

**5 December 2019**

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Dr Andy Brooks, Clinical Commissioning Group Chief Officer  
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Dear Mr McDaniel and Dr Brooks

**Joint area SEND revisit in Royal Borough of Windsor and Maidenhead.**

Between 14 and 16 October 2019, Ofsted and the Care Quality Commission (CQC) revisited the area of the Royal Borough of Windsor and Maidenhead, to decide whether the area has made sufficient progress in addressing the significant weaknesses detailed in the written statement of action (WSOA) issued on 24 August 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 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 6 February 2018.

**The area has made sufficient progress in addressing six of the eight significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing two significant weaknesses. This letter outlines the findings from the revisit.**

The inspection was led by one of Her Majesty's Inspectors from Ofsted 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 and National Health Service (NHS) officers, and an adviser from the Department for Education (DfE). They considered the 168 responses to the inspection's online survey for parents and

carers, together with emails received from parents during the inspection and one letter. Inspectors looked at a range of information about the performance of the area, including the area's self-evaluation. Inspectors met with leaders from the area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

## Main findings

- The initial inspection found:

### **tardiness and delay in establishing strategies to implement the reforms effectively.**

After the inspection in 2017, leaders promptly reviewed the area's SEND governance structures, when writing the WSOA. Members of the steering board, formed to oversee implementation of the WSOA, have taken their responsibilities to work together seriously and with commitment.

In the months that followed the inspection, leaders took time to achieve a shared understanding of the changes needed and to confirm roles and responsibilities to see these through. Though leading to a slow start, this investment proved essential to ensure sustainable improvement. The investment of time has paid dividends in the last 12 months, when progress has accelerated notably.

Co-production with parents' representatives on the steering board has been, and remains, faltering. However, the steering board has ensured that implementation of the WSOA has continued so that most of the key actions have now been achieved – though some only latterly.

A clear example is the development of the Inclusion Charter Mark for educational settings. Target dates for this initiative were postponed repeatedly from February 2018, eventually to April 2019. As a result, the planned pilot phase was delayed to late summer in 2019. Nevertheless, despite the later-than-anticipated launch of the charter mark, education leaders, including special educational needs coordinators (SENCOs), are absolutely clear about the initiative, and are committed to it. With the pilot phase a proven success, education providers are now lining up to be involved.

The implementation of an updated 'matrix', for the identification of SEND needs, has also been delayed more than once. Its introduction was moved a number of times from an original target date of January 2018, eventually to September 2019. Again, though, this apparent delay has allowed for widespread consultation. As a result, the matrix is agreed, well understood and valued, particularly by school leaders.

Despite continuing high staff turnover in the relevant departments, the timeliness of assessments of children and young people's SEND needs and the production of education, health and care (EHC) plans has improved dramatically. Reflecting an improvement which has already been sustained for some months, almost

100% of these plans are now produced in a timely way. However, issues do remain with consistency in the quality of these important documents.

Leaders ensured that all of the required transfers from 'statements' of SEND to EHC plans were completed by the due date.

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

- The initial inspection found:

**a lack of leadership capacity across local services, such as the time given to the role of designated clinical officer (DCO).**

Following the inspection in 2017, leaders ensured a clear role for the DCO. This involves ensuring that children and young people's health needs are assessed and planned for. The accountability of the post has been enhanced through clear reporting within the CCG. The joint working agreement, signed by local area partners, helpfully clarifies the local arrangements for the DCO role and the functions that have been embedded since the inspection in 2017. This means that strategically and operationally, professionals are now clear about the role of the DCO in Windsor and Maidenhead.

The DCO role now has the capacity to contribute routinely at a strategic level. This includes chairing the East Berkshire SEND network, their contribution to the joint commissioning board and the new tripartite complex case panel. The DCO also leads multi-agency thematic reviews of EHC plans. These reviews are beginning to gauge the impact of the WSOA on the quality of provision and on the outcomes achieved by children and young people with SEND. This activity has led to the DCO being more visible, so that area leaders have an accessible point of contact within the CCG.

The CCG recognises that the DCO role needs to have greater direct impact on operational improvement. For example, by checking the quality of medical and therapeutic advice for assessments and how well this translates into EHC plans.

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

- The initial inspection found:

**poor use of management information to secure a robust overview of the local area's effectiveness.**

Leaders have ensured the steady development of management information systems since the inspection in 2017. As a result, leaders, providers and parents are much better informed about the local profile of children and young people's SEND and how provision is made.

