Department for Education

NHS England

Slough Children First

www.slough.gov.uk Slough Borough Council

NHS Thames Valley Berkshire Healthcare NHS Foundation Trust

Working with hcrg Care Group

The Local SEND Reform Plan

March 2026

Document Overview

This document is designed to support local area partnerships develop a **Local SEND Reform Plan** with most sections pertaining to the local area partnership as a whole, in particular, local authorities (LAs) and Integrated Care Boards (ICBs), multi-academy trusts (MATs) and schools. Sections that pertain solely to local authorities are clearly marked **Local Authorities**.

While this document addresses local area partnerships, the government's expectation is that the local authority is the system 'convener'; taking the lead to bring together all system partners and ensure they work together to develop and deliver the Local SEND Reform Plan. Similarly, the government has clear expectations on all system partners to proactively respond to the local authority's leadership, ensuring they commit resources and fulfil their responsibilities in the partnership. Central government will actively engage where system partners are not responding to the local authority's leadership.

The document contains the following:

1. **The Local SEND Reform Plan Guidance**
   Overview and a practical guide to help local area partnerships complete the plan.

2. **Local SEND Reform Plan Template – Annex A**
   The delivery plan that local area partnerships are expected to complete and return to the Department for Education and NHS England by **19 June 2026.**

3. **Supporting Documents – Annex B**
   A list of key resources and references including links to relevant policy documents, tools, and guidance referenced throughout.

The Local SEND Reform Plan

The 0-25 SEND system has been under significant and prolonged pressure, resulting in a system that is failing too many children and young people. Local services are overstretched, some children's needs are escalating unnecessarily to crisis point, and financial pressures have become unsustainable. Yet within this challenging landscape, many local area partnerships have demonstrated determination and leadership - working very hard to improve their local services and often developing compelling and innovative approaches to meet the needs of children and young people with SEND. The government is committed to collaborating with local area partnerships to build on and scale what is working well.

We recognise that system-wide reform and investment is needed to deliver an inclusive and sustainable system that stands the test of time. However, realising this vision will only be possible if every local area takes full responsibility for driving significant improvement in the sustainable delivery of local services. It is imperative that all local areas begin this essential work through robust action plans that demonstrate clear ownership, ambition and accountability. This step change in the delivery of local services cannot be optional; it is a critical expectation of all local area partnerships.

As set out in the Schools White Paper, the government will reform the current SEND system, building on ongoing work to create a system that's rooted in inclusion, where every child and young person receives high-quality support early on and can thrive in their local early years setting, school or college. The government's plan is to ensure opportunity for all by delivering an excellent, inclusive education for every child with a world class education and highly trained workforce. This will be based on an inclusive mainstream education system, with professional support for children and young people that need it, and improved, efficient and effective local delivery, as detailed below.

- **Inclusive mainstream system**: most children and young people with SEND will be supported to achieve and thrive in mainstream education settings through high-quality teaching, inclusive practice, and targeted support. Settings will be equipped to create the right environments, and multidisciplinary professional support services will be commissioned at a group level to address needs efficiently.

- **Specialist support for children that need it**: Specialist settings will continue to play a vital role for children and young people who require a substantially different curriculum or highly individualised approaches that cannot be delivered in mainstream educational settings.

- **Efficient and effective local delivery**: investment in and improvement of local services, including health, care, and wider workforces and resources, will support the delivery of joined-up, place-based provision. Local authorities will work with Integrated Care Boards to commission multi-disciplinary professional support across early years settings, schools and post-16 providers, taking a whole school approach at group level, so children and young people can access the help they need. Improvement of local services eases the pressure on home to school transport, ensuring fewer children and young people with SEND need to travel a long way from home to attend a school or setting. Local authorities will work with all settings to plan and deliver the right physical spaces in mainstream nurseries, schools and colleges.

Delivering lasting change will take collective commitment and sustained effort from all of us; government, local authorities, health partners, early years, MATs, schools and colleges; working together with parents and carers to build the inclusive system our children and young people deserve.

The Local SEND Reform Plan is the key delivery and accountability vehicle for this collaborative commitment, with expectations that it is revised annually as proposed reform is rolled out. We recognise that delivery of the plan will be within the current statutory framework, as such, local area partnerships will not be required to implement any policy that is being consulted on or that will require legislative change.

This first iteration is about building on existing foundations and putting in place the groundwork for reform. It aims to:

- Support central government to understand how the SEND system is being transformed nationally, understand how investment funding is being used to achieve reform priorities, identify innovative practice that can be disseminated and scaled up, and identify where additional support may be required.

- Support local areas - local authorities, health partners, early years, MATs, schools and further education - to develop and deliver a clear pathway toward

an inclusive and sustainable local SEND system that identifies and supports needs **early**, meets needs within the **local** area, is **fair, effective** and **shared**; building on existing work and tailored to the unique context of the local area.

- Support local authorities to unlock investment funding and access support for historic and accruing deficits.

The Local SEND Reform Plan provides a framework that partnerships can use to establish a baseline for their local system and metrics against which transformation progress can be tracked.

The government, working alongside local area leadership, will use the plans - and the insights from regular progress reviews - to understand delivery, support decision-making on investment funding and access to the High Needs Stability Grant, and reflect progress on target metrics. The Department for Education, in particular, will use the plans - incorporating the data returns, local partnership maturity assessments and core local reform plan – to establish a baseline and ongoing monitoring of local area performance.

Throughout this process, DfE officials, health regional leads, SEND and financial advisers will support local area colleagues with access to tailored guidance and emerging insights to help shape and strengthen their plans. The Local Government Association (LGA) will also provide additional system leadership and transformation support through the children's and SEND improvement advisers.

A central focus of this first iteration of the Local SEND Reform Plan is the introduction of the **Experts at Hand (EAH) Offer** and a strengthened approach to ensuring there are sufficient high needs places within mainstream settings, alongside a continued strengthening of effective partnerships and practice. Together, these initiatives aim to build a more inclusive and sustainable SEND system by ensuring mainstream settings, supported by collaborative and maturing partnerships, are equipped with both the right infrastructure and the specialist expertise needed to meet the needs of children and young people with SEND.

The Experts at Hand Offer

The Experts at Hand Offer is a core pillar of the SEND reform programme, designed to strengthen the capability of mainstream education settings to meet the needs of children and young people with SEND more effectively and inclusively.

Local areas should provide a defined route for mainstream education settings to access specialist support, including from a range of experts with specialisms in education & health, such as in, educational psychology, speech and language therapy, and occupational therapy, as well as through outreach from specialist settings. By adding support to shift to increased group-based models and whole setting advice and support, health and education professionals can deliver evidence-based support and intervention with greater impact and value, ensuring, where possible, needs do not escalate. This not only makes better use of a limited workforce but also reduces dependence on costly, individualised provision. There will continue to be children and young people with complex needs that will require individualised and tailored support to meet their needs.

We know that strong practice and effective joint working already exist in many local areas where settings are supported to strengthen inclusive practice. We are keen to ensure that local areas are building on these as they develop and scale up their offer.

Local area partnerships (Local Authorities, ICBs, and system partners including settings) are expected to build their Experts at Hand Offer so that it becomes an ongoing and embedded element of the SEND system.

In order to achieve this, as well as to support a more effective SEND system overall, we need:

- To maintain access and referrals for those children who need specialist referral pathways identified at triage based on educational and clinical need.
- Better joint working across ICBs, LAs, and local system partners including education settings, Best Start Family Hubs, Parent Carer Forums (PCFs), health providers and children and young people.
- More effective joint commissioning between LAs and ICBs, including strategic planning and co-production with children, young people and families and local partners.

- A strong universal offer and fluid layers of support which can be accessed from day one, one of which should include an offer of support for mainstream education settings giving them access to universal and targeted support from services across health and education – the new ‘Experts at Hand’ offer.

The aim of this offer is for mainstream early years settings, MATs, mainstream schools and further education providers to improve across the following areas:

1. Understanding the needs of children and young people in their setting.
2. Putting structures in place to build relationships and co-production with the parent/carer community.
3. Strengthening the baseline level of capacity of settings and staff to meet commonly occurring SEND needs.
4. Reviewing practice regularly to ensure current approaches are the most suitable.
5. Improving knowledge of when and how to draw down additional expertise when required.

This model allows for more efficient deployment of multidisciplinary professionals, promotes broader skill development across settings, and supports a more dynamic and sustainable workforce. It also puts a stronger focus on collaboration between health professionals and education settings, enhancing the role of health professionals in education and enabling them to focus on strategic support to schools and settings as well as system-wide impact.

The offer is designed to build capability within mainstream settings through joint working, empowering education staff to identify and meet a wider range of needs and enabling more children and young people to thrive in inclusive environments; and is expected to be jointly owned and resourced by the Local Authority and Integrated Care Board.

Local areas should consider how they will develop this offer to ensure there is support and appropriate provision across early years, primary, secondary, and further education settings. This should include developing effective models and partnerships for supporting young people with SEND who access further education in a different local area.

Local areas[1] have flexibility in how they commission or employ the multidisciplinary workforce required to deliver the offer. They are encouraged to explore, alongside other options, deployment through special schools and colleges, alternative provision schools, Neighbourhood Health Services, Best Start Family Hubs[2], and Multi-disciplinary Family Help Teams. Local areas will need to work with neighbouring local area partnerships and representatives of the further education sector to consider how best to deliver this service to all colleges and other post-16 providers their young people attend – including those out of their area.

Local systems are expected to begin building this offer using allocated investment funding as a core focus of their delivery in the first year, with the aim of having all Experts at Hand offers established and operational as the new reforms are introduced.

Guidance relating to the Experts at Hand offer is due to be published **in Spring 2026**.

Core minimum requirements

Experts at Hand Offer

Local area partnerships will be expected to clearly and succinctly set out in their plan:

- The delivery approach for this offer and the rationale for why the outlined approach is optimal for the local area. This will include setting out if delivery will be local authority-led, contracted to the ICB, in partnership with another area or through an external partner, and setting out the role of Best Start Family Hubs. Where delivery involves an ICB or external partner, please specify the partnership vehicle (such as an SLA or MOU) and how performance will be assured.

[1] Local areas who have been involved in ELSEC and PINS can use the structures they have in place and the learning they have gained to support the design of their offer.
[2] New guidance to be published 23 March 2026.

- A summary of the partnership approach to agreeing an optimal delivery model including how all system partners were engaged and how the approach was informed by needs-based data.
- How the EAH funding will enhance existing routes to access specialist input, and how the delivery model will be integrated with other services or offers funded separately.
- Proposal to collaboratively recommission alternative provision to align with the 3-tier model and best practice identified through Alternative Provision Specialist Taskforces (APST) models.
- Where alternative provision capacity is constrained, whether the LA will contract provision, partner regionally, or share expertise and the route chosen.
- Proposals for commissioning outreach from high-quality specialist providers, where appropriate.
- Proposal for timely access to health and education professionals (e.g., in educational psychology, occupational therapy and speech and language therapy) for early years, schools and colleges based on assessed local need.
- A detailed year 1 implementation plan, including recruitment approach and success metrics (e.g. coverage, scale of support available), and a high-level plan for years 2–3.
- A proposed governance and accountability arrangement, as part of the Local Area Partnership Board, including oversight routes, budgets and funding arrangements, reporting cadence and escalation processes. This should include a single, named LA-based SRO to drive improvement and reform.
- Clear expectations for joint governance, monitoring and shared accountability across education and health partners.
- Proposed approach to settings accessing support which ensures support is not disproportionately accessed by the most proactive schools and settings and includes out of area mainstream further education settings attended by local young people with SEND.

