

Ofsted
Agora
6 Cumberland Place
Nottingham
NG1 6HJ

T 0300 123 1231
Textphone 0161 618 8524
enquiries@ofsted.gov.uk
www.gov.uk/ofsted
lasend.support@ofsted.gov.uk



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Ms Alison Jeffery
Director of Children, Families and Education Services
Portsmouth City Council LA
Guildhall Square
Portsmouth
PO1 2AL

Mr Innes Richens, Chief Operating Officer, NHS Portsmouth Clinical Commissioning Group
Dr Julia Katherine, Local Area Nominated Officer, Portsmouth City Council

Dear Ms Jeffery and Mr Richens

Joint local area SEND inspection in Portsmouth

Between 1 July 2019 and 5 July 2019, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Portsmouth to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including an Ofsted Inspector and a Children's Services Inspector from the CQC.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, and local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they are implementing the SEND reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

This letter outlines our findings from the inspection, including some areas of strength and areas for further improvement.

Main Findings

- Strong leadership in the local area is leading to the successful implementation of the SEND reforms. Leaders' evaluation of the local area's effectiveness is honest

and accurate. Leaders and professionals across education, health and care (EHC) share the same ambitious vision for children and young people with SEND.

Leaders' well-constructed plans for further improvement successfully encourage a collaborative approach. One leader summed this up by saying: 'In Portsmouth, we work together to make things happen.' As a result, the outcomes for children and young people with SEND are improving.

- Co-production (a way of working where children and young people, families and those that provide services work together to make a decision or create a service which works for them all) is being developed well in the local area. There are many examples of co-production informing both strategic and operational developments. The 'shaping better futures together' co-production group is well organised and has a secure understanding of what it wants to achieve. Co-production with young people is successfully promoted through the young people's 'Dynamite' group.
- Services across EHC work effectively together to identify children's needs in the early years. The 'early years panel' provides a helpful mechanism to coordinate assessments and support for children. A strong partnership approach with shared training enables practitioners to meet the needs of young children successfully. There is a well-understood strategy to become a 'needs-led city', providing appropriate support at the right time without the requirement for a diagnosis.
- Joint commissioning is effective in Portsmouth. The use of section 75 agreements, aligned funding and shared management arrangements successfully influences the delivery of services to meet the needs of children, young people and their families. Data is used intelligently to forecast future needs, and leaders use innovative approaches to meet current needs. Leaders know the strengths and tensions in the system, and inspectors found no areas for development in the inspection that leaders are not aware of and planning to improve. Leaders are realistic in their approach and are judiciously working to achieve service improvement within budgetary constraints.
- Children and young people with SEND and their parents and carers, particularly those whose individual circumstances make them additionally vulnerable, receive helpful support from services in the local area. For example, there are groups supporting parents who speak English as an additional language and one for military families. Practitioners work proactively to provide families with useful help and advice.
- Professionals across EHC work well in a joined-up way to promote inclusive practice. Schools make effective use of the helpful ordinarily available provision documentation that describes clearly what schools and settings should provide for all their children and young people with SEND. Many professionals explained how they use this material to plan support and hold each other to account. As a result, provision for children and young people with SEND is becoming more consistent. However, some parents told us that the quality of support their children receive is

still variable and too dependent on the goodwill of individual practitioners and services.