Parents, education and health leaders, staff and council members who attended the successful SEND 'summit' in September 2019 valued the headline data shared. This included clear information about the educational placements of children and young people with SEND. The data reflected the area's success in securing an increasing proportion of specialist provision locally. An analysis of the range of SEND needs in the area was also shared. Evidence of the strongly improving trend in the timely completion of assessments and EHC plans was made available and figures relating to early help referrals were shared. Attendees also learned about the sharp decline in appeals and tribunals in the previous 12 months. In each case, the summary information shared by leaders was based on more detailed analysis, very little of which was available at the time of the inspection in 2017.

Currently, the area's management information tends to measure quantity rather than quality. For example, numbers of children and young people accessing services or how many assessments and plans are completed in a timely way. Leaders recognise the need to continue developing this information, to ensure increasingly precise measures of success in future plans, such as the forthcoming SEND implementation plan.

Area leaders now routinely access dashboards of summary information. These keep them well informed about the incidence of SEND needs, and how these are being met. By looking beyond the summary features of these dashboards, leaders access more-detailed reports. These reports include information about services and the management of individual cases.

Since the inspection, Berkshire Healthcare Foundation Trust has developed a range of information that shows how well health services are identifying and meeting the needs of children and young people with SEND. This is reviewed and understood at appropriate levels by the trust. The information supports a developing evaluation of how well children and young people's SEND needs are met.

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

- The initial inspection found:

**weaknesses in how leaders are held to account across the local area.**

Leadership structures in the area are now settled and established. Service leaders are clear about how accountability works. Senior leaders' active commitment to improvement is recognised and respected, particularly by education leaders. Furthermore, school leaders and SENCOs are absolutely clear about their obligations within the now well-established inclusion charter.

In the last 12 months, the appointments of an area SENCo and an area SEND adviser have been welcomed enthusiastically by schools. These posts are contributing strongly to the implementation of the inclusion charter, the inclusion charter accreditation mark and the revised SEND matrix. These initiatives are motivating enthusiastic engagement by school leaders and SENCos. They are inspiring a shared sense of responsibility for the area's children and young people with SEND. A clear signal of this joint commitment is school leaders' full support for a social, emotional and mental health initiative, through shared funding.

Service leaders' analysis of performance is beginning to develop. For example, quality standards have been set for EHC plans. Therapeutic services are beginning to use some of the information they gather to review children and young people's outcomes after periods of therapy. The multi-agency thematic review process, led by the DCO, engages some frontline staff in understanding where continuing improvement is needed. Staff in the special educational needs and disabilities information, advice and support service inform education psychology managers of notable trends in their contacts from parents. However, this kind of analysis is not yet systematically informing the area's work.

High levels of staff turnover, particularly in the local authority, have continued until very recently, affecting the quality of service some families receive, particularly around the assessment of need, the provision of EHC plans and annual reviews. Leaders recognise these concerns. Their recent purposeful action to recruit new staff, increase the workforce and provide focused training and clearer management procedures is intended to significantly improve the quality of service which parents, carers and families receive.

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

- The initial inspection found:

**the inequality of services and variability of experience for children and young people with SEND and their families.**

Improvement is evident in children and young people's access to some therapies, most notably speech and language therapy and physiotherapy. However, waiting times for occupational therapy (OT) are increasing. As a result, too many children and young people's needs continue to be unmet.

Information available through the local offer, about child and adolescent mental health services (CAMHS) and access to them, has been improved. This is supporting parents to have a clearer understanding of the offer and its availability, promoting improving equity. In addition, referral-to-treatment times, generally in CAMHS, are meeting children and young people's needs. Exceptions to this remain in access to services relating to attention deficit hyperactivity

disorders (ADHD) and the autism assessment team. In these cases, waiting times remain too high. This is despite recent efforts to reduce waiting times through creative initiatives and additional temporary funding.

Parents continue to express frustration about waiting times and therapy arrangements. In some cases, parents are not well informed when therapies are changed or ceased. Some parents continue to refer to feeling they have to 'fight' for their children's needs to be met.

Improvements to assessment and services for young adults between the ages of 19 and 25 are underway. However, these developments are not sufficiently comprehensive or well developed. This includes actions to improve social care outcomes such as housing and support for independent living. Leaders have a clearly stated priority to ensure timely assessment before a young person is 18 years old. A programme of such assessments has begun, including young people's social care needs. However, this recent initiative is not securely in place. Furthermore, there is a recognised risk, as yet unresolved, that making these assessments a priority may exacerbate the waiting times experienced by other children and young people.

An annual engagement event for young adults was established last year. Appropriately, plans for the next event are clearly being developed in response to the views of those who attended in 2018.

Sensibly, leaders included an action within the WSOA to identify children and young people whose SEND needs may have been missed due to the weaknesses identified by the inspection in 2017. Disappointingly, leaders' latest evaluation of progress on the WSOA notes no progress on this action. As a result, this requires reconsideration and a fresh focus.

The local area has not made sufficient progress in addressing this significant weakness.

