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Care Quality Commission

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Appendix 1

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Allison Canon, Chief Nurse, Hastings and Rother Clinical Commissioning Group
Eastbourne, Hailsham and Seaford Clinical Commissioning Group

Ashley Scarff, Director of Strategy, High Weald, Lewes Havens, Clinical Commissioning Group

Amanda Watson, local area nominated officer

Dear Mr Gallimore

Joint local area SEND inspection in East Sussex

From 5 to 9 December 2016, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of East Sussex to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors from Ofsted. The team members were an Ofsted Inspector and a children's services inspector from the CQC.

Inspectors spoke with children and young people who have special educational needs and/or disabilities, parents and carers, representatives of the local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the special educational needs reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors also met with leaders from the local area for health, social care and education. Inspectors reviewed performance data and evidence about the local offer and joint commissioning.

This letter outlines the findings from the inspection, including areas of strength and areas for further improvement.

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Main findings

- During the inspection, most parents and carers of children and young people who have special educational needs and/or disability reported that they were very positive about the provision their children receive in schools. Many parents and carers also report that the central services they have experienced since the introduction of the reforms have made a positive difference to the children and young people in their care. Parents and carers also say that they are making significant contributions to the planning of provision for the children in their care. However, there remains a sizeable minority of parents who lack confidence in the local area's leaders and services. This is the result of flaws in the quality of the services that these parents and carers experienced in the recent past.
- Leaders have taken urgent action to address areas of weaknesses and improve services. They have correctly identified where improvements need to be made and in many cases have addressed these with some success. Leaders have set out an ambitious strategy that all managers, teams and partner organisations, such as the East Sussex Parent and Carers' Council, are working towards. There is a strong commitment to improving outcomes for children and young people who have special educational needs and/or disabilities that is shared by professionals across the county.
- The local area has effective information management systems that leaders use well to evaluate the progress that staff are making towards delivery of the core aims of the 'East Sussex inclusion, special educational needs and disabilities (ISEND) 16–18 plan'. As a result, staff at all levels are held to account for their performance in delivering these key objectives.
- Leaders are clear that they need to improve their communication with parents and carers. Consequently, leaders are engaged in work to strengthen relationships with key parent and carer groups. There is evidence of some contribution of parents and carers, and children and young people, to the evaluation of services. However, leaders recognise that there is more work to do to increase the participation of parents, carers and children and young people in assessing the work of the local area. This is especially the case with the local offer, of which the vast majority of parents and carers whom inspectors met are unaware.
- The local area identifies relatively low numbers of pupils needing school support for their special educational needs, while identifying relatively high numbers requiring statements of special educational needs or education, health and care (EHC) plans. Leaders have reasoned that this indicates weaknesses in the early identification of special educational needs and are starting to take effective steps to address these.
- The three clinical commissioning groups (CCGs) in East Sussex, namely NHS Hastings and Rother (H&R CCG), NHS Eastbourne, Hailsham and Seaford (EHS

CCG) and NHS High Weald Lewes and Havens (HWLH CCG), are well represented in the joint commissioning group. CCG investment in the community paediatric service and new service specification has increased access and reduced waiting times. Governance across the partnership is being strengthened, with the CCGs represented at the quarterly children's integrated therapy service performance meetings by the CCG commissioning manager.

- Children and young people who have special educational needs and/or disabilities in the care of the local authority receive good support and do well in terms of academic outcomes compared with similar pupils nationally. A specialist children looked after nurse team has been established, and the SEND designated medical officer (DMO) is working closely with the named doctor for children looked after and the designated/named children looked after nurse. This means that children who have special educational needs and/or disabilities in care receive effective support to meet their medical needs.
- Currently, the designated nurse role for children looked after sits within the East Sussex Healthcare Trust provider service and is the operational team manager. This creates a conflict between the leadership and governance aspects of the designated nurse role and undermines the effective operational management of the specialist children looked after nurse team.
- Leaders are taking urgent action to address the increasing absence and exclusion rates for children and young people who have special educational needs and/or disabilities. The impact of this work is evident in targeted schools. Early indications are that the trend is being reversed steadily.
- Despite taking relevant action, the local area has been unsuccessful in reducing the waiting times for referrals to child and adolescent mental health services (CAHMS). The delays are causing parents anxiety and are having a negative impact on children's and young people's mental health. Leaders are taking further action to address these ongoing concerns.
- In 2016, early years and key stage 1 school-age children who have special educational needs and/or disabilities achieved well compared with their peers in similar local areas. In 2016, pupils in key stage 2 achieved less well and leaders across the sector are taking urgent action to recover the previously good standards.
- Provision at post-16 and post-19 is effective. There are useful programmes such as 'Project Search' and the 'Plumpton internship' in place for young people who have special educational needs and/or disabilities. As a result, the number of young people who are in education, employment or training after age 19 continues to increase so that the proportion is above the national average.

