



Richmond SEND Partnership Board

	22 May 2023 9.30am – 11.30am
	Virtual via Google Meets

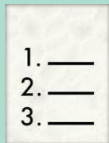



Members

Ian Dodds	ID	Director of Children's Services	Achieving for Children
Anna Chiva	AC	Associate Director of Special Educational Needs	Achieving for Children
Philip Moshi	PM	Trustee	Richmond Mencap
Lucy Mayor	LM	Senior SEND Case Lead London Regions Group	Department for Education
Sheldon Snashall	SS	Associate Director for Pupil Support	Achieving for Children
Judith Mobbs	JM	SEND Professional Adviser	Department for Education
Megan Francis-Falkner	MF-F	SEND Policy and Project Coordinator	Achieving for Children
Anna Sadler	AS	Achieving for Children Board Member	Richmond Council

Ashley Whittaker	AW	Programme Director	Achieving for Children
Charis Penfold	CP	Director of Education Services	Achieving for Children
Claire Schneider	CS	Clinical Service Manager for Paediatric Therapies	Hounslow & Richmond Community Healthcare
Nathan Nagaiah	NN	Non-Executive Board Member	Achieving for Children
Sara Doyle	SD	Associate Director for Identification and Assessment	Achieving for Children
Minta Townshend	MT	Steering Group	Richmond Parent Carer Forum
Kelly Dooley	KD	Headteacher	The Richmond upon Thames School
Sue Lear	SL	Deputy Director of Transformation	NHS South West London Integrated Care System
Gavin Spiller	GS	Deputy Head of Transformation, Children	Integrated Care Board
Karl Burgess	KB	Transition Lead from Adult Social Services	Richmond Council
Alan Went	AWe	Headteacher	Hampton Hill Junior School
Farah Ahmad	FA	SEND Parent Carer Engagement Officer	Achieving for Children
Toni Whitehouse	TW	Head of School Health & Social Care, Early Years, Supported & Inclusive Learning	Richmond upon Thames College
Jonathan Rourke	JR	SENDIASS Team Coordinator for Richmond and Kingston	Polaris
Denise Madden	DM	Deputy Executive Lead Integrated Care System	Deputy Executive Lead Integrated Care System
Cllr Michael Wilson	MW	Vice Chair Education & Children's Services Committee	Richmond Council
Troy Hobbs	TH	Head of Special Educational Needs and Disability	Achieving for Children
Sally Parkinson	SP	Associate Director Business Development and Strategic Commissioning	Achieving for Children
Natalie Daley	ND	Consultant in Public Health (Targeted Interventions, Children and Young People)	Richmond Council
Emma Dhir	ED	Senior Projects and Outreach Officer	Healthwatch Richmond
Janice Riley	JRi	PA to Ian Dodds (minute taker)	Achieving for Children
Apologies			
Penny Frost	PF	Chair of the Education and Children's Services Committee	Richmond Council
Alison Twynam	AT	Director of Children's Social Care	Achieving for Children
Kirsty Hogg	KH	Commissioning Support Lead	Richmond Council
Tracey Mabbs	TM	Early Years Provider representative	The Kings Road Nursery

Heather Mathew	HM	Children and Young People's Voluntary Sector Strategic Lead Manager	Richmond Council for Voluntary Service
Claire Richmond	CR	Chair	Richmond Parent Carer Forum
Micheal Griffiths	MG	Participation Officer	Achieving for Children
Ivan Pryce	IP	Chief Executive, Auriga Academy Trust & Headteacher	Strathmore School
Alex Hardy	AH	SEND Advisor	Ruils
Andrea Ferns	AF	Designated Clinical Officer for SEND Integrated Care System	Designated Clinical Officer for SEND Integrated Care System

 Minutes		Action 
1.	<i>Welcomes, Introductions and Apologies</i> <i>A round of introductions were made and apologies were noted.</i>	
2.	<i>What do we know about the quality of SEND provision in Richmond?</i> <i>Update from children and young people</i> <i>AW provided an update as MG was unable to attend. MG has been with us since Easter and has been out and about chatting to young people. AW shared a flyer for an event happening at half term in the chat requesting that all please share with their networks. MG is scheduling meetings in schools to get to know the local community.</i>	

