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Martin Gray  
Director of Children's Services  
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Municipal Buildings  
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David Gallagher, (Executive Director of Place-Based Delivery - Central and Tees Valley) North East & North Cumbria Integrated Care Board

Joanne Mills, Local Area Nominated Officer, Stockton-on-Tees Borough Council

Dear Mr Gray, Mr Gallagher and Ms Mills

### **Joint local area SEND revisit in Stockton-on-Tees**

Between 11 and 13 July 2022, Ofsted and the Care Quality Commission (CQC), revisited the area of Stockton-on-Tees 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 24 April 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 (CCG) were jointly responsible for submitting the written statement to Ofsted.

The area has made sufficient progress in addressing all four 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 four 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 (coronavirus) 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:

### **Co-production, engagement and communication with parents are underdeveloped.**

A substantial amount of work has been undertaken between area leaders and parents, especially the Stockton parent carer forum (SPCF), to improve co-production (a way of working where children, families and those who provide the services work together to develop and shape services), communication and engagement with parents and carers. For example, area leaders have engaged with families through listening events such as public meetings attended by the director of children's services (DCS) and other senior leaders from the area's SEND team, and drop-in sessions for parents and carers to speak about their child or young person's education, health and care (EHC) provision. Leaders, families and children and young people have worked together to create a local co-production charter which guides their ongoing work.

The new neurodevelopmental pathway is an example of co-production with parents and carers. Effective communication and assessment early in the neurodevelopmental pathway mean that children and young people's needs are understood, and they can access the right support, such as trauma-informed care.

Since the previous inspection, there has been an improvement in the relationship between multi-agency partners and families. The area's leaders and the SPCF have worked hard to forge a mutually trusting relationship. 'Start Together Stay Together' is the overarching principle of the area's SEND team and is the foundation for co-production work across Stockton-on-Tees. The SPCF is an active partner within the local area. The SPCF is confident that the recent changes to build the capacity of the caseworker team is beginning to lead to improvements in communication with parents and carers, a view which is shared by inspectors. It is acknowledged by leaders and the SPCF, however, that there is more work still to do to fully engage with parents and carers.

Stakeholders agree that the involvement of social care in SEND services and provision, and communication with social care staff, is lagging behind that of education and health. Area leaders are aware of this and are taking appropriate action to address it. The appointment of a new assistant director for social care from September will assist in this area.

From the parents and carers who responded to Ofsted's survey, there are some encouraging signs that aspects of the area's SEND provision are improving. There is recognition of the work of the SPCF. There is also recognition that the DCS is listening and wants to make things better.

That said, inspectors agree with all partners that, despite the progress made to date, there is work still to do to reach a greater number of parents and carers. Some parents and carers continue to feel frustration about what they see as the limited services provided by the area; the timeliness and accuracy of EHC plans; the amount and effectiveness of co-produced and jointly commissioned services, and the extent and effectiveness of engagement with/between parents, carers and the area. From these parents and carers, there continues to be a sense that it is a battle to secure the required services and that communication generally could be better.

### **The area has made sufficient progress in addressing this area of significant weakness**

- At the initial inspection, inspectors found the following:

#### **The quality of EHC assessments and plans is too variable.**

Leaders have taken effective action to improve the quality of EHC plans. To this end, they have conducted a root-and-branch rebuild of the EHC plan process and format. This has led to a robust quality assurance process, supported by external partners, to ensure rigour. This quality assurance involves a range of stakeholders, including the SPCF, and includes checks on the quality of EHC plans by senior staff from different multi-disciplinary teams. The quality of EHC plans is improving.

Leaders have taken appropriate action to increase the capacity and skills of their caseworker team to improve the quality of EHC plans and the timeliness of the process. This is having a positive impact. Leaders have also taken action to improve the involvement of social care in EHC plans by creating a designated social care officer post. This appointment is very recent. It is too soon to evaluate its impact.

Area leaders have improved the content of EHC plans in relation to the early identification of needs for children in the early years and preparation-for-adulthood (PFA) for all. Education leaders, rightly, would like to see more contributions from

health and, to an even greater extent, social care in EHC plans, so that all provision and outcomes are included, and are precisely stated.

