

South-East Sector-led Improvement Partnership

South-East Children Missing Education Group Meeting

17th April 2024, 2pm – 4pm

Present: Natalie Smith (Hants, chair), Rosie Gossage (RBWM), Jon Willcocks (Hants), James Fowler (Bucks), Gavin Thomas (B&H), Bryn Roberts (Southampton), Vidyu Narayan (E Sussex), Jo Goodey (Oxfordshire), Andrew Parker (W Sussex), Carole Vernon (Wokingham), Fiona Hostler (Reading), Neil Stevenson (Portsmouth), Clare Raffaelli (RBWM), Katy Daly (Bracknell), Cathy Edwards and Jesse Reiss (Kent), Iram Bashrat (Slough), Chris Owen.

Apologies: Mike Stoneman (Portsmouth), Ian Fraser (M Keynes), Simon Smith (Kent), Melissa Perry (W Berks), Mark Keiller (Surrey).

Item	Actions
<p>Welcome and introductions</p> <p>Natalie Smith welcomed colleagues.</p> <p><i>Notes of the March meeting were agreed as accurate.</i></p> <p>Matters arising:</p> <ul style="list-style-type: none"> • Whatsapp group has started. Let Chris have your mobile number which can access the app to join. • Presentations from March have been circulated. • Chris is still working on updating the content in the shared documents feature of the SESLIP website. 	<p>CO</p>
<p>2. LG Ombudsman Complaints – s19 related</p> <p>Chris introduced the overview of relevant complaint cases for South-east LAs as published on the LGO website. This shows a threefold increase in complaints considered between 2021-22 and 2023-24. Surrey and Oxfordshire appear to face a disproportionately larger number. The sub-group that met over Easter also summarised challenges as follows:</p> <ol style="list-style-type: none"> 1. LGO complaints, numbers and procedures: largely coordinated centrally by LAs (clearer in some than others). Acknowledgement that some complaints are complex and can be a mix of reasonable and, seemingly, unreasonable findings. 2. The bulk of relevant complaints within our scope are for pupils with an EHCP or engaged in EHC needs assessment. Whilst ignorance of need is no defence, there are a minority of cases where a school has not notified anyone in the LA of change of need / additional provision (sometimes which has been paid for by parents). Should we request ADs (then DCSs) to raise this with LGO: where a school / trust has been complicit in an upheld complaint, can the LGO cite this and can they fine the school too so they are incentivised to change practice as well? 3. Strategies to help avert complaints being found against LA: i) training across Children’s Services to be clear that the issue of ‘suitable education’ is a concern of ALL staff and who to pass on information to where there are concerns. Plus effective recording systems to evidence attempts at resolution; ii) update medical needs / s19 policy so it is aligned to recent guidance (Dec 2023) with procedures that follow the policy; iii) closer monitoring of Annual Reviews (that they have happened) / updates to EHCPs as a result. 4. Consistency with health: concerns about open-ended GP letters citing health need for prolonged school absence, with expectation of LA provision of tuition / EOTAS; plus concerns that these demands are likely to increase. Suggested ways to improve include: jointly agreed categories of need and resolutions (which are specific and time-limited); a protocol agreed with schools and primary care where there is a pro-forma from the school required if parents are seeking GP sign-off and that this, if appropriate, is completed by GP and submitted to LA (example from Torbay). Can we raise these concerns strategically with DCSs to raise with NHS ICBs? Could one ICB sub-region develop protocols and materials which can then be adopted across health and LAs in South-east? 5. Concerns about likely increase in demand for EOTAS as a result of new DfE attendance 	

<p>guidance that schools notify LAs of absences beyond 15 days. Advise to manage expectations and responses by updating LA attendance policy. In the short-term, however, case examples could be developed that communicate to schools suitable responses (in particular ruling out expectation of LA provided education with routine infections [colds, flu, etc] and preferred procedures and contacts). Engagement with health colleagues (e.g. designated nurse or SEND DCO) important.</p> <p>6. A reminder about the s19 data reporting as part of the SESLIP dashboard and to compile and report these since they can evidence escalating scale of these demands for the LA. Hants, Oxfordshire, and RBWM have all developed local initiatives with the NHS / primary care, including training for practice managers, joint protocols with the ICB and LSCB, suitable letter prompts for use by GPs. Bryn will seek out joint protocol he had received from Torbay to share.</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> Natalie will raise key themes at the next AD Education Network: the challenges and a request for discussion with LGO, possible development of strategic agreements with health about school absence letters from GPs and the advice to update key local policies (to protect from vague DfE s19 guidance and set out clearer expectations). BR, GT and JG to share specific cases that can be raised with ADs to illustrate the challenges. 	<p>BR</p> <p>NS</p> <p>BR / GT / JG</p>
<p>3. Extended scope of s19 guidance from DfE .</p> <p>Fiona outlined the some of the extended scope of responsibilities of LAs for education in the recent guidance: “Arranging education for children who cannot attend school because of health needs”.</p> <p>Discussion of topics such as 6th day provision, school liaison with virtual school if LAC are unwell, the reliance on school absence coding, and overall sense of raising expectations among parents / carers without materially changing duties on LAs.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> As with item 3, raise with ADs and recommend LAs move towards s19 policy (not just about the education of children with medical needs). 	
<p>4. Managed Moves: further reflections on the survey</p> <p>The effect of updated guidance is uneven: for some the effect has been to reduce total number of managed moves agreed, whilst others have renamed the ‘trial period’ (eg moved under ‘direction off-site’ or calling it a ‘trial transfer’) since it is seen as a vital element for successful managed moves. Where areas have an established partnership across schools, they are continuing to collaborate in the best interests of pupils, while others have seen more fragmentation.</p>	
<p>5. SESLIP CME / EHE Dashboard update</p> <p>Colleagues thanked for response with EHE and CME data. Chris is in the process of contacting Heather Morris to be the contact person for the Isle of Wight from now on.</p> <p>Only 5 LAs provided medical needs data. Main issue is the request to clarify which CYP are within scope. Is it the total number of CYP whose education is supported by the LA? Or only those who are identified as being medically vulnerable.</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> Chris to liaise with colleagues and a decision will be reached at the June meeting. 	<p>CO</p>
<p>Future meetings:</p> <ul style="list-style-type: none"> 12th June 2024 at 9.30am: <ul style="list-style-type: none"> - feedback from ADs – work on s19 policy statements - attendance support SLAs - medical needs definitions / scope for SESLIP dashboard <p>17th Sept 2024 at 2pm 13th Nov 2024 at 2pm</p>	<p>NS/MS JW CO / All</p>