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**Partners in Commissioning**

**Meeting Minutes 30 June 2025**

**10:00 – 12:00** **Virtual**

**Partner Attendees:** Siobhan McBean, Michael Bateman, Sarah Callaghan, Bianca Cotterill, Siobhan Weaver, Lizzie Robetson**,** Sarah Conboy

**Apologies:**

**Pinpoint** Lisa Belton (Deputy CEO); Janet Dullaghan (Pinpoint Chair of Trustees), Sue Berry (Vice Chair of Trustees), Amy Wyles (Pinpoint Deputy Comms Officer), Linda Green (Participation);

**CCC:** Kelly Law (SEND Local Offer), Nicola Dawes (CCC Commissioning Officer), Rosa De Maio (Senior Commissioning Manager SEND, CWD, Children & Families; Kirsten Clarke (CCC AD Carers Partnerships); Angela Buxton (Head of SENDIASS);XXXX (CCC Head of SAT and Complex Cases), Andrew Jones (CCC Commissioning Manager, SEND), xxxx (Public Health commissioning),

**Social Care:** Josie Lynn. Head of Disability Social Care Service 0 – 25)

**Health:** Kathryn Goose (Commissioning), Sue Allan (Healthwatch),

1. **Welcome, introductions and apologies**

Sarah Conboy welcome everyone to the meeting

1. **Previous Minutes and Outstanding Actions**

*ACTION*; Lisa will work with Kathryn to consider parent carer participation/coproduction opportunities. Lucy will also loop in the CCC commissioning team. DONE

*ACTION:* Sarah C to introduce Sue to Steve Murphy, who is leading on a new Neurodiversity Pathway commission. DONE

ACTION: Kathryn will share the position statement that our Integrated Care Board (ICB) has issued:

*“I understand that it may have been concerning to read that ICBs have been asked to cut costs by 50%. Your health and well-being are vitally important to us, and we will continue to provide the care you need. We will work hard to minimise any disruption and will keep you informed as our work to reduce costs progresses.”* DONE

*ACTION:* Sarah C to provide a link to the Insights Page - see above DONE

*ACTION:* Rosa and Lisa will collaborate on coproducing the specifications for the new AP/OOST/ISEP services. DONE

*ACTION:* Sarah C to check the invite received and in the diary DONE

ACTION: Bianca and Lisa will set up a participation session and provide feedback to the ICB. DONE

ACTION: Bianca and Lisa will set up a meeting with Sally and Siobhan McB to produce a guide /map for families. They will follow up with Kelly to get it on the Local Offer. ONGOING

1. **Post OfSted Feedback as it relates to commissioned services – Sarah Callaghan and Siobhan Weaver**

There is now a detailed action plan that addresses the issues identified during the inspection – this has been submitted to the Rapid Improvement Board. One area of significant weakness is the timeliness of EHCPs – the national average is 46% and CCC is at 15%(based on current/latest published information) . There is a priority need to reduce waiting times for mental health and neurodevelopmental pathways. There is work already underway to examine these two elements in conjunction with the emotionally based school avoidance support pathway. Work is being undertaken to align mental health support in schools to have a broader impact. Preparing for adulthood was identified as needing to be offered to a wider cohort, and it was determined that experiences at transitions were too variable. More work still needs to be done on the communication with children, young people and families, specifically around how to access support and reaching the seldom heard. This is a cross-partnership responsibility. Anecdotally, we know that some health frontline practitioners reported not being aware of the local offer.

There is now a single plan for post-Ofsted actions as part of the 'Inclusion for All' strategy and its corresponding action plan. It was noted that the post-Ofsted actions link across to the wider Local Offer and the sufficiency plan.

Michael noted that there is a need for a link back to the commissioning cycle and the sufficiency plan, as well as the Joint Statement of Area Needs (JSNA).

Sarah Conboy noted that one of the challenges is the need to address the constant churn and change among personnel in both the local authority and the ICS, as well as related health services. And wondered if we could make better use of AI and video clips to assist training. Siohban Weaver referenced the ‘Bridget’ tool, which might be a helpful way to develop that training programme. She also reported that Health is looking at increasing place-based commissioning and is working on how the future might look, with joint commissioning more likely, particularly using the integrated neighbourhood model.

Sarah Callaghan noted that we could make better use of the education, health and care plans as a tool for commissioning, using the data to inform future needs and to check sufficiency. This would require our IT systems to be more sophisticated. However, we believe this is possible given the new system that is being implemented. And it could be piloted.

