



Department
for Education

NHS
England

The Local SEND Reform Plan

March 2026





Annex A: Local SEND Reform Plan

Developing a Local SEND Reform Plan is an important first step for local areas to set out how they will lay the foundation for reform, and design an approach tailored to their local context. A shared plan which focuses on co-designing the local approach as system partners and with children, young people and families will help foster collective responsibility for delivering the reforms.

It is critical that all system partners, including health, education and childcare settings, work together to design and deliver the Local SEND Reform Plan, under the local authority's leadership. It is also crucial that representative family carers e.g. the local Parent Carer Forum, are involved in the development of the plan.






The expectation is that this plan is discussed, agreed, and signed off at your relevant SEND Governance Board. As a minimum, the plan must be formally signed off by the Local Authority Chief Executive (CEO), the Integrated Care Board (ICB) Chief Executive, the Local Authority Director of Children's Service (DCS), the Integrated Care Board NHS Place Director, and the Local Authority Chief Financial Officer (CFO/Section 151 Officer). We encourage other colleagues and partners who have contributed to also review and sign-off the plan, particularly early years, school, college and trust leaders.

Name of Local Authority: Shropshire

Name of Integrated Care Board: Shropshire, Telford and Wrekin

Local SEND Reform Plan SRO: Natasha Moody

Signatories

Role	Name	Signature	Email contact	Date
Local Authority Chief Executive (CEO)	Tanya Miles		Tanya.miles@shropshire.gov.uk	19.06.2026
Integrated Care Board (ICB) Chief Executive	Simon Whitehouse		Simon.whitehouse@nhs.net	19.06.2026
Local Authority Director of Children's Service (DCS)	David Shaw		David.shaw@shropshire.gov.uk	19.06.2026
Integrated Care Board NHS Place Director	Vanessa Whatley		Vanessa.whatley@nhs.net	19.06.2026
Local Authority Chief Financial Officer (CFO/Section 151 Officer)	Duncan Whitfield		Duncan.whitfield@shropshire.gov.uk	19.06.2026

Executive Summary

A brief summary of your local system 'change story' – your local context, where you are now, where you want to get to in the next 3 years, how you know you are succeeding and how you will know you have achieved your vision for the next 3 years. Please include a brief qualitative summary. This summary should also include your assessment of current and forecast performance against the headline metrics.

Please structure your 'change story' using the following aims:

- *Build a 0-25 system where children and young people receive support to achieve and thrive through (a) more inclusive settings and (b) stronger local partnerships*
- *Improve capacity and capability of the mainstream and specialist workforce to identify and meet need*
- *Improve confidence of children, families, and stakeholders in reform and readiness of the system*
- *Stabilise finances and improve value for money*

Shropshire's Local SEND Reform Plan aligns with national SEND reform and builds on the Shropshire SEND and AP Strategy and Outcomes Framework, which have established a shared local vision, outcomes and priorities for improvement. This plan is the next phase of reform in Shropshire: translating national policy and existing local improvement activity into a coherent three-year programme that is practical, measurable and grounded in local context. Shropshire's rural nature, pockets of deprivation, history of having a single Special School and the reality of children travelling significant distances provide unique challenges which have shaped our plan. In addition, funding for schools in Shropshire is the 15th lowest in the country, which places additional pressure on mainstream capacity and currently makes it harder for settings to resource early help, specialist advice and inclusive provision consistently across the county.

Our plan reflects a balanced partnership between the Local Authority, ICB, education providers and parent carers, with shared leadership, shared accountability and a clear commitment to co-production. The Local Authority and ICB will act as joint accountable partners for strategic leadership, commissioning, delivery, monitoring and evaluation, while parent carers will help shape priorities, review progress and influence improvement throughout implementation.

There will be a clear focus on delivering a continuum of support from 0–25, working alongside Best Start in Life, Families First Partnership and Learning, Youth and Transitions to ensure all age ranges are included and families experience a more joined-up offer. By 2029, support will be available earlier, closer to home and through clearer pathways across education, health and care. Mainstream settings, early years providers, specialist provision, post-16 services and locality teams will operate as part of one connected system, supported by a fully embedded Experts at Hand offer, stronger ordinarily available inclusive practice, expanded inclusion base capacity and clearer access to specialist support where needed. This is especially important in Shropshire's rural context, where reform must reduce long travel times, strengthen local provision and reduce reliance on high cost Independent Non-Maintained Special Schools (INMSS).

Over the three-year period, the partnership will strengthen workforce capacity through recruitment to Educational Psychology, EHCP, Speech and Language Therapy, Occupational Therapy and locality inclusion roles, alongside a stronger CPD and outreach offer for schools and settings. Experts at Hand, support bases, specialist outreach and improved pathways will help staff identify need earlier, use ordinarily available provision more effectively and access specialist advice without unnecessary escalation.

The partnership will strengthen co-production, broaden participation and establish clearer feedback loops through locality engagement, the Big Listen, SENDIASS intelligence and stronger routes for children and young people's voice, including through the PCF. SENDIASS and the PCF will be recognised as core parts of the local SEND infrastructure, providing independent advice and challenge, building trust and helping families influence design and delivery.

The current pattern of demand, increasing use of high-cost placements and long-distance travel is not financially sustainable. Reform will strengthen financial grip through better understanding of demand, unit costs and placement drivers; tighter oversight of commissioning and top-up funding; and closer links between financial decisions, sufficiency planning and outcomes. Strengthened oversight arrangements and additional capacity in the finance team will improve financial modelling and ensure demand, costs, placement decisions, commissioning activity and reinvestment are routinely reviewed with service leaders and linked to clear accountability for value for money and long-term sustainability. Expanding local provision, improving mainstream inclusion and reducing avoidable escalation will reduce reliance on high-cost placements and enable reinvestment in prevention, workforce development and local capacity.

Section 1 – Vision and Goals

1. What the local area partnership is trying to achieve?

Please set out your goals for your local system. These should be clear, aligned to the vision set out in the Schools White Paper, small in number and measurable. These goals should include clear reference to:

- Outcomes for children
- Confidence of parents, carers and young people in the system
- Management of finances to secure value for money

"In Shropshire we want all children and young people with SEND to be healthy, happy and safe, and able to achieve their potential to lead a fulfilling life. We want them to have, and to expect, the same opportunities in life as other children and young people. We want them to thrive and live their best life."

Our goals (2026-2029)

1: Improve outcomes for children and young people with SEND age 0-25

- Improve attainment, progress, attendance and preparation for adulthood.
- Reduce exclusions, suspensions and persistent absence.
- Improve timeliness and quality of EHCP processes and access to health support.

2: Strengthen mainstream inclusion and local capacity across 0-25 providers

- Increase the proportion of children and young people with SEND thriving in mainstream settings.
- Expand local capacity through Inclusion Bases, specialist outreach and Local Inclusion Support Offers (including Experts at Hand) across the 0-25 age range
- Reduce reliance on INMSS, out-of-area placements and excessive travel.

3: Increase confidence and positive experiences of families, children and young people

- Improve parent, carer and young person satisfaction with SEND services.
- Increase participation in co-production and decision-making.
- Reduce complaints, disputes and resolution times.

4: Embed effective partnership working and co-production

- Strengthen multi-agency governance and shared accountability.
- Strengthen co-produced approaches to service design and commissioning.
- Improve consistency of pathways and support across education, health and care.

5: Secure value for money and long-term financial sustainability

- Reduce expenditure on high-cost independent and out-of-area placements.
- Improve understanding and management of costs across the SEND continuum.
- Reinvest resources into prevention, workforce development and inclusive local provision to support a sustainable High Needs system.

We will develop our offer across the 0-25 age range, working with Family Hubs, EY settings, schools and post-16 providers to develop a continuum of support as part of a Children's Services Transformation Plan which brings BSil, FFP, LYTP and SEND Reforms under one transformation umbrella with high quality co-production which has a clearer impact on decision making, service design and improvement.

Section 2 – Strategy

2. Where the local area partnership expects to be in the next 3 years

A description of what your local system would look like in the next 3 years in line with the national vision set out in the Schools White Paper and set within the context of where you are starting from as a local system.

In particular, as commissioning system partners, you should reflect on and agree what your fully fledged **Experts At Hand Offer** model should be and how this will be deployed via mainstream settings and providers (including those not based in your area – e.g. further education colleges attended by your young people) to build their capacity as well as identify and meet the needs of children and young people earlier and without the need for a statutory assessment for Education, Health and Care.

To help you fully consider the scope and scale of change required, you may find it useful to structure your response using these 4 building blocks of an inclusive system, reflecting on what is working well in your system, what you are most worried about, what needs to change, and how the enablers will help you achieve your 3 year vision.

When summarising where your local area partnership currently is, please include an assessment of where you are in reference to the core minimum requirements above and how you bridge the gap, making reference to and attaching additional documents that provide underlying evidence for your summary.

Strengthening inclusion across education settings– organising places and provision to meet as many needs as possible, as close to home as possible, with all settings and providers moving towards a shared understanding and consistent practices around inclusion.

System leadership, local partnership collaboration and co-production – putting in place the enabling conditions across a local area that ensures planning and provision reflects the local area & is joined up, including strategic co-production with parent carers and children and young people.

Access to specialist support and local placements – improving collaboration between settings and deploying expertise from a range of specialist and expert sources, to support schools and settings to meet the needs of children and young people earlier and locally.

Encouraging inclusive culture & behaviours – using funding and shared accountability towards a system that works for children and families while achieving value for money.

Key target metrics from the maturity matrix are as follows:

1. Statutory 20 week timescale timeliness will improve from 20% to >90% by end of 2028/2029.
2. SLCN and ND waiting list times will be at agreed targets
3. Attendance for pupils with SEND will improve year on year and in 3 years' time will be at least in line with statistical neighbours.
4. INMSS placement rate will stabilise year on year and in 3 years' time will account for no more than 9% of our EHCP cohort.
5. The number of children accessing support from an EP, SLT or OT (or their assistants) will increase by at least 10% from baseline figures each year for the first 3 years as the EAHO grows.
6. Satisfaction measures for parent carers and CYP will be established in Year 1 and will show rapid, annual improvement thereafter.

These are in green throughout the following plans.

Local blueprint for the next 3 years	Where we are	Where we will be in the next 3 years
<p>Improve outcomes for children and young people with SEND</p> <ul style="list-style-type: none"> • Improve attainment, progress, attendance and preparation for adulthood. • Reduce exclusions, suspensions and persistent absence. • Improve timeliness and quality of EHCP processes and access to health support. 	<ul style="list-style-type: none"> • Strong SEND improvement base: LGA Peer Review, ASEND review, EQA team, SEND JSNA, audits, performance data, and Virtual School focus on CYP with SEND. • Inclusion pathways, panels, graduated support, EY forums and EHCNA input support earlier joint decisions. • Recommissioned CAMHS, expanded MHSTs, and ND/SLCN workstreams strengthening support. • Outcomes still uneven: PEX improving, but suspensions, PA, SEND EHE, EHCP timeliness and equitable specialist health access remain concerns. • Strong NEET data provides a firm post-16 foundation. 	<ul style="list-style-type: none"> • Progress, attendance and PFA outcomes, including NEET, improved and at least in line with national averages. • Cohesive locality-based, multidisciplinary EAHO enables earlier intervention and stronger 0–25 joint planning. • EHCP processes timelier, higher quality and more relational, with clearer communication. • Health support more timely and equitable, with earlier intervention through locality-based EAHO and clear referral pathways. • Fewer exclusions, suspensions and PA through earlier expert support, outreach, and APST/AP-special reintegration support.
Enablers	<ul style="list-style-type: none"> • Quality assurance and challenge: LGA Peer Review, EQA team, and DfE/LA challenge for low-performing schools. • Stronger evidence base: SEND JSNA, audits and performance data support outcomes-led planning. • Existing multi-agency pathways: Inclusion Pathway, panels, EY forum and EHCNA input enable earlier joint decisions. • Health and ND developments: recommissioned CAMHS, expanded MHSTs, and SLCN/ND workstreams. • Change Programme: ELSEC, PINS and APST provide a strong base. 	
Success measures	Baseline	Target Metrics
Attendance – EHCP	84.8%	In line with statistical neighbours
Attendance – SEN Support	90.2%	In line with statistical neighbours
EHE – EHCP	53	82 (represents a 15% reduction in projected unmitigated figures)
EHE – SEN Support	100	124 (represents a 15% reduction in projected unmitigated figures)
EHCP 20 week completion:	20%	>90%

