

**20 October 2022**

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Mark Creelman, Locality Executive Director, South West London Integrated Care Board  
Maisie Davies, Local Area Nominated Officer

Dear Ms McSherry and Mr Creelman

### **Joint area SEND revisit in Merton**

Between 17 and 19 October 2022, Ofsted and the Care Quality Commission (CQC) revisited the area of Merton 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 3 September 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 in January 2020. The South West London Integrated Care Board (ICB) replaced the CCG in July 2022.

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 looked at a range of information about the performance of the area in addressing the three significant weaknesses identified at the initial inspection, including the area's improvement plans and self-evaluation.

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:

### **A lack of cohesive strategic management and effective planning, particularly from health partners, in implementing some aspects of the reforms**

The partnership between education, health and care leaders has improved since the area SEND inspection in 2019. Health leaders now have more impact and influence on strategic decision-making at all levels of SEND governance.

Despite the challenges of the pandemic, leaders have made sure that improvements have been sustained. They have continued to make progress against well-considered objectives. Leaders are not complacent about what they need to do to further strengthen SEND arrangements in Merton. For example, leaders plan to refresh the current SEND strategy, further strengthening the partnership between education, health and care to better meet the needs of children and young people with SEND.

The roles of the designated clinical officer (DCO) and designated medical officer (DMO) in strategic decision-making have also been strengthened. Leaders have recognised the importance of these roles and intend to move the DCO from a part-time to a full-time role.

These stronger partnerships and better communications are enabling leaders to identify where provision can further improve. For example, leaders in provider settings have noticed recent improvements to the school nursing service as a result of decisions made at strategic level. However, the way in which information is used to inform leaders' decision-making needs to be better developed. For example, up-to-date health data is not always complete and therefore not immediately available to inform strategic leaders' next steps to secure improvement.

Parent and carer representatives have also noticed this shift in culture. They feel respected, included and listened to. They can identify specific ways in which they now influence the direction of SEND policy. They are working with leaders to co-produce information and advice for children and young people with SEND so that

these are written in a way that is more easily understood. However, the views of parents and carers about how well leaders' actions are leading to improvements for their children remain variable.

Children and young people with SEND contribute important information about their views and lived experiences. This information is valued and used by area leaders to help decide on future priorities, and it influences strategic development.

Leaders from education providers say that there is now more opportunity to contribute their suggestions about the use of resources. They can see the positive impact this better collaboration is having on meeting the needs of children and young people with SEND.

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

- At the initial inspection, inspectors found the following:

**The inconsistent quality and contribution of health partners and poor utilisation of health information in education, health and care (EHC) assessment and planning**

The quality of EHC plans has improved because health partners contribute better information in a more consistent and timely manner. Health professionals speak positively of the training and support that they have received in the last two years. SEND is now part of 'day-to-day' discussion across the range of health teams. Leaders have introduced a more consistent approach to the completion of health reports. This allows health professionals to include more precise and coherent information about how the health needs of children and young people with SEND can be met. Although health advice is better documented in EHC plans, leaders and parents and carers know that inconsistencies remain in translating this advice into effective health objectives. More needs to be done to make sure that health objectives are linked to appropriate timescales and can be better measured.

Health professionals now attend EHC assessment panels more often. This means that there is increased opportunity for the health needs of children and young people with SEND to be identified, and for requests for the most appropriate advice to be made.

Area leaders now have effective procedures for finding out when health information is not received on time. This ensures that health advice makes its way into EHC plans

consistently. When health advice is late, EHC plans are amended to take the advice into account. Improvements in timeliness have been made as a result, but some inconsistencies in meeting statutory timescales across different services do remain.

Leaders know that further development of the annual review process is needed. The way in which leaders, including those from health, coordinate and check on the quality of this process is still in development. As a result, timely amendments to EHC plans are not always made. This limits the opportunity for EHC plans to have a prompt impact on meeting the needs of children and young people with SEND.

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

■ At the initial inspection, inspectors found the following:

**Poor-quality EHC plans compounded by a lack of effective quality assurance**

Following the initial inspection, the EHC quality assurance process was promptly introduced. It has been well thought through and is understood by all partners, including health professionals. As a result, leaders now have much better oversight of the strengths and weaknesses of EHC plans in Merton.

This process was sustained, albeit at a reduced scale, during the COVID-19 pandemic. The scale of the quality assurance process has now been restored to pre-pandemic levels. These improvements have led to higher quality EHC plans. Some specific aspects of EHC plans are consistently stronger. For example, objectives aimed at helping children and young people with SEND to become more independent are often clearly and simply worded. However, there is variation in the clarity and helpfulness of wording of other objectives. Leaders do not always pick these inconsistencies up through their checks using existing processes.

Quality assurance is a genuinely collaborative process between education, health and social care partners. They check and challenge one another's views of how good EHC plans are when these are sampled. This has supported staff in making sure that important documentation is of the standard that is expected. Leaders are using checks on the quality of EHC plans wisely to identify priorities for further training.

Area provider leaders agree that plans have improved in quality. They have noticed how this is leading to better arrangements for the transition of children and young people with SEND between different stages of education. They feel more confident that the improved oversight of EHC plans is ensuring that strategic leaders are more

aware of where things need to improve further. Leaders in education providers see the benefit of having a single, consistent EHC plan coordinator. They are confident that these coordinators have the capacity to notice when improvements to older plans are needed and follow this through.

**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 Department for Education and NHS England will cease.

Yours sincerely

Andrew Wright  
**His Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
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cc: Department for Education  
 Clinical commissioning group(s)  
 Director of Public Health for the area  
 Department of Health  
 NHS England

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