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**20 November 2019**

Ms Lucy Butler  
Director of Children's Services  
Oxfordshire County Council  
New Road  
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Ms Lou Patten, Chief Executive, Oxfordshire Clinical Commissioning Group  
Ms Jayne Howarth, Local Area Nominated Officer

Dear Ms Butler and Ms Patten

### **Joint area SEND revisit in Oxfordshire**

Between 14 October and 17 October 2019, Ofsted and the Care Quality Commission (CQC) revisited the area of Oxfordshire 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 27 November 2017.

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) (CCGs) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 28 March 2018.

The area has made sufficient progress in addressing three of the five 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 CQC.

Inspectors spoke with parents and carers, and local authority and National Health Service (NHS) officers. Inspectors considered 492 responses from parents and carers who responded to the revisit online survey. Meetings were held with some headteachers, special educational needs coordinators (SENCOs) and leaders from mainstream primary and secondary schools and specialist provision to discuss how they are implementing the disability and special educational needs reforms. Inspectors looked at a range of information about the performance of the area,

including the area's self-evaluation. A sample of education, health and care (EHC) plans were scrutinised, along with their relevant assessments. Inspectors met with leaders from the area for health, social care and education. They reviewed performance data and evidence.

## Main findings

### ■ **The lack of clearly understood and effective lines of accountability for the implementation of the reforms.**

Arrangements for holding leaders to account across education, health and care have improved since 2017. A clear accountability and governance structure for special educational needs and/or disabilities (SEND) has been established. The SEND Performance Board is accountable to the Health and Well-being Board. Lines of responsibility are usefully explained and represented in a visual diagram on the local offer. Senior leadership from education, health and care is well represented at the SEND Performance Board. As a result, SEND is now a shared priority across all partners in the local area.

The designated clinical officer (DCO) is in post and working effectively. The positive impact of this work can be seen in improved health involvement in EHC needs assessments.

The SEND Performance Board routinely monitors the actions being taken to bring about improvement. Consequently, accountability has been strengthened and there is now a helpful mechanism for overseeing improvement work in SEND and holding leaders to account. However, despite these positive developments, many parents remain unclear about who is accountable for different aspects of SEND provision. Leaders acknowledge that there is more work to do to ensure that communication with parents improves.

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

### ■ **The quality and rigour of self-evaluation and monitoring and the limited effect it has had on driving and securing improvement.**

Leaders have an aspirational vision for the work they are doing to improve outcomes for children and young people with SEND in Oxfordshire. However, parents do not yet feel part of this vision and do not fully understand what work is being done to achieve it.

Co-production with parents, carers, children and young people is still at a relatively early stage of development in the local area. The promising start seen at the previous inspection has stalled. There are some pockets of positive practice and the recently published 'Co-production Handbook'

provides helpful materials to support this work. However, co-production as a way of working is not yet consistently established in the local area's systems and structures. Parents are not involved in strategic developments right from the start. For example, important developments, such as the 'Behaviour Pathway', have only included consultation with parents rather than true co-production. Consequently, many parents are frustrated by the pace of change and do not always feel confident in the work of the local area to improve outcomes for children and young people with SEND.

A consultation for the draft SEND strategy is under way. This sets out a helpful blueprint for future work and improvements, although these are largely education focused. However, while there are several positive and innovative projects in place to improve SEND provision, leaders do not check well enough, especially with families, that these are having the desired impact. Furthermore, there is not yet an overarching co-produced strategy that is effectively bringing these projects together and ensuring swift improvement in the local area.

Leaders' self-evaluation of progress in this area of work is overly positive and does not fully reflect the experiences of children and young people with SEND and their families.

The local area has not made sufficient progress in addressing this significant weakness.

#### ■ **The quality of EHC plans.**

The high volume of EHC plans being produced and frequent changes of staffing in the SEN assessment team have contributed to a slow rate of improvement in this aspect of the written statement of action. Helpful work is under way to improve the quality of EHC plans. However, it is too soon to see the impact of this work.

A useful quality assurance framework has been established. A multi-agency panel now meets regularly to audit the quality of a sample of EHC plans against the framework. Pertinent recommendations for improvements are made, although the panel is not yet checking on the progress of the implementation of these recommendations.

Overall, the quality of EHC plans remains too variable. Outcomes described in the EHC plan do not reliably reflect children, young people and their parents' aspirations. Person-centred approaches are used in the EHC needs assessment, but this information is not used effectively in the plan. Typically, EHC plans are focused predominantly on a child or young person's educational needs and do not successfully capture a complete view of their education, health and care needs. For young people, transition planning is often weak and does not provide a useful pathway to support young people to make a successful transition to adulthood.

