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Ann Murray, Chief Nurse, Bedfordshire, Luton and Milton Keynes Health Partnership Board
Sabia Shah, Local Area Nominated Officer, Central Bedfordshire

Dear Ms Smedmor and Ms Murray

Joint area SEND revisit in Central Bedfordshire

Between 4 and 6 July 2022, Ofsted and the Care Quality Commission (CQC) revisited the area of Central Bedfordshire to decide whether sufficient progress has been made in addressing each of the areas of significant weakness detailed in the inspection report letter published on 12 February 2020.

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 area's practice. HMCI determined that the local authority and the area's clinical commissioning group (CCG) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 24 September 2020.

The area has made sufficient progress in addressing three of the six significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing three significant weaknesses. 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.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, and local authority and National Health Service (NHS) officers. Inspectors looked at a range of information about the performance of the area in addressing the six significant weaknesses identified at the initial inspection, including the area's improvement plans and self-evaluation.

In reaching their judgements, inspectors took account of the impact of the COVID-19 pandemic on SEND arrangements in the area. Inspectors considered a range of information about the impact of the pandemic and explored how the area's plans and actions had been adapted as a result.

Main findings

- At the initial inspection, inspectors found the following:

Existing education, health and care (EHC) plans are not of sufficient quality to ensure that the needs of children and young people are identified and met. Despite very recent improvements, staffing capacity has hampered the area's ability to undertake timely and meaningful annual reviews of EHC plans. The system to prioritise the most urgent reviews is not fit for purpose. As a result, too many EHC plans do not provide a multi-agency assessment of children's and young people's range of needs.

Area leaders, since September 2021, have started to address this weakness with candour and greater rigour. However, they are frank in the acknowledgement that, despite some recent improvements, progress in this area of the written statement of action has been too slow.

After the inspection of 2019, leaders invested in an external audit to review all EHC plans. Leaders acted quickly to improve the very worst plans found. However, despite deciding to use the annual review process to improve the remaining large majority of EHC plans, leaders did not ensure that there was sufficient capacity to deliver on this action. As a result, leaders have not addressed the weaknesses in EHC plans in a meaningful or timely way.

Issues in the timeliness and effectiveness of annual reviews persist. Too often, contributions to annual reviews from health and social care professionals are either not requested or are not received. A significant number of annual reviews still do not take place within 12 months of the previous review or the issuing of a new EHC plan. Delays in issuing amended plans following reviews, or failure to issue an amended plan, are an ongoing source of frustration for children and young people and their families.

Leaders since September 2021 have identified these shortcomings. They have acted to increase the area's capacity to produce better quality EHC plans and annual reviews. For example, the appointment of the SEND advisory teachers

(SENDATS) in September 2021 is increasing opportunities for professionals to monitor and contribute to the annual review process. The role of the SENDATS in supporting the annual review process and evaluating how effectively the provision in EHC plans is implemented is seen as a positive development by special educational needs coordinators (SENCOs) and parents and carers.

Leaders have acted to ensure that there is high-quality training across education, health and care professionals. This is improving professionals' understanding about statutory timescales, contributions to EHC plans, and how to support the annual review process. Some of the more recent annual reviews are of a very high quality. However, this is still not a commonplace experience for children, young people and their families.

New area leaders have a good understanding of the extensive work that is still required to address this backlog of poor-quality EHC plans.

The area has not made sufficient progress to improve this area of weakness.

- At the initial inspection, inspectors found the following:

Leaders do not have sufficient oversight of the quality of new EHC plans. Joint quality assurance processes are insufficient and underdeveloped. This significant weakness is hindering the area leaders' ability to know how well they are identifying, assessing and meeting children's and young people's needs.

Leaders' actions to address this area of weakness meaningfully are very recent. Although now taking steps in the right direction, leaders' actions have yet to impact positively on the experience of children, young people and their families.

Despite a significant increase in the size of the statutory assessment team, the large majority of new plans are still not being issued within the 20-week timescale. Increased requests for EHC needs assessments, staffing shortages in some services and long waiting times to access some services have impacted negatively on the number of EHC plans issued within statutory timescales. Leaders' actions to address these issues are very recent and have not had time to make a noticeable difference.

