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Anne Murray, Director of Nursing, Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB)
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Dear Ms Parkinson and Ms Murray

Joint area SEND revisit in Luton

Between 17 and 19 October 2022, Ofsted and the Care Quality Commission (CQC) revisited the area of Luton to decide whether sufficient progress has been made in addressing each of the areas of significant weakness detailed in the inspection report letter published on 15 February 2019.

As a result of the findings of the initial inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, His 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 8 July 2019.

The area has made sufficient progress in addressing all of the significant weaknesses identified at the initial inspection.

The inspection was led by one of His 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 considered the responses to the online parent and carer survey alongside emails sent to the inspection team. Inspectors looked at a range of information about the performance of the area in addressing the five significant weaknesses identified at the initial inspection, including the area's improvement plans and self-evaluation. Inspectors reviewed a sample of education, health and care (EHC) plans. Inspectors also reviewed the area's SEND strategy, joint commissioning intentions, outcomes framework and performance dashboards.

In reaching their judgements, inspectors took account of the impact of the COVID-19 pandemic on SEND arrangements in the area. Inspectors considered a range of information about the impact of the pandemic and explored how the area's plans and actions had been adapted as a result.

Main findings

- At the initial inspection, inspectors found the following:

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.

Since the area SEND inspection of December 2018, area leaders have established the structures and processes required for effective joint working. They have established a culture of mutual challenge and accountability. Partner agencies no longer work in silos. Working partnerships at strategic leadership level have developed, matured and strengthened. There is now a well-established partnership with mechanisms in place that promote integrated working and avoid a reliance on individuals. The multi-agency strategic SEND improvement group (SSIG), co-chaired by the corporate director, children, families and education and the director of nursing, ensures shared responsibility and accountability in the partnership. The SSIG provides oversight of the work needed to bring about wider improvements for children and young people with SEND and their families.

SEND champion roles have been established in education, social care and health teams across the partnership. Staff in these roles ensure that their colleagues have a secure understanding of their responsibilities in multi-agency working with children and young people with SEND and their families. There is raised awareness of the importance of the early identification of needs and a more joined-up approach to ensuring that these needs are considered and met.

Area leaders agreed a SEND leadership charter and a SEND strategy in 2019. This strategy has recently been reviewed and refreshed. Although awaiting final

publication, this is a positive move. It ensures that multi-agency partners remain aware of their roles and responsibilities and have agreed priorities for improving provision, services and outcomes for children and young people with SEND in Luton.

Systems have been established to share information about how services are performing from all partners. This information is shared in the form of a SEND dashboard that was established in 2019. This encourages mutual challenge to partners about performance and secures accountability. It is being used to inform leaders' view of quality, identify where further improvement is needed and support decisions about the services that are needed. Area leaders have carried out a SEND joint strategic needs analysis (JSNA). This is up-to-date and accurately reflects the diversity and needs of the local population. The information from the JSNA is informing multi-agency partners' work to identify and meet the needs of children and young people with SEND in Luton.

There are many examples of effective integrated working. Multi-agency partners worked together when, for example, children's centres across the local area were closed. This included redeploying staff while ensuring that they were still able to support families. A coordinated approach by multi-agency partners while some services are redesigned is ensuring that the impact on children with SEND and their families is kept to a minimum. However, while this is the case, some families do not see the result of joint working in their daily experiences. Some parents and carers do not feel there is sufficient accountability across partners in education, health and social care, for example in ensuring the provision identified in EHC plans is implemented effectively. Area leaders know that they have more to do to win back the trust of some parents and carers whose children and young people with SEND have been let down by long-standing weaknesses in services and provision.

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

- At the initial inspection, inspectors found the following:

There is no coordinated approach by the health services to meet urgent needs. This has been exacerbated by a lack of a designated 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.

There is now a coordinated approach across health services to meet the needs of children and young people with SEND. Leaders have ensured that SEND is a strategic priority within BLMK ICB. There is a commitment to creating roles that support achieving this priority and facilitate joint working with partners in education and social care.

