



Kingston SEND Partnership Board

	Wednesday 27 July 2022, 10-12pm
	Virtual via Google Meets





Members

Ian Thomas, Chair	IT	Chief Executive	Royal Borough of Kingston upon Thames
Alison Danks	AD	Associate Director for Health Services	Achieving for Children
Anna Chiva	AC	Associate Director for Special Educational Needs	Achieving for Children
Ashley Whittaker	AW	Programme Director	Achieving for Children
Beverley Pass	BP	Parent Representative	Parent Carer Forum
Carmel Brady	CB	Speech & Language Therapist Lead for Children's Services	Your Healthcare CIC
Charis Penfold	CP	Director for Education Services	Achieving for Children
Chelsey Markow	CM	DfE SEND Improvement and Intervention Case Lead	Department for Education

Helen Green	HG	SEND Support Broker	Kingston Centre for Independent Living
Iona Lidington	IL	Director of Public Health	Royal Borough of Kingston upon Thames
Joanna Buckland		Director of Innovation	The National Organisation for FASD
Jonathan Rourke	JR	SENDIASS Coordinator for Richmond and Kingston	SENDIASS
Judith Mobbs	JM	SEND Professional Adviser	Department for Education
Karel Stevens-Lee	KS-L	Deputy Head of Transformation – Children’s Services Lead	South West London Clinical Commissioning Group (Kingston)
Maureen Fitzgerald-Hopkins	MF-H	Deputy Director, Quality and Nursing	NHS SWL, South West London Integrated Care System
Rob Harris	RH	SEND Parent and Carer Engagement Officer, Kingston	Achieving for Children
Cllr Sabah Hamed	SH	Portfolio Holder for Adult Social Care and Public Health	Royal Borough of Kingston upon Thames
Sally Parkinson	SP	Associate Director for Business Development and Strategic Commissioning	Achieving for Children
Sandra Butcher	SB	Chief Executive	The National Organisation for FASD
Sharon Houlden	SH	Executive Director for Social Care and Health	Royal Borough of Kingston upon Thames
Cllr Stephanie Archer	SA	Portfolio Holder Children's Services including Education	Royal Borough of Kingston upon Thames
Stuart Sweeney	SS	Lay Member (Social Investment Sector)	
Sue Lear	SL	Deputy Director of Transformation	NHS South West London CCG, Kingston and Richmond
Troy Hobbs	TH		
Apologies			
Alison Stewart	AS	Designated Clinical Officer for Special Educational Needs & Disabilities	South West London Clinical Commissioning Group (Kingston)
Alison Twynam	AT	Director Children’s Social Care	Achieving for Children
Elizabeth Broadhurst	EB	Interim Children’s Commissioner	Exec Dir for Social care and Health
George Chaplin	GC	Participation Member	
Georgina Andrews	GA	Head of Practice Learning	Achieving for Children
Grace Over	GO	Participation Officer for Children & Young People with SEND	Achieving for Children
Ian Dodds	ID	Director of Children’s Services	Achieving for Children
Jonathan Brown	JB	Corporate Head of Service - Learning Disability & Transition, Locality Team Hubs	Royal Borough of Kingston upon Thames
Karen Long	KL	Service Lead, Frontline Services	Your Healthcare
Julie Percival	JP	Assistant Principal – Curriculum & High Needs	South Thames College Group
Laura Smyth	LS	Chief Executive Officer	Yorda Adventures
Leigh Edser	LE	Principal	Dysart School
Nicola Moore	NM	Policy and Project Officer – SEND Transformation	Achieving for Children
Nigel Evason	NE	Head of Children, Mental Health and Learning Disability	South West London Clinical Commissioning Group (Kingston)