The effectiveness of the local area in identifying children and young people who have special educational needs and/or disabilities

Strengths

- The local area uses both short-term and longer-term forecasting well, so that leaders are planning effectively for the growing demands on their services. This is especially the case for children and young people with autism and social and emotional health needs. Leaders in the local area have developed good systems to support special educational needs coordinators (SENCos) in schools, so that school staff are increasingly adept in recognising the needs of children and young people in their care.
- The close partnership between early years settings and schools means that parents report that the initial identification of needs is timely and has improved since the introduction of the reforms.
- The local authority has improved access for professionals to seek advice and guidance about children's and young people's needs, by introducing an 'ISEND front door'. As a result, professionals report that they are able to identify the needs of children and young people more effectively than in the past.
- Children and young people in the care of the local authority receive an excellent service. They are assessed rapidly so that any special educational needs and/or disabilities are identified as soon as possible. Educational needs are considered routinely during the child's children looked after health review and included in the resultant health plan.
- The establishment of the new integrated children's centre and health visitor service is positive. This integrated service is improving the delivery of both the 27-month developmental review and the East Sussex-wide Healthy Child programme.
- When health visitors identify children's needs, clear pathways are in place for prompt referral to a range of early support services, from direct referrals to nursery nurses for lower levels of need to the support of a family key worker for higher levels of need.
- Where vulnerable families meetings are established in GP practices, with regular attendance by health visitors and school nurses, these forums are effective in multi-disciplinary information-sharing and promoting the early identification of special educational needs and/or disabilities in children and young people. This is not consistently the case across the local area for all GP practices, although leaders recognise that this approach is best practice. These meetings are being promoted in the HWLH CCG area.
- Parents of children with sensory impairment report prompt and accurate identification of their children's needs.

Areas for development

- Compared with similar council areas, East Sussex schools identify a lower proportion of pupils requiring school support for special educational needs. However, a relatively higher proportion of pupils in East Sussex are identified as needing a statement of special educational needs or an EHC plan. As a result, the local authority has introduced a new approach for all schools, to promote the early identification of, and provision for, pupils' special educational needs. There is some initial evidence of the impact of this work, with fewer pupils issued with EHC plans than in the past 12 months and an increase in the proportion of pupils identified with lower levels of need.
- The local authority and the health provider for children looked after, Kent Community NHS Trust, continue to struggle to ensure that initial health assessments are carried out promptly when children and young people first enter the care system.
- Specialist children looked after nurses do not currently attend educational health plan reviews for children and young people who are looked after. Multi-disciplinary vulnerable families meetings are not routinely established in primary care practices across the H&R and EHS CCG areas. Furthermore, there is no active drive by the CCG to encourage lead GPs to set these meetings up, although they are recognised as best practice.
- Children's integrated services need to do further work with GPs to ensure that professionals in primary care use the new referral process more effectively. Currently, some children are disadvantaged by referrals that delay the provision of services.
- School nurses report a significant increase in children starting school with continence problems and lack of toilet training. This is in line with national trends and is something that early years services and practitioners are not yet considering fully enough in their assessments and work with children and parents.

The effectiveness of the local area in assessing and meeting the needs of children and young people who have special educational needs and/or disabilities

Strengths

- The vast majority of schools in East Sussex, including special schools, were judged to be good or better in their most recent Ofsted inspection. This presents a stronger picture of school provision for pupils who have special educational needs and/or disabilities than is seen nationally.
- School leaders value the support and challenge provided to SENCos through the network of education improvement partnerships, where SENCos share best

practice and moderate their work. They are particularly positive about the 'SEND Matrix', a detailed and informative guide for all professionals that leaders report is improving the consistency of their work. School staff also report that the guidance is helping them to identify children's and young people's needs earlier than in the past.

