

29 April 2019

Ms Lesley Hagger
Director of Children's Services, Sandwell
Freeth Street
PO Box 2374
Oldbury
B69 3DE

Ms Michelle Carolan, Chief Officer, Sandwell and West Birmingham Clinical Commissioning Group (CCG)
Mrs Sharon Liggins, Chief Officer, Sandwell and West Birmingham CCG
Miss Karmah Boothe, Senior Commissioning Manager, Sandwell and West Birmingham CCG
Mrs Melanie Barnett and Ms Moira Tallents, Local Area Nominated Officers

Dear Ms Hagger

Joint local area SEND revisit in Sandwell.

Between 18 and 21 March 2019, Ofsted and the Care Quality Commission (CQC) revisited the local area of Sandwell 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 20 March 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 group (CCG) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 6 July 2017.

Inspectors are of the opinion that local area leaders have made sufficient progress to improve each of the serious weaknesses identified at the initial inspection. 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 CQC.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, representatives of the parent carer forum and local authority and National Health Service (NHS) officers. They also considered the responses of 183 parents who completed an online survey about the serious weaknesses identified in the WSOA.

Inspectors visited providers and spoke to leaders, staff and young people about how Sandwell is addressing the weaknesses identified in the WSOA. They had telephone discussions with representatives from the DfE and NHS England and reviewed a range of information about the performance of the local area. Inspectors held meetings with leaders from the local area for health, social care and education throughout the revisit.

Main findings

- **The levels of challenge and accountability across the local area – the local area must hold staff at all levels to closer account to build on developments and increase the speed of change; the local area must have systems in place to ensure that effective actions are completed in a timely and coordinated manner.**

The levels of challenge and accountability across the local area have increased considerably. Roles and responsibilities are clear and understood. Staff are now held to account for developing and improving the services children and young people with SEND and their families experience. Staff have increased the speed with which improvements are implemented. The local area has appropriate systems in place to ensure that effective, timely and coordinated actions are completed successfully.

Leaders have a clear understanding of the quality of service that they provide. They have built on strengths identified at the time of the previous report and taken effective action to address areas of weaknesses. Informed and coordinated actions are improving provision and outcomes for children and young people with SEND.

Strong governance and robust quality assurance processes are now in place. Accountability and governance groups have well-defined functions and there is a clear escalation process. Communication between services has improved and the monitoring and accountability plan is used well to promote positive developments. The local area's partnership board and SEND accountability board offer appropriate support and challenge to help sustain improvements.

Leaders responded positively to the previous inspection. For example, as a result of the WSOA, Sandwell and West Birmingham CCG created the EHC (education, health and care) planning officer role (EHCPO). The EHCPO contributed to health practitioners' improved understanding of the EHC planning process and provided a clear link between overarching strategy and frontline practice. Action taken helped to ensure that children and young people benefited from more timely, good-quality support by well-trained professionals. However, the EHCPO left the local area in February 2019. Interim short-term measures and appropriate long-term plans are in place. Leaders are aware that this aspect of the local area's work will need to be closely monitored to help to maintain the positive change and improvements.

There is a focus on enhancing capacity and expertise. Strong practice is shared across the partnership. Most leaders are now in permanent positions and have effective strategies to sustain developments. Roles are also developing. For example, plans are in place to introduce a designated clinical officer role to embed the use of information to produce consistent reports for the CCG and the local area.

Many parents are positive about improvements in the local area. Most feel listened to and told inspectors that the communication has improved. The published local offer is now more accessible for young people and their families.

The local area has made sufficient progress to improve this previous area of weakness.

- **Inadequacies in children’s social care – professionals within this aspect of the local area’s provision must play a full part in identifying, assessing and meeting needs in order to improve outcomes for children and young people with special educational needs and/or disabilities.**

Children’s social care professionals are more involved in identifying, assessing and meeting children and young people’s SEND needs than at the time of the previous inspection. This is helping to improve children and young people’s outcomes.

