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Ms Sue Cook
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Dr Ed Garratt, Clinical Commissioning Group Accountable Officer, Ipswich and East Suffolk, and West Suffolk
Melanie Craig, Clinical Commissioning Group Accountable Officer, Great Yarmouth and Waveney
Judith Mobbs, local area nominated officer

Dear Ms Cook

Joint local area SEND revisit in Suffolk.

Between 21 and 23 January 2019, Ofsted and the Care Quality Commission (CQC) revisited the local area of Suffolk to decide whether the local area has made sufficient progress in addressing the areas of significant weakness detailed in the written statement of action (WSOA) issued on 9 January 2017.

As a result of the findings of the initial inspection, and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) determined that a written statement of action was required because of significant areas of weakness in the local area's practice. HMCI determined that the local authority and the area's clinical commissioning groups (CCG) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 16 June 2017.

Inspectors are of the opinion that local area leaders have not made sufficient progress to improve the serious weaknesses identified at the initial inspection: Inspectors are of the opinion that local area leaders have made sufficient progress to improve the first serious weakness identified at the initial inspection but have not made sufficient progress to improve the second, third and fourth serious weaknesses.

This letter outlines our findings from the revisit.

The inspection was led by one of Her Majesty's Inspectors from Ofsted and a children's services inspector from the CQC.

Inspectors spoke with five groups of young people with special educational needs and/or disabilities (SEND), two groups of parents and carers, and local authority and National Health Service (NHS) officers. Inspectors met with leaders from the local area for health, social care and education. Inspectors reviewed performance information, evidence about the local offer and joint commissioning, education, health and care (EHC) plans and case records for children and young people with emotional and mental health needs. Inspectors looked at a range of information about the performance of the local area, including the local area's assessment of its work. Inspectors considered the responses from 734 parents and carers who completed an online survey about the serious weaknesses identified in the WSOA and their 2,807 free-text responses, and nine additional written responses.

Main findings

■ **The ineffective governance and leadership of the joint strategic planning and delivery of the disability and special educational needs reforms.**

Leaders have made sufficient progress to address the serious weakness.

Leaders have forged strong partnerships with services across the local area and with the Suffolk Parent Carer Network (SPCN). The local authority and the CCGs made the bold decision to radically transform the services to children and young people with SEND. The radical changes have successfully made the cultural shift from professionals working in isolation to genuine partnerships to design, plan and deliver services. The SEND Sufficiency Education Review was a major piece of work that evaluated information about unmet needs and gaps in local provision. The findings from the review have been used to inform future investment and targeting of support and are the key drivers for current joint commissioning. Joint work with the regional commissioner is promoting stronger oversight of the performance of schools. It has taken a long time to bring all partners together for new ways of working. The systems to improve outcomes are now securely in place across most of the services.

The local area's plans are ambitious and well understood by professionals. However, the plans are not well understood by parents and carers because the reasons for the changes and the progress made towards the goals, particularly when things have not gone according to plan, have not been communicated well enough by leaders. The changes are beginning to bear fruit, such as a reduction in exclusions from school, more specialist school placements, and improved access to speech and language therapy.

Meeting the needs of children and young people with SEND is now one of the 10 strategic priorities in the council. There are frequent opportunities for council members and senior leaders to challenge the work of those commissioning and delivering the services to children, young people and their families. Additional challenge comes from the Regional Schools Commissioner, through the Education Inclusion Group. The journey of improvement has been a long and, at times, a

painful one. Tough decisions have been made to secure additional resources and capacity to address significant unmet need and the growth in demand for assessments and placements.

The SPCN provides a powerful and influential voice in the best interests of an ever-increasing group of parents and carers. The lived experiences of parents, carers, the children and the young people are much better understood and more listened to than before by those who make the strategic decisions. The voice of service users is informing a shared understanding of what is needed to make effective transformation of local services. The extensive responses received by inspectors from parents and carers reflect the findings of the recent survey by the SPCN.

Parents, carers, children and young people are not yet benefitting enough from the changes made since the December 2016 inspection. The quality of the SEND statutory assessments and EHC plans, the local offer and joint working have not yet improved enough.

- **The poor timeliness, integration and quality of SEND statutory assessments and plans – this includes when statements of special educational needs are transferred to EHC plans, and the delivery of subsequent individual packages of support.** Leaders have not made sufficient progress to address the serious weakness.

Following the December 2016 inspection, leaders prioritised the transfer of statements of special educational needs to EHC plans and reduced the backlog by trebling the rate of completion. Although the local area did not achieve the end of March 2018 deadline, all transfers were completed by October 2018. The timeliness of completed assessments and EHC plans has improved, but remains too slow for too many. The quality of newly completed EHC plans is too inconsistent and remains too weak for parents, carers and professionals to effectively track how well needs are met and the outcomes achieved. Individual and joint actions are not specific enough and, where multiple provision is needed for health, education and care, these aspects are not integrated well. The EHC plans often do not look far enough ahead at the needs, aspirations and, as far as is possible, independence within the community as the children and young people move towards adulthood.

