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Nicky Poulain, Luton Clinical Commissioning Group, Chief Operating Officer
Tabby Adrees, Local Area Nominated Officer

Dear Ms Lewis

Joint local area SEND inspection in Luton

Between 3 and 7 December 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Luton to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including an Ofsted Inspector and a Children's Services Inspector from the CQC.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, local authority advisers and National Health Service officers. Inspectors visited a range of providers and spoke to leaders, staff and those responsible for governance about how they were implementing the disability and special educational needs reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. They met with leaders from the local area for health, social care and education. Inspectors reviewed performance information, and evidence about the local offer and joint commissioning.

As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action is required because of significant areas of weakness in the local area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group are jointly responsible for submitting the written statement to Ofsted.

This letter outlines our findings from the inspection, including some areas of strengths and areas for further improvement.

Main findings

- The implementation of the reforms has been too slow. Leaders are not fully meeting their statutory duties under the Children and Families Act 2014 for children and young people with SEND. Leaders in both Luton local authority and Luton Clinical Commissioning Group (CCG) have faced wide-ranging challenges in the recent years. While teams have been working creatively and diligently within these constraints, collectively they have not driven forward the urgent priorities they acknowledge exist in the provision.
- There are chronic shortages in a range of health services. Professionals and families in Luton are left frustrated by long waiting times and slow identification of children and young people's needs. For many families, even once they have a diagnosis for their children, there is often little support and guidance available to them about how to meet their children's needs.
- There is no designated medical or clinical officer (DMO/DCO) actively in post. The provisional arrangements for the interim period fail to ensure that basic strategic and operational duties are being undertaken. This is drastically hampering the CCG's ability to have oversight, awareness and assurance about how health services are meeting the needs of children and young people.
- Joint commissioning of services is weak. Leaders are not able to identify joint priorities for commissioning. Information systems do not allow different agencies and services to share information in a timely way or to check on the well-being, safety and quality of the experience of children and young people quickly enough.
- There is a shortage of meaningful information about the outcomes for the health, education and care for children and young people in the local area. The lack of information is most apparent for young people aged 16 to 25 years, those in part-time provision, those in out-of-borough provisions and for those in independent settings.
- Of the selection sampled, there was very little meaningful, accurate and updated information related to social care and health outcomes in the education, health and care (EHC) plans. Too many of the plans are of weaker quality.
- The local area has not had the staffing capacity to undertake annual reviews of EHC plans within statutory timescales. This hinders leaders' ability to evaluate whether they are meeting children and young people's needs well. It also hampers their ability to identify and map priorities for improvement between the services.
- The co-production of EHC plans and services with children and young people, and their families, is too limited in its scope and breadth.

- The local offer website is not effective in signposting those in need of guidance about what is on offer in Luton. Health service contribution to the local offer has been sparse. Many families are unaware of the entitlements and opportunities that should be available to their children. This leaves children, young people and their families isolated and anxious about the future.
- The local area's special educational needs and disabilities information, advice and support service (SENDIASS) is not meeting its obligations as set out in the code of practice. The service is well thought of by families who use it; they value the diligent work of individual staff. However, leaders know that it does not meet the national minimum quality standards. The service does not maintain the 'arm's length' nature that it should, as set out in statutory guidance.
- Since her arrival a year ago, the Corporate Director of People (CDP) has been tenacious in raising awareness and resolving the underlying issues that face the local area. She has been unequivocal about the failings between the services. The CDP and the leaders in the CCG have a broad and accurate understanding about the weaknesses in the local area's provision. Under the CDP's scrutiny, there has been a transparent review and reorganisation of the governance and strategic leadership of the reforms between the local authority and the CCG. They now have a clearer vision about governance and accountability between the services.
- There is a continued commitment and evident diligence among the individuals and teams across schools, health services, the local authority and social care teams, to do the best that they can with limited capacity. These highly competent individuals do not deviate from their core purpose to get things right. Consequently, there are some children and young people who are receiving good-quality support and provision, and are developing into positive role models and citizens in Luton's community.
- The Flying Start children's centres are very well thought of by professionals and families alike. They provide numerous services and are very well attended. In particular, the children's centres support well some of the most vulnerable families in the community.
- The Alternative Learning Pathway Service (ALPS) and the Avenue Centre for Education (ACE) provide timely and relentless support and education to those children and young people who are either excluded from school or vulnerable to exclusion. The work of these services supports children and young people's access to a range of provisions that are meaningful to their aspirations, interests and abilities.
- Luton's Parent Carer Forum (PCF), alongside local charities, is very highly regarded by professionals and families alike. The people that run these services care passionately about improving outcomes for children and young people and are particularly well supported by the local authority.

