



Kingston SEND Partnership Board

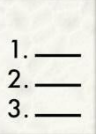

	Wednesday 8 July 2020, 12.30-2pm
	Virtual via Google Meets



Members

Ian Thomas (Chair)	IT	Chief Executive	Royal Borough of Kingston upon Thames
Alison Danks	AD	Associate Director for Health Services	Achieving for Children
Alison Stewart	AS	Designated Clinical Officer for Special Educational Needs & Disabilities	Kingston and Richmond Clinical Commissioning Groups
Cllr Andreas Kirsch	AK	Lead Member for Community and Governance	Royal Borough of Kingston upon Thames
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
Brian Gale	BG	SEND Professional Adviser	Department for Education

Charis Penfold	CP	Director for Education Services	Achieving for Children
George Chaplin	GC	Participation Member	
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
Iona Lidington	IL	Director of Public Health	Royal Borough of Kingston upon Thames
Jessica Thom	JT	Director of Commissioning and Partnerships	Achieving for Children
Jonathan Rourke	JR	SENDIASS Coordinator for Richmond and Kingston	SENDIASS
Nigel Evason	NE	Interim Children's Health Commissioner	Royal Borough of Kingston upon Thames / Achieving for Children
Sean Maher	SM	Headmaster	Richard Challoner School
Sian Wicks	SW	Non-Executive Director	Achieving for Children
Stuart Sweeney	SS	Lay Member	
Apologies			
Alison Twynam	AT	Director Children's Social Care	Achieving for Children
Claire Deadman	CD	Nursery Manager	One Nine Seven Early Years Nursery
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
Helen Green	HG	SEND Support Broker	Kingston Centre for Independent Living
Karen Long	KL	Service Lead, Frontline Services	Your Healthcare
Laura Smyth	LS	Chief Executive Officer	Yorda Adventures
Leigh Edser	LE	Principal	Dysart School
Martin Ellis	ME	Interim Director of Commissioning & Transformation	Kingston and Richmond Clinical Commissioning Groups
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
Tonia Michaelides	TM	Managing Director	Kingston & Richmond CCG

 1. — 2. — 3. —	Minutes	Action 
1.	Welcomes, Introductions and Apologies IT welcomed the Board and apologies were noted. The previous minutes were approved virtually.	
2.	<p><i>Q4 Dashboard and report on SEND Services during COVID – Report circulated prior to the meeting.</i></p> <p>AW talked the Board through the Q4 (Jan-March 2020) dashboard.</p> <p>Areas that are going well, the top 3 are: -</p> <ol style="list-style-type: none"> 1. SEN Support Survey, this was conducted to help understand the experiences of young people who have SEND, but do not have an EHCP. The survey was sent via schools and approx. 60 replies were received. The learning from this has been noted. 2. A new Annual Review Form was launched by the SEN Team in February 2020. 3. A positive financial note, the average spend per EHCP was down by 4%, there was also a 4% reduction in average spend per plan in the previous financial year. <p>Comments</p> <p>CP noted that the reduction in average spend is due to the investment in Local Provision, which has been extended considerably in recent years. The impact of this is that fewer children travel out of borough and the number of children in independent placements has reduced. The next area to review will be the Post 16 Local Offer.</p> <p>AC commented on the Annual Review form, recent feedback from young people showed that 75% felt engaged, listened to and felt part of the process. One area where we need to focus is for pupils in the secondary phase, but in general we are moving in a positive</p>	

direction. From September 2020 we are hoping to report on the Outcome data from the new Annual Review form.

SS noted that in Kingston it has been reported that the cost of Covid has impacted the Council budget by 10M this year and 8M next year and asked whether this will have an impact on the SEND provision? **IT** explained that it will not as the SEND budget is part of the ring fenced dedicated schools grant, the cost that was reported was the general fund for the day to day running of the Council.

AW continued with the areas of concern, the top 3 are: -

1. The feedback from parents regarding the EHCP assessment process was low. After reflecting on this, the process was updated from the first quarter of this year.
2. At the end of the financial year the Dedicated Schools Grant overspend was 5.2M. The High Needs Block was overspent by 6M. Sadly there is still a significant gap between the income the Department for Education provide and what it is actually costing us to provide our statutory duty.
3. Covid has started to have an impact, not only on our children and young people with SEND, but also on the Transformation programme and this is evidenced in the data. A number of health professionals were redeployed and some areas are now progressing at a slower rate.

Comments

After discussion it was agreed that it is important to capture the narrative and evidence our progress in regard to our Ofsted inspection. Prior to the Board Achieving for Children (AfC) met with **BG** from the Department for Education (DfE), where updating information for the inspection was discussed. **BG** commented that it is important to capture how well AfC has responded and how joint working and co-production has continued, albeit virtually, and is working well. AfC can also demonstrate that they are listening to parents and are using feedback to inform how they respond to Covid. There are also areas e.g.