Embedding the Experts at Hand Offer Within a Broader Reform Strategy

Local Authorities

While the Experts at Hand Offer will be a key building block to reform, it is not sufficient on its own to deliver the scale of change required for SEND. Local authorities are encouraged to continue to take a strategic approach to **place planning and capital investment** to ensure inclusive provision is available and accessible. Guidance relating to inclusion bases (formerly SEN units, resourced provision and pupil support units – SU/RP/PSUs) is due to be published in **Spring 2026**.

To support this, we expect that local authorities will:

- Set out how High Needs capital funding will be used to invest in new places and adaptations to the physical environment so that needs of children and young people with SEND are met in alignment with the reform aims of mainstream inclusion.
- Use capital investment to improve the inclusivity of provision in all settings, considering a range of interventions that could better support children and young people with SEND through the physical environment, working with professionals who can advise and support e.g. special school/alternative provision practitioners, Occupational Therapists, Speech and Language Therapists, specialist nurses, mental health practitioners and support workers.
- Identify where inclusion bases (formerly SU/RP/PSUs) in mainstream schools or nurseries, or specialist provision in colleges, currently exist, where additional capacity is needed, and how this varies across planning areas.
- Engage proactively with early years providers, schools, multi-academy trusts and further education providers as well as health providers, to co-develop strategies for enabling more children and young people with SEND to access mainstream education.
- Engage with parent carer forums and children and young people forums to co-produce strategies that work for children and families.
- Ensure that decisions about the location and type of new SEND provision explicitly consider the proximity to where children and young people live and

the implications for transport, recognising this may not always be possible when commissioning SEND provision in large, further education colleges.

- Ensure that all sufficiency and capital investment decisions include an assessment of transport impact, with a focus on reducing long-distance travel and increasing access to local, inclusive settings.

Core minimum requirements

Sufficiency and Place Planning

Local area partnerships will be expected to clearly and succinctly set out in their plan:

- A summary of local sufficiency pressures and how planned place growth addresses demand trends, including EHCP drivers and opportunities to meet need through capacity in mainstream settings.
- How the planned increases in capacity across setting types will reduce reliance on special schools, especially out-of-area placements and independent specialist provision.
- How collaboration between LAs and MATs could be strengthened to identify suitable sites and jointly plan the development of inclusion bases.
- Assurance that proposed inclusion bases in early years settings, schools, and colleges would reflect local demographic need, maintaining high quality standards and clear expectations on type of provision.
- How existing school premises are factored in when planning new inclusion bases, including opportunities created by falling rolls.
- Detailed plans to meet need for specialist places, by increasing capacity in mainstream settings through inclusion bases, and to improve the suitability of the physical environment. This should set out how the investment would align with local need and reduce future pressure. Where plans propose use of high needs capital to create additional special school places, this should clearly explain why need cannot be met in mainstream, including how the investment would align with local need and reduce future pressure.
- Proposals for flexibility to accommodate rurality and local variation, ensuring provision remains viable and context appropriate.

- Evidence that an impact assessment of travel arrangements has been carried out for any capital, inclusion base or special school expansion proposal, demonstrating expected changes to travel distances, journey times, and reliance on out of area placements. Including any explicit travel related mitigations.

Strengthening Effective Partnerships and Practice

Effective collaboration across all system partners, including local authorities, ICBs, health provider organisations, Parent Carer Forums, Best Start Family Hubs, early years settings, mainstream and specialist schools, further education, dioceses, multi-academy trusts (MATs), parents carers, and children and young people with SEND, is essential to delivering meaningful transformation.

A transformed system that works for children and families must include co-production, collaborative partnership working and stakeholder engagement. Strong relationships at system and setting level are central to this.

The success of this transformation depends on shared ownership of decision-making, design and delivery of the local offer, and responsibility by all system partners, particularly local authorities, Integrated Care Boards and education settings.

The department is clear that MATs and schools have clear responsibilities in the development and active deployment of a strong universal offer of support to children and young people with SEND in their settings. They are expected to proactively collaborate with their system partners, including local authorities and ICBs, drawing on up-to-date understanding of the needs of children and young people in their settings to deliver consistent and robust support, particularly for the most commonly occurring and growing areas of need.

In the long term, MATs and schools will work together to pool some funding from their Inclusion Share for a more collaborative, efficient system to meet needs across their group and allow for better sharing of expertise and resources across an area. Local school groupings will need to be actively engaged with the local authority and Integrated Care Board. We will look to local authorities and their partners to shape the formation of groupings in their areas and have an oversight role for

these groups. In designing local systems, local authorities, MATs, schools and other system partners should start to consider how they might integrate school groups into the bigger picture, to work closely with their Experts at Hand and wider reform offer to provide a comprehensive SEND system.

We would like to work with school and local authority partners to understand how these groups are best structured while we move long-term to a system where all schools are part of strong groups. Guidance relating to school groups and pooled funding will be published in due course.

Core minimum requirements

Local area partnerships will be expected to clearly and succinctly set out in their plan:

Effective Practice - Universal Offer

- Proposal to co-develop, and regularly refresh, a partnership-wide universal offer agreement with schools, MATs, early years settings and post-16 providers which will be underpinned by up-to-date, needs-based data and signed off by the local authority, ICB, MAT and school representatives and Parent Carer Forum (PCF). The agreed universal offer should draw on approaches that will be set out in the National Inclusion Standards.
- Evidence of the processes and mechanism through which MATs and PCFs are engaged in the development of the universal offer.
- How early intervention services will be strengthened, with enhanced mainstream support to prevent escalation of need.
- How a strengthened universal offer will support mainstream settings to meet the most commonly occurring and growing areas of need. This should include how well evidenced early intervention approaches focused on speech and language (e.g. ELSEC[3]/NELI[4]), autism spectrum disorder (ASD) and social, emotional and mental health difficulties (SEMH), could be deployed.

[3] Early Language Support for Every Child
[4] Nuffield Early Language Intervention

- How a strengthened universal offer and group level specialist support will reduce escalation into out-of-area placements with significant travel-assistance requirements.

Early Years (plans should align with LA Best Start in Life plans)

- Proposal for assessing sufficiency of current level of childcare provision for 0–5s, detailing: (a) availability of early years places; (b) availability of specialist SEND early years places; and (c) any local gaps for children with complex and emerging needs and plan to address these including the role of wider partners such as Best Start Family Hubs.
- Proposal to improve early years identification and intervention strategies, including the role of Best Start Family Hubs.
- Proposal to strengthen transitions from early years to primary school, ensuring effective information flow and timely specialist input.

Post-16

- Proposal to strengthen pathways to adulthood, supporting young people to access education, training, employment and supported internships.
- A clarification of pathways into and out of post-16 settings, informed by consistent information flow and timely, effective specialist support.

Effective Partnerships

- Evidence of effective, shared, partnership leadership and governance across all system partners, with clear and mutually understood accountability arrangements.
- Evidence of formal representation from early years, schools, MATs and further education on partnership boards, with appropriate links to Schools Forums to support coherent engagement across all settings.
- Proposal to underpin partnership working with shared, high-quality data, including joint dashboards and use of a partnership maturity matrix to assess effectiveness.

- How proposed/agreed mechanisms for engaging all schools, early years providers and post-16 providers (including out of area mainstream colleges accessed by local young people with SEND) would support collective responsibility for inclusive practice.
- Proposal to strengthen dispute resolution and decision-making processes so system partners can address issues early and consistently, supported by transparent escalation routes.
- A single named SRO who is part of the leadership team, to provide operational leadership and drive reform across the partnership. The SRO should be a senior local authority official.

Effective Co-production Practices

- Proposal to strengthen co-production arrangements so that parent carer forums are properly resourced and consistently engaged in shaping decision making.
- How the voice of children and young people is captured directly and distinctly from parent voice, with clear evidence of how their views influence decisions.
- How SENDIASS will be used to support parents carers with high quality, independent information and guidance, and how the local area will address variability in service quality where it exists, with reference to the minimum SENDIASS service standards. Please include proposed mitigation to any parental concerns about the perceived independence of SENDIASS within mediation processes.
- Proposal to adopt a minimum co-production benchmark (based on NHSE guidance) and self-assess against it in year one, identifying improvement actions where needed.

Mediation

- A description of local mediation and dispute resolution arrangements, demonstrating how they incorporate the voices of parents and children and young people.

- Proposal to maintain metrics for timeliness, resolution rates and effectiveness to support monitoring and accountability.

Governance

The Local SEND Reform Plan should be a local area partnership plan. The local authority, as the system convener, has an oversight role over the process of preparing, submitting and delivering the overall Local SEND Reform Plan with active participation from all system partners.

Governance arrangement is expected to include active representation from all key partners, including ICBs, PCFs, MATs and schools, with clear roles and accountability. Where local area partnerships involve multiple education partners – including those not always located within their area such as further education colleges – or may commission therapy services from different health providers, they should agree how those institutions/providers can be represented and have a fair voice in decision making.

The local area partnership should agree a single, named Senior Responsible Officer (SRO) for the Local SEND Reform Plan and local area transformation who will be responsible for overseeing SEND improvement and reform for the area. The SRO should be a senior local authority official and part of the local area partnership leadership.

The Local SEND Reform Plan should be discussed, agreed, and signed off at the relevant SEND Governance Board. As a minimum, the plan should 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 Services (DCS), the Integrated Care Board NHS Place Director, and the Local Authority Chief Financial Officer (CFO/Section 151 Officer), reflecting the joint statutory responsibilities for SEND across the system.

We expect your Local SEND Reform plan to be aligned with other local strategic plans you are currently developing, including your Best Start local plan. Both plans sit firmly within the government's ambition to improve child development and health

outcomes, and to create a more inclusive, high-quality system of support for all children and young people with SEND. Together, they should provide a coherent local approach to raising outcomes for children, young people and families.

Funding

To deliver our ambition for an inclusive and sustainable SEND system, the Department has secured targeted funding through the Spending Review. Some of this funding will be delivered directly to LAs and ICBs, other funding streams will be delivered to settings and will need to be considered when developing plans.