- The initial inspection found:

**wide variation in the quality of EHC Plans.**

Timeliness in the production of EHC plans has clearly improved, although in some cases health information is not submitted on time. In these cases, to avoid hold ups, incomplete plans are provided to families, with health advice being added as soon as possible.

Overall, the quality of EHC plans is not undermined by leaders' insistence on timely production. The format in which they are presented is now consistent, with all of the required information typically present. Quality assurance processes for EHC plans and annual reviews are in the earliest stages of development. This accounts for the variability seen by inspectors in some plans, including after annual reviews. Leaders have introduced a set of standards required for EHC

plans and a variety of managers do sample the quality of plans. However, these reviews are not yet systematic.

The variability in EHC plans found by inspectors included some inconsistency in how well the child or young person's views, and those of their family, are represented. Inspectors found considerable and helpful health advice included in plans, but sometimes without clearly indicating how this provision would be delivered by school staff. Inspectors also found unhelpfully broad requirements in some EHC plans for therapy or support to be provided 'regularly'.

Earlier this year, leaders introduced an operational handbook for the production of EHC plans and annual reviews. The handbook is sensibly intended to support the work and performance management of the responsible staff, including the high proportion who are new to their roles.

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

- The initial inspection found:

**the lack of effective co-production with parents when designing and delivering services and when planning for their individual children's needs.**

Co-production around the creation of the WSOA, and the associated workstreams, got off to a faltering start. At the time of the inspection in 2017, the area's parents' and carers' forum, 'Parents and Carers in Partnership' (PACIP), was only recently established. The forum has struggled to build capacity in the period since.

Through the stalwart efforts of the chair and a small band of volunteers, PACIP representatives have been at the heart of planning and evaluation, particularly through membership of the SEND steering board and joint commissioning board. PACIP representatives have also been engaged in working groups addressing aspects of the WSOA, although their influence has varied. Until recently, the availability of information for parents and carers about the performance of services has been limited. Building on the helpful information publicised at the recent inclusion summit, these opportunities are now developing.

PACIP representatives were disappointed not to be at the heart of the inclusion charter and charter mark development, despite co-production being a fundamental principle promoted through both. Considerable and successful work by school leaders and SENCos has resulted in these valuable initiatives now moving forward. PACIP representatives rightly aspire for richer involvement in future implementation, review and development.

The very successful inclusion summit in September 2019 was highly valued by those attending, including parents and carers. The first engagement event for

young adults, held in 2018, will be succeeded by a second where attendees' views have had a clear influence on planning, so that health and housing agencies will be present, for example. The recent East Berkshire SEND young people's participation and co-production development day was an acknowledged success.

A high proportion of the EHC plans seen by inspectors refer to parents', children's and young people's views respectfully and with care. Two out of three parents and carers responding to the area's survey in March 2019 said they felt area staff worked together with them to understand and support any reasonable adjustments their children needed. Furthermore, two out of three respondents said they felt they had been listened to and respected during the EHC planning process. The majority of parents and carers responding to the WSOA revisit online survey said they had had a 'good say' in their children's EHC plans. Reflecting this positive trend in parents' and carers' feedback, the number of tribunal appeals has reduced by half in the last 12 months.

Nevertheless, leaders are not overlooking parents' remaining concerns, which signal the need to continue improving services coordinating the assessment of need, EHC plans and annual reviews. Significant current changes to staffing and management arrangements are designed to consolidate recent improvement.

The children and young people who inspectors met were in no doubt that their views are well considered by the leaders and staff who provide for their needs. It was a privilege to hear these pupils, from a range of schools and age-groups, describing the rich curriculum and extra-curricular experiences they enjoy, and to hear their clear aspirations for the future.

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

- The initial inspection found:

**poor joint commissioning arrangements that limit leaders' ability to ensure that there are adequate services to meet local area needs.**

The joint commissioning board is now fully established, with relevant terms of reference. Since the inspection, valuable time has been invested in developing trust and confidence between service leads. As a result, the joint commissioning board is now better able to understand and discuss how well services are meeting the needs of children and young people with SEND. Nevertheless, the board has yet to develop its strategy, perhaps reflecting the time spent so far on establishing its arrangements.

The refreshed Local Transformation Plan is a good example of the shared commitment of the partnership since the initial inspection in 2017. However, of particular concern to parents and carers of children and young people with



SEND, waiting times in the jointly commissioned OT service have continued to rise. Furthermore, the contract for these services has not been reviewed since 2009. Despite recent initiatives to tackle the identified concern, there are also increasing waiting times for ADHD and autism spectrum disorder pathways.

The local area has not made sufficient progress in addressing this significant weakness.

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

Yours sincerely

Siân Thornton  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
Chris Russell, HMI 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(s)  
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