

## Hammersmith and Fulham SEND Inspection - Health and LA Actions on Areas for development June 2019

No.	KLOE	Theme	Issue	Action Health	Action LA	Who	Timescale	RAGB
1.	1 & 2	Early identification. assessment & early intervention. Early Prevention for looked after children.	Children who are looked after by Hammersmith and Fulham are not always receiving an initial health assessment in accordance with the statutory timescale which may result in a delay in their needs being identified.	Backlog of assessments has been cleared and Cheyne Child Development Service has a plan in place to increase the capacity available for Initial Health Assessments going forward. The CCG will continue to monitor performance at the Clinical Quality Group(CQG) meetings. The Designated Nurse provided briefing for social workers in April 2019 to increase understanding around their role and responsibilities in ensuring timely referrals are made.	Work is in progress in Children's Social Care team to ensure social workers are completing referrals for IHA in a timely manner. An automated notification is in place for LAC nurses when a child comes into care. A new flow chart has been developed for social workers	Corina Christos, Designated Nurse for looked after children/ Robert Holman, Head of Children's Commissioning /Looked After Children team	26/4/19 (CQG)	
				Facilitated workshops planned for all providers with a view to develop integrated child development services including LAC health.		Corina Christos /Robert Holman	Timescale dependent on commissioning model agreed	

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							during 19/20. Clear plan in place and agreed by end of Q1.	
2.	2		The Designated Doctor for looked after children is also carrying out the role of Named Doctor. The current arrangement is not in agreement with current guidance issued by the Royal College of Paediatrics and Child Health which states that these posts should be distinct.	Designated doctor to be decommissioned from acute providers and moved to the CCG.	N/A	Corina Christos /Robert Holman	Timescale s dependent on commissioning model agreed – during 2019/20. Clear plan in place and agreed by end of Q1.	

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3.	2	Identification. assessment & early intervention  EHCPs	EHC plans are inconsistent in quality and effectiveness.  Some include convoluted language which is hard to understand for parents and children.  The views and wishes of pupils are not considered enough	In terms of quality of EHCPs - the report recognised an improvement in the quality of new EHCPs. This is partly due to the new EHCP templates, staff training and QA process to sign-off new plans and EHCNA advice. QA Quality of historic EHCPs are being dealt with via the AR process and being moved to the new template. Work on language and the views and wishes of pupils is included in the EHC health advice audit tool. Health QA process introduced December 2018. Health teams carried out an audit of advice for EHCNA during Q4 and have developed and shared service-level action plans. Multi-disciplinary peer review of health advice across health teams is planned for Summer term. This includes attendance at a London-wide peer review event.		Alison Markwell, Head of SEND Health Partnerships/ Jennifer Griffin, DCO/ Daryle Mathurin Head of Service EHC Planning	Q2	
4.	1	Identification. assessment & early intervention  EHCPs	Leaders are aware that annual reviews of EHC plans vary in rigour	The EHC Planning service is prioritising Annual Reviews in 2018/19 to improve the consistency of rigour: An Annual Review Tracker is being implemented to monitor completion of Reviews. Settings have now received revised guidance to help improve the quality of Annual Review reports. Ongoing training is being provided to SENCOs via their network as well as exemplar completed Annual Review templates. A joint process across education settings and services is needed to ensure that health staff are fully involved in the Annual Reviews.		Jennifer Griffin /Daryle Mathurin	Q2	

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	1		Some plans contain far too many objectives	Should be addressed via new EHCNA process in the LA - EHC planning Action Plan in place. In early stages of re-designing the EHCNA process which should streamline EHC advice and in some cases integrated (single) pieces of advice and improved co-production.		Daryle Mathurin/ Jennifer Griffin		
	2		Health visitors and occupational therapists do not routinely receive draft EHC plans to check that the contributions that they have made are reflected accurately.	OT: CLCH have revised internal cascade of draft plans to ensure occupational therapists are included.	N/A	Elizabeth Welch/ CLCH / Designated Clinical Officer.		
				Advice from Health Visitors (HV) has not historically been sought as part of the EHCNA process. CLCH has revised the EHCNA request process to include them. Further training may be required to ensure HVs are supported to provide appropriate advice.		Elizabeth Welch / Angela Cody / CLCH/ Jennifer Griffin		
5.	2	Inclusion.  Local Offer	Some parents of children with complex needs find the local offer unhelpful and of little relevance to them or their children.	Following the departure of the local offer post holder, the post is being reviewed and will have a wider remit for co-production with parents, children and young people and other partners. Staff working on the local offer have had easy-read training. Local offer will be coproduced and simplified. Autism specific pages are planned, and a similar approach could be expanded for complex needs. This will be addressed via local offer development action plan.		Helen Green Interim Head of Local Offer/ Amric Sangha SEND Project Officer/ new local offer coproduction post		