	<p>EHCPs and Annual Reviews, where business has continued as usual. However, the areas that have been unavoidable delayed due to Covid must also be evidenced.</p> <p>IT noted the application of easements, understandably parents and carers are concerned. Kingston have been pragmatic and not used reasonable endeavours to the extent that they could have. CP agreed and noted that online therapy has meant that we have been able to continue with this provision. AfC have worked with schools and health professionals to support, as the demand has increased. Schools have been encouraged to prioritise children and young people with an EHCP to access provision.</p> <p>In respect of point one, the low response from parents. AC noted that we have reviewed the timings when parents are asked for feedback and are aware that parents can feel overwhelmed by the amount of information that is requested. Following on from an Annual Review, an AR Officer telephones parents for feedback. All parental feedback is tied into our Quality Assurance process.</p> <p>BP noted that the Parent Carer Forum are completing a survey to measure the impact of Covid and priorities moving forward.</p> <p>SM noted that AfC have been very supportive of schools throughout Covid.</p> <p>IT highlighted the point regarding finance, which is a concern and will remain so, but results had been worse in earlier months and a lot of work has been completed to try and reduce the overspend.</p>	
3.	<p><i>Therapy Update</i> – X2 reports circulated prior to the meeting.</p> <p>AD noted the key highlights. Implementing the recommendations had been delayed due to Covid, but are now working to move these forward. Staff who were redeployed at the beginning of Covid are now returning. A Project Manager has been employed to co-ordinate Workstreams. An oversight group has been established, which will include parents from Richmond and Kingston. At the next Board a Project Plan detailing timeframes for key deliverables will be shared. The Balanced Framework has been shared on the Local Offer, which was requested by parents. The initial plan for the coming weeks</p>	

is to set up the Workstreams, which will include provider leads, Clinical Commissioning Group (CCG), AfC, parents and young people, meetings will be virtual. Recruitment continues in Occupational Therapy.

AS noted that information about the Balanced Framework was in response to questions from the PCF. There are 5 key areas, which will build on the work already established around family support, environmental support, workforce development in terms of therapies and settings, and also linking in with early intervention.

AW noted the outstanding increase in finance required for therapies. The CCG did provide additional funding. The Schools Forum also approved the use of money from the Early Years block for therapies, but were unable to reach an agreement at the beginning of 2020 for the additional funding for children for children aged 5+. Headteachers were contacted in March 2020 with a proposal for a medium term service level agreement, but due to Covid this was delayed. It has been agreed to return to Schools Forum in September with a proposal about how the money required is raised to fund the therapy provision for those children aged 5+.

IT asked about the timescales around waiting times for therapies, which had started to improve before Covid. **AD** noted that, where possible, appointments have been virtual and progress has been made. However, some appointments have not been able to take place because they do need to be completed face to face and this has been a big impact around the waiting times for Speech and Language Therapy and under 5's ASD assessment. Staff were also redeployed. Face to face appointments do need to start as soon as it is possible, depending on government guidance.

SW asked if the new balanced system approach was compliant with NICE guidelines, in particular for ASD under 19's, in terms of recognition and referral diagnosis. **AS** noted that the guidelines were embedded in the balanced system, but do not tackle the waiting times for diagnostic pathways and that the balanced system will address support for children when they need it, but will pick up on assessment times for diagnosis.

	<p>BG asked about approaching schools regarding funding to invest in therapy provision. Are the benefits clear for schools and are there clear answers to the questions about how the funding will improve teaching and learning and improve development progress for pupils in schools? CP noted that workshops were completed with schools in the past to outline this, but could be revisited. CP agreed, the response needs to be robust in emphasising the benefits.</p> <p>IL asked about the recovery plan around waiting times. AD noted that for the ASD pathways, which is the main concern, there is a plan in place, which is in the final stages of risk assessment regarding how face to face assessments will be completed within Covid guidance. AS noted that Yourhealthcare are addressing the Speech and Language waiting times.</p>	
4.	<p><i>Mental Health Update – Presentation circulated prior to the meeting.</i></p> <p>NE noted, as with all health providers, Covid has been a difficult time and the mental health service has had to readjust and provide virtual assessments, which proved challenging as not all children and young people can access virtual appointments. Assessments have been going well, but treatments were challenging as they do need to be face to face.</p> <p>NE explained that South West London CCG have created a Covid Resource Hub, which provides information to assist families. The Trailblazer Project also continued during Covid, but virtually. KOOH, which provides counselling information and is now available in every borough across South West London, including Kingston.</p> <p>The CAMHS Single Point of Access, before Covid waiting times were high and increasing and led the service to produce a business case, sadly this has been unable to progress, but will be a priority moving forward. Currently, emergency and urgent referrals are being prioritised. Non urgent referrals are being cancelled or put on hold. There is a recovery plan in place across South West London to try and return to business as usual, access to mental health is part of this plan.</p>	

Emotional Health Service – Tier 2, the waiting times for initial choice appointments was 8-10 weeks, in Kingston these are now 7-8 weeks, but the treatment times are longer as they need to be face to face.

