Ofsted Agora Nottingham NG1 6HJ

T 0300 123 1231 **Textphone** 0161 618 8524 6 Cumberland Place enquiries@ofsted.gov.uk www.gov.uk/ofsted lasend.support@ofsted.gov.uk



27 February 2020

Mr John Pearce Corporate Director of Children and Young People **Durham County Council** County Hall Durham DH1 5UJ

Nicola Bailey, Chief Officer, North Durham Clinical Commissioning Group and Durham Dales, Easington and Sedgefield Clinical Commissioning Group Martyn Stenton, Local Area Nominated Officer, Durham County Council

Dear Mr Pearce and Ms Bailey

Joint area SEND revisit in Durham

Between 22 and 24 January 2020, Ofsted and the Care Quality Commission (CQC) revisited the area of Durham 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 15 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 areas of weakness in the area's practice. HMCI determined that the local authority and the area's clinical commissioning groups (CCGs) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 28 June 2018.

The area has made sufficient progress in addressing the four significant weaknesses identified at the initial SEND 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 from schools, and local authority and National Health Service (NHS) officers. More than 400 parents and carers contributed to the revisit. Inspectors looked at a range of information about the performance of the area in addressing the four significant weaknesses identified at the initial inspection, including the area's improvement plans and selfevaluation.





Main findings

■ The initial inspection found that:

There were fundamental weaknesses in the area's strategic leadership and governance which resulted in the disability and special educational needs reforms being implemented too slowly.

The partnership between education, health and social care leaders in the area is stronger than it was at the time of the initial SEND inspection. Since this inspection, there has been a determined focus to improve the arrangements for identifying, assessing and meeting the needs of children and young people with SEND. There is greater collective ambition for these children and young people. Importantly, however, much still needs to be done to secure tangible change in the lives of children and young people with SEND and their families in County Durham.

Substantial changes to leadership and governance are contributing well to improvement in the area's SEND arrangements. There is a more committed approach to co-production with children and young people with SEND and their families. Nevertheless, at this stage, children and young people with SEND and their families continue to have widely different experiences of schools, as well as individual health and social care services. While some parents and carers can see improvement in the help and support their children receive, others say that little has changed since the initial SEND inspection.

Initial work focusing on improving the knowledge of education, health and social care professionals, and strengthening their understanding of SEND, has been effective. However, the area has not fully achieved its objective of improving understanding and awareness at every level in a way that positively affects the experience of children and young people with SEND and their families. The importance of this was highlighted by one young person who told us, 'I just want people to know about autism and understand how it affects me.'

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

■ The initial inspection found that:

Leaders had an inaccurate view of the area's effectiveness. The analysis and use of performance information to tackle weaknesses in education, health and social care outcomes were poor. There was a lack of rigorous quality assurance and monitoring to inform decision making.

New systems for collecting, analysing and evaluating important performance information have been developed. Existing systems have been strengthened. Learning from the experience of children and young people with SEND and their families features more prominently in this work. As a result, the area's self-evaluation provides a clearer and more comprehensive assessment of how well SEND arrangements are working in County Durham.

The pathway for education, health and care (EHC) assessment has been successfully redesigned. The quality of reports from education, health and social





care professionals for these assessments has improved in the last 12 to 18 months. In part, this is because systems for checking these reports and the quality of draft and finalised EHC plans are working more effectively. The quality of health advice, however, remains too variable. Too often, this advice provides insufficient insight into how clinical conditions affect a child or young person's daily life. In addition, the quality of EHC assessment is still, at times, undermined by the lack of participation of some health professionals in important multi-disciplinary meetings. Despite this variability, recently finalised EHC plans are coproduced more genuinely and they integrate education, health and social care advice well.

The strategic manager for SEND and the designated clinical officer (DCO) have contributed strongly to improving EHC assessment and planning. Currently, however, the DCO's work focuses too much on improving practice within individual provider health trusts and not enough on developing quality and consistency across all health services in the area. Similarly, the importance of high-quality professional advice and the full involvement of health practitioners in EHC assessment and planning are not prioritised adequately in either commissioning or operational management decisions.

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

■ The initial inspection found that:

Poor strategic planning and joint commissioning were leading to unacceptably long waiting lists for access to services, delays in treatment for some conditions, and a variable experience for children and young people with SEND.

Area leaders have developed and implemented a more effective, needs-based approach to joint commissioning services for children, young people and families since the initial SEND inspection. Commissioning decisions, service planning and performance monitoring are better informed by the area's analysis of children and young people's education, health and social care needs.

Children and young people with SEND and their families have increasingly strong and influential voices in the development of the area's strategic plans, as well as in decision making about service commissioning and redesign. Examples of improved co-production include the development of the 'Think Autism in County Durham' strategy, the redesign of short-break services and the commissioning of the area's integrated paediatric continence service.

There has been a marked reduction in the unacceptably long waiting times for specialist autism assessment and speech and language therapy assessment and intervention since the initial SEND inspection. Waiting times are currently in line with national guidance. Short-term support, following specialist autism assessment, from the child and adolescent mental health service (CAMHS) and the autism and social communication team is benefiting children, young people and families. Area leaders know, however, that there are gaps in the support commissioned for children, young people and families following specialist autism





assessment and acknowledge that this provision must be strengthened in future commissioning arrangements.

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

■ The initial inspection found that:

The area did not have an embedded approach to strategic co-production with designated representatives of children, young people and families to inform strategic planning and secure improvements.

The partnership's approach to developing and embedding strategic co-production with children, young people and families has been prioritised well and is contributing strongly to improvement in County Durham's SEND arrangements. 'Making Changes Together', the local parent and carer forum, along with other groups such as the 'Rollercoaster Support Group', have been instrumental in several significant developments since the initial inspection. They work hard to represent families, and their contribution to the area's leadership and governance is both constructive and challenging.

The 'eXtreme group' has made a similarly influential contribution to improvement since the initial SEND inspection. Members of this group are fantastic ambassadors for children and young people with SEND in County Durham.

These positive developments are an important part of the area's participation strategy. This strategy sets out clear and helpful quality standards for coproduction with children and young people with SEND and their families. The standards are a valuable resource for education, health and social care leaders and professionals, but they are not, at this stage, being well used to evaluate the effectiveness of co-production at strategic or operational levels.

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

The area has made sufficient progress in addressing the four significant weaknesses identified at the initial SEND inspection. As the area has made sufficient progress in addressing all the significant weaknesses, the formal quarterly support and challenge visits from the DfE and NHS England will cease.

Yours sincerely

Nick Whittaker **Her Majesty's Inspector**





| Ofsted | Care Quality Commission |
|---------------------|--|
| Emma Ing HMI | Ursula Gallagher |
| Regional Director | Deputy Chief Inspector, Primary Medical Services, Children Health and Justice |
| Nick Whittaker | Jan Clark |
| HMI, Lead Inspector | CQC Inspector |

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