

14 June 2019

Ms Gail Tolley  
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London  
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Sheikh Auladin, Clinical Commissioning Group Chief Officer  
Sarah Miller, Local Area Nominated Officer

Dear Ms Tolley and Mr Auladin

### **Joint local area SEND revisit in Brent.**

Between 13 May and 15 May 2019, Ofsted and the Care Quality Commission (CQC) revisited the local area of Brent to decide whether the local area has made sufficient progress in addressing the areas of significant weakness detailed in the written statement of action (WSOA) issued on 13 July 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 3 November 2017.

**Inspectors are of the opinion that local area leaders have 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, and 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 89 responses to the online survey for parents and reviewed a range of information about the effectiveness of the local area's SEND arrangements.

## Main findings

- Local area leaders have worked effectively together to tackle the serious weaknesses identified at the time of the initial inspection. They have fully embraced the spirit of the SEND reforms and worked together in partnership to make a positive difference to the lives of children and young people with SEND in Brent.
- The initial inspection found that there was a significant weakness in **'strategic leadership of the CCG in implementing the SEND reforms'**.

Leaders from the CCG have significantly increased their engagement at a strategic level. Through strong governance structures and increased accountability, they have made sure that the health needs of children and young people with SEND remain high on the agenda. Leaders have appointed a designated clinical officer (DCO), who has played an important part in securing a number of improvements. Parents who met with inspectors or responded to the online survey recognise the improvements that have taken place.

The DCO works closely with education, health and care providers and delivers training that improves the quality of advice provided for education, health and care (EHC) plans. The DCO also raises awareness of SEND, secures earlier intervention and promotes joint working.

Leaders have successfully improved a variety of services and processes for children and young people with SEND. For example, new guidance for the tripartite panel, which oversees funding for the most complex cases in the borough, has been developed. A second example is the review of the 'Bluelight' procedure led by the CCG, which aims to ensure that vulnerable children and young people with autism and/or learning disabilities receive care at home and avoid being admitted to specialist provision.

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

- The initial inspection found that there was **'a fragmented approach to joint commissioning, causing gaps in services'**.

Local area leaders have an accurate view of the quality of services provided. They implement a systematic approach to joint commissioning when contracts come up for renewal or when the need for new services is identified. Having prioritised areas for improvement, local area leaders ensure that all commissioning arrangements are conducted jointly. Responsibility for the outcomes of these arrangements is shared between the local authority and health providers.

In order to address gaps in services, the joint commissioning partnership group has introduced joint arrangements in paediatric therapies including occupational therapy (OT), speech and language therapy (SALT) and mental health and well-being services. The joint commissioning partnership group

also provides a forum for stakeholders, including parents, to identify any concerns or areas of best practice that they would like the local area to discuss with providers.

Local area leaders have strengthened governance arrangements. Leaders hold weekly teleconferences to discuss progress and identify any concerns. The children's trust board, and the health and well-being board who oversee the leadership of SEND in the local area receive reports from these working groups. Everybody knows who leads each aspect of the work because leaders have established clear lines of accountability. This ensures that no group of children falls through the net.

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

- The initial inspection found that there was **'a lack of opportunity for therapists to respond to draft EHC plans before they are finalised'**.

Health providers and the local authority have developed and implemented a clear set of guidance to support therapists when responding to requests for advice, receiving and sharing of draft EHC plans and signing off final EHC plans. Leaders are confident that the majority of requests for therapy advice are responded to within the required timescales because they have good oversight of this process.

Therapists receive draft EHC plans and ensure that the health advice provided has been accurately interpreted and included in the plan. However, therapists do not routinely ensure that the context of their advice is correctly interpreted and used throughout the whole of the document. EHC plans that have been written recently show that when a child or young person is accessing support from more than one therapy service, those teams work together to provide coordinated advice with integrated targets. This means that needs are assessed and met more effectively than in the past.

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

- The initial inspection found that there was **'poor access to services for some vulnerable groups; in particular, to audiology, OT and SALT'**.

Local area leaders have improved access to audiology, OT and SALT. Access to audiology services has improved as a result of changes in commissioning arrangements. More recently, leaders have developed and are in the process of implementing an improved offer within the Brent local area. Additional clinic sessions will provide children and young people with the opportunity for a 'one-stop' appointment. At these appointments testing and more specialist interventions can be offered, reducing the need for repeat visits and increasing the continuity of the care provided.

Children and young people with SEND are now able to access timely OT support. They see therapists within expected timeframes and those with complex or additional needs are prioritised. However, there has been a recent surge of referrals into OT (80 referrals in February 2019), which puts additional pressure on the service. Leaders have identified that they need to refine the OT service to ensure that they can maintain a high-quality offer that meets the needs of children and young people with SEND in the Brent population.

Leaders have redesigned SALT services, in co-production (a way of working where children and young people, families and those that provide the services work together to create a decision or a service which works for them all) with parents. They have improved access to therapy for children and young people with SEND. Therapists now offer a seamless service for children and young people of all ages from pre-school to further education. Leaders have addressed previously identified gaps in provision. For example, those attending a pupil referral unit or engaged with the youth offending service now have good access to therapy support. This has reduced parental and professional confusion around speech and language therapy services. Waiting times are within the expected limits despite a surge of referrals between December 2018 and March 2019.

Overall, children and young people are seen within commissioned waiting times in all three services. To ensure that this is sustained, leaders monitor contracts and hold regular teleconferences. They provide opportunities to escalate and resolve any issues.

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

- The initial inspection found that there were **'limited opportunities for parental involvement when designing and commissioning services'**.

Since the initial inspection a culture of joint partnership with parents has been established and embedded. The parent carer forum, which was in its infancy at time of the initial inspection, has grown and continues to mature. Membership of the steering group is stable. Steering group members work as equal partners to improve provision and outcomes for children and young people with SEND in Brent. This equal partnership is borne out in the wider evidence gathered by inspectors.

Leaders now routinely involve parents from the earliest stage when redesigning or creating services and make sure that their views are considered, and their contribution included. Around 32 parents have been involved in the design and commissioning of services in the local area.

Local authority officers, health managers and other professionals regularly attend parent carer forum meetings. They talk about their work and provide parents with an opportunity to question them and hold them to account for

their work. Parents recognise that the level of challenge in these meetings is high, and appreciate that professionals are in attendance.

Parents have become an integral part of the local area team supporting families in Brent. For example, parent champions have been recruited and trained. These parents are highly visible and are linked to specific locations or aspects of SEND in the local area. Parents are positive about the information provided and the guidance and support they receive from parent champions and through the parent carer forum. Steering group members analyse their contacts with parents and recognise that there are some groups of parents, such as those whose children receive SEN support, who are under-represented in their membership.

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

As leaders of the local area have made sufficient progress against all of the weaknesses identified in the written statement, HMCI recommends that the formal monitoring visits from the DfE and NHS England should cease. The decision about whether to continue the monitoring visits rests with the DfE and NHS England.

Yours sincerely

Gaynor Roberts  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
Mike Sheridan Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
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Cc: Department for Education  
Clinical Commissioning Group  
Director Public Health for the local area  
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