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Simon Hall, Acting Managing Director, Tower Hamlets CCG
David Maher, Acting Managing Director, City & Hackney CCG
Theresa Shortland, Local Area Nominated Officer, City of London

Dear Mr Carter

Joint local area SEND inspection in City of London

Between 12 March 2018 and 16 March 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of City of London 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, with a team of inspectors including an Ofsted Inspector and a children's services inspector from the CQC.

Inspectors spoke with children and young people who have SEN and/or disabilities, parents and carers, 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 met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

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

Main findings

- Leaders have shown a strong and purposeful commitment to implementing the reforms. They have a detailed understanding of the strengths and weaknesses of their work. As a result, their self-evaluation is accurate. This is enabling leaders to plan effectively further improvements to the support and provision for children and young people who have SEN and/or disabilities in the local area. Leadership roles and responsibilities are clearly outlined. Governance arrangements in the local area are effective.
- The local area, due to its small geographical size, faces significant challenges. For example, a significant proportion of children and young people of the City who have SEN and/or disabilities are educated in schools outside the local area. Furthermore, the overall number of children who have SEN and/or disabilities is low. Leaders have effectively mobilised resources and staffing, and used joint commissioning, to manage these challenges effectively.
- Leaders and professionals have a detailed understanding of the needs of children, young people and their families. Professionals involved in meeting the needs of children and young people work well together, sharing information and communicating effectively. Strong support is also provided to parents and carers where needed.
- The early years team work well together. The team use a range of methods to identify any emerging needs. As a result, systems and processes to take prompt action are fully in place.
- Leaders use joint commissioning effectively. A leader commented that 'no rule is set in stone'. This sums up the local area's approach to making decisions about how to meet the needs of children and young people. Inspectors reviewed several examples where leaders commissioned a personalised package to support children and their families. However, with some commissioning that relates to health needs there is confusion as to how arrangements work for families that live in different parts of the City.
- Professionals and leaders have a clear understanding of the risks facing children and young people who have SEN and/or disabilities. The sharing of information and monitoring of individual pupils means that additional social care support and interventions are in place to help young people to manage any identified risks.
- Providers are highly complimentary about the local area's work. They particularly point out the strong communication, quick response and commitment of leaders and professionals to working together with the provider to meet children and young people's needs.
- A review of the local offer, which included children and young people and the parent carer forum (PCF), took place last year. As a result, leaders updated and re-launched the local offer in autumn 2017. Parents appreciated this and recognised the improvements made. Leaders acknowledge that a priority is to

widen the offer further, particularly broadening the short-break offer and including more activities that take place within the City. Leaders are aware of the need to improve communication about the offer to parents and young people still further.

- Leaders have recently carried out their own review of the quality of education, health and care plans (EHC plans). The review identified strengths and weaknesses. This has enabled leaders to sharpen and simplify the expected outcomes that are included in the EHC plans. However, not all plans have been amended to reflect the findings of the review.
- All statements of special educational needs are on track to being converted to an EHC plan by the 31 March 2018 deadline. Leaders issue plans regularly within the 20-week timeframe.
- Leaders have correctly identified that they need to develop further their processes for ensuring that they receive timely information from schools that City children and young people attend outside the local area. This particularly affects the details that leaders have of the attendance and outcomes for those children and young people identified as receiving SEN support.
- The PCF is in the early stages of development. Previously, the PCF focused on information-sharing and providing a venue for feedback from and dialogue with leaders in the local area. Now, the PCF is on a journey towards autonomy and independence. One leader of the PCF is also co-chair of the 'SEND [governance] programme board'. This is another example of the commitment of the local area to working with and hearing the voice of parents.
- Families across the City receive timely and appropriate advice and interventions in relation to health needs. Records show that referrals and interventions are appropriate and followed up. The waiting times for therapies such as speech and language and children and adolescent mental health (CAMHS) assessment are within the key performance timescales. Children are seen in a timely manner where any SEN and/or disabilities can be identified at an early stage.
- Parents, health professionals and early years staff are complimentary about the range of services being provided at Hackney Ark, where the child development unit is located. A range of health professionals conduct weekly multi-agency referral service meetings (MARS) to discuss referrals and to progress them, either jointly or to a single health agency. This co-location means that a swift and efficient process is in place for vulnerable children.

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

Strengths

- There are clear systems and procedures in place to identify any SEN and/or disabilities in a timely way, particularly in the early years. Health visitors and early years staff work well together. There is a range of ways to engage parents and

carers in the early years, including fail-safes to make sure that any vulnerable children do not 'fall through the net'. Information-sharing in the early years is plentiful.