The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities

Strengths

- Children looked after are being well supported to have their needs identified within a timely manner. Health visitors have had additional training to improve the quality of health assessment for children under five years old. As a result, the children looked after benefit from a comprehensive assessment with a professional who knows them well.
- The health visiting service in Luton offers an antenatal family contact and two-year review for children within their home. This assessment captures the whole family composition and supports the early identification of children's needs well.
- Despite challenges in staffing, the local area met the statutory deadline of April 2018 for the conversion of statements of special educational needs to EHC plans.
- The percentage of new assessments that are completed within the statutory 20-week timeframe, although still too low, is better than the national average. The local area is maintaining this level of performance despite significant staffing recruitment and retention issues.
- The teams that work within ALPS and ACE are skilled at using a range of professionals to identify unmet needs of the children and young people that they work with; those who are either permanently excluded from school or who are vulnerable to being excluded. The support from a wide range of agencies to do this work is very well organised, including high-quality and determined work through the educational psychology service.
- Staff in the early years educational settings speak highly of the guidance and training that they receive from the local area's special educational needs support service (SENS service). The support helps to identify early needs in the youngest children. The staff say it is making a positive difference to their confidence in identifying the needs of the children and young people.

Areas for development

- Joint commissioning is not good enough. Leaders do not have a broad strategic understanding of stakeholders' views across the local area. They do not know enough about what children and young people want and need. There is no joint commissioning plan.
- Health services are not meeting the ongoing and increasing demand for their services. Paediatricians, speech and language teams, and occupational therapists are prioritising the most urgent and complex cases. Therefore, other children and young people are waiting too long for a health assessment. For example, children

who are showing the early signs of autism are not getting timely multi-disciplinary assessments.

- Leaders are not using the school census information to identify possible inconsistencies in the identification of children and young people's needs. Leaders do not know well enough if the training and guidance that they provide are being implemented effectively in schools and other education provisions.
- Although now improving, not enough is yet in place to ensure that all children and young people have a meaningful role in the creation and review of their EHC plans. Children and young people with the most complex communication needs, for example, are not consistently well supported to ensure that they have their own 'voice' heard in the process of devising and implementing the plans.
- Some young people have waited too long to have their needs accurately identified and therefore met. The ALPS and ACE providers, as well as local colleges, have identified that some of the young people who access their services have a range of unmet and undiagnosed needs that are having a negative impact on their educational experience and, in some cases, are leading to inappropriate exclusions. Many of the young people are being diagnosed, assessed and given EHC plans in their teens.
- Parents who contributed to the inspection are frustrated about getting their children's needs diagnosed and supported. Some of the parents who spoke to inspectors, or who expressed their views online, state that they must repeat their stories to different professionals, and often feel 'fobbed off' and 'bounced between services'. This negative situation can go on for months and sometimes years for the families, with very little meaningful outcome for the children and young people.

The effectiveness of the local area in meeting the needs of children and young people with special educational needs and/or disabilities

Strengths

- The children's community nursing team offers a broad range of specialist services to meet the needs of children and young people with the most complex health needs. The work between the community nursing team and the continuing healthcare services is ensuring that children and young people are benefiting from individual healthcare provision.
- There has been the introduction of a rapid response service that is starting to reduce the need for families to visit the accident and emergency department and the paediatric assessment unit.
- School leaders and parents value the work of the early help service and school improvement teams within the local area. These services are helping to meet the needs of children and young people better.