	<p><i>In terms of annual reviews, young people are saying that whilst they previously felt they needed more support at primary age they now felt more able to be involved in the process at secondary school stage.</i></p> <p><i>Older young people have shared that when they were younger they didn't have discussions around health but they were now enjoying being involved in those decisions.</i></p> <p><i>Positive feedback has been received around social care professionals with many being highly rated by the young people.</i></p> <p>Action: A presentation will be shared with the minutes.</p>	<p>JRi</p>
<p>3.</p>	<p>Update from Parent Carer Forum</p> <p><i>MT advised they are still without CR who is currently on compassionate leave. They are not expecting her back before the end of term so have scaled down slightly. They are continuing to work on several work streams and have also been involved in preparing a survey on the SEND Futures Plan update and are liaising with Healthwatch Richmond on this. MT added that they have joined the SEND Collective thinking group where a group of Voluntary Sector and PCF representatives come together to identify common themes. One of the things that has come up is the disability benefits advice service as there now appears to be a gap. MT also noted that Skylarks have asked if they can join this board. Voluntary Sector groups are receiving requests from parents regarding where they can get information. MT advised that they have discovered that benefits advice for age 18+ is delivered by Richmond Aid but there doesn't appear to be anything for younger people. MT advised that this is the main concern on their radar at the moment.</i></p> <p><i>JR responded that the contract decision was not theirs. He is working on a leaflet and talking to organisations about how help can be provided. The list he has currently is quite short in terms of local organisations who can help. There are some national organisations who can help and the</i></p>	

	<p>leaflet will include details of these as well as contacts in the local authority. JR is hoping to have the leaflet with marketing people by the end of the week. MT responded that it seems like SENDIASS are trying to plug a gap that they shouldn't have to plug. MT added that if the role were able to be fulfilled it would be of great benefit all round as it would take pressure off local services. ID noted there is resource available locally including Citizens Advice etc. adding that if there still appears to be a gap then we can consider this once the leaflet has been produced. MT noted that she had tried to contact Citizens Advice and was not able to get hold of anyone.</p> <p>JR to share draft leaflet with the group for any feedback or suggestions.</p> <p>PM noted the council has a subcommittee group on welfare and asked if this could be raised there. From the age of 16 young people can apply for benefits and probably don't know they are entitled.</p> <p>JR added that Grace Advocacy provide some advice but there is a similar problem in that their page says their current capacity is full.</p>	<p>JR</p> <p>AW</p>
4.	<p>Performance Dashboard and update report</p> <p>AW provided a few highlights:</p> <p>What is working well:</p> <p>In Q4 our response rates to surveys was much higher than Q3 and some of the comments were positive, as can be seen in the dashboard.</p> <p>The numbers of families signing up for the SEND register increased which is good news. Please continue to spread the word.</p> <p>Voluntary sector work is very positive at the moment and there is lots of really good work going on. ED from Healthwatch will explain what she is doing.</p>	

Worries:

Staffing, this is an ongoing area of concern. Continuing healthcare have been having particular challenges with changing staff.

Performance data around annual reviews – we will be looking at this in more detail later.

Costs and inflation, particularly around Post 16 placements.

ED explained they are working on a large scale survey to establish needs and wants. They are in the process of revising the questions to make sure they are right. ED advised they are aiming to roll out the survey in half term. They will also be doing some face to face events to try and reach everyone.

PM raised concern around continuing healthcare services for adults who have transitioned from children's services. PM added that the service has broken down in what it is offering to parents. Parents are often not told about people leaving, automated emails are received and other people have either left or transferred to different teams. Weeks and weeks are passing without responses to important situations. PM had to escalate to Alison Stewart and Cllr Allen as they were not receiving any service at all. Social workers are great but some adult key workers do not have social work expertise. PM noted he has met four or five parents who are not receiving the service they are entitled to. DM responded that she absolutely recognises that there has been a huge change over in local teams and this has impacted on provision. DM suggested a conversation with PM outside of the meeting. DM is also happy to be a contact point. ID suggested returning to this at a future meeting to see where we have got to.

Action: DM and PM to discuss further outside of the meeting.

DM/PM

Action: Transitioned adults' health service to be discussed at a future meeting.

AW

5. ***What is the partnership doing to drive improvement***

The Written Statement of Action

AC noted she hoped everyone has had an opportunity to read the report shared with the agenda. There will be a joint discussion with KB and she would like to open the floor to everyone for feedback.

There are an increasing number of young people going on to college and we have been getting their feedback. Some young people's views are different to their parents' views. Some parents of young people with SEN Support didn't feel they were as supported as they could have been so we are taking this forward with work stream 4. The impact data in the report doesn't include everything but we hope it gives a good overview. The question we would like to ask the Board is what their view is regarding therapies and increasing therapies for Post 16 and the impact this would have on other areas.

Identification of need at an early enough stage

AC asked if there were any questions regarding this. There were no questions or comments. AC noted that the DfE asked for clarification on the impact of any training and we are collecting this data as part of the work we are doing with schools and colleges. AC is meeting with Sue, the new lead for SEND at Richmond College and communications are improving with the college. TW added they are looking at having a more "one SEND" approach across the three key colleges accessed by Richmond young people. The new Richmond College principal has a background in SEND so is standardising and streamlining processes to help improve support and relationships. A few schools have noted improved communications with the college.

