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Jan Thomas, Accountable Officer, Cambridgeshire and Peterborough Clinical  
Commissioning Group

Dear Mr Williams and Ms Thomas

### **Joint area SEND revisit in Peterborough**

Between 24 and 26 January 2022, Ofsted and the Care Quality Commission (CQC) revisited the area of Peterborough 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 8 August 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. This was declared fit for purpose on 28 November 2019.

The area has made sufficient progress in addressing four of the significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing one significant weakness. 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 the 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 five significant weaknesses identified at the initial inspection, including the area's improvement plans. Inspectors considered 154 responses to the online survey for parents and carers. Inspectors also considered 15 emails sent to the inspection team.

In reaching their judgements, inspectors took account of the impact of the COVID-19 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:

**Joint planning, including commissioning, and intervention are not sufficiently well established to make sure that all agencies and services play an active role in meeting the requirements of 2014 disability and special educational needs reforms.**

Since the inspection of 2019, leaders in both Peterborough City Council and the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) have shown great commitment to ensure joint working and planning. Structures and systems have been established that provide stronger governance and oversight of most aspects of the local area's work.

The joint SEND strategy and SEND pledge have established common priorities and expectations for all partners in how they work together to achieve better outcomes for children and young people with SEND. The recently launched all-age autism strategy, though in its infancy, is an example of carefully considered joint planning involving parents and carers, children and young people with SEND, a wide range of stakeholders and partners. There is a clear strategic plan and financial commitment for how this will develop over the coming years.

There has been significant improvement in the local area's arrangements for joint commissioning. Both the local authority and CCG have invested in creating additional commissioning roles. Leaders have involved parents and carers, and children and young people with SEND, in making decisions about what is needed. For example, the jointly commissioned integrated community equipment store has had a positive impact on the lives of children and young people with SEND who require specialist equipment. Significantly more children and young people are accessing specialist equipment at home and in education settings in a timely way. Further positive examples of joint commissioning include the recommissioned short breaks programme as well as the 'YOUUnited' service that enables children and young people with SEND to access emotional well-being and

mental health support. These joint commissioning arrangements are increasing the availability and accessibility of services. It is starting to better meet the holistic needs of children and young people with SEND.

Area leaders are aware that there is work still to do to further develop joint commissioning arrangements to address the gaps and inconsistencies that remain. For example, some children and young people aged 16 to 18 years old with autistic spectrum disorder who also have other conditions do not receive equal care when they transition to adult health services. Health professionals told us that these young people may not fit the criteria of the equivalent adult service as their behaviour may be inaccurately apportioned to the accompanying condition. Area leaders know that, although the families of some children and young people with SEND are starting to feel the benefits of joint planning, this is not the case for other parents and carers.

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

- At the initial inspection, inspectors found the following:

**There is no quality assurance framework for the local area's work for children and young people with SEND. Intended outcomes for children and young people are not targeted, measured or evaluated well enough to inform leaders about the impact of the work to implement the reforms effectively.**

Leaders have established a joint quality assurance framework for SEND that is linked to the priorities and outcomes in the joint SEND strategy. Leaders have created more robust quality assurance processes to review new education, health and care plans (EHC plans). There is a new leader overseeing this work, a joint quality assurance officer who works across Cambridgeshire and Peterborough. As a result, EHC plans are of a higher quality. The most recent plans are aspirational and focused on achieving appropriate outcomes for the child or young person.

Training sessions for professionals in care, health and education have resulted in a better understanding of their responsibilities for EHC plans, particularly annual reviews and statutory timescales. This has helped to reduce the backlog in conducting annual reviews and has improved the quality and timeliness of contributions from health and social care. There has been a significant improvement in completing annual reviews of EHC plans for those children and young people who are in Year 2, Year 6 and Year 11 and about to move to the next stage of their education.

