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Ms Alison Murphy
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Alfred Gelder Street
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Emma Latimer, Chief Officer, NHS Hull Clinical Commissioning Group
Jo Moxon, Local Area Nominated Officer, Kingston upon Hull Council

Dear Ms Murphy and Ms Latimer

Joint area SEND revisit in Kingston upon Hull

Between 15 and 17 October 2019, Ofsted and the Care Quality Commission (CQC) revisited the area of Kingston upon Hull to decide whether sufficient progress has been made in addressing each of the significant weaknesses detailed in the area's written statement of action (WSOA).

As a result of the findings of the initial inspection, published on 6 December 2017, 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 area's practice. HMCI determined that the local authority and the area's clinical commissioning group (CCG) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 6 June 2018.

The area has made sufficient progress in addressing two of the four significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing two significant weaknesses. 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 the 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. More than 300 parents and carers contributed to the revisit. Inspectors looked at a range of information about the performance of the area in addressing the four significant weaknesses identified at the initial inspection, including the area's improvement plans and self-evaluation.

Main findings

- The initial inspection found that:

There was poor strategic leadership and governance of the SEND reforms in Hull.

There have been significant changes to the area's leadership since the initial inspection in 2017. An assistant director for learning and skills and a designated clinical officer have been appointed and there is increased capacity in education, health and social care services in the local authority and CCG. There has been a stronger drive to address the significant weaknesses in the last six to eight months as capacity has increased.

The partnership between education, health and social care is stronger and there is greater collective ambition for children and young people with SEND in Hull. New governance structures have been created and leaders in the local authority and CCG are developing a stronger and more committed partnership with school leaders. This is a significant improvement since the initial area SEND inspection. Crucially, area leaders have secured the strong support of their colleagues in education, health and care services who, as a result, now share their passion and determination to provide better services for children and young people with SEND and their families.

Considerable work has been done to improve the SEND arrangements in Hull and frontline professionals are working hard to improve the experience of children and young people with SEND and the outcomes they are achieving. Importantly, however, area leaders do not have an incisive enough understanding of the impact of their work on children and young people with SEND and their families. They do not have a clear view of the quality of co-production (a way of working where children and young people, families and those that provide services work together to make a decision or create a service which works for them all). Nor do they have a full picture of the education, health and social care outcomes achieved by children and young people with SEND across the 0 to 25 age range. This weakens the ability of those who have oversight of the WSOA to provide the challenge and support needed to secure rapid and sustained improvement in services for children and young people with SEND and their families.

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

- The initial inspection found that:

There was too little involvement of families in decision making about the services and support they need and insufficient awareness of the resources and support available to them in the local area.

The area does not have a consistent approach to co-production. Leaders have not realised their ambition to have consistent, coherent and co-produced approaches in place when working with children and young people with SEND and their families. Children, young people and families are involved and engaged in working with leaders and frontline professionals more frequently. Feedback from families indicates that they are better informed about the resources and support which are available to them in Hull. However, very few feel that they are meaningfully involved in co-producing decisions about how best to support their children or in the routine commissioning, development and evaluation of the services their children need.

Area leaders do not have an effective mechanism for evaluating the quality of co-production. Their draft engagement and consultation strategy does not set out how they intend to secure improvement. This strategy is not fit for purpose because it fails to set out the values, principles and behaviours which will define Hull's approach to co-production with children, young people and families.

The young people who spoke to inspectors during the revisit were excellent ambassadors for their city. They described what is working well and what could be better for them clearly and confidently. They are a fabulous resource for area leaders and the wider partnership in Hull.

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

- The initial inspection found that:

There was poor self-evaluation of service quality and insufficiently focused improvement planning to facilitate better provision and outcomes for children and young people with SEND.

Weaknesses in the education, health and care (EHC) assessment and planning process have been tackled successfully as a result of the determined and well-focused actions taken by area leaders. Better quality assurance has contributed to marked improvements in the advice provided by education, health and social care professionals. This process has also improved the consistency of finalised EHC plans. Importantly, more EHC assessments are being completed within the statutory 20-week timescale and, although significant further work is needed, there has been year-on-year improvement in the timeliness of EHC reviews since 2017. Area leaders acknowledge that the EHC assessment and planning process is not person-centred enough and, as a result, decisions about how education, health and care professionals will work together to achieve the outcomes in EHC plans rarely feel meaningfully co-produced with children, young people and families.

In recent months, area leaders have improved their understanding of children and young people's needs and starting points, and the outcomes they achieve. However, the data and information which area leaders collect and analyse does not give a full picture of how well Hull's SEND arrangements are working for children and young people across the 0 to 25 age range.

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

- The initial inspection found that:

There was a lack of an effective strategy for jointly commissioning services across education, health and social care.

The area's strategy for jointly commissioning services across education, health and social care has not been finalised. This is more than one year after the deadline specified in the WSOA. More importantly, the scope of this strategy for 2019–23 does not cover education, health and social care services for children and young people with SEND for the full 0 to 25 age range. In its current form, the local area's strategy for jointly commissioning services does not meet the requirements of the SEND code of practice: 0 to 25 years. Also, the area's SEND joint needs assessment for 2019–20 does not provide a strong starting point for commissioning education, health and social care services in an integrated and needs-based way.

New models for delivering services such as speech and language therapy, autistic spectrum disorder diagnostic assessment, targeted and specialist short breaks and sensory processing assessment have been developed since the initial inspection and are now being implemented. Area leaders and frontline professionals, with the strong support of parents and carers, are working hard to improve the responsiveness of these crucially important services. However, this work is at an early stage in its implementation and area leaders accept that they are unable to say whether the changes they have made are meeting children and young people's needs more effectively. Timely access to these services remains a significant concern for parents and carers.

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

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

As not all the significant weaknesses have improved, it is for the Department for Education 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

Nick Whittaker
Her Majesty's Inspector

Ofsted	Care Quality Commission
Emma Ing, HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Nick Whittaker HMI Lead Inspector	Jan Clark CQC Inspector

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