Nikki Craig	NC	Head of HR, Corporate Projects and IT	Achieving for Children
Peter Mayhew-Smith	PMS	Group Principal and CEO	South Thames Colleges Group
Rachel Nye	RN	Headteacher	Tolworth Infant and Junior School
Sarah Ireland	SI	Director of Corporate and Commercial	Royal Borough of Kingston upon Thames
Sean Maher	SM	Headmaster	Richard Challoner School
Sian Wicks	SW	Non-Executive Director	Achieving for Children
Sophia Njiri	SN	London Region Clinical Lead - Children and Young People	NHS England and NHS Improvement
Terry Tottman	TT	Commissioning Manager	Achieving for Children
Tonia Michaelides	TM	Executive Locality Director (Kingston)	South West London CCG

 Minutes		Action 
1.	<p><i>Welcomes, Introductions and Apologies</i></p> <p>IT welcomed the Board, apologies noted.</p>	
2.	<p><i>Strategic Leadership of SEND under the new ICS arrangements</i></p> <p>MF-H gave a presentation on the South West London Integrated Care System, the presentation is attached with these minutes.</p> <p>KS-L asked what the current position with the DCO post is, which is a priority and there is a lot of work to complete. MF-H noted that conversations are ongoing around agreeing the structure, which have currently not been signed off, it has been recognised that the DCO post is important.</p> <p>BP noted that she felt the presentation was generic and after being established for a year that timelines could be tighter and are there any confirmed dates when plans and structures are going to be agreed? MF-H explained that the first six months were spent looking at and agreeing the</p>	

priorities for the Board, collaborative work with partners, agreeing membership to strengthen the Board and recruitment for the sub-groups. The plans for SEND are being established and will be shared by AS once finalised.

JR expressed his concern about AS leaving to take on the role of DCS in SWL ICS and what support will be available to us. MF-H explained that AS will continue to work with all partners across the system. IT noted his concern around the Kingston Ofsted Revisit and that it is essential that AS is available to support with the WSOA during the inspection. CP noted that AS departure will leave a gap in the local day to day provision with us not having a dedicated DCO and will have significant consequences during the revisit if AS is not available. Are there plans for an interim, if not, then it is a concern. MF-H noted that there is a meeting planned with SL to discuss support moving forward. SL also noted her concerns around the risk involved in not having a DCO.

Action – MF-H and SL to meet to discuss support as a matter of urgency, agree and report back the plans for day to day access to a DCO. IT did suggest that, as a priority, AS continued in her current position until the revisit and offered his support to MF-H and SL in agreeing a solution.

AC noted her interest in understanding the priorities which will help drive improvements, but what is the escalation process if there is no improvement within 6 months and what is the challenge back and how do we support and challenge, how will this be taken forward? MF-H noted that there is a robust reporting structure, quality assurance and governance in place and progress will be monitored. JM picked up on the point around governance and noted it would be helpful to reflect the role of the SEND Board in the governance, this is about partnerships and what accountability the Health Board has to this SEN PB Board. MF-H noted that the Board is a multi-system board, including education representation, Public Health, Local Authority, the voluntary sector and the voice of the child. IT noted that it would be better to link in with this Board and thanked JM for the point made. IT thanked MF-H for the presentation and for taking forward the urgent work with SL in resolving the issue around the DCO role, AS new role is an innovative and transformational role, but we must not lose sight of the basics for our Kingston children.

3. ***Presentation by Foetal Alcohol Spectrum Disorder Service***

IT introduced the FASD. There was a presentation by Sandra Butcher (**SB**), Chief Executive and Joanna Buckland (**JB**), Director of Innovation from The National Organisation for Foetal Alcohol Spectrum Disorder Service. The presentation is attached with these minutes.

Cllr Archer noted her thanks for such an informative presentation and asked about the free maternity classes that were run by the NHS and are now no longer offered, or if they are, they are virtual. The offer to pregnant women is reducing and as a local council are there other ways we could support our pregnant women better and is there a way of linking in with the advice and support the FASD offer. **JB** explained that the FASD are creating a Midwives Project, which is a free e-course for all midwives, but the message needs to be given before people become pregnant. There needs to be a Public Health message in schools, the earlier the message is given the better it is for mother and baby.

