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23 March 2020

Mrs Edwina Grant, OBE  
Executive Director of Education and Children's Services  
Lancashire County Council  
County Hall  
Preston  
PR1 8RJ

Hilary Fordham, Chief Operating Officer, NHS Morecambe Bay Clinical Commissioning Group

Sian Rees, Interim SEND Improvement Partner, Local Area Nominated Officer

Dear Mrs Grant and Ms Fordham

### **Joint area SEND revisit in Lancashire**

Between 9 March and 12 March 2020, Ofsted and the Care Quality Commission (CQC) revisited the area of Lancashire 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 8 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 groups (CCGs) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 25 April 2018.

The area has made sufficient progress in addressing seven of the 12 significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing five 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 met with leaders, managers and frontline workers from the area for health, social care and education. More than 550 parents and carers contributed to the revisit. Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND). Inspectors looked at a range of information about

the performance of the area in relation to the actions outlined in the WSOA. Inspectors sampled more than 20 education, health and care (EHC) plans.

## Main findings

- The initial inspection found that:

### **There was lack of strategic leadership and vision across the partnership.**

At the time of the inspection in November 2017, Lancashire was lagging well behind in its implementation of the SEND reforms. From the very highest levels of leadership, including elected members, there has been a genuine commitment to putting things right. There are strong working relationships across the partnership now. The provision for children and young people with SEND is a priority for elected members and leaders across health, social care and education. The needs of these children and young people are a 'golden thread' running through the work that leaders do. The partnership's plans and strategies reflect the area's ambitious vision for children and young people with SEND. While there is still a huge amount to do, the transformation across the area cannot be underestimated.

Leadership is more stable now. Furthermore, leaders have made some key appointments. These include the three designated clinical officers (DCOs), a senior SEND programme manager and a SEND partnership improvement team. It is clear that the pace of improvement has speeded up as a result of these appointments.

Leaders have worked tirelessly to deliver the improvements needed. They have made sure that children, young people and families have been at the heart of their work. Consequently, children and young people's needs are more effectively met and their outcomes are improving. No-one, however, is in any doubt about the considerable amount of work still to be done. Leaders have well-developed plans, which set out the next stage of the journey.

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

- The initial inspection found that:

### **Leaders had an inaccurate understanding of the local area.**

Leaders have a better view of strengths and weaknesses across the partnership. Recently, more comprehensive and reliable datasets are informing area plans, such as the early years strategy. However, it has taken a considerable length of time to reach this point, and there is still much more to do.

Following the 2017 inspection, action plans did not clearly indicate how leaders would measure success in resolving each of the significant weaknesses identified by inspectors. Leaders did not set out step-by-step targets to help them check

how well their plans were progressing at key points. This has made it hard for leaders to know whether actions are on track and effective. For example, there was and still is no system in place to collect the views of parents and carers at the point of service delivery. This means that leaders and managers do not find out how well new systems and services are working quickly enough. They rely on the results of the online personal outcomes evaluation tool (POET) survey. These results are published annually, which is too infrequent for the only measure of parental views, given the pace of change. Consequently, leaders do not always know whether their actions have made the positive difference for children, young people and their families that was intended.

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

- The initial inspection found that:

**There were weak joint commissioning arrangements that were not well developed or evaluated.**

At the initial inspection, leaders had not evaluated the impact of their actions or taken into account the views and lived experiences of children and young people with SEND and their families. This contributed to weak arrangements for joint commissioning.

A well-established group of commissioners from across the partnership work well together now. They have made sure that they are better informed about children and young people's needs. Effective co-production is helping commissioners to decide what services they need to provide and where they need to provide them. Commissioners are now prioritising some of the more pressing issues, such as re-designing the short breaks offer and improving the speech and language therapy (SALT) service.

However, these arrangements are not sufficiently well developed or evaluated. At the initial inspection, inspectors found weaknesses in the services for consumables, such as continence products. Twenty-eight months later, families still struggle to get these consumables. Furthermore, there remains inequitable special school nursing provision and gaps in specialist children's nursing services. Children and young people's access to public health nursing in special schools is not well understood and therefore not routinely used. Commissioners are currently reviewing these services. However, it is unacceptable that some children, young people and their families have not had access to these important healthcare services for over two years.

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

- The initial inspection found that:

**There was a failure to engage effectively with parents and carers.**

At the time of the initial inspection, parents' views and experiences of the provision for their children and young people were 'overwhelmingly damning'. Parents had lost trust. They lacked confidence and felt that there was no transparency.

The absence of a parent carer forum initially hampered leaders' efforts to get to work following the inspection. To plug this gap, leaders reached out to parents to help them draw up their improvement plans. The parents who have worked with leaders told inspectors about the positive difference that their contributions have made. For example, parents have helped leaders to co-produce the new neuro-developmental pathway. These parents feel valued, trusted and equal partners in driving improvements.

