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Geoff Little, Chief Accountable Officer, Bury Clinical Commissioning Group (CCG) and Chief Executive, Bury Metropolitan Borough Council
Jane Whittam, Local Area Nominated Officer

Dear Ms Dolton and Mr Little

Joint local area SEND revisit in Bury

Between 13 and 15 May 2019, Ofsted and the Care Quality Commission (CQC) revisited Bury 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) required on 21 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 2 November 2017.

Inspectors are of the opinion that local area leaders have not 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. More than 300 parents and carers contributed to the revisit. Inspectors looked at a range of information about the performance of the local area in relation to the actions outlined in the WSOA and sampled more than 20 education, health and care (EHC) plans.

Main findings

- The initial inspection found that there was a lack of strategic leadership and vision to drive forward the reforms.

  Before establishing strategies to drive the reforms, local area leaders had to change an entrenched culture that viewed the 'Bury way' as the right and only way of doing things. This was a substantial obstacle to enabling the reforms to be implemented. There are still pockets of this but there is a notable change. The local area has also faced significant churn in leadership and this has influenced the perception of strategic leadership and vision.

  The systems and structures are now securely in place to accelerate the pace at which the reforms can be implemented. The CCG and local authority leaders are now based in one place and one person has strategic oversight of both services. Health leaders are more involved at a strategic level, alongside leaders from the local authority, and SEND champions and ambassadors are also in place. There is an overarching strategy and vision for SEND but this has not been fully communicated to all stakeholders.

  It would be naïve for leaders to think that they have the full confidence and trust of parents. While parents – and children and young people – told inspectors that leaders now listen, they do not always trust them to act.

  The local area has made sufficient progress to improve this previous area of weakness.

- The initial inspection found that co-production was not at the heart of strategic considerations.

  At the time of the last inspection, there was no understanding of co-production. In addition, there was no functioning parent and carer forum in place. Leaders had made no effort to engage and involve parents. In a short period of time, Bury2Gether has been established and now has more than 700 followers. While not representing the views of all parents, they are a force for good in ensuring that the voice of parents and their children is heard.

  Leaders are committed and have worked hard to engage with parents as equal partners at a strategic level, but acknowledge that they do not always get this right. Fundamental to this is the lack of a shared understanding of co-production. Leaders at all levels – and across sectors – and parents have differing views of where there are examples of effective co-production. Nonetheless, there are examples of effective co-production. The structures have been established to allow for co-production to happen. The principles of co-production have been set out and agreed in a charter. However, leaders' commitment to co-production has

been hindered by lapses in communication which have also contributed to very high levels of parental dissatisfaction.

Although there remains significant work be done, relationships and trust to be strengthened and blockers and reticence from some leaders to be addressed, some co-production is evident in a place where it was non-existent.

The local area has made sufficient progress to improve this previous area of weakness.

- The initial inspection found that services were not working together for children and young people with SEND.

  Leaders have delivered on what they set out to do in the WSOA. They have set up multi-disciplinary teams based on the needs of individual children and young people. The local area has established inclusion partnerships so that schools and professionals can offer professional support and expertise to each other. Initiatives and financial input from the CCG have reduced waiting times for access to physiotherapy assessment and treatment. Inspectors saw an increased awareness of 'team around the family' meetings from professionals. This enables the identification and meeting of needs at an early stage, which reduces referrals to other services later.

  The local area has made sufficient progress to improve this previous area of weakness.

- The initial inspection found that the sharing of information from health between different services and agencies was poor.

  There remains a diversity of information-sharing methods across health services, including paper and electronic records. This does not ensure that important information is routinely shared in a secure, timely and efficient manner. The implementation of an electronic system across some services is under way. However, this is only to be found in isolation. Due to weaknesses in commissioning arrangements, implementation across the local area has stalled. Parents told inspectors of delays in information being shared, incorrect information being included in EHC plans and some information being mislaid. It remains the case that children, young people and their families must routinely repeat their story.

  The local area has not made sufficient progress to improve this previous area of weakness.

- The initial inspection found that there was a lack of awareness and understanding of the local offer.

The redesigned and co-produced local offer went live in March 2019. The local offer is a good example of co-production on which all agreed. Children and young people were particularly involved in its development. The young people that inspectors spoke to told us that it is an easy-to-use resource. Leaders are already addressing where some information is out of date or where new information is required. The local area is using, promoting and advertising the local offer as much as possible to bring about a greater awareness and improved understanding. There has been a significant increase in the number of 'hits' to the online offer when compared to the same period in previous years.

The local area has made sufficient progress to improve this previous area of weakness.

- The initial inspection found that children's SEND were not being accurately or consistently identified by schools.

  Through the introduction of inclusion standards and a tiered approach to identification there is greater consistency in the identification of SEND. In the past three years, the proportion of EHC assessments that have been refused has reduced from 39% to 26%. This remains far too high but is a move in the right direction.

  The SEND inclusion partnership groups are enabling expertise at school level to be shared more widely. These groups are in their infancy but the opportunity for support and challenge is welcomed by special educational needs coordinators (SENCos), who value the time to discuss issues around identification and provision. Practitioners at all levels value the involvement of multi-disciplinary teams in planning to meet the needs of children.

  Leaders say that the culture of inclusion is slowly changing for the better. This is resulting in improved outcomes, for example the reduction in exclusions. Even so, young people and parents are less positive about schools' understanding of SEND, particularly around autism.

  The local area has made sufficient progress to improve this previous area of weakness.

- The initial inspection found that health practitioners were unaware of children's education, health and care (EHC) plans.

  While health practitioners demonstrate a better awareness of children and young people's EHC plans, the quality of health outcomes in the EHC plans sampled by inspectors was very poor. This is despite the reports being submitted to inform those plans being of good quality. Where contributions to inform the EHC plan process were made by practitioners, these were of a high standard. Despite

health leaders committing to review, improve and develop the standard and quality of EHC plans in the WSOA, they have not done so.

The sample of EHC plans seen by inspectors raised wider concerns about the overall standard of these plans. There were too many delays in amendments being made or the inappropriate refusal to make amendments to a plan. All too often, the EHC plans were education plans only.

The local area has not made sufficient progress to improve this previous area of weakness.

- The initial inspection found that the joint commissioning arrangements were defective.

  Joint commissioning arrangements are immature. While high-level strategies exist, these are not underpinned by robust actions. In short, leaders do not have an accurate and up-to-date understanding of need to enable the most appropriate provision to be jointly commissioned. This continues to exacerbate commissioning arrangements that are based on service need rather than the needs of children, young people and their families.

  The local area has not made sufficient progress to improve this previous area of weakness.

As leaders of the local area have not made sufficient progress against all the weaknesses identified in the written statement, it is for the DfE and NHS England to decide the next steps. This may include the Secretary of State using his powers of intervention. Ofsted and CQC will not carry out any further revisits unless directed to do so by the Secretary of State.

Yours sincerely

Jonathan Jones
Her Majesty's Inspector

Ofsted	**Care Quality Commission**
Andrew Cook HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Jonathan Jones HMI Lead Inspector	Daniel Carrick CQC Inspector

cc: Department for Education
Clinical Commissioning Group

Director Public Health for the local area
Department of Health and Social Care
NHS England