

**RICHMOND SEND PARTNERSHIP BOARD
Hyde Room, York House, Twickenham
19 September 2019 – 10.00am – 12.00**

Attendees:	
James Thomas (JT)	Director of Children’s Services, Richmond Council
Ian Dodds (ID)	Managing Director, AfC
Laura Turner (LT)	Chief Executive Officer, Richmond Mencap
Tonia Michaelides (TM)	Managing Director, Kingston & Richmond CCG
Elaine Ball (EB)	Headteacher, Orleans Park School
Doreen Redwood (DR)	Lead Children’s Health Commissioner, Kingston & Richmond CCG
Ian Hutchings (IH)	Headteacher, Sheen Mount Primary School
Charis Penfold (CP)	Director of Education Services, AfC
Enno Kuettner (EK)	Interim DCO, Kingston & Richmond CCG
Ashley Whittaker (AW)	Programme Director, AfC
Natalie Douglas (ND)	Deputy Director Clinical Services for Richmond and Southwest London
Cllr Penny Frost (PF)	Cabinet member for Children’s Services and Schools, Richmond Council
Roxy Clancy (RC)	Parent representative
Alison Stewart (AS)	Designated Clinical Officer
Tracy Mabbs (TM)	Early Years provider representative
Heather Mathew (HM)	Children and Young Peoples Voluntary Sector Strategic Lead Manager, Richmond CVS
Hannah Gill (HG)	Senior Public Health Lead, Richmond Council
Alex Hardy (AH)	Independent Supporter, Ruils
Sharon Cousins (SC)	Assistant Principal - Student Experience, RuTC
Carol Clapperton (CC)	Partnership Manager, Richmond and Wandsworth
Ivan Pryce (IP)	Headteacher, Strathmore Special School
Sara Doyle (SD)	Associate Director for Identification & Assessment, AfC
Vanessa Preece (VP)	GP, Richmond
Janice Riley (JR)	PA to Ian Dodds & James Thomas, AfC, minutes

Apologies:	
Grace Over (GO)	Participation Officer for Children and Young People with SEND, AfC
Mitch	Young Person representative
Jonathan Rourke (JR)	SENDIASS Team Coordinator for Richmond and Kingston, KIDS
Pranay Chakravorti (PC)	Interim Senior Commissioning Manager – LD, Richmond Council
Dan Collins (DC)	Acting Head of Learning Disability and Mental Health (Adults), Richmond Council
Dave Leeman (DL)	Parent representative
Mandy Skinner (MS)	Assistant Chief Executive, Richmond Council

1. Introductions and welcome

2. INFORM

a) **Data Dashboard and Analysis**

AW presented the dashboard and thanked everyone for their contributions, noting that there was quite an influx at the last minute so there are still a few additions/amendments to be made. The indicator relating to foetal alcohol syndrome has been removed as the data was not collected in a meaningful way. An additional 'yellow' category has been added to identify data not yet collected. General feedback is that the dashboard still needs to be clearer and AW will continue to work on this. The numbers of EHCPs had continued to increase. There is a new Quality Assurance post in place which will enable systematic collection of information on the quality of plans and will include parent feedback. JT noted that he is pleased that the Board is now able to start interrogating the data and moved on to address the red rag ratings.

% of cases seen within 8 week target from choice assessment to partnership (treatment start) for CAMHS (Tier 2) services

DR advised that the CCG are engaging with CAMHS, EHS and partners to improve service access. Tier 2 have some additional resource to try and reduce waiting times. Early discussions are taking place on improving access to choice appointments. JT noted that high levels of need create a significant challenge for us and this is a real priority for the Board. Oversight and support is required going forward. DR advised that some national funding has been received to support schools around mental health issues. It was noted that it has become apparent that around 25% of young people only end up having one appointment. CP questioned that if only one appointment was needed then was the referral correct. On the other hand it is possible that the young person has gone elsewhere and that just the one appointment was not enough. HM stated that there must be a partnership approach and reiterated the need for voluntary sector involvement. Delivery in schools does not always include input from the voluntary sector and there have recently been two bids for funding without inclusion of the VS. EB suggested that schools could look at timescales between school identification and actual referral. TM noted that Early Intervention is there to try and prevent escalation where possible.

ACTION: DR to bring back report on waiting times and improvement actions to either November or January Board.

Key Stage 1 to Key Stage 2 VA scores, SEN Support/EHCPs, writing

The trend is actually very positive and we are looking at where children are that have any particular need. EB noted there are variations in schools on this data. CP advised we are having conversations around quality of services.

Forecast funding gap in the high needs block of the Dedicated Schools Grant (DSG)

We will not receive the detail until October but there is approximately £2.6M for the high needs block which is not sufficient and will only cover around two thirds of the current deficit. We will continue to lobby with parents and partners. The

Council has invited the Secretary of Education to attend a meeting but has not received a response yet.

b) Quarterly Quality Assurance Report

We have a new consultant looking at processes with a view to better alignment. There is also a LGA Peer Review taking place next week and this will look at a selection of twenty new EHCPs. CP presented the slides detailing recommendations. A Quality Assurance Plan is now in place and the framework is currently being written. JT noted that it is very positive having a dedicated person looking at this area. Meetings have been arranged with AS to look at the outcomes. EH noted that it would be good to include parental feedback, which JT acknowledged. RC asked how often we will be carrying out the QA audits and CP responded that this will be ongoing with quarterly thematic audits. AH asked if there is any guidance produced for parents and CP replied that we are looking at this, not only for parents, but also for young people to help them understand what an EHCP should be for them. AW added that we are looking again at the 'Golden Binder' and will include parents in the review of this as well as the ongoing review of the Local Offer website which we are looking to update in 2020.

c) Bi-Annual Self-Evaluation update

AW thanked everyone for their contributions noting that this is still a working draft and we would still welcome any feedback. We have looked at some other Local Authorities for guidance and inspiration. AW advised that we have looked at how we assess and how we will be judged as well as what we need to do to improve. There is still more work to be done and we will be looking to fill the gaps over the next six to eight weeks. An updated version of the Self-Evaluation will be shared in November with the aim to finalise in December. JT noted that we need to ensure we have a shared understanding and members of this board must share with other groups to make sure we are capturing feedback/input on a broad scale. There are gaps around particular vulnerable groups so we need input to address this. CP advised that there are preparation meetings arranged looking at specific areas and what is missing.