Parents have now established a parent carer forum with the support of a national charity for families with disabled children. The new forum is aware that its reach is limited and has plans in place to widen parent participation. The forum has put on lots of events for parents across the area, including workshops and coffee mornings, but take up for these events has not been high.

Three quarters of the 1700 parents who completed the POET last year rated the levels of support and help that their child received as good or better. This was an improvement on the previous year. Moreover, the number of complaints to the partnership from parents and carers has reduced considerably. These improved levels of parental satisfaction are reflected in the much-lower rates of mediation and tribunals than seen nationally.

Leaders are in no doubt that there is still much to do to gain the full confidence and trust of parents. A minority of parents continue to feel that their long-standing concerns have not been addressed.

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

- The initial inspection found that:

**Systems and processes of identification were confusing, complicated and arbitrary.**

Inspectors found that children and young people's access to specialist healthcare services was limited by obstructive referral procedures. This is no longer the case. The new DCOs play a key role in finding out about and resolving any potential issues.

There has been a wealth of information sharing with professionals and parents about the EHC assessment process. Professionals have had the opportunity to observe the EHC assessment panel in action. This has given them a real insight into how requests are made, advice is sought, assessments are carried out and decisions are reached. Professionals are now much clearer about the point at which assessments can be requested. When an assessment is turned down, parents and professionals are informed about the reasons for the decision.

There is more secure evidence to show that children who are looked after in Lancashire have their healthcare needs identified, assessed and met. While practice is still not where it needs to be, it is an improving picture.

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

- The initial inspection found that:

**There were endemic weaknesses in the quality of education, health and care plans.**

Inspectors found that the quality of EHC plans was 'alarmingly poor'. The quality of these plans has improved considerably.

There has been effective training and support for all those involved in the production of EHC plans. Professionals better understand how to work with children, young people and their parents to gather their views. Social care, health and education professionals now routinely provide advice for EHC assessments. Parents and professionals now have enough opportunity to check the draft plans. Clear quality assurance systems are now in place. This means that plans now accurately reflect children and young people's needs. Those parents whose child has recently been assessed for a plan are positive about the process.

While there is some inconsistency in how the partnership's quality assurance standards are applied to final EHC plans, leaders are beginning to address the inconsistent use of these standards.

Area leaders have reviewed many of the EHC plans issued before the new systems and processes were introduced. Quite rightly, they have prioritised the plans for the most vulnerable children and young people, such as those who are looked after or those in youth custody. They have also reviewed the plans for the children and young people who are at key points in their lives, for example school leavers and the children moving from primary to secondary school. However, some children and young people still have poor-quality plans. These will be reviewed within the next year to ensure that their needs are better met.

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

- The initial inspection found that:

**There was an absence of effective diagnostic pathways for autism spectrum disorders (ASD) across the local area and no diagnostic pathway in the north of the area.**

There are now diagnostic pathways for ASD in place across the county, including in the north of the area. However, long waiting times in some areas are limiting the effectiveness of these pathways.

Professionals co-produced the pathway in the north with children, young people and parents. This approach means that this service reflects their needs. However, the partnership underestimated the demand for this service. The service has been swamped by four times the anticipated number of referrals and, as a result, children and young people are waiting too long for an initial appointment. There is often little communication with these families about how long they should expect to wait for an appointment.

A new county-wide neuro-developmental pathway integrates assessment and support for ASD and attention deficit hyperactivity disorder. This single diagnostic pathway provides some consistency, while allowing providers to respond to local needs. Behavioural, sleep and sensory workshops are offered to families when they are referred to the pathway. These sessions are valued highly by the parents who have attended. Unfortunately, few parents have taken up this offer of support to help them better meet their child's needs. Leaders are looking at other ways to provide this support that may better suit parents, such as offering different times and locations.

Across Lancashire, leaders have put in measures to assure themselves that pathways are compliant with National Institute for Health Care and Excellence (NICE) guidance. This is regularly monitored. However, long waiting times for an initial appointment, combined with too little communication with families, are creating frustration and anxiety for some families.

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

- The initial inspection found that:

**There was no effective strategy to improve outcomes of children and young people with SEND.**

Previously, inspectors found that EHC plans were too focused on pupils' education outcomes, even when a child or young person had significant healthcare and/or social needs. Current plans provide helpful information about children and young people's health, education and social care needs and set out how their outcomes should improve.

Leaders have taken urgent action to improve outcomes for children and young people with SEND since the inspection. Termly meetings between school improvement officers and headteachers have focused on the performance of this group of children and young people. These officers have held headteachers to account for how well their schools are improving the performance of this group.