Area leaders' quality assurance framework was finalised in September 2021 and started to be implemented throughout the autumn term of 2021. Systems for monitoring the quality of contributions to new plans from health and social care have only recently been established. Leaders have provided extensive training for staff to support them in producing effective contributions to EHC plans. However, leaders recognise that the multi-agency quality assurance process is not fully developed. Learning, challenge and improvement across all agencies is not sufficiently embedded and joined up to ensure that EHC plans are of high quality.

As a result of these ongoing issues, the health and social care provision in new plans often lack detail. Educational provision in many plans is not specific, quantified or linked precisely to the identified special educational needs of the child or young person. Outcomes for children and young people are still too often broad and not related to their aspirations.

Some parents and carers who have recently been through the EHC needs assessment process are positive about the experience and how the resulting plan meets the needs of their child or young person. This is not yet being widely felt. Many parents feel they still have to fight to get the provision that their children and young people need included in their EHC plans. The lack of timeliness is also a cause of parental dissatisfaction.

The recently appointed assistant director for SEND has quickly recognised the need to broaden the scope of quality assurance. She knows that leaders do not have sufficient assurance that improvements are being made and the right priorities for improvement are being identified. She has also identified changes needed to increase the rigour of the quality assurance process.

The area has not made sufficient progress to improve this area of weakness.

- At the initial inspection, inspectors found the following:

Area leaders in education, health and care do not have a shared understanding of the outcomes they want for children and young people with SEND. In addition, leaders do not know enough about the outcomes, especially for those on part-time timetables and those in out-of-area provision. As a result, intended outcomes are not understood, specific enough or evaluated well enough. This impacts negatively on the leaders' ability to jointly commission services to meet children's and young people's needs and improve outcomes.

Leaders have only recently agreed the outcomes they want for children and young people with SEND and identified the performance measures and information that will enable them to evaluate how well these outcomes are met. Area leaders have not had a full strategic overview of the outcomes and needs across all services for children and young people with SEND, until recently.

Leaders completed a joint strategic needs assessment (JSNA) in September 2021. They have used the JSNA to identify and commission some provision. For example, leaders are increasing the number of places available for children and young people in special schools and additionally resourced provisions. Leaders have also increased the number of hours of short breaks services available. They have developed a neurodevelopmental disorder (NDD) assessment pathway to provide early intervention and support for children and young people with autism spectrum disorder, attention deficit hyperactivity disorder and learning disabilities.

However, the impact of these services and provision is not being widely felt by children and young people with SEND and their families.

Leaders have a better understanding of the extent of the use of part-time timetables for children and young people with SEND. While additional monitoring and increased challenge to schools have reduced the number of children and young people on part-time timetables, leaders know there are still schools that do not follow the local authority's expectations about the use of part-time timetables. A small proportion of children and young people with SEND access part-time provision for long periods. They miss out on full-time education that meets their needs and helps them achieve well. Leaders know that parents and carers need increased means, other than through SENDATS and EHC plan reviews, to raise concerns about the inappropriate use of part-time timetables. Leaders have plans in place to address this.

Leaders check on the quality of educational provision for children and young people with SEND in Central Bedfordshire and for those placed out of area. Information is shared between partners in social care and education for children and young people in out-of-area placements. However, systems to enable sharing of health information are still being developed. Backlogs and the lack of timeliness in completing annual reviews for children and young people in receipt of an EHC plan are still being addressed. These issues mean leaders' ability to evaluate the intended outcomes for children and young people with SEND and inform joint commissioning of services are still limited.

The area has not made sufficient progress to improve this area of weakness.

- At the initial inspection, inspectors found the following:

The area's SEND strategy is not clear. Too many local partners, professionals and officers do not understand the area's strategy for children and young people with SEND. Staff turnover and weak communication have meant that the urgent drive since 2018 has not been understood by all. This is leading to poor communication with professionals and families about what is on offer.

Area leaders have constructed a well-thought-out SEND strategy. They have established multi-agency structures for strategic oversight and operational delivery of the SEND strategy. Leaders and staff feel there has been a sea change in the culture of joint working and openness to respond positively to challenge that has been evident from the summer of 2021. Recently appointed leaders in the local authority and leaders of the newly-established Bedfordshire, Luton and Milton Keynes Health Partnership Board have seized the opportunity to build on this and accelerate the pace of change. Area leaders and elected members are genuine in their recognition of the legitimate concerns of children and young people with SEND and their families.