Luton is served by two designated clinical officers (DCOs). One DCO works strategically to ensure that BLMK ICB meets its statutory responsibilities for children and young people with SEND. The other DCO undertakes a similar role, but also works with children and young people with SEND in Luton and their families to better understand local area context, therefore being able to identify and meet needs in the area more effectively. The local DCO supports the agreement of the health services to be provided within an EHC plan.

The director of nursing is leading on SEND at strategic level within the ICB. They work in close partnership with local authority leaders. There is a commitment to having structures that support the DCO roles and the priorities identified for children and young people with SEND within BLMK ICB's and Luton's SEND strategies. A SEND facilitator role has been established to support and maintain contact with families, for example while they are waiting for therapy assessments.

A more coordinated approach across health services and better use of available information have resulted in practitioners with the right skills being targeted and deployed to where they are needed most. A review of capacity and skills within the public health 0–19 services, for example, has resulted in better knowledge of children and young people's needs within specific schools and greater staff awareness of the roles and responsibilities of the school nursing service.

Speech and language services can signpost families to other services that offer care and support, particularly when children and young people do not meet the threshold to enter the service or are waiting to begin therapy. These services include 'Flying Start', which supports children in the antenatal period and the early years, and 'Little Talkers' for older children and young people. Staff in schools have received speech, language and communication training so they can deliver programmes to children and young people who need them. This effective training is highly regarded by school staff and leaders. Although the capacity to provide speech and language support has improved, leaders are aware that there are still some barriers to be overcome. Some school leaders cannot release trained staff to deliver support programmes, for example.

Long waiting times and delays in accessing some services, such as community paediatrics and wheelchair services, persist. Improvements that had been made have been reversed and exacerbated by the COVID-19 pandemic. As a result, early opportunities to identify need are missed and some children and young people with SEND and their families do not get the support that they need in a timely manner.

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

- At the initial inspection, inspectors found the following:

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.

Area leaders have established a strategic approach to joint commissioning. Luton's joint commissioning intention was co-produced with parents and carers. It links to the needs identified in the JSNA and area leaders' longer-term strategy for children and young people with SEND. A shared SEND budget is in place alongside an integrated commissioning team.

Understanding of co-production (a way of working where children, families and those who provide the services work together to create a decision or a service that works for them all) is strong across the partnership. Much work has been done to capture the views of children and young people with SEND and their parents and carers, for example through public engagement events, meetings at special schools and surveys. These views have been used to identify and co-produce services. Examples include the 'Better Days' project that focuses on the overall well-being of children and young people with SEND and challenges the stigmas that remain in some local communities regarding social, emotional and mental health (SEMH) needs. Area leaders have co-produced a range of activities, known as the Recovery and Discovery Colleges, that enable children and young people with SEND up to 25-years-old to access support for their needs, particularly in relation to SEMH, autism spectrum disorder and attention deficit and hyperactivity disorder.

Leaders have specifically sought the views of children and young people aged 16 to 25 with SEND and their families about what is needed in Luton. This has resulted in supported accommodation projects, including supporting some children and young people with SEND in out-of-borough placements to return to Luton and participate successfully in the community. Leaders are developing a wider post-16 educational offer for children and young people with SEND. While the number of children and young people with SEND who are not in education, employment or training is low, leaders know there is scope to further increase the range of appropriate courses and destinations available. In co-production with families, an 18-plus independent reviewing officer role has been developed within social care services. The role is supporting smoother transitions, for example by working with local authority housing services to better consider the needs of young people with SEND who might otherwise need to be placed outside of the local area.

Leaders have established systems to share information and monitor the quality of provision and outcomes for children and young people with SEND who are placed out-of-borough and/or in independent schools. These include monthly meetings involving all professionals across the partnership who are involved with the child or young person and/or the school. Area leaders now have a much better knowledge and understanding of the outcomes for these children and young people with SEND.

Leaders' understanding of the use of part-time provision is much improved for those children and young people with an EHC plan. The reasons for, and use of, part-time provision, and the plans and timescales for a return to full-time provision for this group, are known well. Schools are being increasingly challenged to demonstrate that they are using part-time timetables appropriately and working towards achieving positive outcomes for the children and young people concerned. Leaders' understanding about the use and impact of part-time provision on outcomes for children and young with SEND who do not have an EHC plan is less secure. Leaders have appointed a SEND school improvement adviser and developed a new information database, to get a better understanding of how well all children and young people with SEND are faring.