Staff from children’s social care are now working much more closely with other professionals, parents and children and young people with SEND in the local area. The appointment of a former group head from social care, as one of the heads of service for inclusion in the education directorate, is helping this transformation. Social care professionals attend meetings of the SEND accountability board and they have a representative who is invited to attend the parent carer forum. Children’s social care professionals have also collected the views of young people, as part of their audit work, to inform actions to further improve their practice.

Changes made as a result of auditing processes are leading to improvements. For example, social care professionals are making better contributions to EHC plans than at the time of the previous inspection. However, as the results of the audits are not reported to the local area’s partnership board or SEND accountability board, opportunities to address challenges and share developments are missed. These audits also indicate that some processes are not yet fully embedded.

Clear procedures are in place to identify children and young people’s special educational needs from their first contact with children’s social care. A member of staff from the local area’s SEND team now has direct links with the multi-agency safeguarding hub to offer advice. As a result, individual needs are identified earlier, and appropriate information is shared with other staff to improve outcomes for children and young people with SEND.

Children’s social care professionals are now held to account for their contribution to improving outcomes for children and young people with SEND. As a result, leaders have a clear understanding of what they are doing well and what needs to improve further. For example, social care professionals are working with others

in the local area to align multiple reviews for the benefit of children and young people and their families.

The local area has made sufficient progress to improve this previous area of weakness.

- **The timeliness, suitability and quality of statutory assessments and plans, including when statements of special educational needs are transferred to EHC plans – the local area must ensure that statutory assessments take place for all pupils who move into special schools and that annual assessments take place within the prescribed timeframe.**

The timeliness, suitability and quality of statutory assessments and EHC plans have improved considerably. Leaders in the local area have taken effective action to ensure that statutory assessments take place for all pupils who move into special schools and that annual assessments are completed within the recommended timeframe. All statements of special educational needs that transferred to EHC plans did so before the statutory deadline.

The quality of EHC plans has improved over time. They are well written and use accessible language. Children and young people, parents, and education, health and social care professionals value them. Appropriate information is shared, and parents and young people are given opportunities to make useful contributions to assessments, reviews and plans. Many parents believe that EHC plans are genuinely co-produced and young people also feel listened to. Assessments and reviews usually reflect the views and aspirations of young people very well.

EHC plans are produced using a consistent format. They are comprehensive and tailored to meet the individual's needs. They contain more relevant information about health and social care than they did at the time of the previous inspection and they usually include clear and appropriate outcomes. During the revisit, young people described how their EHC plans are helping them to achieve positive outcomes. Parents told inspectors that the quality of plans had vastly improved.

Professionals from education, health and care and staff across the local area have benefited from training and support to improve their contribution to the EHC planning process. Revised procedures and guidance to produce EHC plans have helped to improve the quality and timeliness of assessments and plans. This, along with an effective quality assurance process and a transformed and accessible plan-writing team, has helped to improve the quality of EHC plans.

Although the timeliness, suitability and quality of statutory assessments and plans have substantially improved, there is still scope to increase the consistency of health and social care contributions. For example, there are times when health and social care professionals are not invited to, or do not attend, review meetings. They do not always receive the final copies of EHC plans, and health and social outcomes are missing from some plans. Leaders are aware of this area for improvement and are taking action to address this area of practice.

The local area has made sufficient progress to improve this previous area of weakness.

- **The lack of engagement of leaders and frontline practitioners in the local specialist child and adolescent mental health services (CAMHS) in processes to support children and young people with special educational needs and/or disabilities and their families – there is evidence that these professionals do not understand the reforms and the impact on their role; their contributions to EHC plans are inconsistent and they do not attend relevant groups and boards to be able to participate in the partnership’s improvement agenda.**

CAMHS leaders and practitioners are now actively engaged in processes to support children and young people with SEND and their families. Leaders have supported a coordinated response to the findings of the LA SEND inspection and the WSOA through their contribution to the partnership and accountability boards. Improvements in CAMHS practice have been supported by the EHC planning officer role.