Action: All to provide AW with contributions to the Self-Evaluation.

3. INVOLVE

a/b) Update on parental engagement & co-production priorities

CP presented the slides on engagement. The Therapies Review and ASD Strategy are the main areas of focus at the moment with the next two areas to be 16-19 Transitions and the Local Offer pages to Adult Services. ND noted there was a children's event last Monday which was very successful and recognised there is more can be done around children and young people accessing health appointments. ND is linking up with Grace Over on this. CP advised that ND would be very welcome to send someone to the meetings.

Action: ND to advise CP who should be invited to meetings regarding engagement

PF asked what the timeline is for the 16-19 Navigator. CP advised that the final draft should be ready by December and will be taken to the Education and Children's Committee. HM advised that parents have identified as wanting to form the new Parent Carer Forum, they are all very new so HM is working with them but they

have already met to decide how they would like to move forward and are looking at appointing a host organisation. HM will keep us updated on progress. HM also noted that she will be supporting Health Watch on discussions with children and young people about their health.

RC updated the group on the Parent Panel noting that there have been some good meetings which have been well structured with realistic expectations. RC also noted that guest speakers are always welcome so if anyone would like to attend please let her know. CP stated that it has been a positive process and it is good to have a body of parents to help with various issues. AW advised that are still monitoring to make sure that we have fair representation in the group and would welcome any requests/suggestions for additional members. CC noted that the Council has recently recruited two outreach workers and asked who would be best to link with.

Action: CC to link Outreach workers with AW

SC noted that colleges are not being invited to SENCO events and would like to be included.

Action: SC to provide CP with contact details of who should be invited to SENCO events.

c) Update on Workforce Development

AW advised this is in the early stages and we are currently mapping who is in the workforce. Internal workshops are taking place, looking at strengths and weaknesses. The aim is to have a proper view and action plan and will update at the January meeting.

Action: Update on Workforce Development to come to January meeting

4. Improve

a) SEND Futures Plan

AW presented the SEND Futures Plan update report and ran through the workstream summaries.

b) Deep Dive topic – Health needs and health provision

TM presented the first half of the presentation noting that they are striving towards avoiding children and young people dropping into a category of ‘not my responsibility’ in terms of funding. A very significant portion of the expenditure is on total acute commissioning and work is being done to try and reduce some of this, one example being people attending A & E when they don’t really need to. The NHS Long Term Plan National Commitments was published in January and focuses on universal services being accessible to everyone.

DR and EK then presented on children and young people local priorities advising that lots of work has been done on listening to feedback. Particular areas of success included:

- Reducing paediatric hospital attendance
- Piloting and delivering a new ASD Pathway
- Increasing the numbers of young people with access to mental health support

Key challenges include:

- Levels of demand and capacity in paediatric, therapy and CAMHS services

- ASD assessment waiting times for under 5s
- Pre and post diagnostic support for children and young people with ASD/ADHD
- Community service provision for those with complex needs and challenging behaviours.

Action: All to provide feedback on how we can improve where required.

JT noted that slides were circulated from GO and Mitch providing a selection of quotes from young people on how health professionals engage. These included powerful messages about professionals' behaviour which need to be shared with all our local health providers. Quotes included: "They just turn up"; "Explaining your medical history again and again"; "I feel like a problem to be solved".

Action: GO to circulate slides to all local health providers.

RC asked DR & EH where they took the assessment timescales from as she has personally experienced significantly longer waiting times. DR responded that they are averages. SD suggested providing best and worst results to show a better indication. PF stated that it is helpful to understand what is going on during the waiting time and this could be managed better with more active communication. TM noted that there has been a huge improvement in supporting parents in the early process. ND advised that waiting times are improving but they still need to be better. Priority needs to be around partnership working along the way prior to diagnosis.

HM suggested that we should perhaps focus on supporting families with children age 0 – 5 going through the process. DR advised that the age group 6 – 19 was a pilot and some work is being done in Kingston which will be brought across to Richmond.

5. Minutes of previous meeting and action points

Previous minutes and actions were agreed. JT advised that the business of the Board will now be going on the Local Offer and asked each member of the board to provide a photograph and a short explanation of their role and contribution to the Board.

Action: JR to circulate template for photo and short text

6. Forward Plan

JT advised that the format of the agenda going forward will continue as Inform, Involve and Improve. The next deep dive focus will be Children's Social Care.

7. AOB

LT – reported on a recent TAG Market Place event which was very well attended and had 57 stands. JT thanked everyone who attended the event. SD noted that social care were not made aware of the event.

CC – advised there is a refresh of the Children and Young People's Plan, a communication will be sent out asking everyone to look at the values for comment. CC asked if people felt it was important to have a specific section on SEND. TM responded that it is.

TM – noted that the CCG AGM is next week and all are welcome. The Health and Care Plan is now out and TM is happy to come and talk to anyone if required.

Future meeting dates: 26 November 2019 9.30 – 11.30am – York House, Twickenham