AWe noted his daughter has an EHCP and is at Richmond College and has been made to feel very welcome and is happy.

JM stated she is pleased to hear progress being made with college. It is really key that the principal is providing such strong leadership and asked TW to pass that on.

MT asked who the three colleges are. TW responded Harrow, Richmond and Uxbridge (HRUC).

Annual review process

AC advised timeliness still remains a worry in terms of schools and colleges getting data and reports into us, particularly the independent sector. We have co-developed a calendar so we can see improvements and share data with local providers in terms of what young people want to do. We do need to continue to do more work with the schools who are finding it challenging to get the data to us. MT asked if there is any particular group of schools that are repeat offenders. AC responded that it is fairly varied and we are working hard to unpick issues. MT asked if it is normal to have only one SENCO in a school regardless of the number of pupils and AC confirmed it often is. CP noted that we also need to consider the numbers in each school. We have written to schools about their timeliness with annual reviews and have been impressed with how engaged headteachers have been. This will enable us to take things forward in the right way. AC added we are also working on the quality of what is going into the plans and this is an improving picture.

Preparing for children's independence

There were no questions or comments. AC noted holistic issues are something we need to think about at this board as it cuts across all areas. It can't just sit in one work stream, it needs to go across all. We need to think about a more sustainable model of training and think about outcomes. We all need to aspire to this and we need to think about how and who is involved and takes leadership as we all need to engage. Agreed this could be a possible future deep dive around holistic outcomes.

<p>Transition pathways in health</p> <p>PM asked about the results of a recent audit. KB doesn't currently have the results but will have some clear information shortly.</p> <p>Action: KB to share audit results once available.</p> <p>AC presented regarding therapy provision.</p> <p>We have Identified gaps in post 16 provision. AC advised she is asking the Board to be involved and support as per the presentation. Money would need to be taken from other areas to fund this. GS noted it has been very clear we can't look at post 16 in isolation and demand is increasing. Early Years, Early Help, SEN support (anything non-statutory) are areas that have been suggested to take some funding from. AC advised we have scheduled a half-day session to try and thrash things out. Early thoughts and volunteers would be appreciated.</p> <p>Action: Anyone to contact AC if they would like to be involved.</p> <p>MT - asked to sign up for the meeting.</p> <p>JR would also like to join the meeting. Feedback they are getting is that Early Help is struggling and JR asked if recruitment is still an issue. GS confirmed it is a fair reflection. We are trying to pool data around all the workforce and finance issues in preparation for the meeting. CS noted recruitment has improved significantly and we are now able to source locums better. We are fully staffed across three areas apart from one new post so things are still fluid but looking better. We need to look at the whole landscape when making decisions. Demand is increasing for EHCPs and Tribunal numbers are going up so we need to forward plan across the whole area.</p> <p>JM noted that she hasn't heard anything in the presentation about reviewing the wider offer and asked if there are there some things less impactful at the moment which is not getting much outcome and if so could they be freed up to allow for others. ID noted we have carried out some of</p>	<p>KB</p> <p>All</p>
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	<p>that work as part of the therapies review but it would be worth us reviewing the review. AC noted the Therapies Oversight Group has raised concerns about how we might need to adapt some areas. We are keen to think through the decision making and how the board can contribute to this. ID noted we can't do the work in the board and agreed it seems sensible to do this at the options appraisal meeting and then outcomes should come to the board for agreement. MT asked CR if the missing post is the Darrell/Strathmore one.</p> <p>Action: CR will share information with the Board.</p> <p>MT asked if there is a theme around resignations. CR responded that exit interviews have not given any reason to think there is a problem with the department. Often the reason is for promotion, some childcare issues and also people going to private practice as challenges are less and salary better. CR suggested a wider conversation outside the meeting. ID noted private practice is an area where people are often tempted.</p> <p>Action: MT and CR to have a further discussion outside of the meeting.</p> <p>Action: AC will make direct contact with members of the board around the appraisals option meeting.</p>	<p>CR</p> <p>MT/CR</p> <p>AC</p>
6.	<p>Impact of previous deep dives</p> <p>Annual review process</p> <p>TH shared a presentation which will be included with the circulation of the minutes.</p> <p>CR advised there are three things that impact timeliness. CR appreciates schools are under pressure but sometimes they are not aware an annual review is taking place. Secondly they are often advised very late in the process so it is difficult to plan into diaries. The third is a capacity issue and having to prioritise what time is used for. CR went on to say that around a year ago reports would only be done at phased transfer and they would just update targets at the point of annual reviews. This was</p>	

agreed with the PCF. There does appear to be some patterns and some schools are finding the process more challenging than others and we are looking at how we can help with that.