<p>Strengthen mainstream inclusion and local capacity</p> <ul style="list-style-type: none"> • Increase the proportion of children and young people with SEND thriving in mainstream settings. • Expand local capacity through Inclusion Bases, specialist outreach and LISO (including EAHO) • Reduce reliance on out-of-area placements and excessive travel. 	<ul style="list-style-type: none"> • Mainstream inclusion strengthening through ELSEC, PINS and APST. • ICP, Inclusion Pathway, GSP, EY forum and multi-agency EHCNA panel provide a base for earlier support and EAHO. • Local mainstream and specialist capacity still underdeveloped. • Inclusion Bases, specialist outreach and LISO developing, but not yet at sufficient scale. • Reliance on INMSS, out-of-area placements and travel remains too high. • Assistive technology available through the CP lending library, but not yet widespread or embedded. • Some CPD available, but limited capacity and cost restrict access. 	<ul style="list-style-type: none"> • More CYP with SEND thriving in mainstream; support earlier, closer to home and more consistent; EHCPs used only where needed, with strong ISPs in place. • Expanded Inclusion Bases, redistributed specialist provision, outreach and stronger LISO strengthen practice across phases and localities. • Fully embedded EAHO improves access to support. • Mainstream settings have clearer pathways and easier access to targeted-plus EAHO and multi-agency advice. • Reduced reliance on INMSS, out-of-area placements and travel. • Assistive technology embedded as universal practice, with strong knowledge, skills and access to hardware/software. • Full CPD offer across priority need, delivered flexibly to maximise access. • 'Yes to assess' rates in line with national averages.
<p>Enablers</p>	<ul style="list-style-type: none"> • Change and AP Programme: ELSEC, PINS, three-tier AP, and OT/SLCN pilots in Inclusion Bases and outreach. • Existing multi-agency routes: Inclusion Pathway, GSP, EY forum, EHCNA and ICP. • Foundation for EAHO: reform, capital and place planning, existing Inclusion Bases, and Wakefield peer support for sufficiency. • Partnership: education, health and social care working jointly to meet need. 	
<p>Success measures</p> <p>Setting confidence survey</p> <p>No. CYP accessing EAHO (no EHCP)</p> <p>SLT: 1914 OT: 338 EP: 1045</p> <p>Confidence measure in using Assistive Tech:</p>	<p>Baseline</p> <p>To be established during Q2</p> <p>To be established during Q2.</p>	<p>Target Metrics</p> <p>To be established during Q2</p> <p>2548 (year on year increase of 10%) 450 (year on year increase of 10%) 1391 (year on year increase of 10%)</p> <p>To be established during Q2.</p>
<p>Increase confidence and positive experiences of families and young people</p> <ul style="list-style-type: none"> • Improve parent, carer and young person satisfaction with SEND services. • Widen participation in co-production and decision-making. • Reduce complaints, disputes and resolution times. 	<ul style="list-style-type: none"> • Confidence and experience improving through stronger corporate and political commitment, governance reset, and co-chaired boards. • Co-production infrastructure, including PCF, PINS, co-production framework and SENDIASS insight, provides a stronger lived-experience base. • PCF report that trust is fragile but there are a number of other parent carer groups within the county whom we engage with in several ways. • Parent carer and CYP experience not yet consistently positive; participation uneven; complaints, disputes and timely resolution still need more transparent improvement. <ul style="list-style-type: none"> • Thematic review: 90% of professionals aware of the local offer; 60% saw it as effective. • PC: 60% aware of the local offer; 80% felt it was not helpful. • CYP: 30% aware of the local offer; 50% felt services and support were good. 	<ul style="list-style-type: none"> • Families and CYP experience a more relational, transparent and responsive SEND system, with stronger confidence that views are heard and acted on. • Co-production reaches a wider demographic and is embedded more consistently in decision-making, service design and improvement. • Stronger partnership culture and clearer feedback loops improve communication, involvement and support. • Complaints, disputes and resolution times fall through earlier identification, clearer pathways, stronger accountability and faster response. • SENDIASS clearly positioned within trusted early intervention, helping families access support earlier and reducing escalation to statutory processes.
<p>Enablers</p>	<ul style="list-style-type: none"> • Senior corporate and political commitment, governance reset and co-chairing improving clarity, pace and accountability. • Established co-production infrastructure: Parent Carer Forum, PINS, co-production framework and SENDIASS insight. • LYTP: Youth Advisers, stronger use of CYP voice groups in settings, and IMPACT Board. 	

<u>Success measures</u>	<u>Baseline</u>	<u>Target Metrics</u>
<p>Parent Carer satisfaction and co-production measures</p> <p>CYP satisfaction and co-production measures</p> <p>Tribunal rate</p> <p>Complaints</p>	<p>To be established during Q2 (BIG LISTEN events over the summer)</p> <p>To be established during Q2.</p> <p>0.7 (2025)</p> <p>Sept 2025: 4-6/month June 2026: 10-12/month</p>	<p>To be established during Q2.</p> <p>To be established during Q2.</p> <p>0.4 (national rate)</p> <p>Maximum of 2 per month.</p>
<p>Embed effective partnership working and co-production</p> <ul style="list-style-type: none"> Strengthen multi-agency governance and shared accountability. Strengthen co-produced approaches to service design and commissioning. Improve consistency of pathways and support across education, health and care. 	<ul style="list-style-type: none"> Strong LA-ICB relationships through the Change Programme, with commitment to equal accountability in reform leadership, commissioning and oversight. Published school-age and health OAIP documents used by some settings. Governance reset and co-chairing improving clarity and accountability. Partnership working not yet consistently embedded; co-produced service design and commissioning still developing. Pathways and support still variable across education, health and care. 	<ul style="list-style-type: none"> Partnership working rated 'mature', with shared leadership across education, health and care and consistently positive impact for CYP. Clear, effective governance fully embeds reforms into BAU and impact. Education Inclusion Group and Specialist Sufficiency Board established, strengthening transparency, local accountability and collaborative solutions with MATs and settings. OAIP, shared expectations and joint working reduce variation and improve experience, while waits move closer to national expectations.
<p>Enablers</p>	<ul style="list-style-type: none"> LA-ICB relationships: Change Programme supports shared leadership and joint delivery. Reset, co-chaired governance: stronger clarity, accountability and pace. OAIP documents: starting point for more consistent pathways and practice. Growing co-production foundation: ready to embed more systematically across education, health and care. LTYP and IMPACT Board: strengthening the system for hearing CYP and families. FFP and One Plan: maximising impact from effective multi-agency working. 	
<u>Success measures</u>	<u>Baseline</u>	<u>Target Metrics</u>
<p>SLT waiting times</p> <p>0-5 ASD waiting times</p> <p>6-18 ND pathway waiting times</p> <p>19-25 ND pathway waiting times</p> <p>MH waiting times (Core Mental Health Team)</p> <p>SLT referrals accepted</p> <p>OT referrals accepted</p>	<p>60% within 18 weeks</p> <p>41.5% within 18 weeks</p> <p>9% within 18 weeks</p> <p>To be established within Q2-3</p> <p>77% within 18 weeks</p> <p>91%</p> <p>96%</p>	<p>92% within 18 weeks (NHS national target)</p> <p>92% within 18 weeks (NHS national target)</p> <p>To be established within Q2-3</p> <p>To be established within Q2-3</p> <p>92% within 18 weeks (NHS national target)</p> <p>98%</p> <p>98%</p>
<p>Secure value for money and long-term financial sustainability</p> <ul style="list-style-type: none"> Reduce expenditure on high-cost independent and out-of-area 	<ul style="list-style-type: none"> Need for better value for money and a more sustainable High Needs system recognised, but less developed than other areas. Clear intention to reduce high-cost independent and out-of-area placements and reinvest in early intervention, workforce and local 	<ul style="list-style-type: none"> Sustainable High Needs system, with stronger value for money and clearer unit-cost understanding. Reduced reliance on high-cost independent and out-of-area placements through earlier, local support, Inclusion Bases and

<p>placements.</p> <ul style="list-style-type: none"> • Improve understanding and management of costs across the SEND continuum. • Reinvest resources into prevention, workforce development and inclusive local provision to support a sustainable High Needs system. 	<p>provision.</p> <ul style="list-style-type: none"> • Stronger data, monitoring and programme management needed to improve understanding of demand, cost and performance. • Baseline, trajectory and measures starting to emerge, but now need to translate into a clear delivery plan. • SEND sufficiency: Cabinet-approved capital plan in place and being refined through SLIP work with Wakefield. 	<p>expanded/relocated specialist provision.</p> <ul style="list-style-type: none"> • Decision-making informed by strong data, clearer oversight of demand and cost, and better programme management. • EAHO targeted to highest need; inclusion support reinvests in prevention, workforce and mainstream capacity, reducing escalation, travel and avoidable cost pressure.
<p>Enablers</p>	<ul style="list-style-type: none"> • Clear reform direction: reduce high-cost placements and reinvest in early intervention, workforce and local provision. • Transformation funding: strengthen data, analytics and programme management. • High Needs Capital Funding: expand local provision, reduce travel and ease pressure on costly placements. • Experts at Hand and inclusion funding: support earlier help, mainstream capacity and prevention. • SEND Commissioner role: agreed through transformation funding. • Local Travel Plan: in development. 	
<p>Success measures</p> <p>INMSS placements (LA funded): as % of EHCP cohort</p> <p>Top-up funding (non-maintained special schools):</p>	<p>Baseline</p> <p>9.1%</p> <p>47.6% higher than stat neighbours (using DfE Benchmarking Tool)</p>	<p>Target Metrics</p> <p>9% (stabilising current growth)</p> <p>Within 37% of stat neighbours (10% improvement)</p>

3. What is the local area partnership's strategy for delivering on the above?

A brief summary of your local system's theory of change or reform strategy. Reflect on the output of your **Local Partnership Maturity Assessment Tool**, particularly your *Local System 'change story.'*

Please refer to full 'Theory Of Change' document provided – Appendix H

Shropshire's strategy for change is to move from a system grappling with the costs (human and financial) of moving to earlier intervention/prevention whilst still seeing higher levels of acute demand than should be expected, to one that is more inclusive, timely, locally responsive and sustainable. Our local theory of change is aligned with our 'one plan' approach to all Children's services reforms, and believes that if partners strengthen inclusion in mainstream settings, improve early access to advice and targeted support, build local provision, and use shared outcomes and evidence to drive decision-making, more children and young people with SEND will have their needs met earlier, closer to home, and with less reliance on escalation, diagnosis, statutory plans or high-cost specialist placements.

This reflects the Local Partnership Maturity Assessment, which shows an emerging to developing partnership with stronger strategic intent, improving collaboration and co-production, but inconsistent use of data, feedback loops and children and young people's voice. The change story demonstrates that inspection, self-evaluation and targeted investment have already created greater clarity, stronger governance and a more shared direction.

Planned activities now focus on embedding ordinarily available inclusive practice, expanding Inclusion Bases and locality support, developing Experts at Hand, improving EHCP timeliness and quality, strengthening workforce capacity, and aligning provision, commissioning and capital planning. These are supported by collaboration across education, health and care (with the local authority and ICB jointly accountable for commissioning, oversight and delivery of reform priorities), parent carers, SENDIASS, CYP and the voluntary sector, with the Outcomes Framework providing a common spine for accountability.

Together, these reforms are designed to build a system where inclusion is the default, support is easier to access, partnership working is routine, and children and young people experience better outcomes through a more consistent, financially sustainable local offer.

4. Please upload a completed copy of the Local Partnership Maturity Assessment Tool.

- See Appendix I: Shropshire Maturity Matrix

5. What is the local area partnership roadmap for the next 3 years?

Reflecting on the broad timescales and expectation for deliverables set out in the Schools White Paper, key documents and core minimum requirements set out in this document, please provide a high-level roadmap for the next 3 years. Please highlight key milestones and a trajectory to the target metrics identified above, including leading indicators.

In the 2026-27 column, in particular, please reference how you plan to meet the core minimum requirements in your narrative, including details and evidence in supporting documents.

You can insert or upload supporting documents including graphics/visuals that illustrate your data trajectory.

