

Rachael Wardell, Executive Director for Children, Families and Lifelong Learning
Karen McDowell, Chief Executive for the Surrey Heartlands ICS and Integrated Care Board (ICB)

24 April 2025

RE: 6-MONTHLY PROGRESS REVIEW AGAINST YOUR STRATEGIC PLAN

Dear Colleagues,

Thank you for meeting with the Department for Education (DfE) SEND and NHS England officials on 23 January 2025; to review the progress you have made against your strategic plan over the last 6-months.

The purpose of this joint letter is to provide a summary of the discussions held, documenting specific feedback from participants on the Areas for Improvement identified in your last Area SEND inspection, based on evidence from the 6 months leading up to and during the stocktake meeting.

The evidence you submitted and presented for the stocktake showed progress in implementing actions to improve the Local Area's SEND services. Over the past 12 months, the Local Area Partnership's improvement efforts have evolved. For example, progress has been made in improving SEND provision through the development of a strategic evaluation framework, enhanced stakeholder collaboration, and focused training to strengthen Education, Health and Care Plan (EHCP) quality. Key developments include the identification of 18 partnership projects, the introduction of performance indicators and a Data Dashboard, and the establishment of initiatives such as the Dynamic Purchasing System and AP Gateway. A revised governance structure, supported by project boards, has also been implemented to provide clearer oversight and strengthen decision-making across the partnership.

These are positive actions that demonstrate a commitment to improvement. However, there are areas for improvement that require continued focus, including addressing communication gaps between the local authority, schools, and families, as well as the need for broader evaluation to ensure long-term sustainability and inclusivity. Monitoring the impact of strategies and action plans and aligning these efforts with a comprehensive communications strategy will be essential moving forward. Providing additional clarity on the application of evaluation frameworks, multi-agency collaboration, and training integration across sectors would further support these initiatives.

We understand that embedding these actions and realising their full impact will take time. However, the apparent disconnect in communication may be contributing to the concerns that have been raised to the Department by schools and parents. Addressing this gap will be critical to ensuring all stakeholders feel informed and engaged as progress continues.

Recommendation 1: The partnership board should further develop their strategic evaluation of all partnership projects and interventions in order to improve their ability to monitor at a systemic level the impact of these projects and interventions and their outcomes on children and young people.

Following your last review, you have taken actions to establish key performance indicators across the partnership and to implement a Data Dashboard for tracking and evaluating operational delivery. An agreed evaluation framework for projects and services has been introduced, providing a structured approach to assessing impact and outcomes, and leading to the identification of 18 SEND partnership projects focused on continuous improvement and service delivery. Moving forward, further details on how this evaluation framework will be applied to larger initiatives, such as the two-year transformation plan, would be useful.

Additional clarification regarding the involvement of health partners in these projects and the collaborative evaluation approach within the partnership would be beneficial. At the next review we would like to see the findings from the evaluation work undertaken to date. It would also be helpful to understand how the evaluation framework will be integrated into Business as Usual (BAU) once the 18 projects are completed.

Recommendation 2: Leaders across the partnership should improve communications from SEN case officers and practitioners to parents and carers so that all stakeholders are supported to understand the system and decision-making and feel fully involved in the journey with their child or young person.

Efforts have been made to progress work to improve co-production, communication and working practice protocols across education, health, and social care, particularly in relation to the areas for improvement identified in Ofsted and CQC's report. These developments include:

- Relational practice training embedded across Education and Lifelong Learning.
- Additional Needs & Disabilities (AND) showcase events continue to provide community support, with positive feedback.
- Improving the Local Offer based on user feedback.
- Task and Finish Groups reviewing multi-agency collaboration.
- Two working groups established to ensure consistent service delivery.
- A new Participation Officer to engage seldom-heard communities, strengthening partnerships and co-production.
- Co-producing the Guiding Principles of Relational Practice for families, partners, and young people.
- Revising induction and supervision models, incorporating communication, customer service, and relational practice by Spring 2025.

We acknowledge that embedding these changes will take time for families interacting with the SEND system. Representatives from the Parent Carer Forum (PCF) and headteachers on your Surrey Additional Needs and Disabilities Partnership Board have expressed support for the ongoing initiatives and improvements since the inspection. You shared that increased co-production and feedback from surveys have led to more informed decision-making, improving services, and stronger collaboration between families, professionals, and partners.

To ensure continuous improvement in communication practices, it is important to evaluate the effectiveness of training programs and their practical application. The local area should consider how attendance at training/implementation of communication protocols has supported communications from SEN case officers and practitioners to parents and carers. For example, in addition to recording the number of officers who have completed training, how will the evaluation framework assess its effect on officer communications? Additionally, it seems the training is currently limited to local authority staff; clarification on whether it is available to health practitioners would be beneficial.

Recommendation 3: Leaders across health, social care and education should ensure that improvements continue in line with their recovery plan in respect of: reducing waiting times for health assessments; increasing timeliness and quality of needs assessments; and increasing timeliness and quality of EHCPs and annual reviews.

There has been additional investment in training to effectively address specific weaknesses in EHCP quality linked to health and social care sections. This has led to process improvements, including enhanced social care assessment decisions, quality assurance, and panel review processes. Actions taken include:

- Statutory advice training for Family Support Workers, Early Help staff, and Social Workers.
- SEND & Social Care training on legal frameworks, safeguarding and joint working with increased auditing, coaching, and feedback to ensure training is embedded and quality improves.
- DCO leading on quality assurance work and training for health professionals.
- Courageous Conversation with SESLIP to bring Education, Health, and Care partners together for best practice, consistent measures, and system-wide improvements.

