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14 June 2021

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Anthony McKeever, Accountable Officer, Southend Clinical Commissioning Group
Patricia D’Orsi, NHS Alliance Director
Gary Bloom, Head of SEND, Local Area Nominated Officer

Dear Mr Marks and Mr McKeever

Joint area SEND revisit in Southend-on-Sea.

Between 5 and 7 May 2021, Ofsted and the Care Quality Commission (CQC) revisited the area of Southend-on-Sea to decide whether sufficient progress has been made in addressing each of the significant weaknesses detailed in the written statement of action (WSOA) issued on 5 December 2018.

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 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(s) (CCG) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 14 May 2019.

The area has made sufficient progress in addressing three of the four significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing one significant weakness. 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), as well as local authority and National Health Service (NHS) officers. Inspectors considered the 366 responses to the online survey for

parents and carers. Representatives of groups representing parents and carers participated in meetings with area leaders and inspectors. Inspectors also reviewed correspondence received about the area. Inspectors looked at a range of information about the performance of the area, including the area's self-evaluation. Inspectors met with leaders and professionals from the area for health, social care and education. They reviewed performance data, a selection of education, health and care (EHC) plans and evidence about the local offer and joint commissioning.

Main findings

- Since early 2020, when they were appointed to their roles, the Executive Director (Children and Public Health) and the NHS Alliance Director have brought about a palpable change in the culture of the area's partnerships. There is greater commitment to joint working to improve outcomes for children and young people with SEND. The rate of change has increased since this time despite the challenges of the COVID-19 (coronavirus) pandemic. Leaders are determined to maintain this momentum.
- In their own evaluation, area leaders acknowledge that they have not progressed as far as they wanted in some areas of the written statement of action (WSOA). They know what remains to be done. Most notably, they know that many children and young people with SEND and their families are not feeling the benefits of the improvements made. Area leaders are fully aware of the legitimate concerns of parents and carers and continue to work and engage with them. Leaders understand the scale of change required to reach all families and regain the trust and confidence of significant numbers of parents and carers.
- The recently established parent carer forum, Southend SEND Independent Forum (SSIF), brings an additional element of constructive challenge to the area. SSIF has injected strength and energy to the areas of work in which it is involved.
- The initial inspection found that:

The emerging leadership of the Southend CCG, public health, the local authority and education providers has not developed quickly enough to ensure precisely coordinated priorities, accountabilities and joint commissioning to improve the outcomes for children and young people.

There is a genuine commitment to joint working across the area at senior level. Area leaders have established relationships that have led to a more cohesive approach to identifying priorities and joint strategic planning.

In March 2020, area leaders recognised that their actions were not securing improvement at the necessary pace. A number of planned actions were late in starting or not moving forward quickly enough to meet leaders' own expected time frames within the WSOA. To accelerate the rate of change, governance structures were reviewed, coinciding with structural changes in the local

authority and CCG and recruitment and review of staff roles in both organisations. Systems were established to give clearer oversight of joint working and better accountability. However, as a result of these necessary changes, some important elements of the WSOA are only recently established or not yet fully implemented. For example, the area's SEND strategy has only recently been developed and has not yet been agreed. A formalised approach to the quality assurance of education, health and care (EHC) plans to inform joint commissioning decisions is a recent development. A new quality and outcomes framework is being developed and a co-production charter is due for adoption in June 2021.

Individual examples of recent joint commissioning, such as the neurodevelopment pathway, have the potential to have significant impact on outcomes for children and young people and their families. However, they are far too recent for any difference to be felt by children and young people with SEND and their families. Although now increasing in pace, the area's progress in tackling this significant weakness has been too slow since the requirement to submit a WSOA in December 2018.

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

- The initial inspection found that:

The local offer does not provide a service that is fit for purpose to meet the obligations in the code of practice. Local partners in health, social care and education, including schools, are not proactive in promoting co-production of the local offer. They are not ensuring that the local offer is adapted according to the views, needs and achievements of the children, young people and their families.

Area leaders fully acknowledge the many weaknesses in the previous local offer. They have shown commitment and determination, including through the appointment of a local offer and co-production officer, to improve the local offer and make it a more relevant and up-to date resource. There is still work to do, but the local offer has improved significantly since December 2018.

The revised local offer has been co-produced with children and young people with SEND and parents and carers. Children and young people from local schools, colleges and the multi-schools council have contributed their views about the services they want. Leaders have a clear plan for the ongoing development of the local offer through capturing the views of a wider group of children and young people with SEND.

Professionals across education, health and social care are increasingly using the local offer to direct families to services and guidance. Services are using the local offer in a way that is more responsive to the needs of children and young people and their families. For example, the educational psychology service has provided useful resources, accessible through the local offer, to

support the families of children and young people with SEND during the pandemic.