The special educational needs coordinator (SENCo) network, SEND hubs and peer reviews are viewed positively by education leaders for the support and training they provide to leaders in schools about how to best meet the needs of children and young people with SEND. This helps ensure that leaders have an accurate view of the quality of provision and how well it meets pupils' needs.

Leaders have established better oversight of how well educational provision meets the needs of children and young people. Leaders use a well-considered

framework to quality assure the provision for those who attend independent special schools in other local authorities. The local area has also worked closely with educational settings to review the use and appropriateness of part-time provision, where it exists. This is ensuring that more children and young people with SEND are engaged in full-time education.

Leaders seek the views of children and young people and parents and carers to evaluate the quality of services and provision. Family Voice Peterborough (FVP) is heavily involved in this process. However, both FVP and area leaders recognise that FVP do not speak for all parents and carers. Area leaders continue to endeavour to gather views from the wider community of parents and carers of children and young people with SEND.

Area leaders are aware of what remains to be done to further improve the quality of EHC plans and the annual review process. For example, health professionals' views are not always sought when they should be. Though the number of annual reviews completed within statutory timescales is much improved, too many still do not take place when they should. There are still delays or failures to issue amended EHC plans following annual reviews. These are causes of frustration to the children and young people, their families and professionals concerned.

Area leaders have clear mechanisms for measuring outcomes and evaluating the impact of most of their work. In the main, this is through key performance indicators for each service and area of their work. However, they have yet to bring these performance indicators into one collective outcomes document. As a result, leaders do not yet have a one-stop shop to review their overarching impact on the outcomes for children and young people. In particular, the work of the local area in reviewing the outcomes for young people aged 18 to 25 is less well developed.

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

- At the initial inspection, inspectors found the following:

**The current arrangements for the designated clinical officer (DCO) in relation to the implementation of the reforms do not allow the postholder to fulfil the obligations of the role sufficiently.**

Following the area SEND inspection in June 2019, there was a significant shift in leaders' understanding of the importance of the DCO role. The CCG has been restructured. Leaders are prioritising improving services and outcomes for children and young people with SEND. The CCG children's commissioning team includes staff who support the DCO in her role and ensure that commissioning decisions always consider how they will contribute to improving services for children and young people with SEND.

This focus on the role of the DCO and new structures to support the role are ensuring that the local area team has the capacity to be responsive in developing services for children and young people with SEND at pace. For example, the work of the DCO and the team ensured that children and young people requiring

aerosol generating procedures, such as airway suction returned to school as quickly as possible to minimise time lost due the COVID-19 pandemic. Similarly, a 4-bed hub was established to provide short breaks for some children and young people with the most complex medical needs. This provided a facility for those who could not access their normal short breaks care and family support during the first national COVID-19 lockdown.

The DCO is heavily involved in supporting the area's work to address all other weaknesses identified during the area SEND inspection in 2019. The DCO has created more opportunities for health services and professionals to be involved in SEND partnerships, for example ensuring that health partners are joint partners in the quality assurance processes with the local authority officers. While some targeted areas for improvement, such as increasing the proportion of eligible children and young people with a learning disability taking up annual health checks, have been negatively impacted by the pandemic, the DCO has ensured that health services have maintained a focus on outcomes and services for children and young people with SEND. The DCO has also worked to coach and develop professionals and teams within these services. The role of DCO is now a high-profile, well-respected and well-regarded role among health and local authority colleagues alike.

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

- At the initial inspection, inspectors found the following:

**Early support is well embedded for children in early years, but does not follow through in all areas of the lives of children and young people as they get older. It takes too long for children, young people and families to get the support they need.**

Area leaders have acted to increase access to a range of support services to ensure that children and young people with SEND and their families can access support when they need it. Area leaders have been proactive in making more families aware of personal budgets and how these can be used. As a result, the number of hours of support funded by direct payments has doubled. The number of personal health budgets, though small, has increased.

