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Fiona Taylor, Chief Officer, Sefton Clinical Commissioning Group
Debbie Fagan, Chief Nurse, Sefton Clinical Commissioning Group
Wayne Leatherbarrow, Local Area Nominated Officer

Dear Mr Johnson and Ms Taylor

Joint local area SEND revisit in Sefton

Between 15 and 17 April 2019, Ofsted and the Care Quality Commission (CQC) revisited Sefton to decide whether the local area has made sufficient progress in addressing the areas of significant weakness detailed in the written statement of action (WSOA) required on 29 December 2016.

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 WSOA was required because of significant areas of weakness in the local area's practice. HMCI determined that the local authority and the area's clinical commissioning group were jointly responsible for submitting the written statement to Ofsted. After several submissions, this was declared fit for purpose on 31 July 2017.

Inspectors are of the opinion that local area leaders have not made sufficient progress to improve each of the serious weaknesses identified at the initial inspection. This letter outlines our findings from the revisit.

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. Inspectors looked at a range of information about the performance of the local area in relation to the actions outlined in the WSOA.

Main findings

- The initial inspection found that pupils with an education, health and care (EHC) plan made poor progress from their starting points at key stages 2 and 4.
- Validated performance information indicates that children with an EHC plan at the end of key stage 2 are making better progress in reading, writing and mathematics than at the time of the last inspection. In reading, the progress made is better than for similar pupils nationally. In writing, the progress made is improving but still lags significantly behind the national average. In mathematics, improvements are inconsistent. At key stage 4, pupils with an EHC plan make progress that is broadly similar to their peers nationally.
- There is a much greater understanding of pupil-level data and this has enabled a more accurate understanding of how well pupils with an EHC plan progress at local area and school levels. Leaders from education who contributed to the revisit evidence were positive about the improvements made.
- Within this aspect of the WSOA, the local area committed to carry out a range of specific actions. These included: improving parental involvement in their children's EHC plan; improving the quality of outcome writing in EHC plans; and clarity for parents around the EHC assessment process and quality assurance practices. More than half of the actions that the area committed to undertake have not been completed and/or leaders were unable to show any tangible evidence of impact. Inspectors sampled a number of EHC plans which were of a disconcertingly poor standard. All the plans sampled were out of date and lacking in any specificity. Of serious concern is that from September 2018 to April 2019, only 3% of plans have been completed within the statutory 20-week timescale. At the time of the revisit, there was no recovery plan in place as to how this will be rectified.

The local area has not made sufficient progress to improve this previous area of weakness.

- The initial inspection found that there was poor operational oversight of the designated clinical officer (DCO) across health services in supporting children and young people with SEND and their families.
- From 2016 to December 2018, the DCO arrangements remained effectively unchanged. The lack of leadership and drive by the DCO and lead health commissioner has resulted in insufficient improvement in the discharging of SEND responsibilities across the health community. No effective operational governance arrangements are in place by which health providers are held to account for the delivery of services. The health SEND steering group is not operating effectively in scrutinising progress against the WSOA. It is acting as a passive recipient of information rather than requiring evidence of improved performance, supported by quantitative information.
- The appointment of the DCO across Liverpool and Sefton in December 2018 now provides an identifiable lead to health practitioners and services. The new DCO is

establishing herself in the role and has correctly identified the areas needing priority improvement and change. Practitioners and managers at the frontline of services understand the new DCO role and feel lines of accountability are becoming clearer. However, it is too early to see any impact of these new arrangements. No clear and manageable objectives have been set by the previous DCO or the health steering group to provide a framework for the new DCO and against which the DCO will report to the steering group. The work plan which the DCO has set out until May 2019 is unrealistic and includes actions not appropriate for the role. These include actions such as reviewing the occupational therapy (OT) sensory service, identifying what is being jointly commissioned for 18- to 25-year-olds. This work should already have been completed by those responsible for joint commissioning and be readily available.

The local area has not made sufficient progress to improve this previous area of weakness.

- The initial inspection found that there was a lack of awareness and understanding of health professionals' responsibilities and contribution to EHC plans.
- Health practitioners are not routinely writing health submissions for EHC plans for the children with whom they are directly working. A small team of EHC plan health coordinators extracts health information from children's case records and uses this to complete a full health submission. Examples of submissions seen are unacceptably poor in setting out measurable goals and intended outcomes for the child.
- Despite what leaders committed themselves to do in the WSOA, there is no evidence of effective quality assurance or monitoring of the timeliness of health submissions. There has been no review of the health information submission pathway and the current arrangement is inadequate. This results in poor-quality health information leading to unacceptably poor EHC plans. Frontline staff recognise the inadequacy of the current process and are keen to contribute to and participate in the EHC plan process but are frustrated by the lack of change and improvement. As found in November 2016, there continues to be a glaring lack of leadership of SEND within health services across Sefton.