- The Designated Clinical Officer (DCO) is effective. The DCO has developed an innovative approach to coordinating the health contribution to EHC needs assessments. As a result, health practitioners provide their advice for the EHC needs assessment in a single cohesive document that informs planning effectively. However, the DCO only has strategic oversight for the health provision for children and young people aged 0 to 18. There is no similar health leadership for young people aged 19 to 25.
- EHC plans are completed in a timely manner and usually include the views of parents, carers and young people. Early help assessments are carefully integrated into the EHC needs assessment processes. Most of the time, helpful advice from professionals is used successfully to develop specific and measurable outcomes in EHC plans. However, the views and aspirations of the child and young person are not reliably influencing the outcomes and provision in EHC plans.
- Parents, carers and young people sometimes find it difficult to get the right information, help and advice. The local offer is being re-designed in co-production with parents and young people to make it easier to navigate. Young people are helping leaders to make it more straightforward. Currently, the information in the local offer is not accessible to everyone, because it relies too heavily on print. Furthermore, information provided for parents and young people about changes or developments to services and provision lacks sufficient clarity. As a result, parents and young people are sometimes confused or worried, because they do not know how to find things out or understand why changes are being made.
- Leaders can provide a comprehensive overview of educational outcomes for children and young people with SEND. Leaders' and professionals' shared priority is to improve educational outcomes for children and young people receiving SEND support. The impact of this clear strategy can be seen in the improvement in educational outcomes, especially for children with SEND in the early years. However, leaders do not have a complete overview of the outcomes children and young people with SEND aged 0 to 25 achieve across education, health and care. Consequently, the priorities and strategies for improving health and care outcomes for children and young people aged 0 to 25 are not as well developed as they are for educational outcomes.

The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities

Strengths

- In the early years, children's needs are identified well. Health visitors support the early identification of children's needs by offering the full 'healthy child

programme' to all families. The early years panel provides a helpful mechanism to support the early identification of needs and the coordination of support to children with SEND in the early years.

- Leaders ensure that young children have access to the support they need to get a good start in life. The enhanced health visiting offer (ECHO) and specialist health visiting service provide efficient and highly valued support to vulnerable families. The ECHO programme is linked with early help processes effectively. Parents receiving this service told inspectors about the difference it has made and how the lead professional is skilfully coordinating their care.
- In response to an increase in the identification of children's social communication needs, leaders ensure that practitioners receive helpful training and support. Well-planned training sessions are helping to increase practitioners' awareness across the local area. Recent sessions have included a diverse range of practitioners from across the workforce, such as from the youth offending service, adult social care and the local authority 'Clean and Green Team'. As a result, a wide range of people have an increased awareness of social communication difficulties and autistic spectrum disorder (ASD).
- Children and young people with SEND have speedy access to the help and support they need without having to wait for a formal diagnosis. The local area promotes a 'needs-led' approach, for example by focusing on neurodiversity rather than a diagnosis of ASD. Professionals are successfully using innovative approaches to support the clear identification of children's needs, so that the right support can be put in place.
- School nurses carry out a wide range of screening assessments when children begin their statutory education. All children are offered hearing and vision checks as well as the national child measurement programme screening in Reception and Year 6. The school nursing service works effectively to support children, young people and their families through the early help offer. Popular and well-attended drop-in clinics are offered at all primary and secondary schools across Portsmouth. Close working between health professionals assists the skilful identification of children who need extra help. As a result, health visitors and school nurses are providing families with a range of helpful support, including help with sleep training, bereavement and continence.
- Home-educated children and young people have access to the school nursing service. Effective joint working in the local area enables notification to the school nursing service on an opt-in basis. This facilitates the early identification of need in this potentially vulnerable cohort of children.
- School leaders value the work of the Portsmouth education partnership (PEP) in supporting the effective early identification of SEND support needs through the SEN support project. Training, guidance and clear documentation are helping to ensure greater consistency in the identification of children and young people's needs in schools.

- The inclusion of speech and language therapy (SALT) in the youth offending service is leading to the identification of unmet needs in this vulnerable group. Therapists provide useful training to practitioners in the service to support the identification of young people's communication needs, as well as working directly with children and young people in a therapeutic way.