Local roadmap for the next 3 years	2026/27 Scope, Co-produce and Pilot	2027/28 Implement, Review and Embed	2028/29 Mature and Sustain
Improve outcomes for children and young people with SEND			
Improve attainment, progress, attendance and preparation for adulthood.	EP/EAS joint EBSA pathway project; appoint specialist teacher lead. Define AEP and EBSA mentor roles for therapy and reintegration support. Link with Health for MH support (MHST/CHARM). Launch Whole Education project with secondary schools, focused on support bases, curriculum and interventions. Maintain/improve SEND NEET rates; scope stronger post-16 pathways, including supported internships and inclusion bases. Co-produce CPD/support menu with settings; align with DfE offer and local need.	Countywide EBSA offer via EAH targeted+ route, accessible through family hubs. Enhanced EAHO for schools with high SEND PA, suspension/PEX and EHE. Evaluate all projects against agreed outcomes. CPD offer operational and expanded, with ongoing review and co-production. Develop skills/employment pathways aligned to PfA; review supported internships.	All measures achieved; sustainability embedded as BAU. Shared understanding of EBSA/EHE supports a preventative, not reactive, approach. Full CPD offer in priority areas, delivered flexibly to maximise access. CPF offer supports FHLP whole-family work on attainment, attendance and PfA. Clear, accessible post-KS4 pathways with enough local choice and capacity. CPD feedback shows impact and improved practice.
Reduce exclusions, suspensions and persistent absence.	Recommission Outshine Tier 1 AP support. Scope EAH roles in AP School; co-design model and Y2 capacity.	Tier 1 and Tier 2 AP model fully embedded and enhanced by EAHO offer.	Fully operational Tier 3 AP model established, with locality based working ensuring it is accessible to all.

	<p>Review Secondary Inclusion Development Grant alongside SEND reforms and EAHO.</p> <p>Target EAHO at schools with highest SEND unplanned EHE and PA.</p> <p>Scope and pilot Tier 3 AP model.</p>	<p>Tier 3 AP (longer term placement) – expansion reviewed and further capacity identified through the EIG and SSB.</p>	<p>Use of non-school AP reduced – use becomes planned, strategic and in the best interests of CYP (moving away from reactionary and as a result of lack of capacity in the system)</p>
<p>Improve timeliness and quality of EHCP processes and access to health support.</p>	<p>Recruit to an expanded EHCP and EP team to accelerate recovery plans to improve timeliness and quality.</p> <p>Development of EHCP Banding document (clarity on funding, needs and provision)</p> <p>Participation in West Mids AI project to support timeliness and QA – create AI implementation plan.</p> <p>Development of dashboard for instant oversight of timeliness.</p> <p>Collaboration with health to develop EAHO and monitor impact on referrals and waiting times.</p>	<p>Statutory timescales will be improving in line with target metrics.</p> <p>QA measures will be improving. Banding model will be published and fully understood by all stakeholders.</p> <p>Use of AI is established, confidence in its use is high and evidence of it having a positive impact on workload, timescales and quality.</p> <p>Dashboard provides oversight and accountability for timescales with early warning if there is slippage so that it can be rectified immediately.</p>	<p>Statutory timescales are fully met, maintained and sustainable.</p> <p>Use of AI is embedded in the team.</p> <p>Shift from reactive to proactive working in statutory teams – evidence of increased capacity for relational work resulting in improved tribunal and complaints data. Parent carer satisfaction and confidence is high.</p>
<p>Enablers</p>		<p>See section 2 blueprint</p>	
<p><u>Success measures</u></p> <p>Attendance – EHCP: 84.8%</p> <p>Attendance – SEN Support: 90.2%</p> <p>EHE – EHCP: 53</p> <p>EHE – SEN Support: 100</p>	<p>87%</p> <p>91%</p> <p>64</p> <p>108</p>	<p>Within 5 % of statistical neighbours</p> <p>Within 5 % of statistical neighbours</p> <p>73</p> <p>116</p>	<p>In line with statistical neighbours</p> <p>In line with statistical neighbours</p> <p>82</p> <p>124</p>
<p>Strengthen mainstream inclusion and local capacity</p>			
<p>Increase the proportion of children and young people with SEND thriving in mainstream settings.</p>	<p>Launch all three OAIP documents with CPD and resources.</p> <p>Recruit locality Inclusion Advisers to embed OAIP, universal and targeted support, and direct EAH capacity.</p> <p>Complete Natalie Packer/Whole Education projects; publish local support-base guidance, case studies and exemplars.</p> <p>Create registration pathway for school support bases, with QA, guidance and support.</p>	<p>OAIP self-reviews completed by all settings – moderation exercises undertaken by EAH teams to validate. Feedback used to target support where its needed most – to include parent carer and CYP feedback as well as data collected through family hubs.</p> <p>Begin annual review cycle of OAIP through our Inclusive Practice Workstream (WS1), involving all stakeholders – align with national Inclusion Standards once published.</p> <p>Shropshire support base guidance published and shared with WAGOLL understood by all – training to all stakeholders.</p>	<p>OAIP consistently embedded and evidenced in all settings.</p> <p>Annual OAIP review through Workstream 1</p> <p>Ongoing cycle of review to inform allocation of support in operation.</p> <p>Parent carer and CYP measures of 'thriving in mainstream settings' are positive.</p>

		New schools wishing to establish a support base are identified – capital expenditure process established to ensure spend is proportionate and needed.	
Expand local capacity through Inclusion Bases, specialist outreach and LISO (including EAHO)	<p>Create Education Inclusion Group and SEND Sufficiency Board.</p> <p>Open three new Inclusion Bases: Burford, Bridgnorth Endowed and The Marches.</p> <p>Appoint Inclusion Bases EQA lead for CPD, guidance, QA and EAHO links.</p> <p>Recruit ICB Advanced Practitioner; define role through EAH governance.</p> <p>Recruit 4 SLTs, 6 SALTAs and 2.6 OTs.</p> <p>Roll out ELSEC across EY/KS1; co-design SLCN EAH offer for KS2–post-16 and AP.</p> <p>Continue OT/SLT support to Inclusion Bases; add EP capacity.</p> <p>OT to continue with Tier 1 AP and co-design wider offer with settings.</p> <p>Develop enhanced CPD offer with settings, aligned to DfE offer.</p> <p>Complete ATLL pilot and recruit AT specialist teacher lead.</p>	<p>EIG and SSB well established and instrumental in sufficiency planning.</p> <p>New inclusion bases at or nearly at capacity and performing well.</p> <p>Further IBs identified where needed and scoping exercises begin through the EIG.</p> <p>Implement wider use of assistive technology, provide CPD and lending library for all settings to access – operate via the Family Hubs to allow for easy collection.</p>	<p>A full range of provision (support bases, specialist bases, special schools and AP) available for all age phases within an acceptable travel time.</p> <p>System data (across all measures) is beginning to show that the 'local first' system in Shropshire is working, is meeting need and has sufficient capacity now and in the future.</p> <p>ATLL full operational, demonstrable increased confidence in AT use to support CYP – positive feedback re impact of use on inclusion from PC and CYP as well as settings.</p>
Reduce reliance on out-of-area placements and excessive travel.	<p>Relocation of some specialist capacity scoped through the SSB – specialist satellite in St Martins, special school in Ludlow proposed for exploration.</p> <p>Scope a pilot for delivering high needs provision for EY/KS1 in our special schools (CYP currently in INMSS or on extended TPTT).</p> <p>Ensure sufficiency and place planning is data driven, taking into account travel times</p>	<p>Specialist satellite provision for north of the county planning scoping and completed</p> <p>Build flexibility into place planning, with an ongoing review cycle agreed – in Shropshire, this means that some rural provision in Inclusion Bases may need to meet the needs of a wider range of CYP, or adapt its profile over time.</p> <p>Review EY/KS1 High Needs pilot – consider longer term plans.</p>	Possible opening of new specialist provision depending on the outcome of Specialist Sufficiency work.
Enablers		See section 2 blueprint	

<p style="text-align: center;"><u>Success measures</u></p> <ul style="list-style-type: none"> Setting confidence survey No. CYP accessing EAHO without an EHCP or specialist placement: <ul style="list-style-type: none"> ➤ SLT: 1914 ➤ OT: 338 ➤ EP: 1045 Confidence measure in using Assistive Tech: 	<p>To be established during Q2</p> <p>2105 372 1150</p> <p>To be established during Q2</p>	<p>To be established during Q2</p> <p>2316 409 1264</p> <p>To be established during Q2</p>	<p>To be established during Q2</p> <p>2547 450 1391</p> <p>To be established during Q2</p>
Increase confidence and positive experiences of families and young people			
<p>Improve parent, carer and young person satisfaction with SEND services.</p>	<p>Carry out the 'Big Listen' activity in localities over summer 2026 to understand causes of dissatisfaction.</p> <p>Co-produce plan to address identified areas for improvement, alongside existing intelligence from PCF and SENDIASS. Include detailed plan to develop the Local Offer and improve availability of accessible information: continue with existing project to co-produce parent carer guides.</p>	<p>Satisfaction measures improved upon; further engagement activity carried out in localities to contribute to a continuous 'you said, we did' cycle.</p> <p>Redeveloped Local Offer fully operational – feedback demonstrates improved use and accessibility.</p> <p>Parent-carer guides completed and made available. Co-production of next steps, including workshops to support parent carer guides if necessary.</p>	<p>Satisfaction measures improved upon; further engagement activity carried out in localities to contribute to a continuous 'you said, we did' cycle.</p> <p>Requirements of EHCPs will be fully integrated within the single family Help Plan.</p>
<p>Widen participation in co-production and decision-making.</p>	<p>Revisit co-production framework to ensure it is still fit for purpose and aligns with the wider Children's Services Transformation work; establish clarity on what co-production is and isn't.</p> <p>Establish routes for co-production at locality level through family hubs, engaging with local community and voluntary groups.</p> <p>Work with LYTP, BSil and FFP Leads to establish a clear strategy for CYP co-production.</p> <p>CYP co-production charter published with co-production routes and activities started.</p>	<p>Co-production measures evidence co-production at all levels of decision making and across the county for parent carers.</p>	<p>Co-production measures evidence the quality and impact of co-production at all levels of decision making and across the county for parent carers, with strong evidence of impact.</p> <p>High quality CYP co-production fully embedded, with strong evidence of impact.</p>
<p>Reduce complaints, disputes and resolution times.</p>	<p>Identify clear pathways for handling complaints and monitoring responses so that unnecessary delays and escalation are avoided.</p> <p>Implementation of Shropshire plans (including work on timeliness, QA, specialist provision and EAHO) should</p>	<p>Complaints and disputes reducing in line with targets.</p> <p>Evidence of improving levels of satisfaction.</p> <p>SENDIASS's role in reducing complaints, disputes and resolution time is clear and</p>	<p>Complaints and disputes in line with targets.</p> <p>Evidence of high levels of satisfaction.</p> <p>SENDIASS fully embedded within the SEND offer.</p>

	<p>result in reduced complaints and disputes as a result of earlier access to support and guidance)</p> <p>Joint work with SENDIASS to promote their role in contributing to earlier understanding, constructive communication and timely impartial advice – plan for this.</p>	well communicated across the partnership.	
Enablers	See section 2 blueprint		
<p><u>Success measures</u></p> <p>Parent Carer satisfaction and co-production measures</p> <p>CYP satisfaction and co-production measures</p> <p>Tribunal rate: 0.7</p> <p>Complaints</p>	<p>To be established during Q2</p> <p>To be established during Q2</p> <p>0.6</p> <p>Maximum of 10 per month</p>	<p>To be established during Q2</p> <p>To be established during Q2</p> <p>0.5</p> <p>Maximum of 6 per month</p>	<p>To be established during Q2</p> <p>To be established during Q2</p> <p>0.4</p> <p>Maximum of 2 per month.</p>
Embed effective partnership working and co-production			
Strengthen multi-agency governance and shared accountability.	<p>Education Inclusion Group, Specialist Sufficiency Board and EAH Steering Group established and built into existing SEND and AP governance structure, with clear accountability across the partnership, including oversight around commissioning and investment.</p> <p>EAO steering group works to co-produce the enhanced offer for Y2.</p> <p>Roles and responsibilities of all members of governance structure clearly defined.</p>	<p>EIG and SSB fully operational with clear governance routes.</p> <p>Local offer reflects EIG and SSB decisions, making decision making transparent.</p> <p>EAH Steering Group fully operational, co-producing the strategy for maturing the full offer in Y2 and ensuring it meets intended outcomes.</p>	<p>EIG and SSB mature and operating as BAU.</p> <p>EAH Steering Group fully mature, co-producing the strategy for creating a sustainable, long term offer.</p>
Strengthen co-produced approaches to service design and commissioning.	<p>Agree a co-produced commissioning framework setting out when and how families, CYP, SENDIASS, education and health partners will shape service redesign and procurement decisions.</p> <p>Use Big Listen, locality engagement and governance feedback to identify two priority commissioning areas for co-designed review.</p>	<p>Pilot the framework through at least two service reviews or commissioning exercises, with documented co-production activity, options appraisal and feedback loops.</p> <p>Publish a simple decision-making record showing what changed as a result of stakeholder input.</p>	<p>Embed the framework into routine commissioning and annual planning, with agreed standards for co-production evidence, equality of participation and reporting to governance.</p> <p>Identify lessons learned and priority improvements for 2027/28 commissioning cycles.</p>
Improve consistency of pathways and support across education, health and care.	<p>Multiagency working and co-production to be integral to all plans outlined above; single Children's Transformation Plan brings together BSil, FFP, LYTP and SEND Reform under one 'umbrella' – ICB play a key role in ensuring full engagement from health (including</p>	<p>Pathways of support clearly defined and shared.</p> <p>Evidence that all stakeholders understand pathways – information clearly accessible on Local Offer and settings' digital platform.</p>	<p>Fully mature pathways of support that are understood by all, evidenced through survey data across the partnership.</p> <p>Agreed ND and SLT waiting time targets met.</p>