- The PCF has facilitated improved relationships between parents and leaders in the local area. Parents who are members of this large group feel that they are having their voices heard and their concerns relayed to leaders. Many parents are now acting as mentors to other parents. They support some of the most vulnerable families who struggle to understand how to get their child's needs met, and signpost them to services which may be able to help.
- Early years provisions have close relationships with parents to help the whole family when an additional need has been identified. These settings work with a range of other children's services when appropriate. They work closely with the SENS service in the local area to seek advice, training and guidance about how to better meet individual children's needs.
- The well attended Flying Start children's centres provide high-quality support for those families that access it. The children's centres support many of those who are new to the area, and who may not understand what is on offer. They provide a comprehensive package of services, which in part, supports the gaps left by the decommissioning of the portage service and the Tier 2 child and adolescent mental health (CAMHS) provision.
- There were some strong examples seen by inspectors of individual children and young people being well supported through multi-agency work between the school improvement team, ACE, ALPS, the SENAT, the virtual school and social care teams. The children and young people are having their needs better met because of this joined-up approach.
- Examples of pooled budgets between the three services (education, health and care) do exist in the local area. One noteworthy example of effectively pooling budgets is the joint funding to support those who require palliative care. This funding is well thought out to ensure that there is appropriate multi-agency support and provision for terminally ill children and young people, and for their families.

Areas for development

- Until recently, governance and strategic leadership of the reforms have not been effective in developing a coordinated, cross-service approach. This is impacting considerably on the local area's ability to work collectively to meet the needs of children and young people in Luton. Leaders have, and continue to face, significant challenges in finance, infrastructure, management systems and staffing.
- The recent work of the CDP is galvanising arrangements for governance and strategic leadership of the reforms in a meaningful way, and is starting to bring a better foundation for this work. However, leaders recognise that there is a lot of ground to be covered before they can meet children and young people's needs effectively.

- There is currently no DMO/DCO actively in post. This impedes the local area in meeting the ongoing challenges around workforce recruitment and retention, staffing capacity and demand for the health services required to meet children and young people's needs.
- School nurses have an exceptionally high caseload and are resorting to prioritising those most at risk; namely those children and young people with the most complex needs. There is not currently the capacity within this team or the children with disabilities team to predict and commission additional resources to meet the wider demand within the local area. Leaders have openly acknowledged these staffing issues.
- Parents express frustration about a lack of access to therapy and community paediatric services at the Edwin Lobo Centre and in community settings. Families who can, often resort to seeking private assessments and support.
- Families often must be at crisis point to access services, especially, but not exclusively, in health. They feel that they must 'fight' to get the right support to meet their children's needs. Some parents and professionals commented on a lack of basic equipment available to children and young people, such as wheelchairs.
- Management information systems across the services do not provide professionals with the information that they require quickly and easily. Inspectors reviewed a selection of 12 children and young people and their current provision. Leaders were not able to provide timely responses about the last checks made on the whereabouts of six of the children and young people, as they had to review information from different information systems manually. Leaders did provide the information by the close of the inspection.
- There is not a consistent protocol that ensures that a 'lead professional' is appointed to take an overview of the quality of provision, support and care for children and young people who access a range of services. Although there are more coherent records for those open to support from social care and the virtual school, this is not the case for all children and young people.
- Within health information systems, professionals are not able to easily identify those children and young people with SEND or those who are in receipt of an EHC plan. Physiotherapy services, for example, are not aware of children and young people who are supported by social care services.
- Leaders do not have enough information about the quality of provision and whether it is meeting children and young people's needs. There is a lack of information about those who are accessing out-of-borough provision or independent settings, who are educated at home, and those aged between 16 and 25 years. There is not enough overarching understanding about whether children and young people are accessing their statutory right to full-time education.

