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: Wandsworth Local Authority

Name of Integrated Care Board: South West London Integrated Care Board

Local SEND Reform Plan SRO: Lisa Fenaroli, Director of Education London Borough of Wandsworth

Local SEND Reform Plan SRO: Alison Stewart, Deputy Director of Children's Services

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*

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500 words

Wandsworth is diverse, with strong inclusion yet rising SEND complexity (autism, SEMH, post-16). EHCP demand is growing despite population decline. Currently, 54.7% attend mainstream (57.4% incl. independent), 11.7% resourced, with 100% timeliness. EHCPs are forecast to rise 17%, increasing costs, with reforms targeting improved attendance, fewer suspensions, and reduced reliance on independent placements and appeals.

Central to this approach is an integrated early intervention system combining the Local Offer, WIASS and EAH, with a clear universal front door across education, health and community services. The refreshed Ordinarily Available Provision (OAP) framework constitutes Wandsworth's partnership-wide Universal Offer. This has been co-developed with education, health and the Parent Carer Forum and aligned to the National Inclusion Standards. It sets out a consistent baseline of inclusive practice, early identification expectations and graduated response across all settings, supported by borough-wide quality assurance and moderation. The Universal Offer provides a clear, shared understanding of what families can expect at SEN Support, with integrated access to advice through EAH, WIASS and community-based services. Settings share a consistent understanding of need, supported by OAP, screening and clear escalation routes. Universal services identify SLCN, neurodevelopmental, attendance and SEMH needs, responding through multidisciplinary support. EAH embeds specialist expertise in everyday practice, strengthening mainstream ownership and confidence. Delivery embeds OAP with QA, while AP operates within a tiered model supporting early intervention, stabilisation, reintegration and reduced escalation, alongside expanded WIASS.

Multidisciplinary teams deliver in-setting support through consultation, modelling and workforce development, strengthening mainstream confidence in SEN Support. Consistent transitions, Family Hub and VCS integration support early identification. PiNS, alongside training and coaching, embeds inclusive practice, with cluster-aligned services expanding local capacity and reducing escalation.

This approach is underpinned by investment in the Experts at Hand (EAH) programme, with £1.8m in Year 1 rising to c.£2.8m by Years 2–3. This expands a multidisciplinary workforce, rebalancing towards early intervention. Increased capacity enables preventative, cluster-based support in mainstream settings, reducing reliance on statutory processes. Over time, this is expected to moderate EHCNA demand, reduce high-cost placements, and improve High Needs Block sustainability, with financial benefits emerging from Year 2. A coordinated system enables earlier identification, consistent SEN Support and reduced reliance on statutory processes. Year 1 establishes foundations through OAP, clusters, MDTs, WIASS and transitions. Early impact includes increased targeted support and timeliness. By Years 2–3, variation reduces and EHCP growth moderates.

This plan maintains clear read-across between investment, workforce deployment, delivery, demand and financial modelling. Each element aligns to projected changes in demand, placement patterns and cost, evidencing impact across narrative, data and finance. Workforce expansion increases early intervention capacity, moderating statutory demand and shifting placements towards lower-cost local provision. Progress is tracked through integrated measures linking activity, system change and outcomes. Increased early intervention through EAH, WIASS and OAP reduces EHCNA requests and escalation, supporting inclusive mainstream provision, improved attendance, fewer exclusions, moderated demand and reduced reliance on high-cost placements.

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

250 words

Goal 1 focuses on improving outcomes through earlier intervention and stronger inclusive support. Delivery will embed a refreshed OAP framework, expand WIASS for earlier resolution, deploy multidisciplinary EAH teams through clusters, strengthen transitions, and embed SEND expertise in early years and Family Hubs, supported by targeted parenting and workforce development. Progress will be evidenced through improved attendance and attainment, increased use of Targeted support, greater non-statutory specialist input, reduced EHC assessments and repeat requests, and more consistent practice across clusters. This will enable earlier support, reduce reliance on high-cost provision, and deliver measurable improvements in attendance, reduced exclusions and suspensions, and decreased escalation to statutory assessment.

Goal 2 focuses on increasing confidence, trust and system navigability through improved user experience and reduced escalation. Progress will be evidenced by reductions in appeals, complaints and mediation, alongside stronger engagement with the Local Offer and positive SENDIASS/WIASS feedback. Increased use of Targeted pathways and earlier resolution will demonstrate improved navigation, while consistent SEN Support and reduced variation between clusters reflect strengthened practitioner confidence.

Goal 3 focuses on stabilising demand and improving financial sustainability by shifting how needs are met across the system through expanded multidisciplinary cluster support, increased preventative input, consistent OAP delivery and strengthened early resolution, alongside targeted capital investment in local provision. Progress will be demonstrated through a more sustainable placement mix, including reduced reliance on independent provision, moderated EHCP growth and lower cost pressures. This includes stabilising placement spend, reducing transport costs and improving average cost per pupil. Investment in EAH and workforce expansion aligns with demand assumptions, increasing early intervention and reducing escalation. Over time, this will reduce EHCNA requests, support more needs within mainstream provision and deliver improved value for money and long-term sustainability.

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.

Local blueprint for the next 3 years	Where we are	Where we will be in the next 3 years
Building blocks *Strengthening inclusion across education settings* *Access to specialist support and local placements* *System leadership, local partnership collaboration and co-production* *Encouraging inclusive culture and behaviours* **Enablers** *E.g.* *Capital – investment strategy across EY, mainstream, FE* *Workforce* *Data/digital systems*	*(a short summary of where you are now including a reflection on what is working well, what needs to change and the status of the enablers that underpin your system)* Wandsworth operates from a position of relative strength, with a clear commitment to mainstream inclusion, a skilled and stable workforce, and well-established partnership governance. Most children and young people with SEND are educated in mainstream settings, supported by strong statutory performance and robust quality assurance. Co-production is embedded through the Parent Carer Forum, with clear escalation routes and increasing confidence in shared decision-making. Demand and complexity are further influenced by wider determinants, including deprivation, adverse childhood experiences, housing instability and unequal access to early health and development support. These factors are not evenly distributed	*(a short summary of the vision for your local system in the next 3 years including the system enablers, reflecting how your Experts At Hand Offer model will underpin this vision, helping you scale and enhance what is working well and change what is not working so well)* Wandsworth aims to deliver a place-based SEND system with core support standard, reserving EHCPs for complex needs, with EAH enabling mainstream capacity, inclusive practice and reduced reliance on statutory processes. Delivery will operate through six place-based clusters connecting schools, early years settings, Family Hubs and social care teams. Each cluster will provide multidisciplinary support, including consultation, joint planning, observation, intervention modelling and workforce development from EP, therapies and specialist services. This is complemented by a refreshed OAP framework, strengthened WIASS, consistent transition pathways, and targeted early intervention across early

	across the borough and contribute to variation in need and outcomes. Inclusive practice is well developed across the system, supported by strong Educational Psychology capacity, specialist advisory services and a mature therapies offer, particularly in early years and primary phases. Investment in inclusion bases, outreach from special schools and a high-quality autism offer has strengthened local provision and school capability. Governance is well established through the SEND Strategic Partnership Board and integrated Reform governance, aligning SEND with wider programmes such as Best Start in Life and Families First. Reform will build on these strengths to drive consistent system-wide practice, with mainstream settings taking greater ownership of need through high-quality SEN Support, consistent application of the graduated response, and reduced reliance on statutory processes. This will be reinforced through cluster accountability, workforce development, OAP standards and aligned performance monitoring. However, challenges remain. The system continues to rely on statutory routes and high-cost provision, with variation in inclusive practice, particularly in secondary and post-16 settings. Health system instability following ICB restructuring has affected commissioning and early intervention capacity, alongside workforce pressures across therapies, CAMHS and paediatrics. Demand pressures continue to grow. EHCP numbers are projected to increase by around 560–580 by 2029, driven by secondary and post-16 cohorts and needs associated with autism, SEMH	years, attendance and parental support, forming a single integrated pathway. Within this model, EAH is the primary mechanism for building system capability, using coaching, modelling and joint problem-solving to strengthen SEN Support decision-making, embed consistent OAP practice and reduce variation. The pathway spans universal, targeted and specialist provision, with AP providing time-limited support to stabilise placements and enable reintegration. Access to the EAH offer will be equitable and systematically managed, avoiding reliance on individual setting capacity or engagement. Allocation will be driven by cluster-level data, need and demand profiling, with proactive outreach to settings with higher need or lower engagement. Clear access criteria, response standards and monitoring through cluster dashboards will ensure borough-wide consistency. The offer will also extend to out-of-area providers attended by Wandsworth children and young people, particularly mainstream FE settings, ensuring continuity of support regardless of placement. Early identification remains a shared responsibility, supported by common tools, training and structured approaches, including screening and attendance monitoring. Delivery will be through a defined multidisciplinary workforce, including EPs, SaLTs, OTs, specialist teachers, SEMH and attendance roles, and clinical leadership. The focus shifts from direct intervention to consultation, modelling and workforce development, embedding expertise within mainstream settings. This builds sustainable capacity, enabling providers to identify and meet need confidently while reducing reliance on specialist services. Roles are deployed flexibly across clusters, combining