Leaders are determined to resolve the long-standing difficulties across the area. They have engaged in a well-considered process of co-production (a way of working where children, families and those that provide the services work together to create a decision or a service that works for them all) to develop their SEND strategy. Leaders have undertaken a public consultation to ensure that the strategy, which is due for launch in October 2022, reflects local priorities and is understood across the partnership.

There is a clear commitment to ensuring that the right staff are in place to support implementation and monitoring of the SEND strategy. This includes jointly funded posts for engagement officers. Increased numbers in the statutory SEND team, SENDATs and recent appointments, such as an assistant director for SEND in the local authority, have increased capacity at all levels to support the implementation of the SEND strategy. Training has been provided across health and social care to ensure that SEND is better understood by professionals and that improving provision and services for children and young people with SEND are seen as priorities for, and responsibility of, all partners.

Leaders know that many parents and carers lack confidence in the current support for children and young people with SEND. Leaders understand that increasing the pace of improvement is essential if they are to regain the trust of many families in Central Bedfordshire and work with them effectively.

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

- At the initial inspection, inspectors found the following:

Co-production is not well informed by the views of children, young people and their families. Too often, professionals do not seek the views of a wide group of families. The views and needs of some children and young people are not well represented, such as the families from minority ethnic groups.

There is an increasingly strong commitment to co-production, which has grown considerably over the last 12 months. An agreed co-production charter is in place across the partnership. Leaders have ensured that staff and professionals across the partnership have had training so that there is a greater shared understanding of what is meant by co-production.

The parent carer forum, SNAP PCF, has widened its reach since the inspection in 2019. Its membership is more representative of the area's demographics. SNAP PCF champions the voices of families and children and young people with SEND, and is ensuring that leaders listen to and respond to what they hear. Area leaders have increased opportunities to gather the views of families, hosting events at venues that they know are used by previously less well represented groups, such as families in the Gypsy, Roma and Traveller communities. Several significant strategies and services, such as the redesign of the speech, language and

communication service, and a position statement and training package for school staff on pathological demand avoidance, have been co-produced.

Children and young people have been involved in a number of co-produced projects, including the new local offer website. Children and young people have helped to write a 'ten top tips' document that provides guidance for professionals in how to work with children and young people with SEND. A group of children and young people have contributed to the design of all aspects of an in-patient facility for children and young people with acute mental health needs. Children and young people are also involved in a number of aspects of service delivery and improvement in the child and adolescent mental health service (CAMHS). Other services are planning to adopt CAMHS' model of co-production.

Area leaders are committed to increasing opportunities for co-production further and have recently appointed a co-production and engagement officer to help with this.

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

- At the initial inspection, inspectors found the following:

The local offer is not effective. Although there has been significant work to improve the local offer, it does not take account of the current aspirations and anxieties of children, young people and their families. This weakness is especially the case for young people as they move into adulthood. Local partners are not proactive in promoting the co-production of the local offer. Too many families do not know that the local offer exists, and do not know where to get help when they need it.

Area leaders have invested time and resources into redeveloping a local offer that has been co-produced with children and young people with SEND and their parents and carers. The local offer is now more reflective of the aspirations and interests of children and young people with SEND. For example, a new driving course specifically for young people with SEND, an increase in the availability of short breaks and greater highlighting of leisure activities available are now offered as a result of this work.

There is greater knowledge of the local offer among parents and carers and professionals. It is increasingly used by professionals in health, social care and education to signpost families and children and young people to available services. A local offer officer works to ensure that the local offer website is a resource that can be easily and quickly updated.

Leaders' analysis of access to the local offer and feedback from families, children and young people and professionals are being used to identify gaps in services and make the local offer more responsive to the needs of children and young people with SEND and their families. Area leaders recognise that this work needs to continue because there are still families who do not know what the local offer

is and how it can help them, or do not have some services they need in their locality.

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

The area has made sufficient progress in addressing three of the six significant weaknesses identified at the initial inspection. As not all the significant weaknesses have improved, it is for DfE and NHS England to determine the next steps. Ofsted and CQC will not carry out any further revisit unless directed to do so by the Secretary of State.

Yours sincerely

Paul Wilson
Her Majesty’s Inspector

Ofsted	Care Quality Commission
Mike Sheridan Regional Director	Dr Sean O’Kelly BSc MB chB MSc DCH FRCA Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services
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cc: Department for Education
 Clinical commissioning group
 Director of Public Health for the area
 Department of Health
 NHS England