



## Kingston SEND Partnership Board

	Tuesday 22 March 2022, 2-4pm
	Virtual via Google Meets

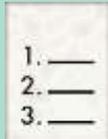


## Members

Ian Thomas, Chair	<b>IT</b>	Chief Executive	Royal Borough of Kingston upon Thames
Alison Stewart	<b>AS</b>	Designated Clinical Officer for Special Educational Needs & Disabilities	South West London Clinical Commissioning Group (Kingston)
Anna Chiva	<b>AC</b>	Associate Director for Special Educational Needs	Achieving for Children
Ashley Whittaker	<b>AW</b>	Programme Director	Achieving for Children
Brian Gale	<b>BG</b>	SEND Professional Adviser	Department for Education
Charis Penfold	<b>CP</b>	Director for Education Services	Achieving for Children
Fiona Pace	<b>FP</b>	Head of Inclusive Learning	South Thames Colleges Group
George Chaplin	<b>GC</b>	Participation Member	

Helen Green	<b>HG</b>	SEND Support Broker	Kingston Centre for Independent Living
Ian Dodds	<b>ID</b>	Director of Children's Services	Achieving for Children
James Ellis	<b>JE</b>	London Case Lead, SEND Improvement & Operations Division	Department for Education
Jonathan Rourke	<b>JR</b>	SENDIASS Coordinator for Richmond and Kingston	SENDIASS
Judith Mobbs	<b>JM</b>	SEND Professional Adviser	Department for Education
Karel Stevens-Lee	<b>KS-L</b>	Deputy Head of Transformation – Children's Services Lead	South West London Clinical Commissioning Group (Kingston)
Martin Ellis	<b>ME</b>	Director of Commissioning & Transformation	South West London Clinical Commissioning Group
Nicola Moore	<b>NM</b>	Policy and Project Officer – SEND Transformation	Achieving for Children
Rachel Nye	<b>RN</b>	Headteacher	Tolworth Infant and Junior School
Sean Maher	<b>SM</b>	Headmaster	Richard Challoner School
Sharon Houlden	<b>SH</b>	Executive Director for Social Care and Health	Royal Borough of Kingston upon Thames
Stuart Sweeney	<b>SS</b>	Lay Member (Social Investment Sector)	
<b>Apologies</b>			
Alison Danks	<b>AD</b>	Associate Director for Health Services	Achieving for Children
Alison Twynam	<b>AT</b>	Director Children's Social Care	Achieving for Children
Beverley Pass	<b>BP</b>	Parent Representative	Parent Carer Forum
Carmel Brady	<b>CB</b>	Speech & Language Therapist Lead for Children's Services	Your Healthcare CIC
Cllr Diane White	<b>DW</b>	Portfolio Holder Children's Services including Education	Royal Borough of Kingston upon Thames
Elizabeth Broadhurst	<b>EB</b>	Interim Children's Commissioner	Exec Dir for Social care and Health
Georgina Andrews	<b>GA</b>	Head of Practice Learning	Achieving for Children
Grace Over	<b>GO</b>	Participation Officer for Children & Young People with SEND	Achieving for Children
Iona Lidington	<b>IL</b>	Director of Public Health	Royal Borough of Kingston upon Thames
Karen Long	<b>KL</b>	Service Lead, Frontline Services	Your Healthcare
Jonathan Brown	<b>JB</b>	Corporate Head of Service - Learning Disability & Transition, Locality Team Hubs	Royal Borough of Kingston upon Thames
Julie Percival	<b>JP</b>	Assistant Principal – Curriculum & High Needs	South Thames College Group
Laura Smyth	<b>LS</b>	Chief Executive Officer	Yorda Adventures
Leigh Edser	<b>LE</b>	Principal	Dysart School
Nigel Evason	<b>NE</b>	Head of Children, Mental Health and Learning Disability	South West London Clinical Commissioning Group (Kingston)
Nikki Craig	<b>NC</b>	Head of HR, Corporate Projects and IT	Achieving for Children
Peter Mayhew-Smith	<b>PMS</b>	Group Principal and CEO	South Thames Colleges Group
Sian Wicks	<b>SW</b>	Non-Executive Director	Achieving for Children

