

11 February 2020

Ian Sutherland
Director of Children's Services, Medway
Dock Road
Chatham
ME4 4TR

Sue Gibbons Clinical Commissioning Group Chief Officer

Wendy Vincent Local Area Nominated Officer

Dear Mr Sutherland and Ms Gibbons

Joint area SEND revisit in Medway.

Between 9 and 11 December 2019, Ofsted and the Care Quality Commission (CQC) revisited Medway to decide whether sufficient progress has been made in addressing each of the significant weaknesses detailed in the written statement of action (WSOA) issued on 31 January 2018.

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 weaknesses in the area's practice. HMCI determined that the local authority and the area's clinical commissioning group(s) (CCG) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 19 April 2018.

The area has made sufficient progress in addressing five of the eight significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing three significant 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 CQC.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, representatives of the Medway Parent Carer Forum (PCF), local authority and National Health Service (NHS) officers, as well as an adviser from the Department for Education (DfE). They spoke to school leaders about how they are implementing the disability and special educational needs

reforms and considered the 152 responses to the inspection's online survey for parents and carers. Inspectors looked at an extensive range of information about the performance of the area, including the area's self-evaluation and minutes of meetings. Inspectors met with leaders from the area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

Main findings

- The initial inspection found that:

There was a lack of joint strategic leadership across the area between the council, the CCG and education providers.

Since the inspection of December 2017, the area has been slow to establish a genuine sense of shared responsibility and leadership for implementing the SEND reforms. Momentum for change has quickened in the last nine months, particularly facilitated by the appointment of experts to pivotal posts such as the designated clinical officer (DCO) and the interim assistant director for education and SEND. Recruitment to other permanent posts, such as case workers, is also contributing to a greater sense of stability and confidence in area leadership.

The local authority and the CCG have remained key in securing improvement. Following the inspection, leaders challenged themselves to identify 'what is it, precisely, that we need to do, and how, in order to address this?' As part of a slow but wide-ranging response, an improvement board (which meets monthly) was established and a SEND strategy planned and embedded within the overarching children's plan.

A number of successful joint initiatives, such as the SEND leadership project, are successfully improving relationships between partners. The initial slow response to addressing identified weaknesses means children and young people's experiences of support for health, education and social care needs remain variable. Many parents report that they have yet to feel the impact of any changes.

A strength in area leadership is the voice of children and young people. Senior area leaders have inspired and supported groups of children and young people, enabling them to run their own strategic groups. With absolute clarity, these youngsters express their role and purpose in acting as ambassadors for children and young people with SEND. They ensure that the voice of children, young people and families is heard and understood by leaders in decision-making roles. A representative of the children and young people's group attends board meetings and takes an active part. All stakeholders agreed that the influence of children and young people on decision making in the local area is positive and appreciated. For example, in reviewing the local offer site, the Transition Group (comprising 16 young people with SEND aged 19 to 25) gave clear views on the range of information and links that should be available, such as advice on managing money and independent living.

The PCF has representation on the SEND Improvement Board and the Children's Overview and Scrutiny Committee; however, parents have no representation on the CCG Governance Board, Children's Transformation Board or Adults' Overview and Scrutiny Committee. The PCF provides support and advice to struggling families and offers challenge to professional colleagues. The PCF is eager to play as strong a part as possible in bringing about change and improvement for children and young people. Its members feel they have more to give and that area leaders do not always utilise their extensive networks with families to best effect. Inspectors agreed with this view.

Parents and leaders shared with the inspection team their concerns about the inconsistent commitment and response to the SEND reforms from schools. Sadly, some families feel that their children are not welcome or wanted in their local schools. School leaders have been slow to play their part as area leaders and to engage in key decision-making meetings. School representation at board meetings has very recently been addressed, and a fresh sense of energy and will exists. A number of secondary academies appear reluctant to accept responsibility for their part in delivering the 2014 reforms. For example, some schools accept additional funding from the local authority but are not prepared to take on an equitable number of pupils with SEND. This places pressure on other local schools and stretches local authority finances. This approach also results in the need for additional out-of-area places, in order to ensure that children can go to school. One impact of this is that the proportion of children and young people with education, health and care plans (EHC plans) in Medway who are being educated in mainstream schools remains notably lower than in most other areas of the country.