LA and ICB Funding

Funding	Description
Experts At Hand Offer Funding (for LAs and ICBs)	This funding is provided to support development of an Experts at Hand Offer which provides a defined route for mainstream education settings to access support, including but not limited to Educational Psychology, Speech and Language Therapy, and Occupational Therapy. Rather than relying on individual referrals, the offer enables a whole setting approach to group-level support, tailored guidance, and strategic advice, allowing for earlier and more impactful intervention. The funding will be paid via the Local Inclusion Partnership Grant after June 2026. LA allocations and methodology will be published in Spring 2026.
Transformation Funding **Local Authorities**	Transformation funding should support authorities to deliver the necessary changes to their local systems in line with the Schools White Paper while continuing to deliver effective and efficient services to children and young people with SEND through transition. This could be done through expanding capacity and capability within the Local Authority to deliver the required changes. For example, building data and analytical capability to enable effective monitoring of system performance so that decisions on

	delivery are informed by high quality and good use of data or building project management functions that can organise and sequence work, ensuring efficient and effective deployment of resources. The funding will be paid via the Local Inclusion Partnership Grant after June 2026. LA allocations and methodology will be published in Spring 2026.
Best Start Family Hubs Funding **Local Authorities**	This funding supports the rollout of Best Start Family Hubs across England. Best Start Family Hubs will have a children and family services professional specifically trained in working to support inclusion for children with additional needs.
High Needs Capital Funding **Local Authorities**	This funding is provided to support local authorities to provide places for children and young people with SEND, or who require alternative provision (AP). This funding is expected to fund a transformative expansion of inclusion bases, as well as adaptations to improve the accessibility and inclusivity of mainstream settings, reducing the need for pupils to travel a long way to a special school and the costs of LA arranged transport. It can also fund places in special schools for the most complex needs. More details on this funding and local allocations will be published in Spring 2026.
Inclusive Early Years Fund **Local Authorities**	We expect early years settings to use the Inclusive Early Years Fund to strengthen inclusive practices across the whole setting. This may include freeing up staff time to participate in continuing professional development (CPD), collaborate on inclusive planning, or engage in early assessments. The funding can also support activities such as adapting the curriculum, improving the learning environment, or implementing targeted, evidence-based interventions for groups of children. These approaches aim

	to embed inclusive practice into everyday provision, reducing the need for individual applications or formal diagnoses.

Local areas should consider how these funding streams will be used strategically and effectively to support reform priorities, build capacity, and ensure priority outcomes are realised.

Other Inclusion Funding

We are also investing in mainstream settings to ensure that they are able to meet the needs of more children with SEND effectively.

Funding	Description
Inclusive Mainstream Fund (for Schools, and Post-16 settings)	We expect settings to use this funding to identify commonly occurring, predictable needs such as difficulties with reading or emotional regulation and take meaningful steps to improve everyday teaching and universal provision, so that it works well for all from the outset. Settings will also be able to spend the funding on developing more targeted evidenced-based support offers such as transition support or specific group interventions for those who need them, without the need for as many formal assessments or diagnoses.

Structure of the Local SEND Reform Plan

The Plan is structured into five key sections:

1. **Vision** – What the local area partnership is trying to achieve
   The vision and goals for your local system in line with the national vision set out in the Schools White Paper.

2. **Strategy** – How the local area partnership plans to achieve it

Where the local system expects to be in the next 3 years, its theory of change, roadmap for the next 3 years and delivery plan for the first year.

3. **Monitoring and Evaluation** – How the local area partnership will know delivery is on track

   The processes for tracking progress against milestones and outcomes and reporting to decision-makers.

4. **Governance** – What action the local area partnership will take to stay on track

   The governance and processes for monitoring progress and taking action to ensure delivery remains on track.

5. **Central Government Support** – How we can help the local area partnership

   An opportunity to identify practical support from central government that will help you deliver your plan.

The Local SEND Reform Plan is set out in **Annex A**.

Submission

Local areas are expected to submit the first iteration of their Local SEND Reform Plan by **Friday, June 19, 2026**.

A month prior to final local leadership sign-off and formal submission of Local SEND Reform Plans; SEND and financial advisers will be available to review a final draft of local area plans to flag any significant gaps or concerns, and together with health regional leads and DfE officials, will offer intensive support if they believe a plan is at risk of not meeting the minimum quality threshold. Local area partnerships will then have an opportunity to action these concerns prior to formal submission to the department.

Local area leadership are encouraged to self-assess their plans using the ***Local SEND Reform Plan Quality Assessment Framework*** prior to sign-off and submission.

Further guidance on the submission and review process will be shared closer to the submission date.

Review

DfE and NHS England will use the plans to help identify effective, innovative practice and barriers, and identify how to effectively target support through the period of transformation.

The government will use the ***Local SEND Reform Plan Quality Assessment Framework*** to assess the quality of plans and facilitate access to the High Needs Stability Grant for local authorities.

The department will apply a consistent multi-tier assessment and moderation process to ensure that the review and assessment of plans is rigorous, consistent and fair.

DfE officials, health regional SEND leads, SEND and financial advisers will support local area partnerships in reviewing the plans using the ***Local SEND Reform Plan Quality Assessment Framework*** in the first tier.

Assessment tiers will include Regional Directors and independent senior civil servants from across the department. A SEND Delivery Board chaired by Regions Group Director-General, Tim Coulson, with DfE non-executive directors, DfE Performance and Risk Committee members and Sir Kevan Collins, the Secretary of State's delivery advisor in attendance will sign off final ratings and agree recommendations to the Secretary of State.

The Secretary of State will make the final decision to approve or not to approve a plan with assessment outcomes will be communicated in September

Monitoring

DfE Officials, health regional SEND leads, SEND and financial advisers will support local areas to develop iterative reform plans and, together with the local area leadership, jointly monitor the implementation of plans as reforms are rolled out.

The purpose of the joint monitoring is to:

i. provide assurance that funding is spent in line with reform priorities and that local area partnerships are working together to co-design and implement key changes to local service delivery, including changes to roles and responsibilities; and
ii. provide assurance that the implementation of reforms is delivering the anticipated changes and outcomes, by rebalancing the system towards early intervention, inclusive education, and sustainable local services.

DfE officials, health regional SEND leads, SEND and financial advisers will join quarterly review meetings with local area partnerships (utilising existing governance forums) to understand implementation progress and provide appropriate support and challenge as needed. Where applicable, these review meetings will be consolidated with other engagement or monitoring meetings from DfE or health regional SEND leads.

Local area leadership and officials are expected to discuss progress against the plan, including:

- Progress against key metrics
- Whether key milestones are on track to be achieved
- Whether risks are being effectively mitigated
- Identifying effective and innovative practice that can be shared; and
- Identifying where additional support may be needed or barriers unblocked.

Local area partnerships are required to provide quarterly data returns to DfE against the selected metrics outlined in the accompanying data template. DfE will, in turn, provide quarterly data reports with visualised analysis and benchmarking that will support local delivery, monitoring, and evaluation.

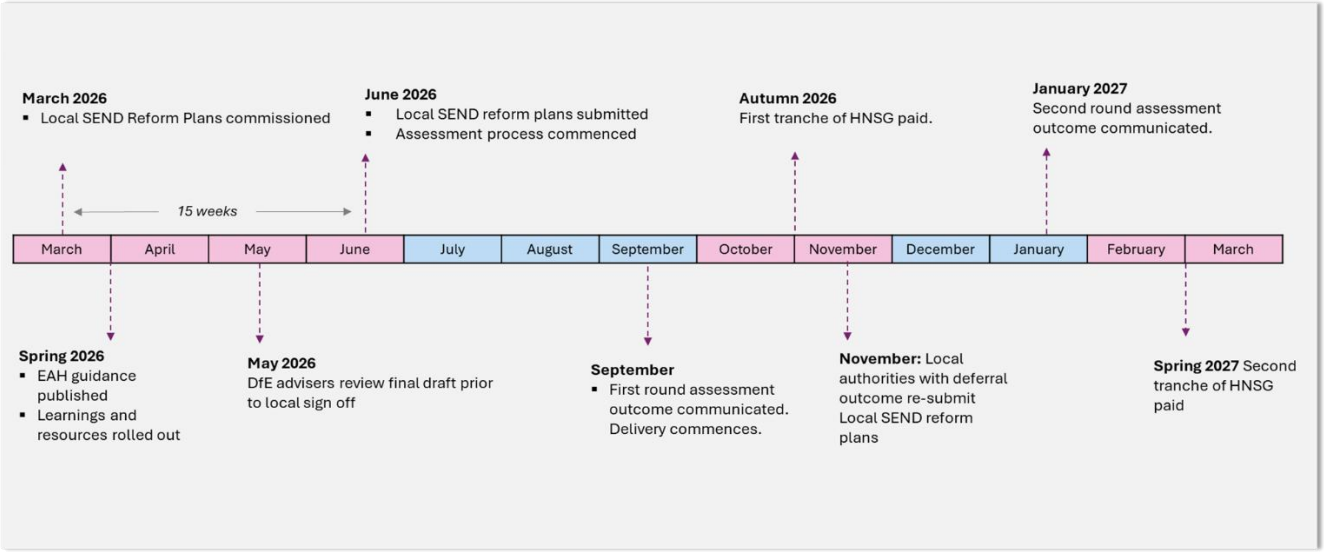
DfE officials and health regional SEND leads will use these data returns and discussions at review meetings, alongside submission of this Local SEND Reform Plan and the Local Partnership Maturity Assessment, as well as Area SEND inspection reports, to assess performance and delivery at the local level. These

assessments and this ongoing monitoring will ensure that support and engagement is best allocated and targeted throughout this period of reform.

High Needs Stability Grant

The government will address long standing SEND financial pressures by covering 90% of local authorities' High Needs-related DSG deficits accrued up to the end of 2025–26 through the High Needs Stability Grant. This grant will be paid subject to each local authority securing the Secretary of State for Education's approval of their local area's Local SEND Reform Plan. Payments will be made in Autumn 2026 for local authorities whose plans are approved. Local authorities whose plans do not meet the threshold for approval will be required to revise their plans to ensure they meet the required threshold, with appropriate support. Local authorities whose plans are subsequently approved will receive the grant payment in Spring 2027. Local authorities will not receive any payments until successful approval of their local area's Local SEND Reform Plan.

Review and payment timeline outlined below.



For any questions relating to this document or the Local SEND Reform Plan more widely, please get in touch with your DfE SEND Lead or contact Implementationsupport.SEND@education.gov.uk

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: Slough Borough Council

Name of Integrated Care Board: Thames Valley Integrated Care Board

Local SEND Reform Plan SRO: Debbie Jones Director of Children's Services

Signatories

Role	Name	Signature	Email contact	Date
CEO Slough Borough Council	Will Tuckley		Will.tuckley@Slough.gov.uk	26/06/2026
Executive Director for Corporate Resources, Section 151 Officer	Ian O'Donnell		Ian.ODonnell@slough.gov.uk	26/06/2026
Interim Executive Director Children (DCS) / Chief Executive Slough Children's First	Debbie Jones		Debbie.jones@slough.gov.uk	26/06/2026
CEO - Thames Valley Integrated care Board	Dr Nick Broughton		nick.broughton1@nhs.net	25/06/2026
Chief Nurse Thames Valley Integrated Care Board	Sarah Bellars		sarah.bellars@nhs.net	25/06/2026
Director LDA, AMH and CYP	Tracey Faraday-Drake		T.Faraday-Drake@nhs.net	25/06/2026

Executive Summary

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

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

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

Slough Local Area Partnership is developing its SEND Local Area Reform Plan from an honest starting point. The partnership has agreed that its current maturity position is **Not Yet Emerging**. This does not mean there is no activity, commitment or progress; it means that current arrangements are not yet sufficiently embedded, systematic, jointly owned or impact-led to demonstrate sustained reform. The purpose of this plan is therefore to move Slough from recovery activity into a clearer, evidence-led and deliverable reform programme.

