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Dr Ed Garrett, Chief Executive Officer for Suffolk and North East Essex Integrated Care Board

Anthony McKeever, Chief Executive Officer for Mid and South Essex Integrated Care Board

Dr Jane Halpin, Chief Executive Officer for Hertfordshire and West Essex Integrated Care Board

Ralph Holloway, Local Area Nominated Officer, Essex

Dear Ms Lincoln, Dr Garrett, Mr McKeever and Dr Halpin

Joint area SEND revisit in Essex

Between 17 to 19 May 2022, Ofsted and the Care Quality Commission (CQC) revisited the area of Essex 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 17 November 2019.

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 16 April 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 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 area in addressing the three 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:

The joint commissioning arrangements between the local authority and the CCGs do not work well enough to provide children and young people with the services that they need.

Too much variation between the CCGs lead to inequality, inconsistency and unacceptably long waiting times for services.

Joint commissioning is not sufficiently informed by what is already known about the gaps in services for health and education across the 0 to 25 age range, across the whole local area.

Leaders have worked diligently to establish structures for strategic oversight and governance that involve all partners. There has been a palpable change in the culture among partners related to joint working. Partners share data and information that enables them to support and challenge one another and inform joint commissioning of services. Area leaders have developed an outcomes framework that allows them to evaluate the impact of their work and identify where there are issues still to be resolved. The Joint Commissioning Group and SEND Partnership Board provide strong oversight of the work being done.

Area leaders are using the information available to them to jointly commission services for children and young people with SEND in a more strategic and systematic manner. For example, they have jointly commissioned the child and adolescent mental health services (CAMHS) so that it includes specific services for children and young people with SEND. They now commission the area's SEND independent advisory service so that it has the capacity to meet the growing demands for its service. This is also allowing the service to contribute more widely to the local offer, for example, by providing training to parents and carers, and health and social care partners regarding education, health and care (EHC) plans and statutory processes.

Area leaders have continued to increase opportunities to gain a wide range of views from parents and carers, children and young people with SEND and other stakeholders on the quality of services and provision. Area leaders are using this feedback to inform commissioning, agree joint strategies and determine how they can evaluate the impact of their work. For example, feedback from children and young people with SEND, their families and other stakeholders has been used to redesign the new local offer website.

Essex Family Forum (EFF), the local parent carer forum, has grown since the area SEND inspection. EFF is working closely, but tenaciously, with area leaders to address the weaknesses identified in the written statement of action. EFF play a key role by acting as true and genuine advocates for parents and carers. They are resolute in their challenge to area leaders. They are ensuring that leaders are making changes that will improve services, provision and daily experiences for children and young people with SEND and their families.

There has been a significant improvement to the culture of joint working across the area. Currently, the impact of this improvement work is not being felt universally by children and young people with SEND and their families.

Since the inspection in October 2019, the area has managed significant challenges including the management of the COVID-19 pandemic and the changing organisational structures and leadership in health services. These factors have had an impact on the timeliness to deliver some aspects of the written statement of action. For example, although area leaders have agreed a new joint SEND strategy, there is still work required to develop the specific actions necessary to deliver the strategy. The joint dashboard of performance measures across health, social care and education to monitor performance is still in development.

There has been significant investment and improvements in a range of services. However, there remain some inequalities around specific services identified at the time of the joint local area SEND inspection in 2019. For example, waiting times for diagnostic pathways for autism spectrum disorder and attention deficit and hyperactivity disorder remain variable. Leaders have implemented recovery plans to address these backlogs. The success and quality of these plans vary across the geographical area. The three health integrated care systems are working independently of one another on this aspect. They are not sharing collective responsibility to ensure that all children and young people with SEND across the footprint of Essex receive the same timely access to effective and high-quality services. In the meantime, some parents and carers report that their children and young people have been unable to receive the therapy that is directed through their EHC plan.

