



Department  
for Education

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12 July 2024

### **Feedback following the Second Progress Review of Kent's Improvement Plan (APP)**

Dear Sarah and Lee,

I am writing following the second Improvement Plan (APP) formal progress review meeting held in Maidstone, Kent on 29<sup>th</sup> April 2024, and our subsequent TEAMS meetings with parents and carers from Kent on 22<sup>nd</sup> May 2024. We thank you for your patience in awaiting this reply, which we were unable to send sooner due to the General Election pre-election period.

Thank you to you and your teams for both the paperwork that was submitted prior to the meeting and for the contributions during the meeting itself. I would like to give particular thanks to Christine McInnes for organising the additional meetings with parents and carers, to Bernie Hannon for representing Kent PACT, as well as to Graham Razey and all other school representatives who attended the review meeting. During the meeting, the local area demonstrated a collective determination to make sustainable improvements to SEND services and to the lives of children and young people with SEND. The evidence provided in advance alongside the additional information from partners demonstrated a range of actions being taken to accelerate improvement. We would like to thank colleagues for their work in ensuring that the evidence submitted prior to the review meeting was presented in a clear and easily understood format.

Your Improvement Plan (APP) includes the nine areas which were highlighted by Ofsted and CQC as areas of weakness in Kent's local area SEND revisit in September 2022. Our summary and feedback on the evidence you submitted is set out below.

#### **Area 1: A widely held concern of parents that the local area is not able, or in some cases not willing, to meet their children's needs.**

From the evidence submitted and the information shared at the review meeting, you report some progress in this area. There is evidence of engagement with a wider group of parents to drive improvement. There has been an increase in compliance of health

professionals against the SEND Training Assurance Framework. Partners are committed to improving communication with families. From the work of the Inclusion Champions, there is early evidence of growing levels of trust between families and schools.

Based on the evidence and information provided, it is the view of the Department and NHS England that you have demonstrated clear and sustained progress against action 1A4. This means we will reduce formal monitoring of this action.

For the next review meeting we will be particularly looking for evidence of:

- Evidence of increased parental satisfaction with the EHCP process.
- The impact of the SEND enquiries hub on parental engagement and SEND complaints relating to communications from KCC.
- Co-production across the local area partnership of the health offer for special schools.

### **Area 2: A variable quality of provision and commitment to inclusion in schools, and the lack of willingness of some schools to accommodate children and young people with SEND.**

From the evidence submitted and the information shared at the review meeting, it is evident that some actions within this area are starting to have their intended impact. You report that the inclusion champions are having an impact on the approach of schools to developing more inclusive practices, and there is evidence of growing confidence among parents and carers of mainstream schools accommodating children and young people's SEND needs. The co-production transition charter is in place and there is some evidence of its impact on systems.

Based on the evidence and information provided, it is the view of the Department and NHS England that you have demonstrated clear and sustained progress against actions 2B2, 2B3, 2D1 and 2D2. This means we will reduce formal monitoring of these actions.

For the next review meeting we will be particularly looking for evidence of:

- The plans that are in place to secure parental confidence of SEN support and the Core Standards offer within mainstream schools.
- An update on the Early Years review.

### **Area 3: That parents and carers have a limited role in reviewing and designing services for children and young people with SEND.**

From the evidence submitted and the information shared at the review meeting, we have noted an increased use of the voices of children and young people in reviewing and designing services. There is evidence of collaboration with Kent PACT, such as the collaborative work on the Short Breaks Programme. You have developed the Lived Experience Framework which aims to bridge the gap between policymaking and the lived experiences of children and young people with SEND and their families. You have created the Shadow Board and have provided evidence of feeding in the views from the Shadow Board to SIAB. You have initiated the discovery work with the Council for Disabled Children to refresh the Co-Production Charter, which aims to ensure that the voices and perspectives of stakeholders remain at the forefront of decision making. You have hosted and facilitated the VCSE (Voluntary Community and Social Enterprise) sector event on children and young people which enabled the SEND department and health professionals to come together to collaborate and share insights

on health-related initiatives, ensuring a holistic approach to supporting the wellbeing of children and young people with SEND.

Based on the evidence and information provided, it is the view of the Department and NHS England that you have demonstrated clear and sustained progress against actions 3A1, 3A3, 3B1, and 3B4. This means we will reduce formal monitoring of these actions.

For the next review meeting we will be particularly looking for evidence of:

- Engagement with a broader reach of parents, and their role in reviewing and designing services for children and young people with SEND.
- The impact of improved communication channels with parents such as Talk Tuesdays and the Enquires Hub.
- Feedback from parents on the re-designed letters.
- The continued use of the voice children and young people across the SEND system to improve services.
- An agreed and implemented Co-Production Charter.