The local area has not made sufficient progress in addressing this significant weakness.

- The initial inspection found that:

There was a lack of a clearly communicated strategy understood and shared by leaders across the area.

Leaders have been slow to develop the area's SEND strategy. Once this development started, it gave leaders a much-needed sense of purpose and cohesion. Some of the strategy's themes, required actions and activities flow seamlessly from the written statement of action. There is a sense that, despite the delay, work is now underway. The joint strategy has seven clear priorities, including to 'increase working together with CYP and parents/carers – participation and co-production'. Governance and monitoring for the strategy will be provided by the SEND Improvement Board and ultimately by the Children and Young People's Overview and Scrutiny Committee. Progress in implementing the strategy is measured against important targets, for example the timeliness of access to services and rates of exclusion and attendance for pupils with SEND.

Although now in place, the strategy has not yet been clearly communicated, understood or shared. Parents have had some involvement in the

development of the strategy via the PCF. However, most parents, school leaders and local authority officers (other than those in senior posts) could not articulate what Medway's ambitions for CYP with SEND were, other than to give a very generalised statement about promoting inclusion. Although special educational needs coordinators (SENCOs) and school leaders have the opportunity to meet regularly in their 'zone' groups, discussion has not extended to the detail of the strategy for children and young people with SEND.

Following the inspection of December 2017, the area's communications team formulated a plan to ensure that regular communications exist between senior leaders within education, health and care services. This approach included plans for effective communication with parents and parent organisations. The plan is clearly written with specific objectives, a strategy and key messages to be conveyed. However, as a result of the delay in launching the campaign, the proposed improvements to communications simply have not happened.

Although children and young people have carried out an extensive and insightful review of the local offer site, work has stalled. Consequently, the local offer is increasingly out of date. Parents and carers do not see the local offer as a place to go to find helpful information. Many do not use it, and some parents have still not heard of it.

The local area has not made sufficient progress in addressing this significant weakness.

- The initial inspection found that:

Providers in the area were not taking suitable responsibility for ensuring the effective implementation of the reforms.

The range of ongoing high-quality training is contributing well to providers' growing sense of collective responsibility. This is generating a will to secure the necessary improvements.

The SEND leadership project, for example, is providing specialist training on emotional literacy support for learning support assistants in 20 primary schools. This training has received a hugely positive response from school staff, who are left better informed, more engaged and better placed to implement reforms.

A small emotional well-being and mental health team has been established within the school nursing service, with some staff coming from a child and adolescent mental health services (CAMHS) background. Consequently, specialist assessment, signposting and onward referrals to CAMHS now happen more quickly. There is an increased offer of support to families through social prescribing and parent workshops on varied topics, such as attention and listening, challenging behaviour and an introduction to autistic spectrum disorders. There have been over 400 attendances at these parent workshops this academic year. These positive steps, led by health, are welcomed by school leaders and parents and carers. Additionally, health and

education leaders have worked together to develop 'Hopscotch', a programme offering integrated therapy advice to schools. This means that schools can more easily identify all the actions needed to implement what is a single plan. The appetite for joint working is apparent. As a consequence of this positive work, more providers than previously are taking responsibility for implementing the reforms effectively.

The local area recognises that there is more to do to support families who are waiting to access the diagnostic pathway for autism. The dedicated phone lines for professionals and parents to access advice and support is a good resource. However, because of poor communication, this service is currently underused by parents, carers and professionals.

Work to reduce fixed-term and permanent exclusions for children and young people with SEND has been successful. Outreach support from the local special schools provides extensive support for children with social, emotional and mental health needs, and the area's educational psychologists also provide a bespoke response when concerns warrant this.

Despite some good work to improve provision in schools, parental anxiety around support for their children remains high. The planned document to explain what families should expect as 'ordinarily available provision' has not yet been made available. Area leaders recognise that there is a discrepancy in provision from school to school, which leads to parental anxiety and frustration. Primary leaders are confident that discrepancies in the primary sector are now reducing. Inspectors agree with this view.

While the concern around the inclusive attitude of some secondary academies remains, school culture has become more inclusive overall. Within Medway, there is a far greater understanding of shared responsibility and a network of skilled and committed professionals who are determined to implement the reforms fully and effectively.

