

RICHMOND SEND PARTNERSHIP BOARD
Virtual meeting via Google meets
30 September 2020 – 9.30am – 11.30 am

Attendees:	
Tonia Michaelides (TM) (Chair)	Executive Locality Director, Richmond and Kingston, NHS South West London CCG
Jessica Thom (JT)	Director of Commissioning and Partnerships, AfC
Grace Over (GO)	Participation Officer for Children and Young People with SEND, AfC
Anna Chiva (AC)	Associate Director of Special Educational Needs, AfC
Nigel Evason (NE)	Interim Lead Children’s Health Commissioner for SWL London, CCG and AfC (Kingston & Richmond).
Dan Collins (DC)	Acting Head of Learning Disability and Mental Health (Adults), Richmond Council
Ian Hutchings (IH)	Headteacher, Sheen Mount Primary School
Charis Penfold (CP)	Director of Education Services, AfC
Jonathan Rourke (JR)	SENDIASS Team Coordinator for Richmond and Kingston, KIDS
Ashley Whittaker (AW)	Programme Director, AfC
Sara Doyle (SD)	Associate Director for Identification & Assessment, AfC
Cllr Penny Frost (PF)	Cabinet member for Children’s Services and Schools, Richmond Council
Julie Hale (JH)	Divisional Manager Richmond Children’s Services, Hounslow & Richmond Community Healthcare NHS Trust
Alison Stewart (AS)	Designated Clinical Officer for SEND, CCG
Kate Jennings (KJ)	Public Health Lead for Richmond and Wandsworth
Heather Mathew (HM)	Children and Young Peoples Voluntary Sector Strategic Lead Manager, Richmond CVS
Jamie Fisher (JF)	Commissioning representative, Richmond Council
Alex Hardy (AH)	Independent Supporter, Ruils
Tracy Mabbs (TMa)	Early Years provider representative
Jane Spencer (JS)	Non-Executive Director of AfC Board
Ivan Pryce (IP)	Headteacher, Strathmore Special School
Kelly Dooley (KD)	Headteacher,
Rachel Dawson (RD)	Designated Social Care Officer for SEND
Laura Turner (LT)	CEO, Richmond Mencap
Claire Richmond (CR)	Parent Carer Forum
Kirsty Bainsfair (KB)	Parent Carer Forum
Janice Riley (JR)	PA to Ian Dodds, AfC, minutes

Apologies:	
Ian Dodds (ID)	Director of Children’s Services, Richmond Council
Mitch (M)	Young Person representative
Natalie Douglas (ND)	Deputy Director Clinical Services for Richmond and Southwest London
Claire Schneider (CS)	Clinical Service Manager for Paediatric Therapies
Alison Danks (AD)	Associate Director of Health Services, AfC

1. Introductions and welcome

TM opened the meeting and advised she will be chairing in the absence of Ian Dodds who is currently on annual leave.

2. Children and young people update

Mitchell has sent apologies due to clashes with revision for his mocks.

GO advised that she is handing over to AS for the first half of the update.

AS advised that monthly meetings are taking place with AS, GO and the Children and Young People's Participation Team to look at key messages around access to health areas and the therapy review. Two successful meetings have taken place so far. The first meeting focused on the therapy review and looking at the work young people had done in preparation. AS then presented a slide to summarise the key points about what young people had said:

- Don't make assumptions
- Be respectful (don't be rude)
- Let us keep the things with us that help us feel safe and calm.
- Listen to us
- Understand our point of view
- Communicate with us well
- Explain what you are doing and why; including why you are working on particular things.
- Give us information in a way we can understand, give it to the Easy Info group for checking.
- Keep our staff workers the same wherever possible.
- Give us advance notice when changes happen (like a change of therapist; temporary or permanent).
- Changing from one service to another is tricky - this needs to improve for children and young people.

We have agreed to feedback at these monthly meetings where we are at, key themes and actions and also to do some testing to make sure we are going in the right direction.

The second meeting raised interesting questions around GP liaison, including challenges around appointments, both in terms of communicating directly with young people, recognising challenges across the lifespan and looking at quick wins around how information is presented. It is important to ensure advice is given in an accessible way. Feedback received has also highlighted that annual health checks for young people with learning disabilities are not widely known about. Actions from this meeting are for us to link with the GP lead for learning disabilities and produce an information update for the Local Offer website. We are also working with the lead to think about feedback on appointments and how they work as well as how information is provided regarding who they will see and how information is recorded and shared. We are also linking in with the Parent Carer Forum.