The plan sets out a three-year roadmap to build a more inclusive, locally responsive and financially sustainable SEND system. In 2026/27, the focus will be on establishing the foundations for delivery: stronger governance, named ownership, data reconciliation, dashboard reporting, co-production routines, Experts at Hand mobilisation, sufficiency planning, health visibility and financial oversight. In 2027/28, the partnership will move into wider implementation and scaling. By 2028/29, the ambition is for reform to be embedded, with clearer evidence of earlier support, stronger local provision, improved confidence and better value for money across the High Needs system.

The reform is structured around four connected building blocks: strengthening inclusion across education settings; improving system leadership, partnership collaboration and co-production; improving access to specialist support and local placements; and encouraging inclusive culture and behaviours. These building blocks are supported by five success measures: earlier support and reduced avoidable escalation; inclusion and local provision; health contribution and support while waiting; family confidence and co-production; and financial oversight and value for money.

A central part of the plan is Slough's **Experts at Hand** model. This will be a 0 to 25, area-wide cluster model designed to provide earlier access to specialist advice, strengthen confidence in mainstream and local settings, and reduce avoidable escalation where needs can be met through universal or targeted support. The model will not replace statutory duties, health pathways, therapy services, educational psychology, CAMHS, CYPIT, social care or school responsibilities. It will add capacity and coherence by connecting specialist advice to settings earlier and more consistently.

The plan also strengthens Slough's approach to sufficiency and capital planning. The partnership's direction is to support children and young people as close to their local communities as possible, with investment in support bases, inclusion bases, satellite provision, mainstream adaptations, early years environments and Family Hubs. Available capital supports the programme for 2026/27 and 2027/28, but further capital will be required to deliver the full programme through to 2029/30.

Governance will operate through SIAB, the Operations Delivery Group, workstream governance and relevant health, finance, data, sufficiency and co-production routes. Debbie Jones, Interim Director of Children's Services, is the named Senior Responsible Officer. Delivery will be tracked through a minimum viable SEND dashboard, monthly workstream reporting, quarterly SIAB assurance and feedback loops from schools, settings, parent carers, children and young people, SENDIASS and health partners.

The plan is intentionally realistic. Slough is not claiming that year one will resolve all demand, workforce, sufficiency or financial pressures. The year-one test is whether the partnership can establish the control, evidence, ownership and delivery discipline required to make reform credible and sustainable over the next three years.

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

What the Local Area partnership is trying to achieve
Slough Local Area Partnership is working towards an inclusive, evidence-led and financially sustainable 0 to 25 SEND system where children and young people are identified earlier, supported more consistently, and able to achieve and thrive in their local community.

The partnership's starting point is honest. Slough is in recovery and the maturity assessment confirms that the system is not yet emerging. This means arrangements are not yet sufficiently embedded, consistent, jointly owned or impact-led. The PAIP, Local SEND Reform Plan, data template and emerging dashboard provide the foundations to move from recovery into delivery and from fragmented activity into a shared partnership model.

The partnership has five goals, aligned to the Schools White Paper, national reform principles and the building blocks in Section 2.

Goal 1: Children and young people receive the right support earlier and more consistently through a strengthened universal offer and graduated response.
Goal 2: More children and young people have their needs met locally, in the right setting, with better access to specialist advice, supported by sufficiency and capital planning.
Goal 3: Children, young people, parent carers and partners have greater confidence in the SEND system through clearer communication, co-production and "you said, we did" reporting.
Goal 4: The partnership improves value for money through stronger data, commissioning, governance, financial oversight and a clearer line of sight between need, provision, cost, quality and outcomes.
Goal 5: Experts at Hand provides an effective, evidence-based bridge between universal, targeted, targeted-plus and specialist support for mainstream education settings.
By 2028/29, success will mean earlier support, improved confidence, stronger local provision and better evidence-led decisions

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.

Building Block 1 - Strengthening inclusion across education settings

Local blueprint for the next 3 years	Where we are	Where we will be in the next 3 years
Building block Strengthening inclusion across education settings for Slough means organising places and provision so that children and young people's needs are met as early as possible, as locally as possible and, where appropriate, within mainstream education. This means developing a shared partnership understanding of inclusion, a clearer universal offer and a more consistent graduated response across early years, schools, colleges, alternative provision and specialist settings. Ofsted grading of Slough schools and education settings indicated that the vast majority are good. Overall attainment is good . Schools and early years settings are a strength of the partnership. However, in an authority judged to have systemic weaknesses, it is clear that further work is required to strengthen the systemic partnership approach across eductation settings. **Enablers** The main enablers will be • Stronger partnership governance • SIAB Board • Clearer universal and graduated offer • SENDCo and school leadership networks • Workforce development • Existing specialist teams aligned to clusters of schools with dedicated support to individual settings • Improved access to specialist advice through Experts at Hand • Improved health input • Stronger data and dashboard reporting, • Sufficiency and capital planning • Co-production with children, young people and parent carers.	**What is working well** Slough has important foundations to build on. The PAIP provides a clear recovery framework, there is visible commitment from schools and partners, and improvement work is already under way on the graduated approach, EHCP quality, annual reviews, health pathways and SEND governance. There are also examples of local provision, specialist advice, alternative provision and school-based practice that can be strengthened and scaled. However, Slough is not yet able to evidence a consistently inclusive system. The local maturity assessment is not yet emerging, and this reflects the reality that practice is still too variable. Families can experience delay, fragmented communication and escalation before support is coordinated. Schools and settings do not yet have a sufficiently clear, shared and consistently applied understanding of what should ordinarily be available. The enablers are developing, but they are not yet mature: data confidence needs strengthening, health input needs to be more visible, workforce capacity remains stretched, and sufficiency planning is not yet strong enough to show how needs will be met locally over time. The data shows why this cannot be treated as a minor improvement task. Slough's working baseline records 2,624 EHC plans in 2025, based on the January 2026 SEN2 return. Mainstream EHCP placements are recorded at 1,398 in 2025 and are projected to rise to 2,339 by 2029. EHCNA requests are recorded at 460 in 2025 and are projected to rise to 770 by 2029 in line with the agreed growth assumptions., while EHCNAs resulting in EHCPs are projected to rise from 520 (2025) to 870 (2029). This shows that demand is continuing to grow. The partnership therefore needs to strengthen inclusion while continuing to meet statutory duties, rather than assuming that demand will fall automatically.	By 2028/29, Slough will have a clearer and more consistent inclusive education system. Children and young people will receive support earlier through a strengthened universal offer and graduated response, with clearer expectations for what should be available in mainstream settings and how settings can access additional advice when needs are emerging. Experts at Hand and specialist teams aligned to clusters of schools will be central to this shift.Experts at Handwill not operate as a pilot or as a substitute for statutory casework. It will function as a 0 to 25 partnership model that brings education, health and specialist advice closer to settings, helping mainstream, early years and post-16 providers to identify needs earlier, strengthen practice and avoid unnecessary escalation. It will also help the partnership use the expertise that already exists in Slough more systematically, so that good practice is shared rather than remaining isolated in individual schools, teams or services. The system will feel different because families, children, young people and settings will have a clearer understanding of what support is available, who is responsible for it and how concerns are escalated. Access to specialist services will be quicker and more equitable, supporting early identification and intervention, through specialist teams around clusters of schools. The universal offer will be refreshed through co-production and informed by the SEND Needs AssessmentJSNA, SEN2 data, dashboard evidence, health data, school feedback and lived experience. By year three, the partnership should be able to evidence improved mainstream confidence, earlier identification, stronger annual review practice, improved attendance, reduced exclusions and a clearer link between inclusion, sufficiency and value for money. External evaluations of the partnership will judge it to be effective and developing. Our local Area Partnership rating will state that typically positive experiences and outcomes are the norm. Parental confidence will be strong across the sector including in our schools and the graduated approach will be fully embedded. The lived experience of CYP and their families will be positive.

Success Measures	**Baseline**	**Target Metrics**
Success will be measured by whether more children and young people are supported earlier and more consistently in local settings. The partnership will track • EHCP growth • EHCNA requests • Conversion to EHCPs • The number and proportion of EHCPs in mainstream settings • Attendance, suspensions and permanent exclusions, • Annual review quality • Settings accessing Experts at Hand, • Parent carer confidence, complaints and tribunals • Children and young people's experience of support. These measures will be reviewed alongside audit and case sampling evidence so the partnership can test whether inclusion is changing practice, not just activity.	The working baseline records 2,624 EHC plans in 2025, including 1,398 mainstream EHCP placements. EHCNA requests are recorded at 460 in 2025, while the number of EHCNAs completed in 2025 was 526, and EHCNAs resulting in EHCPs at 520. Current projections show mainstream EHCP placements rising to 2,339 by 2029, EHCNA requests rising to 770 and EHCNAs resulting in EHCPs rising to 870, based on assumption projections of 15% growth year on year with 10% growth for the final year. These figures are based on the January 2026 baseline with agreed modelling assumptions and will be monitored and validated through the first-year data workstream, including reconciliation of cohort, provision and primary need totals.	By 2028/29, Slough expects to see a stronger evidence base for mainstream inclusion and earlier support. Final numerical targets will be confirmed through data validation, but the intended direction of travel is a higher proportion of children and young people supported successfully in local mainstream settings where appropriate; reduced avoidable escalation into statutory assessment; improved attendance; reduced suspensions and permanent exclusions; increased access to Experts at Hand; improved annual review quality; and improved confidence from parent carers, children, young people and settings that support is clearer, earlier and more consistent.
Building Block 2 System leadership, local partnership collaboration and co-production		
Local blueprint for the next 3 years	**Where we are**	**Where we will be in the next 3 years**
Building block System leadership, local partnership collaboration and co-production means putting in place the conditions that allow Slough to plan, deliver and assure SEND reform as one partnership. This includes • Clear leadership, • Agreed decision rights, • Shared data, • Transparent escalation, • Genuine co-production with parent carers, children and young people. Our ambition is to: • Build and sustain strong, trusting relationships between partners • Enable constructive challenge and mutual accountability • Support partners to hold each other to account in a transparent and collaborative way	Slough has strengthened its improvement architecture. The PAIP gives the partnership a recovery framework, SIAB provides senior oversight, the Operations Delivery Group supports delivery coordination, and TIGs and subgroups provide themed focus. There is senior commitment across the local authority, education, health and wider partners, and with an identified SRO who is the interim Director of Children's Services, provides a clear local authority leadership route for reform. **What is working well** The willingness of partners to recognise the current position honestly and to build from the PAIP rather than be over optimistic that the system is already mature. The developing Parent Carer Forum, communications work, assurance reporting and partnership meetings provide a platform for stronger co-production and shared ownership. The SEND youth forum in slough is a strong and influential presence, contributing valuable lived experience to partners across the system.	By 2028/29, Slough will have a more mature partnership delivery system. SIAB will provide senior strategic oversight, the Operations Delivery Group will manage delivery and risk across the reform plan, TIGs will lead themed improvement, and subgroups will provide the technical evidence and delivery support required. Each group will have clear terms of reference, named leads, decision rights, escalation routes, reporting cadence and evidence expectations. The partnership will use one reform plan, a shared SEND dashboard, a live risk and dependency log, an evidence log and quarterly assurance reporting to track delivery. Leaders will be able to see whether actions are complete, whether they are changing practice, and whether children, young people and families are experiencing improvement. Co-production will be embedded as a cycle of design, delivery, review and feedback. Parent carers and children and young people will be involved in shaping the universal offer, Experts at Hand, sufficiency planning, health pathways, annual review improvement and communication. The system will use "you said, we did" reporting to show what has changed. The Parent Carer Forum will be supported to