The local area has made sufficient progress in addressing this significant weakness.

- The initial inspection found that:

There was a lack of clearly understood and effective lines of accountability.

The accountability and governance arrangements for SEND in Medway have improved. Operational and strategic groups have clear membership and transparent lines of accountability. Arrangements are understood by leaders across the area, and a sense of rigour is growing.

The creation of a SEND Improvement Board to monitor progress in the WSOA and SEND strategy has been positive. Parents are represented at a strategic level, and senior roles are shared between key organisations. For example, the board is co-chaired by the lead council member for children and the CCG's

chief nurse and has a representative of the PCF as part of its membership. The governing board of the CCG has appointed a board member with responsibility for SEND, and this has introduced greater challenge. Leaders in the area recognise that formal accountability needs strengthening, particularly to enable greater influence from parents, carers and young people and to increase the scrutiny of elected members.

During the revisit, school SENCos and leaders articulated their own sense of accountability for implementing the reforms and were confident that they could access support and guidance from health and education leaders when necessary. School leaders' positive views and understanding of the SEND reforms, expressed directly to inspectors during this visit, appear at odds with the all-too-frequent absence of school leaders from key strategic debates and the negative views expressed by parents and carers. Currently there is a palpable sense of energy among most school leaders and a commitment to meeting the requirements of the reforms more thoroughly and accepting strategic responsibility.

The local area has made sufficient progress in addressing this significant weakness.

- The initial inspection found that:

There was a lack of quality and rigour of self-evaluation and monitoring and its effectiveness in driving improvement.

Medway has made strong progress, using both quantitative and qualitative information to strengthen self-evaluation and monitoring to address previously identified weaknesses and to better meet the needs of children and young people with SEND. A range of tools, including audits, scorecards and dashboards, are used systematically to gather information. Analysis of this information has been used to inform a multi-agency quality assurance programme. Outcomes from these reviews, known as 'deep dives', include improved communication between professionals and the introduction of joint visits to parents.

An audit group made up of SENCos and providers reviews the quality of a selection of EHC plans every month. The special educational needs and disabilities information advice and support service has played an active part in reviewing and quality assuring plans. Its involvement has helped drive improvement. This thorough approach is contributing to the significantly improved quality of EHC plans that has been seen recently.

The local area knows its home-educated children and why they are home educated. For some, this is a matter of parental choice. For others, the situation arises as a result of disputes over school placements, hampered by low engagement from secondary academies. The Medway Children's Improvement Board has discussed the local authority's position on electively home-educated children, in particular children who have a child in need or a

child protection plan in place. Leaders are keeping these potentially vulnerable children in their sights and are poised to intervene should the situation warrant this.

Leaders are aware that Medway's approach to ensuring that young people with SEND are well supported as they approach adulthood is not strong. Leaders do not have a good understanding of the current work taking place in health, social care and education to support these young people. Actions to improve this situation are at a very early stage.

The area has made sufficient progress in addressing this significant weakness.

- The initial inspection found that:

There was insufficient information to inform accurate evaluation.

A greater emphasis has been placed on gathering information from numerous sources and using this evidence to inform evaluation and forward planning. Examples of recent information gathering and analysis include the data dashboard, scorecards, monthly EHC plan audits, and use of feedback from professionals, children and young people, and parent and carer surveys. However, leaders are still not taking full advantage of the diverse views and experiences of parents and carers to inform evaluation.

Children and young people are involved in designing more-engaging tools through which their views can be gathered more fully. With this in mind, young people talked enthusiastically to inspectors about potential 'app' development. The SEND newsletter is a helpful and interesting document through which up-to-date information can be shared with professionals and families, promoting the sense of partnership and ensuring that stakeholders can see that their views are valued and are being used to inform further change.

A good example of leaders' work to ensure that there is sufficient information to inform accurate evaluation is the work undertaken to secure sufficient and suitable school provision for children and young people with SEND, both now and in the future. A review of alternative provision has been completed, and an action plan agreed. The predicted number of school places required for children with different needs has been calculated as precisely as possible. Leaders are aware of local demographic changes, and these factors are informing school-place planning. Negotiations with a number of schools have succeeded in identifying 120 new places.

The area has made sufficient progress in addressing this significant weakness.