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6.	2	Transition and Preparing for Adulthood.	Arrangements for preparing young people with complex needs for transition into adulthood are fragmented.	A new integrated transition strategic leadership group has been formed across CCG, SEND and adult social care to review the Preparing for Adulthood (PFA) action plan.		Alison Markwell / Jo Baty AD Mental Health, Learning Disability and Provided Services/ Health teams / Public Service Reform.		
7.			While continuing care may be provided, some young people find the changes in healthcare provision disorientating and confusing	New Key Performance Indicator (KPI) for transition being reported by CLCH community services and the Child Development Service child development service: "Number of young people over 14 with transition plans in place".	N/A	Imogen Fraser - Baxter/Alison Markwell	Data against new KPI to be collected and reported from Q1.	
8.	2	Inclusion.  Preparing for Adulthood.	The young person's transition worker based in a mental health charity is effectively supporting young people with mental health and neurodevelopmental conditions in their transition to adult services. However, some gaps in provision for young	Review support available for young people aged 14-25; undertake a gap analysis; Joint Commissioning group to agree commissioning strategy as workstream of JC plan. The LA is reviewing the advocacy arrangements including SEND Information, Advice and Support (SENDIAS) arrangements within adult social care.		Jo Baty/ Alison Markwell / Helen Green/ Rob Holman/ PSR	Joint commissioning steering group to agree plan by end of Q1	

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			adults remain as there is lack of advocacy for those requiring ongoing support.					
9.	2	EHCPs Personal Budgets	The management of direct payments has been a challenge. Leaders are focusing on ensuring that more choices are available and that methods of payment vary, so that choice is not restricted. However, some parents remain frustrated by the current system.	EHC Planning service have undertaken a review of the Direct Payments Policy with parents and carers. There are now more choices available and flexibility in the methods of payments.		Becky Powell Local Offer & SEND Provision Team Lead / Matt Simpson Head of Disabled Childrens Team		
				Parental frustrations relate to the administration of direct payments and capacity of officers to support the process. This is being reviewed by CCG and LA officers. A Short Breaks and Direct Payments Steering group has been established with parents to work on these issues together.		Becky Powell/Imogen Fraser- Baxter	End Q1	
10.	2	High needs commissioning/ Joint commissioning  Speech and Language Therapy	There is significant variation in the arrangements schools make for speech and language (SALT) support for children over the age of five. This is leading to a lack of parity in SALT provision in schools. Some parents told inspectors that the level of support their children receive is significantly reduced once they start school.	Redesign of SLT model already agreed as a priority for JC group. SLCN strategy to be co-produced with parents and schools. LA and CCG are reviewing capacity to drive this forward at pace.		Robert Holman/Alison Markwell/Paul Triantis/ Satwinder Saraon Head of Service SEND Transformation	Draft completion date – end of Q2.	

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11.	2	Therapies	Parents and carers cannot make direct referrals to therapy (OT/Physiotherapy) services. Only referrals made by education and health professionals are considered for assessment. This limits the scope for parents to tell the story of their child only once.	Pilot in place for direct referrals to occupational therapy and physiotherapy from the beginning of June. The Early Years Speech and Language therapy service already accepts direct referrals from parents/carers. More scoping is needed to analyse the opportunities for fully integrated and graduated approach and pathways linking with SEND outreach review to ensure needs are met at both SEN support and more specialist levels.		Alison Markwell/ Gabrielle Nyman Head of Service Inclusion and Specialist Intervention/ Satwinder Saraon/ CLCH		
12.	2	Identification, assessment & early intervention  Waits for autism assessment.	Health visitors and school nurses told inspectors that children and young people are waiting too long for ASD diagnostic assessments. Records reviewed demonstrated that some children and young people had been waiting for an assessment for over 12 months.	Cheyne CDS have reorganised clinics to provide significant extra capacity for the school age pathway to manage increased demand. 'time to first appointment' has reduced from 51 weeks to 18 weeks and 'time to diagnosis' wait for over-fives has reduced from 131-weeks in Dec. 18 to 76-weeks. H&F CCG has agreed additional funding to reduce waiting lists during 2019/20. In March 19, the CCG secured £50,000 from NHS England to reduce the	N/A	Simon Brauner-Cave, CCG / Cheyne Child Development Service		