• Promote a collective approach to both celebrating success and taking shared responsibility for areas of weakness **Enablers** The main enablers will be SIAB, the Operations Delivery Group, Transformation Impact Groups, the Data and Performance Subgroup, Communications Subgroup, education partnership routes, health representation, Schools Forum links, the Parent Carer Forum, children and young people's voice routes, a shared dashboard, risk and dependency reporting, and a clear evidence cycle showing what has changed as a result of feedback.	**What needs to change** The level of delivery and the visibility of impact. Governance must now show more than attendance, discussion and activity. It needs to evidence decisions made, barriers removed, actions completed, risks escalated, and changes experienced by children, young people and families. Expanding opportunities to capture the voices of children and young people directly, ensuring these are heard clearly and distinctly from parent carer voice. Co-production is improving, but it is not yet embedded as routine practice across design, delivery and assurance. The data and dashboard work needs to become part of governance, so leaders can test whether reform is changing demand, quality, cost and lived experience.	contribute as a strategic partner, while wider engagement routes will reach families and young people who are not already represented.
Success Measures	**Baseline**	**Target Metrics**
Success will be measured by whether governance is driving delivery and whether co-production is changing decisions. The partnership will track • PAIP and reform plan milestone completion • Overdue actions • Escalations • Risk movement • Attendance and contribution from key partners • Dashboard reporting to governance • Evidence of joint sign-off • Parent carer engagement • Children and young people's participation • Examples where feedback has changed decisions • Pathways • Communication or service design	The baseline is a partnership in formal recovery, with an agreed maturity position of not yet emerging. SIAB, the Operations Delivery Group, TIGs and subgroups are in place, but their arrangements are still developing. The PAIP provides the current improvement framework. Dashboard and data reporting are developing, but data confidence and ownership are not yet consistently strong across education, health, care and finance. Co-production routes exist, including the developing Parent Carer Forum, but evidence of feedback changing decisions is not yet systematic.	By 2028/29, Slough expects governance to operate as an effective delivery and assurance system, not simply a reporting structure. The target position is that reform milestones are tracked, overdue actions are challenged, risks are escalated promptly, data is routinely used to support decisions, and all key partners can evidence their contribution to delivery. Co-production should be visible through regular feedback loops, direct children and young people's voice, parent carer involvement in design and assurance, and clear examples of "you said, we did" impact across the reform plan.
Building Block 3: Access to specialist support and local placements		
Local blueprint for the next 3 years	**Where we are**	**Where we will be in the next 3 years**
Building block Access to specialist support and local placements means improving how Slough brings together specialist and expert input so children and young people receive support earlier, more locally and with less unnecessary escalation. It also means developing a credible sufficiency and capital pipeline so the right provision is available in the right place at the right time.	Slough has specialist services and commissioned provision that is being built into a stronger model around clusters of schools. This includes therapy services, sensory support, SEMH outreach, alternative provision, home tuition, specialist placements, health pathways and existing education expertise. Sthe partnership is working on joining up these services as part of a graduated approach. The weakness is that the current system does not yet operate as	By 2028/29, Slough will have a clearer 0 to 25 model for specialist support and local provision. Experts at Hand will provide a defined access route to multidisciplinary advice and targeted support from education, health and specialist providers. It will not be a pilot or a long-term case-holding service. It will be a partnership mechanism to build capacity in mainstream and post-16 settings, provide earlier advice, support settings to respond to need, and reduce avoidable escalation. The model will include clear access criteria, response times,

Enablers • The main enablers will be a 0 to 25 Experts at Hand model, • Specialist teams around clusters of schools • Explicit health and therapy input, • Education psychology, • Sensory support, • SEMH outreach, • AP, • Home tuition and EOTAS review, • Early help, • Best Start in Life, • Preparation for Adulthood, • Commissioning, • Sufficiency and place planning, • Capital investment, • Transport impact assessment, • Workforce planning, • Reliable data on demand, provision, cost and outcomes.	a coherent 0 to 25 graduated model. Access routes are not always clear; waiting times and needs-based support if waiting are variable, and the partnership cannot yet evidence consistently how specialist input is deployed, who receives it, how quickly it arrives, and what impact it has. Health input needs to be much more visible in the main dashboard and governance process. Current SaLT and OT activity reporting shows a gap that must be corrected because it does not give a credible picture of service contribution. Alternative Provision (AP) figures have been refined following a detailed data review. Earlier datasets included a broader group of placements, including cases at Haybrook College and other settings that were not consistently recorded across finance and census data. For the purposes of this model, AP has been restricted to pupils receiving Home Tuition only, as this represents the only consistently defined and verifiable AP provision. As a result, the 2025 baseline for Alternative Provision is 16 pupils, reflecting a corrected and finance-aligned position. To be consistent for the purposes of projection, the same growth projections of 15% year on year (with a final year of 10% growth) will be applied to this cohort as applied to the wider EHCP cohorts. As data quality and monitoring improves, these figures will be adjusted accordingly. Specialist capacity is shown as rising from to 2,339 by 2029, but this requires validation because capacity, ownership, locality and Slough-specific availability must be confirmed	professional input, escalation routes and outcome measures. It will align with therapies, community pediatrics, neurodevelopmental pathways, sensory support, SEMH outreach, AP, home tuition, EOTAS, children and young people on part-time timetables, early help, Best Start in Life and Preparation for Adulthood. Health input will be explicit, with agreed reporting on therapy capacity, waits, statutory advice, needs-based support if waiting and impact. By year three, the partnership will also have an agreed sufficiency and capital pipeline. Each proposed capital or provision scheme will identify the target cohort, expected number of places, site or locality, capital cost, revenue implication, delivery timeline, transport impact and expected effect on placement mix and cost. This will allow Slough to make better decisions about where local provision can meet need and where specialist provision remains necessary.
Success Measures	**Baseline**	**Target Metrics**
Success will be measured by whether specialist support is earlier, clearer and more effective, and whether more children and young people can have their needs met locally where appropriate. The partnership will track settings receiving multidisciplinary advice, response times, therapy and health pathway data, statutory health advice, needs based support if waiting, AP use, EOTAS, home tuition, local specialist capacity, independent and non-maintained special school use, transport impact, placement stability, and review or reintegration outcomes.	The working baseline shows AP EHCP placements at 16 in 2025, projected to 27 by 2029. Other LA arrangements, including EOTAS, are recorded at 2 in 2025 and is not projected to increase by 2029. Specialist capacity is projected to be 2,339 by 2029, but this requires validation to confirm which capacity is genuinely available to Slough children and young people. Capital spend is forecast across the period, but named schemes, target cohorts and transport impacts need formal confirmation. Professional workforce FTE is shown as increasing from 28 in 2025/26 to 43 by 2027/28, subject to health and provider confirmation. This is in line with the data and finance template, however there is no input for specialist teachers within the template and therefore these figures are not including specialist teachers FTEs.	By 2028/29, Slough expects to have clearer and earlier access to specialist advice, a visible health contribution in the dashboard, and a tested sufficiency and capital pipeline. Final targets will be confirmed through validation, but the intended direction of travel is increased access to Experts at Hand, improved therapy and health pathway reporting, reduced avoidable use of AP, EOTAS and home tuition without review, increased local provision where evidence supports this, reduced reliance on independent specialist placements where needs can be met locally, and clearer evidence that placement and capital decisions reduce travel pressure and improve value for money.

Building Block 4: Encouraging inclusive culture and behaviours		
Local blueprint for the next 3 years	**Where we are**	**Where we will be in the next 3 years**
Building block Encouraging inclusive culture and behaviours means using funding, data, governance and shared accountability to build a system that works better for children and families while improving value for money. For Slough, this is about moving from defensive recovery to an honest, inclusive and evidence-led culture where partners share responsibility for early support, local provision and financial sustainability. **Enablers** The main enablers will be senior partnership leadership, shared accountability through governance, data-led decision-making, finance and commissioning oversight, High Needs Block monitoring, sufficiency and transport analysis, quality assurance, contract management, workforce planning, communication, co-production and a clear line of sight between need, provision, cost and outcomes.	Slough's SEND system is under significant financial and operational pressure. High Needs Block expenditure is forecast to rise from £31.751m in 2024/25 to £60.591m in 2027/28. The total in-year DSG deficit is shown as £9.834m in 2025/26, £21.100m in 2026/27 and £28.153m in 2027/28. These figures make the financial case for reform unavoidable. The partnership has recognised that reform must improve outcomes and value for money together. Savings cannot be assumed before the system has stronger data, better commissioning, clearer sufficiency planning and more reliable evidence of impact. There are positive foundations. The PAIP has created a shared improvement framework, leaders are being more honest about the baseline, and the developing data template and dashboard give Slough a route to stronger oversight. The partnership is also beginning to connect demand, placements, commissioning, health pathways, statutory capacity and finance more clearly. What needs to change is the culture of the system. Historic weaknesses, delay, inconsistent communication and fragmented support have damaged confidence. The system now needs to move from describing problems to changing behavior. That means using evidence consistently, making decisions transparently, holding partners to account, listening to families and settings, and ensuring financial recovery is not experienced as simple cost-cutting. The enablers are not yet strong enough: unit cost reporting, placement analysis, transport impact, commissioning assurance and data confidence all need to improve.	By 2028/29, Slough will have a SEND system where financial decisions, commissioning decisions and practice decisions are made through a shared evidence base. Leaders will understand demand, placement trends, unit costs, workforce capacity, provision gaps, transport impact and outcomes. The system will use this evidence to make earlier, fairer and more transparent decisions. The partnership will have strengthened commissioning and contract management across therapies, AP, SEMH outreach, sensory support, EOTAS, home tuition and specialist placements. Provision will be reviewed against impact, quality, cost and fit with the graduated model. Where provision is not delivering value or improving outcomes, the partnership will redesign, recommission or decommission it. The system will feel different because shared accountability will be visible in practice. Schools, health, social care, the local authority, parent carers and providers will share responsibility for early support, inclusion, escalation prevention and honest communication. Families will not be expected to navigate a fragmented system. Settings will know where to go for advice. Governance will focus on action, evidence and impact, not simply reporting activity.
Success measures	**Baseline**	**Target Metrics**
Success will be measured by whether the partnership can show a clearer relationship between need, provision, cost and outcomes. The partnership will track High Needs Block expenditure, in-year DSG position, placement mix, unit costs, transport spend and travel impact, independent and non-maintained special school use, AP, EOTAS, home tuition, commissioning activity, contract performance, quality assurance findings, family confidence, setting confidence and evidence that financial decisions are linked to outcomes rather than simple cost containment.	The working baseline shows High Needs Block expenditure rising from £31.751m in 2024/25 to £60.591m in 2027/28. The in-year DSG deficit is projected to increase from £9.834m in 2025/26 to £19.796m in 2026/27 and £27.866m in 2027/28, driven by sustained growth in demand and pressure on the High Needs Block. Data confidence issues remain across placement, provision, workforce, health and finance reporting. Current arrangements do not yet give leaders a sufficiently consistent line of sight across demand, provision, cost, quality and outcomes.	By 2028/29, Slough expects to have stronger financial oversight, clearer unit cost reporting, improved commissioning assurance and better evidence that local provision is reducing avoidable escalation where appropriate. Final targets will be confirmed through data validation and finance sign-off, but the direction of travel is reduced growth in high-cost placements where local alternatives are appropriate, improved transport impact evidence, reduced avoidable use of AP, EOTAS and home tuition without clear review, stronger value-for-money reporting, and improved confidence that decisions are fair, transparent and based on evidence.