- SENCos, school leaders and governors state that local authority specialist services provide useful and appropriate training and development for school staff. As a result, an increasing proportion of pupils' needs are met effectively. School leaders are especially positive about the support they receive from specialist staff for pupils with difficulties with communication and language, as well as social and emotional health needs.
- There are appropriate arrangements in place to meet the statutory timescales for assessment of children's and young people's special educational needs and/or disabilities and the provision of EHC plans. The local authority recognised that initially the efficiency of these processes was undermined by weaknesses in staff knowledge and skills. Leaders took rapid action to address these concerns through a training and development programme. As a result, the management of recent applications for assessment are timely, well developed and appropriate. The proportion of new plans issued by the local authority is now in line with the national average. Furthermore, the work to transfer plans is on track to meet national expectations.
- In the past, the local area had a high number of cases going to appeal compared with the national average. Leaders have improved the way they communicate decisions not to assess children's needs with parents and carers, and make better use of the mediation service. Consequently, the number of parents finding that they need to access tribunal decisions is significantly lower than in the past.
- Following a recent review, the local authority has established a new specialist 14 to 25 assessment and planning team to support pupils who are moving to their next stage of education. The local authority has increased the provision of careers advice and guidance, especially in special schools. Consequently, pupils across the age range report that they are well supported to achieve their aspirations and can identify confidently what they want to do next.
- The specialist 14 to 25 assessment and planning team works very effectively with colleagues in the transitions social care team in adult social care so that young people receive good support to access education, employment and training. As a result, there is an increase in the number of young people with special educational needs remaining in education or training after 19, as well as an increase in the number entering the workforce. Parents reported that young people appreciated 'a proper placement' for work experience. Parents were also positive about the internship course because this programme has a high success rate.

- Adult social care leaders are taking effective action to ensure that suitable supported housing is available for young adults who have special educational needs and/or disabilities, supported well by the council's commitment to invest in appropriate accommodation.
- The youth offending team works closely with local authority officers to identify and provide for all young people who have special educational needs and/or disabilities entering the criminal justice system.
- Young people are increasingly involved in the formation of services. For example, the local authority Youth Council has developed a toolkit to support those children and young people who are under the care of CAMHS.
- The waiting times for assessment and intervention by the children's integrated therapies service have reduced, and the service is now meeting children's needs more effectively.
- H&R CCG and EHS CCG have provided each nursery in their area with £5,000 to take up the Healthy Active Little Ones (HALO) programme, which aims to reduce child obesity. The programme also promotes healthy motor function development. It is run by Public Health England, which provides support for nurseries.
- The child development service operates clinics in four widely spaced locations across the county. Parents told inspectors that they valued their child being seen locally.
- There are good arrangements in place to support children with continuing healthcare needs to access education with appropriate support and supervision. The disabled children's team provides training and ongoing supervision to schools attended by children with the most complex needs.
- When a child or young person enters the care of the local authority, the designated/named nurse allocates one of the specialist children looked after nurses to that child and this remains the case throughout their journey through the care system. This is valued by children and young people, who appreciate not having to repeat their personal medical history, as well as providing constancy for children whose lives may lack stability.
- The child development service's autism multi-agency and multi-disciplinary assessment clinic works well. Once diagnosis has been made, the communication, learning and autism service provides short-term support to schools and in the child's home. Parents report that this service is very useful in helping them to support their children.
- Health practitioners and clinicians across all services are given good notice by the local authority of the intention to develop an EHC plan, and most health reports for EHC plans are submitted within the correct timescale.

- Over the past 12 months, working relationships between SENCos and the child development service community paediatricians have significantly improved. As a result, more children are referred promptly to the child development services.
- School nurses funded by Public Health England are working in all East Sussex schools to help schools access additional grant funding to improve public health. The initial indicators show that this funding is making a difference to young people because they have a better understanding of healthy choices.
- The expansion of the schools mental health link worker service as part of the CAMHS transformation work is positive in strengthening support to lower levels of mental health need to school aged children. For example, the Discovery College is an initiative that is improving young people's emotional health and well-being.

Areas for development

- Despite the recent work to improve the quality of independent information, advice and guidance that is available for parents, leaders have been unsuccessful in promoting the 'local offer' of provision to all parents. An overwhelming majority of the parents whom inspectors met were not aware of this critical resource. Consequently, parents are unable to access the local offer to 'help them to help themselves', one of the main aims of the county council's strategic plan.
- Parents' lack of knowledge and access to independent advocacy services have meant that some parents do not trust the local authority. The local area has been ineffective in communicating the improvements it has made to provision and to services. As a result, a few parents have resolutely followed the appeal process to the tribunal stage and these parents describe the local authority as a barrier to meeting their children's needs.
- The proportion of East Sussex pupils who have special educational needs and/or disabilities placed in non-maintained independent schools is higher than that seen nationally. Plans are well underway to increase the capacity of provision in the area and there are already additional resources in place for pupils with autism and social and emotional health needs. However, a few parents and carers are yet to be convinced that local provision can meet the needs of the children and young people with highly complex needs.
- There is a weakness in the current provision for pupils who have special educational needs and/or disabilities who are excluded from school. There is little capacity in alternative provision and early intervention services to support those pupils at risk of permanent exclusion back into mainstream school. Leaders are aware of this and have commissioned new provision to address this issue more effectively, although it is too early to see the impact of this work yet.
- Waiting times for initial assessment by the child development service are lengthy at five to six months, although these have been reduced from 24 months in 2015 due to the creation of three additional paediatrician posts.