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				pre-school waiting list 'time to first appointment' is at 23-weeks reduced from 38-weeks in December. The 'time to diagnosis' wait is currently at 43-weeks; 11-weeks less than waiting times in Dec. 18. Children are able to access therapy, clinical psychology and early support key working services whilst on the diagnostic waiting list.				
				Local area ASD strategy being developed. Integrated ASD pathways to be scoped.		Jo Baty / Simon Brauner-Cave, CCG/Cheyne CDS / Satwinder Saraon		
13.	2	JSNA	The current published joint strategic needs assessment for Hammersmith and Fulham contains little information about the health needs and profiles of children and young people with SEND. Leaders have drafted a more detailed	Up to date health information is provided for revised Joint Strategic Needs Analysis (JSNA). JSNA to be published. The JSNA is to be presented to the health and Well-Being Board (HWBB).		Anita Parkin Director Public Health		



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			assessment, but this is yet to be published.					
14.	2	Joint Commissioning	While joint commissioning is well developed, the partnership needs to do further work to ensure that they fully evaluate the effectiveness and impact of commissioned services.	This is now part of the work of the joint-commissioning steering group and Joint Commissioning Strategy Action Plan		CCG/PSR/SEND		
				The data dashboards for SEND are currently in development.		Business Intelligence / CCG		
	2	Local Offer	Parents could have more confidence in, and awareness of the local offer.	Ongoing evaluation and system improvements in progress to develop local offer as main platform for communication. Joint work with Parents Active Parent Champions to take this forward. SEND Strategy Action Plan - Local offer advice line through SWC being set up.		Local offer co-production lead / ParentsActive.		
15.	1	Identification, assessment and early intervention.	The health and development checks for children between the ages of two and two and a half are not fully integrated in Hammersmith and Fulham.	A pilot took place in January. The next steps will be to take forward the learning from pilot and expand it.		Anita Parkin / Angela Cody CLCH/ Christine Pickering Family Support / Peter Woods PSR		
16.	2	Identification, assessment and early intervention. Transition.	The significant variations in deprivation and pockets of affluence in Hammersmith and Fulham are creating some challenges. Leaders are aware of the links between issues stemming from SEND and	Early years strategy is addressing the issues of variation.  The specialist housing board is in place to plan for disabled young people coming through the system and their likely housing needs.		Jan Parnell  John Lillistone		

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			other social issues such as housing.					
17.	3	Inclusion and outcomes.	Some leaders and parents express concern about what they see as variability in transition and inclusion arrangements provided by secondary schools.	The Inspire service are working closely with schools through Peer Review process and SENCO networks to improve consistency in transition and inclusion arrangements.		Keith Tysoe SEND Lead Adviser and Inclusion Lead / Alison Leao SEN Specialist Practitioner Manager		
18.	3	Inclusion and outcomes.	Variations in how well pupils with SEND but without an EHC plan understand their objectives for learning.	<ul style="list-style-type: none"> <li>- Feedback provided feedback to SENCOs on outcome of SEND local area review. Remind SENCOs through the SENCO forums the need to ensure pupils are aware of what they are working towards achieving.</li> <li>- Test this out through peer led SEND reviews in schools. Review process being piloted with three schools</li> <li>- Further outcomes training for all practitioners. Training has already been provided but practitioners need refresher to improve quality of EHCPs and learning support plans</li> </ul>		Keith Tysoe/ Alison Leao		
19.	3	Inclusion and outcomes	Some parents expressed concern that access to extra-curricular activities is variable and limited due to transport issues.	This is being addressed through the Short Breaks conference and steering group and through Parents Active Annual General Meeting.		Becky Powell		
20.	3	Inclusion and outcomes	Fixed-term exclusions for pupils with SEND at secondary school are declining but remain high.	A strategy to reduce fixed term exclusions is in development between the LA and schools		Kevin Morris Secondary Adviser and 14 -19 Development		

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KEY	RAGB			KLOE				
	Red	Major risks and barriers to achieving – requires urgent attention.		1	Identifying Needs			
	Amber	In progress – some risks and barriers to completion		2	Meeting Needs			
	Green	On track		3	Improving outcomes			
	Blue	Completed						