GO relayed a message on behalf of Mitch and our young people - the most consistent message we get is around information and the importance of young people receiving information about themselves and anything they are involved in. This issue is around how information is received which is not always in an easy format for them to understand so

there is more work to do on this. GO proposed to the board that each one of us take one small step to improve how we share information with young people. E.g. look at rewording letters to young people to make a simplified version, asking them what they want. GO is happy to have conversations with anyone to help with this.

Action: All to think about one thing they can do to improve communication with young people and send ideas to GO. We will then share some examples of changes at the next board meeting.

AW noted that this is not entirely straightforward but is definitely worth the effort and if people are unsure about how to make material more accessible GO will be happy for people to contact her. It would also be good to upskill people in how to present accessible information and would be really helpful if there could be somebody in each service to be developed in this area. AS suggested linking into specialist areas for help.

KJ noted that she has been thinking about this for some time and was the lead in this area in Merton. KJ has also been working with Image in Action to make communications more friendly.

Action: TM asked GO to gain reflections from the young people to help people's thinking.

3. Parent and Carers update

CR shared slide and gave a brief update

What is going well

- The voluntary sector and the support offered to families has been outstanding.
- Special school placement planning - moving forward to a new SRP at Barnes Primary. CR has been asked to convey, on behalf of parents, their hope that the new structure will be a reserved SEND space available to charities and voluntary sector organisations to provide support for families.
- Collectively reviewing declined needs assessments - looking at quality of decisions and making sure they progress to plans where needed. Ensuring after care where decision not to assess is a reasonable decision. Setting terms of reference with this group.

What is not so good

- Parental emotional and mental wellbeing. Families with SEND are disproportionately affected by COVID and they are really struggling. A lot of parents are not at the top of their game at the moment so a request for us to plan for proactively and individually reaching out to parents.
- Full access to support and provision in children's EHCPs is not fully up and running in some cases, particularly if the support is quite bespoke.
- Annual reviews – there was a lot of activity initially following the audit report to clear the backlog but the final plans are not coming down the line as would have been expected.

The biggest priority at the moment for PCF is expanding and diversifying the steering group membership. The LGSCO report follow up is also a key priority.

Finalisation of EHCPs at 20 weeks remains an issue and was raised at the last forum. Some EHCPs are being finalised at 20 weeks so that they meet the deadline i.e. finalised and immediately issued as draft even though they need further work. CR acknowledged that in some cases plans are finalised due to unavoidable delay and that this is done in the best interest of the child. The concern is that this may obscure a parent's right to appeal. Usually the conversation around completing the plan takes place by phone so there is no trail of confirmation that further work will be done. We need to look at this process as a group but because there is often no paper trail we can't evidence how often this is happening.

AC advised, in terms of responses being received from parents, that around a third have responded and some are not yet due to respond. We are planning to contact families next week but will be very mindful of the fact that some families are struggling with very busy lives.

AC also replied that when we come back to review the statutory assessment requests or where a plan has been reissued it would be helpful to have data from the audit. Numbers are small but we need to make sure it is included in the bigger scheme of improvement planning. CR responded that because of the lack of paper trail around the issue she is not sure what data is available on these circumstances.

Action: AC will look at audit trails to see if there is any of this trend emerging.

KB then shared a presentation detailing the timeline of her family's experiences relating to her 12 year old son who was diagnosed with autism at six years old, and who has high anxiety and demand avoidance tendencies. Difficulties had increased in his final year of primary school, including increased school refusal in the final term, and more so in his first year of secondary school. Insights were provided into their experience of the EHC process, support from Child and Adolescent Mental Health Services, and access to secondary school provision, as was the impact of events on other family members. TM thanked KB for sharing her experiences and gave condolences for a COVID related bereavement in the extended family. TM further noted that it wouldn't be appropriate to do a detailed response at this meeting but it has highlighted some of the challenges faced in Richmond.