Areas for development

- Despite the positive work to provide children and young people with help without the need for a diagnosis, the neurodevelopmental assessment pathway does not work effectively for all families. Consequently, some children and young people experience delays in the assessment process and have to wait to get the support they need.
- Some children who need support from the specialist child and adolescent mental health service (CAMHS) are waiting too long to have their needs identified and assessed. For example, some children wait up to 34 weeks for an extended appointment. Children over six years old who are waiting for an ASD assessment can wait up to 48 weeks before they are seen by a specialist. Waiting times for an assessment by the CAMHS learning disability service are too long and can be up to 24 weeks. Additionally, children and young people who obtain a diagnosis of ASD do not receive any post-diagnostic support from CAMHS, despite the National Institute for Health and Care Excellence guidance.
- A wholly integrated assessment of a child's developmental progress, using the combined knowledge and understanding of early years and health visiting professionals, is not fully in place across Portsmouth.
- The uptake of the annual health checks for young people with a learning disability carried out by general practitioners (GPs) is too variable. Some GP practices are working effectively and have carried out health checks for over 90% of eligible young people, while other practices in the city have yet to carry out any health checks. As a result, some young people's health needs are not understood well enough, as they begin their transition into adult health services
- Not enough children are having their health and dental assessments completed on time when they come into the care of the local authority. In May 2019, only 67.8% had been completed appropriately. The local area is aware that lower performance is found in the case of older young people coming into care, particularly some unaccompanied asylum seekers.

The effectiveness of the local area in meeting the needs of children and young people with special educational needs and/or disabilities

Strengths

- Overall, most children and young people receive effective SEND support in school. Schools generally seek professional advice and support in a timely and appropriate manner. Professional advice is well presented, and clear recommendations are made. Consequently, individual support plans typically describe helpful strategies to meet pupils' needs.
- Special educational needs coordinators (SENCOs) are supported well in the local area. The work of the PEP and SENCO networks helps SENCOs to share good practice and keep up to date with the latest developments in the city. For example, SENCOs are making successful use of the schools' therapy pack to develop children's speech, language and communication. As a result, children and young people are receiving timely help, because SENCOs are well trained and have easy access to professional advice.
- EHC plans are co-produced with families and professionals, and the vast majority are completed within the statutory timeframes. The quality of EHC plans is improving over time, because leaders across EHC audit plans and annual reviews regularly. Learning from the audit process helps to improve the quality of the EHC needs assessment process as well as the EHC plan. For example, the integration of early help into the EHC needs assessment process is a result of previous audits identifying a gap in the consideration of children and young people's care needs. Overall, parents are positive about the quality of their children's EHC plans. A parent explained: 'I know everything, I am fully involved' and another added: 'It's not just a piece of paper, it really works.'
- Co-production and person-centred approaches are central to the annual review process. Annual review documentation reflects a consistent approach across the city to reviewing children and young people's EHC plans. Parents and professionals talked positively to inspectors about the annual review process. A parent summed up the views of several, saying: 'The annual review is the highlight of the year.' Most parents value the positive celebration of children's achievements and the involvement of children and young people in the process. An increasing number of annual reviews are being successfully informed by input from therapists.
- Young people's views are important to leaders and professionals in the local area. Through the local 'Dynamite' group, young people are working in co-production to help shape improvements in services across the city. For example, 'young inspectors' visit local settings and services and make suggestions for improvements, which are then implemented. Improved arrangements for the way that disability bus passes are used are a direct result of the work of the

'Dynamite' group. The group is helping to develop valuable skills in its young members, who are improving outcomes for themselves and others.