SS noted, that sadly, the FASD is so little understood. The statistics are a revelation that alcohol is more harmful to pregnant women than hard drugs. **SS** asked 1. Does the drinks industry lobby against your attempts to make this better understood? 2. The NCT might help get message across to children in schools, in the hope that the message will get back to parents. **SB** explained that the NICE guidelines has two statements that deal specifically with pregnant women who should be receiving information both verbally and written from their midwives, but it is important to get the message out before women become pregnant, especially when a pregnancy is unplanned. There is also a website aimed specifically at 15-25YO to help them understand the risks long before they are planning a family. **SB** noted that support from the drinks industry is strong and they support with sending the message out to midwives.

AD noted that she would be keen to link up with the FASD, **AD** is responsible for the Community Paediatrics Team and would be interested in discussing training. **Action – NG to provide contact details.** **AD** asked about diagnosis and is it the Community Paediatrics or is it an acute setting

	<p>where this is being dealt with. JB noted that each area is different, some are Community Paediatrics and some are the Neuro-developmental route.</p> <p>IL offered check whether our School Health service are covering this topic as part of their work in schools on alcohol and risk, including risk in pregnancy.</p> <p>CB asked about prevention and is it a priority above diagnosis. JB explained that yes prevention is priority, but if priority is not given when women are younger, the problems become worse, the problems are less likely if there is earlier support.</p> <p>IT thanked the FASD for their informative presentative.</p>	
<p>4.</p>	<p><i>Children and young people update</i></p> <p>With apologies from GO, AW outlined the key themes identified by CYP in the work that GO has been leading on recently.</p> <p>There were over 100 CYP involved in this work, they have been in involved in participation groups and also in the bespoke work involved in the SENDIASS recommissioning. Moving forward it is hoped that the CYP in SEND Support will become involved and provide feedback.</p> <p>The key themes, which are mainly around information, advice and guidance that CYP are able to access. CYP are saying that they would like information, advice and guidance from a service that is flexible, understanding and accessible and they would like this from a whole range of topics i.e. EHCP Process and how this works, and also information on relationships and personal issues. Anxiety, which is increasing in CYP, is another topic that continues to be highlighted. CYP would like their workers to take the time to get to know them and invest time in the CYP so that they feel comfortable sharing information with their worker. They would also like workers to have a specific understanding of the needs of the CYP who have SEND. AW noted that work continues to upskill workers to help meet the needs of CYP with additional needs, this is something that the CYP felt was really important. The CYP also noted that they like workers who an non-judgemental,</p>	

	<p>trustworthy and kind, these are the type of workers CYP would like to work with. They would also like information that they understand, so workers need to have good communication skills. GO asked for a quote from an YP to be shared, which is, “Information is tricky, I get mixed up”. The final point is that CYP want people to plan with them not for them. This was something that was highlighted in the video that SM from Richard Challoner shared at the last meeting. The want workers to work in partnership with them.</p> <p>AW noted that anxiety was something that was mentioned a lot and this is something that CYP want help with. One YP quoted that “Everything is changing and that makes me feel anxious” and GO asked if people could reflect on this. Another example of the work which is going on, one YP was involved in the work around the SENDIASS recommissioning, they then said they would like to become more involved and joined in the participation group, they met with Troy Hobbs in SEND and Terry Tottman in the Commissioning Team to talk about the specification for the new SENDIASS Service which is currently being recommissioned.</p> <p>AC noted that this very clearly highlights the Preparing for Adulthood agenda and person centred planning. IT pointed out the importance of transitions and there is a lot for us to take away and reflect, there is a need to change practice and capture the voice of the CYP. CYP are clearly saying that they want us to work with them and not for them. Communication is essential and also tackling anxiety. We need to show them that there will be a change in practice and Board need to reflect on this and take it back to the teams and think about how we can capture the voice of the CYP in everything that we do.</p>	
5.	<p><i>Parent and carer update</i></p> <p>BP updated the Board on PCF activities since the last Board. Firstly, the SEND Review, the PCF asked for feedback at the face to face event in July and also through a survey to capture the views of parents. The PCF have now submitted a formal Kingston response to the key areas of the consultation. BP will send the response to the Board. The key areas of concerns were funding, therapies, training, inclusion and specialist support, especially through schools. There was a focus</p>	