2 a) Please find separately attached and below, the Experts at Hand Plan:

LARP Ref 2a Slough Experts at Hand V8CM

2 b) Please find separately attached and below, "Crosswalk" between the Priority Action and Impact Plan and the SEND Reform Plan:

LARP Ref 2b Slough_PAIP_Local_Ai

2 c) Slough is in the process of publishing its SEND & Inclusion Strategy, please see a draft version of it and a summary document attached separately:

LARP Ref 2c SEND and Inclusion Strategy

LARP Ref 2c SEND and Inclusion strategy summary.pdf

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.'*

Theory of change
This theory of change is aligned to Slough's SEND priorities and the PAIP. The PAIP provides the recovery framework for weaknesses across governance and data, commissioning and alternative provision, co-production, EHCPs and annual reviews, preparation for adulthood, the graduated approach and health. The Local SEND Reform Plan turns those priorities into a three-year delivery model, connecting earlier identification, inclusion, health input, sufficiency planning and financial oversight.

Baseline
Slough starts from an honest baseline. The Local Partnership Maturity Assessment confirms that the system is not yet emerging. There is commitment and recovery work, but arrangements are not yet embedded, consistent, jointly owned or impact-led. Families still experience delay, fragmented communication and escalation before support is coordinated. Data remains fragmented across education, health, care and finance.

Enablers
The partnership will create the conditions needed to move from recovery into delivery: clear governance, reliable data, visible co-production, health and education pathways, mainstream capability, and a sufficiency model linking need, provision, cost and impact. Health partners have identified the need for a joint dashboard and clearer understanding of the graduated approach and Local Offer.

Actions
Slough will strengthen the universal offer and graduated response, develop Experts at Hand as a 0 to 25 partnership model, build a minimum viable SEND dashboard and strengthen Section 23 notification. Sufficiency, commissioning, AP, EOTAS, home tuition, transport and capital decisions will be evidence-led.

Outputs and outcomes
By 2026/27, Slough will have clearer governance, agreed baselines and a mobilised delivery model. By 2028/29, the partnership expects earlier support, clearer pathways, improved confidence, better health input, stronger local provision and financial oversight.

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

Please see separately attached and below:

LARP Ref 4 Slough SEND Local Partnersh

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

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

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

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

Local roadmap for the next 3 years
Slough's roadmap is based on the partnership's agreed maturity position that overall the local area is currently Not Yet Emerging across some pillars, emerging in others. This means the three-year roadmap must first establish the operating conditions for delivery before claiming sustained system impact. Year one will therefore focus on the foundations: governance, data, co-production, workforce, Experts at Hand design and multidisciplinary staffing, sufficiency planning and financial oversight. Year two will focus on strengthening implementation, quality assurance and scaling what is working. Year three will focus on consistency, measurable impact and sustainability. The roadmap is structured around the four national building blocks of an inclusive system. It incorporates the core minimum requirements through the universal offer and graduated response, Experts at Hand, co-production, SEND and AP partnership governance, system dashboard-led monitoring, e, needs-based support if waiting, workforce planning, inclusion base development, sufficiency, capital planning and stronger use of resources. The plan will remain live and will be refreshed as national policy guidance develops, as local data is reconciled and as the partnership self-assesses progress through the maturity assessment. Please see 3-year plan (Roadmap) attached separately.

Success measure	Baseline / current position	2026/27 target direction	2027/28 target direction	2028/29 target direction
1. Earlier support and reduced avoidable escalation	Baseline to be confirmed through dashboard and EHCNA data reconciliation. Health data shows 75% of Q4 EHCNA health advice requests were for children unknown to CYPIT services.	Define avoidable escalation; lock EHCNA, AP, EOTAS, EHE, complaint and unknown-to-service baselines.	Evidence earlier support routes are being used and escalation is better understood.	Evidence reduction in avoidable escalation where needs can be met through earlier support.
2. Inclusion and local provision	Slough currently has 21% of children in special school compared with 35% nationally, and 2% in INMS compared with 5-9% nationally.	Complete support base audit; confirm first wave of inclusion base and local provision priorities.	Deliver additional local specialist/inclusion capacity, including planned 172 additional specialist places by September 2027.	Move towards ambition that 95% of mainstream schools have at least one support base provision by 2029.
3. Health contribution and support while waiting	Q4 2025/26: CAMHS average wait 3.6 weeks; CYPIT physio 0% over 18 weeks; school-age SaLT 0% over 18 weeks; EHCNA health advice 99% compliant; autism/ADHD waits remain high.	Integrate CAMHS, CYPIT, neurodiversity, EHCNA health advice, support while waiting and EAS activity into SEND dashboard.	Agree provider trajectories and exception reporting for long neurodevelopmental waits and therapy pressures.	Evidence that health input routinely shapes earlier support, Experts at Hand, Local Offer and family experience.
4. Family confidence and co-production	New Parent Carer Forum relationship developing; CYP voice route requires strengthening. Health services use iWGC, ESQ and focus groups.	Agree PCF operating model, CYP voice route and "you said, we did" reporting.	Evidence feedback has influenced service design, Local Offer, Experts at Hand and sufficiency decisions.	Evidence co-production is embedded in governance, commissioning, QA and service redesign.
5. Financial oversight and value for money	High Needs pressure and placement cost growth require stronger control and evidence.	Lock finance baseline, placement costs, transport assumptions and high-cost cohort analysis.	Track placement movement, transport impact and High Needs recovery against agreed assumptions.	Evidence more disciplined use of resources, reduced reliance on avoidable high-cost placements and clearer benefits tracking.

Building Block One: Strengthening Inclusion Across Education Settings 2026 - 2027

Establish the foundations for a clearer local inclusion offer

In year one, Slough will establish the foundations for a clearer and more consistent inclusion offer across early years, mainstream schools, academies, MATs, AP, post-16 and relevant out-of-area settings. The priority is to define what should ordinarily be available, clarify access routes for advice and support, and use data and lived experience to identify where practice is inconsistent.

This year is deliberately focused on foundation and control. The partnership will not claim that inclusion is embedded across the system in year one. The test for 2026/27 is whether Slough has agreed the model, confirmed ownership, established baseline measures and started to use evidence to target support.

Universal offer and graduated response

- Agree Slough's universal offer and graduated response expectations across education settings, co-developed with early years, schools, MATs, post-16 providers, health partners and the PCF, with a commitment to refresh it as evidence and national standards develop. [CMR20]
- Publish clear access routes for support, advice and escalation.
- Align CYPIT, health EAS, neurodiversity support, advice while waiting and education support routes with the graduated approach.
- Clarify what "avoidable escalation" means for Slough, including escalation into EHCNA, complaints, AP, EOTAS, EHE, placement breakdown and high-cost placements.
- Use Section 23 notification work, Best Start Family Hubs and early years partnership routes to strengthen earlier identification for children under five and improve planning into early years and

school provision. [CMR25-CMR27]

Education provider engagement

- Establish a formal education provider engagement route into SIAB and ODG.
- Secure representative membership from maintained schools, academies, MATs, early years, AP, post-16 and relevant further education providers, including routes for out-of-area mainstream FE settings attended by Slough young people where needed. [CMR31-CMR33]
- Agree education provider responsibilities for inclusion, graduated response, AP, sufficiency and Reform Plan delivery.
- Use provider intelligence to identify where settings need clearer guidance, training, specialist advice or sufficiency support.

Data and evidence

- Use the SEND dashboard to track attendance, suspensions, exclusions, EHCNA requests, EHCP conversion, AP, EOTAS, EHE, SEN not in education, annual review quality and family feedback.
- Identify priority cohorts and settings where earlier support is most needed.
- Establish baseline measures for mainstream confidence, graduated response consistency and early support impact.
- Use family feedback, SENDIASS themes and PCF intelligence to test whether routes to support are understood.

Key milestones

- Universal offer and graduated response expectations agreed.
- Education engagement route into governance confirmed.
- Baseline dashboard includes inclusion indicators.
- Priority cohorts/settings identified for targeted support.
- Definition of avoidable escalation agreed with partners.
- Section 23 notification route reviewed and connected to early years planning.

Progress on success measures

Progress will be measured through earlier support and reduced avoidable escalation; inclusion and local provision; family confidence and co-production; and health contribution to needs based support if waiting.

Building Block One: Strengthening Inclusion Across Education Settings 2027 - 2028

Strengthen implementation and quality assurance

In year two, Slough will move from defining the local inclusion offer to testing whether it is being used consistently. The focus will be on quality assurance, provider ownership, targeted support and evidence of earlier intervention.

Embedding the graduated response

- Review how settings are applying the universal offer and graduated response.
- Use audit, annual review evidence, SENDCo feedback, school leadership feedback and parent carer feedback to identify inconsistent practice.
- Strengthen guidance where thresholds, pathways or expectations remain unclear.
- Use Section 23, early years and health visiting intelligence to strengthen transition planning into school.

Targeted inclusion support

- Use dashboard evidence to target support where EHCNA requests, attendance concerns, exclusions, AP, EOTAS or placement instability are highest.
- Align inclusion support with Experts at Hand, needs based support by health services if waiting and early help routes.
- Use learning from priority cohorts to improve universal and targeted practice across settings.
- Strengthen preparation for adulthood and transition pathways where evidence shows risk of escalation.

Quality assurance

- Establish a routine QA cycle for graduated response practice.
- Report findings through ODG and SIAB.
- Use provider feedback and family experience to test whether support is clearer and easier to access.

- Use QA findings to inform workforce development and specialist advice priorities.

Key milestones

- First annual review of the universal offer and graduated response completed.
- Inclusion QA cycle established.
- Targeted support plan agreed for priority cohorts/settings.
- Dashboard evidence used in SIAB assurance reporting.
- Provider feedback and family experience used to refresh guidance.

Progress on success measures

Progress will show whether the partnership is beginning to reduce avoidable escalation, strengthen mainstream confidence and improve earlier access to support.