CAMHS – Tier 3, prior to Covid, Kingston CAMHS saw 50% of referrals within 8 weeks and 50% seen within 9-18 weeks. Currently the average wait is 9.3 weeks in Kingston, which is an improvement.

AD and ADHD, prior to Covid the waiting times was 8-10 weeks, sadly this has increased to 10-12 weeks.

South West London Neurodevelopment assessments, pre Covid the waiting times were 6 months, this was due to the demand being higher than capacity. Currently the waiting times are still high, again this is because the assessment needs to be face to face.

Neurodevelopment referrals, urgent referrals are signposted in a timely way. There was a backlog prior to Covid, this has reduced significantly and by the end of July it is hoped that the backlog will be cleared.

Services have struggled with capacity and were unable to cope with demand, in particular for treatments appointments, this was due to re-deployment during Covid. Non urgent treatments were placed on hold and will need to start again, however this is going to put pressure on the service going forward and will be part of the recovery plan. CAMHS will continue to be under pressure, especially for those vulnerable groups who need psychological and psychiatric support. However, the overall CAMHS delivery model will be part of the South West London Transformation Plan to try and meet the need of the anticipated increase in demand. **NE** noted that there is a New Director of Mental Health, John Atherton, for South West London, who will be helping the team make an impact. Investments are still a challenge and under review.

IT noted the reduced waiting times and asked about the plans to continue reducing these. **NE** explained that they are working together with CAHMS SPA colleagues to look at the

	<p>types of referrals coming through and also processes, making practical improvements and improving communication.</p> <p>SS asked if there has been an assessment of the anticipated anxiety and depression cases post Covid. NE explained it will be part of the integrated work in the recovery plan. Kooth has helped in providing information regarding future demand.</p> <p>AS noted that the Local Dynamic Support Register is being developed. This is a mechanism where the multi-agency system will look at children and young people with complex needs. This is a requirement of the CCG, preliminary meetings will begin soon and the actions from this will be to look at co-ordinating the support offer for these children and young people, which will include those on current waiting lists.</p>	
5.	<p><i>Outcomes Framework - Report circulated prior to the meeting. Presentation will be sent with the minutes.</i></p> <p>AS explained that as part of our Written Statement of Action the Council for Disabled Children (CDC) are providing support. It involves two tiers, first looking at a high level outcomes framework, which was presented at an event in early March 2020. Secondly working with partners to look at how we work with children and families to develop outcomes for education health and care plans. The second part has been put on hold due to Covid, but are looking to confirm a date in September to meet virtually. The learning from this event will be used in a rolling programme of training.</p> <p>The purpose of the event in March was to bring multi agencies together to discuss outcomes, both strategically and operationally. The day began with feedback from parents. The three key messages were, “Inform” and “Involve” parents and carers in service development, implement and “Improve” moving forward. There was also feedback from young people regarding outcomes and AS noted that this is an area where there is a need for further consultation, preparations are in place to look at this area.</p> <p>There was a review of the mechanisms of the outcome based approach to commissioning. AS explained that it was helpful to look at commissioning and operational delivery together. AS noted that they linked to the NHS outcomes based approach to</p>	

	<p>commissioning because different data systems are being used and they need to be brought together. The strategic vision was agreed and a commitment to co-production, the focus is now looking at developing outcomes that are meaningful and how this can be reported.</p> <p>AC updated the group about the outcome based approach that is taking place throughout the country e.g. Hertfordshire, Leeds and the Royal College of Speech and Language Therapy, these were co-produced with their provider partners and are embedded in their practice. AC noted that there are strong links to preparing for adulthood and that the core principles are communication, rights of the individual and support at the right time and how these need to be embedded in our partnership work. At the CDC outcomes event in March the group identified shared outcomes and next steps, these are listed on slides 12 and 13 of the presentation attached.</p> <p>IT noted the work by Leeds LA and their restorative practice. AW noted that the Restorative Practice Consultant who was going to present at this Board has been delayed until autumn 2020.</p> <p>IT invited GC to contribute on how we can improve engagement with young people. GC noted that in general the main challenge is the jargon used, which can be very complicated especially when the NHS and the council come together, there are different systems to navigate. It would be helpful to have a process explaining the jargon used to young people before meeting them.</p> <p>IL noted that Public Health and Adult Social Care colleagues are happy to be involved in the transition and outcomes work and conversations going forward.</p>	
6.	<p><i>Draft updated SEND Transformation Plan – The draft plan was circulated prior to the meeting. Presentation will be sent with the minutes.</i></p> <p>AW presented the update around the draft SEND Transformation Plan and noted that it is still a draft. AW reflected on the quality of improvements in the last 18 months and the significant progress that has been made e.g. the quality assurance processes, the expansion of local provision. The plan also reflects the changing financial situation. AW</p>	

