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9 March 2022

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Brian Hughes, Accountable Officer, NHS Sheffield Clinical Commissioning Group
Rosemary Ward, Local Area Nominated Officer, Sheffield

Dear Mr Macilwraith and Mr Hughes

Joint area SEND revisit in Sheffield

Between 21 and 23 February 2022, Ofsted and the Care Quality Commission (CQC) revisited the area of Sheffield to decide whether sufficient progress has been made in addressing each of the areas of significant weakness detailed in the inspection report letter published on 17 January 2019.

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 15 May 2019.

The area has made sufficient progress in addressing six of the significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing one significant weakness. 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 in addressing the seven significant weaknesses identified at the initial inspection, including the area's improvement plans and self-evaluation.

In reaching their judgements, inspectors took account of the impact of the COVID-19 pandemic on SEND arrangements in the area. Inspectors considered a range of information about the impact of the pandemic and explored how the area's plans and actions had been adapted as a result.

Main findings

- At the initial inspection, inspectors found the following:

The lack of a co-produced, coherent vision and strategy for SEND in Sheffield.

There is now a co-produced (a way of working where children, families and those that provide the services work together to create a decision or a service that works for them all), coherent vision and strategy for SEND in Sheffield. The inclusion strategy was co-produced by Sheffield City Council, Sheffield CCG and Sheffield Parent Carer Forum (PCF). As the PCF's director of strategy said and inspectors found, 'Children and young people are at the heart of the strategy.' This inclusion strategy is underpinned by the area's implementation plan. The implementation plan is underpinned by action plans. Timescales and impact measures are not crystal clear in these plans.

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

- At the initial inspection, inspectors found the following:

Poor communication, clarity and consistency in the relationship between the local area leaders, parents, carers, children and young people.

Communication between all stakeholders in Sheffield has improved since November 2018. There are now established methods of communicating with parents, carers and young people within the area.

The content of the local offer website has improved. Hits on the website doubled between 2019 and 2020. However, the website is still not user friendly. Information remains difficult to locate. Some information is out of date. Hyperlinks to documents do not work consistently. Too many parents and carers have no awareness of the local offer website.

Education leaders are aware of these remaining shortcomings and are now taking a proactive approach to communication. For example, the local authority now sends out monthly SEND bulletins to stakeholders. Similarly, health services prioritise information sharing now. This includes making neurodiversity resources freely available on the Sheffield Children's Hospital website.

Leaders are leading by example in changing the culture in Sheffield. Parents and carers have taken note of this sea change. A parent told the inspectors how the director of education and skills is, 'open to listening and hands-on working with, and for, parents and doesn't shut concerns down. He tries to resolve them'. Parents and carers appreciate the commitment and actions that leaders have shown more recently.

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

- At the initial inspection, inspectors found the following:

Poor strategic oversight of SEND arrangements by the CCG, which results in unacceptable waiting times for access to specialist equipment and appropriate pre- and post-diagnosis support and children and young people's needs not being met.

Leaders from education, health and care now have a strategic and accurate oversight of the delivery of SEND services.

The CCG has improved oversight of the provision and delivery of specialist equipment through the addition of new administrative staff and the introduction of a system to track how long children and young people wait for their equipment. The introduction of joint clinics run by therapists and technicians has reduced the number of clinics required. As a result, average waiting times have fallen from 26 weeks to seven weeks. This means children and young people receive the right specialist equipment in a more timely manner.

Children and young people with SEND are still experiencing long waiting times for services such as the neurodiversity service and the Child and Adolescent Mental Health Service (CAMHS). Leaders have looked in detail at these waiting times and have changed processes, redesigned services or put plans for improvement in place. Many of the changes leaders have made are very recent and it is too early to see any impact. Improvement plans now include measures to enable progress to be evaluated precisely.

Through co-production leaders identified correctly where more pre- and post-diagnosis support is required, for example in the neurodiversity service. Leaders have either introduced this or are planning further support. Some families find the support is not specific to the individual child or young person's needs. Leaders recognise that children, young people and their families need personalised support. This is being developed further currently.

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

- At the initial inspection, inspectors found the following:

Weaknesses in commissioning arrangements to remove variability and improve consistency in meeting the education, health and care needs of children and young people aged zero to 25 with SEND.

Since the previous inspection, there has been a commitment to joint commissioning in the area. This commitment is seen in the creation of roles and multi-agency teams that work across the area and provide coordinated services.

Leaders reviewed a range of health services. They found inconsistencies in the way practitioners identify and meet the needs of children and young people with SEND. For example, the speech and language therapy service has no provision for young people from the age of 16 unless they are in a special school. Also, there are long speech and language waiting times, of up to 10 months, for children in the early years. Gaps were identified in the health services available to education settings, including the lack of specialist school nurses and variable access to community children's nurses. Leaders' reviews have resulted in service redesign to meet children and young people's needs and improve their outcomes.