SSIF is leading on further development of the local offer. The group is determined to ensure that the local offer continues to evolve to meet the changing needs of children and young people with SEND and their families. Area leaders know that there are still many parents who do not know about the local offer. They have gathered parents' views through attending events organised by local groups, holding an event for parents to promote the local offer, engagement with the families who home educate their children and seeking views through surveys, such as the POET survey and a survey about experiences during the COVID-19 pandemic carried out by the educational psychology service. Leaders know that some parents feel they cannot access the services they need or that there are delays in doing so. Leaders' plans include clear actions to address these concerns and further increase parental engagement with the local offer.

The area has made sufficient progress to improve this area of weakness.

- The initial inspection found that:

Leaders have not worked together to ensure that EHC plans provide a meaningful multi-agency approach to meeting children and young people's academic, social, health and care needs. There are no clear accountabilities between agencies to make sure that children and young people's outcomes are well assessed, planned for, met and reviewed.

Area leaders have established a multi-agency process for the assessment, decision-making and quality assurance of EHC plans. This has taken longer than leaders anticipated. However, the momentum and direction of change in addressing this weakness are clearly evident. The timeliness of issuing EHC plans remains a strength. The number of annual reviews completed within the expected timescale has improved, but there is room for further improvement.

Leaders have established effective systems to ensure the timeliness and quality of contributions to EHC plans from health and social care professionals. These contributions are having a positive impact on the quality of EHC plans. More recent EHC plans are of a significantly better quality than those seen at the time of the previous inspection. The outcomes agreed in more recent EHC plans are more holistic rather than solely education focused. There is evidence of greater consideration of how these outcomes can appropriately contribute to preparing children and young people for adulthood and support their successful participation in wider society.

There is a greater focus on co-production with children and young people and their parents and carers in producing their EHC plan. The establishment of the EHC hub is seen as a positive step in working openly and in partnership with

parents and children and young people. However, the voice of the child or young person in some plans could still be strengthened further.

Recently established systems are now enabling partners in education, care and health to hold one another to account and consider how well children and young people's outcomes are planned for and met. However, this information is only now being used to inform joint commissioning at a strategic level. Area leaders know that making better use of this information is an important next step in informing jointly commissioned services.

The area has made sufficient progress to improve this area of weakness.

- The initial inspection found that:

Leaders have not developed a strategic partnership that makes sure that children and young people are in provisions that give them good-quality, full-time education. This particularly includes those educated at home, in post-16 provisions, and in out of borough provisions. Additionally, within the local area, too many pupils access part-time education for too long. Leaders of the local area do not know the extent of the impact of part-time programmes on the outcomes for children and young people. This lack of information is detrimental to the work of joint commissioning.

Area leaders have established a strategic partnership approach to evaluating the quality of provision for vulnerable learners, including children and young people with SEND. Systems are in place so that area leaders know which children and young people are in different types of education setting and can make checks on their attendance and safety.

Area leaders have increased their challenge to education providers regarding the use of part-time timetables. Leaders monitor the extent to which such programmes are used, whether they give access to appropriate education of an acceptable standard and that they lead to a return to full-time education whenever possible. The numbers of children and young people on programmes that do not provide full-time education are much reduced.

Senior leaders from education providers see a concerted drive by area leaders to set clear expectations and secure improvement in education provision for children and young people with SEND. Area leaders are providing greater challenge regarding the quality of provision and the requirement for schools to demonstrate an inclusive approach for children and young people with SEND. They have provided training and guidance for teachers, special educational needs coordinators, school leaders and support staff in different aspects of effective provision for children and young people with SEND. However, area leaders' own evaluation acknowledges that experiences of parents and children and young people in both mainstream and special schools remain varied.

Area leaders have built up a picture of the extent of elective home education (EHE) for children and young people with SEND. They know the numbers of children and young people involved and the reasons given for EHE. Leaders have established processes to assure themselves that these children and young people have a suitable standard of education. They have also ensured through joint work that families choosing to educate their children at home can access school nursing and educational psychology services.

Area leaders have further developed and strengthened relationships with post-16 education providers. The support provided has ensured that the number of children and young people with SEND who are not in education, employment or training is low. The young people who spoke to inspectors during the revisit said they feel well-supported and prepared for their next steps in learning or employment.

Other than for children looked after (CLA), the checks on the quality of education provided by settings out of the borough are limited. For children and young people with SEND who are not CLA, checks on out of borough provision are limited to the monitoring of attendance and discussion about how well the setting meets the child or young person's needs at annual reviews. Area leaders have not yet ratified a data-sharing protocol with the local authority that hosts the largest number of children and young people educated out of borough. This limits leaders' ability to monitor the quality of this provision.

The area has made sufficient progress to improve this area of weakness.

The area has made sufficient progress in addressing three of the four significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing one significant weakness.

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

Paul Wilson
Her Majesty's Inspector

Ofsted	Care Quality Commission
Lorna Fitzjohn Regional Director	Victoria Watkins Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Paul Wilson HMI Lead Inspector	Elizabeth Fox CQC Inspector

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