The recently established parent carer forum (PCF), EPIC PCF, is quickly establishing itself as a voice for the families of children and young people with SEND in Luton. The PCF challenges and supports the area's leaders to bring about further improvement. However, there have been difficulties recruiting and retaining committee members. Area leaders have worked effectively in order to mitigate these difficulties, and the challenges caused when previous PCFs ceased to function, by carrying out a range of activities to gather the views of families. Area leaders are aware of those groups within Luton's diverse community where more work is required to ensure that they hear as wide a range of views as possible.

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

- At the initial inspection, inspectors found the following:

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.

Since the area SEND inspection of 2018, there has been a focus on all partners improving the quality of EHC plans and their contributions to them. The DCO, designated social care officer and SEND champions have ensured that professionals in health and social care teams have a greater understanding of their responsibilities regarding the production and review of EHC plans. Training across the partnership has helped improve the quality and timeliness of contributions to EHC plans.

Multi-agency quality assurance processes have been established, alongside more robust quality assurance processes in the different teams across the partnership. These ensure that contributions to new plans are sufficiently detailed and identify more clearly the child or young person's needs. Health contributions indicate how children and young people's health conditions impact on their SEND. Social care contributions for children and young people with SEND who are not known to the

service identify relevant support based on the views of the child or young person and their parents and carers. Findings from quality assurance processes are used to inform training and provide feedback at team and individual levels.

Annual reviews are used to improve the quality of existing EHC plans. There are still some delays in the annual review process, though the majority of reviews are now carried out within statutory timescales, which was not previously the case. There has been a focus on ensuring that annual reviews for those children and young people with SEND at transition points in their education take place on time and have an increased focus on supporting preparation for adulthood. There is an understanding that the highest quality EHC plans focus on preparation for adulthood whatever the age of the child or young person. Health and social care professionals do not contribute to annual reviews unless requested to do so. This means that some EHC plans are updated without the most recent information from all partners involved in the original assessment of need.

Recruitment and retention difficulties in the special educational needs assessment team (SENAT) have resulted in high caseloads for team members and a reduction in the number of EHC plans issued within statutory timescales. Area leaders have employed temporary staff and this is successfully increasing timeliness. They are carrying out a review of the SENAT team to ensure that it will have the capacity to cope with increases in the number of requests for EHC plans.

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

- At the initial inspection, inspectors found the following:

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 SEND information, advice and support service (SENDIASS) does not have the capacity required to support the families.

A new online resource, the local offer SEND information hub, has been co-produced with parents and carers and children and young people with SEND. Following public consultation, the local offer was also made available on popular social media platforms.

Area leaders have given considerable thought to how they can ensure the local offer is available to the diverse and sometimes transient local community. The web pages on the local offer are available in many different languages, making it more accessible to the needs of the diverse population of the area. Information is also made available in other formats that can, for example, be handed in person to families new to the area that might not be able to access the online hub. Multi-agency practitioners also work alongside families and support them to access the information that they need.

The local offer website is kept up to date. Feedback from users and analysis of usage ensure that it is responsive to the needs of the local community and reflects the services they need. Area leaders know there is still more work to do to make the local offer better known to parents and carers and make some information easier to find.

Immediately following the area SEND inspection in 2018, a new SENDIASS was co-produced with parents, children and young people with SEND and health partners. Area leaders have ensured that this service meets the minimum standards for SENDIASS services. There is increasing demand for support from the service. The number of staff working in the service has been increased. Steps have been taken to ensure that the SENDIASS website provides useful information and is accessible to Luton's diverse community. The SENDIASS service is effective and has the capacity to meet current demand. Parents and carers who have used the service hold it in high regard and are very positive about the difference it makes.

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

As the area has made sufficient progress in addressing all the significant weaknesses, the formal quarterly support and challenge visits from the DfE and NHS England will cease.

Yours sincerely

Paul Wilson
His Majesty's Inspector

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cc: Department for Education
Clinical commissioning group
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