Building Block One: Strengthening Inclusion Across Education Settings 2028 - 2029

Evidence consistency and impact

In year three, Slough will focus on consistency, sustainability and impact. The partnership should be able to evidence whether the inclusion offer is understood, used and making a measurable difference.

Consistency across settings

- Evidence whether children, young people and families experience a clearer and more consistent inclusion offer.
- Review whether settings understand and apply the graduated response.
- Identify remaining variation across phases, providers and localities.

Refresh the universal offer and graduated response based on evidence.

Impact

- Use dashboard and QA evidence to assess whether earlier support is reducing avoidable escalation.
- Review whether inclusion support has contributed to reduced EHCNA pressure, fewer placement breakdowns, improved attendance, reduced exclusions and stronger family confidence.
- Use evidence from support bases, Experts at Hand, health input and sufficiency planning to identify the next cycle of inclusion priorities.

Key milestones

- Three-year inclusion impact review completed.
- Evidence of consistency tested through QA, provider feedback and lived experience.
- Updated inclusion priorities agreed for the next planning cycle.

Building Block Two: System Leadership, Local Partnership Collaboration and Co-production 2026 - 2027

Establish governance, decision rights and co-production routines

In year one, Slough will move governance from structure to assurance. The priority is to make clear who is accountable, how decisions are made, how risks escalate and how children, young people, parent carers, schools, health and social care influence the work.

The roadmap reflects the expectation that SEND and AP partnership governance should convene partners regularly, set priorities, oversee strategic conversations and draw conclusions across the local area partnership. Slough will use this year to confirm the governance map, strengthen the relationship between SIAB, ODG, TIGs and subgroups, and ensure the right partners are represented in decision-making.

Governance and assurance

- Publish the governance map, including SIAB, ODG, TIGs and subgroups.
- Confirm Debbie Jones, DCS, as SRO for LARP delivery and confirm accountable leads for each delivery area.
- Convert PAIP and Reform Plan actions into one delivery and assurance cycle.
- Standardise highlight reports using RAG, risks, decisions, dependencies, benefits and evidence of impact.
- Confirm how health ownership will be maintained while ICB governance is under review.
- Confirm how education, health, social care, finance, PCF, early years, AP and post-16 representation will contribute to the SEND and AP partnership arrangements.

Co-production

- Agree the Parent Carer Forum operating model and representation.
- Confirm the route for children and young people's voice.
- Agree one partnership co-production standard.
- Establish routine "you said, we did" reporting through SIAB, ODG and TIGs.
- Use SENDIASS, PCF, health feedback routes and CYP engagement to inform delivery.
- Ensure co-production is used to shape Experts at Hand, Local Offer, inclusion pathways and sufficiency decisions.

Partnership ownership

- Confirm active ownership from health, schools, finance, social care, parent carers and providers.
- Establish decision logs and issue logs to evidence escalation and action taken.
- Ensure governance does not become overloaded by separating assurance, delivery and operational problem-solving.
- Align governance reporting with dashboard evidence so that meetings are used to make decisions rather than simply receive updates.

Key milestones

- Governance map and decision rights published.
- SRO and accountable leads confirmed.
- Co-production standard agreed.
- PCF and CYP voice routes confirmed.
- First standardised assurance reports submitted to ODG and SIAB.
- Education and health representation confirmed within SEND and AP partnership arrangements.

Progress on success measures

Progress will be measured through family confidence and co-production; financial oversight and value for money; and dashboard-led evidence of partnership decisions.

Building Block Two: System Leadership, Local Partnership Collaboration and Co-production 2027 – 2028

Strengthen partnership ownership and assurance

In year two, Slough will test whether governance is leading to decisions, action and measurable change. The focus will shift from confirming structures to using those structures to assure delivery. Led by the DCS and ICB Director.

Governance

- Review whether SIAB, ODG and TIGs are operating as a connected delivery system.
- Use dashboard evidence, QA findings, risk reports and lived experience to challenge delivery.
- Strengthen escalation where milestones are not being met.
- Review whether the partnership has the capacity to deliver the roadmap without overloading existing governance.

Co-production

- Review how feedback has changed decisions, commissioning, quality assurance and service design.
- Extend children and young people's participation into service review and pathway design.
- Report "you said, we did" evidence routinely through the Local Offer and governance.
- Draw upon PCF and CYP evidence to evaluate whether the Local Offer, needs based support if waiting, and access routes are clear, accessible, and clearly understood.

Partnership delivery

- Use the maturity assessment to self-assess progress at least annually.
- Strengthen school, health, social care and parent carer ownership of Reform Plan delivery.
- Review whether governance capacity is sufficient and adjust arrangements if needed.
- Ensure health governance transition is reflected in assurance and escalation routes.

Key milestones

- Annual governance effectiveness review completed.
- Co-production impact report completed.
- Updated maturity assessment completed.
- Escalation examples reviewed by SIAB.
- Health governance transition reviewed and assurance route confirmed.
- Progress on success measures
- Progress will be measured through family confidence and co-production, health contribution and needs-based support if waiting, and financial oversight and value for money.

Building Block Two: System Leadership, Local Partnership Collaboration and Co-production 2028 – 2029

Evidence mature partnership behaviours
In year three, Slough should be able to evidence that governance and co-production are embedded behaviours rather than separate processes.

Impact and sustainability

- Evidence that governance decisions are improving delivery, resolving barriers and supporting financial oversight.
- Evidence that children, young people and parent carers have shaped decisions and that feedback is reported back clearly.
- Use the maturity assessment to confirm whether Slough has moved more pillars from Not Yet Emerging towards Emerging and beyond.
- Refresh partnership governance for the next cycle based on evidence of what has worked.

Key milestones

- Three-year maturity reassessment completed.
- Co-production impact evidenced across strategy, commissioning, QA and service redesign.
- Partnership assurance model refreshed for the next three-year cycle.

Building Block Three: Access to Specialist Support and Local Placements 2026 - 2027

Design and start phased implementation of Experts at Hand
In year one, Slough will define and start phased implementation of Experts at Hand as a 0 to 25 partnership model. The model is near to complete, though exact operational detail needs further work, so the roadmap does not present it as fully operational or describe it as a pilot. The first year will be a design, mobilisation and test-and-learn phase focused on priority cohorts and settings.
Experts at Hand will be additional to existing services. It will not replace existing statutory, health, therapy or education support routes. Its purpose is to build capacity, provide earlier access to advice, strengthen setting confidence, and reduce avoidable escalation where children's needs can be met earlier through universal and targeted support.
Slough will build Experts at Hand from existing advice and support routes rather than as a disconnected new service. CYPIT already provides universal and targeted support, including online resources, EAS access to qualified therapists, webinars, school support meetings, school walk-throughs and targeted needs-based support for settings while children are waiting. In 2026/27 the partnership will map these routes alongside education, AP, specialist provision and neurodiversity support, and formalise them into a clearer 0 to 25 partnership model. Led by the Principal Education and Child Psychologist and partners.

Experts at Hand model development

- Define the Slough Experts at Hand model, including education, health, specialist provision, AP, social care and commissioned service input.
- Map existing specialist advice routes across EP, Speech and Language Therapy (SALT), Occupational Therapy (OT), physiotherapy, neurodiversity services, community paediatrics, health EAS, AP, special schools and advisory services.
- Agree the model's purpose: to build capacity in settings, provide earlier advice and reduce avoidable escalation.
- Confirm access routes for early years, schools, post-16, AP and relevant out-of-area mainstream FE settings attended by Slough young people. [CMR11]
- Define health provider contribution including how SaLT, OT, neurodiversity and community paediatrics will support the model within workforce constraints.
- Align Experts at Hand with needs based support by health services if waiting so families and professionals know what support is available before diagnosis or statutory escalation.

Workforce and capacity

- Produce one SEND workforce and capability plan, aligned to the costed Experts at Hand staffing and phasing assumptions. [CMR8-CMR9]

- Align specialist teams around clusters of schools with individual support to settings.
- Model EP, SaLT, OT, therapy, inclusion support and statutory casework capacity.
- Identify workforce gaps, national shortage risks and mitigation options.
- Explore alternative delivery models, including group advice, coaching, consultation, digital resources, third sector support and targeted commissioned capacity.
- Consider risk-based approaches for prioritising children and settings with the highest need for specialist input.

Health waiting times and needs based support if waiting

- Integrate waiting time data into the Integrated SEND dashboard, including CAMHS, therapy waits, neurodevelopmental waits, EHCNA health advice timeliness, EAS activity and needs based support if waiting.
- Use Q4 2025/26 Slough health data as the first dashboard baseline: CAMHS average wait to first appointment was 3.6 weeks; CYPIT physiotherapy had 0% waiting over 18 weeks by Q4; school-age SaLT reported 0% waiting over 18 weeks; and EHCNA health advice compliance was 99%.
- Use neurodevelopmental waiting-time data accurately. Autism and ADHD waits remain high, including 502 Slough children over five waiting for autism assessment in March 2026 and 571 waiting for ADHD assessment.
- Use the high proportion of EHCNA requests for children unknown to CYPIT services, which reached 75% in Q4 2025/26, as a leading indicator for improving the graduated response and earlier access to ordinarily available health support.
- Ensure health pathways are aligned with the graduated approach, Local Offer and Experts at Hand.
- Use national good practice on pre-diagnostic support, risk management and school-based speech and language support to inform Slough's model where appropriate.

Needs-led neurodiversity and Children and Young People Therapies Services (CYPIT) support

- Promote the principle that specialist health support is needs-led rather than a diagnosis-dependent medical model, with support available where appropriate regardless of assessment and diagnosis.
- Align the neurodiversity offer, including online resources, SHaRON, Children's Wellbeing Practitioner interventions, helpline advice and PPEPcare training, with the Local Offer and Experts at Hand.
- Promote CYPIT universal and targeted resources, EAS advice lines, training, school support meetings, school walk-throughs and group intervention support as part of the needs based support if waiting offer.
- Use family, setting and clinician feedback to improve how needs-based support is communicated and accessed when waiting is involved.

Testing and evidence

- Use data to identify priority cohorts/settings for early implementation.
- Establish baseline measures for setting confidence, advice timeliness, EHCNA escalation, unknown-to-service EHCNA requests, complaints, placement pressure, health input and family experience.
- Align Experts at Hand with the graduated approach, Local Offer and needs-based support health services offer if waiting.
- Establish a review point to determine what should be scaled in 2027/28.

Key milestones

- Experts at Hand model agreed.
- Align specialist teams around clusters of schools
- Health and education contributions confirmed.
- Existing advice routes mapped.
- Access routes published.
- Priority cohorts/settings identified.
- Baseline measures agreed.
- Workforce assumptions and risks reported to SIAB.
- CAMHS, CYPIT, neurodiversity, EHCNA health advice, EAS activity and support while waiting measures added to dashboard.
- Unknown-to-service EHCNA requests used as a leading indicator for earlier support and Local Offer improvement.

Progress on success measures

Progress will be measured through earlier support and reduced avoidable escalation; health contribution and needs-based support if waiting; family confidence and co-production; and workforce capacity.

