

13 February 2020

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Dear Ms Sivers

Joint area SEND revisit in South Gloucestershire

Between 10 and 12 February 2020, Ofsted and the Care Quality Commission (CQC) revisited the area of South Gloucestershire 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 18 December 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 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 10 April 2018.

The area has made sufficient progress in addressing six of the eight significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing two 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, and local authority and National Health Service (NHS) officers. Inspectors looked at a range of information about the performance of the area, including the area's self-evaluation. Inspectors met with

leaders for health, social care and education. They reviewed performance data and information about the local offer and joint commissioning. Inspectors spoke with headteachers and special educational needs coordinators from mainstream primary and secondary schools, a local special school, and a college vice-principal. Education, health and care (EHC) plans and case records for children and young people were reviewed. Inspectors considered the responses of 252 parents who completed the online survey about the weaknesses identified in the WSOA. They also took into account parents' additional comments during the revisit.

Main findings

- The initial inspection found that:

There was slow implementation of the SEN and disabilities reforms and the development and implementation of the SEN and disabilities strategy and local offer by senior leaders.

Since the inspection in November 2017, there has been a restructure of strategic leadership in the area. There have also been changes to the senior management team for education, learning and skills. These changes are providing greater capacity and more focused leadership. Despite a slow start, leaders are now securing improvements and the pace of change is increasing. For example, area leaders have worked collaboratively with the South Gloucestershire Parent and Carer Forum, and together they have improved and strengthened the local offer. As a result, parents and carers can find out about the support available for them and their children more readily.

The partnership between education, health and social care leaders is now much stronger. Area leaders want co-production and the voice of the child and young person to be at the front and centre of service commissioning, delivery and evaluation. The major re-organisation in health commissioning to encompass three local authority areas and form Bristol, North Somerset and South Gloucestershire (BNSSG) has brought significant opportunities to develop services more widely. For example, the autism spectrum disorder (ASD) hubs located in Bristol are included in the new ASD assessment pathway being implemented in South Gloucestershire, providing more timely assessments for children and young people.

BNSSG's Designated Clinical Officer (DCO) role is effective. The DCO provides leadership and support across health services. The DCO plays a key role on the multi-agency resource panel, in quality assuring health submissions, and ensures that children and young people with the most complex needs benefit from the clinical oversight of the Designated Medical Officer.

Leaders recognise that there is more to do to ensure children and young people with SEND get the very best provision and achieve excellent outcomes. However, sufficient progress has been made since the 2017 SEND inspection.

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

- The initial inspection found that:

There were underdeveloped arrangements for joint commissioning, co-production and quality assurance to challenge and support providers to improve outcomes for children and young people.

Leaders developed the SEND strategy (2018–2023) in partnership with children and young people, their families and those that provide services. This good example of co-production means that partners are working together to create SEND arrangements that work for all. The strategy provides a clear structure to inform new approaches to joint commissioning and ensure the effective delivery of integrated support.

There has been significant improvement in South Gloucestershire’s joint commissioning arrangements. However, there is more to do to achieve fully integrated commissioning, as set out in leaders’ plans. Better funding arrangements have been agreed. Existing systems for collecting, analysing and evaluating important performance information across the range of provision are being strengthened and new systems are being developed. As a result, the area’s commissioning decisions, service planning and performance monitoring are based on a deeper and more detailed understanding of children and young people’s needs.

Leaders have developed an outcomes framework to ensure individual children’s needs and outcomes inform future commissioning decisions. However, there is work to do on measuring and evaluating the impact of commissioned services for children and young people with SEND. Quality assurance systems are now in place to check that appropriate services and provision are delivered for children and young people with SEND. Increasingly, managers are holding frontline staff to account for the quality of their work. Since the 2017 inspection, there is increased partnership working between school leaders and the local authority. This strengthening partnership is improving the experiences of children and young people with SEND. For example, improving inclusive practice in schools has led to staff having a better understanding of children and young people with SEND, leading to a reduction in fixed-term and permanent exclusions.

Since the initial inspection, community child health services have been brought under a single provider. New delivery models for child and adolescent mental health services (CAMHS) and speech and language services are in place. Therapies are being brought together within a single management structure. These service redesigns have been achieved through genuine and strong co-production involving young people who use the services, the Parent Carer Forum and other parent groups. Similarly, the new ASD diagnostic assessment service has been developed through effective co-production. As a result, children and young people requiring specialist assessment have significantly improved access to it.

The introduction of the SEND cluster model is resulting in more responsive, child-centred, local and cooperative working between services. This model, currently under trial, is leading to effective support for some children and young people with SEND.

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

- The initial inspection found that:

There were continued and significant concerns raised by parents at the delays in assessments, lack of communication, timeliness and the ineffective promotion and delivery of the local offer.

Parental satisfaction continues to be low. A significant number of parents and carers gave their views through the online survey, the open meeting and email correspondence. The majority do not believe that services have improved since the initial inspection. Many cited concerns about the lack of communication, such as 'an absolute nightmare to communicate with' and 'trying to get hold of anyone for help is near to impossible'. Parents and carers do not recognise the 'tell it once' approach in the way services work together. They acknowledge that assessments are undertaken and EHC plans are issued within statutory timescales. However, many parents and carers are frustrated with the quality of plans. They do not feel that plans are meeting their children's needs. Inspectors agree with parents and carers. When scrutinising EHC plans, inspectors found the overall quality to be poor. There are gaps in plans. Health services are submitting good-quality advice in a timely way but this is not included in final EHC plans. Furthermore, plans are not shared with all involved professionals routinely. The quality assurance of EHC plans is at a very early stage. This is concerning. Area leaders are not ensuring that improvement is achieved in a timely way and becomes embedded in practice across education, health and social care.

