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Kathryn Boulton, Local Area Nominated Officer

Dear Ms Parfremment

### **Joint local area SEND inspection in Derbyshire**

From 14 to 18 November 2016, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Derbyshire 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 team inspectors including an Ofsted Inspector and a Children's Services Inspector from the Care Quality Commission (CQC).

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

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

## **Main findings**

- Leaders in the Derbyshire local area have taken effective account of the reforms. Professionals from education, health and social care agencies and other stakeholders are working together more closely than previously to support children and young people who have special educational needs and/or disabilities (SEND). However, the understanding of frontline staff of their roles and responsibilities in relation to the implementation of the reforms varies between agencies.
- There is clear commitment from strategic leaders to ensure that the legacy of fragmented commissioning does not affect children and young people's access to services in the future. Alongside investment in countywide pathways to services, there is a clear, well-understood strategic vision to support equitable provision of health services across Derbyshire.
- Leaders and managers have devised an effective hierarchy of strategic stakeholder task groups. Staff and stakeholders from across these groups regularly share information and jointly commission and implement the planned improvements. Overall, recent improvements have ensured that the needs of children and young people who have SEND are identified more quickly and are well supported. However, there are some inconsistencies and some children and young people are yet to benefit from the developments.
- The local area leaders have a very good understanding of how effectively the local area identifies and meets the needs of children and young people who have SEND. Leaders have evaluated their work to implement the SEND reforms effectively and rigorously. They have accurately identified the areas that they need to improve.
- Leaders understand the challenges involved in successfully implementing the reforms. They recognised at an early stage that to implement the changes fully, not only was a change in organisation and processes required but also a change in the culture and values of the local area. Consequently, leaders have sought to ensure that changes are based on, or reflect, a shared set of principles and values.
- Stakeholders from across the local area, including children, young people and parents and carers, are well represented and their voices are listened to. Their views are taken into account at a strategic level and to a lesser extent at an operational level. However, the further away children, young people, parents, carers and local area staff are located from key partners, the less informed and engaged they are.

- Leaders have trialled key changes that they have made before implementing them more widely. This has enabled leaders to evaluate the impact of the proposed changes before they are made and make good use of resources. Derbyshire Parent and Carer Voice and Derbyshire Information, Advice and Support Service (DIASS), with partners such as the Independent Parental Special Education Advice (IPSEA) and the Education Psychology Service, provide effective support to parents and carers. They also provide local area leaders with valuable feedback representing the views of parents and carers, which helps to shape future arrangements.
- There has been no consistent approach to training health professionals to empower them to deliver the SEND reforms. Consequently, any developments rely on individual teams. Similarly, the use of comprehensive, accurate data to inform health service provision is underdeveloped in Derbyshire.
- Leaders have acted decisively to address the increased caseload of health visitors and ensure that the needs of individual children are identified, by recruiting additional trained health visitors.

### **The effectiveness of the local area in identification of children and young people who have special educational needs and/or disabilities**

#### **Strengths**

- The introduction of GRIP (graduated response for individual pupils) has improved the accuracy of SEND needs identification and the provision of support. GRIP also supports effective decision-making in the education, health and care assessment process.
- The appointment of 14 SEND officers has established an approach that places children and young people, parents and carers at the centre of the education, health and care planning process. In cases where a facilitator or SEND officer led and supported the process, parents and children and young people reported greater satisfaction with the process and the outcome. In addition, the resulting plans have more effectively identified the needs of the child or young person and have set out the support they should receive clearly and unambiguously.
- Identification of need through universal services is effective and enables health visitors and school nurses to make prompt and supportive interventions. For example, the screening pathways within 0–19 universal services utilise multi-agency relationships to embed sound processes in delivering the healthy child programme. Appropriate GP and health visitor pathways also facilitate timely support to families. An increased number of health visitors helps to ensure that appropriately qualified practitioners continue to identify needs effectively. In addition, schools support the return of school health screening questionnaires, and there are good return rates from health screening of all children on entry to school and again at Year 6.

- A successful section 75 agreement ensures a joined-up approach to the commissioning of services for those children who meet the local criteria of 'high complex needs'. Local area leaders are making good progress in their development of a single approach to the provision of personal health budgets across the Derbyshire local area. This joined-up approach is leading to improvements in the provision of community-based equipment for children and young people with SEND.

### **Areas for development**

- Some children and young people have not had education, health and care plan (EHCP) or SEND statement reviews supported or led by an EHCP facilitator or SEND officer. They, and their parents and carers, are reliant on school staff to secure the participation of all relevant stakeholders to identify the needs of the child or young person. Consequently, the contribution of staff from other agencies has been inconsistent and has resulted in some needs not being accurately identified and addressed.
- Despite employing a range of appropriate strategies, local area leaders and managers have not yet enabled most parents to develop a secure understanding of the process for identifying children and young people's SEND. Some parents and carers continue to believe that their children cannot be considered for EHCP assessment until they have a diagnosis or assessment from a professional, for example a paediatrician or an educational psychologist.
- Providers and commissioners do not have effective oversight of the numbers of children and young people with SEND on their caseload. Insufficient use is made of data to identify the needs of children and young people across health caseloads.
- A legacy of fragmented commissioning arrangements and lack of consistent data are hampering the work of health partners to implement the SEND reforms. Families across Derbyshire do not have equal access to services, including continence services, 24/7 community children's nursing and the children's learning disability nursing team. Commissioners recognise that there is more urgent action needed to improve transition arrangements for young people up to the age of 25 years into adult services.
- Some health services and managers do not maintain an effective oversight of the numbers of children with SEND (with or without an EHCP). This limits managers' understanding of practitioner caseload complexity and their capacity to ensure equitable service delivery and accurately plan for future service delivery. Some processes are in place in areas to start to collect the data. For example, at Chesterfield Royal Hospital there is a single point of access for requests for input into EHCPs.
- Resources allocated to the role of the designated medical officer (DMO) are insufficient to implement the SEND reforms in full across health services in

Derbyshire. The DMO is not able to maintain oversight of how effectively children and young people are having their health needs met through EHC planning.

