

Area SEND inspection of Oldham Local Area Partnership

Inspection dates: 26 to 30 June 2023

Dates of previous inspection: 2 to 6 October 2017

Inspection outcome

There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with special educational needs and/or disabilities (SEND), which the local area partnership must address urgently.

A monitoring inspection will be carried out within approximately 18 months. The next full reinspection will be within approximately 3 years.

As a result of this inspection, HMCI requires the local area partnership to prepare and submit a priority action plan (area SEND) to address the identified areas for priority action.

Information about the local area partnership

Oldham Metropolitan Borough Council and NHS Greater Manchester Integrated Care Board (ICB) are responsible for the planning and commissioning of services for children and young people with SEND in Oldham.

There have been some changes to the senior leadership of Oldham's SEND services since the previous inspection, including new appointments. In addition, the commissioning of health services changed across England in 2022. The responsibility for health services in Oldham passed from the Clinical Commissioning Group to a new Integrated Care System. On 1 July 2022, NHS Greater Manchester ICB became responsible for the commissioning of health services in Oldham.

The local authority commissions a range of services to support children and young people aged between 0 to 25, including commissioning a single provider for alternative provision. This provides education for children and young people, including those who cannot attend school due to social, emotional, mental health and medical needs, or for those who are at risk of or have been permanently excluded. The local authority also commissions other alternative provision for children and young people who require additional, specialist support.

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

Too many children and young people with SEND wait an unacceptable length of time to have their health needs accurately assessed and met in Oldham. This includes both children and young people who are receiving SEN support and those with education, health and care (EHC) plans. Leaders are aware of this but have not addressed these failures for some time. As a result, children's and young people's needs are not met as quickly and effectively as they should be.

Children and young people with SEND, and their families, wait too long to access some health services, such as speech and language therapy, community paediatrics and the neurodevelopmental pathways. These excessive waits result in children and young people not getting the help that they need for many years. However, this is not the picture across all services. Children, young people, and their families, with complex needs, and those with visual or hearing impairments, are offered strong, timely support.

Many children and young people with SEND are disadvantaged due to poor arrangements for transition at many points in their lives. Most noticeably, in their preparation for adulthood, but also from nursery schools to primary provision, from key stage 2 to 3 and from post-16 to post-18 provision. As young people approach adulthood, some health and social care services are delayed or abruptly stop. It is unclear how these children's and young people's needs will be met as an adult.

Children and young people with SEND at all stages of their education face unacceptable delays in having their speech and language needs identified. For example, some children with complex SEND in nursery do not have their speech and language needs assessed until the middle of their primary school education. Over half of the pupils admitted to the local authority pupil referral unit in key stage 3 require assessment for an EHC plan on arrival. This is because their needs have not been identified early enough.

There are examples of positive work to support children and young people with SEND. For instance, the emotionally based school avoidance initiative, which supports children and young people to attend school effectively. This initiative seeks to pick up on the signs of potential issues with attendance early and put preventative strategies in place. Also, a strategy to provide a safety net for young people aged 18 to 25 at risk of becoming not in education, employment or training. However, these strategies are new, and they are yet to make a real difference to children, young people and their families.

Overall, children and young people's educational outcomes are improving across early years, primary, secondary and further education. They are attending school more often and are less likely to be excluded. However, there is still more work to be done in this area, especially academic outcomes at key stage 4.

Children and young people are often positive about how their views and aspirations are reflected in their individual EHC plans. The local charity, POINT, hosts agencies such as the parent carer forum (PCF) and special educational needs and disabilities information advice and support services. They are highly valued by the parents and carers of children and young people with SEND, and schools and settings, for their advice, support, and guidance.

Children and young people who are placed in alternative provision (AP) typically have their needs met well. Local area leaders maintain effective oversight of these placements to help to ensure that they are suitable and safe.

Children and young people who live in residential special schools out of area are in appropriate placements. Social workers visit regularly to check on children's and young people's progress and oversee their care plan. Children and young people receive health care and education which meets their continuing needs. They are having positive experiences and making progress.

What is the area partnership doing that is effective?

- Local partnership leaders and parents and carers have co-produced a new and ambitious SEND and Inclusion strategy in collaboration with children and young people, education, health and social care partners. The strategy is well thought out and reflective of the current needs within Oldham. There are early signs that this approach has the potential to have a positive impact. However, much of this work is still in its infancy.
- The local area partnership works actively with Oldham PCF, whose members represent the families of children and young people with SEND. The PCF has strategic influence and is part of the SEND partnership board. This helps to join up services and keep children at the heart of leaders' plans.
- The children with disabilities and early help teams are committed to improving practice and developing strong links with partners. These teams take time to get to know their children, young people and families well. Early help services use links with statutory or mental health services to escalate children and young people appropriately. This helps to ensure that they receive the right service at the right time.
- Children with social, emotional and mental health needs benefit from a range of interventions. Initial assessments are prioritised according to risk and there is an appropriate offer to support children in crisis. Positive joint working between education, health and social care ensures that children's and young people's social, emotional and mental health needs are picked up and addressed quickly, for example the work to improve the support that children and young people receive about bereavement. Mental health support teams provide guidance to schools in Oldham and produce supportive action plans. Plans are in place to extend these teams to all schools in Oldham.
- The local area partnership commissions appropriate AP placements. This is discussed at a multi-agency panel that ensures adequate oversight of these arrangements.
- Children and young people with SEND who are looked after have their needs identified and met effectively. A dedicated speech and language therapist and additional time for educational psychology input within the virtual school team have been successful. This enhances the accuracy and timeliness of needs being met. As a result, these children's and young people's outcomes improve.
- Since the revisit in November 2019, there has been some effective work to improve aspects of the EHC plan process. Although leaders recognise that there is still more to do,

there have been improvements in the timeliness and quality of initial EHC plans. This is most noticeable in the parts of the plan that tell the story of the child, young person and their family. This helps children's and young people's wishes and feelings be visible and valued.