MT noted that a recent event parents were asked what they thought of the annual review process. One theme coming back was around communication. It is very frustrating when it breaks down, MT reflected that the team are making great efforts to improve things and it does seem to be getting better. TH thanked MT for very positive feedback. IP has offered to work with supporting schools around the process.

KD advised she has been thinking about how schools can help to encourage families to complete the survey. The majority of her parents are happy with the process. TH advised the QR code is still on the form so they could highlight this to parents during the annual review. Teams will be sending out invitations with notifications. There is also a QR code for young people's feedback.

JR added that from their point of view timeliness is much better and deadline misses seem to be closer. In terms of transition to school based settings, JR asked if we can make sure families are communicated well in relation to this. The big issue is around capacity for advice and how they make sure advice is asked for and available at appropriate times. EP advice is one example. TH advised very personalised information is going out to families including contact details. All due to go out by the end of this week. Capacity for advice is a big challenge.

MT asked if we are incentivising schools to do well. TH responded that we do. CP noted the whole SEND agenda is a priority for all schools. We have an SEN Scorecard to open up qualitative data for each school, CP feels schools will be well received by schools. It will be school based and is up to the schools how they use it.

MT raised a question around the 4 week decision deadline and asked if she is understanding correctly that 2 weeks is unachievable and other authorities are reporting the same. JM added that a decision within 4 weeks is what is required within statutory guidance. Schools or settings have two

weeks to submit their information and then the local authority has two further weeks to make the decision. JM noted there is a consultation to try and make things more workable.

MT stated that it looks like there are a huge increase in case numbers and asked if there has been an increase in case officers to manage this. TH responded that there has been some increase in case workers. TH added that although the annual review has to happen by 12 months, there is nothing to stop schools starting them earlier to give a better timescale. There has also been a number of backlog cases cleared.

MT asked about amending advice at phased transfer and parents having the idea that it should be annual and whether there is contention around schools communicating this. TH noted his perspective is that some parents feel an annual review should always result in an amendment but this isn't always the case. JR agreed, adding that the message says we can only amend at phased transfer. JM noted she felt the conversation focused on the wrong thing, and we are thinking about time rather than outcomes. JM would advise that we shift the conversation to outcomes. Are the outcomes written in a way that they are substantial outcomes. They do not have an expectation that plans are amended every year but also not that it should happen at a specific time. JM does understand why phased transfer is a key time for changes but there could be times when changes are required at other times but it needs to be about substantial changes. ID agreed and noted this comes back to writing a good holistic outcome.

MT asked what the Sparks Network is. TH advised this is the Network of SENCOs.

MT asked what LAC and PX mean. LAC is Looked After Children, however SD advised that we should not use LAC as an acronym as we promised this to children who are looked after and instead "children looked after" (CLA) or "care experienced" is preferred. PX is permanent exclusion.

Action: TH will amend the presentation and remove acronyms

TH

	<p><i>JM asked out of our total EHCPs how many are in the independent sector. AW advised it is around 10%. JM noted this means 90% are not independent sector so we need to be careful not to focus on this. JM added that we haven't talked much about the number of children who are having a review within 12 months. Performance in 2022 was less than half but it doesn't look that much higher so focus is needed on what proportion of our cohort is getting that annual review. ID noted it is getting better. JM noted that the data is not easy to read. ID has seen other data which looks near to 60% but we will confirm and AC will add cumulative. ID thanked TH and noted good progress in some areas, still some work to do.</i></p> <p>Action: AC to adjust the data for annual reviews to include a cumulative figure.</p>	AC
7.	<p>Other updates</p> <p>Key Service updates</p> <p><i>AC noted we have our transition fair event on 10 October for all young people with SEN support and EHC plans. Employers and providers will be there.</i></p> <p><i>JR advised he will share the draft leaflet regarding benefits advice for circulation. JR added that his contact details have changed and these will be on the leaflet.</i></p> <p><i>NG asked if there are any issues with exam attendance coming up. CP responded this is generally a difficult time for all young people and schools do everything they can to support young people. We haven't heard anything specific but CP does know that schools are very focused on this.</i></p> <p>Forward plan</p> <p><i>Focus for next meeting:</i></p>	

<p><i>Holistic outcomes or Post 16 therapies. AW noted at the previous meeting we agreed secondary transfer process and Mental health waiting lists.</i></p> <p><i>Next meetings:</i></p> <p><i>SEND Partnership Board -14 July 2023</i> <i>Formal monitoring meeting - 14 July 2023 12.45 - 2.15</i></p>	
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<p>Richmond SEND Partnership Board will next meet on: 14 July 2023 10.30am (please note this is a Friday)</p> <p>NB. Electronic invites have been sent.</p>
