

RICHMOND SEND PARTNERSHIP BOARD
Virtual meeting via Google meets
25 November 2020 – 9.30am – 11.30 am

| Attendees: | |
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| Ian Dodds (ID) | Director of Children’s Services, Richmond Council |
| Jessica Thom (JT) | Director of Commissioning and Partnerships, 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). |
| 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) | Chair of the Education and Children’s Services Committee |
| Julie Hale (JH) | Divisional Manager Richmond Children’s Services, Hounslow & Richmond Community Healthcare NHS Trust |
| Alison Stewart (AS) | Designated Clinical Officer for SEND, CCG |
| 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 |
| Ivan Pryce (IP) | Headteacher, Strathmore Special School |
| Kelly Dooley (KD) | Headteacher, |
| Claire Richmond (CR) | Parent Carer Forum |
| Minta Townsend | Parent Carer Forum |
| Janice Riley (JR) | PA to Ian Dodds, AfC, minutes |

| Apologies: | |
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| Grace Over (GO) | Participation Officer for Children and Young People with SEND, AfC |
| Tonia Michaelides (TM) | Executive Locality Director, Richmond and Kingston, NHS South West London CCG |
| 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 |
| Jane Spencer (JS) | Non-Executive Director of AfC Board |

1. Introductions and welcome

ID welcomed everyone to the meeting and there was a round of introductions.

2. SEND Futures Plan Update and Q2 Dashboard

AW noted the Plan is about to be updated and will be in the public domain by end of December/early January for feedback. It will then go to committee in March. The updates will impact data that is collated and the performance data dashboard will be aligned.

The Recruits Crew have made a huge contribution and there is also work ongoing with AS. The SEN transport community are working with GO and young people to developing 'About Me' guides.

CR updated for PCF. New people are coming in and we are building a good infrastructure. CR noted that the PCF will be less visible whilst building formal engagement with parents to develop their membership. MT added that there are 11 new members and advised that CR is stepping down as co-chair however Dave Leeman is staying. Targets have been set in terms of membership and they are looking at 500 members in the next year and 1000 by end of year two.

AW thanked CR on behalf of the Board for everything she has done.

AW advised that the SEND Joint Commissioning Strategy is now published on the Local Offer. The five priorities in the Strategy are included in the update report circulated with the agenda.

Things had slowed down on the 16-25 pathway but things are picking up again and there have been lots of activities.

AS provided an update on therapies provision.

- SLT
Recruited 2 band 5's who should be starting mid to late December and 1 band 6 who is due to start end of January. Gone out to advert for further band 6. Shortlisted today so hoping to interview in the next 10 days.
- OT
Gone back out to advert as there were no response in the first round. Better response this time round. The advert closes on 29 November so will be interviewing second week of December. Unlikely to be in post until March.

Lots of work going on with education inclusion. Last year we worked with 116 pupils without EHCPs who may have gone on to have one, however only 22 actually did. Richmond has below average increase in EHCPs.

Troy Hobbs has joined as replacement for Wendy Bolsover. He has been very busy but is now up and running.

We have a meeting with the DfE next week and it looks like they have accepted that many local authorities will need more money in the system and we are optimistic. Tony McArdle from the DfE will be attending.

Data Dashboard

Adaptability has been impressive and the ongoing work is commendable. AW invited the three school representatives to provide an update in their individual areas:

TM advised it has been very busy in the early years sector and there is high level of need around early intervention, signposting, using the Local Offer. TM noted they are making sure families are getting the support on offer. Some families are not noticing issues due to the lack of interaction with other children and families. TM acknowledged and thanked Eps Rob and Sue who have been supporting.

IH noted that he can only speak for his own school as he doesn't have information from others. He has been working to build up engagement with parents as some parents feel less aware of what is going on in school due to COVID safety regulations. IH has been looking at attainment and is not seeing the big gap predicted. Attendance has been higher than ever at 98%. Recruitment has been very positive.

KD agreed with the statement from IH that she can only comment on her own school environment. Attendance has been very good and they haven't had to send any whole cohorts home. They have had to isolate around 56 children so quite low cases. Parents have concerns around attainment gaps but they have been using the GL assessment to compare students nationally and the gap is not as wide as anticipated. KD noted they have stepped up communications to parents and modified some. They hope to have some information for parents on attainment soon which should re-assure them.

IP advised that some children are struggling to interact. Also some of the children come to school on transport so it is more difficult to engage with the parents. Recruitment is proving difficult and locum agencies are not coming up with any staff. Some of this is due to the fact that often Special Needs Teachers come to us from Australia or other countries and this is obviously not possible at the moment.

MT noted that from her perspective it does feel as though there has been better interaction for parents due to the fact that many are now at home.

JR noted a lot of anxiety from parents around their children catching up. There have also been queries around the catch up funding. CP noted that schools will be making their own decisions about catch up funding however it should be noted that this is not a great deal of money. Governing Bodies will ratify decisions, there must be a transparent process and there is accountability in terms of allocation.