Health contributions to the EHC needs assessment process are too inconsistent. Although professional reports from therapists and Child and Adolescent Mental Health Services (CAMHS) are detailed and useful, contributions from universal services, such as school nursing and health visiting, are often not of the same quality. General online training about EHC plans is now provided to health professionals, but focuses too heavily on the assessment process rather than improving the quality of contributions. As a result, health advice is not always enhancing the quality of EHC plans.

EHC plans are not reliably updated following an annual review within the prescribed timeframes. There are often lengthy delays in making amendments to EHC plans following an annual review. This results in too many EHC plans that no longer accurately describe children and young people's needs and the required provision. The current quality assurance system focuses on new EHC plans, but does not include existing EHC plans. Leaders have firm plans in place to improve this aspect of work, including increasing capacity in the SEN team, although this work is not yet complete.

Parents experience high levels of frustration with the EHC processes. They told us that they do not find it easy to know how decisions are made or who is responsible for different aspects of the process. Parents described continually having to 'chase' professionals to find out information about their child's EHC plan.

The local area has not made sufficient progress in addressing this significant weakness.

■ **The timeliness of the completion of EHC plans.**

More new EHC needs assessments are being completed within the statutory timeframe than in the past. Despite a significant increase in the number of requests for EHC needs assessments, the percentage of new EHC plans finalised within the required 20 weeks is now broadly in line with the national average. Sensibly, all aspects of the EHC needs assessment process have been rigorously scrutinised. Helpful adjustments to assessment procedures are being made which are improving efficiency.

The DCO is working proficiently to coordinate health contributions to EHC needs assessments. Pleasingly, 80% of health advice and 100% of advice from therapists are successfully submitted within the statutory timeframe. Last year, all age phase transfers were completed within the appropriate timeframe. Leaders have well-considered plans in place to continue to improve the timeliness of EHC needs assessments.

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

■ **The high level of fixed-term exclusion of pupils in mainstream secondary schools who have special educational needs and social, emotional and mental health needs in particular.**

Helpful initiatives to reduce the high level of fixed-term exclusions in mainstream secondary schools are starting to make a difference.

Encouragingly, the number of days lost to exclusion are reducing. The rate of fixed-term exclusions for pupils with social, emotional and mental health needs in secondary schools is also lower than it was in 2017. Leaders are not complacent. They know that, despite these promising signs, some children and young people are still experiencing too many fixed-term exclusions while others experience prolonged reduced timetables. Leaders are firmly committed to building on their success in reducing fixed-term exclusions to continue to tackle these issues.

Since the inspection in 2017, the Learner Engagement Strategy has been established. This is the area's approach to reducing rates of exclusion. Parents are involved in this now and leaders rightly acknowledge that parents should have been part of this development from the beginning. Sensibly, the learner engagement board has been merged with the early help board, to ensure that support can be offered to families holistically.

Firm leadership from Oxfordshire local authority is providing effective support and challenge to schools to reduce fixed-term exclusions. Leaders have ensured that they now have a much more accurate picture of the pattern of exclusions across Oxfordshire because they have rigorously checked the information they are given by schools. In some cases, this has included personal visits to schools to scrutinise individual children's records. Leaders challenge schools when they notice that exclusion rates are particularly high and there is convincing evidence of significant improvements as result of this robust approach.

Processes are being effectively strengthened so that schools can challenge and hold each other to account for the use of exclusions. Effective meetings of the In-Year Fair Access Panel ensures school leaders work well with a range of professionals in the local area to provide earlier support for children and young people who are at risk of exclusion.

There are several initiatives focused on reducing fixed-term exclusions and improving support for children and young people with social, emotional and mental health needs. These sensibly include professionals across education, health and care. The Community Around the School Offer (CASO) is a positive example of a coordinated multi-agency approach to support vulnerable children and young people who are at risk of exclusion because of wider issues that affect their well-being. For example, one project is focused on supporting children and young people who have been identified as being at risk of criminal exploitation. There are promising signs that this work is having a positive impact on reducing exclusions.

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

The area has made sufficient progress in addressing three of the five significant weaknesses identified at the initial inspection. As not all the significant weaknesses have improved, it is for the Department for Education (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

Claire Prince  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
Christopher Russell South East Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Claire Prince HMI Lead Inspector	Lee Carey CQC Inspector

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