- Leaders have identified that the local offer online package is not sufficiently accessible to the citizens of the Luton community. Families are not being well supported to understand what provisions their child can access. Leaders are in the process of commissioning a new interactive website but are yet to formalise how children and young people's views will support the creation of the new website.
- Too many providers and professionals, including schools, colleges and health services, are not proactive in challenging the content of the local offer and have a limited understanding about their role in this. This lack of involvement is not helping the local authority and CCG to have a strategic understanding about the views and needs of families, especially those who move into the borough and/or are in the early stages of learning English.
- Co-production is underdeveloped. There are examples of leaders gathering some, but not enough, information about the views of children, young people and their families. Consequently, the local area has neither a sufficiently deep understanding about levels of satisfaction among families, nor a meaningful understanding about what they want and need. This has an impact on the local area's ability to jointly commission, including around the demand for short breaks, respite, personal budgets and direct payments.
- The EHC plans are predominantly made up of education-based outcomes. While there are recent examples of improvements in the quality of EHC plans, there are too many of a varied or weaker quality. Inspectors found very little evidence of meaningful, accurate and updated information related to care and health outcomes, except for those children and young people with the most complex physical and cognitive needs.
- Within the local area there is a lack of staffing capacity to ensure that annual reviews of EHC plans are undertaken effectively. This inhibits the special educational needs and disabilities team's capacity to ascertain the quality and impact of EHC plans in meeting the needs of children and young people.
- Owing to weak joint commissioning arrangements, there is no clarity among leaders about why services are sometimes decommissioned. The portage service, which was a service that was highly thought of in the local area, was decommissioned abruptly. The Tier 2 CAMHS provision was decommissioned despite the prioritisation of mental health in the local area. The subsequent work to create a school-based emotional well-being service is new, and it is not yet possible to evaluate the impact of this work.
- There are long waiting times for those who wish to access short breaks and respite provision. Although of a good quality and well regarded by families and professionals, there is not enough provision to meet the demand. This means that some families are waiting longer than necessary to receive this support. This is not providing effective relief or respite for many families.

The effectiveness of the local area in improving outcomes for children and young people with special educational needs and/or disabilities

Strengths

- The school improvement team has a strong understanding about the underperformance of children with SEND in schools in the local area. There are signs of gradual improvement for the children and young people through long-term work with schools, most notably in key stage 2.
- There are children and young people who are accessing personal budgets, direct payments, supported accommodation, apprenticeships and supported internships. Around 230 children receive direct payments, and there are an increasing number of young people who are accessing supported internships. For these children and young people, this is effective support that is improving their outcomes.
- There are several specialist provisions, including outreach support and alternative provision, that are improving the outcomes for children and young people. These providers create high-quality experiences, and support for greater levels of independence both within school and within the wider community.

Areas for improvement

- Leaders of the local area do not have an agreed set of values about what outcomes they want for children and young people. As a result, leaders are not collecting, in line with the code of practice, sufficient information about the range of outcomes for children and young people.
- All leaders acknowledge the gap in monitoring and assessing outcomes for the children and young people. There is an absence of information about the outcomes for those who are in part time, out-of-borough, and independent settings, and for those who are aged 16 to 25.
- There are no children or young people who are currently accessing personal health budgets. Leaders acknowledge that this is an area in need of urgent development.
- Health commissioners are currently unable to report on how many children and young people over the age of 14 with a learning disability are receiving an annual health check. Therefore, leaders do not know if these children and young people are benefiting from the health check.
- Luton CCG is not using the SEND assurance benchmarking tool. Therefore, the group has no strategic oversight of the delivery of services for children and young people with SEND, and does not know the difference that they are making to the outcomes.

The inspection raises significant concerns about the effectiveness of the local area.

The local area is required to produce and submit a Written Statement of Action to Ofsted that explains how the local area will tackle the following areas of significant weakness:

- Services are not yet working jointly to share information or to monitor, quality assure and identify the specific needs in the local area. There is a lack of clarity about the roles and responsibilities within these services for education, health and care when they are working jointly.
- There is no coordinated approach by the health services to meet urgent needs. This has been exacerbated by a lack of a DMO/DCO in active service. Children and young people are not having their needs identified, assessed or met because of the long waiting times and lack of capacity to provide essential services, such as speech and language therapy, occupational therapy, school nursing support and paediatric services.
- Co-production is weak and joint commissioning is not good enough. Leaders do not have a breadth of understanding about how children and young people are faring, and what they and their families want and need. These weaknesses are most notable for those aged 16 to 25, those in out-of-borough provision, those in independent settings and those in part-time provision.
- Leaders have not worked together to ensure that EHC plans provide meaningful multi-agency approaches to meeting the academic, social, health and care needs of children and young people. There are no accountabilities between agencies to make sure that outcomes for children and young people are well assessed, planned for, met and reviewed.
- Leaders have been too slow to address the inadequacies in the local offer online resource. They have not addressed sufficiently and strategically the unique issues that they face as a local area around the needs and access of the transient population, many of whom are in early stages of learning English. The SENDIASS does not have the capacity required to support the families.

Yours sincerely

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