The delivery of person-centred, individual packages of support are a source of much dissatisfaction from parents and carers, in relation to the availability of therapy, particularly from the child and adolescent mental health service (CAMHS). Although the strategic leaders in health have a good understanding and are supportive of the statutory assessment and EHC plan processes, this is not the case for all the relevant frontline delivery teams. A programme of SEND training is being delivered, but further work is needed across the partnership to develop sufficient confidence and expertise.

- **The lack of local understanding of the support available and the poor quality of the local offer, including access to CAMHS support across the area, which lead to high levels of parental complaint and anxiety.** Leaders have not made sufficient progress to address the serious weakness.

The local offer has improved but the pace of improvement is too slow. Advice and guidance on the local offer website has been reviewed, involving families and young people. Improvements to the local offer are always in the context of co-production with parents and carers (a way of working where children and young people, families and those that provide the services work together to create a decision or a service which works for them all), and increasingly with children and young people. While recognising that there is much more to do, some of the work, such as the Transitions Guide for moving into adulthood, is evidence of high-quality co-production between local area officers and the young people.

Effective partnership work between schools, local authority leaders and council members has successfully secured additional specialist school places to meet the increased demand. A significant programme of transformational work for speech, language and communication support is now complete and ready for implementation. A total review of the high needs funding is complete and has universal support, including from those who will lose out from the new arrangements. The review focused on the shared understanding that funds should be allocated fairly and with the needs of the children and young people at the heart of the process.

While some parents and carers find individual frontline practitioners across health and education to be helpful, the quality of support and accuracy of advice is too inconsistent. Too often the quality of advice depends on the availability and knowledge of individual practitioners. The absence of effective communication between families and local area officers is a constant source of frustration for parents and carers and can lead to unnecessary escalation of concerns.

The teams delivering health provision are not seen to be sufficiently responsive to children and young people with complex mental health needs. Timely access to the emotional well-being and mental health services remains an area of significant concern. When referrals are made to the single points of access for help, there are often long delays before children and young people can access specialist CAMHS teams. In some cases, this delay can lead to a deterioration in the mental health of the children and young people before they are seen by the relevant health professionals. Once the appropriate care pathway has been identified, there is often a further wait due to practitioners' availability in some CAMHS teams. Some young people and their families report improved outcomes when they have been able to get specialist help, but the level of complaints and feedback about the access to CAMHS is high compared to most other areas of NHS delivery. Timeliness for assessing and meeting need within contractual timescales for

routine referrals to CAMHS is improving, but assessment and follow-up of urgent work is not sufficiently timely. The plans to strengthen support for children and young people with mental health needs in crisis, including out-of-hours contact, have drifted against action plan milestones.

Waiting times for specialist assessments for autistic spectrum disorder (ASD) and attention deficit/hyperactivity disorder (ADHD) are still lengthy and current pathways do not support best practice in line with National Institute for Health and Care Excellence (NICE) guidance. A significant programme of work is still to be agreed to map the future care pathways and models of assessment and treatment to achieve an equitable, evidenced-based offer across the whole of Suffolk.

- **The lack of joint working to monitor, quality assure and maximise the effectiveness of the work undertaken to improve outcomes for children in a diverse range of settings and circumstances.** Leaders have not made sufficient progress to address the serious weakness.

Leaders have not made sure that all partners communicate and coordinate effectively with one another to press on with agreed priorities and goals. At a strategic level, the programme board does not have sufficiently detailed information about outcomes to help members challenge and evaluate rigorously the impact of the local area's work. At an operational level, a lack of joint working between partners when developing and delivering services leads to inability to deliver well-intentioned improvements, such as the emotional and well-being hub.

Several projects are under way to put quality-assurance programmes in place. This work needs to move on urgently so that parents, carers, professionals and council members are reassured that their plans and the actions taken are having sufficient impact on the experiences and outcomes of children and young people. A framework to measure outcomes within EHC plans is being developed.

A comprehensive review programme of mental health services has recently started to check and report on the safety and quality of local arrangements. It is paramount that all partners know what needs to be done to rectify the weaknesses and to play their part in working together to jointly strengthen early intervention services. Recent learning from the new multi-disciplinary assessment centres is promoting a stronger shared focus, at an early stage, when the achievements of children and young people in school is not as good as it should be. The commissioning of health provision does not yet allow for the full implementation of the new approach.

The multi-agency self-assessment day in July 2018 has helped partners to gain a better understanding of what a good service for children with SEND looks like. The agreed priorities have informed the recently drafted revised action plan.

There are positive examples where joint working has successfully delivered services at an early stage. The specialist education outreach services, including the County Inclusion Service and Support (CISS), is instrumental in supporting schools to improve outcomes and maintain appropriately tailored school placements. The service is highly valued by schools.

As leaders of the local area have not made sufficient progress against all of the weaknesses identified in the written statement, it is for the DfE and NHS England to decide the next steps. This may include the Secretary of State using his powers of intervention. Ofsted and CQC will not carry out any further revisits unless directed to do so by the Secretary of State.

Yours sincerely

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Paul Brooker Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Heather Yaxley HMI Lead Inspector	Sue Talbot CQC Inspector

Cc: Department for Education
Clinical commissioning groups
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