

Area SEND inspection of West Sussex Local Area Partnership

Inspection dates: 27 November 2023 to 1 December 2023

Dates of previous inspection: 26 February to 2 March 2018

Inspection outcome

The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with special educational needs and/or disabilities (SEND). The local area partnership must work jointly to make improvements.

The next full area SEND inspection will be within approximately three years.

Ofsted and the Care Quality Commission ask that the local area partnership updates and publishes its strategic plan based on the recommendations set out in this report.

Information about the local area partnership

West Sussex County Council and NHS Sussex Integrated Care Board (ICB) are jointly responsible for the delivery, commissioning and planning of services for children and young people with SEND in West Sussex.

The commissioning of health services changed across England in 2022. At this time, the responsibility for health services in West Sussex passed to NHS Sussex Integrated Care Board. West Sussex County Council and the ICB work together to deliver a whole-service approach for education, social care and health services. Since the previous inspection, there have been changes to the governance structure.

West Sussex County Council commissions a range of alternative provision (AP) in West Sussex. This is to provide education for children and young people, including those who cannot attend school due to social, emotional and mental health (SEMH), and medical needs, or for those who have been excluded, or are at risk of permanent exclusion. The local authority maintains a list of registered and unregistered alternative providers.

What is it like to be a child or young person with SEND in this area?

Children and young people with SEND in West Sussex have different experiences. Some are able to access health, education or care services to effectively meet their needs. Others are less fortunate, and experience unacceptably long waits to access the right help and support. Leaders have an understanding of the issues to be addressed, and the ambition to make improvements. Many initiatives are new or still at an early planning stage.

The children and young people who receive support through a specialist service encounter skilled professionals and have their needs accurately identified, assessed and reviewed. For example, those within the Children with Disabilities (CWD) team receive timely assessment and appropriate advice. They are well supported to share and include their views in plans and reviews. However, not all children and young people benefit from the expertise of professionals, because they are not always able to access the specialist support they need.

The 'Young Voices' participation group facilitates children and young people to contribute to wider decision-making. They represent their peers and contribute their unique lived experiences of growing up with SEND in West Sussex. While some services act on the views and opinions shared, across the partnership not all services show the same commitment to valuing these views. Reflecting on their own experiences, one young person summed up the perspective of many, saying: 'It's the people who listen, believe and act that makes a difference... it can be revolutionary when you find that person... but finding the right person is a 'needle in a haystack' moment.' Equally, parents and carers comment that effective support is more accessible if an individual professional, such as a teacher, therapist or social worker, champions their child's cause. There is more to do to make sure the work of all professionals is fully joined up. This means that some children and young people experience delays in the identification of their needs, hindering their swift access to the right help. Parents and carers surveyed as part of this inspection had mixed views about whether they felt their children get the right help at the right time.

Children and young people who attend a special school are likely to receive helpful support from knowledgeable staff. For example, thoughtful planning is often put in place that is focused on what children and young people need to be successful. However, access to this support is not consistently available to all, including some who attend mainstream settings. There is more work needed to further increase parent and carers' confidence in the ability of mainstream provision to meet the needs of their children.

As required, places are commissioned through registered AP to provide education for identified children and young people. This includes those who have been permanently excluded. Systems for admission are known, understood and routinely employed. Pupils attending receive a broad, balanced curriculum offer that caters for their learning and SEMH needs. However, school leaders described pupils, schools and families as having to reach crisis point before AP can be secured. Leaders know that there is more to be done to strengthen their knowledge, systems and availability of local provision, and to ensure

that their plans for the oversight and leadership of AP are fully implemented.

There are lengthy waits for some specialist health assessments. This includes those waiting for speech and language therapy, neurodevelopmental assessments and child and adolescent mental health services (CAMHS). The level of support offered to children and young people waiting long periods of time for assessment and intervention is far too inconsistent. There is no clearly planned support to 'wait well' before an assessment is made. For many families, this leads to an escalation of children's needs that affects their education and well-being.