	therapies, school nursing, 0-19 service, public health, CAMHs and PCNs). Routes from EAH into established referral pathways agreed – EAH steering group to have oversight of this process. ND waiting time metrics and milestones to be agreed – current piece of work being undertaken by ICB to negotiate improvement trajectory.	Agreed ND and SLT waiting time milestones being met.	
Enablers	See section 2 blueprint		
Success measures			
SLT waiting time: 60% within 18 weeks	70% within 18 weeks	80% within 18 weeks	92% within 18 weeks
0-5 ASD waiting times: 41.5% within 18 weeks	60% within 18 weeks	80% within 18 weeks	92% within 18 weeks
6-18 ND pathway waiting times: 9% within 18 weeks	To be established within Q2-3	To be established within Q2-3	To be established within Q2-3
19-25 ND pathway waiting times: Not currently collected	To be established within Q2-3	To be established within Q2-3	To be established within Q2-3
MH waiting times: 77% within 18 weeks	82% within 18 weeks	87% within 18 weeks	92% within 18 weeks
SLT referrals accepted (appropriate): 91%	94%	96%	98%
OT referrals accepted (appropriate): 96%	97%	97%	98%
Secure value for money and long-term financial sustainability			
Improve understanding and management of costs across the SEND continuum.	Finance team work with DfE Financial Adviser to develop understanding of unit costs; benchmarking activities compare costs against LAs with similar indicators (e.g. rurality) Banding document co-produced with Health and trialled with 10% settings. Banding document piloted through SAP and a wider sample of settings, with moderation feedback used to refine descriptors and funding assumptions.	Unit cost dashboard and benchmarking report produced for governance, identifying priority cost pressures and areas for reinvestment. Independent placement review translated into an agreed action plan with named owners and savings milestones. Banding document in use for EHCPs and other top-up funding routes (EY and GSP) to support more consistent, fair and value-for-money allocation of high-needs funding. Annual cycle of funding review for Inclusion Bases and Special/AP Schools through the SSB.	Banding model fully embedded across EHCPs and other top-up routes, with annual review and moderation arrangements in place. Routine cost and demand reporting supports earlier decision-making, clearer oversight of unit costs and better targeting of investment toward prevention and local provision. Evidence shows more consistent allocation of funding, reduced reliance on high-cost provision where needs can be met locally, and reinvestment decisions tracked through agreed benefits realisation measures.
Reinvest resources into prevention, workforce development and inclusive local provision to support a sustainable High Needs system.	Benefits realisation framework agreed through governance, showing how savings released from reduced escalation and tighter placement management will	Reinvestment decisions are evidenced through quarterly reporting, with agreed spend shifted toward priority gaps in inclusion, targeted support and workforce	Reinvestment becomes a routine feature of annual SEND planning, with clear evidence that released resources are sustaining preventative delivery and

	be tracked and redirected into priority preventative capacity.	resilience and reviewed against impact measures.	strengthening local options that reduce future cost growth.
Reduce expenditure on high-cost independent and out-of-area placements.	Placement approval and review arrangements strengthened so that new high-cost decisions are consistently scrutinised against local options, anticipated duration, travel impact and exit planning from the outset.	A measurable reduction is seen in new high-cost placements entering the system, with more cases stepped down or prevented through planned review, earlier local intervention and stronger oversight of placement duration.	Reliance on independent and out-of-area placements is materially lower and more tightly controlled, with any remaining use reserved for exceptional need and supported by clear evidence, review discipline and planned transition pathways where appropriate.
Enablers	See section 2 blueprint		
<u>Success measures</u>			
INMSS placements (LA funded) % of EHCP cohort = 9.1%	9%	9%	9%
Top-up funding (non-maintained special schools): 47.6% higher than stat neighbours	47.6% higher than stat neighbours	42% higher than stat neighbours	37% higher than stat neighbours

Please refer to the following attachments for further detail and supporting evidence:

- Appendix A: EHCP Team Recovery Plan
- Appendix C: EHCP and EP Team Growth Modelling

6. What will the local area partnership deliver in the first year?

Please outline the key workstreams, milestones and trajectory your local area partnership will deliver and achieve in 2026-27 as well as how you plan to spend the investment allocation that will help fund this year's delivery. Please share key milestones and anticipated dates, success measures, cost breakdown and category. These should incorporate the core minimum requirements, be mapped to the building blocks above and should reflect a more detailed trajectory to the narrative, milestones and target metrics outlined in the 2026-27 column above.

NB: The detail above has been mapped against our existing core workstreams:

WS1: Inclusive Practice (this will incorporate a new EAH Steering Group)

WS2: Commissioning and Quality (this will incorporate the new Education Inclusion Group and Specialist Sufficiency Board)

WS3: EHCP Timeliness and Quality

NB: In Shropshire, all workstreams will have a focus on:

- Participation and high-quality co-production
- Comms
- Data

2026-27 Local delivery plan		Q2 Jul-Sep		Q3 Oct-Dec		Q4 Dec-Mar	
<i>Workstream outline – mapped to building block</i>	<i>Responsible lead per workstream – accountable for the delivery of the workstream and the identified outcome.</i>	<i>Milestones per workstream</i> <i>What key milestones will enable you achieve your targeted trajectory</i>	<i>Target trajectory per workstream</i> <i>Where do you expect your data to be?</i>	<i>Milestones per workstream</i> <i>What key milestones will enable you achieve your targeted trajectory</i>	<i>Target trajectory per workstream</i> <i>Where do you expect your data to be?</i>	<i>Milestones per workstream</i> <i>What key milestones will enable you achieve your targeted trajectory</i>	<i>Target trajectory per workstream</i> <i>Where do you expect your data to be?</i>
Improve outcomes for children and young people with SEND							
Improve attainment, progress, attendance and preparation for adulthood.	WS1: Senior EQA for SEND and AP; Head of Education Access	<ul style="list-style-type: none"> • Recruit EBSA lead. • Co-produce EBSA pathway. • Link MHST/CHARM support. • Post-16 inclusion meeting; scope IB/PFA. • Agree attendance/suspension/attainment baselines. 	<ul style="list-style-type: none"> • 100% post-16 engaged. • OOA post-16 providers identified. • All MATs engaged in EBSA design. • PFA baseline set. 	<ul style="list-style-type: none"> • EBSA lead recruited. • EBSA pathway launched via EAHO/family hubs. • Post-16 plan starts. • Secondary base guidance drafted; curriculum/intervention needs identified. 	<ul style="list-style-type: none"> • 100% secondary support-base plans drafted. • 100% secondaries in Whole Education work. 	<ul style="list-style-type: none"> • EBSA lead in post. • EBSA pathway live via EAHO/family hubs. • Post-16 plan starts. • Secondary base guidance/case studies drafted. 	<ul style="list-style-type: none"> • All mainstream settings have base plans. • 100% post-16 engaged in SEND delivery plan.

Reduce exclusions, suspensions and persistent absence.	WS1: Senior EQA for SEND and AP; Head of Education Access	<ul style="list-style-type: none"> • Recommission Outshine Tier 1 AP. • Agree Tier 3 AP model. • Identify highest SEND PA/EHE/suspension schools. • Track EBSA cohort. • Complete AP commissioning/data review. 	<ul style="list-style-type: none"> • Tier 1 AP recommissioned. • Tier 3 pathway agreed for Q3 launch. • Baseline set: PA, suspension, EHE, AP use. • Priority schools/cohorts identified. 	<ul style="list-style-type: none"> • Scope EAH in AP school; identify Y2 capacity. • Complete EHE/PA action plan. • Start Tier 3 AP. • Launch secondary suspensions project. • Engage highest-suspension schools. 	<ul style="list-style-type: none"> • PA falling in target schools vs Q2. • EHE/suspension stabilised or reduced. • All AP providers on Tier 1–3 model. 	<ul style="list-style-type: none"> • SLT/OT/EP support starts in AP. • EHE/PA plan implemented via EAH. • Tier 3 AP reviewed; capacity scoped. • Secondary suspension project reviewed. 	<ul style="list-style-type: none"> • Attendance up vs baseline, towards 87% EHCP/ 91% SEN Support • Disruptive-behaviour suspensions down. • Tier 3 AP evidence informs 2027–28 commissioning.
Improve timeliness and quality of EHCP processes and access to health support.	WS3: Principal EP	<ul style="list-style-type: none"> • Complete EHCP/EP recruitment. • Agree EP growth model. • Start WM AI project; identify champions. • Implement QA audits and 1-in-5 QAQ. • Quantify backlog; approve recovery trajectory. 	<ul style="list-style-type: none"> • EHCP/EP capacity in place or covered. • Caseloads reviewed weekly. • Dashboard and QA target pinch points. 	<ul style="list-style-type: none"> • EP team staffed/covered. • WM AI pilot active. • Champions feeding back. 	<ul style="list-style-type: none"> • 20-week timeliness $\geq 65\%$. • Backlog down; grip improved. • QA shows better consistency. • Dashboard prompts immediate action. 	<ul style="list-style-type: none"> • Banding finalised for implementation. • AI KPIs agreed. • 2027–28 recovery trajectory refreshed. 	<ul style="list-style-type: none"> • 20-week timeliness 70% • Backlog down; QA gains sustained. • Foundations set for 2027–28 step-up. • AI used by full EHCP team where beneficial.
Strengthen mainstream inclusion and local capacity							
Increase the proportion of children and young people with SEND thriving in mainstream settings.	WS1: Senior EQA for SEND and AP; Head of Education Access	<ul style="list-style-type: none"> • Agree OAIP action research. • Complete Natalie Packer/Whole Education projects. • Draft Shropshire base guidance, case studies, WAGOLLS. • Agree base registration/QA route. • Launch self-assessment, baseline survey, inclusion framework. 	<ul style="list-style-type: none"> • OAIP research complete; sign-off pending. • Enhanced CPD model agreed. • Locality specialist roles recruited or covered. 	<ul style="list-style-type: none"> • OAIP final drafts. • OAIP to be signed off by LA, ICB, MAT, school representatives and PCF. • Formal OAIP refresh cycle agreed • 6 specialist teachers recruited. • Enhanced CPD designed. • AT baseline/pilot/lead. • CPD menu co-produced. 	<ul style="list-style-type: none"> • All localities access core EAH. • 3+ inclusion bases operational. • EAH coverage/activity data available. • 75% settings complete AT/CPD survey. 	<ul style="list-style-type: none"> • EAH targeted-plus launched in phases. • 2027–28 sufficiency options prepared. • EAH year-end evaluation complete. • AT lead in post; ATLL plan ready for Y2. • CPD plan complete; workforce ideas scoped. 	<ul style="list-style-type: none"> • EAH reach grows across phases/localities. • Inclusion bases meet QA expectations. • Local capacity stronger than baseline.