noted that the Government have recognised that the system is underfunded, but still needs further clarity. There are also ongoing conversations about the DSG deficit going forward. The other areas also included in the plan are the education commission, which has an action plan, some actions have been completed. Those actions not completed, but relate to SEND have been incorporated into the Transformation Plan. The actions from the Written Statement of Action have also been incorporated. **AW** noted that rather than having three action plans they have all been incorporated into one to make it easier to track. Feedback and learning has been included and we continue to identify areas for improvement. The plan is now a five year plan and not three, the DfE have noted that some changes will take more time to implement. **AW** explained that the original plan was education focussed, the updated plan includes the whole system with greater engagement with partners. Kingston have also appointed a Designated Social Care Officer for SEND and it was noted that this is innovative and there is only one other in the country. There is greater emphasis on the outcomes framework, which includes commissioning and is included in our vision. **AW** continued to explain the detail around the DSG deficit, governance and workstreams, please see presentation attached for detail. **AW** noted that it will be placed on the Local Offer and all feedback is welcome. The Transformation plan will be taken to the Schools Forum in September to discuss finance arrangements, the plans will also return to the Health and Wellbeing Board and council committees in the autumn for final sign off.

IT noted that a lot of work has been completed and improvements made. **BG** noted that the plan is strong, but questioned the Preparing for Adulthood (PfA) involvement in the plan. **AW** confirmed that PfA is embedded in the plan under Local Provision. There was a discussion around finance and the need for clarity. **IT** noted that Kingston will be writing to the DfE about the grant guidance published in January and also the Chartered Institute of Public Finance and Accountancy - CIPFA about guidance that was recently published.

Cllr Kirsch asked if there is any planned modelling for finance and services around the anticipated increase in SEND support and EHCPs due to Covid. **AW** noted that the CCG are

	<p>anticipating a 20% increase. Currently there is no detailed model as it is difficult to predict what will happen, but it will be monitored closely.</p> <p>GC noted that Kingston are marked as having inclusive schools, how is this measured. AW explained that an independent survey completed in 2019, 150 local authorities were ranked using a number of different data points and Kingston came third.</p> <p>GC also asked, the demand for an EHCP is rising, but is rising faster than the number of young people with SEN support stages in school, why is this? CP explained that there has been less resource across school and Council budget it recent years. Needs have increased, especially those young people diagnosed with autism, ADHD, anxiety, emotional and mental health needs. We are working on early intervention support with our early years providers, schools and colleges to help identify that need. If we get this right, we should have fewer young people who feel that their needs can only be met through an EHCP. Regarding Covid and the increase in demand, we need to be clear about the need e.g. is it anxiety or trauma etc. rather than specific educational need, which would be an EHCP. If a young person is finding school difficult because of Covid it does not necessarily mean an EHCP is the correct route.</p>	
7.	<p><i>Other information, questions or suggestions</i></p> <p><i>a. Richmond LGSCO Update</i></p> <p>https://kr.afcinfo.org.uk/pages/local-offer/information-and-advice/local-government-and-social-care-ombudsman-lgSCO-report-updates/local-government-and-social-care-ombudsman-lgSCO-report-updates</p>	
8.	<p>Conclusion</p> <p>IT acknowledged that a lot of positive work has been completed. Progress is good, but there is always work to do. It is important to capture our story, to include where we were and where we are now. The challenges we have had to face through Covid and the innovative work that is being done. Outcomes must be focussed on, we have a compelling</p>	

vision and we must emphasis this through the whole system and show our high ambitions for our children and young people.

IT apologised to the Parent Carer Forum for the error in the letter regarding SEND children and young people that was sent in the Kingston Council Newsletter. IT asked that BP feed back to the PCF that the Board are always interested in hearing about the PCF progress and happy to support. IT noted that he would be interested in hearing about the delayed launch of the PCF, which hopefully will be later this year / early 2021.

KINGSTON SEND Partnership Board will next meet on:

NB. Electronic invites have been sent.

16 September 2020, 10-12pm – Venue TBC

12 November 2020, 10-12pm – Venue TBC

21 January 2021, 12.30-2.30pm – Venue TBC