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Jonathan Higman, Chief Executive Officer, NHS Somerset Integrated Care Board
Rob Hart Local Area Nominated Officer, Somerset

Dear Ms Winter and Mr Higman

Joint area SEND revisit in Somerset

Between 28 November 2022 and 1 December 2022, Ofsted and the Care Quality Commission (CQC) revisited the area of Somerset 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 27 May 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 30 November 2020.

The area has made sufficient progress in addressing seven of the significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing two significant weaknesses. 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. They were accompanied by an Ofsted Inspector.

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 nine 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 focus on the experiences of children and young people with SEND and their families when formulating strategies to improve the area.

The culture of blame which permeated the area at the previous inspection meant that leaders did not put the experiences of children, young people and their families at the centre of their thinking.

Following the last inspection, leaders across the partnership worked to resolve their differences and come together to tackle the widespread weaknesses. Immediately following the previous inspection, leaders brought in parents and carers to work alongside them to write their written statement of action. This spirit of co-production has continued. This has meant that children, young people, parents and carers and leaders have all contributed to strategic plans and decisions.

Certainly, some children, young people and families are beginning to feel the benefit of recent improvements, for example those children and young people who attend the newly established enhanced specialist provision within mainstream secondary schools, and the parents and carers who have received advice and guidance, such as the Toucan course, as part of the assessment pathway for autism spectrum disorder (ASD).

Leaders have taken effective action to improve the lived experience of the youngest children and their families. Leaders have dramatically reduced the waiting times for the portage service. In addition, they have ensured that this service is now available 52 weeks a year. This has increased parental confidence in their children's readiness for nursery and school.

Partners have endeavoured to match their strategic plans to the needs of children, young people and their families. However, the determination for everyone's views to

be considered in detail, such as with the graduated response toolkit, has slowed the pace of change. This means that too few children, young people and their families have yet to experience the positive difference that partners intend.

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

■ At the initial inspection, inspectors found the following:

A lack of leadership capacity across area services.

At the previous inspection, inspectors found limited capacity to bring about the necessary improvements. A number of recent, useful appointments had been made within the local authority and the CCG, but there was a significant amount of work for leaders to do.

Since the previous inspection, there have been reappointments to some key senior roles and further posts have been added. This has increased the capacity of the leadership team. This additional capacity has enabled leaders to make some of the improvements needed. For example, leaders have established the assessment pathway for ASD and improved the timeliness and quality of education, health and care (EHC) needs assessments and plans.

At the initial inspection, the designated clinical officer (DCO), was not able, on her own, to bring about the improvements to health services that were needed. The DCO now has the support of a deputy and a team of health professionals. The DCO has been able to contribute more effectively to strategic developments. Meanwhile, the deputy and the team have made changes, such as ensuring the timely contribution of health advice to every EHC needs assessment.

This increased capacity has brought about some improvements. Children and young people who require therapy services are able to access speech, physiotherapy and occupational therapy both at home and in school with minimal waiting times.

However, the improvements needed to benefit the majority of children, young people and their families, are at the early stages of implementation. Across the area, stakeholders wish to see greater urgency now from partners to translate plans into actions.

The COVID-19 pandemic has impacted on progress across all aspects of the area's work. Staff shortages in schools and services, and the increased demand for support, continue to present a considerable challenge.

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

- At the initial inspection, inspectors found the following:

Weak partnership working between services across education, health and care.

At the time of the previous inspection, there was widespread mistrust between partners. Inspectors found an endemic culture of blame, both between professionals and between professionals and parents and carers. There had been little effort by partners to work together.

Leaders have made a concerted effort to repair fractured relationships. Strategic leaders across the partnership now work together in a spirit of collaboration, mutual trust and support. This has helped leaders to make some of the improvements needed. For example, all partners now work together to support the statutory assessment and planning processes. Education, health and social care professionals contribute equally to EHC needs assessments and the quality assurance processes to support these.

