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Joanne Hewson  
Interim Director of Children's Services, North East Lincolnshire  
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Rob Walsh, Chief Executive Officer, North East Lincolnshire Council and North East Lincolnshire Clinical Commissioning Group  
Lorren Hewson, Local Area Nominated Officer, North East Lincolnshire Council

Dear Ms Hewson and Mr Walsh

### **Joint area SEND revisit in North East Lincolnshire**

Between 21 and 23 March 2022, Ofsted and the Care Quality Commission (CQC) revisited the area of North East Lincolnshire 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 5 September 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 (CCG) were jointly responsible for submitting the written statement to Ofsted.

### **The area has made sufficient progress in addressing all three of the significant weaknesses identified at the initial inspection.**

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. An inspector spoke with a representative of the Department for Education (DfE). Inspectors looked at a range of information about the performance of the area in addressing the three significant weaknesses identified at the initial inspection, including the area's improvement plans. Inspectors

considered the 71 responses to Ofsted's parent survey and a number of emails from parents and carers.

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:

**Local area leaders have a limited understanding of the needs of children and young people who have SEN and/or disabilities and the education, health and care outcomes they achieve. This fundamentally weakens the local area's ability to jointly plan, commission and provide the right services, resources and support for this group of children and young people and their families.**

Since the initial inspection in July 2018, the area has been through a period of substantial change in its senior leadership of SEND. An interim director of children's services is currently in post. Several senior officers were newly in post just prior to the pandemic: the designated clinical officer (DCO), a local offer coordinator, the SEND strategic lead and a new commissioning team for SEND provision. In addition, a new assistant director for education was appointed in October 2021 and a new leader for the soon-to-be re-established parent carer forum (PCF) took up post in January this year. In the context of such significant change in senior leadership and the impact of COVID-19, leaders are making headway in addressing the weaknesses found at the initial inspection.

Due to the changes in senior leadership and the effects of the pandemic, there remains much to be done to bring provision for SEND fully up to the required standard. However, leaders have a firm grasp of the scale of the challenge to improve provision for children and young people with SEND in North East Lincolnshire. At a senior strategic level, they have ensured that plans for improvement are coherent and are coordinated across education, health and social care. Leaders have kept the written statement of action under review since the previous inspection and throughout the pandemic. As a result, they have an accurate understanding of the progress they have made to date and an equally accurate understanding of the work still to be done.

Leaders now have a better understanding of the needs of children and young people with SEND and their families. This has enabled leaders to improve their joint

commissioning arrangements. A conjoined structure is now in place between the local authority and the CCG. There is now a better collation and understanding of SEND data, such as the results of ages and stages questionnaires. Together with a robust joint strategic needs assessment, this is enabling leaders to have a much more effective 'line of sight' to the commissioning requirements.

There has been a significant shift with area partners working more closely together, particularly over the last 18 months. This has meant that, for example, SEND multi-agency panels operate a strong process for the assessment of need. As a result, leaders are able to easily identify how those needs should be met, whether that be with joint or individual funding. The SEND panels also have representatives from adult social care and continuing care health professionals, making transition to adult services simpler.

Leaders have recently appointed a SEND commissioner. This appointment provides evidence of leaders' ambition and seriousness about improving joint commissioning of provision for children and young people with SEND. To keep check of what is happening with commissioning, leaders have implemented a system to ensure improved governance scrutiny of commissioning activity. There is evidence of the impact of recently commissioned services, such as 'Safe Harbour' and 'Compass Go'. Leaders are aware that the current commissioned offer for short breaks and respite is insufficient to meet need. This is a priority for the SEND commissioning team.

There is evidence of an improving picture for the provision of SEND in schools. School leaders can see improvements in the strategic leadership of SEND compared with the time of the previous inspection, and since the appointment of new senior leaders.

Leaders know that the previous plans for increasing the number of specialist places in schools lacked strategic depth and direction. They have successfully identified what provision is needed and made a start on increasing provision in a well-planned way. They know there is more to do.

Health leaders acknowledge that at the time of the initial inspection, they had lost sight of children and young people with SEND's health needs when they transferred services to the local authority. Health professionals did not see SEND as their business. However, the picture is very different now and this is visible in the strong presence of health both strategically and operationally on relevant panels and working groups.

The role of the DCO in training staff about their SEND responsibilities and their contributions to EHC plans, as well as quality assuring the contents, has been invaluable. The DCO's participation in area strategic meetings has acted as an effective conduit between the local authority and the CCG.

Frontline health professionals are positive about the improvements to commissioned services since the previous inspection. The increased resources for children and young people with complex needs and social, emotional and mental health needs have gone some way to alleviate some of the pressures on the system.

Area leaders have found it challenging to review and remodel speech and language therapy services and to remove the belief that only specialist services can deal with the needs of the children and young people with speech and communication difficulties. Historically, different commissioners commissioned different parts of the service and there was no clear leadership. Leaders have started the process of introducing a new model for commissioning speech and language therapy services and plan to follow the new model for the other therapy services.