The annual review process for EHC plans is also weak. Too often, annual reviews are not undertaken in a timely manner and appropriate professionals do not attend review meetings. Parents and carers highlighted how the annual review process causes them and their children additional stress and anxiety.

Nonetheless, there are an increasing number of parents who recognise the more recent work of the area in improving the experience of children and young people with SEND. For example, response times from the area SEND teams are improving quickly and parents value the better support and guidance provided by EHC plan case workers.

Parents also value the Parent Carer Forum in South Gloucestershire. Many parents said the Parent Carer Forum and Special Educational Needs and Disabilities Information, Advice and Support Service provide helpful guidance and support to help reduce their anxieties. Importantly, parents note that the local offer is now easier to use.

The area has not made sufficient progress to improve this area of weakness.

- The initial inspection found that:

There were children and young people having to wait for lengthy periods of time before having their needs assessed by some clinicians and specialist health and social care services.

Access to specialist health services, such as speech and language therapy, physiotherapy and CAMHS has improved significantly since the inspection in 2017. These services have consistently completed assessments within expected timescales over the past twelve months. Access to occupational therapy (OT) remains a significant challenge. While there are signs of improvement over the last year, there is some considerable way to go to achieve their 18-week target. A recovery plan is in place for the OT service. This is subject to close scrutiny and oversight from the CCG, which has put short-term, additional resources into the service. The provider is also considering service redesign, and alternative ways of providing OT support for children and young people. In addition, BNSSG is working with NHS England to develop new assessment pathways for sensory processing assessments. This will help to improve access to the OT specialist service in South Gloucestershire.

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

- The initial inspection found that:

There were high, and increasing, rates of exclusions from local schools for pupils with SEN and/or disability, particularly at secondary level.

Area leaders have made changes to reduce the high level of exclusions, especially from mainstream secondary schools. These initiatives are making a difference. Encouragingly, the number of days lost to fixed-term exclusions in 2018/19 reduced for children and young people receiving SEN support and for those with an EHC plan. Permanent exclusions have also decreased for these children and young people. Stronger area leadership, together with effective support and challenge to schools, is helping to further reduce exclusions. For example, every secondary school is required to submit to the area the actions they will take to reduce exclusions and set targets for achieving this reduction. Members of the Cluster Board scrutinise these targets to ensure they are sufficiently aspirational. They also meet with headteachers where exclusion rates have been too high. Area leaders are not complacent. They know there is more work to do to ensure that no child or young person with SEND is excluded in South Gloucestershire.

There are a significant number of schools who are engaging in the 'Better Behaviour Project'. The aim of this project is to provide training and research opportunities for frontline staff to further improve attitudes to behaviour. Strong evidence is emerging to show this work to enable staff to understand pupils' complex needs is improving behaviour and contributing to the decline in fixed-term and permanent exclusions.

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

- The initial inspection found that:

There were low and declining standards reached, and the progress made, at the end of key stage 4 for pupils in local schools with SEN and/or disability.

Outcomes for children and young people with SEND are still not good enough. This is because, until recently, children and young people were not having their needs identified accurately and were not receiving effective support and guidance. In 2019, the progress made by young people receiving SEN support at the end of key stage 4 remained low. However, inspectors recognise that there have been some improvements for young people with an EHC plan.

In 2019, the proportion of children with SEND in early years provision achieving a good level of development declined. There is a similar picture in key stage 1 and key stage 2. This decline was most notable for children and young people with an EHC plan in reading, writing and mathematics at the end of key stage 2. This means that children and young people do not enter the next stage of their education with the knowledge and skills required. As a result, too many children and young people with SEND are not achieving their full potential.

There are systems and processes in place to monitor and analyse children and young people's outcomes, but there is significant work to do to ensure these are used to support improved achievement.

The area has not made sufficient progress to improve this area of weakness.

- The initial inspection found that:

There was inequality of access to services and variability of experience for children and young people with SEN and/or disability, particularly in secondary and post-16 provisions.

Area leaders have improved the experience of children and young people with SEND who access education, health and social services. There are a wide range of opportunities for them now. These services are increasingly universal, for example 'Nothing Special', where young people can meet up, get fit and socialise, and 'The Hatch', which provides workshops including woodwork, knitting and weaving. Such opportunities are easy to find out about in booklets and on the internet. Young people who spoke with inspectors described how they welcome the activities now available to them. They also explained how these opportunities help prepare them for adulthood. For example, young people described their excitement about their future careers in catering and hospitality. The young people's peer support group has recently received national recognition. This helps older teenagers with significant mental health needs who are transitioning from CAMHS into the adult mental health service.

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

- The initial inspection found that:

There was little or no formal training to health services and practitioners on the SEN and disabilities reforms.

Health professionals now receive appropriate training. This is highly valued and is contributing to improvements in practice. Practitioners particularly valued the first annual multi-agency SEND conference which took place recently. Many staff benefit from professional discussions about their SEND practice. As a result, practitioners are more able and confident to fulfil their responsibilities. However, leaders and practitioners in health services need more training to improve their contributions to EHC plans. Plans are in place to address this, and provide training on the use of the new standardised health template for EHC plan submissions.

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

The area has made sufficient progress in addressing six of the eight significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing two significant weaknesses. 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 revisits unless directed to do so by the Secretary of State.

Yours sincerely

Jen Southall
Her Majesty's Inspector

Ofsted	Care Quality Commission
Bradley Simons HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
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cc: Department for Education
Clinical commissioning group(s)
Director Public Health for the local area
Department of Health
NHS England