	and SLCN, despite a declining overall population. While planned expansion of specialist bases and local provision will increase capacity significantly, independent placements remain high without reform, with costs exceeding £18m annually. Post-16 provision remains a particular challenge. While partnerships with further education providers are strong, vocational and employment pathways are underdeveloped, limiting preparation for adulthood and increasing the risk of poorer long-term outcomes. Demand for statutory assessment is expected to stabilise in Year 1 and reduce from Year 2 onwards. This reflects increased access to early advice and intervention through EAH, WIASS and cluster-based delivery. In Year 1, improved identification and confidence in SEN Support may initially maintain or slightly increase EHCNA volumes as unmet need is surfaced. From Year 2, consistent application of the graduated response, supported by OAP, MDT delivery and workforce development, is expected to reduce repeat requests and inappropriate escalation. **This change is driven by:** increased preventative specialist activity (EP, SaLT, OT), earlier intervention through Targeted and Targeted Plus pathways, and stronger decision-making at cluster level. **The financial impact is expected from Year 2 onwards**, as reduced escalation moderates EHCP growth and slows cost increases associated with statutory processes and provision. Wandsworth has invested over £45m in local SEND provision in recent years, developing a strong local offer including specialist inclusion bases and	consultation, assessment, modelling, intervention and workforce development. This strengthens confidence in SEN Support, improves decision-making and reduces escalation, moderating statutory demand, shifting placements towards local provision and reducing reliance on high-cost placements. Alternative Provision is integrated as a targeted, time-limited intervention, contributing to early intervention, stabilising placements and supporting reintegration, working alongside schools, EAH teams and Family Hubs to strengthen inclusion and prevent escalation. Workforce growth is phased to align with delivery and demand. In Year 1, recruitment increases early intervention capacity without reducing demand; by Year 2, preventative activity reduces escalation and repeat demand; by Year 3, most activity shifts outside statutory processes. This underpins reductions in EHCNA rates, EHCP growth and specialist placements. Health partners support aligned delivery across Family Hubs, schools and early years, with shared approaches and strengthened clinical leadership improving consistency and workforce capability. Neighbourhood health will play a central role in early identification and support, aligning health visiting, primary care, community paediatrics and therapies with cluster delivery. Through Integrated Neighbourhood Teams, practitioners will identify need earlier, deliver advice and intervention in community settings, and reduce reliance on referral-based pathways. Specialist expertise—including EP, SaLT, OT, autism and SEMH support—will be deployed directly into mainstream provision as a first response. Workforce growth will shift capacity towards prevention, with 40–50% of input supporting children without EHCPs by 2028–29. Clusters will act as the primary unit of delivery and accountability, monitoring demand, identifying variation

	special school capacity. These investments have improved outcomes and reduced reliance on high-cost provision, though demand continues to outpace supply in key areas. Transport pressures reflect wider demand trends, with rising EHCP numbers driving increased cost and demand. While reform will reduce this pressure over time, investment in local provision and more strategic transport planning will be required in the short to medium term. This investment is explicitly linked to the demand and financial assumptions set out in the data template. Increased workforce capacity enables earlier intervention and greater activity at SEN Support, which is expected to moderate EHCNA requests, slow EHCP growth and reduce reliance on high-cost placements. These changes underpin the projected demand and financial trajectories. Investment increases from mobilisation in Year 1 to a fully scaled model by Year 2, with workforce growth aligned to cluster demand, sufficiency planning and financial trajectories. This investment is explicitly linked to demand and cost assumptions. Increasing workforce capacity in early intervention and cluster-based delivery will enable more needs to be met earlier within mainstream settings, reducing escalation to statutory processes. This is expected to moderate EHCNA requests, slow EHCP growth and reduce reliance on independent placements over time, with corresponding reductions in cost pressures. Overall, Wandsworth combines strong foundations with clear areas for development. The next phase of reform will focus on embedding consistent inclusive	and deploying targeted support. Performance will be tracked through shared dashboards, with clear escalation routes into borough governance. The impact of this model is consistently reflected across the plan, with a clear line of sight between workforce deployment, delivery activity and system outcomes. Increased early intervention capacity within clusters reduces escalation, moderates demand and supports a shift in placement patterns, contributing to improved financial sustainability. These relationships are explicitly modelled within the data template and financial projections, ensuring a strong read-across between delivery and impact. A refreshed OAP framework sets consistent expectations for inclusive practice, underpinned by borough-wide self-evaluation and quality assurance. Investment in EAH and workforce capacity drives a systemic shift towards prevention, reducing reliance on statutory processes, moderating EHCP growth and changing the overall provision mix. Over time, more needs are met within mainstream and local provision, reducing growth in high-cost placements and improving value for money. While overall demand continues to rise, the rate and pattern of growth change as early intervention strengthens. Education, health and care partners will also enhance preparation for adulthood, strengthening post-16 pathways, transitions, and access to employment and community-based support through Integrated Neighbourhood Teams. Despite strengthening provision, demand will continue to rise. EHCP numbers are projected to increase significantly, driven by autism, SEMH and SLCN. Planned expansion of local specialist capacity will support sufficiency, but reducing reliance on independent placements requires a sustained shift towards mainstream inclusion. The proportion of placements in Independent Specialist Schools is projected to reduce from Year 2 and more significantly by Year 3. **This change is driven by:**

	practice, strengthening early intervention and reducing reliance on high-cost provision, ensuring a more sustainable and effective SEND system. **Key Enablers for Delivery** Delivery of the Reform Plan is underpinned by three core enablers: **Workforce:** Currently characterised by strong but pressured capacity across education and health, the system will transition to a scaled, multidisciplinary EAH workforce operating within clusters. This will shift activity towards early intervention, consultation and workforce development, increasing preventative capacity and reducing reliance on statutory processes. **Capital:** A well-developed capital programme will expand inclusion bases and local specialist provision, particularly in secondary and post-16 phases. This will increase local sufficiency, reduce travel distances and support a shift away from high-cost independent placements. **Data and Digital Systems:** The partnership will implement integrated dashboards combining demand, activity, finance and outcomes data. This will enable real-time performance management, support equitable resource allocation and ensure clear tracking of the relationship between delivery activity and system impact.	• expansion of local inclusion base capacity and secondary provision • increased ability of mainstream settings to meet need through EAH and OAP • earlier intervention reducing escalation to complex, high-cost placements **Timing of impact:** limited change in Year 1 due to pipeline lag; measurable shift from Year 2; sustained reduction by Year 3. **Financial impact:** reduced reliance on high-cost out-of-borough placements and associated transport costs, with savings realised progressively from Year 2 and fully embedded in Year 3 financial projections. The introduction of EAH represents a fundamental change in system behaviour: • specialist support available earlier within mainstream settings • greater confidence in SEN Support decision-making • more consistent application of thresholds Delivery will be phased: • **Year 1:** establish clusters, implement core EAH offer, refresh OAP and stabilise demand • **Year 2:** embed consistent practice and reduce variation • **Year 3:** achieve sustained system change and improved financial sustainability This is supported by planned workforce growth, increasing specialist capacity and expanding reach of preventative support. Together, these changes will enable a more inclusive, consistent and sustainable SEND system. The partnership recognises that national guidance on Experts at Hand (EAH) continues to evolve. This plan reflects current guidance and local design; however, following submission, the partnership will review the detailed EAH model and supporting appendix to ensure

		ongoing alignment with updated national expectations and emerging best practice. This will not delay implementation but will support continuous refinement of delivery.
Success measures ***Drawing on metrics from the accompanying data template E.g.*** *Improve attendance of pupils in all maintained schools (mainstream and special) with SEN* *Reduce reliance on independent special school places* *Mainstream settings with increased access to Education Psychologists/SaLT/OT* *Reduced NEET rates for SEND YP at age 16*	*Baseline* *(outline the baseline for your success measures reflecting where you are now – these should be drawn from the metrics in the data template)* Success will be measured through a combination of leading indicators (Year 1), intermediate system changes (Years 1–2) and longer-term outcomes (Years 2–3), aligned to the data template and financial assumptions. Baselines drawn from the Local SEND Reform Plan data return show: • **Total EHCPs:** 3,361 (2025), forecast to rise to 3,941 by 2029 without reform • **Mainstream placement rate:** c. 55% of CYP with SEND • **Independent special school placements:** 334 CYP (10.2% of EHCPs) • **ISS spend:** £18.0m (2025–26), forecast £19.2m by 2027–28 • **Average attendance for pupils with SEND in mainstream:** c. 89–90% • **Paediatric advice timeliness:** c. 42% • **Post-16 EHCP cohort:** 459 in 2025, forecast to rise to 608 by 2029	*Target Metrics* *(outline the target metrics that will demonstrate you have achieved the vision summarized above – these should be drawn from the metrics in the data template)* By the end of the three-year reform period, delivery will be demonstrated through measurable changes in the metrics reported through the Local SEND Reform Plan data return, including: • Attendance: Improve average attendance for pupils with SEND in mainstream schools to 93%+, and in special schools to 94%, with a one-third reduction in persistent absence. • Inclusion and provision mix: Reduce the proportion of EHCPs in Independent Special Schools from 10.2% to ≤8.5%, and reduce ISS spend from £18.05m to ≤£15.5m. Reduce the proportion of EHCPs accessing independent tuition/ EOTAS packages. • Earlier intervention: Increase by 40–50% the number of children supported by Educational Psychologists and SALT without entering statutory assessment, with at least 50% of EP input preventative or systemic. • Access to specialist expertise: All mainstream schools, early years clusters and FE providers accessed by Wandsworth young people able to demonstrate regular, equitable access to EAH support (EP, SaLT, OT).

