

Ofsted
Agora
6 Cumberland Place
Nottingham
NG1 6HJ

T 0300 123 1231
Textphone 0161 618 8524
enquiries@ofsted.gov.uk
www.gov.uk/ofsted
lasend.support@ofsted.gov.uk



26 October 2022

Ian Dodds
Director of Children's Services, Kingston upon Thames
Guildhall 2
High Street
Kingston upon Thames
KT1 1EU

Sarah Blow, Chief Executive, South West London Integrated Care System
Charis Penfold, Director of Education Services, Local Area Nominated officer

Dear Mr Dodds and Ms Blow

Joint area SEND revisit in The Royal Borough of Kingston upon Thames

Between 4 October 2022 and 6 October 2022, Ofsted and the Care Quality Commission (CQC) revisited the area of Kingston upon Thames 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 6 November 2018.

As a result of the findings of the initial inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, His 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 6 March 2019.

The area has made sufficient progress in addressing all four of the significant weaknesses identified at the initial inspection. This letter outlines our findings from the revisit.

The inspection was led by one of His Majesty's Inspectors from Ofsted and a Children's Services Inspector from the CQC.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, representatives from the parent carer forum, the local authority and National Health Service (NHS) officers. Inspectors looked at a range of information about the performance of the area in addressing

the four areas of significant weakness identified at the initial inspection, including the area's impact report.

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 have been adapted as a result.

Main Findings

- At the initial inspection, inspectors found the following:

Overall poor quality and monitoring of education, health and care (EHC) plans, including contributions from health professionals.

The quality of EHC plans has improved since the initial inspection. Leaders have significantly transformed the training for staff and the quality assurance of EHC plans. This training initially focused on making outcomes and provision more specific and quantified. The coordinators who write the EHC plans feel that their training has helped them to be more confident in writing child-centred plans. As a result, the plans now better reflect the specific needs, aspirations and views of children and young people, parents and carers. Leaders have now rightly identified that in some EHC plans the outcomes for young people need to better reflect preparation for adulthood. Inspectors also found that sometimes the end of key stage outcomes are not as helpful and meaningful as they could be, for example in being overly complicated.

The designated clinical officer (DCO) started on a permanent basis in September 2019. They have been instrumental in improving the timeliness and quality of health advice. Health professionals feel better supported and trained in how to submit high-quality advice and 'smart' action planning. While there is still some variation in the quality of some advice from therapy services, it has clearly improved.

Leaders' quality assurance model is well embedded. They understand what a high-quality EHC plan should look like. They are robust in their evaluations of EHC plans. They give regular feedback to coordinators and professionals on what needs to be better. Area leaders engaged in a peer review to check on their self-evaluation of their work in 2021. They have used the feedback from this to make further improvements to quality. For example, a designated social care officer (DCSO) is in post to help coordinate and improve the quality of social care advice. That said, there is still more to do to make sure that social care provision is included and accurately outlined in all relevant plans. The DCO and DCSO hold regular surgeries for coordinators. These are highly valued as coordinators say they can 'drop in' for quick access to advice and guidance as they draft and/or amend EHC plans.

Leaders and special educational needs coordinators (SENCOs) of education settings are of the view that EHC plans are better organised and written. They say that plans are now more useful in helping them to decide on how to set short-term targets to help achieve the outcomes in the EHC plan. SENCOs regularly attend network meetings. They think that the information and training they receive is of high-quality. However, some parents remain dissatisfied with the quality of their child's EHC plan. They think that plans should include more detailed information about health and social care needs, for example.

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

- At the initial inspection, inspectors found the following:

Poor timeliness in ensuring that the annual review process and any subsequent amendments to EHC plans are consistently made in line with the SEN code of practice.

Leaders have made significant investments to their systems and processes to manage the organisation and administration of annual reviews (ARs). Coordinators oversee ARs. They are held to account for making sure that these are completed on time. The proportion of ARs completed to statutory timescales has significantly improved since the initial inspection. Many parents also stated that there had been an improvement in ARs happening on time. Young people also said that they found their AR useful and that they were able to talk about what was working well and what was not. They feel that their voice is heard.

SENCOs and leaders of education settings say that they are held to account for submitting their annual review documentation on time. They speak positively about the communication that they have with area leaders about ARs. This includes information about evaluating and writing updated outcomes and making sure to better capture any proposed amendments to the EHC plan.

Leaders have prioritised ARs and the amendment of EHC plans for children and young people at key transition points, such as moving from key stage 1 to 2 or key stage 4 to 5. SENCOs report that coordinators regularly attend the ARs of this group of children and/or young people. However, there are still delays in making sure that the area responds to decisions on whether or not to amend the EHC plan within the four-week statutory timescale. While the average is just over four weeks, there are still a few cases where decisions go well beyond this time scale. Leaders have identified the causes of this and are taking more positive action. However, this is causing frustration for some parents who rightly want their child's EHC plan to be finalised within the statutory timescale.