3. Update on Health Services

NE shared the presentation previously circulated and ran through the slides.

JH advised that a business case has been submitted for funding in terms of ASD. There has been a 40% increase in referrals for ASD and there is a six month programme in place starting in January and they hope to clear the outstanding backlog. Less clinic space is available due to COVID safety regulations and they have been looking at the possibility of evening or Saturday clinics although it is hoped that Saturdays will not be necessary. Wait times will be reviewed in six weeks. Some children are being seen virtually although some still need face to face appointments.

LAC referrals are sometimes received late and there is a named nurse for Richmond and Kingston now which is creating additional work.

They are looking at an e-referral system which should help and consultation will take place from January with the aim for implementation in April.

NE noted that they have been looking at accessibility for young people and they are working with GO to change appointment letters which are now being addressed to the young person and made easier for them to understand. A child friendly COVID information leaflet has also been sent out.

CR asked if there are any stats on referral to diagnosis times for ASD and ADHD. JH responded that the initial appointment for ASD referrals is 6 weeks but the diagnosis can take up to two years. There is a huge amount of input required to reach diagnosis and there are not enough doctors to review the number of children being referred. There are discussions taking place around future funding requirements.

There was a recent 'Meet the Therapist' event and the main theme was around communication with parents. We need to identify a reporting tool to keep parents informed.

NE noted that due to COVID pressures they have not been asking for, or receiving as much data as they would normally and the data is not being evidenced or cross referenced. NE could give a rough idea of figures but would have concerns around accuracy.

AC asked how we can measure impact and whether we understand what the impact of the wait times are? AC then went on to talk about the link with pre and post diagnostic posts and outreach ASD service and pathway planning, no need for EHCP/diagnosis to attend provisions.

MT asked if there is a shortage of consultants. JH confirmed there is but the decision on diagnosis is multi-disciplinary and there is a high turnover of paediatric doctors. There has been some recruitment interest recently which is being pursued. Locums are high cost.

NE advised that part of the discussions that take place are about what we can do whilst waiting for the diagnosis. There will be further developments around alignment and we need to look at what can be done by people other than consultants.

AC wondered if we should be considering a piece of work around the impact of delays.

4. Action Plan resulting from Local Government and Social Care Ombudsman

AW noted that we are grateful for the contribution from the PCF in relation to the action plan and invited CR to provide some input.

CR noted the hard work of everyone involved in the audit. CR shared a slide detailing bullet points of the PCF response to the audit. Slide included with circulation of the minutes. CR suggested that we need to consider why this took so long to think about and how we can prevent re-occurrence. There needs to be a review of refusal to assess and the effect on children out of education. CR also stated that it would be good to have a

central route for parents to use, outside of the complaints process and she doesn't feel this is addressed in the action plan. ID responded that our reaction is often to wrap a lot of process around things and this can hinder improvement. ID suggested that existing processes need to be refined and improved and noted that this Board will have the opportunity to challenge any issues.

CP advised that we will be taking the agreed plan to schools and governors as moving forward this needs to be a shared action.

AC advised that the redesign is going to SLT for approval and there is regular ongoing multi-layered training for staff, particularly around communication. We are also talking to SENCOs next week regarding the volume of training and how this can be mapped out throughout the year so they don't feel overwhelmed. Feedback from headteachers would be helpful in regard to this training. AC noted there is no college representation on the Board and suggested that this might perhaps be helpful.

CR noted that she was not suggesting nothing is being done in relation to the annual reviews, simply that there needs to be another avenue for parents to take other than the complaints process.

AC noted that Sutton have done something similar and conversations are taking place with them. ID noted that we are currently reviewing our complaints process across the whole of AfC.

MT asked who attends the Quality Improvement Board and who is accountable for such a large amount of work. CP responded that the Board is well represented across the partnership and update reports from the Quality Improvement Board are also taken to the Senior Leadership Team meetings for monitoring purposes. CP advised that the Board initially looked at performance data but is now looking at case studies to review what we are doing about things that have gone wrong. CP also noted the huge amount of different elements to the journey of a child through SEND. CP confirmed that she is confident we have the right degree of oversight and accountability of the Action Plan. ID added that it is important that this Board captures the impact of the Action Plan.

5. Minutes from 30 September 2020, approval and matters arising

Two of the previous actions have been covered by the presentations in the main part of the meeting.

JT noted that GO has only received information from JH in relation to improving communications with young people.

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

6. Forward Plan

AW noted suggested topics for deep dive:

- Tribunals
- Assessments

- Children missing education

CR noted that needs assessments are a priority and we need to make sure they are going in the right direction. It was agreed that this will go to the January meeting.

CP stated that children missing education is a very broad topic and asked for some clarity around what is required. CR advised this was suggested as a case study and is in relation to children who have been out of education and their onward journey.

ID noted that PF has started some work, along with members of the Education and Children's Services Committee, on tribunals and so it would be good to wait until the review is completed to bring that to this Board.

7. AOB

CR noted issues around digital inclusion and advised that PCFs have been working on this as there are concerns for parents who don't have online access.