	• **NEET rates for SEND young people:** above local ambition and variable by cohort
	• NEET rate for SEND young people at 16: above local ambition and variable by cohort
	• Improved consistency in SLCN identification and intervention across clusters, supported by Advanced Practitioner oversight and quality assurance.
	
	Each projected change in these metrics is underpinned by explicit assumptions within the data model. For example:
	  • Increased EP and therapy activity without EHCPs (Year 1–2) drives reduced EHCNA requests (Year 2–3)
	  • Reduced EHCNA requests drive moderated EHCP growth (Year 2–3)
	  • Moderated EHCP growth and increased local capacity drive a reduction in independent placements (Year 2–3)
	  • These changes collectively reduce High Needs Block cost pressures, particularly in relation to independent provision and transport.
		• Access to additional expert advice from an improved outreach offer from Inclusion Base special schools and AP specialists.
		• Health timeliness: Improve paediatric advice timeliness from 42% to >90% by considering triage process and other health advice.
		• Reduce time from first concern to targeted SLCN support in early years and KS1.
		• Post-16 outcomes: Reduce NEET rates for SEND young people at 16 and increase participation in local vocational, supported internship and employment pathways.
		• System confidence: Reduce SEND appeals by at least 25%, with refusal-to-assess appeals halved, reflecting improved trust in non-statutory routes.
		
		Additional indicators will be used to evidence system change, including:
		  • reduction in EHCNA requests at key transition points (EY–Y1, Y6–Y7)
		  • proportion of children supported through Targeted and Targeted Plus pathways
		  • proportion of EP, SaLT and OT activity delivered outside statutory processes
		  • completion and quality of OAP self-evaluation across all settings
		  • reduction in variation in EHCNA rates and outcomes between clusters
		  • school and SENCO confidence in SEN Support (via survey)
		  • time from first concern to first targeted intervention
		  • increased mainstream ownership of SEND, evidenced through SENCO and practitioner confidence measures
		  • consistency in OAP application across clusters as measured through QA

		• proportion of needs met at SEN Support without escalation to statutory processes • In Year 1, success will be evidenced through leading indicators demonstrating system change (e.g. increased preventative activity, stabilisation of demand and improved SEN Support uptake), rather than immediate reductions in EHCP volumes. Years 2 and 3 will deliver measurable reductions in escalation, changes in placement mix and improved financial sustainability. The data template assumptions include a significant increase in the number of children supported without an EHCP or specialist placement across all therapy services, reflecting the intended shift towards earlier intervention and strengthened SEN Support pathways. System outcome measures (aligned to reform impact) • **Reduced escalation:** measurable reduction in EHCNA requests per 1,000 pupils from Year 2 onwards, including fewer repeat requests and reduced escalation at transition points • **Improved inclusion:** increased proportion of children and young people with SEND educated in mainstream provision, including sustained placement stability • **Attendance outcomes:** improved attendance for pupils with SEND and a reduction in persistent absence • **Reduced exclusions:** reduction in fixed-term suspensions and permanent exclusions for pupils with SEND, particularly those supported through targeted and cluster pathways • **Placement sustainability:** reduction in the rate of growth in independent specialist placements, with a corresponding increase in locally met need • **Early intervention impact:** increased proportion of

		needs successfully met at SEN Support without escalation to EHCP • **System confidence and behaviour:** reduction in crisis-driven placements, mediation and tribunal activity

INSERT DOCUMENT UPLOAD LINK

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.'*

250 words

The partnership's theory of change recognises that SEND need is shaped by wider social, economic and health determinants, and that strengthening early, place-based support through universal and targeted services will improve outcomes, reduce escalation and address inequality over time. Wandsworth is developing across all maturity areas, prioritising inclusive practice, stronger health integration and commissioning, and improved post-16 pathways while maintaining strong statutory delivery and co-production. The Partnership will build on these foundations to shift support earlier and closer to families.

Delivery will focus on consistent OAP implementation, cluster-based working, timely access to support through EAH, strengthened non-statutory pathways, and expanded local inclusion capacity. Within this model, AP contributes to prevention by providing structured, short-term support for pupils at risk of exclusion or placement breakdown, enabling reintegration and reducing reliance on specialist placements.

Clusters will act as the primary unit of accountability, aligning partners around shared data, clear pathways and consistent thresholds. Targeted investment in multidisciplinary EAH workforce capacity enables earlier access to specialist advice, strengthening SEN Support and mainstream ownership of inclusion. This increases consistency, reduces escalation and moderates demand. Over time, this drives a shift in placement patterns and improves financial sustainability, as reflected in data and financial projections.

AP is used appropriately within a tiered system to support prevention, stabilisation and reintegration. Stronger early intervention through EAH, OAP and targeted support reduces escalation, moderates demand, and enables more sustainable placements and improved outcomes. Delivery is phased: Year 1 stabilises demand through early intervention, Years 1–2 build consistency and confidence, and Years 2–3 moderate EHCP growth and improve sustainability. EAH strengthens mainstream SEN Support, reducing escalation, aligning delivery with workforce and financial planning.

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

   INSERT DOCUMENT UPLOAD LINK

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.

The roadmap is structured around delivery building blocks supported by workforce and capital investment, with an explicit relationship between:
Investment → Workforce deployment → Delivery activity → Demand moderation → Placement change → Financial impact
These relationships are quantified within the data template and financial model, ensuring a clear read-across between Year 1 activity, Years 2–3 system change and long-term sustainability.

Local roadmap for the next 3 years	2026/27	2027/28	2028/29
Building blocks *Strengthening inclusion across education settings* *Access to specialist support and local placements* *System leadership, local partnership collaboration and co-production* *Encouraging inclusive culture and behaviours* **Enablers** *E.g.* *Capital – investment strategy across EY, mainstream, FE* *Workforce* *Data/digital systems*	**Build and mobilise core delivery model** Delivery will focus on implementing the four core reform workstreams: **Parental confidence and engagement** • Launch borough-wide communications programme (PCF, schools, Family Hubs) • Establish cluster-level engagement (coffee mornings, webinars, drop-ins) • Publish clear guidance on OAP, Targeted and Targeted Plus pathways	**Scale and standardise delivery across the system** **Parental confidence and engagement** • Embed cluster-level engagement as business-as-usual • Strengthen feedback loops and “you said, we did” reporting • Reduce variation in parent experience across clusters **Inclusion, OAP and EAH rollout** • Transition from MDT model to fully operational EAH model across all	**Embed and sustain a mature inclusive system** **Parental confidence and engagement** • Consistent, high-confidence system experience across all clusters • Sustained reduction in complaints, escalation and tribunal reliance **Inclusion and system ownership** • Clusters operate as the primary unit of accountability and delivery