AW thanked KB for the points made and advised that we have discussed some of the points around 20 weeks finalisation as well as annual reviews. What has been proposed, subject to agreement of this board, is that in November, by when we aim to have the action plan for the recommendations from the ombudsman report agreed with the Parent Carer Forum, we will come back to this board and have a more detailed look at the points raised and have clear actions against them. Also the overall SEND Futures Plan goes to the Council Committee on a regular basis and we will be producing an updated version sometime this side of Christmas. The plan will incorporate actions and learnings from the Ombudsman report and the Action Plan so that there is clear commitment to bring the issues forward and improve on those.

AC stated that the example does highlight the complexity of partnership working and it is helpful for us to reflect on this case study.

AS added that we need to do some work to triangulate data on timeliness of advice that comes in to AfC from providers as we are aware there are some challenges with this.

Plans may sometimes be issued without that advice and we need to better understand how the delay can be avoided. CR noted and agreed that the PCF is aware there is sometimes delay in professional advice and it is often better to set the plan without it so that other provision can take place. The issue is that there are examples of when the absence of advice is then not followed up on.

AC also noted we have been working closely with Synergy (the IT software provider of the EHC plan database system) and we are aware there has been drift in finalising annual reviews. In part this is because despite recruiting additional staff to clear the outstanding annual reviews finding staff with the correct skills has been problematic and we are now having to recruit again causing a delay. In October Synergy are working on a clear data dashboard to track our progress

4. Minutes and actions from July meeting

Annual review data - Cllr Frost had questioned in July whether data was fair and representative of reality. A discussion took place after that meeting with AH, JR and AC and it was agreed to remove the annual review data because there needs to be some work done on the system that produces the data. AS reported that this is happening in October and we will then be able to report on the annual review performance. This is also linked to findings in the Ombudsman report and also some of the points CR raised earlier.

Therapy update – A paper went to Schools Forum last week which included a timeline and this paper was shared with the papers for this meeting. Any questions can be answered.

Mental health update – the discussion between AH, JR, NE and AS has not yet taken place.

Action: NE and AS to follow up with AH

Outcomes framework – A discussion between AS and HM hasn't taken place. AS responded there are a couple of areas of this. HM asked to be part of the discussion rather than the group talking and then coming back to her. HM has looked at the paper which went to schools and there is no mention of the voluntary sector. It is essential that we include the organisations which are providing support to families. HM asked to attend the meetings and be part of the discussions taking place. AS advised there is a meeting tomorrow and is happy for HM to be invited. HM responded that it is not just about her but the voluntary sector should also be involved. TM acknowledged the issue and committed to ensure the voluntary sector are involved and have sight of reports and recommendations.

Action: AS to ensure HM and voluntary sector organisations are involved in future meetings and discussions.

ID was asked to confirm the affected schools were aware of the findings in the LGSCO report. CP advised that her and ID did follow up with the schools. It has also highlighted the need to share the action plan with some of the SENCOs. We have something arranged for SENCOs and Heads.

The previous minutes were agreed.

5. Q1 Dashboard and SEND Futures Plan

AW noted that some of the data is now quite old as it is Q1. Also during the initial COVID period some services were not delivered in the usual way and it was therefore not possible to collect all of the data we would usually collect. On the positive side, thanks to the Parent Carer Forum and the insights of young people, it had been really useful during lockdown to understand first-hand what was going on within families with regard to for example accessing education, therapies and short breaks. We had good open channels of communication to know what was happening and adjust services accordingly.

During Q1 surveys continued to run g on e.g. engagement in EHCPs and how young people and families felt about the quality of plans although much remains to be done this is going in the right direction. There are still some areas of concern. The proportion of spend in the independent non maintained sector has gone down, which is a sign that the Local Offer is improving. The quality assurance process around EHC plans is up and running and a multiagency group meets bi monthly. There is still work to do on capturing the voice of children, young people and families. Timeliness of health and social care advice is improving and we are proactively measuring it.

The impact of COVID is a worry and there are some signs that the level of need is increasing. We will know more about the extent of this as schools complete more learning assessments and more EHC plan annual reviews take place. The financial situation is still very severe and the average cost of a plan is slightly higher. We are discussing this with the DfE on an ongoing basis. 16 -25 age group not in education, employment or training (NEET) numbers are slightly higher because some vocational courses have not been so available during COVID. Next Step interviews for Year 10 students were also disrupted by COVID lockdown and as a result are behind levels we would normally expect

SEND Futures Plan

This will be updated before Christmas and will then go to council committee early next year.

