

16 June 2021

Sheila Smith
Director of Children's Services, North Somerset
Town Hall
Walliscote Grove Road
Weston-super-Mare
BS23 1UJ

Julia Ross, Chief Executive Officer Clinical Commissioning Group
Rosi Shepherd, Director of Nursing and Quality Clinical Commissioning Group
Lisa Manson, Director of Commissioning Clinical Commissioning Group
Mark Hemmings, Transformation Manager Clinical Commissioning Group
Mike Newman, Local Area Nominated Officer

Dear Ms Smith and Ms Ross

Joint area SEND revisit in North Somerset

Between 17 and 19 May 2021, Ofsted and the Care Quality Commission (CQC) revisited the area of North Somerset 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 27 June 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 group(s) (CCG) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 17 October 2018.

The area has made sufficient progress in addressing two of eight significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing six 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 representatives of parents and carers of children and young people with special educational needs and/or disabilities (SEND), as well as local authority and National Health Service (NHS) officers. They spoke to leaders and staff about how they are implementing the disability and special educational needs reforms. Inspectors looked at a range of information about the performance of the area, including the area's self-evaluation. 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. They analysed the impact of the system on selected children and young people with SEND and their families.

Main findings

- The initial inspection found that:

there was a lack of strategic direction and planning by senior leaders across the local area to implement the SEND reforms through an effective SEND strategy.

Leaders' strategies to tackle the weaknesses identified at the time of the last inspection have been ineffective. Attempts to bring about improved joint working have not made enough difference for children and young people with SEND and their families.

However, there is now greater stability in key leadership positions in the local area. A co-produced SEND strategy is now in place, with the potential for better joint working between local area leaders. Unfortunately, the strategy is undermined by a significant lack of commitment to it on the part of front line services. Local area leaders' development and communication of this strategy have not led to consistent changes in practice. Services generally continue to work in isolation with little improvement to joint working. Attempts to tackle this issue, through the 'Inclusion summit', for example, are recent and lack influence. Consequently, provision for children and young people with SEND is still inconsistent. The outcomes they achieve academically, socially and in their health remain too variable overall.

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

- The initial inspection found that:

there was a lack of capacity within the local area to implement the SEND reforms effectively.

A lack of capacity remains in North Somerset. Many children and young people's needs are not identified early or met well. Provision to identify and address their needs is too inconsistent.

Changes made by the CCG to the providers of children's health services are very recent. As a result, improvements to health provision are very new or yet to get started. Many parents still report challenges in accessing services. This further delays the identification of some children's and young people's needs. It also limits the timeliness of access to certain provision, such as therapies.

Leaders' SEND strategy has not led to a shared commitment to make the difference that is needed. Poor practice in identification of needs is not challenged sufficiently. This means a disproportionate number of children and young people travel through the system with unidentified needs, leading to them presenting with significantly more challenging behaviours than they might. This is fuelling the view among parents and some professionals that children need specialist provision when they do not. Many parents of children and young people with SEND lack trust in the mainstream schooling system. Consequently, pressure is building on the specialist sector to fill the gap in an unsustainable way.

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

- The initial inspection found that:

the standards achieved and the progress made by children and young people with SEND were not good enough.

There is little sign of sustained improvement in the attainment and progress of children and young people with SEND in North Somerset. There is still significant work to do to ensure that children and young people are learning in appropriate provision and receiving suitable, effective support. A lack of joined up working between education, health and care services further reduces the quality of provision. Consequently, the impact on children and young people's outcomes is too often poor.

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

- The initial inspection found that:

there was a lack of a designated medical and/or clinical officer.

A designated clinical officer (DCO) has now been appointed. There is also a newly appointed community consultant paediatrician who will lead on SEND for the local area and work closely with the DCO. The DCO is fulfilling the statutory function of the role. This has raised the profile of SEND across health, including health being better represented in key functions. For example, the DCO attends SEND panel meetings where decisions on assessment, issuing plans and where to meet need are made. As a result, health advice is improving. Currently, the DCO works across three local areas, which reduces her impact. However, leaders' plans rightly identify the need to add capacity to the role.

The local area has made sufficient progress in this area of weakness.

- The initial inspection found that:

there were weaknesses in the variability of education, health and care plans (EHC plans), including the variable contributions from health and social care, and a lack of processes to check and review the quality of EHC plans.

The quality of EHC plans in the local area remains weak. Effective collaboration between education, health and care remains infrequent. As a result, health and social care make limited contributions. Little progress has been made in ensuring that children's and young people's and their families' wishes are woven through the plans.

Leaders have improved some processes. For example, they have made clear to professionals what they expect them to contribute at the point of initial assessment for an EHC plan. The setting of clear outcomes has improved, particularly in contributions from health. The timeliness of new plans had improved in the lead up to the pandemic.

However, improvements to the annual review process are not as strong. There is too much reliance on schools to complete annual reviews. Work to establish a robust quality assurance process for EHC plans remains underdeveloped. Actions to address this have been slow to begin. Consequently, improvements to the quality of plans are not happening as quickly as they should.

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

- The initial inspection found that:

there were underdeveloped arrangements for joint commissioning.

Joint commissioning is poor. There is no evidence that commissioning has been informed by detailed self-evaluation or needs assessment. Leaders do not use data and local intelligence routinely or robustly enough to inform strategic decisions. Consequently, resources are not deployed effectively enough. Families still have to fight for what their children or young people need.

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

- The initial inspection found that:

there were relationships with parents and carers that were often fractured, and a lack of co-production and weak engagement and collaboration.

Relationships with parents have improved. There is better collaboration with parents at a strategic level. Local area leaders now recognise the importance of strong partnership working with the Parent Carer Forum (PCF). Consequently, there are now examples of the forum having an impact on the local area's work. For example, the chair of the PCF has driven improvements in the effectiveness of school transport for children and young people with SEND. There are also a number of useful, easy to access, guides to navigating local area systems for children and young people with SEND and their parents.

Effective co-production remains a work in progress. Parents are not yet 'equal partners' in decision-making at a strategic or operational level. Some parents report that their experience has improved. For example, many parents report

that their engagement with health professionals is now much better. Some also report they are more involved when discussing provision and outcomes for their children. However, this is often linked to some of the individual providers who work with them and engage them well.

Leaders are making better use of information relating to mediation and tribunal to understand the impact of processes on families' experiences. This has led to some improvement in practice, particularly during the initial assessment processes for EHC plans.

The local area has made sufficient progress in this area of weakness.

- The initial inspection found that:

there was a lack of systems to track outcomes, including exclusions, for children and young people with SEND across the partnership.

Leaders are still not using information well enough to make strategic decisions in a timely way. There is evidence that leaders have improved systems and processes for data retrieval. However, these systems are not broad or efficiently utilised. Leaders do not check data regularly. Consequently, strategies to tackle key issues are focused on the wrong things or on historic issues. For example, strategies to reduce exclusions focus on the exclusions themselves, rather than weaknesses in the identification of children's and young people's needs.

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

The area has made sufficient progress in addressing two of the eight significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing six significant weaknesses. As not all the significant weaknesses have improved, it is for DfE and NHS England to determine next steps.

Yours sincerely

Matthew Barnes
Her Majesty's Inspector

Ofsted	Care Quality Commission
Bradley Simmons, HMI Regional Director	Victoria Watkins Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Matthew Barnes HMI Lead Inspector	Karen Collins-Beckett CQC Inspector

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