	Inclusion, OAP and cluster model (MDT-based) • Establish all 6 clusters with governance, named leads and links to Family Hubs/social care • Publish refreshed OAP and graduated response framework • Deliver MDT-led inclusion planning meetings in clusters (not yet full EAH model) • Complete OAP self-evaluation across settings and introduce QA/moderation Early delivery will focus not only on accessing specialist advice, but on establishing EAH as a capacity-building model, with an emphasis on coaching, modelling and supporting schools to take greater ownership of SEND within SEN Support. **Early intervention and specialist input** • Begin redeployment of EP/therapy/ advisory capacity towards early intervention and systemic work • Improve access to early advice through MDT working, WIASS and targeted EBSNA	clusters. By this stage, EAH will be fully embedded as a system-wide approach to inclusion, with measurable increases in mainstream confidence, more consistent OAP delivery, and a reduced reliance on referral-based specialist support. • Standardise thresholds, pathways and response expectations • Embed regular QA and moderation cycles • Full deployment of the expanded EAH workforce model (c. £2.8m annualised investment), enabling consistent cluster-based delivery and increased preventative capacity **Early intervention and specialist support** • Increase proportion of EP, therapy and specialist teacher support delivered outside statutory processes • Deliver consistent transition support across all clusters • Scale PiNS-style planning and targeted intervention models	• OAP consistently delivered across all settings with minimal variation • EAH operates as the default **system-wide approach to inclusion and early intervention**, with mainstream settings confidently identifying and meeting need through embedded specialist knowledge and consistent SEN Support practice. **Early intervention system** • Majority of needs addressed effectively at targeted and targeted plus • Specialist input predominantly delivered pre-statutory • Strong, consistent transition support embedded across phases • AP embedded as a targeted, time-limited intervention supporting inclusion and reintegration. • **Sufficiency and local provision** • Secondary and post-16 capacity aligned to demand

	outreach for pupils with SEND at risk of persistent absence • Implement structured transition support at key points (EY–Y1, Y6–Y7) • Commence phased recruitment and onboarding of EAH workforce (EP, SaLT, OT, specialist teachers and SEMH roles) aligned to the Year 1 investment plan (~£1.8m) • Embed SEND within neighbourhood health delivery, including alignment of health visiting, primary care and therapy services to cluster pathways and early identification approaches. • Embed a **tiered AP model**, including targeted outreach, short-term placements and reintegration pathways, aligned with cluster delivery and EAH support **Sufficiency and capital delivery** • Deliver in-year specialist base expansion and accessibility improvements	• Strengthen AP's role in prevention and reintegration, with increased use of time-limited placements and outreach to support mainstream inclusion. **Sufficiency and capital expansion** • Deliver next phase of **secondary inclusion base expansion** • Align commissioning with increased local capacity • Begin measurable reduction in reliance on independent placements **Workforce development** • Embed cluster-led workforce development model • Focus on consistency of practice and confidence at SEN Support • Expand advanced practitioner roles (e.g. SaLT pathway leadership) **Outputs:** • EAH fully operational • Reduced variation between clusters • Increased Targeted/Targeted Plus cohort • Early reduction in escalation and AP use	• Sustained reduction in independent placements and transport pressures **Workforce and culture** • Inclusive practice embedded across all settings • Workforce confident in early intervention and graduated response • Specialist services focused on system leadership, not reactive casework **Outputs:** • Stable EHCNA rates and moderated EHCP growth • Reduced ISS spend • Narrow cluster variation • Fully integrated, prevention-led system • Sustained reduction in exclusions and reliance on long-term AP placements • AP predominantly used for short-term intervention and reintegration By Year 3, these cumulative changes result in sustained impact, including reduced reliance on high-cost provision and improved financial sustainability, as reflected in the financial model.

	• Finalise secondary expansion pipeline and commissioning assumptions **Workforce development** • Launch borough-wide training programme linked to OAP and cluster priorities • Begin cluster-based delivery using training + coaching + modelling **Outputs:** • All clusters operational • OAP embedded with 100% self-evaluation completion • MDT model established • Early shift towards preventative activity • AP integrated within cluster delivery as part of a tiered early intervention and inclusion pathway. • Reduction in crisis-driven AP placements through earlier intervention and structured pathways In Year 1, workforce investment increases capacity and access to early intervention but does not immediately reduce demand or cost. Instead, it establishes the conditions for change, with financial impact expected from Year 2 as demand and	• Reduction in permanent exclusions and crisis referrals to AP • Increased successful reintegration from AP into mainstream settings By Year 2, increased workforce capacity translates into reduced escalation and moderated demand. This drives early changes in placement patterns and slows cost growth, consistent with the data and financial projections.	

	placement patterns begin to shift. Workforce investment increases capacity and access to early intervention but does not yet reduce demand or cost. The data and financial model therefore assume stabilisation rather than reduction in Year 1, with benefits emerging in later years.		
Success measures ***Drawing on metrics from the accompanying data template*** *E.g.* *Improve attendance of pupils in all maintained schools (mainstream and special) with SEN* *Reduce spend on ISS places* *Increase # children and young people supported by Education Psychologists/SALT/OT in maintained provision* *Improve overall effectiveness of provision* *NEET data* *Leading indicators*	In Year 1 (2026/27), activity will focus on establishing the core conditions for reform and building confidence in the new system. This includes launching the parental confidence and communications programme with the Parent Carer Forum, schools and Family Hubs; publishing the refreshed OAP and graduated response framework; establishing all six clusters with named leadership, governance and linked Family Hub/social care contacts; mobilising the EAH model and tracking preventative versus statutory activity; beginning structured transition support at key pressure points; and opening the planned additional specialist base capacity. Together these actions are intended to improve access to early advice and support, reduce anxiety about reform, and stabilise escalation behaviour while the cluster and EAH model becomes embedded.	Year 2 will focus on full operationalisation of the EAH model across all clusters and the delivery of the next phase of sufficiency, including priority secondary inclusion base expansion. By this stage, multidisciplinary support, OAP moderation, workforce development and cluster accountability should be operating as business as usual, with more consistent thresholds and stronger mainstream confidence across primary, secondary and post-16 settings. **1. Activity / delivery** • EAH model fully operational across all clusters (with defined thresholds and response standards) • ≥90% compliance with MDT/EAH delivery standards (timeliness, attendance, data reporting)	**By Year 3 (2028/29)**, the system will be focussed on achieving outcomes and financial stability. **1. Activity / delivery** • Clusters fully operating as primary delivery and accountability units • EAH functioning as default front door for specialist advice • ≥50% of specialist activity delivered outside statutory processes • Predictive planning embedded (capital, workforce, placements) **2. System change indicators** • Stable and consistent EHCNA rates across clusters • Majority of SEND needs managed effectively at SEN Support • Minimal variation in thresholds, practice and escalation between clusters

	Year 1 measures focus primarily on implementation and leading indicators, establishing the conditions required for later system outcomes rather than delivering immediate reductions in demand or cost. **1. Activity / delivery (NEW – this is what's currently missing)** • 100% of clusters established with named leads, governance and MDT meetings in place • 100% of schools/settings complete OAP self-evaluation and agree improvement actions • Cluster-level parental engagement offer live in all 6 areas (newsletter, webinars, drop-ins) • MDT activity recorded and baseline established (EP, SaLT, OT, advisory teachers) • Workforce training programme launched, with all clusters having a delivery plan • Transition protocols agreed and implemented at EY–Y1 and Y6–Y7 **2. System change indicators** • Increase in Targeted and Targeted Plus cohort	• Termly cluster QA and moderation fully embedded • Secondary inclusion base expansion delivered (against plan) • Workforce model scaled, with ongoing coaching/modelling embedded in clusters **2. System change indicators** • Reduction in variation in EHCNA rates between clusters • Increase in % of specialist activity delivered pre-statutory • Increased proportion of children supported at Targeted Plus • Improved consistency of SEN Support practice (QA findings) • Reduction in crisis-driven escalation (AP placements, exclusions risk) **3. Outcome indicators** • Reduction in EHCNA rate per 1,000 pupils • Reduction in repeat assessment requests from same settings • Early reduction in independent placements (or slowed growth) • Sustained improvement in attendance for SEND	• Workforce confidence consistently high across settings **3. Outcome indicators** • Reduction in EHCP growth rate (compared to baseline trajectory) • Reduction in ISS placements (to ≤ target e.g. 8.5%) • Reduction in tribunal / appeal rates • Reduced spend on high-cost placements • Sustained improvement in attendance and outcomes. • sustained reduction in EHCNA rates and repeat requests • reduced proportion of pupils placed in independent specialist provision • improved inclusion outcomes, evidenced by higher mainstream placement rates and reduced placement breakdown • sustained reduction in exclusions and improved attendance • measurable reduction in High Needs cost growth linked to improved provision mix

	• Increase in EP / therapy involvement outside statutory processes (baseline → +40–50%) • Early evidence of reduced escalation behaviours (e.g. fewer crisis AP placements, improved case resolution routes) • Improved consistency in OAP self-assessment and cluster QA findings **3. Early outcome indicators** • Stabilisation of EHCNA requests at key transition points • No significant increase in tribunal rate during transition • Early improvement in attendance and reduced exclusions risk for SEND pupils, including those supported through targeted EBSNA outreach Early outcome signals will include stabilisation of EHCNA requests, reduced crisis-driven escalation (e.g. emergency AP placements), and initial improvements in attendance and engagement for pupils supported through targeted pathways.	pupils, supported by embedded EBSNA outreach pathways across clusters • measurable reduction in EHCNA requests per 1,000 pupils • reduction in fixed-term exclusions for pupils with SEND • improvement in attendance for targeted cohorts • reduction in growth of independent placements compared to baseline trajectory These indicators demonstrate the transition from implementation to measurable system impact.	These measures are directly aligned to the assumptions within the data template and financial returns. Changes in workforce deployment and early intervention activity are expected to drive measurable changes in demand, placement patterns and cost, ensuring consistency between narrative, data and financial modelling.

INSERT DOCUMENT UPLOAD LINK

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.