Leaders continue to face challenges in recruitment and retention of staff, including in therapy services. Staffing in the SEND service is more stable than it was previously. This is helping to improve continuity. That said, some parents still report that changes in staffing are frustrating. They do not always feel that a change in coordinator is managed and/or communicated well.

The proportion of final amended plans being issued within the eight-week timescale has also risen significantly. Leaders have rightly identified that when they amend the EHC plan, there is a need to improve the quality still further, for example in the updated outcomes that are included.

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

■ At the initial inspection, inspectors found the following:

Weaknesses in the strategic leadership and monitoring of the CCG's work in implementing the 2014 reforms.

Leaders of the South West London Integrated Care Service (ICS) (which replaced the CCG in July 2022) are honest in saying that the initial inspection was a 'wake-up call'. Over time, leaders of the ICS have significantly improved their understanding of SEND and their relationships with the local authority. An extensive review of therapies took place in 2019. Health and frontline professionals all report there is now more joined-up thinking. They feel that they are listened to and that they benefit from high-quality training.

The COVID-19 pandemic, continued challenges with staffing and an increased demand for therapies have affected the provision of health services that form part of EHC plans. Leaders know this and have developed a spot commissioning framework to help address the issues. They know that there are still gaps. That said, leaders' use of spot commissioning has helped to improve access to occupational and speech and language therapy to reduce waiting times. Leaders have also significantly invested in employing more therapists and 'growing their own' staff through apprenticeship schemes, for example.

The DCO role is well established. The DCO has a firm handle on what is working well and what is not. Collectively, leaders have been able to improve the quality and timeliness of advice from across the range of therapeutic care. A designated medical officer has also been appointed to support the area for one day per week. As part of the move to the ICS, leaders have also employed a Head of SEND for the south-west London area to make further improvements for families, children and young people, including those living in Kingston upon Thames.

There is a clear governance and accountability framework in place, for example through the SEND Partnership Board. Collectively, leaders of the ICS are clear about what still needs to be done to improve their contribution to the lived experiences for families in Kingston upon Thames.

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

■ At the initial inspection, inspectors found the following:

Leaders need to ensure that there is a productive and positive relationship between parents and parent representatives, including a parent carer forum.

Area leaders have established a positive and productive relationship with the parent carer forum (PCF). The PCF was established in late 2019. The steering group reports positively about accessibility to and their work with senior leaders. They feel senior leaders listen. The PCF was also included in the peer review of the area's work that took place in April 2021. The PCF is represented on the SEND Partnership Board. The voice of parents is robustly put forward. While parent representatives speak highly of their relationship with senior leaders, they report that sometimes with 'middle leaders' they do not feel as well supported. They say that while senior leaders understand the true spirit of co-production, this is not shared by leaders at all levels.

A small group of parents form part of the parent consortium. Collectively, between these two groups, there has been involvement in several examples of co-production. These include the recommissioning of the special educational needs and disabilities information advice and support services and review of the short break offer. While these are positive steps in the right direction, there are still a number of parents who remain dissatisfied with how well leaders understand and meet the needs of their children. They are of the view that things have not moved on well.

Leaders appointed a permanent parent carer engagement officer in December 2021. Their role includes helping to liaise between parents and services in the area. This resource is highly valued by parents. They talk positively about the difference this role is making in helping them to access advice and support. A small group of 'parent champions' have received training to support them in this 'champion' role. The 'champions' go into schools, helping to share sources of advice and promoting the online local offer. Again, their work is making a difference.

However, there are some groups of parents that leaders have yet to reach with their messaging and support, for example those from minority ethnic backgrounds and

single parent families. Collectively, parents feel more needs to be done quickly to improve accessibility of information for these groups.

SENcos and leaders of education settings report that the views of parents, children and young people are now more central during ARs and in EHC plans. This is also supported by evidence from reviewing samples of EHC plans and leaders' own surveys that some parents choose to complete. Leaders include a survey for parents of children and young people with SEN support in the online local offer. They know that more needs to be done to improve engagement with this group of parents.

Leaders have found ways of working with parents through different initiatives and activities. This includes identifying ways to communicate more effectively with parents and placing more resources on the online local offer website during the COVID-19 pandemic. There have also been other valuable initiatives, such as 'disability sports day', in March 2022.

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

As the area has made sufficient progress in addressing all the significant weaknesses, the formal quarterly support and challenge visits from the Department for Education and NHS England will cease.

Yours sincerely

Sam Hainey
His Majesty's Inspector

Ofsted	Care Quality Commission
Caroline Dulong Regional Director	Dr Sean O'Kelly BSc, MB, CHB, MSc, DCH, FRCA Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services
Sam Hainey HMI Lead Inspector	Andrea Crosby-Josephs CQC Inspector

Cc: Department for Education
Integrated care system (ICS)
Director Public Health for the area

Department of Health
NHS England