- Overall, the local area's short-breaks offer is comprehensive, with a clear graduated approach. Pre-paid cards support a flexible and personalised approach.
- Close working between hospital and community physiotherapists is leading to a coordinated and consistent approach to care. For example, children who need hydrotherapy are now able to access the pool at the Queen Alexandra Hospital. Occupational therapists from the local authority and the community therapy service work as an integrated service. In response to increased demand for the service, additional therapy assistants have been recruited. Children and young people have straightforward access to a wide range of aids and equipment from a central store. Furthermore, there is suitable access to minor adaptations in schools and homes through the contracted provider.
- Military families living in Portsmouth have easy access to health care. The local area is part of the Armed Forces Covenant. As a result, referrals into therapy services are accepted directly, without the usual conditions. Services across Portsmouth work together to ensure that military families are not disadvantaged by moving into and out of the area.
- Children and young people receive helpful support in school for their emotional well-being. The 'controlling worries' course delivered by school nurses has had a positive impact on the lives of children and their families. Emotional literacy support assistants provide adept support to individual children and promote emotional health. Children over 11 and young people up to 25 years have access to counselling. Over 85% of children and young people who attend report an improvement in their emotional health. Basic social, emotional and mental health (SEMH) training will be available to all schools online from the autumn term 2019.
- Children and young people who need additional support for their emotional or mental health have access to various commissioned services across Portsmouth. CAMHS works flexibly to offer training, supervision and consultation to professionals across health and social care to support the local area 'team around the worker' approach. This helps professionals to resolve children and young people's emotional health concerns at the earliest opportunity. Children from the age of 13 can attend a CAMHS drop-in clinic at a city centre location without an appointment. This service is popular and well used.
- In the past, CAMHS learning disability provision has only been available through special schools. However, work is underway to expand the model of support into mainstream education, so that families can have a wider choice of provision.
- Recently, mental health nurses who work as part of the NHS 111 service have been trained to respond to children who are exhibiting mental ill health. Children and young people contacting the service now receive advice from the mental

health nurse and a swift referral to CAMHS, if needed, so that a full assessment can be carried out, sometimes within the next day.

- In response to growing need, the local area is ensuring that staff receive useful training to meet children and young people's SEMH needs. As a result, practitioners across the local area are skilled in using restorative practice techniques. Leaders and professionals told inspectors of the many benefits they have seen in using this approach. Consequently, children and young people experience consistent support, regardless of the school setting they attend.

Areas for development

- Although early help is effectively integrated within the EHC needs assessment process, some parents told us that they do not always get the family support they need. Some are worried about asking for help, because they fear that their parenting skills will be judged.
- The local area does not provide a commissioned service for children with sensory processing needs. Occupational therapy will accept referrals for children where there is evidence of a motor skill that impacts on their daily living skills where there are associated sensory processing needs. However, the service is not commissioned to support children and families where the referral is for behaviour which is linked only to a child's sensory needs.
- Families assessed for specialist short-breaks provision do not always receive the help they need. Limited provision leaves some families without the necessary support. Leaders are working to remedy the shortfall by joining another local area's provider framework. Additionally, some parents told inspectors that the short-breaks offer is not easy to understand, and some have not found the pre-paid card as flexible as it is intended to be. A few parents also expressed concern about access to the short-breaks respite provision, fearing it adheres too rigidly to a set of eligibility criteria.
- Recent changes to the SALT service have not been explained well enough to parents and other professionals. Carefully planned changes to the service to meet increased demand are not widely understood. For example, many parents and professionals are not certain why changes have been made or how this has altered the way referrals are triaged. Delays are attributed to staff shortages rather than to children's clinical needs. As a result, many told us that they are worried that children are waiting too long to be seen or have been discharged without receiving the right support.
- Although, overall, the quality of EHC plans is improving, sometimes the outcomes defined in a plan are not specific enough. Generally, the quality of EHC plans for young people is weaker than those for younger children. The aspirations that are often clearly described in the first section of the plan are not being used effectively to influence other sections of the plan. As a result, young people's

plans are not reliably identifying the provision they need to achieve their longer-term aspirations.

- Parents of young people told inspectors they worry about the transition to adult health and care services. Parents are concerned that the provision their young people receive up to the age of 18 will not continue when they enter adult services. Some parents fear for the future and describe this transition as feeling like a 'cliff edge'.
- Parents of children and young people who have been discharged from CAMHS sometimes find it difficult to access further support from this service if their child's condition worsens. Young people needing to be re-referred find that they must go through the referral process again from the beginning and wait several months for an appointment. As a result, some parents are reluctant to accept discharge.
- Many parents told inspectors that they find it hard to access the information, support and advice that they need. Several parents have not heard of the local offer, others who have tried to use it have not found the website easy to navigate. Some parents of young people over the age of 18 have found it particularly difficult to find information about health services and employment opportunities, including supported internships and apprenticeships.

