

Outcome of the Joint Area SEND Revisit

SEND Partnership Board
23 November 2022



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Outcome

- ❑ Revisit 4-6 October - 2 days on site
- ❑ Lead HMI and CQC inspector
- ❑ Kingston has made sufficient progress against all 4 weaknesses in the 2018 inspection
- ❑ Letter received 26 October 2022 - shared with all partners
- ❑ Areas for improvement outlined in SEND Futures Plan

Weakness 1

Overall poor quality and monitoring of education, health and care (EHC) plans, including contributions from health professionals.

- ❑ The quality of EHC plans has improved since the initial inspection.
- ❑ Leaders have significantly transformed the training for staff and the quality assurance of EHC plans.
- ❑ The plans now better reflect the specific needs, aspirations and views of children and young people, parents and carers.
- ❑ The designated clinical officer (DCO) started on a permanent basis in September 2019. They have been instrumental in improving the timeliness and quality of health advice.
- ❑ Leaders' quality assurance model is well embedded.
- ❑ The DCO and DCSO hold regular surgeries for coordinators. These are highly valued as coordinators say they can 'drop in' for quick access to advice and guidance as they draft and/or amend EHC plans.
- ❑ Leaders and special educational needs coordinators (SENCOs) of education settings are of the view that EHC plans are better organised and written.

Weakness 2

Poor timeliness in ensuring that the annual review process and any subsequent amendments to EHC plans are consistently made in line with the SEN code of practice.

- ❑ Leaders have made significant investments to their systems and processes to manage the organisation and administration of annual reviews (ARs).
- ❑ The proportion of ARs completed to statutory timescales has significantly improved since the initial inspection.
- ❑ Young people also said that they found their AR useful and that they were able to talk about what was working well and what was not. They feel that their voice is heard.
- ❑ Many parents also stated that there had been an improvement in ARs happening on time.
- ❑ SENCos and leaders of education settings say that they are held to account for submitting their annual review documentation on time.
- ❑ The proportion of final amended plans being issued within the eight-week timescale has also risen significantly.

Weakness 3

Weaknesses in the strategic leadership and monitoring of the CCG's work in implementing the 2014 reforms.

- ❑ Over time, leaders of the ICS have significantly improved their understanding of SEND and their relationships with the local authority.
- ❑ Health and frontline professionals all report there is now more joined-up thinking. They feel that they are listened to and that they benefit from high-quality training.
- ❑ The DCO role is well established. The DCO has a firm handle on what is working well and what is not.
- ❑ Collectively, leaders have been able to improve the quality and timeliness of advice from across the range of therapeutic care.
- ❑ There is a clear governance and accountability framework in place, for example through the SEND Partnership Board.

Weakness 4

Leaders need to ensure that there is a productive and positive relationship between parents and parent representatives, including a parent carer forum.

- ❑ Area leaders have established a positive and productive relationship with the parent carer forum.
- ❑ The steering group reports positively about accessibility to and their work with senior leaders. They feel senior leaders listen.
- ❑ The PCF is represented on the SEND Partnership Board. The voice of parents is robustly put forward.
- ❑ A small group of parents form part of the parent consortium. Collectively, between these two groups, there has been involvement in several examples of co-production.
- ❑ Leaders appointed a permanent parent carer engagement officer in December 2021. Their role includes helping to liaise between parents and services in the area. This resource is highly valued by parents.
- ❑ A small group of 'parent champions' have received training to support them in this 'champion' role.
- ❑ Leaders have found ways of working with parents through different initiatives and activities.

There is more to be done...

- ❑ Some parents remain dissatisfied with the quality of their child's EHC plan. They think that plans should include more detailed information about health and social care needs.
- ❑ There are still delays in making sure that the area responds to decisions on whether or not to amend the EHC plan within the four-week statutory timescale.
- ❑ Some parents still report that changes in staffing are frustrating. They do not always feel that a change in coordinator is managed and/or communicated well.
- ❑ There is a need to improve the quality still further, for example in the updated outcomes that are included.
- ❑ Collectively, leaders of the ICS are clear about what still needs to be done to improve their contribution to the lived experiences for families in Kingston.
- ❑ There are still a number of parents who remain dissatisfied with how well leaders understand and meet the needs of their children. There are some groups of parents that leaders have yet to reach with their messaging and support.

What happens now?

Deliver and commit to the SEND Futures Plan - this is our model for continuing improvement

Workstream 1 - further develop engagement with families, including co-production activities with young people and across all groups in the local area. SEN and Managers continue to develop effective communication with all parents and carers.

Workstream 2 - Therapy contract and delivery which meets current local need. Ongoing recruitment of therapists.

Workstream 3 - Develop post 16 systems and provision which focuses on holistic outcomes for young people.

Workstream 5 - Continue to develop quality assurance, annual review activity, and focus on quality of advice across all teams, especially social care and all health professionals

Questions



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