#### **Area 4: An inability of current joint commissioning arrangements to address known gaps and eliminate longstanding weaknesses in the services for children and young people with SEND.**

From the evidence submitted and the information shared at the review meeting, we note that significant progress has been made in this area. You have drawn together a lived experience framework. You have provided evidence of implementing this work on the frontline, for example to support a child with autism. A communications strategy for mental health has been developed and signed off and you are re-procuring the emotional and wellbeing mental health offer for children and young people in Kent. Therapies is a priority for joint commissioning, and through the development and implementation of the iThrive framework, there is evidence of engagement sessions with children and young people to gather feedback which has supported the work. You have recently launched the self-harm guidance as part of the Thrive Framework. It is reassuring that the Neurodiversity work and the 'This is me' project to support early intervention, are no longer pilots and have been rolled out with additional funding. Governance of this area goes through the SEND Board, the LDA Governance structure and the joint CYP Programme Board as an integrated care system. There is consistency across the ICB in Kent and Medway on working together with Kent PACT and Medway PCF.

Based on the evidence and information provided, it is the view of the Department and NHS England that you have demonstrated clear and sustained progress against several actions in area 4. This means we will reduce formal monitoring of actions 4A1, 4B2, and 4C1. Going forwards, we will incorporate formal monitoring of action 4C2 into Area 7 and action 4C3 into Area 8, to simplify future monitoring arrangements. For the next review meeting we will particularly be looking for evidence of:

- The joint commissioning delivery plan.
- The Lived Experience Framework implementation plan.

#### **Area 5: Poor standards achieved, and progress made, by too many children and young people with SEND.**

From the evidence submitted and the information shared at the review meeting, we note that you have promoted Quality First Teaching and Assessment and further

embedded mainstream Core Standards across mainstream schools. You have implemented the Countywide Approach to Inclusive Education (CATIE) and have delivered the Inclusion Leadership Programme with evidence of positive feedback from schools that have participated. You have delivered the EFFective Kent project, though the evaluation for this is yet to be completed. We heard positive feedback from school leaders about the interactions they have with the local authority and the level of support that is provided.

Based on the evidence and information provided, it is the view of the Department and NHS England that you have demonstrated clear and sustained progress against actions 5A3, 5B2 and 5E2. This means we will reduce formal monitoring of these actions.

For the next review meeting we will particularly be looking for evidence of:

- The impact of the EFFective Kent project.
- The impact of the Nutureuk contract.
- The impact of CATIE on schools.
- An update on the Localities Model.

**Area 6: The inconsistent quality of the EHC process; a lack of up-to-date assessments and limited contributions from health and care professionals; and poor processes to check and review the quality of EHC plans.**

From the evidence submitted and the information shared at the review meeting, we note there have been improvements in systems and processes such as the review of the timescales and workload of EHCNAs. The SEN service is still adapting to the new ways of working, but we heard positive feedback from parent and carers and children and young people, particularly from those who have had an EHCP issued within the last 6 months. You have updated the processes for updating EHCPs following an Annual Review (AR), particularly at phase-transfer. You have developed a multi-disciplinary training for health practitioners. There is a designated key worker in post as part of the Dynamic Support Service. You have established supported internships and provided evidence of the positive impact of this on the lived experience of young people. There has been an improvement in clearing the backlog of EHCPs across 30 and 52 weeks, though there is still some work to do meet the 20-week statutory deadline of EHCPs.

Based on the evidence and information provided, it is the view of the Department and NHS England that you have demonstrated clear and sustained progress against actions 6A1, 6C2, 6F2, 6F3, 6G1 and 6H2. This means we will reduce formal monitoring of these actions.

For the next review meeting we will be looking for evidence of:

- A robust quality assurance process being in place with the assessment team, the casework team and health, and evidence of how this has impacted the work of the assessment and casework teams.
- Evidence of an improvement in the quality of EHCPs.
- Improved communications with parents and carers.
- The impact of the work with schools to improve the AR process.
- Increased health attendance at AR meetings and contribution to the EHCP process.

**Area 7: Weak governance of SEND arrangements across the EHC system at strategic and operational level and an absence of robust action plans to address known weaknesses.**

From the evidence submitted and the information shared at the review meeting, we note that work has been completed across the partnership to update the vision statement. The Transformation Programme has been published as part of the Local Offer. SIAB and PDG are established governance forums with clear Terms of Reference and membership. Partnership representation has been overhauled within new governance arrangements and a SEND Health Network Meeting has been created to provide oversight of health commissioning.

