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Clare Watson, Accountable Officer, NHS Cheshire CCG
Gill Betton, Local Area Nominated Officer

Dear Mr Rowney and Mrs Watson

Joint area SEND revisit in Cheshire East

Between 24 and 27 May 2021, Ofsted and the Care Quality Commission (CQC) revisited the area of Cheshire East to decide whether sufficient progress has been made in addressing each of the areas of significant weakness detailed in the written statement of action (WSOA) issued on 25 April 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 local area's practice. HMCI determined that the local authority and the area's clinical commissioning groups (CCG) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 27 September 2018.

The area has made sufficient progress in addressing all 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.

Some inspection activities were carried out remotely, others were face to face. Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, as well as local authority and National Health Service (NHS) officers. They spoke to leaders, managers and staff who work in education, health and social care about how they are implementing the disability and special educational needs reforms. Inspectors looked at a range of information

about the performance of the local area, including the area's self-evaluation of their actions in relation to the WSOA. They reviewed performance data and evidence about education, health and care plans (EHC plans) and autism spectrum disorder (ASD) pathways. 720 parents responded to the online survey.

Main findings

- The initial inspection found that:

'the timeliness, process and quality of EHC plans was inadequate'.

Following the initial inspection, leaders recognised that fundamental changes were needed to resolve this endemic weakness. This work did not start in earnest until early 2019. Professionals across health, education and social care testify to the sustained efforts made to improve the EHC process during 2019 and early 2020. However, many parents who responded to the online survey have yet to be convinced that there has been lasting improvement. Parents' negative views have been exacerbated for two main reasons. The first reason is the changes in how professionals have had to work during the COVID-19 (coronavirus) pandemic. The second reason is the local area's lack of effective communication with families about the changes being made.

The timeliness, process and quality of EHC plans have been transformed. Leaders have invested in high-quality training and support for all staff who are involved in the production of EHC plans. Leaders have ensured that these staff are in no doubt about the quality and timeliness of professional advice required. There are robust review systems in place at every stage from the initial request to the final written plan being issued. Any shortcomings are quickly identified and resolved. By early 2020, almost every needs assessment was completed within 20 weeks, compared to less than one in six in 2018.

Co-production is at the heart of every EHC needs assessment. From the very start of the process, professionals work closely with parents and children and young people so that plans accurately reflect children and young peoples' needs and how best these can be met.

The local area is not resting on its laurels. Since 2019, leaders have incrementally raised the quality standards for EHC plans. This means that there are older plans which do not meet the area's current higher quality standards. The local area recognises that these older plans need to be reviewed as a matter of urgency, but this cannot be achieved without further investment. Additional resources have already been put in place. This now means that not only are annual reviews happening within expected timescales, but any required changes to plans and provision are more timely.

Addressing this significant weakness has been, and still is, a journey. But, the significant improvements to EHC planning that have been made since the inspection, cannot be underestimated. Throughout the visit, inspectors heard from parents, children and young people and professionals about the positive impact that these plans have on children and young people's lives.

The local area has made sufficient progress to improve this area of significant weakness.

- The initial inspection found that there was:
'a lack of an effective ASD pathway and unreasonable waiting times'.

At the initial inspection, there was no 0-4 years ASD diagnostic pathway. This is no longer the case. Following a successful pilot in December 2018, the local area launched an effective diagnostic pathway for the youngest children. This means that more children are starting nursery and school with their needs being understood and met. Moreover, families value the pre- and post-diagnosis support and training offered as part of the pathway. This helps parents better understand and support their children's needs.

The last inspection also found that the ASD diagnostic pathways for older children and young people were inconsistent. The local area carried out a comprehensive consultation with key stakeholders, including parents, to decide on a course of action to improve these pathways. Parents and professionals agreed that the best option was to continue to commission existing providers. This was because families preferred to maintain their established relationships with the professionals working for these providers. In order to mitigate inconsistencies, the local area developed and implemented a single autism integrated service specification. This service specification now ensures a more consistent approach. In addition, the establishment of the autism clinical network has helped the different multi-disciplinary teams to put this service specification into practice.

By March 2020, there was a significant reduction to the numbers of children and young people on the ASD diagnostic pathway waiting list. In October 2018, over 200 children and young people were waiting more than 12 weeks for their first assessment appointment. By March 2020, this had reduced to just two. Some parents shared positive views of the diagnostic assessment process with inspectors. However, other parents raised concerns about the time taken from the initial assessment until the final diagnosis. Inspectors found that the assessments sampled were carried out in a timely manner. The local area now provides helpful leaflets for families so that they are better informed about this assessment process and how long it may take.

There is considerable demand for additional pre- and post-diagnosis training and support from third-sector providers to help parents' come to terms with and manage children and young people's ASD needs. This demand, which is beyond the local area's offer, demonstrates that parents do not feel there is enough support for them pre- and post- diagnosis. While these well-regarded providers try to plug this gap in the local area's offer of support and training, there is no guarantee of the sustainability of this model. This is a worry.

The COVID-19 pandemic has had a considerable impact on ASD diagnostic assessment waiting times. Despite the local area's efforts to minimise the disruption to families, waiting lists have grown. However, these waiting times are nowhere near as long as they were in 2018. The local area has plans in place to resolve these issues. In the meantime, the investment in specialist ASD training for school staff means that more children and young people are getting appropriate support day to day.

The local area has made sufficient progress to improve this area of significant weakness.

The area has made sufficient progress in addressing both of the significant weaknesses identified at the initial inspection. Ofsted and CQC will not carry out any further revisit unless directed to do so by the Secretary of State.

Yours sincerely

Pippa Jackson Maitland
Her Majesty's Inspector

Ofsted	Care Quality Commission
Andrew Cook Regional Director	Victoria Watkins Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Pippa Jackson Maitland HMI Lead Inspector	Andrea Crosby-Josephs CQC Inspector

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

Department of Health
NHS England