- Leaders also provide effective support for children, young people and families before a formal assessment is finalised. This means that any emerging need is met quickly.
- Leaders have a strong vision and high ambition for children and young people who have SEN and/or disabilities. Leaders have ensured that there is effective multi-agency working. Also, leaders make sure that the providers they commission can meet the needs of children and young people.
- The transition forum meets regularly to consider the needs of children, young people and their families. Leaders commission impartial advice and guidance through an external provider who works with young people from Year 9 onwards. This includes sourcing information, accompanying young people on visits to providers and expanding their aspirations. Young people spoken to during the inspection were aware of their future career choices.
- A wide range of professionals work well together and make effective contributions to EHC plans and/or identifying a learning need. Providers and parents particularly appreciate the availability and quick response of the Educational Psychology service. The range of information gathered from professionals is used well to ensure that detailed provision is included in EHC plans.
- Providers are particularly confident in the work of leaders and professionals in the local area. They consistently report that there is the right balance of reactive and proactive approaches. Leaders ensure that the right people attend meetings at the same time. A culture has been created which means that professionals in the local area work well together to identify, assess and meet the needs of children and young people.
- There is effective sharing of health information across the different services that informs the 'tell it once' approach. Health professionals effectively use the same electronic patient record system, which enables them to maintain strong communication between different health teams. This allows professionals to coordinate appointments, provide health reports and be aware of the child's health history before any appointments take place.
- There is good provision for children looked after by the City. This is currently a unique group of children looked after composed entirely of unaccompanied asylum seekers. Health professionals have worked to commission a local bespoke health package for all those in this group, including a CAMHS assessment and an immunisation and vaccination check. This means that children and young people in this group have quick access to the right support where any signs of SEN and/or disabilities are identified.
- The health visitor service is commissioned to meet the needs of first-time and vulnerable parents, including a four-week and four-month visit for all first-time and vulnerable parents. A health visitor with a lead role in disability represents

the health visiting service at Hackney Ark to provide representation in the MARS process as well as training in SEN and/or disabilities for other professionals and parents. This aids and supports other professionals in identifying emerging needs in children.

Areas for development

- One of the main areas for development is for leaders to improve the City's data collection with providers that educate City children outside of the local area. This is particularly in relation to monitoring information that relates to the SEN support group. Leaders have recognised the need to make better arrangements to collect and share information that relates to attendance, exclusions and achievement more quickly. This work is important because a very high proportion of children and young people are educated outside the local area.
- Some initiatives in the local area are relatively new, for example the network meetings for special educational needs coordinators. As a result, not all initiatives have secured a high level of impact.
- Leaders are aware there is a need to build on their initial work to identify any children or young people who may have a social, psychological or emotional health need, particularly for those aged 13 to 19. Their recent research has suggested that this needs to be explored further.
- Leaders acknowledge their work to engage children and young people in co-production (a way of working where children and young people, families and those that provide the services work together to create a decision or a service which works for them all) is at an early stage of development, for example collating and analysing their feedback as part of the transition process so that any improvements made reflect their views and opinions.
- The designated medical officer (DMO) works across both Hackney and the City of London. A lack of time for the DMO role has meant that their work for children from the City focuses on operational priorities. For example, the DMO is unable to attend the SEND programme board meetings. The children's programme board manager attends these meetings and feeds back to the DMO. This means that the expertise of the DMO is not being immediately heard when strategic issues are being discussed at the SEND programme board.

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

Strengths

- The local offer has improved significantly over the last few years. It was reviewed in the autumn term 2017 to include more access to provision outside of the local area. In the words of one parent: 'It is refreshing that the local area wants to improve the local offer.'

- Parents and carers make use of events and activities at the leisure centre and libraries. Leaders also track how the local offer is accessed by families. For example, their analysis of the website showed that 'protected sessions' was the most common area being searched for by parents. As a result, leaders have added protected sessions for swimming. These are popular with families.
- Leaders are always looking at new ways of making improvements to provision to help widen opportunities to meet the needs of children and young people. For example, consultation has started on a possible additional site for children's centre services.
- The independent information advice and support service (SENDIASS) is effective in helping families. SENDIASS is accessible to parents. They report that they find the advice that they are given helpful and supportive. Other sources of support, for example from a national charity, are also available.
- Parents find professionals and leaders in the local area friendly, responsive and welcoming. There were numerous examples where parents explained to the inspection team that professionals working in the local area listened to their concerns and responded quickly.
- A large sample of EHC plans were reviewed during the inspection. They include detailed information about the child's and family's views. A range of information from professionals is gathered to inform the provision that is put in place to meet identified needs. Leaders' review of the EHC plan process is resulting in improved plans, particularly in relation to health and social care outcomes. Education outcomes increasingly focus on appropriate short- and long-term targets.
- Leaders use joint commissioning effectively. Given the size of the local area, there is a reliance on commissioning of services through agencies in other local areas. Leaders ensure that children and young people who have SEN and/or disabilities generally receive a fair and equitable level of service. Numerous case studies illustrated how well leaders use 'one-off' commissioning and funding to meet the needs of children, young people and their families. Their response to commissioning provision is typically quick.
- There has been considerable investment in the CAMHS service in the City. This has resulted in a wide range of service provision that is brought together under the local CAMHS alliance. This includes first steps, an early intervention and a prevention service. Overall, there is a wide range of support on offer. This means families are well supported. Children and young people also benefit from access to some interventions without a referral to the CAMHS service.

