



Kingston SEND Partnership Board

	Monday 9 March 2020, 10-12pm
	Council Chamber, Guildhall, Kingston upon Thames

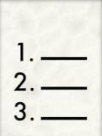





Members

Ian Thomas (Chair)	IT	Chief Executive	Royal Borough of Kingston upon Thames
Alison Danks	AD	Associate Director for Health Services	Achieving for Children
Alison Stewart	AS	Designated Clinical Officer for Special Educational Needs & Disabilities	Kingston and Richmond Clinical Commissioning Groups
Anna Chiva	AC	Associate Director for Special Educational Needs	Achieving for Children
Ashley Whittaker	AW	Programme Director	Achieving for Children

Brian Gale	BG	SEND Professional Adviser	Department for Education
Charis Penfold	CP	Director for Education Services	Achieving for Children
Cllr Diane White	DW	Lead Member for Children's Services	Royal Borough of Kingston upon Thames
Elizabeth Broadhurst	EB	Interim Children's Commissioner	Royal Borough of Kingston upon Thames / Achieving for Children
Helen Green	HG	SEND Support Broker	Kingston Centre for Independent Living
Ian Dodds	ID	Director of Children's Services	Achieving for Children
Iona Lidington	IL	Director of Public Health	Royal Borough of Kingston upon Thames
Karen Long	KL	Service Lead, Frontline Services	Your Healthcare
Laura Smyth	LS	Chief Executive Officer	Yorda Adventures
Nigel Evason	NE	Interim Children's Health Commissioner	Royal Borough of Kingston upon Thames / Achieving for Children
Peter Mayhew-Smith	PMS	Group Principal and CEO	South Thames Colleges Group
Rachel Nye	RN	Headteacher	Tolworth Infant and Junior School
Sara Doyle	SD	Associate Director for Identification & Assessment	Achieving for Children
Sean Maher	SM	Headmaster	Richard Challoner School
Sian Wicks	SW	Non-Executive Director	Achieving for Children
Stuart Sweeney	SS	Lay Member	
Tonia Michaelides	TM	Managing Director	Kingston & Richmond CCG

Apologies			
Alison Twynam	AT	Director Children's Social Care	Achieving for Children
Beverley Pass	BP	Parent Representative	Parent Carer Forum
Claire Deadman	CD	Nursery Manager	One Nine Seven Early Years Nursery
Grace Over	GO	Participation Officer for Children & Young People with SEND	Achieving for Children
Leigh Edser	LE	Principal	Dysart School
Martin Ellis	ME	Interim Director of Commissioning & Transformation	Kingston and Richmond Clinical Commissioning Groups
Sarah Ireland	SI	Director of Corporate and Commercial	Royal Borough of Kingston upon Thames

 Minutes		Action 
1. 	Welcomes, Introductions and Apologies IT welcomed the Board members, apologies given and introductions were made.	
2. 	Updates a. Written Statement of Action (WSOA) – Charis Penfold CP gave a brief update on the WSOA, which was distributed prior to the Board. CP reminded the Board that the monitoring visits continue and are held on the	

same day as this Board and are attended by the Department for Education (DfE). The purpose of the visit is to update and review progress.

The four areas are: -

1. Quality of EHCPs – CP explained that the report has been split into “What has Happened, Risks and Next Steps”. There is evidence of progress, but the impact of the Therapies review and next steps has been flagged as a risk, this will be discussed during the therapies presentation at item 3. Next Steps, BG is going to complete some quality assurance work on the systems and structures across both AfC and the CCG. At the next meeting the Board will also hear the DfE’s point of view about what has happened and moved forward. Training continues within the SEN team, health and social care around quality and the disabled children’s team are coming in to complete training across health and social care.

IT asked about the LGO Richmond Audit, there had been a conversation at the last Board about completing a similar process for Kingston and suggested an update would be helpful. AC explained that the LGO were half way through their audit and it has been a useful process. Helpfully it is showing that 98% of parents receive their first school preference at transfer for their child with SEND. 78% of parents receive a notification of key decisions. Communications around placements is good. A concern is around the Annual Review process, with the changes often related to health issues and changes in therapy provision. AC / AS are meeting to ensure that we are at least statutory compliant. A lot of work is being completed in partnerships with our providers. There are a few issues with our systems and record keeping, but work is being completed to resolve these. CP noted

that the LGO report will be ready in mid-April, so that would be a better time to reflect on what would be appropriate for Kingston. CP noted that the LGO will be invited to meet us and discuss the outcome, rather than just sending the report.

