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Ms Sue Harrison, Director of Children's Services, Central Bedfordshire Council  
Ms Ann Murray, Clinical Accountable Officer, Central Bedfordshire Clinical  
Commissioning Group

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Copied to: Ms Karen Prince, Local Area Nominated Officer

Dear Ms Harrison and Ms Murray

### **Joint area SEND inspection in Central Bedfordshire**

Between 18 November 2019 and 22 November 2019, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Central Bedfordshire 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 (HMI) from Ofsted and a children's services inspector from the Care Quality Commission (CQC). Team inspectors were an HMI and a CQC Inspector.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, local authority officers and National Health Service (NHS) officers. Inspectors visited a range of providers and spoke to leaders, staff and governors about how they are implementing the SEND reforms. 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. Inspectors considered the views and comments from parents and carers from the open meetings, the webinar, emails and letters.

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. Despite the reforms being given higher priority in the area's planning since 2018, leaders are not meeting their duties in the Children and Families Act 2014 for children and young people with SEND.
- Leaders have a broad understanding of the weaknesses in the area's provision for children and young people with SEND. However, they lack essential strategic information about what children, young people and their families want and need. Therefore, leaders' planning lacks meaningful, measurable and precise targets that are well understood and shared by all. Stakeholders do not fully understand the direction of travel, or the rationale behind decisions that are made by area leaders.
- Leaders who are new to their roles have made significant inroads in getting basic systems and processes in place. However, the staffing changes mean that professionals and families struggle to get answers to their questions and/or receive contradictory information. This is a cause of frustration and anxiety.
- Education, health and care (EHC) plans are inconsistent and often of poor quality. Although more recent EHC plans are of a better quality, leaders have not ensured that there are enough staff to undertake annual reviews within statutory timescales. This backlog of annual reviews means that the weaknesses in EHC plans are not being rectified quickly.
- 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 children, young people and their families is not well developed, particularly in the creation of EHC plans and in the undertaking of annual reviews. While there are recent individual examples of creative and developing opportunities, this offer is too limited.
- The systemic weaknesses regarding EHC plans, annual reviews and weak co-production hinder the area's ability to plan strategically and to jointly commission services accurately and speedily. Joint commissioning is still some way off meeting the needs of children, young people and their families.
- Leaders acknowledge the weaknesses in the area's provision for children and young people with SEND. They recognise that they are on a journey to improve their implementation of the reforms. They have, in a time of challenges to recruit staff, opted to wait until they are best placed to recruit those professionals with the skills that they need.

- The local authority and the CCG are committed to a joint commissioning plan and have created new staffing positions to facilitate this work at a faster pace. However, the time it has taken to get to this stage has had a negative impact on outcomes for children and young people.
- Too many families are not aware of the local offer. Although there have been significant improvements to its content, professionals are not proactive in championing the local offer or facilitating improvements to it. Too often, families do not know where to go to get the help they need and feel that they cannot get help until they reach crisis point.
- There are many experienced, passionate and committed professionals across health, the local authority, schools and social care. These individuals work creatively to try to support families to overcome some of the entrenched problems in the area. This work is beginning to reduce waiting times among many services. However, too many families feel that they are bounced around services with little meaningful help.
- The SNAP PCF (Special Needs Action Panel Parent Carer Forum) and SENDIASS (Special Educational Needs and Disabilities Information Advice and Support Service) are proactive in championing the voice of families and in challenging area leaders. They are valued by the families that access them. However, they do not represent the views of most families within the area and, too often, families do not know of their existence.

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

### **Strengths**

- Pre-school children benefit from the effective early identification of speech, language and communication needs. The Early Communications Team works in close collaboration with health visitors and early years practitioners to identify children's needs. Joint home visits, carried out with health visitors, are helping to identify the needs of those children who are geographically or socially isolated. A range of pre-referral clinics take place that enable parents and carers to discuss any concerns that they have about their child's development early on.
- Multidisciplinary 'child-not-known' meetings have been established to discuss cases where an EHC plan has been requested, but where the child's needs have not previously been identified to any services. This process helps to make sure that appropriate checks to identify any unmet needs happen quickly and efficiently.
- The early years support team, child development centres, teams working with hearing and visually impaired children, and speech and language therapists, provide effective support to early years providers. Health and social care teams work successfully with providers to support children and their families.

- The school improvement team, although relatively new, is quickly establishing positive relationships with some schools, and encouraging cluster working between schools. Almost all schools are involved in projects that explore issues such as exclusions. This work is starting to support the identification of children and young people with unmet needs.