- The initial inspection found that:

The quality of EHC plans was not acceptable.

The combination of input from parents, carers, children and young people, as well as professionals, on the format and content of plans has resulted in the overall quality of EHC plans improving very significantly. However, this significant improvement has only been secured in recent months. Established plans are being amended at points of transition. This means that many children and young people continue to have EHC plans of poor quality.

Parents appreciate the simplified paperwork they are asked to complete. A programme of training for relevant personnel on how to write advice and set targets for the plans has reaped rewards. As a result, the quality of what is written in children's plans is more helpful to families and school staff. Robust multi-agency quality assurance continues to be important in this regard.

The hopes and desires of children and young people and their families are captured and recorded as part of the process of developing a plan. However, these ambitions are not clearly reflected in the detail that follows. This is possibly a result of plans being drafted in advance of co-production meetings and calls into question the extent to which person-centred planning is in place. Scrutiny of recent plans also identified some poor use of spelling and grammar, which does not signal high regard for these documents.

Education advice, including from educational psychologists, is valued by families and school leaders. Health advice is strengthening, and most practitioners are now helpfully using the standardised template. The DCO signs off plans where health contributions are specified. The CCG recognises that improvements are needed to ensure that all health practitioners involved with a child who is to be assessed for a plan are invited to provide health advice. Helpfully, the newly appointed health coordinator will have responsibility for this key area of work.

Insufficient input from social care, even when there is statutory provision such as a child in need or child protection plan, is a continuing weakness. EHC plans may record, for example, that there is a child protection plan, but there is no evidence to suggest that it has informed the EHC plan. Where there is no statutory provision, support to access social activities, such as short breaks, or provision through early help are not mentioned.

The local area has not made sufficient progress in addressing this significant weakness.

- The initial inspection found that:

There was a lack of effective co-production at all levels.

There is an increasing openness to co-produce services at an operational and strategic level across Medway. Arising from the desire to bring about more rapid change, it has sometimes been decided to consult rather than co-produce. Some parents continue to state that their experiences are not well enough considered in the designing of new services. Many partners spoken to

by inspectors agreed that they valued and understood co-production and could give examples of workstreams that they are involved in. However, evidence indicates that secondary academy leaders are not taking sufficient responsibility for the implementation of the reforms, including contributing to co-production.

The joint commissioning of services across Medway is well integrated. Effective arrangements are in place to monitor performance against contracts that show ambition for children and young people with SEND. A new specification for health visiting and school nursing positively reflects what families told area leaders they wanted. Health visitors are now the lead professional for children until they are seven years old, and the school nursing offer has considerably increased, both in terms of numbers of practitioners and in the more expansive offer to children, young people, their families and schools. This is improving the experiences of children, young people and their families.

The recommissioning and provision of services for children and young people with emotional and mental ill health and autistic spectrum disorder have been turbulent. The legacy of long waiting times and difficulties in implementing new contracts has meant that some children, young people and their families continue to experience unacceptable delays in accessing services, specifically for children aged 11 and over.

A positive example of effective co-production relates to support for children and young people with their behaviour in schools. Appropriately, this has been identified in Medway as a key area for improvement. Local partners have worked together to fund and develop a pilot Positive Behaviour Support Programme, which has been trialled with success in six schools. Following training in March 2020, this project will be widely rolled out.

The PCF has places on some influential strategic and operational groups, and there is evidence of its impact on the design and delivery of some services. For example, the PCF ran co-production training for the local authority last year. This year, it has offered the training more widely to include health and other partners. No representatives from social care or education had accepted invitations at the point of this visit.

The area has made sufficient progress in addressing this significant weakness.

The area has made sufficient progress in addressing five of the eight significant weaknesses identified at the initial inspection.

As not all the significant weaknesses have improved, it is for DfE and NHS England to determine the next steps. Ofsted and CQC will not carry out any further revisit unless directed to do so by the Secretary of State.

Yours sincerely

Hilary Macdonald
Her Majesty's Inspector

Ofsted	Care Quality Commission
Chris Russell HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Hilary Macdonald, HMI Lead Inspector	Lea Pickerill CQC Inspector

cc: Department for Education
Clinical commissioning group(s)
Director Public Health for the area
Department of Health
NHS England