***ACTION:*** *Lizzie Robertson to follow up on whether the new data system can be used to examine education and healthcare plans for indicators about future commissioning needs and trends.*

Sarah Conboy noted that the new IT system could be powerful if it were able to interrogate the data by geography. Currently, it is understood that this can only be done manually. This would enable us to target support more effectively, better forecast future support needs, and triangulate the needs of children, young people, and families. She also identified the need to focus on SEN Support by geography, so that we could intervene more effectively, quickly, and earlier for greater impact. Sarah suggested that we could examine Alternative Provision (AP) data similarly, identifying needs, geography, and trends. There was strong consensus from the group that we could / should be doing more to harness the data we hold and to use it to triangulate need, trends and impact.

***ACTION:*** *Lizzie Robertson to review the alternative provision specification to determine if we can utilise the data from AP providers.*

Siobhan McBain helpfully suggested. That all future contracts may include an element of responsibility for communicating with children, young people, and families.

Sarah Conboy suggested that we could curate video content to enable new staff to receive induction training from partners, as well as consistent SEND training for all frontline staff.

We discussed the need to provide timely information for families. Sarah Conboy suggested that we develop a milestone-related communications plan to ensure that families receive the right information at the right stage of their journey. Siobhan McBean helpfully suggested. That all future contracts might include an element of responsibility for communications to children, young people and families.

***ACTION:*** *Sarah Callaghan will go back to the SEND Comms group to look at how we could take forward a milestone-related communications plan to ensure families receive the right information at the right stage of their journeys.*

***ACTION:*** *Michael will create a plan for each enabling function of the SEND journey.*

Bianca suggested that we might make better use of AI. She suggested that it could be a helpful tool to check plans for completeness and to ensure they are lawful.

Sarah Conboy noted that if future changes from the Government put a greater emphasis on SEN Support, then the need for PfA to work effectively with this cohort becomes an even bigger imperative to get right. Bianca again suggested that we could use AI to consider whether we are matching needs with a robust PfA offer.

Transfer between children's and adult services must be seamless. We discussed that the things that should be transferred included both knowledge and data. We reflected on how we had pulled the data together for Ofsted and whether that could have been automated – it could not! It was noted that this was only possible due to the considerable effort from Liz Clark's team, which required the manual collection and sifting of data. We discussed the need for core records that covered health, education, and social care, and that the transferring of data between systems must become the norm.

We returned to preparing for adulthood, and it was noted that the post-14 EHCPs were not as robustly developed as they could be, and that the information they contained was not as current or as helpful as it should be to predict the future needs of this cohort. Again, we explored whether AI could be a useful tool to pull together that information. It was noted that Tim Spears in the CCC team is already looking at this.

1. **Current commissioning and service issues:**

Mental Health

Kathryn Goose is working with the Health Management Strategic system-wide review to redesign systems by October. It's now out to procurement, and Catherine will be reporting back at the SEND Exec in July.

Health Youth Watch have done some work on a children's mental health survey, which is currently open until the end of August.

It was noted that the LDA partnership will be closing, and a new offer will be available from April 26. Karlene Allen and Sally Shaw are leading on the commissioning. There will be a system-wide LD system improvement plan.

Neurodevelopmental pathways - we are still seeing rising diagnostic waiting times. A pilot is underway in East Cambridgeshire. Aisling Bannon from the Integrated Neighbourhoods team is leading the CCS initiative, and they're using a needs profile tool.

It was also noted that the National NHSE ADHD Part 1 review has been published, and that a parent from Cambridgeshire had been involved. It was confirmed that this was Dan Harris from Peterborough. No PCFs have been involved.

Health

NHS changes continue to take place, with our ICS looking to be integrated across a wider footprint that will include Bedford, Luton, Milton Keynes and Hertfordshire. At an executive level, there will be significant cuts. Almost 50% reduction in staff. It was noted that the local government reorganisation changes are ongoing, and we will wait to see what impact that has locally. It was also pointed out that with all these changes, there's a risk to the system if it relies on a single point of contact, because that could also be a single point of failure if personnel leave or change roles. This is something that the ICB are working to address.

There is a need to ensure that SEND is integrated into all of the partnership's work, as well as the Integrated Neighbourhoods structure. Bob Murphy leads the North Place Partnership, and Erin leads the South Place Partnership.

Social Care

The Children’s Disability Social Work team has been reconfigured into two teams, one north-facing and one south-facing. There are the same number of social workers, just deployed geographically. There are some changes to the Children's Disability Service, including its children's homes and special holiday clubs for children. Pinpoint has been made aware of these changes.

Education

SEND staff will reflect the new Inclusion for All strategy, including how the structures will evolve in the future. The High Needs Block Schools Forum have been considering ways in which they could invest in the system and children and young people earlier. This includes how funding could be deployed differently to increase capacity to lead change. However, significant budgetary funding pressures remain.

1. **AOB**

Commissioning has reminded us that there is a new partnership provider forum and has asked explicitly if education could attend alongside Pinpoint.

***ACTION:*** *Sarah Callaghan to send a team member to the Commissioning Provider Forum in October.*