2. Annual Reviews (AR) – CP noted that the ARs are our most challenging area. They are taking place, the issue is the subsequent amendments in a timely way. Transitions’ years are strong, but the interim years are a weaker area. AC noted that the team are reviewing processes to ensure that we are more thorough in what we amend. IT asked how long it will take until we are in a better place. AC explained that outside the key stage we are at 100% and 45% of our ARs are amended in a timely way. There are no benchmarks to compare with other LAs so it is difficult to see where we are nationally. To try and help improve this area and clear the backlog, AC is reviewing the roles and responsibilities within the team.
3. The work of the CCG – This relates for example to waiting times and there is a presentation at item 3.
4. Parental Engagement – This relates to the Parent Carer Forum (PCF) and this has been flagged as a risk based on the length of time it has taken to formally establish the PCF. The PCF is now holding a launch party on 05.04.20. The Parent Consortium continues to meet and parent feedback is now collected at various stages of the EHCP process and at SEN Support.

b. SEND Transformation Plan – Ashley Whittaker

AW gave a brief update on the SEND Transformation Plan, which was distributed prior to the Board. In regard to the timeline, the plan went to the

Health and Wellbeing Board and the Children's and Adults Care and Education (CACE) Committee in January and they agreed that the updated version, which will be the 5 year version, will go back to those Boards in June. The timeline for that includes consideration by the Parent Consortium on 01.05.20 and this Board on 15.05.20, before it is published as public papers at the end of May.

Workstream One – Co-production and Participation. The PCF will formally launch on 05.04.20. It was announced at the beginning of March. There are 400 places at their launch event and over half have already been booked.

Workstream Two – Commercial Thinking and Joint Commissioning. Jessica Thom has joined AfC and will be attending this meeting going forward. Nigel Evason has replaced Doreen Redwood as the Interim Children's Health Commissioner. **NE** is an experienced Commissioner and will be jointly accountable to the CCG and AfC.

Therapies Review – **TM** and **KL** will be presenting an update at item 3.

Workstream Four – Early Intervention and Planning. The Associate Director of Pupil Support will be joining AfC in mid-April and will lead this workstream jointly with a Headteacher.

Workstream Five – Assessment and Planning. As discussed above, training continues within the SEN Team.

Finance – Looking at the forecast for this year, we are approx. £300K better off than we were in January, this is due to the ongoing work with placing children locally and better commissioning.

There are ongoing discussions with the DfE about what else we can do locally. At the DfE / AfC meeting in January they didn't identify anything significant that

we were not already doing. There are also conversations nationally about the treatment of overspends and their impact.

There was a discussion about SEND Champions and **AW** explained that there is a lot of ongoing work in social care to upskill social workers in their understanding of the SEND Reforms and what they do in their day to day work with children with SEND. **AT / SD** have agreed to increase the number of champions from 2 to 5. They will become the centres of excellence within social care in terms of best practice and sharing that knowledge with the rest of the service. There are now monthly meetings with the leaders within Children's Social Care, SEN and Education.

AS suggested a SEND Rick Register. **AS** will take forward a first draft, share with colleagues for contributions and bring back to the Board.

3.



Performance Dashboard – Ashley Whittaker

AW gave a brief update on the Performance Dashboard, which was distributed prior to the Board. In January the focus was on Q3, as we are only in March, Q4 has not been completed, but there are a number of items to highlight.

NEET Data – RBK are 3.5%, London are 6.7%.

SEN Support – RBK are 4.3%, London are 7.8%.

What is working well – The results for the Primary Education Inclusion Service were strong and placements are stabilising.

Concerns – Waiting times for therapies, but this will be presented by **TM / KL**.

AW noted that academic progress data has been updated since the January Board and is also benchmarked.

Secondary SEN Support was not as strong as previous years and the Peer Reviews in our secondary schools aim to respond to this.