Sarah Ireland	SI	Director of Corporate and Commercial	Royal Borough of Kingston upon Thames
Sian Wicks	SW	Non-Executive Director	Achieving for Children
Terry Tottman	TT	Commissioning Manager	Achieving for Children
Tonia Michaelides	TM	Executive Locality Director (Kingston)	South West London CCG

 <b>Minutes</b>		<b>Action</b> 
1.	<p><b><i>Welcomes, Introductions and Apologies</i></b></p> <p>IT welcomed the Board, apologies noted.</p>	
2.	<p><b><i>Children and young people update</i></b></p> <p>GO sent apologies. GC did not have a specific update, but suggested contributing, if appropriate, throughout the meeting.</p>	
3.	<p><b><i>Parent and Carer Update</i></b></p> <p>BP sent apologies, but AW offered to provide an update at item 5.</p>	
4.	<p><b><i>Progress and impact of Kingston's SEND Written Statement of Action</i></b></p> <p><b><i>Significant Weakness 1: the overall poor quality and monitoring of Education, Health and Care plans, including contributions from health professionals.</i></b></p> <p>AC noted that compared to 2018 when the quality of our EHCPs was relatively poor and there was limited health and social care advice contributions, we feel confident that sufficient progress has been made in the quality of our EHCPs. We are now in a much better place and health and social</p>	

care are consistently providing advice. Timeliness of the advice is having a positive impact, with a slight variation due to staff retention and recruitment. The quality of the plans are improving through the QA process and this process is now embedded in our multi agency panels, team, and service / provider level. The QA process helps us see the trends/themes that are coming through e.g. increasing specificity, needs and Preparing for Adulthood (PfA) outcomes, which helps us plan for a more holistic approach, but we can show that there has been clear progress. We use the advice from our QA to drive performance in the team and training for our EHCP co-ordinators. There are clear links with schools and trainee teachers and the SENCO Forum. Work continues to try and establish a QA process with our PCF and young people, conversations are ongoing about developing this area. One QA area that needs to be developed further is setting up a bespoke PfA plan, linking in with college partners and adult social care, health and CCG. In terms of statutory compliance, performance is improving, recruitment and retention has had an impact, but this is an issue nationally, this is a challenge when trying to meet our 20 week deadline.

**AS** added that there is now a better integrated multi agency approach to this work. We have established a multi-agency QA on final plans, alongside this there is internal QA around advice and **AS** is also doing a deep dive with health providers looking at particular themes. The focus is now on the drive towards holistic outcomes. **AS** noted the culture change across all partners involved in the system and how we think about the impact of the work we are doing in order to meet the life outcomes for our children and young people.

**IT** noted the progress since 2018 and thanked the teams for the significant work achieved during a pandemic.

There was a discussion about the impact of recruitment and retention, in particular within the SEND team and what action has been taken to resolve the issue. **AC** explained that to help ease the timeliness issues some of the plans have been outsourced, this has shown some improvement. What we are not going to do is issue plans where we do not have advice contributions, because this impacts on quality. There will be some challenging data in the next quarter, as we have not

seen the improvement that we had hoped for. The team completed some filming to show the day in the life of a co-ordinator, we struggle to keep co-ordinators and the job is very tough, and having a clear view of the role should be beneficial. We are now taking a different approach at attracting and keeping staff and showing the benefits of working at AfC. **JM** asked how are we assuring the quality of the outsourced plans and noted that this has been a challenge for other Local Authorities who have outsourced plans. **AC** responded that it still takes 2 hours to check the plans and make sure they are compliant and quality assured internally and then goes through the QA process, so they are triple checked, it does take time, but it is worth it. **BG** noted that he had reviewed the recent plans and confirmed that they are in a much stronger place.

The discussion continued around the psychological safety for the team and a behaviour charter for customers / clients about what the expectations are around respectful behaviour and communication. **AC** confirmed that this has been taken forward with HR. **IT** noted that the PCF should be involved in these conversations moving forward. The EP service are also providing support and training around safe reflective space, especially for new starters. **CP** noted that there are a number of new starters and induction and training is important, but also retention, historically staff have left after 9-10 months. We are looking at lessons learnt and why colleagues left and building a more supportive infrastructure and slowly returning to the office with face to face 1-1 support with managers. **JR** asked about the reasons for staff moving on after 9-10 months. **CP** explained that there were various reasons, some staff had moved on to an agency, they offer higher salaries. Some have moved on to other administrative roles, but without the stress! **HG** noted that in the past she was an EHCP Coordinator and also an outsourced EHCP reviewer and has articles / data that could be shared with **AC** to help within the team.

