Ofsted Agora Nottingham NG1 6HJ

T 0300 123 1231 **Textphone** 0161 618 8524 6 Cumberland Place enquiries@ofsted.gov.uk www.gov.uk/ofsted lasend.support@ofsted.gov.uk



26 April 2019

Ms Linzi Roberts-Egan Deputy Chief Executive, Families Directorate London Borough of Waltham Forest Waltham Forest Town Hall Forest Road Walthamstow London E17 4JF

Helen Davenport, Director Nursing, Quality and Governance Waltham Forest CCG Angela Wellings, Director of Disability Enablement Service, LBWF Lynn McBride, Designated Clinical Officer, North East London Foundation Trust

Dear Ms Roberts-Egan

Joint local area SEND revisit in Waltham Forest

Between 25 and 26 March 2019, Ofsted and the Care Quality Commission (CQC) revisited Waltham Forest to decide whether the local area has made sufficient progress in addressing the areas of significant weakness detailed in the written statement of action issued on 21 March 2017.

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 local 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 13 July 2017.

Inspectors are of the opinion that the local area has made sufficient progress to improve each of the serious weaknesses identified at the initial **inspection.** This letter outlines our findings from the revisit.

The revisit 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, along with local authority and National Health Service (NHS) officers. Inspectors met with leaders and practitioners from the local area for education, health and social care. They considered 69





responses to the online survey for parents and carers and reviewed a range of evidence about the effectiveness of the local area's SEND arrangements.

Main findings

- Local area leaders have worked in a joined-up and effective way to tackle the three areas of significant weakness identified at the initial inspection. They are ambitious for children and young people with SEND, and there has been a strong, collective drive to improve the education, health and care outcomes this group of children and young people achieve. The parent and carer forum has made an influential contribution to the local area's leadership and governance. This has helped education, health and care leaders to understand more clearly what is working well and what could be better for children and young people with SEND and their families in Waltham Forest.
- The initial inspection found that:

'The CCG has not ensured that the Designated Medical Officer (DMO) role has sufficient capacity to address the areas for improvement that have been identified. For example, arrangements for making sure that medical assessments are carried out for young people aged 19 to 25 years have still to be agreed.'

The CCG has made sure that the DMO role has sufficient capacity. In addition, a full-time Designated Clinical Officer (DCO) has been appointed since the initial inspection. The DCO has developed and implemented new systems which are adding significantly to the local area's drive to tackle the identified areas for improvement. For example, the quality of health advice for education, health and care (EHC) assessments is checked systematically, and systems are in place to improve the quality and timeliness of medical assessments for young people aged 19 to 25 years.

The local area has made sufficient progress in addressing this area of significant weakness.

■ The initial inspection found that:

'The CCG does not have an agreed role in reviewing and finalising EHC plans. The CCG is not aware of the proposed health provision in plans prior to them being shared with families. This limits the CCG's understanding of the services that will need to be commissioned.'

The CCG has a clearly defined role in reviewing and finalising EHC plans. As a result, local area leaders have a more accurate understanding of the quality of finalised plans, such as how well children and young people's needs are described and whether the education, health and care provision explains how the child or young person's needs will be met. This stronger oversight of EHC plans is helping leaders to work out how to further improve provision for children and young people with SEND and their families.

The local area has made sufficient progress in addressing this area of significant weakness.





■ The initial inspection found that:

'The CCG has not ensured that a robust process is in place for health providers to contribute to EHC plans. Arrangements for practitioners to check the draft plan, once completed, or to offer feedback before it is finalised, are not in place. As a result, many plans are not of a good enough quality.'

Arrangements for clinicians and practitioners to contribute to EHC plans and to check draft and final plans are securely in place. Generally, the timeliness and quality of health advice are improving. This is because the DCO and DMO have provided clear and helpful guidance for health professionals and implemented a systematic approach to checking the quality of their contributions to EHC assessments and plans. Individual clinicians and practitioners say that the guidance and feedback they receive are helping them to provide better-quality health advice. Too often, however, health advice from the child and adolescent mental health service (CAMHS) is not provided within the statutory six-week timescale. The CCG is aware of this inconsistency. The CCG's strategic work with CAMHS is supporting the DCO to secure the necessary improvement. The quality of EHC plans has improved since the initial inspection, especially in the last 3-6 months. In the most recent plans, section A is co-produced well, and children and young people's education, health and care needs are described clearly. Education, health and care provision is specified and explained well, and the outcomes are meaningful for the child, young person and family. Crucially, however, there is too much variability in the quality of EHC plans finalised in the last 12–18 months and, typically, the health outcomes in these plans are too generic.

The local area has made sufficient progress in addressing this area of significant weakness.

Many parents and carers told inspectors that they are concerned about how well EHC plans are co-produced, the role of Assessment, Planning and Review Officers, communication between professionals and families, and the effectiveness of the local area's arrangements for annual reviews of EHC plans. Local area leaders are aware of these concerns and fully understand that failing to address them will undermine the trust and confidence of families in Waltham Forest's SEND arrangements.

As the local area has made sufficient progress against all the weaknesses identified in the written statement of action, HMCI recommends that the formal monitoring





visits from the Department for Education (DfE) and NHS England should cease. The decision about whether to continue the monitoring visits rests with the DfE and NHS England.

Yours sincerely

Nick Whittaker **Her Majesty's Inspector**

Ofsted	Care Quality Commission
Mike Sheridan HMI	Ursula Gallagher
Regional Director for London	Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Nick Whittaker HMI	Elizabeth Fox
Lead Inspector	CQC Inspector

cc: Department for Education
Clinical commissioning group(s)
Director Public Health for the local area
Department of Health
NHS England