<p>Expand local capacity through Inclusion Bases, specialist outreach and LISO (including EAHO)</p>	<p><i>WS2: Commissioning Manager; Head of Education Quality and Safeguarding</i></p>	<ul style="list-style-type: none"> • Establish EIG and SSB. • Appoint Inclusion Bases EQA lead. • Confirm ICB practitioner; complete SLT/OT/EP recruitment. • Approve EAH governance, workforce and comms. • Co-design EY/post-16 LISO via EAH group. • Agree referral pathways and locality model. • EAH delivered through locality teams and family hubs. 	<ul style="list-style-type: none"> • 3 IBs open; QA/training/outreach in place. • EAH core/targeted live all localities. • Targeted-plus co-produced, launch-ready. • Recruitment gaps tracked/mitigated. 	<ul style="list-style-type: none"> • 3 IBs open; QA/training/outreach in place. • EAH core/targeted live all localities. • Targeted-plus co-produced, launch-ready. • Recruitment gaps tracked/mitigated. 	<ul style="list-style-type: none"> • Core EAH all localities. • 3+ IBs operational/admitting. • EAH term-1 coverage/activity data live. 	<ul style="list-style-type: none"> • Targeted-plus phased launch; criteria/oversight agreed. • 2027–28 sufficiency options via EIG/SSB. • EAH year-end evaluation complete. 	<ul style="list-style-type: none"> • EAH reach up term on term, towards 26/27 SLT, OT and EP targets. • IBs meeting QA standard. • Local capacity above baseline.
<p>Reduce reliance on out-of-area placements and excessive travel.</p>	<p><i>WS2: Commissioning Manager; Head of Education Quality and Safeguarding</i></p>	<ul style="list-style-type: none"> • Appraise relocation/expansion options. • Agree AP response where local capacity is insufficient. • Complete travel impact assessment. • Scope EY/KS1 high-needs pilot. 	<ul style="list-style-type: none"> • Baseline set: OOA placements, travel cost, distance, IB occupancy. • All place-planning proposals reviewed by SSB. 	<ul style="list-style-type: none"> • Scoping to EIG/SSB; plans agreed. • Draft sufficiency plan complete; feedback starts. • Preferred options prioritised by need/geography/travel. • Routine reporting on OOA/travel established. 	<ul style="list-style-type: none"> • Draft sufficiency plan shared for consultation. • North/south options identified. • Travel analysis informs decisions. • Baseline OOA/travel monitoring live. 	<ul style="list-style-type: none"> • Partnership feedback incorporated; final draft agreed. • Priority expansion/relocation proposals agreed. • EY/KS1 pilot reviewed; recommendations agreed. • Capital/commissioning aligned to final analysis. 	<ul style="list-style-type: none"> • Final sufficiency plan agreed. • Priority developments identified. • Implementation trajectory set.

Increase confidence and positive experiences of families and young people							
<p>Improve parent, carer and young person satisfaction with SEND services.</p> <p>Widen participation in co-production and decision-making.</p>	<p><i>WS1: Senior EQA for SEND and AP; Head of Education Access</i></p>	<ul style="list-style-type: none"> • Agree Big Listen method; run locality sessions. • Launch parent confidence survey. • Review SENDIASS/PCF intelligence. • Draft CYP co-production strategy. • Scope use of the NHSE co-production benchmark tool with the ICB 	<ul style="list-style-type: none"> • 200+ responses. • Confidence baseline set. • Complaints baseline set. • All localities represented. 	<ul style="list-style-type: none"> • Improvement plan from Big Listen, PCF, SENDIASS. • Locality co-production via family hubs/VCS. 	<ul style="list-style-type: none"> • 0–25 in CYP voice plans. • Plan covers all localities/groups. 	<ul style="list-style-type: none"> • Plan live; review cycle in place. 	<ul style="list-style-type: none"> • Repeat survey due summer 2027. • SENDIASS/PCF feedback more positive, towards Q2 year-end target.
<p>Reduce complaints, disputes and resolution times.</p>	<p><i>WS3: Principal EP</i></p>	<ul style="list-style-type: none"> • Define complaint pathway and response monitoring. 	<ul style="list-style-type: none"> • n/a 	<ul style="list-style-type: none"> • Pathways clear and understood. 	<ul style="list-style-type: none"> • Establish complaints baseline 	<ul style="list-style-type: none"> • Single procedure live; dashboard oversight. 	<ul style="list-style-type: none"> • Complaints down 25%.
Embed effective partnership working and co-production							
<p>Strengthen multi-agency governance and shared accountability.</p>	<p><i>QAG; ADCS Children's Services</i></p>	<ul style="list-style-type: none"> • Establish EIG/SSB/EAH group. • Approve governance map/TORs. • Confirm leads/reporting cadence. 	<ul style="list-style-type: none"> • All workstreams led/reported. • New groups live/communicated. 	<ul style="list-style-type: none"> • Benefits framework approved. • RAID logs live all workstreams. • Governance baseline survey complete. • SENDIASS/PCF reporting live. 	<ul style="list-style-type: none"> • All workstreams meeting to cadence. • RAID logs current. • Dashboard reporting live. • Governance reviews progress/risks routinely. • Settings report better clarity. 	<ul style="list-style-type: none"> • Two reporting cycles complete. • Governance review complete with partner feedback. • 2027–28 refinements agreed. • Governance evidence informs Y2 decisions. 	<ul style="list-style-type: none"> • Governance BAU. • Decision-making timely and transparent. • Evidence shapes delivery/commissioning/investment. • Partners report stronger clarity/accountability.
<p>Strengthen co-produced approaches to service design and commissioning.</p>	<p><i>QAG; ADCS Children's Services</i></p>	<ul style="list-style-type: none"> • Agree co-production expectations. • Refresh framework; align wider transformation. • Define PCF/SENDIASS roles. • Reflect in TORs/plans/reporting. 	<ul style="list-style-type: none"> • Framework updated and shared. • All workstreams agree co-production expectations. • PCF/SENDIASS roles clear. • Aligned to wider transformation. 	<ul style="list-style-type: none"> • Co-production active across workstreams. • EAH Y2 offer co-produced. • Locality feedback informs improvement/commissioning. • “You said, we did” reporting starts. 	<ul style="list-style-type: none"> • Co-production evident across major workstreams. • Feedback shapes delivery/improvement. • EAH Y2 design clearly co-produced. • Early decision impact evident. 	<ul style="list-style-type: none"> • Year 1 co-production review complete. • Y2 improvements identified. • Evidence informs Y2 planning/commissioning/governance. • Next-step quality measures agreed. 	<ul style="list-style-type: none"> • Co-production consistently embedded. • Impact on design/comms/implementation clear. • PCF/SENDIASS/CYP influence routine and visible. • Y2 plans reflect review learning.
<p>Improve consistency of pathways and support across education, health and care.</p>	<p><i>WS2: Commissioning Manager</i></p>	<ul style="list-style-type: none"> • Establish EAH group. • Draft EAH model. • Map pathways/EAH links and establish links with referral pathways. 	<ul style="list-style-type: none"> • EAH governance/reporting agreed. • Draft model reflects partner input. • NHS waiting time monitoring and reporting route established. 	<ul style="list-style-type: none"> • Formal EAH model shared. • Access routes/thresholds clarified. • Comms/implementation plan agreed. 	<ul style="list-style-type: none"> • Shared EAH model understood. • Pathway docs ready. • Partner descriptions more consistent. 	<ul style="list-style-type: none"> • EAH referral links agreed. • Final pathway docs published. • Briefings/comms complete. 	<ul style="list-style-type: none"> • Pathways clearly defined and shared. • Access clarity improved. • Y2 monitoring foundations set. • NHS waits on track for Y1 targets.

Secure value for money and long-term financial sustainability							
Improve understanding and management of costs across the SEND continuum.	WS2: Commissioning Manager	<ul style="list-style-type: none"> Benchmark unit costs. Draft banding. Analyse cost drivers/placements. Agree benefits method. 	<ul style="list-style-type: none"> Baseline unit costs set. Top 10 high-cost categories identified. Savings quantified; reinvestment priorities agreed. 	<ul style="list-style-type: none"> Banding phase 2 launched. Quarterly cost/demand review live. Benefits framework drafted. Placement review tightened; travel data in oversight. Reinvestment principles agreed. 	<ul style="list-style-type: none"> Banding phase 2 complete and refined. Unit-cost dashboard reported. Placement review action plan set. 	<ul style="list-style-type: none"> Banding phase 3 tested/revised. Model ready for rollout. Cost/demand oversight embedded. Placement actions underway. 	<ul style="list-style-type: none"> Top-up decisions more consistent. Cost drivers clearer. Savings/reinvestment trajectory agreed.
Reinvest resources into prevention, workforce development and inclusive local provision to support a sustainable High Needs system.	WS2: Commissioning Manager	<ul style="list-style-type: none"> Agree reinvestment framework. Baseline spend set. Define reinvestment priorities. 	<ul style="list-style-type: none"> Financial baseline agreed and reported. Reinvestment principles approved. Priority prevention/workforce investments identified. 	<ul style="list-style-type: none"> First cost-pressure/cost-avoidance review complete. Workforce priorities aligned to pressure/QA/sufficiency. Draft 2027–28 reinvestment proposals ready. 	<ul style="list-style-type: none"> Governance sees prevention/local-capacity investment. Oversight informs commissioning/workforce. Reinvestment options prioritised by impact/affordability. 	<ul style="list-style-type: none"> Year-end financial review complete. 2027–28 reinvestment priorities built into plans. Monitoring refined for ongoing VfM review. 	<ul style="list-style-type: none"> Clear line of sight: finance → prevention/workforce. 2027–28 plans reflect agreed reinvestment. Monitoring supports sustainable decisions.
Reduce expenditure on high-cost independent and out-of-area placements.	WS2: Commissioning Manager	<ul style="list-style-type: none"> Review independent/OOA profile. Identify local-alternative cohorts. Set decision/spend monitoring. 	<ul style="list-style-type: none"> Baseline set: independent/OOA cost, distance, need. High-cost drivers understood and reported. Monitoring live for new decisions/local alternatives. 	<ul style="list-style-type: none"> Step-down/repatriation/avoidance options identified. New high-cost decisions face stronger challenge. 2027–29 reduction trajectory drafted. 	<ul style="list-style-type: none"> All new high-cost decisions reviewed/challenged. Step-down/repatriation cohort identified. Reduction trajectory linked to sufficiency plan. 	<ul style="list-style-type: none"> Step-down/repatriation/avoidance actions underway. Year-end review of trends/costs complete. 2027–28 commissioning updated. 	<ul style="list-style-type: none"> Fewer new high-cost placements vs trend. Decisions align better to sufficiency/VfM. Stronger control entering 2027–28.
Projected Investment Spend per quarter			Q2 (+Q1) Apr-Sep	Q3 Oct-Dec	Q4 Dec-Mar		
Transformation costs - LA			£50,840	£71,773	£71,773		
E@H - EP and assistants			£0	£199,240	£199,240		
E@H - LA direct staffing other (specialist teachers)			£0	£117,199	£279,928		
E@H - ICB direct staffing - SLT			£0	£165,276	£165,276		
E@H - ICB direct staffing - OT			£0	£56,356	£56,356		
E@H - ICB direct staffing - OTHER			£0	£25,289	£25,289		
E@H - LA admin/co-ord			£0	£80,540	£80,540		
E@H - ICB admin/co-ord			£0	£9,533	£9,533		
Subtotal			£50,840	£725,206	£887,935		

NB: exact spend not yet known as dependent on recruitment and on possible sharing costs with other transformation programmes for core roles (e.g. data, digital, comms and PMO). SLT costs may go up if some Band 6 posts have to be Band 7. Some underspend currently due to this but we anticipate it will be allocated.



Please refer to the following attachments for further detail and supporting evidence:

- Appendix D: EAH and Workforce Reform
- Appendix G: Shropshire LISO Infographic
- Appendix J: EAH and Transformation Costings

7. How will the local area partnership deliver the first-year plan?

Please set out how you will ensure the required capacity and capability is in place from organisational corporate functions to support implementation of the plan. This could include reference to how you plan to build or bring in project delivery capability to manage delivery against the plan, support prioritisation, and effective use of resources; and how you plan to build the capacity and capability in data and analytics to support effective tracking against the measures in the plan and reporting that informs decision making.

We are currently recruiting to a new Assistant Director for Education Inclusion within the Local Authority. This is an important development which will provide dedicated senior leadership for inclusion, strengthen partnership oversight, and support more coherent delivery across mainstream, specialist and alternative provision.

PMO support is already in place, with a PM assigned to each reform area (BSil, FFP, LYTP and SEND), all working as part of the wider Children's Transformation Team. This is overseen by the ADCS, who is also SRO for the SEND reforms. A SEND Transformation Lead is in post, alongside a Comms Officer working across the wider transformation programme. Where possible, digital, data and comms capacity will work across the Children's Transformation Team to maximise resources, support joined-up delivery, and reduce silo-working, duplication and gaps.

A SEND Commissioner will be recruited in Q2 to work closely with ICB commissioners and regional partners to improve value for money and embed a robust commissioning cycle. Jointly commissioned services will operate through an MOU or contract variation. Additional finance support will strengthen DSG recovery planning, financial modelling and cost analysis, providing greater challenge and assurance on the financial impact of investment decisions.

Additional data capacity will be recruited to strengthen oversight of progress and risks. Additional finance capacity is also being recruited to support DSG recovery and strengthen accountability for the impact of investment. A new digital lead, recruited in Q2, will build the LISO platform and strengthen the digital offer for settings, parent carers and CYP. The Children's Transformation Team is scoping improved systems integration and automation of manual processes. In parallel, the data and insight team is developing dashboards to integrate with existing systems, automate data collection, and improve oversight of KPIs and key metrics.