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

- At the initial inspection, inspectors found the following:

The reasons for, and accuracy of, the high proportions of children and young people identified with moderate learning difficulties are yet to be resolved. Potential overidentification could mask underlying difficulties in speech, language and communication needs (SLCN) and social, emotional and mental health (SEMH) development.

Since the inspection of 2019, leaders have worked systematically to explore the accuracy of the identification of need for children and young people identified with moderate learning difficulties.

Leaders have provided training and guidance about the identification of children and young people's SEND to schools. This included targeted support to individual schools and settings where there were high numbers of children and young people identified with moderate learning difficulty. Most schools have engaged fully and positively with this support. School leaders are more curious and confident to routinely explore whether there are other needs, such as SLCN or SEMH needs as part of their review.

These improvements in identification have led to an increase in referrals to the area for SEMH and SLCN needs. In response, area leaders have ensured that speech and language therapy services are working directly with schools and providers to work with individual pupils or to train staff to better meet children and young people's needs. These services are also collaborating with area leaders at a strategic level to review the impact of training packages for SLCN, and to identify where more training and support needs to be commissioned. Area leaders have also worked closely with CAMHS and other stakeholders to develop a well-thought-through programme to support schools in how to support children and young people whose emotional well-being impacts negatively on their attendance and behaviour at school.

Area leaders are continuing to improve the contribution of health and social care partners in the identification of SEND. Inclusion partners now receive information from health professionals when they have identified pre-school age children with SEND. Local authority advisers and professionals working with early years settings have had training regarding the identification of SLCN. Work has been done to raise the understanding of SEND within social care teams through, for example, SEND champions within different teams. This work is helping with more effective early identification of SEND. However, leaders acknowledge that there is still more to be done so that all stakeholders, including parents and carers, understand the importance of accurate identification of need in securing the right provision for a child or young person.

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

- At the initial inspection, inspectors found the following:

Too many EHC plans do not include the information needed to secure high-quality outcomes for children and young people.

The EHC plans do not consistently secure the right professional advice to meet children's and young people's needs, and do not have specific details of the provision that will be put in place.

Strategic oversight is not effective in making sure that EHC plans are fit for purpose.

Following the area SEND inspection of 2019, leaders have acted to review and improve the quality of professionals' contributions to EHC plans. SEND case workers have received training which has improved the quality of their oversight. Leaders have implemented guidance to improve the contributions from social care and health partners. This guidance is being developed further in health, building on the strong practice already in place by speech and language therapists. As a result, partners from health, social care and education are now contributing meaningfully to the production of EHC plans.

Processes are in place to quality assure health and care partners' contributions to EHC plans. These processes are resulting in better quality EHC plans. More recent EHC plans capture and reflect the aspirations and views of the child or young person and their parents or carers more precisely. The provision for children and young people is specified and linked to achieving ambitious, relevant outcomes. Leaders continue to review these processes to inform learning and training across the partnership. Many parents and carers, who have experienced the EHC process recently, are positive about their experiences. They have felt fully involved and believe that health, social care and education have contributed meaningfully to the final EHC plan.

Leaders have enacted a well-thought-through plan to address the issues related to EHC plans not being issued within statutory timescales and the quality and timeliness of the annual review process. Some of these actions are bringing improvement. For example, the appointment of annual review coordinators is already addressing the backlog of annual reviews. Some parents and carers are positive about how this has resulted in improvements so that the provision identified in the EHC plan better meets the needs of their child. However, the improvements in EHC plans are still relatively recent and the impact of this work has yet to be felt by a large number of parents and carers. Many parents and carers remain frustrated about the lateness of annual reviews and the lack of action to improve the quality of, and/or ensure that there are necessary amendments in their child's EHC plan.

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

Paul Wilson
Her Majesty's Inspector

Ofsted	Care Quality Commission
Mike Sheridan, Regional Director	Manir Hussain, Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Paul Wilson, HMI Lead Inspector	Lesley Perry, CQC Inspector

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