## **The effectiveness of the local area in assessing and meeting the needs of children and young people who have special educational needs and/or disabilities**

### **Strengths**

- In those cases where co-production of plans has been strong, either led or facilitated by special educational needs coordinators (SENCOs), EHCP facilitators or SEND officers, needs have been met and parents and children and young people believe that they receive good support.
- Similarly, where schools have a good understanding of the reforms, they meet the needs of the children and young people well. For example, a further education college worked very effectively with public health to raise awareness of social, emotional and mental health needs in a college setting.
- Increasingly, the local area is working effectively with local education leaders to improve the range and quality of SEND provision. An example of this is reducing out-of-area placements for children and young people with autism spectrum disorder by increasing provision within the local area.
- A 'tell-it-once' approach ensures that some parents, children and young people do not have to repeat their story when they meet with a new professional. The approaches, including one-page profiles and direct referrals to community paediatricians from universal services, were co-produced by staff, parents and young people and support effective communication between services. 'Tell-it-once' approaches are increasingly embedded within school SEND practice, therapies and universal health services across Derbyshire.
- Children looked after by Derbyshire who are placed outside of the local area benefit from having their health assessments and reviews carefully checked by the children in care health team. This process helps to ensure that the children's health needs are consistently met. It also provides the corporate parenting board with assurance that there is oversight of this vulnerable group of children.

### **Areas for development**

- The local offer is not always straightforward for users to access. For example, the 'key word search' function does not enable users to find the information they are looking for very easily. Some parents and health professionals are not well informed about the local offer despite the range of strategies the local area has employed to inform them.
- Waiting times for community paediatricians are too long, and sometimes are up to 18 months. Long waiting times can have a negative effect on timely completion of education, health and care assessments because medical information may be

missing. As a result, the needs of a minority of children and young people are not fully understood or met. This leaves them, and their parents and carers, feeling frustrated and dissatisfied. Leaders have recognised this issue and a management plan, supported by additional investment, has been implemented, as part of an initiative to reduce waiting times.

- The local area has developed and trialled an effective model to ensure that stakeholders and partners work together to construct EHCPs. However, the impact to date has been limited to those cases within the trial or those more recently initiated.
- Managers in the local area have a positive record of making payments, including payments of personal budgets and direct payments to families. However, too few are focused on meeting the learning needs of children and young people with SEND. Some parents remain ill informed about how to access personal budgets. Few parents who do understand the arrangements choose to apply for personal budgets, because they remain anxious that managing the budget will be too complex.
- Frontline health professionals across the local area have a variable understanding of the SEND reforms and the implications for their statutory roles and responsibilities. For example, poor awareness of the local offer has meant that health practitioners are not consistently signposting families or supporting them to access it. There has also been an inconsistent approach in the local area to contributions towards the health element of EHC plans.

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

### **Strengths**

- Children and young people with SEND in Derbyshire who attend early years provision or primary schools typically do as well as or better than their peers in other areas of the country. For example, the proportion of children achieving the national standard in phonics in Year 1 has improved and is now broadly in line with the national average. Key stage 2 children have made at least the same progress as their peers nationally in reading, writing and mathematics and in some cases have made better progress and attained higher outcomes than their peers nationally by the end of Year 6.
- Similarly, those young people who attend secondary schools and further education settings make good progress and remain in education, employment or training. For example, SEND pupils make better progress in reading, writing and mathematics from key stage 2 to key stage 4 than their peers nationally. In addition, the vast majority of young people were in employment, education or training in the first two terms following the completion of A levels.
- Leaders and managers have taken effective action to reduce the level of exclusions for pupils with SEND. Consequently, levels of fixed-term exclusions



have decreased and are close to the national figure for this group. Permanent exclusions have also decreased and are now in line with national averages. Leaders have taken robust action to challenge those few schools where exclusions of SEND pupils are too high.

- Establishing education, health and care planning facilitators and appointing SEND officers has improved the timeliness with which EHCPs are completed. It has also improved the rate of conversion from statements of special educational needs to EHCPs. As a result, the local area is on track to meet statutory deadlines. Similarly, when pupils and parents or carers have been well supported, by SEND officers, EHCP facilitators or effective school SENCos, children and young people have a good understanding of their targets and how the support they receive helps them to learn well and achieve their outcomes.

### **Areas for development**

- The proportion of adults with learning disabilities in paid employment is too low and is below the national average. Plans to address this are underdeveloped and consequently are unlikely to result in significant improvements.
- Too few parents or carers are taking up personal budgets. As a result, they are not accessing the services and support that they need to help their children to learn more effectively. This is a missed opportunity for the local area, parents and carers and most significantly for children and young people.
- In health services across Derbyshire, 'preparation for adulthood' pathways are inconsistent in their effectiveness. Transition arrangements for young people from the 'continuing health care team' into adult primary care services are weak. In some cases, practitioners are unable to identify an appropriate service or practitioner for young people with complex needs. Consequently, young people and families in Derbyshire may find it difficult to identify services that address health needs when preparing for adulthood – a time when they are at their most vulnerable.

Please accept my thanks for the time and cooperation that all representatives from the local area gave to the inspection team. I hope you find the content of this letter useful in helping you to tackle the areas identified for further development.

Yours sincerely

Derek Myers  
**Her Majesty's Inspector**

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