## Areas for development

- The identification of children and young people's needs is hampered by flaws in the EHC and annual review processes. Area leaders acknowledge that their approach to meeting the statutory deadline to transfer statements of special educational needs to EHC plans reduced the quality of EHC plans.
  - There are not sufficient numbers of staff to undertake annual reviews of EHC plans within statutory timescales. There is a significant backlog, which is a cause of frustration and anxiety to professionals and parents. Leaders are not rectifying the issues caused by poor-quality EHC plans quickly enough.
  - These issues weaken the ability of education, health and care professionals to jointly identify what children and young people want and need in the area.
- Leaders do not know whether local partners are accurately identifying the needs of children and young people. Leaders have not reviewed what census information tells them about the identification of needs and whether there is further exploratory work required with professionals. Additionally, the Youth Offending Team has yet to undertake screening of young people in their care to identify unmet speech, language and communication needs.
- Area leaders are not seeking the views of families beyond the SNAP PCF and SENDIASS. This means that the views of some parents and carers, such as families from minority ethnic groups, are not being heard. There have been recent efforts to gather views more widely, but there is no systematic way to consider the views collectively to inform the joint commissioning of services.
- The area has a history of strong performance in undertaking the integrated two-and-a-half-year check. However, this year, professionals are undertaking integrated developmental checks at three and a quarter years old. Staff do not fully understand the rationale for this change and some continue with previous timings for the checks. This limits leaders' ability to measure the impact of this work.
- In some cases, health partners miss opportunities to identify a child's needs early on. For example:
  - school nurses are no longer issuing health needs questionnaires to families in Reception and Year 6. This is limiting school nurses' ability to identify emerging or unmet health needs
  - health visitors do not always receive timely information from midwifery teams that could support even earlier identification for some pre-school children.

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

### **Strengths**

- The provision for children and young people with SEND who are looked after is a strength:
  - The children and young people benefit from a designated mental health service focusing on trauma and attachment issues that result from adverse childhood experiences. Support and guidance are also provided to carers to increase the potential for settled placements.
  - The children and young people benefit from having statutory health assessments completed in an environment that is chosen by them. This supports better engagement with the professionals who are supporting them.
  - Although there are some children and young people who wait too long for their health assessments to be reviewed, considerable work has been undertaken to speed things up. The introduction of Saturday clinics and close liaison between health and local authority professionals is increasing the amount of health assessments carried out within statutory timescales.
- Children and young people with the most complex health needs are effectively supported:
  - Professionals are working with great effort so that those who require multiple health assessments are not having to tell their story more than once or attend more appointments than necessary. Assessments are carefully coordinated, and information is shared appropriately.
  - Occupational therapists and physiotherapists are working together so that joint assessments take place for children and young people with co-existing health conditions.
  - Professionals, such as physiotherapists, work flexibly to deliver consistent and timely care to those who may have difficulty attending clinic appointments. The flexibility facilitates, for example, home visits to children and young people who have been recently discharged from hospital.
  - The introduction of 'hospital passports', which detail medical needs and preferences for children and young people with complex health needs, is facilitating a 'tell it once' approach to their care.
- The Child and Adolescent Mental Health Service (CAMHS) early years pathway is supporting young pregnant women and care leavers who may have mental health needs. Vulnerable young mothers and their very young children benefit from coordinated support, despite the decommissioning of the Family Nurse Partnership in 2017.

- The use of a confidential text messaging service is allowing children and young people aged 11 to 19 years to contact school nurses for advice and guidance about how to have their health needs assessed and met. This is an increasingly well used service.
- The Youth Support Service is highly valued by professionals, parents, carers, children and young people. The service, which provides support to individual children and young people, as well as to many schools, has been particularly effective in helping young people gain supported internships.
- The recent appointment of a joint commissioning manager and the establishment of an operations group reflects the area's commitment to more systematic joint commissioning. The new outcomes-based CCG delivery contract is setting a better foundation for joint commissioning.
- There are some individual examples of effective joint commissioning, including 'spot commissioning' to support individual young people with urgent mental health needs. The decision to jointly commission a commercial online early help programme is another new development to try to reach more young people with mental health needs.
- Several professionals have used creative ways to work with children, young people and their families to meaningfully co-produce parts of the local offer. One example of co-production is the work of the recently established SEN Champions, a small but growing cohort of young people based at Ivel Valley School, who are rightly proud of the co-production charter that they have created.
- There has been some recent, coordinated work between CAMHS and paediatricians in the child development centres. The multidisciplinary assessments help to jointly identify and meet children's and young people's developmental and mental health needs.

### **Areas for development**

- Joint commissioning is underdeveloped. Improvements have been started but the structures and processes are still embryonic. The joint commissioning strategic plan remains in draft. The delays mean that commissioners do not have sufficient mutual understanding of the strategic priorities or accountabilities.
- The impact of the designated clinical officer, who works across both Central Bedfordshire and Bedford Borough, is limited. This is because there is no formalised workplan which sets out agreed strategic priorities and actions. This does not support time and project management when area leaders are trying to intensify the pace of improvement.
- The new leader of the SEND team in the local authority has worked effectively to get the basics right, creating expertise on SEND assessment panels, developing better-quality 'way forwards meetings', improving the quality of recent EHC plans, and establishing clear expectations of social care involvement in EHC plans.

However, the team has not yet undertaken essential strategic work. They have not used their information to find ways to improve their services, and current arrangements have not worked through the urgent backlog in annual reviews of EHC plans.