With the ICB, we will recruit a SaLT Advanced Practitioner to provide strategic therapy leadership within EAH, strengthen partnerships, and support workforce growth. The partnership will also work with the PCF and SENDIASS to scope activity supporting reform delivery and parent carer engagement.

8. Other funding **Local Authorities**.

Block Transfers: If you have made a block transfer (Schools Block to High Needs Block) for 26-27, please set out how your plans for this funding align with the activities outlined above.


In 2026/27, Schools Forum agreed to transfer 0.5% of the Schools Block to the High Needs Block (£1,165,244) to help manage rising demand and cost pressures in the High Needs system. The transfer will support delivery of the SEND and alternative provision reforms by strengthening inclusion and early intervention in mainstream settings, reducing reliance on statutory processes where needs can be met earlier, and improving consistency of support across schools. Funding will be used to sustain and scale targeted programmes that align with reform priorities, including:

- (1) Step Into School funding to provide timely, short-term support for children and young people at key transition points or where an Education, Health and Care Plan (EHCP) is not appropriate or is still being assessed;*
- (2) Inclusion Development Grants to build school capacity, develop inclusive practice and workforce skills, and implement evidence-informed approaches that improve outcomes for pupils with SEND, allowing them to be successfully educated and included within their local mainstream school;*
- (3) Graduated Support Pathway (GSP) funding to embed a consistent “assess, plan, do, review” approach, enabling earlier identification of need, more effective interventions, and clearer routes into specialist support when required.*

Together, these investments are intended to moderate demand for EHCP assessments and specialist placements over time, while ensuring pupils’ needs are met in the right place at the right time. This therefore represents reinvestment into prevention. We expect a similar block transfer will be requested for 27/28 unless significant change to funding methodologies are implemented.

Capital: We have announced at least £3 billion in high needs capital between 2026-27 and 2029-30 to support children and young people (CYP) with SEND, or those requiring alternative provision (AP). This funding is intended to support place delivery across the full 0-25 age range, including early years and post-16. We expect funding to support the following outcomes:

- a. Inclusion at the core of high needs sufficiency strategy, resulting in more children and young people with SEND accessing suitable places in mainstream settings, across all phases of education
- b. Every child or young person who needs a place in an inclusion base can access one
- c. Fewer children and young people with SEND needing to travel a long way to access a suitable placement

- 
- d. Improved suitability of the mainstream estate to support children and young people with SEND, with adaptations to improve inclusivity and accessibility of the physical environment

We also welcome innovative uses of high needs capital to drive inclusion, for example, investment in assistive technology for use in mainstream settings.

Please outline your strategy for how this funding will meet the outcomes above, with reference to the core minimum requirements and other workstreams in this reform plan where appropriate. We would like to see detail around your plans to increase capacity for inclusion bases (formerly known as SEN units, resourced provision and pupil support units – SU/RP/PSUs), such as schools, colleges or early years providers identified, engagement with relevant settings and trusts, and target cohort of needs.

If your plans include increases to places in special schools or specialist post-16 institutions, please include a clear rationale, showing the need that is being met, and why it cannot be met through other types of provision, such as inclusion bases. If you are receiving additional capital funding to replace one or more planned special or AP free schools, please set out how this funding will meet need in your area, and plans for engaging relevant trusts in your sufficiency planning.

High Needs Capital Strategy (2026–2030)

High needs capital funding will be deployed to enable local sufficiency and support the DSG recovery strategy, with inclusion the default expectation across the 0–25 system. Decisions will be informed by demand forecasting and aligned to SEND and alternative provision (AP) reforms and the core minimum requirements, so that investment improves outcomes and long-term financial sustainability.

In September 2015, Shropshire opened its first ‘Hub’, the Kettlemere Centre, at Lakelands Academy in Ellesmere for pupils in Y7-Y11 with communication and interaction needs. It took some time for the model to have the intended impact but since September 2022, following on from the success of Kettlemere, Shropshire has embarked upon an ambitious SEND Hub (now Specialist Bases) expansion project, creating a network of LA commissioned bases to meet the needs of our SEND cohort more locally. There are now 15 Primary Specialist Bases, one EY Base and 3 Secondary bases in Shropshire. In September 2026, we will open 1 more primary base (Burford) and 2 more secondary bases (The Marches and Bridgnorth Endowed) with a further secondary base being scoped for September 2027. In addition to opening new bases, we have also committed to commissioning additional spaces at existing bases, where capacity allows. Of the 162 additional spaces being created over the next 3 years, 34 of them are at existing provisions.


Age Phase	Current number of commissioned places 2025/2026	Planned commissioned places 2026/27	Forecast commissioned places 2027/28	Forecast commissioned places 2028/29
Early Years	0	12	12	24
Primary	157	181	192	209
Secondary	70	91	110	136
Post-16	0	0	20	20*
TOTAL	227	284	334	389

* NB this figure is likely to rise but we are still at an early stage of considering what provision is needed post-16; this is therefore a conservative estimate.

The focus to date has been on primary and then secondary provision. The opening of our first EY provision in April 2026 marks the start of our EY expansion plan with post-16 provision the next focus. Post-16 plans are not yet finalised; a meeting with all mainstream post-16 providers is planned for June of this year to look at co-producing the post-16 element of our sufficiency strategy and plan.

In addition to developing LA Commissioned Specialist bases, we are continuing the work started through the Change Programme to support schools with both capital funding and training/guidance to set up their own support bases. Capital funding will support targeted adaptations to improve accessibility and inclusivity in mainstream settings, including environmental adjustments, sensory and therapy-ready spaces, reconfigured accommodation, and assistive technology to strengthen inclusive practice and reduce escalation to specialist provision. Current projects with Natalie Packer and Whole Education are supporting settings to consider what high quality provision will look like and these projects will produce case studies that will underpin national and local guidance to ensure we develop a network of support bases that are fit for purpose and in line with the SEND reforms. Our move towards locality-based working will provide opportunities for groups of local schools to work together to develop support bases and other inclusive spaces that meet the needs of CYP across their local area, particularly where creating support bases in very small schools is not an efficient use of funds.

Settings have been identified through place-planning to address geographic gaps, reduce travel distances and respond to patterns of need. Where possible, schools with space due to falling roles will be utilised but this needs to be balanced with creating provision where it is needed. In addition, we are working with the Asset Disposal Programme lead to ensure we are able to make the best use of available capital assets across the county in developing provision. Delivery will be progressed with maintained schools, academies, colleges and trusts to ensure provision is clearly defined, sustainable and integrated in mainstream



environments. Once implemented, our vision is for every CYP who requires a specialist place (inclusion base or maintained SS or academy) to be able to access one locally.

Where needs cannot be met through inclusion bases or mainstream adaptations, specialist provision remains necessary for some children. At present, a number of children have to travel excessively, including out of county and to INMSS, in order to access the provision they need. Not only does this create a financial strain on the system, it means that children are not able to be educated close to home. Over the next 3 years, we will create more specialist provision in both the north and the south of the county to reduce reliance on our provisions located within Shrewsbury. An all-through satellite provision is being explored as a possibility in St Martins (north), working in partnership with one of our specialist academies to create around 20 new specialist places. This school has been identified as a possible suitable site due to patterns of need in the north of the county and also because it is an all through school with its own swimming pool which provides the opportunity to create a provision that will meet the needs of a wide range of children with more complex needs. In addition, we are exploring potential for creating more specialist provision in the south of the county (Ludlow), utilising an existing school which may relocate. This could potentially create an additional 120-150 place special school that would meet the needs of children in the south of the county. This in turn would free up some capacity and physical space at our central special schools by relocating some children closer to home; this could provide us with the opportunity to create more bespoke provision for the small minority of children for whom our special schools cannot currently meet need and who have to access high cost OOC and INMSS provision, as well as creating much needed additional capacity where INMSS is being used due to a lack of special school places being available. AP Provision has not yet been identified as requiring capital spend in order to meet needs but if identified as doing so in the future, capital planning will be adjusted, reflecting a responsive approach.

Expanding inclusive capacity is central to the DSG recovery trajectory and has already been formally agreed by Cabinet on 19.11.26. Increasing mainstream and inclusion-based provision will reduce reliance on high-cost independent and non-maintained placements, improve local sufficiency and support more efficient use of high needs funding over time. Special and AP Schools will be located more strategically over the next 3 years to ensure there is access to a mix of provision within each local area.

Please refer to the following attachments for further detail and supporting evidence:

- APPENDIX B: Specialist Schools and Inclusion Bases Map

9. System partner and stakeholder engagement, and co-production.

Please outline how the local area partnership plans to engage system partners and stakeholders to develop and implement the plan – include planned engagement with schools and early years settings, alternative providers, FE and post-16 providers (including those your young people attend that are not within your local area), Parents and Carers and children and young people with SEND, with reference to the core minimum requirements. Consider changing roles and responsibilities in the context of the Schools White Paper and how you work collaboratively to manage the transition. Please indicate where additional support is required to engage partners or stakeholders - senior officials at the Department for Education will be available to contribute to summer term events with education leaders and parent carer forum leaders.

The local area partnership will deliver engagement and co-production through a structured programme linked to Shropshire's Children's Transformation Programme. Engagement will include all stakeholders, including out of county settings where required, to secure shared ownership of reform, clarify responsibilities, and ensure implementation is shaped by operational experience, family feedback and local need. Meaningful co-production will be visible at all levels for both parent carers and children and young people.

This work is already underway. A series of online and in person events has brought together education leaders, local authority representatives, the ICB, health partners and PCF leaders to test the practical implications of reform, consider changes in partner responsibilities and identify priority actions for transition. The outputs informed the maturity matrix and established a shared baseline for reform planning. In parallel, targeted focus groups have been held with mainstream schools, early years settings, AP and FE/post-16 providers to gather intelligence on barriers, effective practice and implementation risks.

Surveys have been issued to settings and to parents and carers to test the feasibility and likely impact of key proposals, including the Experts at Hand offer, inclusion expectations and sufficiency planning. Responses have been reviewed alongside SENDIASS intelligence and wider local feedback to identify common themes, challenge assumptions and refine delivery priorities. This evidence has informed planning sessions, workstream design and successive iterations of the maturity assessment. We will explore how we can utilise expertise within PCF and SENDIASS to provide support and advice to settings in developing relationships with parent carers and providing early intervention to prevent escalation to tribunal.

Implementation will now move from consultation to a defined engagement cycle. Schools, settings and trusts will be engaged through existing leadership forums, locality meetings, SEND networks and targeted workshops linked to workstreams such as EAH, AP, sufficiency and inclusive practice. Parent carer engagement will continue through the Parent Carer Forum and wider participation routes, with a focus on extending reach beyond existing representatives. SENDIASS intelligence will be used as a standing source of feedback on lived experience, pressure points and communication gaps. Joint training and co-design sessions will be used where changes require shared understanding, particularly in relation to ordinarily available provision, access to support and commissioning changes.

Direct co-production with children and young people is less developed and is a year 1 priority. The partnership will establish a youth advisory group, co-produce an accessible participation approach and create regular feedback routes so CYP can influence design, implementation and review. The group will be aligned to the wider youth transformation programme so that it reflects a broader and more representative mix of mainstream experiences, alongside linked routes for children and young people in specialist provision so they can contribute in ways that are meaningful to them while remaining connected to the main group. This will remain distinct from parent voice and will be linked to governance so feedback is visible in decision-making and reported through "you said, we did" updates. An annual cycle of engagement, starting with family locality events in summer 2026, will be used to gather baseline feedback, review progress and identify actions.

A recently developed Children's Services communications plan will support this work by coordinating reform messages, updates and opportunities for involvement across the wider transformation programme. This will help ensure communication is timely, consistent and proportionate, reducing duplication and mixed messaging. The partnership will maintain continuous engagement through governance, workstream delivery and routine feedback; a newly appointed Comms Officer will provide the required additional capacity.

10. Risks and Mitigations

What are the key risks that could affect the successful implementation of your Local SEND Reform Plan, and what mitigation strategies are in place to manage these risks? Please include a maximum of 5 risks with impact and likelihood RAG for each risk. See Annex C for suggested risk matrix.