High priority areas in the Plan for this term, in addition to the recommendations of the Ombudsman report are:

- Implementing improvements from therapy review - lots of working going on and gaining good pace.
- Joint Commissioning Strategy – this is next on the agenda so we will hear from JT and NE.
- 16 - 25 - Local Offer and pathways available
- 16 - 25 - transition process to adult services

Local offer update - in July the provider of the new social emotional and mental health free school due to open in September 2023 at the Barnes Hospital site was announced as Beckmead Trust and we will be working with them to see how exactly that will work.

Emotional wellbeing resource hub (there is a link in paper to the document) is being launched and we are keen for feedback on how useful it is. Lots of resources are included but it is work in progress so please do give feedback.

Finance – we now have the Deficit Management Plan from the DfE and we have started completing our response.

AC is looking for participants for virtual quality assurance of EHC plans. Training will be provided but this is critical to support our understanding across the partnership.

HM asked who they feedback to re Emotional Health hub - AW happy to take feedback and provide to Jo Steer.

6. Draft Joint Commissioning Strategy

JT presented slideshow.

Partnership strategy between AfC, South West London Commissioning Group, Richmond and Kingston. Umbrella that covers all the work that we are doing. This is a draft strategy and we will be inputting feedback from our families. This is not an action plan it is the map of how we get there. We want to be in a position where we can look at the outcomes of what we are doing and ensure we are adapting to how our families are changing.

NE noted that we very much want to work together on this, unfortunately COVID has delayed things but we do have some exciting developments going on. In relation to the Therapies Review we realise we may not have got it quite right in terms of reaching out to everyone we need to. NE assured HM that we will engage her and voluntary sector organisations going forward. We have set up a series of workshops to help with the therapies review. Aligned services and finances eg Hounslow & Richmond Community Health Services and Your Healthcare are helping us. We are also working with social care and education colleagues to ensure we are joined up in our working and thinking. Some education, social care and health finances are being collated into one pot and priorities are discussed at one meeting to see where we can put these investments. Emotional health and wellbeing is another area we want to develop a model which offers access into services without describing tiers. This is a starting point and we hope this will form part of a much wider approach across our organisations.

HM noted she is not clear where short break commissioning sits as it is not mentioned and is surprised to see there is nothing related to parent carers. It feels like children exist in a vacuum and can't see recognition of how we are taking a more holistic view in terms of both children's and parent carers needs. Also notice that in the reference to documents that have been drawn upon, there is nothing that mentions the adults side of work and that influences the commissioning we are doing significantly. For example the Councils Carer Strategy and Strategy for Adults with Learning Difficulties which starts from age 14 to focus on transition. HM would appreciate the chance to feedback more fully. JT responded that we absolutely would like feedback so please do send it to JT and NE. We haven't referred to individual services as this is a high level strategy overarching all services. We do recognise that we need to strengthen the parent carer part of the strategy.

Action: Comments to be provided by the end of this week and then bring back to end of November meeting.

7. Learning from the Audit of Education, Health and Care Plans in Richmond

CP referenced the documents which were shared with the agenda. CR made reference to some of the work we have done. We have escalated some of the cases. Of the final three two have now been closed.

An important part of moving forward is how we work with Richmond Parent Carer Forum and wider partners. SEND is a very complex world and needs real partnership working. The Action Plan breaks down key areas we are looking at and work is already being done on the Annual Reviews. Talked about NEET which remains a big priority.

The draft Action Plan was also shared with the agenda and you will see some areas are red, some amber and some green. We want to work with the Parent Carer Forum to make progress on this. This board will be responsible, along with the Education and Children's Services Committee, for monitoring progress. ID has written to every parent whose case was escalated and each one has a response in terms of compensation. Not all are financial. The important part is what happens now and the learning from this. The Ombudsman is very clear that what is important now is remedy. AC noted some restructure in the SEND team and would like feedback from partners around this. This will be a rolling agenda item to be able to look at the recommendations in detail. TM suggested a deep dive at a future meeting. CP noted also it focuses on partnership process so good to look at the recommendations for everyone to be involved in.

Action: Standing agenda item with a deeper focus at the next meeting

8. Forward Plan

AW stated that this is for the board to decide what they would like on the agenda at future meetings. Some of the items that have come up are:

- A deep dive on some of the points that have been raised by CR - around 20 week issuing, annual reviews and linking that in with more detail in relation to the recommendations of the LGO report.
- More in-depth look at the 16-25 arena - paper going to council committee in the autumn around that.

