

# SEND inspection report - Recommendations and Areas for Development

Number	Recommendation	Action	Owner
1	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.	Recommendation 1: briefing papers in place. Actions not substantiated yet	Caroline Tozzi
		Covered in SEND Strategic plan	Identified health leads: SALT Sally Kean CAMHS: Jane Taylor Neurodevelopmental pathways: Toby Silverman
2	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.	Recommendation 2: ICB and health provider SCFT	Caroline Tozzi
		Covered in Strategic SEND plan	Emma Smith Deputy Director SCFT ?
3	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.	Recommendation 3:	Claire Prince
		PWG 2: Children and young people who require statutory or specialist support receive timely, effective and consistent support	Karen Spencer
		EHCP response plan	Andrea Morgan
4	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.	Recommendation 4:	Claire Hayes/ Claire Prince
		Increase in Specialist school places	Graham Olway
		PWG 4 Lead; Alternative Provision	Charlotte Smith
		Wider Commissioning	Steve Humphries
5	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.	Recommendation 5: PWG 5: Transitions	Claire Hayes
			New lead required Karen Furse?
6	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.	Being progressed in PWG 2 Quality of plans: SENAT and Schools	Karen Spencer
		Quality of plans: EHCNA responses from health partners; Action plan in place	Lead is Kate Courtney
		Quality of plans: EHCNA response from social care partners; Action plan in place	Lead is Emma Bruton /Natalie McNeill
7	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.	Recommendation 3: PWG 2: Children and young people who require statutory or specialist support receive timely, effective and consistent support	Claire Prince Andrea Morgan Kate Courtney (PWG 2 rep for health)
		EHCP response plan	Claire Prince Karen Spencer
8	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.	PWG 6 to link to PWG 2 for this work	Rebecca Doody (lead for PWG 6) and WSPCF
9	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.	Health leads, as identified above in Recommendation 1	Jane Taylor (CAMHS) Sally Kean (SALT)
		Development plans in place – Needs to be checked with Caroline Tozzi	Caroline Tozzi
10	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.	Partner Working Group 3: Leaders have an accurate, shared understanding of the needs of children and young people and make the necessary improvements  We should expand the PWG 3 to develop specific actions to meet this.	Adrian Dyka (CWD)  Charlene Hornsey (Early Help)

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11	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.	Development plan for this? I agree we need a specific action from health Commissioning to address this	Caroline Tozzi (ICB) Commissioners
12	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.	Mental health in Schools project in place; this doesn't cover all children	Tanya Proctor Andrea Morgan
13	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.	PWG 2: Children and young people who require statutory or specialist support receive timely, effective and consistent support	Claire Prince
		Plan to improve the EHCP process so private therapies are not commissioned is not in place. PWG 1 progressing this with schools	PWG 1; Kathy Lockyear ?
14	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.	PWG 5 have a workstream to focus on this aspect of practice	Toby Silverman
15	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.	PWG 1 and PWG 3 (Commissioning of short breaks)	Rebecca Doody Michael Rhodes Kubiak
16	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.	PWG 5; Transitions	Peter Waters
			Paul Morrison
17	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.	PWG 4; Alternative Provision	Charlotte Smith
		Education other than at School (EOTAS)	Karen Furse