Leaders have shared performance information to establish an accurate understanding about the achievement of pupils with SEND across the area. They have collaborated to develop plans and policies. They robustly challenge each other to improve services. This has helped to maintain waiting times for therapies, despite increased demand due to the COVID pandemic, and to align mental health provision.

Signs of mutual support and challenge are beginning to become evident between schools themselves and between schools and area leaders. For example, schools in some localities are pooling resources and expertise. This is helping these schools to provide better services for children, young people and families as well as improved advice and guidance for their staff. Leaders are supporting more schools to develop their expertise and resources to meet children's and young people's needs.

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

- At the initial inspection, inspectors found the following:

An ineffective autism assessment pathway.

At the initial inspection, the ASD assessment pathway was very poor. There were significant numbers of children and young people in the area who had been unable to access the assessment that they needed. Many children, young people and their families' needs were unknown and, therefore, not met.

Leaders have taken urgent action to design and establish an effective ASD assessment pathway. Leaders worked with stakeholders, including parents and carers, to co-produce an ASD assessment pathway. There is now a single point of access to the pathway for any referral, that is understood by parents and carers.

Furthermore, leaders have developed a pre-assessment ASD pathway. This provides an opportunity to gather information from all those professionals who have worked with the child or young person. This gives clinicians a comprehensive view of that child or young person, their strengths and needs prior to the initial appointment. This information is used to identify the appropriateness of the pathway for that child or young person. Consequently, time is not wasted.

While waiting for their initial appointment, children, young people and their families are offered a range of support options. Families value this help and support. However, sometimes it is hard for families to access this support as it is oversubscribed.

Initially, the waiting times for initial appointments were shorter. However, there has been a significant increase in demand for this service. This has resulted in waiting times increasing to 16 months. This is too long for children, young people and families to wait. Leaders are currently looking at further aligning other services to build capacity to reduce these overly long waiting times.

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

■ At the initial inspection, inspectors found the following:

Poor assessment and meeting of need caused by inconsistent practice, leading to poor outcomes for children and young people with SEND.

At the previous inspection, poor outcomes for children and young people with SEND were resulting from failures to assess and meet their needs consistently. Even where a child's or young person's needs were addressed, inspectors found no guarantee that this would lead to their needs being met, and although newly developed strategies were in place, these were not making enough of a difference.

While some improvement is evident, some of the weaknesses found at the initial inspection remain.

There has been considerable work to develop a graduated response toolkit. This toolkit is intended to improve the assessment and meeting of needs for children and young people identified as needing SEND support in mainstream schools. The views of stakeholders, including parents and carers, have been considered in detail when designing this toolkit. However, this has taken time. School SEN coordinators

(SENCOs) find aspects of this toolkit helpful, for example when seeking ideas about how best to support pupils' different needs in school. However, it is early days in the implementation of this toolkit. Added to this, some SENCOs do not have the time, resources or influence needed to implement the requirements of the graduated response as expected. This means that many children and young people needing SEND support continue to have a poor experience.

Moreover, for some children and young people who have an EHC plan, parents and carers continue to experience difficulty in securing the appropriate provision to meet needs. Consequently, there are still too many children and young people who do not receive the provision set out in their EHC plans.

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

- At the initial inspection, inspectors found the following:

Wide variances in the quality of education, health and care (EHC) plans caused by weaknesses in joint working.

At the previous inspection, inspectors found wide variances in the quality of EHC plans caused by weaknesses in joint working.

The quality of EHC plans has improved considerably since the previous inspection. All partners now contribute advice as part of the EHC needs assessment. Leaders check this advice routinely to ensure that it provides the information needed. Added to this, plans now provide a detailed understanding of a child's wishes, strengths and needs. This wealth of information is used to better match the available provision to meet the child's needs. Moreover, parents and carers are routinely involved in discussions around the assessment process and the outcomes agreed.