For most parents and carers who communicated with Ofsted and the CQC during the inspection, frustration and dissatisfaction with SEND services remains. For these parents and carers, there are themes of poor communication from and between services; frustrations with the 'Access Pathway'; concerns about the timeliness of EHC plan assessment and annual reviews; poor assessment of need; variations in quality between schools' provision; weaknesses in preparation for adulthood provision; and a general sense of battling the system. These parents do not feel they are getting the right services, support or resources.

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

- At the initial inspection, inspectors found the following:

#### **The local area's strategy for improving arrangements for identifying, assessing and meeting the needs of children and young people who have SEN and/or disabilities, and improving their outcomes, is ineffective.**

Leaders now have a more effective strategy for improving outcomes. There is more effective collation and strategic analysis of SEND-related data. Leaders' understanding of SEND outcomes is also underpinned by changes in the structure of inter-departmental teams, with a more collective approach being taken. As a result, leaders have a greater understanding of what their SEND data is telling them.

Examples of the impact of this collective approach include the 'Youth and Justice' project and the 'Autism in Schools' project.

Leaders know there is more to do to improve outcomes by more effectively assessing and meeting SEND needs, such as strengthening the Access Pathway, and in particular winning over parents and carers who remain to be convinced that the Access Pathway is an effective means by which they can secure the necessary provision for their children and young people. When it works well, the Access Pathway for diagnosis of neurodiversity provides a graduated response for children and young people who may have autism spectrum disorder (ASD) or attention deficit hyperactivity disorder (ADHD).

Health Visitors have been involved in training practitioners to carry out activities for identifying and assessing needs, therefore making early identification more likely.

Educational psychologists have been limited in their ability to contribute to EHC plans because there are so few of them and recruitment has become increasingly difficult. However, leaders have taken the initiative and remodelled the service, by providing administrative support, thus freeing up the existing educational psychologists to carry out assessments.

Therapy services in North East Lincolnshire have been affected by COVID-19-related redeployment and staff sickness. However, health visitors are now using 'Early Language Intervention Measures' to help with identification of speech and communication needs and to deliver brief interventions or signpost families who do not need high-end interventions.

Leaders know that EHC plans are still not being produced in a timely manner and that social care teams are not making contributions in the way they should. There is evidence, though, of some strong and improving practice in the quality of EHC plans. In the best examples, the voice of the child comes through clearly. There is also specificity in the descriptions and summaries of children and young people's needs. At their best, EHC plans set out with clarity the overarching desired outcomes and what provision is required for these outcomes to be achieved, and support for staff in delivering the provision is clear. On these occasions, plans' provisions and support are specific, measurable, achievable, relevant and time-bound. The inclusion of professionals' advice is more evident in more recently reviewed or written EHC plans.

Some parents and carers believe that there has been a stark improvement in SEND provision since the 2018 inspection, especially with the introduction of the Autism in

Schools project. This initiative upskills education staff so that they can support children with ASD in mainstream schools.

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

- At the initial inspection, inspectors found the following:

**Children, young people and families have too little involvement in meaningfully co-producing the education, health and care services they need.**

Leaders are genuine in their desire to engage with children, young people and their families. This is a work in progress. For instance, the PCF is in its infancy. Leaders have engaged an external charity to support the re-establishment of the PCF. Leaders are aware that there is work to be done on all sides to involve as many parents and carers as possible in the forum, and that some parents and carers remain to be convinced that the PCF will be an effective voice for them. Similarly, leaders are conscious of the requirement for the Special Educational Needs and Disabilities Information, Advice and Support Service (SENDIASS) to remain impartial when determining where in the local authority to home the service, as part of the current review of SENDIASS.

Leaders have sought to engage in meaningful and effective co-production (a way of working where children and young people, families and those that provide services work together to make a decision or create a service which works for them all) since the initial inspection. To achieve this, they have introduced a variety of methods, including some creative approaches, to capture the voices of children and young people and parents and carers, so that increased numbers of voices are heard. Leaders have an awareness that some parents and carers are less well disposed towards the area than others, but the views of these parents and carers remain of interest to leaders and the door remains open to them. COVID-19 has caused delays in the implementation of some plans, as have the changes to senior leadership, but it is clear that leaders have acted with alacrity since the previous inspection to improve this area of weakness.

Examples of how the area has involved parents and carers and children and young people in co-production since 2018 include 'listening events'; using the local offer 'You Said, We Did' contents and commissioning an external organisation to advise on consultation. The area has endeavoured to capture the views of as many parents and carers as possible by multi- and social media resources which are accessible to parents and carers.

Leaders have taken effective action to improve the online local offer. This has been achieved through a co-production process with parents and carers. The local offer is kept under review for ongoing development and is a navigable and comprehensive resource.

A further example of how leaders have sought to improve co-production is their work with children and young people. The ‘Young People’s Advisory Group’ is a strong example of close partnership with children and young people with SEND. These young people told inspectors that they feel listened to. It is clear that COVID-19 has got in the way of the group’s activities and plans, but things are evidently picking up again, not least through the planned awards evening.

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

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

Steve Shaw  
**Her Majesty’s Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
Katrina Gueli Regional Director	Manir Hussain Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Steve Shaw HMI Lead Inspector	Andrea Crosby-Josephs CQC Inspector

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