2026-27 Local delivery plan		**Q2**		**Q3**		**Q4**	
Workstream outline – mapped to building block ***Outcome -*** *what you want to achieve with this workstream* ***Success measures –*** *how you measure progress drawing on metrics from the accompanying data template*	***Responsible lead per workstream*** *– accountable for the delivery of the workstream and the identified outcome.*	***Milestones per workstream*** *What key milestones will enable you achieve your targeted trajectory*	***Target trajectory per workstream*** *Where do you expect your data to be?*	***Milestones per workstream*** *What key milestones will enable you achieve your targeted trajectory*	***Target trajectory per workstream*** *Where do you expect your data to be?*	***Milestones per workstream*** *What key milestones will enable you achieve your targeted trajectory*	***Target trajectory per workstream*** *Where do you expect your data to be?*
Workstream 1 – Increasing parental confidence Outcome Parents and carers understand the local reform model, know	Assistant Director SEND and Inclusion with PCF / Participation Lead and cluster lead heads	• Agree borough-wide parental confidence plan aligned to SEND Reform,	• 6/6 clusters have named parental confidence leads and linked Family Hub	• Run cluster-based coffee mornings, webinars and drop-ins with schools,	• Parent engagement offer operational in all 6 clusters.	• Repeat confidence survey and compare with Q2 baseline.	• Improved parental confidence against baseline in at least 4 of 6 clusters.

what ordinarily available and targeted support should look like through clearer communication through schools, clusters, Family Hubs and the Parent Carer Forum (PCF). • reduction in escalation to formal complaint and tribunal pathways • increased early resolution of concerns through SEN Support and cluster pathways Success measures • Participation and engagement plan agreed across all 6 clusters • Cluster-level parent engagement offer live (newsletter, webinars, drop-ins, coffee mornings, consultation routes) • Reduction in unresolved escalations / complaints and earlier resolution through front-door pathways		Families First Partnership and Family Hubs. • Nominate a parent engagement lead and named school/setting contact in each of the 6 clusters. • Establish a monthly reform communications cycle: newsletter, FAQs, webinars, school briefings and PCF touchpoints. • Define baseline measures: parent confidence survey, complaints/ escalations, mediation/tribunal position, attendance of SEND cohort where relevant.	/ social care contacts. • Baseline parent confidence and escalation dashboard agreed and reported. Communications products issued to all schools/settings and PCF.	Family Hubs and PCF. • Launch feedback loop so key themes from parents are reviewed at cluster and partnership governance meetings. • Embed reform messaging in transition points (early years to Year 1, Year 6 to Year 7, post-16 planning). • Track and respond to recurrent concerns on SEN Support, waiting times, thresholds and access to therapy advice.	• Regular two-way feedback reported through governance. Early evidence of reduced avoidable escalation and improved understanding of SEN Support pathways.	• Complete review of complaints, mediation and tribunal themes and agree 2027–28 improvement actions. Produce year-end parent voice report demonstrating “you said, we did”.	• Tribunal appeal rate maintained at or below 4%. • Evidence of earlier resolution, clearer communication and stronger mainstream ownership of inclusion.

		• Publish plain-English explanation of OAP, Targeted and Targeted Plus pathways and how EAH will work.					
Workstream 2 – Improving inclusion, including the EAH model Outcome Clusters operate as the main delivery mechanism for inclusive practice. Schools and settings use a consistent Ordinarily Available Provision (OAP) framework, with earlier access to preventative specialist advice through MDT and stronger mainstream ownership of inclusion. • reduction in EHCNA requests at key transition points • reduction in crisis-driven placements and unmanaged exclusions risk • increased proportion of needs	Assistant Director SEND and Inclusion with EAH programme lead, Principal EP / therapies leads, and cluster lead heads	• Confirm 6 cluster geographies, named lead heads and terms of reference, including links to Family Hubs and social care locality working. • Publish refreshed 0–25 OAP / graduated response, self-evaluation tool and QA standard for schools, early years and post-16. • Agree EAH operating model,	• Cluster governance and QA model signed off. • EAH model agreed for multidisciplinary deployment: 8 EPs, 2 literacy/numeracy specialists, 2 autism advisory teachers, 1 SaLT, 1 mixed therapy practitioner and 6 OTs. • Baseline dashboard established, including statutory versus	• Begin to develop EAH model across the clusters with regular multidisciplinary inclusion planning meetings. • All schools/settings complete OAP self-evaluation and identify improvement priorities. • Undertake inclusion/accessibility audits across schools and linked Family Hub	• All 6 clusters meeting routinely with named leadership, data review and escalation routes. • Preventative specialist contacts reported by profession and cluster from Q3 onwards. • At least 80% of schools/settings complete OAP self-evaluation by end of Q3.	• Complete first cycle of QA review and cluster improvement planning. • Evidence impact of MDT on earlier advice, consultation and support outside statutory routes. • Agree 2027–28 refinement to allocation and commissioning based on demand, activity and outcomes data.	• 100% OAP self-evaluation completion and agreed improvement actions. • Six clusters fully operational as evidenced by governance, MDT attendance, QA and dashboard reporting. • Year-end report shows increased preventative support and stabilisation of transition-point

met within mainstream settings without escalation Success measures • All 6 clusters operational with named lead heads, governance, linked Family Hub/social care contacts and termly quality assurance • 100% of schools/settings complete OAP self-evaluation and improvement actions by Q4 • Preventative EP, SaLT and OT activity is reported separately from statutory activity • Increased access to Targeted and Targeted Plus support outside statutory routes • Reduction in escalation behaviours (crisis AP requests, unmanaged exclusions risk, avoidable EHCNA requests at transition points)		referral criteria, allocation principles, core offer, reporting requirements and service level expectations. • Map baseline inclusion activity, EHCNA requests, attendance, AP use, exclusions risk and specialist advice by cluster. • Begin redeployment of commissioned EP time towards early intervention and systemic work, while maintaining traded routes. • Agree and publish transition protocols for early years	preventative activity.	sites, including neurodiversity, communication, sensory and physical access considerations. • Introduce cluster QA visits and moderation of threshold decisions to evidence OAP consistency and mainstream ownership. • Begin delivery of targeted transition support for vulnerable cohorts at key pressure points, supported by cluster-based MDT planning and WIASS where required.			escalation compared with Q2 baseline. • Evidence of reduced avoidable escalation at key transition points, supported by structured transition activity, earlier WIASS advice and improved cluster oversight.

		to Reception and Year 6 to Year 7, including information-sharing expectations, joint planning meetings and criteria for targeted EAH support. Agree WIASS and Local Offer interface with clusters and EAH, including referral points, case advice routes and escalation/ resolution pathways.					
Workstream 3 – Sufficiency and expansion Outcome Increase local specialist and inclusive capacity so more children and young people can be supported closer to home, especially through specialist bases and secondary expansion, reducing future reliance on costly independent placements.	Director of Education with sufficiency / capital programme lead and SEND commissioning lead	• Confirm year-1 sufficiency programme, including live capital schemes, secondary specialist base assumptions and accessibility	• 2026 capacity trajectory and capital milestones signed off. • Pipeline identifies how 403 specialist-base places and 1,414 total specialist	• Deliver in-year capital and commissioning milestones for specialist bases and accessibility improvements. • Secure decisions on priority	• In-year schemes remain on track against capital and place-delivery milestones. • Agreed 2027–28 expansion pipeline for	• Complete year-end sufficiency review against delivered places, capital spend and commissioning assumptions.	• 2026 capacity growth evidenced in reporting and reflected in updated forecasts. • Year-end position shows local sufficiency strengthenin

• reduction in growth of independent placements relative to baseline • increased proportion of children placed within local provision • improved placement stability and reduced placement breakdown Success measures • Specialist base capacity rises from 361 to 403 in 2026 and total specialist capacity from 1,354 to 1,414 • Delivery pipeline agreed for secondary expansion / dyslexia and inclusion base development across all secondary phases • Capital spend profile and milestones fully populated and monitored, with at least a £10m multi-year pipeline assumption reflected in planning • Clear assumptions on expected impact on local placements and independent placement growth from Year 2 onward		improvements. • Translate data-template capacity assumptions into a borough delivery schedule, site by site, with delivery owners and planning dependencies. • Undertake secondary inclusion base feasibility work, including dyslexia / literacy need and demand analysis. • Agree placement commissioning assumptions to support read-across with 2026 and 2027 capacity projections.	places will be achieved in 2026. • Secondary expansion assumptions documented for further refinement.	secondary expansion/resource base projects and phasing. • Review independent /NMSS placement trends and identify cohorts that could be supported locally as capacity expands.	secondary capacity. • Placement commissioning assumptions updated to reflect delivery risk and timing.	• Publish 2027–28 programme showing next phase of specialist base and special school expansion, including mainstream accessibility works. • Align transport, commissioning and placement planning impacts with expanded local offer.	g, with future reduction in independent placement growth built into Year 2 assumptions. • A multi-year capital pipeline is in place for further secondary expansion.