All parents and carers now receive a social care telephone consultation as part of the needs assessment. This enables social care staff to better understand the impact of the child's or the young person's SEND on day-to-day family life. This helps social care staff to provide suitable advice and guidance to parents and carers as well as inform the needs assessment.

However, there are still some inconsistencies in the quality of EHC plans. There are still a minority of parents and carers who are dissatisfied by the service that they receive. Leaders have prioritised training and support to further improve the skills and knowledge of the SEND case workers to improve families' lived experience.

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

- At the initial inspection, inspectors found the following:

Poor timeliness of the assessment, writing and publication of education, health and care plans.

At the last inspection, the timeliness of the assessment process for plans was too slow. Inspectors also found that systems for managing assessments were not effective. Moreover, while some frontline staff pushed to ensure that children were put forward for assessment; others did not. Too many children and young people waited too long to receive a plan.

This is no longer the case. The majority of EHC needs assessments are completed within the 20-week timescale. Added to this, the quality of these needs assessments has improved considerably. Education, health and care professionals submit appropriate, detailed and timely advice. Professionals take account of the views, interests and aspirations of the child or young person and their parents or carers. This means that EHC needs assessments better inform decision-making and any subsequent provision.

Where there are delays in completing EHC needs assessments, these are typically due to further discussions between professionals and parents and carers, to agree the most appropriate provision for their child. In over 80% of cases, any concerns are resolved after just one meeting, so that these plans are issued within timescales.

The overwhelming majority of requests for EHC needs assessments are now made by school SEN coordinators. This is in stark contrast with the situation at the initial inspection. At the initial inspection, parents and carers initiated most requests.

Leaders recognise there is more to do to ensure that all plans are issued in due time. Often, delays are due to difficulties in securing places in the most appropriate provision. Leaders have increased the range and capacity of specialist provision across the county. However, some mainstream schools do not feel that they have the expertise or support required to meet some children's and young people's needs.

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

- At the initial inspection, inspectors found the following:

Poor joint commissioning arrangements that limit leaders' ability to meet area needs, improve outcomes and achieve cost efficiencies.

At the time of the last inspection, joint commissioning was limited and in its infancy. Leaders had started work to improve governance and move matters forward, but this was taking too long. Leaders did not have an accurate shared understanding of priorities in the area.

Since the previous inspection, leaders have developed a comprehensive, strategic SEND needs assessment. They have used this information to determine how best to align services and support for both individuals and groups of children and young people and their families. For example, partners have pooled funding in order to increase the reach of the SEND information and advice service. This has ensured that more parents and carers can access timely support and advice. This service is highly valued by families.

Commissioners have recognised the increased demand for mental health services across the area. The different partners have aligned their provision to enhance its impact. This has enabled all children and young people referred to the child and adolescent mental health service to be seen by a clinician within four weeks. Any child or young person in crisis will now receive same-day support. These children and young people now receive appropriate and timely help. Moreover, there has been a significant reduction in hospital admissions for children and young people.

Commissioners work together now to make better use of resources, avoid duplication and promote collaborative approaches. However, there is still much to do to make the best use of the area's resources, particularly in the face of increased demand.

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

- At the initial inspection, inspectors found the following:

Too many children and young people not accessing education because of the disproportionate use of exclusion and poor inclusive practices across the area.

At the previous inspection, the rate of exclusion for children and young people with SEND was too high.

The rate of exclusion for children and young people with SEND continues to be too high. Still, too many children and young people miss out on learning because they are excluded, suspended or experiencing part-time timetables. Inspectors heard experiences of frequent exclusion, repeat suspensions and the imposition of long-term part-time timetables. Parents and carers told inspectors that these experiences are pushing them to the brink, often exacerbating their child's anxiety. Consequently, a few parents and carers choose to keep their children at home, outside exclusion or elective home education arrangements.

While some innovative practice has developed to reduce exclusions and retain pupils in their schools successfully, this is too little, too late.

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

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

Pippa Jackson Maitland
His Majesty’s Inspector

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