Key Stage Two – Results were less good than in previous years for some SEN measures and an in-depth analysis has been completed, looking at every school individually. After discussion it was agreed that this is a difficult area to review based on a very small cohort size. EHCP children who attend a mainstream school are sometimes not being put forward for the assessment because they have not been accessing the KS1 or 2 national curriculum and therefore it is inappropriate, and it is unfair to expect them to complete the end of key stage assessment.

Finance – **IT** noted that work is underway nationally on how the deficits are being treated. Of the 32 LAs who submitted a disapplication, 22 were turned down. We still need to be pragmatic about putting money in the right places. There is still a shortfall for the therapies provision and it is good news that the CCG have increased their investment, an additional £25K in 2020/21, and building to an additional £580K per year in 2022/23 and beyond. **CP** noted that referrals are increasing and the money needs to address increase in EHCPs as well as the new balanced model.

a. Speech and Language Therapy (S&L), presentation attached.

TM / KL gave a presentation on S&L. **TM** talked the Board through what is working well, concerns and actions for improvement. Working well, the therapy review recommendations by the CCG and AfC have had a positive response. The

CCG have agreed additional funding for 2020/21 and also subsequent years. The schools forum have agreed to allocate funding from the Early Years Block for 2020/21, but this is specifically for therapies for children aged 0-5 year olds. The concerns are, waiting times for first appointments are still high. Education funding remains uncertain for those children aged 5+. Going forward AfC are in discussions with schools regarding possible SLAs to increase funding for children aged 5+. The CCG / AfC are in discussions to agree funding for joint therapies and there are further discussions regarding appointing a transformation lead. Yourhealthcare are introducing a plan to help reduce the backlog of appointments. KL explained that progress has been made, waiting lists have been reviewed, refined and prioritised. Saturday working has commenced and an additional 10 children are seen each week. A priority cohort has been prepared for those children due to start school in 2020, who may need additional support. Maximum waiting time has reduced from 115 to 70 weeks, partly due to the additional sessions. Feedback from families has been positive. A second cohort has been established for those children starting nursery in 2020, this cohort will be offered appointments from April-June 2020. Going forward early evening and Sunday sessions will be considered. Bank staff will be recruited to keep costs down, but this will be a challenge. Waiting lists / times will be monitored monthly to review progress and an update will be prepared for this Board. The target date to reduce waiting lists for all ages is 9 months. KL explained that the service will need to plan carefully for the ongoing work with children after the first appointment. It will be a challenging time for staff who have the additional work and their wellbeing will be monitored.

It was agreed that S&L referrals are included in the First 1,000 day's project, but speech and communication provision still needs to be addressed. It is hoped that the voluntary sector could help with promoting wellbeing and getting children active. It was noted that the Corporate Parenting Committee is aware that more work is needed to help support young people with additional needs.

b. Tier 2 CAMHS waiting times

TM gave an update on The SWL Children's and Young People Mental Health Trailblazer, **TM** explained that a Mental Health Support Team (MHST) has been established and has been working with some Kingston schools since September 2019. SWL has established a MHST with five local colleges and is the only MHST in London focussing on young people aged 16+. Also the waiting times for ADHD and/or ASD assessments has reduced, due to a local pathway for neurodevelopmental assessments being established since April 2019, this is in addition to the SWL specialist pathway. There is now a digital platform providing access to information self-help advice and digital counselling for all young people living in Kingston. There has been approx. 2,200 logins during 2019/20. There is also access to a CAMHS Emergency Service for all young people 7 days a week. It was noted that this is all positive progress, the concerns however are, the rising number of referrals, a reducing Tier 1, waiting time for Tier 2 can take up to a year. The recruitment of clinical psychologists is a challenge and also the lack of capacity for Tier 3 for those with complex needs. It was agreed that the Board would receive an update at their next meeting on progress achieved in addressing all these points. **Action TM.**

TM

4. **Spotlight on Transitions to Adults, presentation attached.**



ID explained that the Transitions Board has been established. Currently AfC and Kingston Adult Social Care meet to discuss young people in transition, this is a collaborative approach and also includes shared decision making arrangements. The Transition Board identified two workstreams and will build on the effective co-working. Workstream One, Jonathan Brown will be the lead and will look at developing integrated pathways across health and social care, they will look at current pathways and will implement new models of service design pathways, supporting a smooth transitions process. Workstream Two, Jessica Thom will be the lead and will focus on data, planning and commissioning from age 14+. They will look at forecasting and mapping demand and develop joint decision making and take a collaborative commissioning approach.