Based on the evidence and information provided, it is the view of the Department and NHS England that you have demonstrated clear and sustained progress against actions 7A1, 7A2, 7A3, 7A4, 7B1, 7B3, 7C1, 7D1, 7D2, 7D3, 7E1, 7F1 and 7F2. This means we will reduce formal monitoring of these actions.

For the next review meeting we will particularly be looking for evidence of:

- An updated and published co-produced SEND Strategy.
- That the use of the voice of children and young people is embedded across all relevant governance arrangements.
- An updated risk register.

**Area 8: Unacceptable waiting times for children and young people to be seen by some health services, particularly CAMHS, tier two services, SALT, the wheelchair service and ASD and ADHD assessment and review.**

From the evidence submitted and the information shared we note that considerable progress has been made in this area. The evidence provided has indicated that some actions have now been embedded and positive impact has been seen. Many projects have been initiated to meet the needs of children and young people with speech, language and communication needs and neurodiversity such as the 'This is me' pilot, the balanced system framework, and Little Talkers. You have developed the communications strategy and engagement plan for emotional wellbeing and mental health, which has resulted in communications improvement across 5 NHS providers for families waiting for ND diagnostic assessment. You have reverted online assessments to face-to-face appointments, with no complaints received. You have improved waiting times for specialist health equipment to under 18 weeks and have provided evidence of the positive impact of this on children and young people and their families.

Based on the evidence and information provided, it is the view of the Department and NHS England that you have demonstrated clear and sustained progress against actions 8A5, 8E1, and 8F1. This means we will reduce formal monitoring of these actions.

For the next review meeting we will particularly be looking for evidence of:

- The uptake and impact of online school health assessments.
- The progress and impact of ND alternative screening.
- The progress and impact of learning disability health checks.
- ND waiting times, and the impact of initiatives to support CYP and families whilst waiting for an assessment. This is inclusive of CYP waiting for an ADHD assessment.
- The access to Educational Psychology services.

- SLT waiting times and the impact of initiatives to support CYP and families whilst waiting for an assessment.

**Area 9: A lack of effective systems to review and improve outcomes for those children and young people whose progress to date has been limited by weaknesses in provision.**

From the evidence submitted and the information shared at the review meeting you report that progress has been made in this area. There is increased engagement with children and young people with SEND, particularly in capturing their voices and views. There is improved school attendance data for children and young people with SEND and the tuition offer for EOTAS pupils is more secure.

For the next review meeting we will particularly be looking for evidence of:

- Qualitative and quantitative data on academic achievements

In summary, it is evident that the local area has made further progress in all nine areas of the Improvement Plan (APP) with the most progress in respect of area 4 (*“inability of current joint commissioning arrangements to address known gaps and eliminate longstanding weaknesses in the services for children and young people with SEND”*). It is the view of DfE and NHSE that we no longer need to formally monitor this area, with action 4C2 to be incorporated into Area 7 and action 4C3 to be incorporated into Area 8. We will be in touch to arrange a meeting to discuss how to incorporate remaining actions in other areas, to simplify future formal monitoring.

I know that this positive result is due to a great deal of commitment and hard work across the local area partnership to address the areas of weakness highlighted in the SEND revisit report by Ofsted and CQC in November 2022. I would like to thank you for everything you are doing to support some of the most vulnerable children and young people in your local area and encourage you to continue with these efforts and build on your successes across all remaining areas of your Improvement Plan (APP).

However, as you are aware there is still progress to be made, particularly in demonstrating the impact of some of the remaining actions on the lives of children and young people with SEND and their families. The voice of young people is an emerging piece of work, and it is important this aspect of the Improvement Plan is an area of focus, as well as continuing to improve communication with, and thereby the confidence of, a wider group of parents.

For the next review meeting, please report any relevant updates on actions that have been reduced for formal monitoring, along with an update on all remaining actions in the Improvement Plan (APP). We will aim to arrange the third Improvement Plan (APP) review meeting for December 2024.

Your Improvement Notice states that *‘the Department will undertake a review of progress against the Improvement Plan in April 2024 to determine whether progress has been sufficient’*. Once a Ministerial decision has been made regarding the status of Kent’s Improvement Notice, we will communicate this decision to you.

I am copying this letter to Amanda Beer, Paul Bentley, Cllr Roger Gough, Cllr Rory Love OBE, Christine McInnes, Abigail Kitt as well as Liz Flaherty (SEND Adviser), David Keaveney-Sheath and Adeline Gibbs (NHS England).

Yours sincerely,

*Catherine*

**Catherine Norrie**

Head of Vulnerable Children's Unit,  
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