Effective systems are now enabling the lead CAMHS clinicians to contribute to EHC plans and assessments. This practice is embedded through clear and understood processes, including tracking, information management and data evaluation. However, other CAMHS clinicians, who may also be working with a child or young person, do not consistently contribute to the EHC assessment process and plan.

Outcomes from quality audits on CAMHS advice for EHC plans have helped to improve practice. CAMHS professionals have accessed appropriate training to support them to deliver this aspect of their role. However, service leaders and frontline CAMHS professionals recognise that practitioners need to access regular training to continue to improve their practice.

CAMHS initial assessments support early identification of additional needs. For example, professionals identify when a new service user has an EHC plan, so that they can get appropriate consent to have sight of the plan. CAMHS professionals use EHC plans to inform their own assessments and subsequent work.

There is clear evidence that CAMHS professionals understand the reforms and the implications for their roles and responsibilities. Their contributions to EHC plans are more consistently effective and they attend relevant groups and boards. Leaders and frontline practitioners are now participating in the local area’s improvement agenda. However, the CAMHS service has not developed an underpinning local delivery plan to ensure that the changes are fully embedded and that the unintended consequences of developments are explored.

The local area has made sufficient progress to improve this previous area of weakness.

- **Outcomes for children and young people with SEND in terms of increasing academic progress, reducing absence and exclusions and increasing the proportion of young people who enter paid employment.**

Children and young people’s outcomes are improving. Since the previous inspection, pupils with SEND have made better academic progress. In addition,

absence and exclusion rates have declined, and the proportion of young people who enter paid employment has increased.

Pupils with SEND are making improved academic progress. This is because of a more holistic approach to improving academic outcomes and stronger inter-agency work. For example, the difference between the attainment of children with SEN and the attainment of all children nationally is diminishing in the early years settings. The progress of key stage 2 pupils with SEN is better in reading and writing and their attainment in reading, writing and mathematics combined has improved since the previous inspection. Last year, a greater proportion of key stage 4 pupils with SEN achieved a standard pass or better in English and mathematics, and pupils with EHC plans had higher attainment in key stage 4 than previous cohorts.

Some older students with learning difficulties and disabilities achieved very well last year. More young people moved on to higher education, including university courses, but some students are not able to access suitably challenging courses locally. Young people have correctly identified that there needs to be better progression routes that build on prior learning for some students with learning difficulties.

Work-related learning and preparation for working life remain real strengths in the local area. The number of supported internships has increased, and some young people are now benefiting from supported apprenticeships. There is a close link between educational outcomes and routes to employment because the supported employment team is now part of the education directorate. This helps to ensure that pupils are given opportunities to prepare for working life from a young age. As a result, pupils have a wide range of appropriate career aspirations and they help to shape initiatives such as 'job carving' in the local area.

Since the previous inspection, more young people with learning difficulties and disabilities have entered paid employment, and the proportion of young people who are not in education, employment or training (NEET) has declined. The difference between the proportion of young people with learning difficulties and disabilities who are NEET and other pupils in Sandwell has diminished. It is now closer to the national average.

Leaders in the local area have worked with schools to improve behaviour management and to develop their curriculum offer. As a result, far fewer pupils with SEND are now excluded from school. Attendance is improving and the difference between the attendance of pupils with SEND and that of other pupils in Sandwell and all pupils nationally has been reduced. However, a small proportion of younger pupils with SEND are still absent from school too often. Leaders are aware that they need to work closely with some schools and parents to further improve attendance.

The local area has made sufficient progress to improve this previous area of weakness.

As leaders of the local area have made sufficient progress against all of the weaknesses identified in the written statement, HMCI recommends that the formal monitoring visits from the DfE and NHS England should cease. The decision about whether to continue the monitoring visits rests with the DfE and NHS England.

Yours sincerely

Simon Mosley
Her Majesty's Inspector

Ofsted	Care Quality Commission
Lorna Fitzjohn, Her Majesty's Inspector Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Simon Mosley, Her Majesty's Inspector Lead Inspector	Lucy Harte CQC Inspector

Cc: Department for Education
Clinical commissioning groups
Director Public Health for the local area
Department of Health
NHS England