**ID** asked about the impact data, which is positive, but there are areas that vary and are there reasons for the variance or is this something that needs to be reviewed before the revisit. **AS** noted, for health advice as an example, the February data for timeliness for therapies were 75-100%. A lot of work has been completed looking at the accuracy of the data, some of the processes needed to be resolved.

***Significant Weakness 2: The timeliness of leaders ensuring that the annual review process and any subsequent amendments to EHC plans are consistently made in line with the SEN code of practice.***

**AC** reminded the Board that in 2018 there was no reliable data that showed where we were in terms of timeliness of plans, the data that was available was poor. Since 2018 significant progress has been made and the data is in a much better place, is clear and shows improvements in our timeliness. Training has been completed with our partners and schools and they are more confident about their knowledge of the AR process. There is clear AR process guidance. There is also a stronger approach with our primary and secondary schools, there still needs to be more partnership work with our colleges. It is an improved story, there is still work to be done, but we have made positive progress.

**JM** commented that this area has made a lot of positive progress. It is not just about the data, it is also about the quality of the experience and the impact of the AR process. There is an issue with the 4 week data, which needs to be addressed and review what is happening, why and what has been done to assist and improve this area. There needs to be evidence that the issue is being addressed. **JM** and **BG** have reviewed new and final amended plans, due to the nature of the amended plans i.e. older children, the PfA issues are highlighted, but it has been recognised that this area needs work. In terms of linking the health and care provision, there is still work to be done, but again this has been recognised. **JM** noted that significant progress has been made in the quality of the plans. **IT** thanked and welcomed **JM** for her honest opinion and acknowledged that progress has been made, but there is still work to be done and the team have strategies in place to address the deficits. **AC** noted that there is QA activity related to AR, where we can evidence quality and improvements. **AC** also noted that AfC would be happy to work with the DfE to show that, as a borough, we have forensically gone through our AR process to support timeframes.

**GC** noted the importance of stability around the AR process. It is important to note that if a young person has made positive progress, it doesn't necessarily mean that withdrawing or changing support is the right decision and there does need to be caution about making changes too quickly.

If the changes do not work out then the young person is left vulnerable. **GC** explained that the best option would be to talk and listen to the young person as part of the AR process.

**JR** asked about judicial reviews, but it was agreed to take the discussion outside the Board.

***Significant Weakness 3: The strategic leadership and monitoring of the CCG's work in implementing the 2014 reforms.***

**ME** explained that this area focusses on the CCG's strategic leadership and monitoring of SEND, where there is complete clarity of responsible with **TM** as the CCG Lead for SEND in Kingston. SEND is a key priority of the CCG and there are bi-monthly updates from their DCO to keep the WSOA at the top of the agenda. The CCG are transitioning to an Integrated Care System (ICS), which will take place from April – June 2022. The Chief Nurse for the ICS is the senior lead for the Children and Young People moving forward and has established a C&YP Board and SEND and Transitions to Adults is a sub-group of the C&YP Board. There is a proposal for a Head of SEND role. There is also a Joint Commissioning strategy in place and next steps are to ensure that commissioning practices are reflected in the EHCP. **ME** noted the point about JSNA being embedded in the local priorities and has been a key feature of the SEND Futures Plan. The implementation of the C&YP Dynamic Support Register is a key priority going forward. **AS** noted that work continues with providers across Kingston focusing on quality of advice and also on holistic outcomes, also looking at links across children's and adult services, focusing on transitions. Spot commissioning of therapies is a challenge, but progress is being made. Recruitment and retention is also an issue and struggling to recruit new staff.