on SEND Support and the need for all teachers to have SEN training and the concerns around the SEND Support community. There were some concerns about mediation and how this might delay a tribunal, does mediation add any value to the process or will it just delay things further. Attendance in schools was also discussed and the concern around those children who are currently not able to attend school, due to illness or anxiety, there needs to be a focus on not penalising children for non-attendance and look at training and making reasonable adjustments to help those children who can be disruptive. Also, there were concerns around social activities available for children with SEND. Secondly, the face to face event took place in July at Chessington and was attended by 120 families. There were two free sessions and parents were asked to provide feedback about the SEND Review and what, as a PCF, should the priorities be. Parents liked the event and would like more to be held. A number of parents attended who the PFC had not met before and the parents were unaware of what is available to them, so to be able to provide support was encouraging. They did have concerns around Speech & Language, OT and support for other therapies, they felt there was a lack of support and the process for diagnosis is long and has an impact. There were also concerns around school refusal and anxiety post pandemic and the issues with SEN transport. **BP** noted that the PCF are taking a break for the summer and will be back in September, when they will share the feedback from parents with relevant groups.

IT noted the hard work and the amazing journey of the PCF and thanked **BP** and the other parents and carers for their hard work. **IT** also noted **RH** and his positive contributions in supporting the PCF.

AD asked for clarity around request for extra-curricular activities. **BP** noted that in the feedback there is a lack of clubs for high needs CYP. Staff in clubs need better training and there is a lack of clubs during the holidays for CYP with SEND. **AD / BP** agreed to meet to discuss this further.

CP noted the point about school attendance and explained that there is a lot of work going on with the Mental Health School Team, schools, EWOs and Pupil Support Team and suggested linking in with **BP** to see what families are telling us. AfC and schools are aware that there is an issue and it would be good to see what is going on, and then, see what we need to take forward.

	Action – IT to attend another PCF Forum. NG to liaise with IT office.	
6.	<p><i>Under Pressure: Early Intervention vs Statutory Duty</i></p> <p>AC / AD presented the Early Intervention vs Statutory Duty presentation, which is attached with these minutes. The presentation is about the pressures in the system and the interfaces between all services coming together.</p> <p>JR noted the danger with reducing SEN support / early intervention (as non-statutory) is we risk an incentive to go down the EHCP route for families to get the assurance that support / assessment will be provided, and this works against the Safety Valve Agreement. More families who are going to JR are asking about access to early support.</p> <p>IT noted that early intervention is essential and goes across the whole system, sadly we do not do enough of it. It is essential that those who need support receive it and receive it at the earliest opportunity. Following up on the EHCP route, we really do need to work with Headteachers and SENCOs to make this work better, earlier intervention and a different route could be the better option for the CYP. IT noted that more time needs to be spent on reviewing this important issue, it will need to include all partners across the system and there does need to be shift. It is not about saving money it is about the best interests of the CYP and their family that we intervene earlier.</p> <p>BP noted that we need to demonstrate the EHCP route is not a gateway to what CYP need. SP noted, from a personal view, that when a CYP has an EHCP it does stop them from excluded. AC noted that there will always be people who need an EHCP, but that should be the minority. There is something about ensuring the families and schools feel confident that our mainstream local offer can meet children and young people’s needs. Agree needs system shift and drive to do this collectively. CP noted that the more we invest in EHCP statutory activity, results in less resource for early intervention.</p>	