Risk	Impact	Likelihood	RAG	Mitigation	Residual RAG
<p>Uneven implementation of ordinarily available inclusive practice (OAIP) and the graduated response across settings leads to postcode provision and escalation.</p> <p>Shropshire schools are funded at a lower rate than other LAs, leading to greater challenges in implementing OAIP and the universal and targeted offer; as a result, there remains an incentive to secure top up funding through GSP or EHCP, leading to an unsustainable pull on finances.</p>	Critical 4	Likely 4	Red 16	<p>Clear minimum expectations; co-produced OAIP materials and training; peer learning and SENCO networks; targeted QA/deep dives and support visits; escalation route for persistent non-engagement; publish “what good looks like” via Inclusion Quality Mark, QA of top up funding where provided.</p> <ul style="list-style-type: none"> • Mitigation owned by WS1 	Amber/Red 12
<p>Experts at Hand Offer cannot operate at scale due to constrained workforce capacity (EP/SALT/OT/mental health) or unclear service standards.</p>	Critical 4	Unlikely 2	Amber/Red 8	<p>SLA/MOU with ICB setting scope, triage and response standards, prioritisation and escalation; blended delivery (consultation, group delivery, targeted interventions) to maximise reach; joint workforce plan and recruitment/retention actions; commission additional capacity where feasible; weekly capacity and backlog reporting with escalation through ICB place governance if standards missed.</p> <ul style="list-style-type: none"> • Mitigation owned by WS2 <p>EP recruitment has been priorities with specialist posts that easier to recruit to been agreed. More Assistant and Trainee EP posts being built into the structure.</p> <ul style="list-style-type: none"> • Mitigation owned by WS3 	Amber/Green 4
<p>Local capacity (inclusion bases, outreach, AP) takes time to create; reliance on independent/out-of-area placements and travel costs continues in the short term.</p>	Moderate 3	Possible 3	Amber/Red 9	<p>Staged sufficiency plan (quick wins, medium build, longer-term capital delivery); transparent place planning principles and travel impact assessment for expansions; repatriation plans and strengthened commissioning/contracting; increase inclusion base and mainstream adaptation capacity; AP recommissioning with clear reintegration pathways.</p> <ul style="list-style-type: none"> • Mitigation owned by WS2 and new EIG/SSB 	Amber/Green 6

EHCP timeliness and quality improvements do not sustain ('stick') as demand rises and partner advice remains delayed or inconsistent.	Critical 4	Unlikely 2	Amber/Red 8	Sustain recovery into BAU with clear workflow and QA; 'right evidence first time' standards and advice templates; agreed partner advice timescales and escalation; monthly performance rhythm; strengthen annual reviews and transitions; use EAHO and OAIP to improve upstream evidence and reduce avoidable statutory requests. <ul style="list-style-type: none"> • Mitigation owned by WS3 	Amber/Green 4
Engagement and co-production does not reach under-represented families or children/young people, reducing trust and the ability to adapt services based on lived experience.	Critical 4	Possible 3	Amber/Red 12	Participation plan with targeted outreach and accessible formats; resourced PCF engagement; establish a representative CYP Forum with safeguarding/consent and clear routes into governance; "you said, we did" reporting; use SENDIASS insights and mediation themes to target improvement. <ul style="list-style-type: none"> • Mitigation owned by WS1 	Amber/Green 4
Poor understanding of unit costs, lack of oversight of spend and poor financial planning results in continued overspend of HN block and an unsustainable system.	Critical 4	Unlikely 2	Amber/Red 8	Working with DfE financial advisor to develop sound financial planning. Peer support such as that provided by Wakefield around specialist sufficiency, statutory timescales and banding document ensures development of a less reactive system, allowing financial decisions to be made strategically. <ul style="list-style-type: none"> • Mitigation owned by WS2 and WS3. 	Amber/Green 4
ICB Changes – unknown impact on capacity.	Moderate 3	Unlikely 2	Amber/Green 6	ICB already work well with us strategically and there is clear commitment to maintaining this; refreshed commissioning workstream and the EAH Steering group will monitor performance and flag any risks and any challenges will be fed back through QAG to the PB. <ul style="list-style-type: none"> • Mitigation owned by WS2 and new EAH Steering group 	Green 3

11. Dependencies

Please detail the key areas of the local area partnership's proposed SEND future state and roadmap that may be impacted by wider reforms nationally and locally and outline how you will manage these. We expect these will include but not be limited to:

- NHS reforms
- Local Government Re-organisation
- Reforms to Children's Social Care
- Best Start in Life, including Family Hubs
- Best Start In Life Strategy
- Curriculum and Assessment Review

Delivery of Shropshire's plan depends on several reforms and programmes outside the direct control of the SEND Partnership. These dependencies will be managed through one programme plan, one RAID and dependency log, named owners, clear timescales and agreed escalation routes. The PMO will update the log weekly, chase overdue actions and issue a monthly highlight report setting out status, slippage, decisions required and impact on milestones. QAG will review dependencies and linked risks at each meeting, agree corrective action and escalate unresolved issues to the SEND Partnership Board, Children's Transformation governance or ICB governance where required. Any dependency that threatens a quarter-end milestone will trigger an exception report and recovery plan within 10 working days.

***NHS reforms and ICB change** are a critical dependency for Experts at Hand, waiting times and the timeliness and quality of statutory health advice. To manage this, the partnership will agree a joint LA-ICB workforce plan covering therapy, psychology and specialist practitioner capacity, with named leads and monthly review of vacancies, commissioned capacity, sessions available and priority gaps. A single triage route will be established for EAH requests and statutory advice, with agreed response standards, prioritisation criteria and urgent escalation routes. Delivery will use a blended model of consultation, group training, targeted intervention and statutory contribution so that specialist time is used consistently across the system. Weekly monitoring will cover capacity against demand, health advice timeliness, open backlog and use of commissioned capacity. If standards are missed for two consecutive cycles, the SRO will escalate to ICB Place leadership and require a joint recovery plan with actions, timescales and named owners.*

***Local Government Reorganisation and Children's Social Care reform**, including Family Help, create dependencies in pathways, thresholds, workforce availability and management capacity. SEND reform will therefore sit within the wider Children's Services Transformation portfolio, with one RACI, shared programme support and aligned milestones across SEND, Best Start in Life, Family Help and participation work. A monthly stop-start-continue review will identify duplication, re-sequence activity and protect critical milestones. Where staffing in key delivery roles falls below minimum safe capacity, transformation funding will be used to backfill priority functions and QAG will consider pausing lower-impact activity.*

***Best Start in Life and Family Hubs** are a key dependency for earlier identification, locality engagement and demand moderation. SEND pathways will be built into Family Hub arrangements through a clear front door for advice, consistent referral routes into early years support and EAH, and locality-level feedback loops using "you said, we did". Hub-level demand, repeat contacts, waiting times and referral conversion rates will be monitored, with additional support targeted to localities showing sustained pressure or under-representation of families and young people.*

***The Curriculum and Assessment Review** may affect attendance, behaviour and identification practice. To reduce variation, the partnership will use OAIP expectations and the Inclusion Quality Mark as the operational baseline. The EQA team will use attendance, exclusion, escalation and EHCP request data to trigger targeted QA visits and deep dives, with clear follow-up actions, peer support and escalation where settings do not engage.*

***Data, finance and sufficiency dependencies** will be managed through tighter controls. A KPI dictionary will set out agreed definitions, reporting dates and named owners. Reporting will be automated where possible and supported by a monthly insight summary. Financial dependencies will be managed through phased investment gates, unit-cost baselines, placement oversight and explicit tracking of cost avoidance. The sufficiency programme will operate through short-, medium- and long-term phases, including repatriation planning, while local capacity is developed.*

Section 3 – Monitoring and Evaluation

12. How will the local area partnership know delivery is on track?

Please set out how you will monitor and track progress referencing:

- **Monitoring tools and processes** - the specific tools, systems, and data you will use to track delivery milestones and measure the impact on outcomes.

Some Local Area Partnerships hold data in a central SEND operational dashboard. This is used by teams on a weekly basis to identify trends in demand or inform conversations with local school or setting leaders.

In some Local Area Partnerships, a view of the Key Performance Indicators (KPIs) is reviewed monthly by a SEND Board to take decisions on prioritisation, resourcing and delivery of services informed by regular data.

Please set out how you will use data to track demand (e.g., EHCP applications for assessment), Service delivery (e.g., Speech and Language Specialists deployment; places created), Service quality (e.g., parental satisfaction) and outputs (e.g., pupil attendance; pupil exclusions)

- **Feedback and adaptation mechanisms** - what feedback loops and stakeholder input you will use to review progress and adjust your approach.

The Local Authority and ICB will act as joint accountable partners in monitoring and evaluating delivery, using shared data, quality assurance and lived experience to review impact and drive improvement. The local area partnership will keep delivery on track through a single performance management framework bringing together quantitative data, quality assurance and lived experience to support improvement, not just report activity. A partnership dashboard will be the core tool for monitoring delivery against reform milestones, success measures and agreed outcomes. It will include a focused set of priority outcome measures, each with baselines and trajectories, so the partnership can judge clearly whether reform is making a tangible difference. These will include the following headline metrics:

- EHCP timeliness: from 20% to over 90% by end of 2028/29
- SLCN and ND waiting list times will be at agreed targets
- SEND attendance: improving year on year to at least in line with statistical neighbours
- INMSS placements: stabilising at no more than 9% of the EHCP cohort
- EAHO reach: children accessing EP, SLT and OT support increasing by at least 10% each year for the first three years
- Parent carer and CYP satisfaction: measures established in year 1 and improving annually thereafter

The dashboard will combine lagging indicators, such as attendance, placement profile and spend, with leading indicators, such as referral volumes, waiting times, QA findings, complaints themes and escalation patterns, so pressures can be identified early. Data will be reviewed monthly at operational level and quarterly through partnership governance, with analysis by locality, phase and cohort to test equity across Shropshire's rural geography. Where metrics or feedback indicate deterioration, this will trigger a defined response: immediate review of the issue, identification of contributory factors, targeted support and improvement actions, named accountability, and follow-up through the next reporting cycle. Escalation routes through governance will be used where progress is not secured.

Quality assurance will form the second strand of the framework. In year 1 the partnership will implement a co-produced QA cycle, overseen by the EQA Team and reported through QAG. This will include multi-agency audit of EHCPs and SEND support plans, thematic reviews of inclusion practice, transitions and health contributions, and peer review across settings. QA will look not only at the technical quality of plans, but also at communication quality, parent partnership, early resolution practice and the extent to which support is helping to prevent escalation. In schools and settings, monitoring will provide both challenge and support, helping to build capacity for improvement rather than simply identifying underperformance.

Lived experience will form the third strand of monitoring. Parent carers, children and young people will provide regular feedback through surveys, Big Listen activity, co-production forums, PCF and SENDIASS. SENDIASS will contribute intelligence, thematic interpretation and learning about where communication, expectations or relationships are driving escalation. Qualitative evidence from families, PCF, children and young people and SENDIASS will be considered alongside quantitative data in decision-making, so the partnership responds to the whole picture, not metrics alone. Governance will provide accountability through a single delivery plan with milestones, trajectories, named leads and clear oversight arrangements.

Reporting to DfE

Using the attached data template, the local area partnership is required to provide quarterly data returns to DfE against selected key metrics. DfE will, in turn, provide quarterly data reports with visualised analysis and benchmarking that will support your local delivery, monitoring and evaluation. This will include data the department holds on **Attendance**, **Exclusions**, and **Unauthorised absence**.

Please use the attached data template to upload your initial data return to DfE.

- **Appendix K: Shropshire Local SEND Reform Plan Data template**

Section 4 – Governance

13. How will the local area partnership ensure delivery of plans remain on track?

Please outline the governance structures in place to oversee delivery. Clearly set out who is responsible for overseeing reform delivery, what each governance group or individual is accountable for, and how these arrangements ensure progress is monitored and decisions are made transparently. Please identify where the named SRO for the Local SEND Reform Plan sits within the governance structure and ensure your response incorporates the core minimum requirements.

Shropshire's SEND Reform Plan will be delivered through a single partnership governance framework, with the Local Authority and ICB providing joint strategic leadership, shared accountability and aligned decision-making across education, health and care. This is central to our reform approach, reflecting our commitment to one prioritised plan, collective responsibility and an integrated system capable of delivering sustainable improvement for children, young people and families.