The local area has not made sufficient progress to improve this previous area of weakness.

- The initial inspection found that coproduction and, more generally, communication with parents were weak.
- Coproduction continues to be weak in Sefton. There are examples where coproduction has been effective, for example in transport arrangements, but leaders have not ensured that this good practice has been used in other aspects of provision. For example, in the EHC plans sampled, there was no evidence of coproduction. This was the case in November 2016.

- Parents who contributed to the revisit evidence have little confidence in the local area. Their trust in the local area has been eroded. At the basic level of communication, parents regularly have telephone calls and emails unanswered. Of the more than 150 parents who contributed to the revisit survey, only 17% believe that communication has improved.
- The engagement from the director for social care and health and the new DCO has provided some reassurance for the Sefton Parent Carer Forum. However, there is too much evidence of the local area holding meetings that lead to nothing. Inspectors frequently heard of verbal assurances and discussions that have failed to materialise into positive action. For example, parents told us that they highly value the support of the SEND information, advice and support service but this service is stretched and is working at capacity. The service is not able to provide all the support it would like to, due to the high level of demand. Access to this support is limited because of reduced capacity and because it is a term-time only post, contrary to the Code of Practice. This weakness was previously identified in November 2016.
- The involvement of children and young people has been more positive. The local area has sought to engage young people through, for example, the creation of the Sefton 'SAVVY' app, the appointment of a 'young advisers' coordinator and the annual young persons' workshops.

The local area has not made sufficient progress to improve this previous area of weakness.

- The initial inspection found that joint commissioning was weak in ensuring that there were adequate services to meet local demand.
- Joint commissioning in Sefton is defective and is not ensuring that there is adequacy of services to meet the needs of children and young people with SEND.
- Back in November 2016, leaders acknowledged that they had been slow to act in formalising a strategic approach to joint commissioning. More than two years later, there is now a delay in the delivery of the updated joint strategic needs assessment (JSNA), meaning that a revised joint commissioning strategy has not yet been developed. Despite waiting times being identified as a weakness in November 2016, the waiting times to access health services such as speech and language therapy, occupational therapy, physiotherapy, autism spectrum disorder (ASD) diagnostic assessment and community paediatrics have all worsened since then. Commissioners, while investing resources to support longer-term improvement, have not required providers to put recovery plans in place to address current poor access to services.
- Inspectors found that parents had been given appointments with a paediatrician to take them off the waiting list, only to have their appointments cancelled up to six times.
- Despite the assertions of health leaders, there is no ASD pathway in place which is compliant with guidance from the National Institute of Health and Care

Excellence. In November 2016, there was no published ASD pathway. At that time, health leaders were aware of the negative experience of families, which had been ongoing for over two years. Additionally, there is no commissioned service to provide individual sensory OT assessment for the purposes of EHC plan advice. Inspectors received no assurance that this issue is included in the current work on the JSNA.

The local area has not made sufficient progress to improve this previous area of weakness.

- While recognising the significant challenges that the local area leaders have faced, they have failed to secure the improvements in SEND provision across Sefton since the time of the November 2016 inspection. As illustrated, provision has worsened. The partnership has not developed robust governance and accountability arrangements for delivery. Inadequacies in the leadership of health services and commissioning are well evidenced and the responsibility for this is not the local authority's. The partnership has not held leaders in health sufficiently to account for actions. Leaders have been unable to provide tangible evidence of the impact of their actions. Parents have understandably and inevitably lost trust in the local area. The inability to improve provision means that the children with SEND and their families continue to be let down.
- As leaders of the local area have not made sufficient progress against any of the weaknesses identified in the written statement, it is for the Department for Education and NHS England to decide the next steps. This may include the Secretary of State using his powers of intervention. Ofsted and CQC will not carry out any further revisits unless directed to do so by the Secretary of State.

Yours sincerely

Jonathan Jones
Her Majesty's Inspector

Ofsted	Care Quality Commission
Andrew Cook HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Jonathan Jones HMI Lead Inspector	Jan Clark CQC Inspector

Cc: Department for Education
Clinical commissioning group
Director Public Health for Sefton
Department of Health and Social Care
NHS England