	<p>CB noted her thanks to the Board for listening, these conversations have been ongoing, it is good to see the support and ownerships from all partners moving forward.</p>	
<p>7.</p>	<p><i>Action from the previous meeting / Question of Update Report / Performance Dashboard</i></p> <p><i>Actions from the previous meeting</i></p> <p>Complete = AW noted that SM had shared the video, an extract was shared at the last Board, and hoped that everyone had the opportunity to watch it in full.</p> <p>Ongoing = There was an action for health and DfE colleagues to meet to discuss strengthening the narrative in the impact report for the Kingston revisit. SL explained that the meeting has not yet taken place, but there is an update meeting with the DfE after this Board were it should be progressed. Action – IT asked that the meeting is arranged and made a priority asap. IT needs to be updated if there are any issues in arranging this meeting.</p> <p>Complete = The item regarding the Kingston Maternal Early Childhood Sustained Home Visiting Programme. Mark Jordan presented at the Early Help Board, it was well received and there have been a number of conversations since then, including local nursery Headteachers and links with health visitors and how this can be strengthened.</p> <p>Complete = Presentation from FASD.</p> <p>Complete = Presentation regarding Early Intervention vs Statutory Duty.</p> <p>Complete = Strategic Leadership of SEND under the new ICS arrangements.</p> <p>IT asked the Board to please review the minutes and let Natalie Geary know if there are any amendments.</p>	

	<p>If there are any questions regarding the Update Report or Performance Dashboard, please let Ashley Whittaker know.</p>	
<p>8.</p>	<p><i>Any other business and Forward Plan</i></p> <p>SL noted the conversation around anxiety, Mental Health and Wellbeing in CYP and explained that SWL St Georges have a Transformation Programme and would it be helpful to have someone from SWL St Georges to attend this Board? Action – AW to discuss with ID and take this forward.</p> <p>IT suggested items for future discussion: -</p> <p>Inspection Readiness – and send a reminder regarding the SEND Vision</p> <p>Early Intervention</p> <p>Transitions to Adult Social Care</p> <p>FASD to come back in the future for an update and look at how we could work with them.</p> <p>AC suggested presenting Ordinarily Available Document to help increase understanding.</p> <p>JM suggesting sending time focussing on at the SEND Futures Plan and Performance Dashboard. IT suggested this would be presented with the Inspection readiness item.</p>	
	<p><i>Conclusion</i></p> <p>IT thanked the Board for their attendance and contributions. IT referred to the Strategic Leadership of SEND under the new ICS presentation and the new governance arrangements. It is good news that SWL ICS will have a strategic DCO, but this does leave Kingston without access to a DCO, the action is to go away and agreed Kingston’s access to a day to day DCO. The FASD presentation was enlightening and it was good to increase our knowledge, IT suggested that</p>	

perhaps there needs to be a policy change and a sense of urgency. Could this be something that the new SWL Governance Board look at moving forward with the maternity pathways? The CYP update, IT noted the increase in anxiety. It was good to hear the voice of the CYP and how they want us to work with them not for them and also the quality of the advice and guidance for our CYP. PCF update, always good to hear from them and pleased that the face to face event finally took place. Thanks to the PCF for their response to the Green Paper and IT looks forward to attending their Forum in the autumn. The early intervention conversation, there is pressure in the system and it is important that this conversation continues and there does need to be a more in-depth conversation at a future board.

KINGSTON SEND Partnership Board will next meet on:

NB. Electronic invites have been sent.

29 September 2022 at 2-4pm

23 November 2022 at 10-12pm

25 January 2023 at 10-12pm

29 March 2023 at 10-12pm

24 May 2023 at 10-12pm

19 July 2023 at 10-12pm

27 September 2023 at 10-12pm

29 November 2023 at 10-12pm