

<p>evidence about such LA funded education being in the long-term interests of the child.</p> <ul style="list-style-type: none"> • Our core questions are: <ul style="list-style-type: none"> ○ what are the issues: current and emerging? How do we triage / make decisions and how does this translate into next steps? ○ what solutions are LAs developing / employing / wanting to develop to each of the issues? Including how do we support our schools with these CYP? ○ how are our solutions funded? <p>We will revisit these at future meetings when there is a focus on each theme.</p> <ul style="list-style-type: none"> • In terms of developments, group members are invited to offer to work with others or to volunteer their practice to share; Chris will aim to link with those in each theme and support the preparation of summaries. There are already a number of aspects of practice that have been shared through recent meetings. <p>Chris will circulate an updated summary and a table for colleagues to return about the themes to get involved with. Mike will update ADs about planned work on this theme.</p>	Chris / all
<p>4. Local practice with NHS colleagues</p> <ul style="list-style-type: none"> • E Berkshire LAs fed back from their involvement in the local general practice conference and Hants shared a presentation that had been used with general practice, plus progress with HMRC on information-sharing about current addresses of CME who the LA are not sure they have the latest home address for. The slides will be circulated. • Key points: <ul style="list-style-type: none"> ○ Hants slides included a list of a range of 'ordinarily available' options that GPs can either signpost parents to or even 'prescribe'. They reported that (anonymised) examples of unhelpful letters from GPs were also a positive discussion starter with colleagues in primary care. Looking to develop joint guidelines with LMCs in the area. ○ In E Berks, there is considerable push-back from GPs worried about the additional workload involved in using LA templates or checking to find options for these families. LMC is recommending that there should be a contract payment which is slowing roll-out pending agreement with ICBs. ○ The extent of 'problematic' letters from GPs is hard to pin-point, because schools do not routinely share these and, because there is no formal arrangement with the ICB, NHS does not monitor the scale. Is this something that the NHS can work on / audit? ○ Reminder that to achieve a shift where all GPs no longer attempt sign children off from school without having seen the child, is one of our baselines. • This area will form part of discussions with the DCO network. Private assessments is likely to be another topic. 	Chris
<p>5. SESLIP CME Dashboard</p> <ul style="list-style-type: none"> • We have had 100% response for this academic year; Chris thanked colleagues. And asked for key points to include in the explanatory points for ADs. • An example of a system change that can impact on numbers: Reading gave access to their CME records to the admissions team and better cross-checking of those newly on-roll and follow-up with other families reduced total cases. • Chris will share the dashboard with the AD Network. 	Chris
<p>AOB</p> <p>Group members thanked Mike for his chairing and championing of the group for the six years he has been involved as chair / co-chair.</p> <p>Dates of future meetings: 30th April 10am; 12th June 10am; 17th Sept 10am.</p>	