

Ofsted  
Agora  
6 Cumberland Place  
Nottingham  
NG1 6HJ

T 0300 123 1231  
**Textphone** 0161 618 8524  
enquiries@ofsted.gov.uk  
[www.gov.uk/ofsted](http://www.gov.uk/ofsted)  
[lasend.support@ofsted.gov.uk](mailto:lasend.support@ofsted.gov.uk)



**16 December 2022**

Martin Kelly  
Corporate Director of Children and Care  
City of York Council  
West Offices  
Station Rise  
York  
YO1 6GA

Michelle Carrington, Executive Director Quality and Nursing, York Health and Care Partnership  
Maxine Squire, Local Area Nominated Officer, City of York Council

Dear Mr Kelly and Ms Carrington

### **Joint area SEND revisit in York**

Between 14 and 16 November 2022, Ofsted and the Care Quality Commission (CQC) revisited the area of York 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 28 February 2020.

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 5 June 2020.

The area has made sufficient progress in addressing all 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 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 four 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:

**A lack of cohesive oversight of, and effective planning for, the implementation of some key aspects of the 2014 reforms, particularly by health partners.**

Since 2019, health partners' contribution to the overall delivery of SEND services in the area has improved. The role of the designated clinical officer is much more effective. Capacity has increased through the introduction of an assistant designated clinical officer who plays an important part in quality assurance processes and strategic decision-making.

Governance arrangements in the area have been strengthened. The partnership's strategic direction, captured in the SEND strategy 2021 to 2025, is informed increasingly well by key pieces of information, including the recent inclusion review and joint strategic needs assessment for children and young people from 0 to 16 years old. Similarly, leaders use SEND data increasingly well to evaluate the impact of partners' work and to inform future practice. The training offer across the partnership is significantly stronger than it was in 2019. Professionals from across a range of partners speak positively about the support they have received from leaders.

Leaders recognise that there is more work to do. Operational plans are needed to underpin the strategic direction of the area, and data needs to be used more effectively to better inform strategic decision-making. Social care partners do not contribute fully to the strategic SEND partnership. This impacts on the accuracy and quality of SEND services in the area.

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

- At the initial inspection, inspectors found the following:

**Joint commissioning of services based on analysis of SEND is not established in accordance with the expectations of the 2014 reforms.**

Leaders have developed a joint commissioning strategy which identifies the key areas that benefit from partnership working between professionals, particularly

from health. A set of key principles for joint commissioning were in place within a year of the initial SEND inspection. An operating model outlines what effective joint commissioning looks like. This model has been particularly helpful to partners from health when they have commissioned services jointly. An example of joint commissioning impacting positively on the lives of children, young people and their families is 'Early Talk for York' (ETfY). This initiative was in its infancy in 2019. Many children with speech, language and communication needs have now been supported through ETfY. The vast majority of these children, including those who are disadvantaged, have made progress and caught up with their peers. Leaders understand local needs well and have jointly commissioned an autism hub, 'All About Autism'. Although a fairly new initiative, with a small number of children and young people with SEND involved so far, parents and carers are reporting great satisfaction with the provision.

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

- At the initial inspection, inspectors found the following:

**Children, young people and families are not involved consistently in co-producing the education, health and care services they need.**

Since 2019, leaders have improved the extent to which SEND services are developed in partnership with children, young people, parents, carers and professionals. Co-production (a way of working where children, families and those who provide the services work together to create a decision or a service that works for them all), known as joint partnership working in the area, is now a strength in York. The partnership's leaders ensure that children, young people, parents and carers are aware of, and take part in, a wide variety of co-production activities. Representatives of the parent carer forum (PCF) acknowledged that co-production in 2019 was, in fact, only consultation. The PCF is fully involved in co-production now.

The outcomes framework is a sound example of co-production. This tool is an easy-to-understand means of measuring children and young people's outcomes. Children, young people, parents, carers and special educational needs and disabilities coordinators were heavily involved in the creation of the new format for education, health and care (EHC) plans. The technical jargon in EHC plans is amended following audits completed by children, young people and their families. Newer plans are co-produced, written in plain English and easier to understand.

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

- At the initial inspection, inspectors found the following:

**The inconsistent quality and contribution of health partners and the poor utilisation of health information in EHC assessment and planning.**

The quality of EHC plans has improved since 2019. Professionals, especially those in education and health, speak positively about the change in processes for, and format of, EHC plans. Parents and carers acknowledge that plans are beginning to reflect the needs of their children and young people more accurately.

Now, health is represented on EHC plan panels, strengthening the way in which partners identify and meet the need of children and young people with SEND. Health professionals are positive about the training and support that they have received since 2019. They feel that they are now better equipped to make more meaningful contributions to education, health and care plans.

All reports received from health professionals are checked for quality before they are submitted for inclusion in final EHC plans. Health advice in the more recent EHC plans is much improved. Delays in the receipt of health advice from some key services continue to lead to parents and carers requesting health reports privately to make sure their child’s SEND needs are identified and met.

The overall timeliness of EHC plans and the annual review of EHC plans, although better than in 2019, require further improvement. Leaders have started to implement processes to quality assure EHC plans. There is more to do to make sure learning from these audits impacts on the quality of EHC plans and annual reviews.

**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 DfE and NHS England will cease.

Yours sincerely

Belita Scott  
**His Majesty’s Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
Katrina Gueli Regional Director	Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services
Belita Scott HMI Lead Inspector	David Roberts CQC Inspector

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