Workstream 4 – Training and workforce development Outcome Build confidence and capability across education, health, early help and community services so that more needs are identified and met earlier in mainstream settings. • measurable increase in practitioner confidence in SEN Support (survey + QA evidence) • improved consistency in OAP delivery across clusters • increased proportion of needs met at SEN Support level Success measures • Borough-wide SEND professional development programme launched • Cluster-based training plans agreed using local need and self-evaluation findings	Assistant Director SEND and Inclusion with Principal EP, WIASS, therapy leads and VCS / Family Hubs partners	• Agree a borough SEND workforce development framework linked to OAP, EAH and cluster priorities. • Map current training offer (WIASS, EPS, therapies, VCS) and consolidate into a single prospectus. • Set core modules: SEN Support pathways, neurodiversity, behaviour, EBSNA/attendance, autism, speech/language, OT strategies, attachment and trauma-informed practice. • Introduce a cluster/PIN model so each cluster identifies priorities	• Training prospectus and delivery calendar published. • All 6 clusters identify workforce priorities and target groups. • Baseline workforce confidence measure agreed.	• Deliver first cycle of training to schools, early years, post-16, Family Hub connectors and relevant social care/early help staff. • Embed coaching, consultation and modelling through MDT rather than one-off training alone. • Track attendance, completion and confidence change by cluster and staff group. • Deliver coaching, modelling and consultation in settings through EAH alongside formal training, to support implementat	• All 6 clusters have active training plans and delivery underway. • Attendance and feedback data reported through partnership governance. • Evidence of increased confidence in SEN Support and inclusive practice from interim pulse surveys.	• Complete year-end evaluation of training participation, confidence change and links to practice improvement. • Use QA findings and parent feedback to refresh 2027–28 training priorities. • Embed advanced/practice-lead roles (including SaLT pathway leadership) into Year 2 workforce model.	• Year-end workforce report shows borough-wide programme established and sustained. • Improved staff confidence and consistency of inclusive practice evidenced in survey and QA findings. • 2027–28 workforce plan aligned to expanded EAH and sufficiency delivery. • Workforce development is evidenced not only through attendance at training but through improved practice in OAP self-evaluation, QA findings and

• Family Hub connectors and wider frontline staff included in core training offer • Measurable improvement in staff confidence on SEN Support pathways, neurodiversity, behaviour, attendance/EBSNA, communication and trauma-informed practice The workforce development offer will extend beyond statutory services to include VCS partners, ensuring consistent understanding of SEND, early identification and referral pathways across the wider system.		and agrees a termly training plan. • Include Family Hub connectors, WIASS staff and relevant voluntary sector partners within the core workforce developmen t offer. Use a PiNS-style cluster planning approach so each cluster identifies inclusion priorities and agrees a termly training and coaching plan. •		ion of OAP and APDR in practice. •			increased confidence in early intervention and SEN Support pathways. •

Projected Investment Spend per quarter *Please specify funding source for each category* *Example categories*: Programme oversight/additional leadership capacity. Workforce Recruitment Workforce training and development Data/Digital **Total Spend**	• Workstream 1 – parental confidence / participation / communications: £0.05m • Workstream 4 – training, programme capacity, data/analytics and QA mobilisation: £0.20m • Workstream 3 – capital mobilisation / design / feasibility: £0.15m • Design and feasibility for 2 primary resource bases • Workforce EAH - £488k - Workforce expansion assumptions are directly aligned to projected increases in early intervention activity and corresponding reductions in statutory demand within the data model.	• Workstream 1 – parental confidence and engagement delivery: £0.10m • Workstream 3 – capital delivery (in-flight schemes): £0.8m - Resource base build progressing toward opening • Workstream 4 – training delivery / participation / QA / analytics: £0.30m - First full cycle of training + coaching + modelling • Workforce EAH - £638k - Workforce expansion assumptions are directly aligned to projected increases in early intervention activity and corresponding reductions in statutory demand within the data model.	• Workstream 1 – sustainment of parental confidence and engagement: £0.10m • EAH Workforce - £758k • Workstream 3 – capital delivery and resource base opening: £0.50m - Opening of 2 primary resource bases and final capital spend • Workstream 4 – workforce consolidation, QA and evaluation: £0.15m - Workforce expansion assumptions are directly aligned to projected increases in early intervention activity and corresponding reductions in statutory demand within the data model.

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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.

250 words

The Partnership will ensure the capacity and capability required to deliver the Reform Plan through strengthened programme management, workforce alignment, and integrated data and analytics. This includes additional capacity within WIASS and aligned advice services to ensure that increased demand for early advice can be met and does not create bottlenecks within the system.

Delivery will be coordinated through a central SEND Reform Programme function, working across all four workstreams and aligned to existing governance. This will provide oversight of milestones, risk, finance and interdependencies, enabling clear prioritisation and effective use of resources.

Additional programme capacity will be mobilised in Year 1, including dedicated programme and project management support, data and performance leads, and analytical capacity to support modelling, forecasting and reporting. This will ensure delivery remains on track and responsive to emerging risks.

Workforce capacity will be developed through a combination of targeted recruitment, redeployment of existing resource and structured training. This includes phased onboarding of multidisciplinary staff to support cluster delivery, alongside a borough-wide workforce development programme linked to OAP, EAH and inclusion priorities. This includes delivery of the EAH workforce model, with defined recruitment across EP, therapy and specialist roles, aligned to cluster deployment and preventative activity targets.

Data and analytics capability will be strengthened to enable real-time performance management and informed decision-making. This includes development of integrated dashboards combining activity, demand, finance and sufficiency data, with clear reporting lines into cluster, programme and strategic governance. Data quality will be improved through standardised definitions, consistent recording expectations and strengthened analytical oversight.

Together, these elements will ensure the Partnership has the capacity, capability and infrastructure to deliver reform effectively, adapt to system pressures and sustain change over time.

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.

250 words

Not Applicable to Wandsworth – No Block Transfers planned for FY 2026-27.

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.

500 words

Wandsworth's High Needs Capital Strategy places inclusion at its core, using targeted investment to strengthen mainstream capacity across the 0–25 system. Funding prioritises high-quality local provision across early years, schools and post-16 settings, reducing reliance on out-of-borough placements and aligning with SEND Reform priorities on sufficiency, early intervention and place-based delivery.

Current committed investment of approximately £12.1m in 2025–26 supports initial expansion, with further capital focused on secondary inclusion capacity in response to rising demand. Building on over £45m invested to date (including at least £10m of council funding), a further £10m–£12m is planned between 2026–2029, subject to national allocations, delivered through a phased programme:

2026–27: delivery of confirmed schemes and accessibility improvements; feasibility and site identification for secondary expansion

2027–28: opening of priority secondary inclusion bases, including autism, SLCN and literacy-based provision

2028–29: further expansion of secondary and post-16 capacity, including pathways linked to vocational and employment outcomes

Delivery will be partnership-led, with mainstream schools and trusts identified through demand modelling, accessibility and readiness to deliver inclusive provision. A clear pipeline will move identified sites through feasibility, design and construction phases.

A distinction is made between specialist inclusion bases, which provide targeted in-school provision for pupils with higher levels of need, and wider mainstream inclusion investment, including accessibility improvements, flexible learning environments, assistive technology and use of specialist advice through MDT/EAH. Together, these approaches expand the range of needs that can be met within mainstream settings and reduce reliance on escalation.

Capital investment is explicitly linked to demand and cost assumptions. Expansion of local capacity is expected to reduce reliance on independent placements from Year 2 onwards, with the most significant impact in Year 3 as new provision becomes fully operational. This shift enables more children and young people to be supported locally, reducing both placement and transport costs. These assumptions are reflected in the data template and financial projections.

Travel impact is a core consideration within sufficiency planning. Increased local capacity, particularly through expanded inclusion bases and secondary provision, is expected to reduce average travel distances and journey times over the medium term. This will reduce reliance on out-of-borough placements and associated transport costs. Travel patterns will be monitored alongside placement data to assess the impact of capital investment on accessibility, ensuring children and young people can access suitable provision closer to home.

Post-16 provision is a key priority. Investment will support inclusive FE pathways, strengthen transitions and expand provision linked to employment outcomes, delivered in partnership with local colleges and providers.

Alongside place creation, capital will continue to improve the mainstream estate, including schools, colleges and Family Hub sites, through accessibility adaptations, sensory environments and flexible spaces. Where additional specialist provision is required, this will remain targeted and evidence-led, focusing on needs that cannot be met through strengthened mainstream systems.

Capital delivery is fully integrated within SEND governance and reform structures, aligned to cluster development, workforce planning and sufficiency strategy. All schemes are linked to clear milestones, outputs and outcomes, ensuring robust monitoring and accountability.

Overall, Wandsworth's approach ensures that capital investment supports a more inclusive, locally delivered and financially sustainable SEND system—enabling children and young people to access the right support, in the right place, at the right time.