Areas for development

- Although there are examples of co-production being used to develop provision, more still needs to be done. This includes ensuring that leaders make more effective use of the views of children and young people. Also, the PCF is not yet a fully productive partner in deepening and developing the co-production of provision across the local area.

- Leaders know that there is a need to continue to improve the local offer through including more activities within the local area and broadening the range of short breaks that are available. Parents and carers have requested a review of the availability of library provision, which currently closes at 4.00pm on weekdays.
- Although health professionals provide a thorough and comprehensive report to the EHC planning process, they are not routinely providing comments on the draft EHC plan. Some practitioners, such as speech and language therapists, receive the draft plans but other professionals, such as the CAMHS team, do not. Health professionals are not challenging how their reports are being interpreted into the final EHC plan.
- The targets that health professionals set for children and young people are not always included in EHC plans in their entirety. This means that families and professionals are unable to focus on the very specific outcomes that have been identified, for example in relation to speech and language therapy, physiotherapy and occupational therapy.
- Although the SENDIASS is meeting parents' needs, leaders are aware of the need to enhance their evaluation of the service, for example making clear to parents how their needs will be met should they need to contact their SENDIASS caseworker during holiday periods or when their caseworker is not available.
- Some parents expressed some dissatisfaction with the timeliness of follow-up to concerns. However, this was not commonplace among the views expressed by the wide range of parents spoken to during the inspection.

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

Strengths

- Children and young people who have SEN and/or disabilities attend good or better schools. Leaders work effectively with parents and carers when deciding on a suitable provider for children and young people who have an EHC plan.
- The overall numbers of children and young people in the local area who have SEN and/or disabilities is low. A review of a range of case studies across different needs, ages and phases of education showed that:
 - leaders and professionals have a thorough and detailed understanding of the needs of children and young people who have EHC plans
 - there was clear evidence of the inclusion of appropriate social care targets
 - there was demonstrable evidence of an improvement in children's and young people's social participation and communication skills
 - the targets that are set for children and young people are ambitious
 - targets for educational, health and social care outcomes are typically supported by quicker access to the resources needed to help children and young people to achieve their targets

- the views of children and young people and their parents are fully collated and considered
- children and young people are being effectively supported for their next steps into education, training or employment.
- All providers visited or spoken to during the inspection were unequivocal about the local area's challenge to them on achieving the outcomes detailed in EHC plans. Furthermore, providers reported that the local area is flexible and responsive to any additional requests for funding to help children and young people. The local area's use of commissioning is particularly effective in ensuring that provision is personalised to the children and young people as required, for example in relation to transport, care or respite.
- The commissioning of the information, advice and guidance for children and young people as they move through the next steps of their education and training works well. There is effective help and support provided. Leaders have an awareness of individual children and young people's aspirations.
- Children and young people feel safe and gave examples of how they know to keep themselves safe. They also said that they feel welcome when using leisure and health facilities.
- Health professionals use a range of measures to check on the progress being made by individual children and young people before, during and after interventions have taken place. Progress is routinely monitored and plans are adjusted to ensure that needs and objectives are met.
- Health professionals provide training to those working in the children's centre to aid early identification and engage in preventative work. For example, training has been provided to staff to help with behaviour management. This training is helping staff to manage and improve the behaviour of children and to build more effective relationships with parents.

Areas for improvement

- Parents are dissatisfied with the service from general practitioners (GPs) in the City. Parents felt that their GPs were not always supportive when they asked for help, advice and/or referrals to specialist services. The local area has not ensured that enough parents are aware of the fact that they can self-refer for access to specialist services.
- Health professionals, providers and families stated that, in some cases, access to health services was unclear. Families living in certain postcodes in the City who access GP services not associated with the NHS City & Hackney Clinical Commissioning Group found the pathways confusing and at times transfer between health services was necessary. This means that children and young people may experience disruption to the care that they are receiving.
- The DMO is currently in the process of collating information to undertake an audit of the quality of medical assessments being used in EHC plans, but this is still in

its infancy. This means that the DMO has no oversight of the quality of the health input into the EHC plans of children and young people who are not registered with a City and Hackney practice and cannot influence any improvement.

- Leaders have prioritised improving pathways into employment for adults with learning difficulties. The local offer is currently being improved to include more information about preparing for employment and signposting possible pathways. There is currently no use of personal budgets in the local area beyond direct payments for short breaks and the offer of personal health budgets for children and young people eligible for continuing care.
- Leaders have created a 'data digest' of information that relates to children and young people who have SEN and/or disabilities. They review the digest regularly and use it to report to the SEND programme board. Although the digest includes a lot of valuable information, it does not fully reflect the outcomes being achieved by those who are on SEN support. Leaders acknowledge the need to consider how best to account for the broad outcomes of this group of children and young people.

Yours sincerely

Sam Hainey
Her Majesty's Inspector

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Cc: DfE (Department for Education)
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