What does the area partnership need to do better?

- Local partnership leaders do not work together effectively in order to fully meet their statutory requirements for joint commissioning. The local partnership continues to be tied up in legacy commissioning arrangements. There has been a failure to address historical and increasing waits in services, which is impacting negatively on the lives of children and young people with SEND. The impact of this lack of strategic oversight in the provision and quality of some services has resulted in Oldham's children and young people with SEND not having their needs met as well as they should. For some children and young people, their needs have not been met for some time.
- Poor partnership working has been further compounded by the move to the wider Greater Manchester ICB and the centralisation of the data store. Local performance data on SEND health services is unavailable, and so limits the effectiveness in monitoring contract performance, and its impact on children and young people with SEND.
- The focus on commissioning services for children across some health provision has not been sufficient to ensure that children and young people are receiving timely access to provision. Children and young people are waiting too long to access neurodevelopmental pathways, and existing arrangements are complicated and duplicate provision. There is an over-reliance on commissioning individual case packages for young people aged between 16 to 18 years with neurodevelopmental or mental health needs. Inspectors were told that work was taking place to evaluate service redesign. However, inspectors found that this work was not at a sufficient stage of maturity. Consequently, long-standing delays in resolving historic commissioning arrangements continue to impact negatively on day-to-day services.
- Local area partners do not have a strong enough strategic oversight of their SEND priorities or of the actions being taken to bring about improvement. For example, leaders from across the partnership have been aware of issues with access to NHS speech and language therapy (SALT) provision for many years. This is having a far wider impact across local area partnership systems, such as the neurodevelopmental pathways, the EHC needs assessment process and access to support via the Dynamic Support Register. No analysis has been undertaken by the partnership in order to understand the impact for more than 1,800 children and young people who are waiting for approximately three years. This has a significant, negative impact on children's and young people's outcomes and well-being.
- Leaders across the partnership have not demonstrated a strong enough response in jointly sharing ownership of these issues. They have not demonstrated a commitment to working together to develop a shared approach to improving services and to holding each other to account for delivery. There is a range of provider-led capacity and demand business cases, and in the case of SALT, even a multi-agency service redesign. However, these have

never translated into strategic or operational delivery plans that improve the experiences of children and young people.

- Leaders across the local area partnership have not given sufficient thought to the transition arrangements for children and young people with SEND. For many young people approaching adulthood, services cease. For example, those young people who benefit from SALT input do not then meet the criteria for adult SALT services. There is a gap in transition arrangements for those young people in the child and adolescent mental health services post-15, and where treatment is required post-16. Many of these young people do not meet the criteria for adult mental health services. There is no service to transition young people who do not meet the threshold for adult social care, nor where autism is the primary diagnosis. Children in care are not allocated a personal assistant in the leaving care service until they are 17-and-a-half. In addition, planning for children who require specialist care provision into adulthood is not progressed in a timely way. This is too late. Oldham children and young people with SEND and their families are at risk of poor transition arrangements due to a lack of information, understanding and support.
- Despite improvements, there remains too much variability in the quality of EHC plans. Outcomes are not specific enough. Although annual reviews are timely, getting amended EHC plans back to children, young people and their families, and to schools and settings, is not. As a result, many plans do not represent children’s and young people’s current needs or the provision that they need.
- The contribution of some professionals to the EHC needs assessment process is poor. For example, SALT invariably do not contribute to EHC plans or annual reviews. There are significant concerns about the lack of content and advice from SALT where a clear need has been identified as part of the EHC assessment. Provision is sometimes vague and lacks specificity. Additionally, information from the local tertiary children’s hospital is not readily available to inform ongoing care. Practitioners across local education, health and social care are not always up to date with the most recent health care plans, and therefore are not informing EHC plans. At times, this has considerable impact on children’s and young people’s attendance at school.

Areas for priority action

Responsible body	Areas for priority action
Oldham Metropolitan Borough Council and NHS Greater Manchester ICB	Leaders at Oldham Metropolitan Borough Council and NHS Greater Manchester ICB should cooperate to urgently improve the shared strategic governance, oversight, support, challenge and planning to deliver effective strategies to meet the needs of children and young people with SEND in Oldham.

<p>NHS Greater Manchester ICB and Oldham Metropolitan Borough Council</p>	<p>Leaders at Oldham Metropolitan Borough Council and NHS Greater Manchester ICB, including commissioners and providers, should act urgently to identify and address the delays and gaps in service provision to meet the full range of needs of children and young people with SEND, aged 0 to 25, in Oldham. This includes speech and language provision, neurodevelopmental pathways and community paediatrics.</p>
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Areas for improvement

<p>Areas for improvement</p>
<p>Leaders across the partnership should improve transitions between children's and adults' services in health, education and social care, and improve their strategy in relation to preparing children and young people with SEND for adulthood from the earliest years.</p>
<p>Leaders across the partnership should embed and improve processes for the quality assurance of EHC plans and use this to further improve the quality and timeliness of outcomes and provision in new and existing EHC plans.</p>
<p>Leaders across the partnership should improve annual review processes so that the finalised review documentation is completed and returned in a timely manner.</p>

Local area partnership details

Local Authority	Integrated Care Board
Oldham Metropolitan Borough Council	NHS Greater Manchester ICB
Gerard Jones, Managing Director, Children and Young People Services	Mark Fisher, Chief Executive
www.oldham.gov.uk	www.gmintegratedcare.org.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 one of HMIs from social care and an Ofsted Inspector from education, a lead Children's Services Inspector from Care Quality Commission (CQC) and another Children's Services Inspector from the CQC.

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