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.

500 words

Engagement and co-production underpin the Reform Plan, building on strong practice. Borough-wide forums and cluster-based approaches ensure partners and families shape priorities, influence delivery and support accountability. Engagement informs strategy and directly drives implementation, quality assurance and continuous improvement.

Education and health providers are key delivery partners, engaged through established forums including headteacher and SENCO networks, Schools Forum, clusters and the SEND health network. Engagement extends to trusts, independent and post-16 providers, and health partners to align expectations, co-design delivery, test pathways and identify emerging system pressures.

As delivery develops, engagement will increasingly operate through clusters, aligning schools, Family Hubs, health and council services around shared local priorities. Cluster-level feedback loops, including multi-agency meetings and parent engagement activity, will enable real-time identification of issues and rapid adaptation of delivery. Health performance will be monitored through joint dashboards, including therapy activity, MDT/EAH utilisation and access to early intervention.

Early years engagement is strengthened through Best Start in Life and Family Hubs, supporting early identification and consistent graduated responses. Family Hubs also provide a key access point for parental engagement, particularly prior to assessment. The voluntary and community sector will play an expanded role within the SEND system, particularly in early help and prevention. VCS partners will be supported through training, access to advice and clear pathways into EAH and cluster support, enabling them to identify emerging need, provide early support and connect families into services. This includes community-based organisations working with underrepresented groups, helping to reduce inequalities in access and outcomes.

Parental and Carer Co-production - Parents and carers are central partners. The Parent Carer Forum (PCF) is embedded within governance and contributes to strategy, communications and quality assurance. A structured parental confidence and communications programme will operate borough-wide and within clusters, including newsletters, webinars, school briefings, coffee mornings and Family Hub engagement. Feedback will be systematically captured and used to inform decision-making. Themes will be reviewed through cluster and partnership governance, triangulated with complaints, tribunal and WIASS data, and used to refine pathways, improve communication, inform workforce priorities and shape service redesign. A clear "you said, we did" approach will ensure transparency and accountability.

Children and Young People's Voice - Children and young people's voice is distinct from parent/carer input and embedded across delivery. Engagement includes youth participation, school-based approaches, annual reviews and Preparing for Adulthood processes, with increased focus on those at SEN Support. Their input will inform pathway design, post-16 development, service quality and strategic priorities. Inclusive and accessible methods will be used to ensure meaningful participation, particularly for children with additional needs.

Quality Assurance and Consistency - To ensure consistency, the partnership will implement defined participation standards, cluster-level monitoring of engagement activity and routine reporting through governance. Engagement insight will be triangulated with wider system data, including complaints, tribunal activity and WIASS feedback, to identify and respond to system issues.

Co-production in Practice - Participation is embedded across strategy and commissioning. Recent examples include co-production through Family Hubs, SEND-specific elements of the Sexual Health Strategy, Short Breaks Review, youth service frameworks, inclusion projects and national consultation activity.

Link to Delivery - Engagement will directly inform the ongoing refinement of MDT/EAH delivery, SEND pathways, the Local Offer and workforce development. Feedback will shape annual reviews, commissioning decisions and service redesign, ensuring the system remains responsive, effective and aligned to need.

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
ICB restructuring reduces capacity and consistency of SEND delivery, particularly for therapies, CAMHS and early intervention pathways.	High – delays to advice and joint delivery undermine early intervention and confidence.	High	Red	• Formal joint governance through SEND Partnership Board and Reform Delivery Group, with ICB representation and monthly oversight of delivery risks • Prioritisation of 3–4 agreed pathways (early years, autism, SEMH, transitions) with clear delivery plans and workforce allocation • Interim SLAs/service agreements agreed for SaLT, OT and CAMHS delivery during transition • Cluster-level MDT delivery expectations agreed with health partners (attendance, response times, case support) • Trigger: escalation if health advice timeliness falls below agreed thresholds or MDT attendance <80%	Amber
Insufficient workforce capacity (EP, SaLT, OT and specialist roles) limits delivery of	High – reduces preventative	Medium	Amber	• Phased workforce model (Year 1 MDT → Year 2 EAH) aligned to realistic recruitment timelines	Amber

MDT/EAH model and early intervention activity.	capacity and undermines demand reduction assumptions.			• Reprofiling of existing workforce activity (increase % delivered pre-statutory) with baseline and quarterly tracking • Targeted recruitment plan linked to priority clusters and high-demand areas • Clear workforce KPI: % of EP/therapy activity delivered outside statutory processes (target uplift 40–50%) Trigger: if recruitment shortfall >15% or preventative activity does not increase by Q3 → reallocate resource and adjust EAH rollout assumptions	
Variation in school readiness, SEN Support practice and cluster delivery leads to continued escalation to EHCPs.	High – sustained demand for statutory assessment and inconsistent outcomes.	Medium	Amber	• Mandatory OAP self-evaluation (100% completion by Q4) with cluster-level QA and moderation • Cluster accountability model with dashboards tracking EHCNA rates, attendance and escalation • Regular MDT/EAH support in schools focused on modelling practice and case-based coaching • Workforce development programme linked to cluster priorities (termly plans) • Trigger: if cluster variation in EHCNA rates does not reduce by Year 2 → targeted intervention in lower-performing clusters	Amber
Delays or insufficient delivery of inclusion bases and local provision result in continued	High – undermines	Medium	Amber	• Named sufficiency pipeline with identified schools, timelines and delivery milestones (design → build → open)	Amber

reliance on independent placements and rising costs. This risk is directly linked to forecast increases in High Needs Block expenditure and independent placement costs as set out in the data template	financial sustainability and demand modelling assumptions.			• Secondary expansion prioritised with annual place targets (e.g. 2026–2028 pipeline) • Termly reporting of place delivery vs forecast through governance • Alignment of capital, commissioning and placement decisions (tracking ISS trend vs local capacity growth) • Trigger: if planned places not delivered or ISS placements exceed forecast → revise commissioning and accelerate next phase pipeline	
Reduced parental trust during reform leads to increased appeals, complaints and escalation to statutory processes.	High - undermines confidence and increases system pressure	Medium	Amber	• Structured parental confidence programme across all 6 clusters (newsletter, webinars, drop-ins, PCF-led engagement) • Clear communication of OAP, Targeted and Targeted Plus pathways • WIASS early advice and resolution pathways strengthened and tracked • Regular reporting of complaints, mediation and tribunal data through governance • “You said, we did” reporting cycle to evidence system response • Trigger: increase in tribunal rate or complaints above baseline → targeted engagement in affected clusters	Green

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

500 words

Delivery of Wandsworth's SEND future state and three-year reform roadmap depends on several national and local programmes. These dependencies are actively managed through clear sequencing, contingency planning and integrated governance, ensuring delivery is not delayed by wider system change.

Sequencing and delivery assumptions - The Reform Plan is phased to align with system capacity and dependency risk. **Year 1 (2026/27):** focuses on activity within the Partnership's control, including cluster mobilisation, embedding Ordinarily Available Provision (OAP), MDT-based support, parental confidence and workforce development. **Years 2–3 (2027–29):** build on this foundation through expanded integrated delivery (including EAH), joint commissioning and alignment with national reforms as partner capacity stabilises. This approach enables progress in Year 1 despite external uncertainty.

NHS reform and ICB restructuring - NHS reform remains the most significant dependency, particularly for therapies, CAMHS and early intervention. The SWL ICB restructure has now concluded, with strengthened capacity and leadership. SEND, Designated Clinical Officer (DCO), key worker and complex care functions now sit within a single directorate, supported by new senior roles and a full-time borough DCO. A jointly funded SEND Development and Delivery Manager further strengthens local capacity. Mitigation approach:

- Prioritise MDT-based delivery in Year 1 using existing workforce capacity
- Agree and monitor expectations for health partner contribution (e.g. MDT attendance, advice timescales)
- Focus delivery on high-impact pathways (early years, autism, SEMH, transitions)
- Target delivery to priority clusters where capacity is constrained
- Monitor performance and escalate through governance

Children's Social Care reform (Families First / Family Help) - SEND reform aligns closely with Families First, particularly around early help and integrated support. In Year 1, alignment will focus on shared governance, referral pathways and local delivery through clusters, rather than full structural integration. Joint pathways will be developed iteratively, with workforce capacity managed through shared prioritisation across programmes.

Best Start in Life and Family Hubs - Family Hubs are central to early identification and support but remain dependent on workforce capacity and rollout pace. In Year 1, SEND delivery will be embedded within existing provision, with early years pathways scaled progressively. Engagement with families will continue through multiple routes, with performance monitoring used to refine delivery.

Curriculum, assessment and national standards - Future national changes may affect expectations on inclusive practice. The Partnership will continue to implement local OAP and graduated response standards, updating guidance as policy develops. Workforce development will focus on core inclusive practice, ensuring resilience to change.

