing work to standardise and automate data collection and reporting, the need to establish dedicated data quality roles to ensure accuracy and comparability, and the intention to monitor most data on a monthly basis, with some exceptions. There was also a commitment to further develop the dashboard to allow for more granular analysis, such as at GP level, and to continue legal and governance work to clarify data sharing permissions.</p> |

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| DSIAB2425/62 Continued | <p>ACTION – Data and Performance Group to seek clarity around postcode variance</p> <p>Board members expressed appreciation for the progress made in data collection and dashboard development, while also calling for more narrative and analysis to help non-specialists interpret the data. The importance of understanding the impact of data trends such as reductions in waiting lists on family experiences was emphasised. Concerns were raised about the sustainability and quality assurance of manual data processes, and the need for ongoing collaboration and feedback from families and providers was highlighted as essential for future improvement.</p> |
| DSIAB2425/63 | <p>Children and Young Peoples Workforce Overview – Local Authority</p> <p>The Board received an update on the local authority's SEND (Special Educational Needs and Disabilities) workforce, focusing on the statutory SEND team within the Council. The presentation began by outlining the context and pressures facing the team, particularly the significant rise in requests for Education, Health and Care (EHC) assessments and plans. This increase in demand has placed considerable strain on the service, which has also been affected by staff sickness and the need to revisit the team's structure.</p> <p>A timeline of recent developments was provided. A new team structure was implemented in September 2024, which included an increase in workforce capacity. Additional temporary funding was secured in March 2025, allowing for further recruitment and the use of agency workers to address capacity issues, especially as sickness rates rose. An interim head of SEND joined in September 2025, and by October, a SEND recovery plan and a corresponding workforce recovery plan were developed. The service is now preparing for a substantive redesign of the team structure, with engagement planned for March and implementation of the new structure targeted for summer 2026. The aim is to reduce handover points for families and ensure that children, families, and service users are at the centre of the structure.</p> <p>The workforce overview included data on current staffing levels, vacancies, and recruitment history. As of September 2025, there were 63 positions in the SEND team, with 16 vacancies. Recruitment drives in the past year have seen a decline in the number of applicants, particularly for senior positions. The team has also experienced high levels of sickness absence, peaking in August but showing some improvement by September. Agency spend has increased in line with sickness rates, and workforce demographics indicate a concentration of staff with one to five years' service, raising succession planning considerations.</p> <p>The Board discussed ongoing recruitment efforts, including targeted campaigns and the creation of entry-level roles to support succession planning. It was noted that staff typically join the SEND team from a variety of backgrounds, including schools, early help, and business services, rather than directly from university. The team is also strengthening its training offer, with a focus on onboarding, induction, and whole-team training to ensure consistency and support for staff from diverse backgrounds.</p> |

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| DSIAB2425/63 | <p>Challenges identified included maintaining capacity in the face of ongoing demand, addressing high sickness rates, and ensuring effective communication within the team. A team stress risk assessment has been completed, with actions being taken to address workload and communication concerns, including regular staff meetings and improved processes. The board was informed that the service is working on a workforce development plan, exploring the use of AI to support efficiencies, and collaborating with partners to support improvement activities. Board members acknowledged the critical role of the SEND team and discussed ways in which the board and individual members could offer further support, such as mentoring, interview preparation, and promoting the service to attract new applicants. The importance of supporting staff wellbeing and ensuring the sustainability of the workforce was emphasised, alongside the need for ongoing collaboration and partnership working.</p> |
| DSIAB2425/64 | <p>SEND IAB Risk Log</p> <p>The Board noted that a review of the SEND risk register had been scheduled for this meeting. Given time constraints, it was agreed that the Operational Delivery Group would undertake a detailed review of the risk log and provide an assurance report to the board at the next meeting. The board endorsed this approach, recognising the Operational Delivery Group as the appropriate forum for in-depth risk management discussions.</p> |
| DSIAB2425/65 | <p>Local Partnership Updates -</p> <p>A) Parent Carer Forum update</p> <p>The parent carer forum reported significant growth, now surpassing 1,000 members. The forum has been highly active, attending over 50 hours of strategic meetings since the last board, and is involved in various workstreams, including the improvement board and joint working groups. The forum is about to launch a new website to improve communication with parent carers and is running a series of “Values” workshops in different locations to collect qualitative data and support parent carers.</p> <p>The forum is launching its annual survey, and thanked partner for their input. This will be the 3rd time the survey has run, and whilst not scientifically rigorous, will provide some comparative data.</p> <p>The forum is also partnering with universities on research projects, including work with the University of Cambridge on barriers to school attendance and with the University of Exeter on the “Healthy Parent Carers” initiative, aimed at building sustainability and resilience within the forum’s membership.</p> <p>B) Derbyshire County Council</p> <p>Updates were given on the Families First Partnership and the ongoing alignment of programmes and projects to strengthen practice across the system. There is national interest in Derbyshire’s work to bridge the divide between SEND and other children’s services, particularly in relation to prevention and early help. The education inclusion team is focusing on strengthening children’s services, growing partnership arrangements with the education community, and progressing sufficiency work to increase capacity in schools.</p> |

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| DSIAB2425/65 Continued | <p>C) Derby and Derbyshire Integrated Care Board</p> <p>The ICB update centred on recent and forthcoming structural changes within the NHS at both the regional and national levels. It was reported that a new cluster board has been established, with Rosa Waddingham (formerly Chief Nurse in Nottingham and Nottinghamshire) appointed as Executive Director of Quality (Nursing) for the Cluster. The plan is to have six deputy chief nurse-type roles across the cluster, with current postholders remaining in place until at least the end of December, after which an interim structure may be introduced.</p> <p>The Board was also informed of a voluntary redundancy scheme agreed between the Department of Health and Social Care and the Treasury, which will affect NHS England staff, including those in The Board. There remains some uncertainty about the future structure of ICBs, with indications that reorganisation may proceed but possibly on a voluntary basis. The ICB committed to keeping partners updated as more information becomes available.</p> |
| DSIAB2425/66 | <p>Minutes of the meeting of 14th of October</p> <p>The minutes from the previous meeting on the 14th of October were accepted as an accurate record.</p> <p>The minutes will be anonymised and placed on the Local Offer website.</p> |
| DSIAB2425/67 | <p>Action Log</p> <p>Reviewed in the meeting and updated.</p> |
| DSIAB2425/68 | <p>Any Other Business</p> <p>None raised in today's Board.</p> |