Leaders have expanded the range of parenting programmes available for the parents and carers of children and young people with SEND. Parents and carers with children and young people up to the age of 18 are eligible for these programmes. An additional 70 practitioners have been trained to deliver these courses, enabling more staff to deliver some programmes. In addition to providing wider access to parenting courses, this has reduced waiting times and created a sustainable delivery model. This has increased the capacity to support children and young people with SEND and their families.

The YOUnited service provides emotional well-being and mental health support for children and young people up to the age of 25. The integrated referral hub this service provides means families do not need to repeat their story. The skills

mix of the service's practitioners means there are less delays in identification and assessment of need. There is also less confusion about how to navigate the system, services and processes for parents and carers and their children. Mental health support teams are being rolled out across schools in Peterborough. An increasing number of children and young people are benefiting from the support that these teams provide.

To provide better access to continence support, health professionals work closely with specialist nurses. There has also been recruitment of additional specialist staff to work with those with the most complex needs. However, leaders do not know whether this is meeting the full level of need in this area.

The early support offer, which was recognised as a strength in the area SEND inspection in 2019, has been extended so that children and families can access this until the end of the Reception Year. It is viewed positively by parents and professionals alike. This programme is ensuring the early identification of children's needs and continuous support as children enter primary school. The introduction of an early years SENCo award is ensuring that increasing numbers of professionals have the training and expertise to support them in being effective in their roles.

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

- At the initial inspection, inspectors found the following:

**The provision for young people aged 18 to 25 is not sufficiently developed to make sure that young adults have the full range of opportunities and support that they need as they move through into adulthood.**

Area leaders have established a preparing-for-adulthood steering group. Through this group and its action plan, area leaders have tried to adopt a systematic approach to tackling this area of weakness. However, the strategic overview of this area of work is lacking. Leaders cannot demonstrate the wider positive impact of what has been done through an improvement in outcomes for young people with SEND aged 18 and over, although some individual activities are having a positive impact. Unlike in other areas, some professionals who work with children and young people with SEND and parents and carers are not experiencing a coherent approach to addressing this weakness.

Area leaders have done much work to promote the opportunities to prepare young people with SEND for adulthood through the local offer website. However, many young people with SEND are unaware of the local offer. The parents and carers of young people with SEND aged 18 and over are either unaware of what is available or do not feel it meets the needs of their young person.

A five-day education offer for young people with SEND aged 16 and over has been established. This provides access to an increasing variety and range of educational courses and activities that support preparation for adulthood. There was 100% uptake of places for those young people who wanted to follow this

programme. The number of young people with EHC plans accessing courses in further education colleges has increased. This programme is viewed positively by education leaders. However, some young people do not want to engage with this offer as they feel it is not what they need.

A learning disability and autism key worker network has been established to support young people with learning disabilities and/or autism spectrum disorder aged up to 25. This network assigns a key worker to any young person in this group who is currently an inpatient in a mental health unit or at risk of admission to a unit. This is preventing unnecessary hospital admission and avoiding delayed discharge back into the community.

A paediatric transitions coordinator supports children and young people with long-term health conditions and/or complex disabilities with their transition to adult health services and to navigate through the adult services system. However, frontline health professionals and some parents still believe a cliff edge exists for some provision for 18- to 25-year-olds. There are no like-for-like physical health services. A young person could be involved with several adult services to gain the equivalent support that they have previously had. This results in disruption to the young person's engagement with healthcare and a risk their engagement may cease.

The parents of children and young people with SEND aged 18 to 25 who engaged with the revisit were almost unanimous in feeling that their young person is not supported to engage successfully in education, employment or training or prepare for adulthood. FVP's parental surveys, which are shared with area leaders, also show that negative views about how well the area supports young people with SEND to prepare for adulthood persist.

**The area has not made sufficient progress to improve this area of weakness.**

The area has made sufficient progress in addressing four of the five significant weaknesses identified at the initial inspection. 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

Paul Wilson  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
Lorna Fitzjohn Regional Director	Manir Hussain Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
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cc: Department for Education  
Clinical commissioning group(s)  
Director of Public Health for the area  
Department of Health  
NHS England