Managing competing reform pressures - The Partnership recognises that shared workforce and governance structures support multiple reforms. This will be managed through:

- Integrated governance across SEND, Families First, Best Start and health
- A single place-based cluster model to align delivery
- Joint workforce planning and prioritisation
- Phased expectations in Year 1 to avoid overload

Overall approach - Across all dependencies, the Partnership will deliver Year 1 activity within local control**, u**se interim arrangements where wider reforms are not yet embedded**, s**equence delivery to align with system capacity**,** monitor performance and adapt in response to constraints**.** This ensures dependencies are actively managed and do not prevent delivery of the Reform Plan.

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.

500 words

Progress will be monitored through an integrated framework using data, dashboards and feedback loops to assess delivery and impact. This will track EHCP growth, EHCNA volumes, early years outcomes, workforce deployment, costs, and changes in early intervention, preventative activity and provision mix. All assumptions on EHCNA demand, EHCP growth, placement patterns and reductions in independent provision are modelled within the data template and financial returns. These are informed by workforce deployment, early intervention and sufficiency plans, with clear links between activity and impact. Consistency across narrative, data and finance is reviewed quarterly.

Activity–impact relationships will be explicitly tracked, linking workforce deployment, early intervention and SEN Support uptake to changes in demand, placement patterns and costs, enabling delivery assumptions to be tested and adjusted in real time.

- **Preventative activity:** includes increased Targeted and Targeted Plus support, growth in EP, SaLT and OT input outside statutory processes, and MDT/EAH reach. Monitoring will track workforce delivery, practitioner confidence, SEN Support consistency and OAP quality, evidencing EAH's impact.

- **Inclusive practice:** full completion of OAP self-evaluation, improved QA outcomes and reduced variation between settings

- **Confidence and behaviour:** will improve through increased practitioner confidence, reduced repeat requests and greater use of SEN Support pathways. SENDIASS will operate independently, providing impartial advice with clear standards on response times and access. Mediation and disagreement resolution will prioritise early, non-statutory pathways aligned with WIASS and clusters. Performance will be monitored through user feedback, resolution rates and reductions in tribunal escalation, ensuring effectiveness and maintaining trust.

- **System flow:** will focus on stabilising EHCNAs at transition points and reducing crisis escalation. Monitoring will track AP referrals, placement length, reintegration success, and its use as a preventative, time-limited intervention.

Each indicator will have defined baselines, targets and escalation thresholds, with underperformance triggering targeted intervention and capacity reallocation. Alongside delivery milestones, system outcomes will be tracked, including EHCNA requests, placement patterns, attendance, exclusions and financial impact, providing clear evidence of improved outcomes for children and young people.

At an operational level, live dashboards will be reviewed weekly within services and clusters, providing real-time visibility of demand and activity. Cluster-level reviews will drive intervention, enabling rapid identification of variation and targeted deployment of support. At a strategic level, a single integrated dashboard will be reviewed monthly through partnership governance. This will combine performance, finance and sufficiency data to assess whether delivery is influencing demand and financial sustainability.

Monitoring will also track the balance between statutory and non-statutory activity, ensuring a measurable shift towards earlier intervention. The Local Offer, WIASS and Family Hub data will provide further insight into access, confidence and early support. This includes tracking whether workforce investment is delivering the expected system impact, including increased early intervention activity, reduced escalation, moderated demand and changes in placement patterns. Where expected impacts are not observed, workforce deployment and investment assumptions will be reviewed and adjusted.

Quantitative analysis will be complemented by structured qualitative feedback from partners, families and children and young people. Key themes will inform service redesign, workforce priorities and communication, supported by a clear **"feedback → action → review"** cycle. Formal evaluation will take place annually, with delivery adjusted where outcomes differ from expectations, ensuring continuous improvement and alignment with reform objectives.

13. **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.

INSERT DOCUMENT UPLOAD LINK

Section 4 – Governance

14. **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.

Governance Mechanism *This may be a governance group, or an individual (e.g. SRO).*	**Purpose/ Responsibilities** *What is the function of this governance mechanism? What are they accountable for overseeing? What information is reported to this governance mechanism?*	**Membership** *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).*	**Cadence** *How regularly does this governance mechanism meet?*	**Decision Rights** *What decisions can this governance mechanism make?*	**Escalation Route** *Where can this governance mechanism escalate issues or decision to?*
SRO (Director of Education / DCS Oversight)	Strategic leadership and overall accountability for SEND Reform delivery. Ensures alignment across education, health and care; holds delivery to account against plan, KPIs and financial assumptions. Provides assurance to Chief Executive, ICB and statutory partners.	Named SRO: Director of Education (LA); accountable to DCS and Chief Executive. Links to ICB Place leadership.	Ongoing (formal reporting monthly)	Final sign-off on reform decisions, prioritisation and resource allocation within delegated authority.	Escalates to Chief Executive, DCS and ICB Executive leadership where system-level decisions or risk mitigation are required.
SEND Strategic partnership board	Primary strategic governance for SEND. Oversees Reform Plan delivery, KPIs, finance, sufficiency and risks. Ensures joint accountability across education, health and care. Provides system-wide assurance on delivery, including impact	Senior LA leaders; ICB SEND leadership; education leaders (including MAT representation); PCF; social care; early years. Jointly chaired (LA/Health).	Termly (with monthly performance summary)	Approves strategic direction, delivery priorities, mitigation plans and sequencing of reform. Holds system partners to account.	Escalates to DCS, Chief Executive and ICB Executive leadership. Feeds into wider Local Area Partnership governance.

	on demand and cost. Receives integrated performance reports (activity, outcomes, finance and sufficiency).				
Integrated Reforms Board (SEND, Families First, Best Start, Neighbourhood Health)	Ensures alignment across major reform programmes. Manages shared dependencies (workforce, governance, clusters). Sequences delivery to avoid reform overload. Oversees competing priorities and resolves conflicts across programmes. This includes alignment with neighbourhood health delivery and Integrated Neighbourhood Teams, ensuring SEND Reform is embedded within wider place-based health and prevention activity.	SROs; policy and programme leads; ICB leads; health providers; social care; PCF representation.	Quarterly	Agrees sequencing, shared priorities and cross-programme delivery decisions.	Escalates systemic risks to SSPB and Local Area Partnership Board
SEND scrutiny board	Oversees statutory decision-making quality, consistency and timeliness. Reviews case-level and system trends (assessments, tribunals, QA findings). Ensures alignment with OAP, thresholds and SEND pathways. Identifies areas	SEND operational leads; DCO/ICB; education reps; QA leads; PCF where appropriate.	Monthly	Agrees case-level decisions, practice changes, threshold adjustments and QA actions.	Escalates systemic issues and trends to Reform Delivery Group and SSPB

	requiring practice improvement.				
Cluster governance groups	Primary delivery and quality assurance mechanism at place level. Oversees implementation of OAP, MDT/EAH activity, SEN Support pathways, transitions and parental confidence activity. Monitors local demand (EHCNAs, attendance, exclusions risk), variation in practice and outcomes. Provides live intelligence into system pressures. Drives targeted intervention at school level.	Primary delivery and quality assurance mechanism at place level. Oversees implementation of OAP, MDT/EAH activity, SEN Support pathways, transitions and parental confidence activity. Monitors local demand (EHCNAs, attendance, exclusions risk), variation in practice and outcomes. Provides live intelligence into system pressures. Drives targeted intervention at school level.	Half-termly (year 1), then termly	Local problem-solving, deployment of support, coordination of MDT activity and improvement actions.	Local problem-solving, deployment of support, coordination of MDT activity and improvement actions.

If you have a diagram to show the relationship between these governance mechanisms, please upload this here.

INSERT DOCUMENT UPLOAD LINK

Section 5 – Central Government Support

15. **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

250 words

1) Priority Year 1 support focuses on workforce capacity, NHS alignment and implementation of cluster-based early intervention models. Delivery of MDT support and the EAH model depends on sufficient specialist workforce. We therefore require expansion of national training pipelines, improved retention in key shortage specialties, greater flexibility in workforce deployment to support preventative activity, and alignment of national training routes with SEND Reform expectations to strengthen mainstream inclusion and early intervention.

2) ICB restructuring remains a key dependency. We require clear national expectations for health partner contributions, support for local joint commissioning during transition, and greater clarity on SEND prioritisation within the NHS commissioning framework.

3) Inclusion base and sufficiency guidance. Secondary inclusion base expansion requires clearer national guidance on commissioning and funding, practical models for engaging providers, and alignment between sufficiency expectations and SEND Reform priorities.

4) Data, benchmarking and evaluation tools. Consistent monitoring requires national benchmarking tools, clear measures of preventative impact, and support to implement National Standards and ensure delivery fidelity across systems.

5) Specialist advisory support and peer learning
Targeted, time-limited national support would accelerate delivery in areas such as: autism and neurodevelopmental pathways, demand management and reduced escalation, and cluster-based delivery models. Facilitated peer learning with similar systems would support shared learning and reduce duplication.