Young people told inspectors that they had recently been involved in the development of their EHC plan and that, overall, the plans accurately represent them as a person and what they want for the future. This was evident in the plans sampled by inspectors.

The quality of the best EHC plans is strong. There is clarity and detail in the information provided. Provision, timescales, responsibilities and outcomes are precise. Contributions from professionals are reflected robustly throughout the plans. Although the overall standard of EHC plans is good, there is a lag in older plans catching up with the quality of the most recent plans. Leaders have taken effective action to secure greater consistency in the quality of EHC plans since the previous inspection.

### **The area has made sufficient progress in addressing this area of significant weakness**

- At the initial inspection, inspectors found the following:

#### **Strategic joint commissioning, in a way that demonstrably improves EHC provision and outcomes for children, young people and families, is not fully embedded.**

Leaders have taken effective action to improve the impact of joint commissioning. They have revised their joint strategic needs assessment and improved how data is used to inform it. This has enabled a coordinated approach to joint commissioning across the area. The approach is flexible and responsive to need. A mapping process enables leaders to identify needs at a strategic level and to plan the commissioning of services accordingly.

Education leaders presented strong, positive evidence of improvements to the joint commissioning of SEND services in the area since the previous inspection. They have been involved and communicated with strategically, so that their voices are now included as part of the area's long-term planning. Area leaders have listened. There has been a cultural shift under the leadership of the DCS. There is no longer an 'us and them' relationship. Instead, there is a 'healthy tension' of professional dialogue and challenge between settings and the area SEND team to agree the right services and support to best meet children and young people's needs. There is increasingly effective work between schools and the area's SEND team.

Tees Valley CCG has now transitioned to an Integrated Care Board (ICB) and work continues to ensure that, where appropriate, action is taken by multi-agency

partners to jointly commission services for children, young people and their families. This includes, for example, important work to improve care and support for mental health needs in schools. It also includes support for staff in schools to identify and meet the needs of children in their care without referral onto more specialised services, unless necessary.

Jointly commissioned work has led to a re-worked neurodevelopmental pathway. This work has resulted in a more flexible, needs-led approach to identifying and meeting the needs of children at the earliest opportunity. Other examples include supporting families by training the 0-19 health service workforce to better understand the impact of children's disrupted sleep patterns and so help families where this negatively impacts on families as a whole and not just individual children.

When commissioning services, multi-agency partners are aware of the importance of understanding the needs of the seldom-heard sectors, such as the Gypsy, Roma and Traveller communities, when a child has SEND. The cultural diversity of the local area is increasing. Partners continue to work together to commission services that meet the needs all the people they serve.

### **The area has made sufficient progress in addressing this area of significant weakness**

- At the initial inspection, inspectors found the following:

#### **Local area leaders have not developed an effective approach to measuring and evaluating EHC outcomes for children and young people.**

Leaders have taken appropriate action to improve their ability to measure and evaluate children and young people's outcomes. For instance, leaders now collect and analyse information about how children and young people with SEND are performing through a 'data scorecard.' This is used to collate data, for instance, about their attendance rates and schools' use of suspension and exclusion. As a result, leaders have an in-the-moment picture of how children and young people with SEND are performing.

Leaders effectively measure and evaluate the quality of EHC plans, including an analysis of the outcomes section. This has resulted in improved clarity of desired and achievable future outcomes. In the most recent EHC plans, intended outcomes are clearly stated. In older EHC plans, intended outcomes are not quite as strong, with some being less precise. However, leaders' analysis of the outcomes section of EHC plans has accurately identified where this is the case and work is ongoing to ensure all intended, personal outcomes are suitably clear and precise.

The designated clinical officer and other multi-agency lead professionals undertake continuous reviews of the process for EHC plans, including the clarity of the identified outcomes. Where required, they provide training to multi-disciplinary health practitioners to help improve the quality of written health information to inform the EHC plan process. For example, leaders found that across some health disciplines, information provided was both lengthy and complex. This information was not helpful in securing a better understanding of children and young people’s outcomes. Following training, health information in support of outcomes is now more focused, better matching the children and young people’s needs, provision and desired outcomes.

**The area has made sufficient progress in addressing this area of 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

Steve Shaw  
**Her Majesty’s Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
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Cc: DfE Department for Education  
 Integrated Care Board  
 Director Public Health for the local area  
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