AW asked if there are any other suggestions.

AS suggested a deep dive on young people who are struggling to access emotional wellbeing services tier two and three where we know we have some challenges. It would be good to look at the detail of gaps in provision - agreed.

PF noted that the Education and Children's Services Committee will be following up on the auditors however it is still important we do it at this board.

AW responded that we will not be able to do all of these topics at the same meeting to be able to do them justice.

Action: AW to discuss with ID – suggested Emotional Wellbeing or 16-25 at next meeting and then the others at the following meeting.

KB asked where parents like her go next if they are not part of the report. AW responded that individual cases are not normally discussed at this board and focus is on system change. There was a discussion about continuing to discuss with AfC and what

alternatives might be. CR stated the point is that when things go wrong parents feel they have nowhere else to go and we should perhaps consider where people can go if they don't fit into other areas. We need to have a mechanism that works for parents that isn't expensive and draining. TM said we would need to give that some thought and look at what processes are currently in place and what else we can do to make this better. TM suggested reviewing the timeline provided. AS noted that often issues are across the wider range of services so perhaps a partnership review of the timeline to see where things could be improved. AC and AS are working on a joint complaints process and suggested expanding that to look at the aspects of the timeline. Talked about a joint triage and looking at how that can be delivered in a meaningful way.

AC and AS have key priorities currently but this will be next on their agenda to discuss.

ACTION: AC and AS to consider the timeline of events provided at this meeting

CR noted work being done on looking at unsuccessful needs assessment is very key as they often see stories where AfC has declined to assess in the first instance, that has been appealed and then the assessment does go ahead. It is often the case that these never get back on track and we see cases where the plan isn't what the child needs and goes through to more appeals and tribunals.

9. AOB

CP would like to thank the school representatives on behalf of communities. Things have been very difficult and our schools have responded amazingly. A very high percentage of children with EHCPs are back in schools. We would like to acknowledge how difficult this is for everyone and particularly to appreciate how difficult it is to be in schools so thank you.

CR asked school reps how the wellbeing of staff is at the moment. IH responded that it is difficult and quite debilitating at the moment. Staff, including senior staff, have a very different and difficult role as they are spending lots of time on queue management, cleaning and bubble control. In addition to this we are managing COVID cases in school, closing down bubbles and protecting groups. IH took the opportunity to note that response timescales for schools may not be quite as they should at the moment and asked for understanding in this respect.

Many school staff have had no summer break and there is currently no let-up in sight and everyone needs to be mindful of this. On a positive note the children are loving being back.

IH also thanked KB for sharing her experiences but suggested and would like it noted that this is perhaps not the right forum for specific individuals and schools to be named. TM agreed and although we do want to encourage people to share stories, individuals should not be named. TM also asked for future presentations to be shared prior to the meeting.

KD thanked the Board for the opportunity to join the membership. KD echoed comments from IH in relation to the school environment at the moment. We are trying to deliver everything and the staff and students are very buoyant. Senior leaders are managing cover. Timelines and deadlines become difficult when trying to manage everything else at the moment. None of senior team have had a break and this also applies to middle

leaders who are very hands on. KD feels this group is very positive. KD also agreed with IH regarding sensitivities around naming individuals.

AW noted the appointment of Rachel Dawson which is a positive development in the local area. We are only one of two authorities in the country to have employed the social care equivalent to AS. In the same way that the Designated Clinical Officer for this group is there to provide oversight of the quality around health provision for children with SEND, we have replicated that in the social care arena. We are delighted to have RD who joined a couple of weeks ago and is already busy getting out and about and understanding what the issues are. We think other LAs will look at us to see the value this role brings to families.

AW also noted that IP and TMA might want to comment on Special and Early Years provision.

IP - staff are incredibly positive although there is heightened anxiety around the needs of our young people with severe learning difficulties where it is not really possible to social distance and many require for example personal care. IP would therefore like to congratulate the staff for overcoming that and thank them for their commitment

TMA echoed what IP said. Early years staff are working tirelessly to engage with professionals and make sure families have what they need. Children are happy to be back and we are amazed at how quickly they settled in. Credit to the staff who are looking after them.

TM thanked all education providers for everything they are doing. Good to hear how things are out there.

TM closed the meeting and thanked everyone for strong contributions.