**ID** noted that **ME** is moving on to a new role within ICS and is concerned who will be the lead in the inspection going forward. **ME** explained that he was the delegated lead for this area on behalf of **TM**, but **TM** is the Executive Director responsible for this area and remains the lead for the inspection and **ME** confirmed has been kept up to speed with developments. After discussion it was agreed that both **ME** and **TM** will be available during the revisit. **ID** also noted the gap in the

narrative and the evidence of impact, there are some areas that are mentioned in the first report that have not been addressed e.g. the waiting time for therapies are not in a place where we would like them to be and have not been mentioned and what is the narrative around this area. **ME** explained that the constrained workforce has not helped waiting times, but there has been investment in the neuro-development pathway. **AS** noted that as part of the therapies review two posts were created for pre and post diagnostic support for the neuro-development pathways, they are practicing in Kingston and this information can be included. Neuro-development workshops have taken place and the evidence of impact needs to be clearer to evidence how it has made a difference to C&YP. **ID** noted that the narrative needs to be stronger and better evidenced.

**JM** noted that this area of the impact statement and progress looks vulnerable, identifies possible concern and narrative is less robust. Due to the nature of the weakness there is a vulnerability because it covers all areas of the strategic oversight and performance, which means the inspectors can delve into any area they wish to because the margins are so broad. When looking at the original report there are a number of areas of weakness in the health aspect of the report that are not mentioned in the impact statement. Therapies are not evidenced strongly enough in the impact statement, and there are issues about universal services, health visiting, school nurses. **JM** advised that there needs to be an immediate focus on a strong narrative about what has been achieved, what hasn't been achieved and why it hasn't been completed, and the impact of what has been achieved to improve the lives of C&YP. **JM** noted that currently the health aspect is very general and weak, there are no strong facts behind the evidence. **JM** explained that she was not suggesting that work has not been completed, but it is not been strongly evidenced. **IT** thanked **JM** for her frankness, **JM** explained that the advice was given to help support not criticise or undermine.

***Significant Weakness 4: To ensure that there is a productive and positive relationship between parents and parent representatives, including a parent carer forum***

**AW** noted that progress has been made in improving our relationships with parents and carers across the local area and noted the following examples. There is now a new parent carer forum, which is well led, there are regular updates with them at senior leadership level. The forum is thriving and there are approx. 550 active members who engage through regular meetings, a newsletter and Facebook page. There are positive relationships across the system at a senior level, it is open and honest and can be challenging, which is a positive and shows joint ownership. There is jointly signed agreement, which is around the co-production and signed by the PCF, the LA, CCG and AfC and is on the Local Offer. In terms of priorities, we can evidence that the council provided additional funding to support the development of the PCF, beyond that provided by the DfE grant. There was also investment in the new SEND Parent Engagement Officer. The impact report also notes how we are engaging more with families, including information about the relaunch of the SEND Register and is more reflective of the underlying cohort and there is evidence of this in the dashboard. There are also a number of processes that are now automatically embedded. The DfE noted that some examples could be updated in the impact report. Challenges, an example would be the impact of co-production priorities, for example short breaks, there were delays in the commissioning and a lot of work was completed, but we have not seen the impact of this work to date.

Overall **AW** noted that a lot of work has been completed to evidence sufficient progress. **BG** noted the importance of parents strategically giving their views and how is this being evidenced, and to also evidence how relationships have improved with parents at an EHCP assessment level. **AW** noted that there are always open and regular lines of communication to **IT** and **ID** for parents to note concerns. Recently the new Associate Director for Business Development Commissioning joined AfC and they reached out to the PCF so that there is a clear understanding of their priorities.