More of the youngest children with SEND are achieving a good level of development than previously. Leaders have a better understanding about the main barriers to learning experienced by this group. This is helping them to put the right provision in place as part of the early years strategy.

By the end of key stage 1, more children with SEND are meeting the expected standard in reading, writing and mathematics. At the end of key stage 2, there has been a decline overall. However, targeted support last year in Hyndburn and Lancaster has helped children with SEND in these areas to buck the trend. The outcomes for these children improved. This work has recently been extended so that more children with SEND across Lancashire benefit from the additional support.

The area is doing much more to improve the life chances of young people as they move into adulthood. The number of young people not in education, employment or training has reduced considerably. Leaders have also reduced the number of young people whose destinations are not known. 'Project Search' is an example of how the partnership is helping young people with SEND gain valuable academic and employability skills. This programme is enabling more young people every year to move successfully on to internships, apprenticeships and traineeships.

Leaders have reduced the number of children and young people with SEND who are electively home educated. More of these children and young people are having their needs met in schools now. This means that they are able to get the specialist help and support that they need more easily.

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

- The initial inspection found that:

**Transition arrangements in 0 to 25 healthcare services were poor.**

Inspectors reported that transition arrangements across Lancashire were 'splintered'. At that time, there was no evidence of a strategy to ensure that young people transitioned effectively into adult services.

There has been limited progress in resolving the weaknesses found at the initial inspection. Although there has been some activity, this has been piecemeal. For example, there are well-developed plans to extend the delivery of the existing child and adolescent mental health service (CAMHS) to young people up to 19 years old. The early years strategy sets out how young children, including those not in schools or settings, will be supported to be school ready.

However, there are still not enough commissioned services for young people up to the age of 25. There is limited effective joint working between children's and adults' services. This results in poor experiences for young people.

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

- The initial inspection found that:



**There were a disconcerting proportion of children and young people with EHC plans who were permanently excluded from school.**

At the initial inspection, the number of exclusions was at an unacceptable level and rising. This is no longer the case. Permanent exclusions for children and young people with SEND are now few and far between. Moreover, leaders have checked that children and young people who were permanently excluded in the past, are now in suitable provision.

The area set up a programme to support Year 6 children at risk of exclusion in Preston move successfully on to secondary school. None of the Year 6 children on this programme have been excluded since moving into Year 7. This successful programme is now being rolled out more widely across Lancashire.

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

- The initial inspection found that:

**There were inequalities in provision based on location.**

At the initial inspection, there was inconsistency and variability in children and young people's needs being met. Children, young people and their families now have more equitable experiences.

Good practice has been shared across the area. For example, mainstream schools now seek advice and guidance from special schools. This means that mainstream colleagues are better equipped to meet the needs of some of their children and young people with SEND. There has also been a range of training and support. This has improved the knowledge and skills of frontline workers, such as special educational needs coordinators and CAMHS practitioners.

Leaders are adept at setting up small-scale projects in different districts to test out new ways of working. Once they are satisfied that these are making a positive difference, they then roll these out across the area. For example, in Blackpool, a group of primary mental health workers delivered early intervention and prevention work in schools. This successful model has since been replicated across the county.

There is now a more equitable service provided by specialist health services across the county. There are more opportunities for families to access services locally. This has reduced some of the pressure on families who were previously travelling long distances for appointments.

Leaders know that there is more to do. For example, the accessibility of SALT provision for young children is variable across the area. The special schools in Lancashire are not currently provided with a named public health nurse. However, they are able to access the service through a single point of contact. As a result, some children and young people may miss out on routine height and



weight measurements, dental checks and emotional health and well-being provision.

The health visiting team carry out the two- to two-and-a-half-year check using the ages and stages questionnaire. Any emerging concerns are picked up at this point. This means that support is in place well before children start school.

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

- The initial inspection found that:

**The local offer was inaccessible, and the quality of information published was poor.**

Inspectors found that the local offer was not used effectively, parents' awareness of the local offer was poor and the information provided was not useful.

Leaders have engaged well with parents, children and young people and other partners to redesign the local offer. Unfortunately, there have been delays in its delivery. This means that the new offer was only launched in January.

Furthermore, this work is not yet complete. Parents do not find the information it provides useful. Leaders have a plan to add a directory of services to the local offer and also appoint an officer to keep the information up to date and relevant.

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

The area has made sufficient progress in addressing seven of the 12 significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing five 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 revisit unless directed to do so by the Secretary of State.

Yours sincerely

Pippa Jackson Maitland  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
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cc: Department for Education  
Clinical commissioning group(s)  
Director Public Health for the area  
Department of Health  
NHS England