We acknowledge the progress reflected in the EHC data; however, further clarity is needed regarding the sample size and frequency of plans undergoing the quality assurance process. Additional details on this process, as well as an overview of the Health and Social Care quality assurance approach and its application at both the operational and multi-agency levels, would be helpful.

The recovery plan for improving the timeliness of new EHCPs appears to be progressing, with a reduction in the number of EHCPs above 20 weeks. The local area acknowledges there is more work to do on the quality of plans and has committed to improvement. It is essential for the local area to clearly communicate this work to school leaders.

The waiting times for health services (Autism and ADHD (ND) assessments, Speech and Language therapy, Occupational therapy, Physiotherapy and Developmental Paediatrics)

continue to fluctuate. The data dashboard indicates progress has been made in ND assessments and Occupational therapy, but the number of children and young people waiting over 18 weeks has increased for the other pathways.

We heard that the Children's Community health services have been reprocured with the service due to commence in April 2025. There is a focus on recruitment during the mobilisation period. The ND data does not provide clarity on how many children and young people are waiting for respective Autism and ADHD assessments nor how long each wait is. It will be helpful to understand the position of the waiting times in the data dashboard within the next review and to receive an update of the newly launched Children's Community health services.

Recommendation 4: Leaders in education should continue to review the breadth and offer of alternative provision in order to inform commissioning so that alternative provision meets children and young people's needs and improves their outcomes.

As highlighted in stocktake meeting, you have undertaken a number of actions to address this area of improvement, including:

- Introduction of an Alternative Provision Dynamic Purchasing System (AP DPS) to enhance alternative provision quality and variety.
- Implementation of an Alternative Provision (AP) Gateway, with round 3 commissioning expected in summer 2025 to expand services.
- Enhanced AP oversight through a DPS portal for termly attendance monitoring, and a new form summarising provider activities and performance, ensuring high standards and accountability.
- Review of findings of all children receiving under 10 hours of education.

We recognise that the local authority is in the early stages of developing the DPS and the AP Gateway. The DPS initiative aims to enhance service quality by engaging diverse providers, setting higher standards, offering tailored support, and ensuring accountability for consistent service delivery. Going forward, it would be helpful to receive progress reports and insights into the impact of these initiatives.

Feedback from the Headteacher Focus Group

The South East Vulnerable Children's Unit held a focus group meeting on 3 February with Surrey Headteachers across a variety of school settings, to hear their views directly on Surrey's SEND services and improvement journey. Headteachers raised the following concerns:

- A lack of local authority accountability.
- Poor performance across the service.
- Limited understanding of the real challenges faced by schools and parents/carers.
- Concerns over EHCP quality.
- Declining communication across services; and
- The loss of trust in Surrey County Council by schools and parents.

As discussed in meetings with the local area and as detailed above, it is important that the local

area now focuses on improving communication with parents and schools, to ensure that progress is being articulated and understood, and that schools and parents feel their voices are being heard. At the next review, we would like to see an update on a co-produced communications plan with schools and families.

Your next review to assess further progress against your strategic plan will take place in June 2025. In addition to the above, at that meeting, we would like to receive an update on:

- **The Participation Officer's work and impact:**
 - Improvements in communication and engagement with seldom-heard communities, including actions taken to involve them in decision-making and measurable outcomes of increased participation.
- **Feedback on the equitability of reporting across the partnership:**
 - Ensuring balanced representation at the SEND Strategic Board, including the role of health partners, the integration of health into discussions, and addressing reporting gaps to strengthen partnership collaboration.
- **Scrutiny and accountability at the board level:**
 - Ensuring sufficient scrutiny and accountability at the board level, including how issues like waiting times are addressed, the questions asked to hold partners to account, and the mechanisms for escalation and resolution.

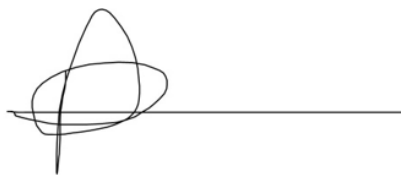
In the meantime, your independent SEND Advisor, NHS England Advisor, and your DfE Case Lead will continue to provide you with support and challenge. If you have any questions or need any further support, please contact either party in the first instance.

We are copying this letter to Julia Katherine (Director for Education and Lifelong Learning), Sophie Butt (Assistant Director for Additional Needs and Disabilities Transformation), Clare Stone (Director of Multi-Professional Leadership and Chief Nurse), Louise Needham (SEND Designated Clinical Officer), Harriet Derrett-Smith (Associate Director – Children's Commissioning), Ali Woodiwiss (Head of Transformation for Frimley ICB), Suzanne Smith (Director of Commissioning for Transformation), Lorraine Mulroney (National Specialist Advisor - SEND, NHS England), Adeline Gibbs (Regional SEND Advisor, NHS England South East), Brian Gale (Independent SEND Advisor), Katie Moore (Regional Lead for SEND Improvement) and Indira Ramraj (DfE Case Lead).

Yours sincerely,



Catherine Norrie
Head of South East
Vulnerable Children's Unit,
Department for Education



David Keaveney-Sheath
Clinical and Quality Improvement Lead
NHS England
NHSE – South East