	<p><b>AC</b> asked if <b>BP</b> will continue to be the PCF Chair and be part of the revisit. <b>AW</b> noted that <b>BP</b> will continue to chair until a successor has been appointed.</p> <p><b>ID</b> noted that the success of the progress made could be tested and is dependent on what the parents and the PCF say to the inspection team and it is important to note that where views differed, that we have a clear understanding of the outcome and examples noted. <b>ID</b> noted that there is strong evidence and this should be sufficient, but we need to be prepared and not just focus on the PCF, but include parents more broadly. <b>IT</b> noted the positive progress made when the team agreed the priorities and agreed weaknesses with the PCF and a lot of differences were resolved. Hopefully with the co-production it will be clear where the progress was made and evidenced, as initially it was in a very poor place.</p>	
5.	<p><b><i>SEND Partnership Board Update Report and Dataset</i></b></p> <p>Please review the dataset for detail.</p> <p><b>AW</b> highlighted the RAG ratings in the Q3 dataset. KPI 1 - EHCPs, compared with the targets that are linked to the Safety Valve agreement, it is estimated that Kingston will have 10-15 more EHCPs in total, which is 1% and is relatively reasonable considering the level of need is increasing. <b>RN</b> noted that there is an increase in demand and not just with the children currently in school, but also with the number of children entering the school system at a young age. Also those children arriving from abroad who do not have an EHCP, but in the country that they have come from they would have had a similar package in place, the situation is a challenge. Looking at KPI 6-28, finance section, <b>AW</b> noted the number of RED RAG ratings in finance, this is because of the significant price inflations within the placement market, this is not unique to Kingston, and it is a national issue. Feedback has been collected from parents and carers and we would like more parents to be involved, but the data is moving in a positive direction. KPI 34, relates to contributions from minority ethnic groups. <b>AW</b> noted the RED RAG ratings within the Local Provision section, this relates to waiting times for therapies and work is ongoing to try and resolve these. KPI 71, Early Intervention, this is about the number receiving medical tuition or absence due to emotional health. <b>AW</b> flagged the % of EHC plans being issued within the 20 week timeline has</p>	

dropped compared to last year, in Q3 issuing a plan was 61%, but the data in the latest DfE monthly survey was 51%. Data from the DfE shows that this is higher than the national average of 51%. **JM** noted that the monthly data is correct, but be careful, it is useful as a temperature check, it is monthly data not annual data so do not be over reliant.

**GC** asked about the recruitment issues within the therapies sector, what are the expectations and are they going to improve in terms of recruiting therapists and what is being done to improve the situation. **AS** noted that with travel restrictions being lifted this might help improve recruitment of therapists. Yourhealthcare are reviewing capacity within the service and encouraging staff to increase their hours, they are also looking at training within school settings and there is a lot of work going on to improve the situation. It is a national problem and it is worse in London. **IT** noted that everything is being done to remedy the issues in the workforce and we have been challenging ourselves across the system to think of more innovate and creative ways to address some of the shortfalls with additional clinics and overtime. **IT** explained that during the revisit we need to ensure there is no defensiveness and there will be honesty about presenting our accurate self-assessment, knowing ourselves very well and being clear about what needs to be done to improve the lives of our C&YP. **IT** noted that thankfully AfC are good at managing inspections and we need to learn from their approach.

Please see the update report for detail.

**AW** expressed his thanks to the PCF who have worked hard, the challenge now is finding more people to sign up to the steering group and continue expansion. **AW** noted that if **BP** was present she would probably refer to the Short Breaks commissioning and the SENDIAS recommissioning and the importance of all partners working together to get that right, parents need to be rewarded for the time and effort that they commit to. Since November the Kingston Parent Engagement Officer Rob Harris (**RH**) has joined, **RH** meets with the PCF and has been out in the community and spent time in our special schools and attended community events. **RH** has met with people who have expressed an interest in becoming Parent Champions, a scheme which is

	<p>overseen by Corum. RH is already having a positive impact and one of the key things he is doing is supporting the PCF in recruiting more people into their steering group</p> <p>AW flagged the submission of the planning application of the new Autism Free School in Chessington, which is very exciting and is expected to open in September 2023.</p>	
6.	<p><b><i>Minutes from 25 November 2021 Meeting and Actions</i></b></p> <p>The minutes were agreed.</p> <p>It was agreed that there will be separate Action Log.</p>	
7.	<p><b><i>Forward Plan</i></b></p> <p>Continue to review / focus on the WSOA  Review Green Paper  Deep Drive into Therapies  Integrated Care System and the impact on the local SEND system</p>	
8.	<p><b><i>Any other business</i></b></p> <p>No items noted.</p>	
	<p><b><i>Conclusion</i></b></p> <p>IT thanked the Board for all the hard work during unprecedented times and grateful for the progress made, but there is still work to be done with health colleagues in shaping the narrative and exemplifying the hard work and focusing on the impact.</p>	

**KINGSTON SEND Partnership Board will next meet on:**

**NB. Electronic invites have been sent.**

***26 May 2022 at 10-12pm, 27 July 2022 at 10-12pm,  
29 September 2022 at 2-4pm, 23 November 2022 at 10-12pm***