

# **Richmond Partnership Board Workstream 6 - Transitions and pathway planning**

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**Monday 31st January, 09:30**



**achieving  
for children**

# Written Statement of Action - Updates

- Further amendments and revisions to the WSOA, following helpful feedback.
- Good engagement cross sector: YP currently not attending
- Already a lot of work taking place in relation to Transition - need to ensure activity is focused with shared outcomes
- In order to affect transformation: cultural and technical change is needed; manage expectations of outcomes whilst being ambitious and passionate for change.

## 4 key areas identified in WSOA:

- *What young people need after the age of 16 is not identified early or well enough. This means providers do not know enough about how to meet young people's needs. Young people do not have enough support for a successful transition to adulthood."*
- *The annual review process has benefited from recent improvement but still leaves many parents not informed quickly enough about its outcome. The annual review at Year 11 is not used well enough to inform post-16 provision."*
- *The objectives in EHC plans are not focused sharply or early enough on developing the independence of children and young people."*
- *Transition pathways in health are not embedded across the full range of services.*

# Subgroup 1 Update = AC/CH

“What young people need after the age of 16 is not identified early or well enough. This means providers do not know enough about how to meet young people’s needs. Young people do not have enough support for a successful transition to adulthood.”

Updates: Key progress items since last meeting, current challenges, focus for next 3 months and other developments:

- Questionnaire developed for YP and families to ask about transition to develop benchmark and inform practice
- Transition Framework: skeletal document and collaborative meetings with colleges
- NDTI Training sessions with SENDCo, Career Leads and LA officers
- Commissioners engaged to improve pathway planning, linked to sufficiency strategy
- Meetings arranged with voluntary sector and Stat services to consider transition opportunities to work with families and YP.

# Subgroup 2 Update = MD/ TH

“The annual review process has benefited from recent improvement but still leaves many parents not informed quickly enough about its outcome. The annual review at Year 11 is not used well enough to inform post-16 provision.”

Updates: Key progress items since last meeting, current challenges, focus for next 3 months and other developments:

- Updates on the Local Offer about timeliness/ expectations
- Created google forms to better manage data linked to transition/ careers advice - to support pathway planning.
- Annual review form - consultations with SENDCoS due to pilot
- Training to secondary SENDcos, bespoke to their needs.
- Joint session with providers, Schools/ Colleges, voluntary sector to show case post 16 options

# Subgroup 3 Update = AS/TH

“The objectives in EHC plans are not focused sharply or early enough on developing the independence of children and young people.”

Updates: Key progress items since last meeting, current challenges, focus for next 3 months and other developments:

- NDTI engagement: Discussion and revisit of approach.
- Development of examples of holistic outcomes shared with secondary SENCo forum.
- Development of multi-agency holistic outcomes workshops
- Pilot projects with Special schools under discussion
- Discussion around development of a holistic outcomes workshop with Parents/Carers
- Development of practice around external professional participation in annual reviews

# Subgroup 4 Update = KSL

“Transition pathways in health are not embedded across the full range of services.”

Updates: Key progress items since last meeting, current challenges, focus for next 3 months and other developments:

- Therapies provision for young people 16-18 in Richmond schools is now an offer
- Further work to develop how therapy will be delivered for the 18- 25 cohort.
- The CCG holds a Dynamic Support Register for young people at risk of hospitalisation/ placement breakdown. Its currently reactive, we aim to make it more multi agency to improve our early intervention support before crisis intervention.
- Have started to implement and improve the transition pathway for CYP in receipt of Continuing Care moving into adult Continuing Health Care.
- Further work around reasonable adjustment in primary care with consideration of appropriacy of timing / communication channels to access GPs.
- Deep dive of data on annual health checks for people with LD and update shared to the Local Offer.

# Work Stream 6: LBR: Transitions and Pathway Planning

[Workstream 6: LBR: Transitions and Pathway Planning Project Plan](#)