For those young people supported by children's social care (CSC), there are clear pathways to transition into adulthood. These pathways are not as clear and consistent for others who are not known to CSC. Challenges, such as allocating adult social care workers, have contributed to the delay of appropriate assessments prior to young people's eighteenth birthday. While children get a continuity of provision, the transition process is started very late. Similarly, transition planning is not started early enough as young people move from CAMHS to adult mental health services. This late planning causes some young people and their families distress and anxiety.

What is the area partnership doing that is effective?

- Leaders are ambitious for children and young people with SEND. They are aware of, and are beginning to make improvements to remove, barriers to opportunity, to improve equality of access to services, and to enable children and young people to achieve their maximum potential.
- The West Sussex Parent Carer Forum (PCF) takes an active role in representing the families of children and young people with SEND. Members of the forum use their own and their members' experiences to challenge partnership leaders when services and provision are not good enough. The PCF is involved in the partnership's planning to improve services and provision and are eager to be more involved in authentic co-production. Local area leaders know they have more work to do to fully establish effective joint working to ensure the PCF can further contribute to strategic planning with greater influence and oversight.
- There are positive examples of early identification of need and provision of services for families who access the early help offer. This includes some robust multi-agency working. For these children and families their voice and views are gained and well reflected in assessments and plans to meet need.
- When children and young people are successful in gaining support from children's social care, they are mostly well supported through intervention and access to services which meet their identified needs. They receive support from knowledgeable and committed workers who are child focused. Professionals work collaboratively to achieve appropriate outcomes for children and their families.
- Health visitors consistently deliver the mandated developmental checks for pre-school children as part of the healthy child programme. This provides for the effective identification of any needs.

- Primary care practitioners and leaders have an accurate understanding of 14- to 25-year-olds with a learning disability and proactively ensure that they meet their health needs. Robust annual health checks are completed using a quality assured template held within the electronic records system.
- There is an evident inclusive culture in many schools and across education provision. School leaders value the training provided by the area, such as therapeutic approaches, the 'autism-friendly classroom' and mental health and well-being training. This has resulted in strengthened practice in their schools. Leaders appreciate and use the 'Tools for Schools' online materials. This resource supports them to review and improve their own work to support children and young people with SEND.
- Early years professionals note the early years childcare team and advisory team as helpful services. They acknowledge the positive role these teams play in improving staff expertise. This support is helping to improve quality of provision in the nurseries and settings they work with.
- Many children and young people in special schools benefit from knowledgeable staff and personalised planning. Their needs are identified in detail and individualised provision is put in place to ensure they receive effective support.
- Further education providers are responsive to the individual needs of young people. Central to this provision is the effective development of employability skills, securing opportunities for wider participation and extending independence, such as through travel training.
- When professionals do come together for multi-disciplinary teamworking around a child or young person, the professional network is effective in reviewing and evaluating provision and making improvements to ensure that the right help is offered at the right time. For example, although they do incur long waits, those children who are seen at a child development centre benefit from a joined-up approach through assessments being completed by a multi-disciplinary team of professionals.

What does the area partnership need to do better?

- Too many education, health and care needs assessments are not completed within the statutory timescales. While timeliness is poor, the quality of plans is variable, with some that include precisely detailed and appropriate provision. However, other plans are less clear, and lack the necessary contribution from health or social care professionals. As well as the concerns around the timeliness of assessment, there is also variation in the quality of the plans produced and inconsistency in the contributions of different professionals. This can often mean further delays in getting the right help and support in place to meet children and young people's needs.
- Leaders have ambition to implement a robust recovery plan to address the backlog of requests for education, health and care (EHC) plans. However, this work is very much in its infancy and there is more to be done. Communication

about initial plans has not been clear and schools, professionals and families have not yet been involved in this work. Additional funding for schools to support children waiting longer than 20 weeks for their EHC plan is available. However, there is insufficient oversight of this process and partnership leaders cannot assure themselves that this is making a tangible difference to these children. There is more work to be done to establish a robust and equitable process to make a sustainable improvement. The absence of authentic co-production, alongside the different new initiatives and projects that have been introduced, has continued to hinder the timely implementation of this plan.