ID asked the Board, which was divided into small groups, to take 15 minutes to discuss and note what could contribute to a positive transition process for young people in Kingston. The following feedback was noted: -

1. Shared knowledge and understanding across all teams who talk to young people about what is available Post 18. Look at learning or E-learning with schools, social workers, SEN, health and also include parents so that everybody involved knows what the thresholds are and whether you can access it.
2. Support from the broader community and how we could help their independence and create broader opportunities and help young people become more independent with living and work opportunities. Look at

possible house shares with an independent person, by living together they learn from each other and have that additional support, this would also help with personal budgets.

3. Creating a departure lounge with all those involved in the young person's life, to gather information to help that young person prepare for the transition and help them track and predict. Planning for independence does not start at 14, it must start much earlier.
4. Looking at the fact that there is a relatively small number transitioning into adult services, the Annual Review process at 14 is crucial and from 14 through to 18-25 we need to focus on the support required and include housing, transport and employment opportunities. We need to work with whoever is involved in supporting the young person and help them with decisions and stay supporting them. There are some charities that could help in this area i.e. Young Minds.
5. Targeted support for individuals through the transitions pathway. Teenage focus team with key workers to help with support and trust.
6. Outcomes around employment, community inclusion including health, GPs, local employers. What is the local offer, do we all know the outcomes. We need to involve parents or those involved in the young person's life and have conversations earlier to show that there can be good outcomes for young people.

The notes taken by the Board will be shared with Jonathan Brown to include in the workstreams.

<p>5.</p> 	<p>Actions</p> <p>Actions completed and the previous 23.01.20 minutes were agreed.</p>	
<p>6.</p> 	<p>Terms of Reference Update</p> <p>IT asked the Board to review the Terms of Reference and submit any comments / suggestions by 16.03.20. The updated Terms of Reference will be reviewed at the next Board – 15.05.20</p>	
<p>7.</p> 	<p>Forward Plan</p> <p><u>May Board</u></p> <p>Mental Health Strategy Update – Invite Jo Steer, AfC and Portia Kumalo, NHS</p> <p>PCF Update</p> <p>Speech and Language Waiting Times Update</p> <p>WSoA – Review the impact and the difference it has made to our CYP.</p> <p>Final version of the SEN Transformation Plan</p> <p><u>July Board</u></p> <p>Restorative Practice</p>	<p>NG</p>
<p>8.</p> 	<p>Other information, questions or suggestions</p> <p>It was noted that there needs to be wider representation from parents / PCF at the Board.</p>	

9.



Finish

IT finished on the good progress that is being made. 98% of children and young people receive their first choice of school at transition. Good to see the positive NEET results for SEN support and EHCP children. In terms of spending there is still a lot of work to be done. We still need to reflect on sufficiency and early intervention. Good to see the urgency around mental health and Speech and Language Therapy. Thank you to **TM** and **KL** and their teams for the impressive waiting time developments in the past 6 weeks. Strong trajectory should see those ambitious targets achieved. It is good that Jessica Thom has joined and will be working with Martin Ellis on commissioning. The Transitions Board is a positive step forward and it is good to see us helping young people plan pathways into adult social care, including the work on personal budgets. Work continues on therapies, PCF and sufficiency.

KINGSTON SEND Partnership Board will next meet on:

NB. Electronic invites have been sent.

15 May 2020, 10-12pm – Venue TBC

8 July 2020, 12.30-2.30pm – Venue TBC

16 September 2020, 10-12pm – Venue TBC

12 November 2020, 10-12pm – Venue TBC

21 January 2020, 12.30-2.30pm – Venue TBC



Glossary

SEND	Special Educational Needs and Disability
Transformation Plan	This is Kingston's big plan for improving services and support for children and young people with SEND and their families.
CCG	Clinical Commissioning Group This is a group of people who work for the National Health Service (NHS). They plan and provide health services for the local area.
Performance Dashboard	This shows how we are performing against targets that we have set to tell us how well we are doing.
Written Statement of Action	This gives an update about progress we're meeting on the four priorities in our Written Statement of Action.
Forward Plan	A list of items that will be discussed at future meetings.