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*To be deleted at proofread*

17 May 2021

Ms Judith Hay  
Director of Children, Education and Skills  
Newcastle City Council  
Civic Centre  
Newcastle upon Tyne  
NE1 8Q

Mr Mark Adams, Chief Officer, NHS Newcastle Gateshead Clinical Commissioning Group  
Ms Deanne Taylor, Head of Special Educational Needs and Disabilities, Newcastle City Council

Dear Ms Hay and Mr Adams

**Joint area SEND revisit in Newcastle upon Tyne.**

Between 11 and 13 May 2021, Ofsted and the Care Quality Commission (CQC) revisited the area of Newcastle upon Tyne 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 22 June 2018.

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. This was declared fit for purpose on 18 November 2018.

**The area has made sufficient progress in addressing three of the four significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing one 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 of children and young people with special educational needs and/or disabilities (SEND), and met with senior leaders from the local authority and the National Health Service (NHS). Inspectors spoke with frontline practitioners from education, health and care services in the area. They reviewed a

range of performance data and information including the area's SEND strategy, self-evaluation, joint commissioning strategy and quality assurance and outcomes frameworks. Inspectors reviewed a sample of education, health and care (EHC) plans, as well as the education, health and care advices relating to these plans. Inspectors considered the 443 responses to the online survey for parents and carers.

## Main findings

- The initial inspection found that:

**Area leaders should exercise their collective responsibility to meet the requirements of the SEND code of practice and respond to the significant concerns and areas for development inspectors identified.**

The leadership of SEND arrangements in Newcastle has strengthened since the last inspection, especially following significant changes in the local authority and CCG during 2019 and 2020. The area's leadership is based on a more genuine and committed partnership, including with the local parent and carer forum. There is stronger governance and, as a result, greater collective accountability for implementing the 2014 SEND reforms in line with the requirements of the SEND code of practice.

Co-production with children and young people with SEND and their families features more prominently in the area's work at a strategic level. Area leaders have co-produced an ambitious joint commissioning strategy and a new quality assurance framework. Some parents and carers say that their children are now receiving better help and support. However, for many, the positive changes area leaders have made at a strategic level have not 'filtered through' to them and, as a result, they see little improvement in their children's daily lives.

The city's inclusion strategy is ambitious and has strong support from stakeholders in the local area. Initial work on improving the graduated approach in schools has increased access to specialist support, for example for children and young people with communication and interaction difficulties. Special educational needs co-ordinators (SENCOs) in mainstream primary and secondary schools have an increasingly important role in the identification and assessment of children and young people who need help and support. Importantly, however, further work is needed to improve the specialist knowledge and skills of the wider group of education, health and care practitioners in Newcastle.

Strengthening the role of the Designated Medical Officer (DMO) was an important action following the last inspection. School leaders told inspectors that the DMO has had a crucial role in the city during the COVID-19 (coronavirus) pandemic. For example, special schools received proactive help and support that made it possible for children and young people with complex needs to successfully return to school. However, the DMO role does not currently have the resource or the formalised ways of working needed to influence Newcastle's SEND arrangements in the way that is envisaged in the SEND code of practice.

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

- The initial inspection found that:

**Area leaders should establish effective arrangements to identify the impact of the area's work on improving outcomes for children and young people with SEND.**

The 'getting it right together' quality assurance framework has been co-produced well with the parent and carer forum. Learning from the views and experiences of children and young people with SEND and their parents and carers is prioritised in the framework. Area leaders are beginning to use what they are learning to understand how to 'get better at what they do'.

Area leaders are now ambitious for children and young people with SEND. They want them to have a voice; be safe, happy and included; be well cared for; and be ready for the world of work. However, leaders do not currently have a systematic way of measuring improvement in children and young people's education, health and care outcomes and, therefore, the progress being made towards these important strategic goals.

The timeliness and quality of some services has not improved quickly enough since the last inspection. Some children, young people and families continue to experience long waits for specialist assessments and therapy services and plans to review and improve access to these services have taken too long to develop. This is especially the case for occupational therapy services commissioned by the local authority and CCG.

The attendance of children and young people with SEND remains too low and levels of exclusion are still too high. More positively, the area's performance against some other important measures, such as completion of annual health checks for 14–25 year olds with a learning disability and the take up of personal health budgets, has improved since 2018.

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

- The initial inspection found that:

**Area leaders should improve joint commissioning and planning to better meet children and young people's identified and assessed needs.**

Area leaders have developed a highly collaborative and needs-based approach to jointly commissioning and planning services for children and young people with SEND. As a result, they have a better, more insightful understanding of children and young people's current and future needs. Area leaders have worked hard to strengthen the local partnership and make sure that the area's approach is underpinned by strong child and family-centred values. This positive work is beginning to make a difference but it has taken time. The new jointly commissioned speech and language therapy (SaLT) service, for example, is starting to have a positive impact on 16–25 year olds with EHC plans. Similarly,

some children and young people with autism spectrum disorder (ASD) in mainstream schools are receiving a better and more timely SaLT service. Importantly, however, these joint commissioning arrangements are relatively new and there is much more to be done to improve the commissioning and planning of other specialist services. As a result, at this stage, the improvements made at a strategic level have not impacted widely enough on the experience of children and young people with SEND and their families.

Education, health and care (EHC) assessment and planning have improved since the last inspection, in part as a result of better quality assurance by area leaders. Typically, advice from education, health and care practitioners is better, descriptions of needs are clearer, and plans explain well how children and young people's needs impact on their daily lives. Although there has been a general improvement in the quality of plans, the education, health and care provision still sometimes lacks specificity, at times the outcomes in plans are not sufficiently clear, precise or measurable, and plans do not always focus sharply enough on preparing young people for their adult lives. At best, EHC plans are co-produced well with children and young people and their families and multi-agency working is effective. Sometimes, however, the quality of an EHC plan is still undermined by limited or poorly integrated health advice. Tackling this inconsistency is a high priority for the DMO and an important next step for area leaders.

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

- The initial inspection found that:

**Area leaders should make sure that decisions made at all levels are influenced by meaningful co-production with parents and carers.**

Area leaders are committed to co-producing meaningfully with children, young people and families. The parent and carer forum has made a strong contribution to co-production at a strategic level in the short period of time it has existed in its current form. A range of thoughtfully designed co-production activities are helping area leaders to better understand the lived experience of children and young people with SEND and their families. As a result, decision making about how best to support them now and in the future is more child and family-centred.

Young people with SEND have been fully involved in appointments to key roles in the local area's leadership. The contribution they make is highly valued. Some families now have greater confidence in the area's arrangement for identifying, assessing and meeting their children's needs. However, others say that education, health and care practitioners still don't listen to them and report that they still have to fight to get their child's needs identified, assessed and met. Parents and carers remain concerned about how transitions between settings and services are supported in Newcastle.

Currently, the local offer remains poorly understood and little used by parents and carers. It is most helpful when mediated by the parent and carer forum or

the SEND information, advice and support service (SENDIASS). There is on-going confusion about the local offer website and those who use it find it difficult to find the information they need. Area leaders have worked closely with the parent and carer forum and together they have carried out a comprehensive review of this important resource for families. Those involved are excited about the development of the new local offer website. It is currently being piloted and area leaders plan to launch it later in 2021.

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

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

As not all the significant weaknesses have improved it is for 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

Nick Whittaker  
**Her Majesty's Inspector**

Ofsted	Care Quality Commission
Emma Ing HMI Regional Director	Victoria Watkins Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Nick Whittaker HMI Lead Inspector	Louise Holland CQC Inspector

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