- The transfer of information from old to new systems is not supporting leaders' efforts to address the backlog of annual reviews in a logical and systematic way. Some leaders are undermined by a lack of access to information and clarity about where information is stored over time. As a result, leaders do not have a coherent overview of the EHC plans in most urgent need for review, including those for the children and young people educated out of the area.
- Although area leaders have begun to improve the quality of EHC plans, many existing plans do not ensure that children and young people receive the support they need. Until recently, health contributions to EHC plans have been weak. In some cases, contributions from health professionals were not included in final EHC plans. This problem is exacerbated because health professionals do not have access to draft EHC plans.
- There are too few examples of co-production of services. The views of children, young people and their families are not influencing joint strategic planning and joint commissioning sufficiently.
- Most parents and carers who gave their views to inspectors do not feel listened to. Too many feel that they have to fight to get what their children need; most professionals from services that directly work with families agree.
- Many school staff feel that they wait too long for responses from specialist teams in the local authority and health services, and that they are left in limbo with families in crisis.
- Area leaders acknowledge that, despite work to transform the social, emotional and mental health services, families are not yet feeling the impact of the work. Families are either not aware of the services on offer, or not yet getting access to these services.
- There is a very limited short-break offer available in the area. For the few that access it, the short breaks available through Kingfishers and Maythorn is highly regarded. However, families often receive contradictory or limited information about their rights to access this service.
- Area partners, such as schools and GPs, are unclear about their roles as partners in the local offer. Local partners do not use their knowledge of what families want and need, or champion improvements in the local offer. This means that too many families are not being signposted to the local offer when they need help and guidance. This lack of involvement is especially, but not exclusively, apparent in the information and guidance around pathways for adulthood.
- The current commissioning arrangements for Children's Community Nursing result in inequity of access and support for families. Children with complex health needs who live in the southern part of the area can access 24-hour support, seven days

a week. However, in the north, the support is only available during working hours, five days a week.

- The recent redesign of the 0 to 19 service has reduced the school nursing provision. Professionals in some schools feel that this has had a negative impact on their ability to meet the health needs and get the right guidance to safely support pupils with health conditions such as anaphylaxis.
- There has been a delay in establishing a neuro-developmental diagnostic pathway. This has resulted in too many children and young people waiting too long for an assessment and diagnosis. In addition, work to develop a post-diagnostic pathway that is compliant with National Institute for Health and Care Excellence guidance is still ongoing.

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

### **Strengths**

- The work of the area to improve the outcomes for children and young people with SEND is most evident in the support with those with the complex or multiple health needs:
  - Community nurses proactively support children with complex health needs to access provision safely, which facilitates children's development and enhances their emotional well-being.
  - Communication between community and acute health teams is effective. Embedded partnership working is ensuring that young people with complex health conditions and SEND benefit from consistent care and intervention.
  - Innovative work carried out by the Paediatric Safety Lead in Luton and Dunstable Hospitals NHS Foundation Trust is supporting the staff to communicate more effectively with children and young people who are non-verbal.
  - The recent commissioning of a community epilepsy nurse and the trialling of a joint role with Bedford Hospital Trust has helped to reduce the number of epilepsy-related hospital attendances.
- By catching children earlier, the Jigsaw Centre provision successfully helps to avoid exclusion and to gain access to early education well. Area leaders have listened to feedback and recently increased the breadth of this provision.
- There are a few examples of young people transitioning into adulthood successfully. Some young people have apprenticeships with local employers. The number of young people going into supported internships has increased, as has the number of those in either paid employment or voluntary placements.

## Areas for improvement

- Area leaders have not ensured that all partners across education, health and care have a mutual understanding of the outcomes they want for children and young people with SEND. Leaders have information about the impact of their work on all children and young people, but not the effect it is having on outcomes for children and young people with SEND. This weakens leaders' ability to jointly commission services.
- Area leaders do not know enough about the needs and outcomes of the children and young people with SEND who are electively home educated, but who do not have an EHC plan. Leaders are not able to quickly identify who these children and young people are. There is, for example, limited health oversight and support by school nurses.
- Area leaders have little knowledge about the outcomes for children and young people with SEND who are on part-time timetables. The significant backlog of annual reviews prevents this issue from being addressed quickly enough.
- Academic outcomes for children and young people are not strong enough, especially as they move into key stage 2 and key stage 4. Exclusions for children and young people with SEND are too high. The work this year to reduce exclusions has started to impact on the rates of permanent exclusions, but this work is still in its infancy.
- While hospital admissions for children and young people with mental health needs are reducing, leaders have been slow to implement their dynamic risk register for those requiring more intensive support. This delay means that children and young people who are at risk of mental health crisis are not tracked or monitored well enough.

## The inspection raises significant concerns about the effectiveness of the 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:

- Existing 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.
- 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.

- 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.
- 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 has 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.
- Co-production is not well informed by the views of children, young people and their families. Too often, professionals rely on the voice of families through the SNAP PCF only, without finding out what other people think. The views and needs of some children and young people are not well represented, such as the families from minority ethnic groups.
- 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.

Yours sincerely

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