- Waiting times for speech and language therapy, CAMHS and the neurodevelopmental pathway are too long. Arrangements to ensure that families are able to 'wait well' are inconsistent. This leads to frustration for some families and impacts negatively on some children and young people. As a result, this causes delay to assessment and the meeting of needs. Health leaders have put arrangements in place to enable them to analyse the situation and the resources that will be required to address it. However, development plans lack precise targets or timescales. Consequently, leaders do not have a full picture of their next steps and actions needed to deliver clearly identified improvements.
- Many families cannot access key services, including early help and the CWD team at the point of need. There are clearly defined thresholds to determine which children and young people can access such services. However, the thresholds are overly rigid and do not enable practitioners to apply flexibility where this might be appropriate. There is insufficient availability of specialist provision and long waiting lists. As a result, the extent to which the holistic needs of children and young people are considered is too variable.
- Commissioning arrangements for some health services have not been revised for a long period of time. There are some significant gaps in the way that services are commissioned. Some service specifications have not been reviewed for some time and do not reflect the current needs of children and young people.
- The area's actions in response to challenges presented by some children and young people's poor mental health and absence from school are of variable effectiveness. For children attending school, some are able to access support through the work of the nine newly introduced mental health support teams. However, for some pupils with very poor attendance, and who have limited access to such support as a result, lengthy wait times for diagnosis and treatment exacerbates their situation.
- Occupational therapists and physiotherapists deliver quality care within a complicated commissioning and service-delivery landscape. Approaches differ across the area, depending on the locality and base. Some parents source private provision for these therapies. Where this arrangement is in place, there is no established process to ensure approaches are joined up and that children are getting the help they need.
- Increasing levels of need and recruitment challenges mean that some children and young people wait too long for some specialist health assessments. For example, at the time of inspection, the area's video-fluoroscopy equipment had been out of

service for many months. Leaders have not implemented a solution, meaning children identified as high risk have not been fully assessed.

- The dynamic support registers are disjointed and unclear, resulting in inconsistent provision. There are three local registers in West Sussex which identify children and young people at risk of admission to a mental health hospital. The registers do not always indicate whether essential protocols of Care, (Education) and Treatment reviews and Local Area Emergency Protocols are undertaken, because there are gaps in the completion of some of these registers. This is particularly so for the 18- to 25-year-old cohort. Where the integrated keyworker support is available, the needs of children and young people can often be met without admission to hospital.
- The area's provision for short breaks is variable. While some families benefit, there are too many who do not meet the local area's rigid requirements to access this much needed support. A lack of sufficiency of suitable options is also a barrier.
- Better post-16 pathways towards employment are needed. For example, there is a lack of opportunity for supported internships to help young people develop essential employability skills.
- A continued deficit in the availability of special school places is having a negative impact on some children and young people. While some access appropriate provision through 'education other than at school' packages or AP, there are still too few appropriate provisions to meet children and young people's curriculum and educational aspirations.

Areas for improvement

Areas for improvement
Local area health leaders should act swiftly to identify and address 'waiting well' arrangements, and gaps in service provision to meet the full range of needs of children and young people with SEND. This includes speech and language provision, neurodevelopmental pathways and CAMHS.
Health leaders should act immediately to ensure that children identified as at high risk of aspiration are fully assessed, including access to video-fluoroscopy as necessary.
Leaders across the partnership should work at pace to further develop their strategy to improve the timeliness of EHC plans to ensure that processes are rigorous, sustainable and lead to plans of consistent quality.
Leaders should continue to implement their oversight and commissioning arrangements of suitable specialist school places and AP so that there is sufficient high-quality provision that meets children and young people's SEND.
Leaders should review and further strengthen their strategic approach to preparation for adulthood so that young people consistently receive the right help and support they need to lead successful lives.

Local area partnership details

Local Authority	Integrated Care Board
West Sussex County Council	NHS Sussex Integrated Care Board
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www.westsussex.gov.uk	www.sussex.ics.nhs.uk
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Information about this inspection

This inspection was carried out at the request of the Secretary of State for Education under section 20(1)(a) of the Children Act 2004.

The inspection was led by one of His Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors, including an HMI from Social Care and an Ofsted Inspector from Education, a lead Children's Services Inspector from CQC and another Children's Services Inspector from the CQC.

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