Leaders, using a forecasting tool and sufficiency assessments, acknowledge there are not enough places for children and young people with complex SEND in special schools. Although leaders have increased the number of places in integrated resource provisions and commissioned the building of two new special schools, the system remains under stress. Special educational needs coordinators (SENCOs) told the inspection team that, on occasion, some children and young people with SEND are placed in inappropriate specialist provision which does not meet their needs.

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

- At the initial inspection, inspectors found the following:

Issues with the quality and timeliness of education, health and care plans (EHC plans).

The quality and timeliness of EHC plans has improved since November 2018.

The content of EHC plans is better now. Parents and carers' views and children and young people's aspirations are outlined well in newer plans. In addition, information about the child or young person's context and history is recorded well. The level of detail in these newer plans provides sufficient insight into the child or young person's needs. However, there is still some way to go to ensure consistency. Social care provision is often more of a narrative with a lack of specific outcomes for children and young people.

EHC plans are given priority and meet legal timescales. Therapists, such as occupational therapists, quality assure EHC plans rigorously. Their evaluations show an improvement in the quality of the health section in EHC plans. However,

the quality of EHC plans is inconsistent. For example, contributions from CAMHS practitioners vary widely in detail and recommendations. Some contributions from health professionals are simply lists of medical conditions and descriptions of needs. Leaders, through their quality assurance procedures, have identified the next step is to ensure that all EHC plans are written in plain and easy-to-understand English.

The timeliness of statutory assessments has improved. Leaders took assertive action to meet timescales by outsourcing, for a short time, the writing of EHC plans. SENCos told the inspection team that initial EHC plans are 'coming through' in a timely manner now.

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

- At the initial inspection, inspectors found the following:

Inconsistencies in identifying, assessing and meeting the needs of children and young people with SEND in mainstream primary and secondary schools.

The graduated approach to identifying, assessing and meeting the needs of children and young people with SEND in mainstream primary and secondary schools was not embedded in November 2018. Since that time, a core training offer for SENCos has been established. It includes training on the graduated approach, the annual review of EHC plans and, very recently, preparation for adulthood. SENCos value this increased training offer which is led by Sheffield's inclusion task force. SENCos told the inspectors they would appreciate a wider range of staff having access to the training.

The seventh cohort of SENCos from the private, voluntary and independent (PVI) early years sector is currently completing the level 3 qualification for early years SENCos in PVI settings. Their increased expertise and knowledge of systems and procedures aids the transition of children into more formal primary education.

Leaders have also introduced a toolkit which focuses on the identification, provision and tracking of pupils with cognition and learning difficulties. Primary SENCos value this toolkit highly. Its implementation is leading to greater consistency in the identification of children and young people's needs.

However, children and young people in specialist settings do not benefit from access to equitable health services, for example special school nurses. CCG leaders have recognised this variability. They have developed a plan to address it.

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

- At the initial inspection, inspectors found the following:

Weaknesses in securing effective multi-agency transition arrangements for children and young people with SEND.

Transition is poor at post-16, post-18 and beyond. Parents and carers describe post-16 and post-18 transitions as cliff edges for their children and young people. Information about transition is not readily and easily accessible for young people with SEND and their families. Many feel helpless, cast adrift and desperate.

Very recently, a small amount of progress has been made. For example, a post-16 officer has been recruited to begin to address young people's preparation for adulthood needs

Leaders from health, including the designated clinical officer, understand there is still much work to be done to build bridges between education, health and social care in relation to transition. Leaders' plans include the use of health's electronic systems to identify young people with SEND who have EHC plans. Currently, these young people are in danger of falling through the gaps in provision.

In social care, a number of initiatives are planned but have not started. Leaders are developing a multi-agency transitions board. Recently, interviews were held for seven social workers. The successful applicants will form the transitions team. The team will consist of children's and adults' social workers. Leaders plan for this team to work across the 16- to 25-year-old age range initially. Leaders plan for all transitions staff to be trained to use a new tool to develop young people's skills for independent living. Over time, adult social care have not worked with young people until their EHC plans have ceased. This new team will work with young people with SEND from the age of 18. All of these initiatives are planned but are not in place fully.

Recently, leaders have started to show their commitment to seamless transition. For example, elected members met with a cohort of young people with SEND to discuss their hopes and aspirations for the future. They intend to track the progress of these young people as they prepare for adult life. This work shows some commitment but is too little too late.

Leaders acknowledge that little progress has been made to address this area of significant weakness. However, the area has defined transition principles.

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

The area has made sufficient progress in addressing six of the seven 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

Belita Scott
Her Majesty's Inspector

Ofsted	Care Quality Commission
Emma Ing Regional Director	Manir Hussain Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
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cc: Department for Education
Clinical commissioning group
Director of Public Health for the area
Department of Health
NHS England