The effectiveness of the local area in improving outcomes for children and young people with special educational needs and/or disabilities

Strengths

- Leaders and practitioners work together effectively to improve outcomes for children with SEND in the early years. The impact of this work can be seen in the improving outcomes for children with SEND at the end of the early years foundation stage. The proportion of children with SEND achieving a good level of development is now above that seen nationally.
- Overall, educational outcomes for children and young people receiving SEND support and those with EHC plans in key stages 1 and 2 are improving over time. The curriculum for young people in key stage 4 has also broadened. There is evidence that the local area's work to improve educational outcomes for children and young people with SEND is having a positive impact.
- Children and young people with SEND are starting to attend school more regularly. Absence and persistent absence rates for children receiving SEND support are reducing over time, although they remain above those seen nationally. Absence for children and young people with EHC plans is broadly equal to national figures. The unique nature of the provision at one specialist provider in the city (registered as a special school but delivers the functions of a pupil referral unit and a special school) means that comparison between the local area's special school data and other special schools nationally is misleading.

- An effective school nursing 'health-related absence project' is working well in selected schools for those children and young people who are absent because of continued and persistent ill health. This project is proving successful in reducing absences relating to a child's health.
- The local area is working effectively to reduce fixed-term exclusions for children and young people with SEND. Leaders carefully use local intelligence and data to inform strategic developments and priorities. School leaders are getting better at challenging each other and holding one another to account regarding exclusions. As a result, some schools have seen a significant reduction in the proportion of children and young people with SEND receiving fixed-term exclusions. Despite this positive work, leaders know that too many children and young people receiving SEND support are given fixed-term exclusions in some schools and are working to bring about further improvements.
- Overall, young people with EHC plans have a positive transition from school to college. Young people attending mainstream and specialist education settings told inspectors they are confident that the right help will continue to be available to them as they move on to college.
- Young people with SEND benefit from an integrated adult learning disabilities service, where there is a strong focus on monitoring and promoting positive outcomes. Day-care opportunities in adult services are person-centred and focus on building personal skills.
- Children and young people who access SALT, occupational therapy and physiotherapy services have significantly improved outcomes. Recent performance information shows that approximately 80% of children and young people who participated in therapy reported an improvement from their original presentation.
- The local area has responded positively to the concerns expressed by parents and practitioners about delays in assessment for and provision of wheelchairs for children and young people. There is ongoing work to further improve timeliness from the assessment of the child to them receiving the fully specified chair. Work is also taking place to improve decision-making for those infants under 2 years of age who need specialist wheelchairs, so that they do not need to rely on charitable funding.

Areas for improvement

- The proportion of children and young people receiving SEND support who achieve well by the end of key stages 2 and 4 is below that seen nationally. Children and young people's literacy skills are typically weaker than those seen nationally. Although improvements have been seen in both outcomes and progress for children and young people receiving SEND support at the end of key stage 2, this is not reliably the case in key stage 4.

- Opportunities for supported employment for young people with SEND are low, particularly for young people aged 19 to 25. Most young people with SEND stay on in education, and this can be seen in the high participation rates. The local area has a small number of supported internship programmes, but the range of employment opportunities for young people with SEND is very limited.
- Information about the proportion of young people with SEND aged 19 to 25 who move into independent or supported living is not available. As a result, the local area does not have a full picture of the wider and long-term outcomes achieved by young people with SEND.
- Transition arrangements between paediatric and adult health services are too variable. Effective transition often relies too heavily on individual negotiation between practitioners rather than being supported by a formal strategy. The information technology system in health is not used effectively to share information, using a 'tell it once' approach. Health passports are not routinely available, which means that health transition arrangements are not reliably accessible in one document. As a result, children and young people experience inconsistent transition arrangements as they move from paediatric to adult health services.

Yours sincerely

Claire Prince
Her Majesty's Inspector

Ofsted	Care Quality Commission
Christopher Russell Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Claire Prince HMI Lead Inspector	Sue Knight CQC Inspector
Susan Tanner Ofsted Inspector	

cc: Department for Education
Clinical Commissioning Group(s)
Director Public Health for the Local Area
Department of Health
NHS England