Governance Mechanism <i>This may be a governance group, or an individual (e.g. SRO).</i>	Purpose/ Responsibilities <i>What is the function of this governance mechanism? What are they accountable for overseeing? What information is reported to this governance mechanism?</i>	Membership <i>Who does this governance mechanism comprise of? [should include health and PCF representation] What stakeholders are represented at this governance mechanism? Please indicate who chairs this. (Include n/a if an individual).</i>	Cadence <i>How regularly does this governance mechanism meet?</i>	Decision Rights <i>What decisions can this governance mechanism make?</i>	Escalation Route <i>Where can this governance mechanism escalate issues or decision to?</i>
Children's Ambition Board	Strategic Partnership Board driving ambitious outcomes for children and families. It provides strategic oversight of the wider children's transformation programme and ensures SEND reform remains aligned to broader partnership priorities for children and families.	<ul style="list-style-type: none"> • Chair: CEO (SC) • Director of Children's Services • Service Director Children and Young People • Families First Partnership Strategic Lead • Leader or Representative of Lib Dem Group (SC) • Leader or Representative of Lib Dem Group (SC) • Leader or Representative of Reform Group (SC) • Leader or Representative of Labour Group (SC) • Leader or Representative of Green Party (SC) • Chair of People Overview and Scrutiny Committee • Principal Social Worker (SC) • Ambassadors for Vulnerable Children and Young People • Scrutineer for Children's Safeguarding Partnership • Executive lead for safeguarding, Integrated Care Board 	Every 2 months	Strategic Decisions	Top Layer of the Governance Structure

		<ul style="list-style-type: none"> • West Mercia Constabulary • Chief Officer Shropshire VCS Alliance – Community Resource • Chief Officer Shropshire VCS Alliance - Energize • Headteacher rep • Legal Representation • Youth Services Team Manager • Programme Manager • Performance & Improvement Manager • Clark 			
Health and Wellbeing Board	<p>The Health and Wellbeing Board provides strategic alignment in relation to health, wellbeing and inequalities.</p> <p>It acts to ensure that key leaders from health, care and the voluntary and community sector work together to improve health and wellbeing and reduce inequalities.</p>	<ul style="list-style-type: none"> • Co-Chairs – ICB/Portfolio Holder for Health. • VCSE • Partners in Care • RJAH • STWCH • MPFT • West Mercia Police • WMAS. 	At least quarterly	Statutory decisions re. JSNA, Pharmacy Needs Assessment, Better Care Fund, development of Health & Wellbeing Plan. Takes strategic decisions	Reports to Full Council as required, overseen by HOSC.
Education Partnership Board	<p>The Education Partnership Board aims to support excellent education for all children and young people across Shropshire by fostering collaboration, sharing best practices, and ensuring that the voice of education is heard in decision-making processes.</p> <p>This is a new job that has not yet been formally set up.</p>	The board will consist of representatives from various educational institutions, including maintained schools, representatives from academies, FE and Early Years, and other educational providers. The board will include representatives from the dioceses, and the Department for Education. Membership will be reviewed annually.	Termly	Strategic decisions	Children's Ambitions Board
IMPACT Board	<p>This is a tactical level board to bring participation, engagement and co-production to life across Shropshire.</p> <p>It has a mission to ensure that the voices of children, young people and their families influence decisions.</p>	<ul style="list-style-type: none"> • Assistant Director for Children's Services Reforms (Chair) • Operational Manager Early Help • Shropshire Youth Support Team Manager • Youth Participation Lead • Early Help SEND Lead • Childrens Placement Service Youth Worker • Principal IRO • All About Youth (VCS) • PACC (VCS) • FIS and Local Offer • DSCO 	Monthly	Decisions on how we will seek to deliver the core functions set.	Ambitions Board

		<ul style="list-style-type: none"> Stepping Stones Senior DCT Team Manager Autism Commissioning Officer Participation Officer – CLA Lead Education Officer – CLA Principal Social Worker Young Carer Lead DH Virtual School (LA) LCT - Academies Co-Production Lead (LA) Team Manager Adoption Support Social Work Manager - Assessment Team Shrewsbury College Residential Quality Lead MPFT 				
SEND and Inclusion Partnership Board	<p>The SEND and AP Partnership Board is the principal programme governance forum for the SEND Reform Plan.</p> <p>It oversees delivery against the plan, reviews milestones, performance and risks, approves key delivery and commissioning decisions, agrees corrective action where progress is off track, and maintains oversight of jointly commissioned priorities and outcomes.</p>	<p>CORE MEMBERSHIP</p> <p>Co-Chairs</p> <ul style="list-style-type: none"> Director of Children's Services (LA) Chief Nursing Officer (ICB Executive Lead for SEND) <p>Parents Lived Experience</p> <ul style="list-style-type: none"> Shropshire Parent and Carer Council (PACC) SENDIASS Manager <p>CYP Lived Experience</p> <ul style="list-style-type: none"> TBC <p>Strategic Health and Care</p> <ul style="list-style-type: none"> Director of Adults Social Services (DASS) Director of Public Health (DPH) <p>Commissioning Representatives</p> <ul style="list-style-type: none"> Director of Strategic Commissioning (ICB) Service Director Commissioning <p>Business Intelligence and Data Insights</p> <ul style="list-style-type: none"> Business Intelligence and Insight Manager (LA) ICB Lead <p>Co-Chairs of the Quality Assurance Group (QAG)</p> <ul style="list-style-type: none"> Assistant Director of Children's Services Reforms <p>Associate Director of Nursing and Quality (Priority Populations) SRO SEND</p> <p>ASSOCIATE MEMBERSHIP</p> <p>Education Representatives</p> <ul style="list-style-type: none"> (16-25) Vice Principal Shrewsbury College (16-25) Director, Finance and Client Services, Derwen College 	Hal termly	Strategic Decisions	<p>Children's Ambitions Board</p> <p>Health and Well being board</p>	

		<ul style="list-style-type: none"> • (Secondary and Multi Academy Trust) Headteacher • (Secondary and Single Academy Trust) Headteacher • (Primary phase Trust, Trust includes SEND Hubs) CEO • (Primary Federation, includes SEND Hubs) Executive Headteacher • (Mixed phase Trust, includes Woodlands special school) CEO • (Mixed phase Trust, includes Severdale special school) Director of SEND <p>Health and Social Care Representatives</p> <ul style="list-style-type: none"> • SCHAT • Clinical and Care Director, Shropshire MPFT <p>Social Care Representatives</p> <ul style="list-style-type: none"> • Service Director - Children and Young People <p>Observers</p> <ul style="list-style-type: none"> • DfE Representative • DfE SEND Reform Delivery Lead • Improvement and Transformation Lead, Vulnerable Children's Unit 			
Quality Assurance Group (QAG)	<p>QAG provides routine performance oversight and assurance to the SEND and AP Partnership Board.</p> <p>It triangulates quantitative data, audit evidence and lived experience to assess progress, identify variation, challenge underperformance and escalate concerns.</p> <p>It assures whether reform activity is changing practice and outcomes, not just whether activity has taken place.</p>	<p>Chair: (AD Children's Services and SRO) Deputy Chair: [Associate Director of Nursing and Quality Priority Populations, ICB SEND SRO]</p> <ul style="list-style-type: none"> • EHCP Team Manager, • Head of Virtual School and Access to Education, • Head of Education Quality and Safeguarding, • Principle EP and Preventative Lead, • SEND Transformation Lead. • ICB SEND Senior Responsible Officer • DCO (or deputy), • Relevant provider representation from health as required • DSCO • Commissioning: TBD • Data/insight/analytics representation: TBD • Senior Integration Development Officer <p>Additional attendees: subject matter experts and provider representatives invited depending on agenda (e.g., early years, post-16, therapies, AP, relevant children's disability / transitions leads).</p> <p>Co-production routes (standing input): Children, Young People and Families are engaged and/or specialist groups when the theme relates to an area of interest.</p>	Monthly	Check and challenge Decided what needs to be escalated Operational decisions	SEND and Inclusion Partnership Board
Workstream 1: Inclusive Practice	Develop a continuum of high-quality local provision in	<ul style="list-style-type: none"> • Senior EQA for SEND and AP, Chair • Lead for Access to Education, Vice Chair 	Every 6 weeks	Operational decisions	QAG

	<p>Shropshire across education, health and social care to better meet the needs of children and young people with SEND and those requiring AP.</p> <p>Named workstream leads are accountable for delivery of agreed milestones, risks, dependencies, performance measures and partnership actions within their area.</p>	<ul style="list-style-type: none"> • Head of Virtual School and Access to Education • PACC • SENDIASS • Education Quality Advisor, Shropshire Council • Designated Social Care Officer – SEND • Designated Clinical Officer - SEND • Senior EP • Commissioning Officer for SEND • Early Help Representative • Nursery representation • School age representation - primary • School age representation - secondary • Post 16 representative • Special School representation • SURP representation • TMBSS 		Agree actions to meet the needs of intended outcomes	
Workstream 2: Commissioning and Quality	<p>Provide strategic oversight of commissioning, quality assurance and service improvement across the SEND system, with active input from the ICB SEND Lead, so that education, health and social care services are planned, delivered and reviewed in a joined-up way.</p> <p>This workstream supports joint accountability between the Local Authority and ICB through shared oversight, reporting and delivery management.</p>	<ul style="list-style-type: none"> • SEND Transformation and Inclusion Lead / relevant strategic commissioning lead, Co-Chair • ICB Commissioning Lead, Co-Chair • Shropcom Children's Services Lead (or other health provider representative), Vice Chair • Commissioning representatives from education, health and social care • ICB SEND Lead • SEND service leads relevant to commissioned provision and quality assurance • Designated Clinical Officer / health SEND representative • Designated Social Care Officer / social care SEND representative • Education Quality Assurance / performance and improvement representatives • Finance / sufficiency / placements representatives, as required • PACC • SENDIASS • School and provider representation, including mainstream, special and post-16 • Other partners or subject matter leads invited according to the agenda and priorities 	Monthly	<p>This group can make decisions related to the execution of commissioning strategies approved by the SEND and Inclusion Partnership.</p> <p>They can make decisions about the integration of shared systems to understand need, developing services, monitoring them and reviewing them to provide influence to the SEND and Inclusion Partnership.</p>	QAG
Workstream 3: EHCP Quality and Timeliness	Ensure partnership action to improve the timeliness and quality of Education, Health and Care Plans. This group	<ul style="list-style-type: none"> • EHCP Team Manager, Chair • Associate Designated Clinical Officer, Vice Chair • PACC 	Monthly	This group makes proactive, process-oriented decisions aimed at preventing	QAG

	<p>is responsible for interrogating the data, taking rapid action to improve EHCP timeliness, and contributing to the programme's routine assurance and escalation cycle through regular reporting to QAG.</p>	<ul style="list-style-type: none"> • SENDIASS • Education Quality Advisor, Shropshire Council • Designated Social Care Officer – SEND • Senior EP • Adult Social Care Representative • Early Help Representative • Nursery representation • School age representation • Post 16 representative • Special School representation • Parent Carer group representation 		<p>defects and ensuring services meet established standards.</p>	
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Please refer to the following attachments for further detail and supporting evidence:

- APPENDIX L: Governance Chart
- APPENDIX M: TOR SEND and Inclusion Partnership Board

Section 5 – Central Government Support

14. How can we help you?

Please outline any practical support you need from central government to implement your plan effectively.

This may include:

- Access to specialist expertise or advisory support
- Help with workforce development or recruitment challenges
- Tools or templates to support data collection, reporting, or evaluation
- Facilitation of peer learning or regional collaboration
- Support with system-level coordination across education, health, and care
- Guidance on navigating regulatory or policy barriers

- *For the Department for Education (DfE) to understand that funding calculations are based on demographics rather than demand, and that there must be flexibility in funding arrangements to allow areas to target specific needs.*
- *Support with multiagency auditing to develop an effective Multi-Agency Audit system that drives quality assurance (currently working with Wakefield on sector-led improvement work).*
- *Further work and investment required to develop the infrastructure needed to create and align dashboards and datasets, and to align reporting to the Outcomes Framework for measuring impact.*
- *Support to improve systemwide sharing and interpretation of data, including transparency with partners, to facilitate shared planning and decisions.*
- *Support to develop internal specialist support capacity so schools can access timely expertise for assessment, evidence gathering, and implementation of inclusive practice.*
- *Support to strengthen joint commissioning across partners and improve alignment of commissioning and workforce planning for sustainable services.*
- *Support to improve the timeliness of waiting times for any service offer, including ECHNAs, Annual Reviews, Early Years support via the CDC, and health waiting lists.*
- *Support to further develop the post-16 offer for young people.*
- *Support to embed a shared, systemwide understanding of ordinarily available provision and tiered support, ensuring clarity and consistency across the system.*
- *Support to improve mental health services for the SEND community, including neurodivergent children and young people, as part of wider inclusion and partnership improvement activity.*
- *Support to continue sufficiency work with Wakefield, focusing on understanding universal, targeted, and specialist capacity to meet outcomes.*
- *Support to ensure our data lines up with DfE's published data and to understand where there are discrepancies*