- Liaison and cooperative working between the child development service and CAMHS are not well developed. The community paediatricians have not been well linked to CAMHS transformation work to ensure that their knowledge and experience of autism spectrum disorder (ASD) can inform this work and, as a result, children and young people are disadvantaged.
- The timeliness of the provision of treatment in CAMHS is a continuing cause of frustration for parents. Although young people have good access to CAMHS initial assessment, there remain lengthy waits for treatment and intervention, so the service is not meeting the targets set and children and young people are being disadvantaged. In addition, CAMHS practitioners and community paediatricians submit reports to inform EHC plan development on request, but they are not routinely being sent a copy of the completed plan.
- Health visitors are not well equipped to give effective and well-informed support to parents with children with potential ASD and challenging behaviour while the parents are waiting for the child to be assessed for diagnosis by the child development team. Managers acknowledge that this is an area for development and are planning specific training to meet this need.
- Numbers of invitations to attend EHC planning meetings received by the early years health professionals are low against the service's caseload. School nurse practitioners and managers are not confident that they are being invited to participate in EHC planning for all children they are working with who have special educational needs and/or disabilities.
- Programmes of therapeutic intervention by the allied health professionals (speech and language therapists, occupational therapists and physiotherapists) are not consistently based on the goals or objectives identified for the child but are commonly based on an agreed number of sessions. This can lead to inefficient deployment of resources and result in some children's needs not being met sufficiently promptly or effectively.
- Most health services, including CAMHS, health visitors and school nurses, identified improving outcomes and developing the quality of co-production as areas needing to be developed further. The Childrens' Integrated Therapy Service has just launched the therapies outcome measures framework (TOMS). This framework has Royal College of SALT approval as a best-fit model, facilitating national as well as local benchmarking. When piloted in 50 cases over a six-month period, 34 demonstrated improvement in at least one domain; however, the introduction of the model is at too early a stage to evaluate its impact service-wide.

The effectiveness of the local area in improving outcomes for children and young people who have special educational needs and/or disabilities

Strengths

- Outcomes for children who have special educational needs and/or disabilities continue to rise. In 2016, the proportion of children who have special educational needs and/or disabilities achieving a good level of development by the end of the Reception Year was above the national average for similar children from similar starting points. In 2016, in key stage 1, the proportion of pupils who have special educational needs and/or disabilities reaching the expected standards in phonics was broadly in line with the national average. At the end of key stage 1, the percentage of pupils with an EHC plan reaching age-related expectations in reading, writing and mathematics was above the national average for similar pupils from similar starting points in 2016.
- In 2016, in key stage 4, more pupils with an EHC plan achieved an A* to C grade at GCSE in English and mathematics than the national average for similar pupils from similar starting points. The proportion of pupils with level two qualifications at the age of 19 has also continued to rise and is in line with the national average. Leaders have made good use of the post-16 educational improvement partnerships to increase provision. However, the number of students who have special educational needs and/or disabilities who attain a level 3 qualification has declined and was below the national average in 2016. Despite this, the proportion of young people in employment, education and training at 19 is higher than the national average.
- Children and young people who have special educational needs and/or disabilities in the care of the local authority do well in school. They have consistently achieved as well as and sometimes better than other pupils who have special educational needs and/or disabilities at every key stage.

Areas for development

- The rising trend of improving achievement in key stage 2 did not continue in 2016 and pupils' achievement was lower when compared to the national average.
- Absences for East Sussex pupils who have special educational needs and/or disabilities were above the national average in 2015 (the latest comparable figures). Leaders are well aware of this and are working with schools to address it, with targeted support for those pupils who are not attending as often as they should. However, it is too early to see the impact of this work at this stage in the academic year.
- Fixed-term exclusion rates for pupils with special educational needs and/or disabilities in East Sussex's mainstream schools, at school support and with statements of special educational needs or EHC plans remained above national

average in 2015 (the latest comparable figures). The rate of permanent exclusion for pupils with EHC plans also shows a continuing increase, rising to above the latest nationally published figure for pupils with a statement of special educational needs or an EHC plan. Officers have started to address this robustly, and there is evidence from targeted schools that their approach is making a difference. However, it is too early to see the overall impact of these new strategies on pupils across the county.

Yours sincerely

Seamus Murphy

Her Majesty's Inspector

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