Building Block Three: Access to Specialist Support and Local Placements 2027 – 2028

Strengthen and scale specialist advice
In year two, Slough will use evidence from year one to strengthen the model and extend access. The focus will be on quality assurance, workforce resilience and making specialist advice easier to access before statutory escalation.This area of the work will be led by the Principal Education and Child Psychologist and Head of Inclusion.

Model refinement

- Review year-one implementation evidence.
- Refine the access route, thresholds and advice offer.
- Expand implementation across settings and priority cohorts where capacity allows.
- Strengthen links between Experts at Hand, annual reviews, AP, inclusion support and needs based support if waiting.
- Confirm how out-of-area settings attended by Slough children and young people will access advice or be included in pathway planning.

Workforce

- Continue recruitment and retention activity for EP, SALT, OT capacity.
- Use assistant, coaching and group consultation models where appropriate.
- Use training and QA findings to target workforce development.
- Report workforce risk through SIAB/ODG/TIG assurance.
- Review whether workforce capacity is sufficient to sustain the model at wider scale.

Quality assurance

- Test whether advice is leading to changes in practice.
- Use setting and parent carer feedback to assess whether support feels clearer and more useful.
- Review whether the model is reducing avoidable escalation into EHCNA, complaint, AP, EOTAS or specialist placement routes.
- Use health performance data to test whether children and families are receiving advice and needs-based support if waiting.
- Monitor whether the proportion of EHCNA requests for children unknown to CYPIT services is reducing as earlier support routes are promoted.

Key milestones

- Year-one Experts at Hand review completed.
- Align specialist teams around clusters of schools.
- Updated model agreed.
- Wider implementation plan approved.
- Workforce risk mitigation plan refreshed.
- QA report submitted to SIAB.
- Health needs-based support if the waiting review is completed.
- Unknown-to-service EHCNA trend reviewed through dashboard assurance.

Progress on success measures
Progress will be measured through earlier support and reduced avoidable escalation; health contribution and needs- based support if waiting; and family confidence and co-production.

Building Block Three: Access to Specialist Support and Local Placements 2028 – 2029

Embed specialist advice and evidence impact
In year three, Slough will focus on consistency and measurable impact. The partnership should be able to show whether Experts at Hand is strengthening earlier support and reducing pressure on statutory and high-cost pathways. Led by the SEND Commissioner and Asset and Capital Manager.

Impact

- Evidence whether settings are more confident to meet needs earlier.
- Review whether specialist advice is being used consistently across education phases.
- Assess whether the model is reducing avoidable escalation, placement pressure and family frustration.
- Use findings to inform future commissioning, workforce and sufficiency planning.
- Evidence whether health services are routinely shaping a needs-led earlier support and local Offer.
- Evidence whether needs-based support if waiting is better understood and whether fewer children enter statutory assessment without prior engagement with ordinarily available support

Key milestones

- Three-year Experts at Hand and specialist teams around clusters of schools impact review completed.
- Model embedded into Local Offer, graduated approach and dashboard reporting.
- Future commissioning and workforce requirements agreed.
- Health services' contribution to early support is reviewed and refreshed.

Building Block Four: Encouraging Inclusive Culture and Behaviours 2026 - 2027

Establish resource, sufficiency and capital controls

In year one, Slough will bring demand, provision, finance, sufficiency, transport and capital into one planning model. This responds directly to the maturity assessment finding that resource planning is not yet emerging and that the partnership does not yet have a fully quantified sufficiency and capital plan.

The Slough SEND Sufficiency Strategy sets a clear direction: children and young people with SEND should have their needs met as close to their local communities as possible. The realignment of commissioned services from the High Needs Block is intended to strengthen support for the mainstream sector and enable specialist teams to be aligned to groups of schools and the Experts at Hand model. This shifts the system away from reactive reliance on high-cost placements towards strengthened and sustainable local provision.

Slough's current comparative position provides a useful starting point. Slough has 21% of children in special school compared with 35% nationally and 2% in independent and non-maintained special schools compared with 5-9% nationally. The partnership will use this as part of its analysis, while recognising that percentage comparisons are not sufficient on their own. Decisions must be driven by local need, placement quality, cost, travel, family experience and whether provision can safely and appropriately meet need.

Data and financial control

- Lock the baseline and data for key SEND measures.
- Complete CAPITA, tracker and finance reconciliation.
- Confirm which figures are baseline, forecast or operational snapshots.
- Establish monthly dashboard reporting with KPI owners.
- Integrate health waits, EHCNA, placements, annual reviews, finance, attendance, exclusions and CYP/family feedback into SIAB assurance.
- Complete updated forecasts by the end of July to provide a more accurate picture of need.

Sufficiency and place planning

- Produce a quantified sufficiency and capital plan, using EHCP, placement, AP, EOTAS, transport, health, demographic and finance data to test demand and local provision requirements. [CMR12]
- Complete high-cost cohort and placement deep dives.
- Model mainstream adaptations, inclusion bases, AP and specialist capacity.
- Undertake independent and out-of-area placement analysis.
- Align sufficiency planning with transport impact, commissioning, High Needs recovery and Reform Plan benefits tracking, with travel impact assessment used as a gateway for capital, inclusion base, AP or special school expansion proposals. [CMR19]
- Confirm the locality model for inclusion bases across Slough's three localities, including how early years, schools, colleges and MAT partners will help identify suitable sites and provision types. [CMR14-CMR15]

Inclusion bases and specialist places

- Undertake an audit of current support base provision.
- Confirm the pathway towards the ambition that 95% of mainstream schools will have at least one support base provision by 2029.
- Continue the development of a continuum of provision through adaptation of mainstream schools and expansion of satellite provision.
- Deliver the planned 172 additional specialist places by September 2027, subject to final validation and delivery assurance.

- Prioritise areas of highest demand and need, including speech, language and communication needs, autism and social, emotional and mental health.
- Finalise the satellite and inclusion base programme for 2027-2029, including additional satellite provision to address KS3-5 gaps and a second wave of inclusion bases aligned to the cluster model.

Capital and mainstream estate

- Identify potential inclusion base, AP, specialist and post-16 capacity options.
- Set out the rationale for any specialist provision and why need cannot be met through mainstream adaptation or inclusion bases, including how each proposal aligns with local need, quality expectations, travel impact and future demand. [CMR17-CMR19]
- Invest in adapting the mainstream estate and early years environments, including Family Hubs, physical adaptations, sensory environments and assistive technology.
- Engage schools, trusts, early years providers, post-16 providers and AP providers in identifying estate opportunities and constraints, including existing premises and any falling-rolls opportunities where these can support viable inclusion base development. [CMR14-CMR16]
- Confirm finance sign-off for baselines, forecasts, savings assumptions and cost avoidance assumptions.

Key milestones

- Data audit completed.
- Baseline and data dictionary locked.
- Minimum viable dashboard in place.
- Updated forecasts completed by end of July.
- Support base audit completed.
- Quantified sufficiency and capital plan produced.
- High-cost cohort and placement deep dives completed.
- First wave inclusion base and satellite priorities confirmed.
- Finance sign-off process agreed.

Progress on success measures

Progress will be measured through inclusion and local provision; financial oversight and value for money; earlier support and reduced avoidable escalation; and health contribution to local pathways.

Building Block Four: Encouraging Inclusive Culture and Behaviours 2027 - 2028

Implement sufficiency and commissioning priorities

In year two, Slough will use year-one evidence to implement agreed sufficiency and commissioning priorities. The focus will be on targeted local provision, cost control and assurance of impact.

Sufficiency delivery

- Progress agreed inclusion base, AP, specialist and post-16 provision priorities.
- Deliver the planned additional specialist places by September 2027, subject to final validation.
- Use placement and cost data to inform commissioning decisions.
- Review whether local provision is reducing reliance on high-cost independent and out-of-area placements.
- Strengthen transition planning and preparation for adulthood pathways.
- Begin implementation of the 2027-2029 satellite and inclusion base programme.

Financial oversight

- Track High Needs Block spend, placement movement, transport cost and projected benefits.
- Use dashboard reporting to identify cost and demand pressures earlier.
- Review whether cashable and cost-avoidance assumptions remain credible.
- Report placement and cost movement through SIAB and finance governance.

Commissioning and quality

- Align commissioning activity with local need, quality, cost and outcomes.
- Review commissioned services, AP and EOTAS arrangements.

- Use family and setting feedback to assess quality and access.
- Use support base and inclusion base evidence to assess whether mainstream capacity is strengthening.

Key milestones

- Year-one sufficiency plan reviewed and refreshed.
- Planned 172 additional specialist places delivered or formally reprofiled through governance.
- Priority capital and commissioning schemes progressed.
- Placement and transport impact report completed.
- Benefits tracking report submitted to SIAB.
- 2027-2029 inclusion base and satellite programme in delivery.

Progress on success measures

Progress will be measured through inclusion and local provision; financial oversight and value for money; and earlier support and reduced avoidable escalation.

Building Block Four: Encouraging Inclusive Culture and Behaviours 2028 - 2029

Evidence value for money and sustainability

In year three, Slough will focus on demonstrating whether resource decisions are leading to a more inclusive and financially sustainable SEND system.

Impact

- Evidence whether more children and young people are being supported locally where appropriate.
- Review whether independent, out-of-area, AP, EOTAS and transport pressures are reducing or being better controlled.
- Test whether mainstream adaptation and inclusion support are reducing avoidable escalation.
- Use financial, activity and lived-experience data to shape the next sufficiency cycle.
- Review progress towards the ambition that 95% of mainstream schools have at least one support base provision by 2029.
- Assess whether the second wave of inclusion bases and satellite provision is addressing KS3-5 gaps and locality need.

Sustainability

- Confirm whether local provision growth has strengthened value for money.
- Refresh capital and sufficiency priorities based on demand, cost, quality, travel and outcomes.
- Identify any remaining specialist provision gaps that cannot be safely met through inclusion bases or mainstream adaptation.
- Use evidence to inform the next High Needs recovery and sufficiency planning cycle.

Key milestones

- Three-year sufficiency and capital impact review completed.
- Updated High Needs recovery and benefits position agreed.
- Progress towards 95% support base ambition reviewed.
- Next sufficiency and commissioning priorities confirmed.
- Evidence used to inform the next maturity assessment and Reform Plan refresh.

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?*
Building block 1 - Strengthening inclusion across education settings **Outcome:** A clearer universal offer and graduated response so needs are identified earlier and met through ordinarily available and targeted support wherever appropriate. **Success measure:** Earlier support and reduced avoidable escalation; inclusion and local provision. **CMR links:** universal offer, early years, post-16 pathways, mainstream support and engagement with schools/MATs/PCF.	SEND IMPROVEMENT LEAD - TBC Accountable for inclusion and graduated response. Supported by education, early years, health, SEND data, PCF and provider engagement routes.	Develop first version of the universal offer and graduated response. Define avoidable escalation across EHCNA, AP, EOTAS, EHE, placement breakdown, complaint and tribunal. Confirm education engagement route, Local Offer review, Section 23 notification review and inclusion dashboard measures.	**By Sept 2026:** draft universal offer and graduated response agreed; avoidable escalation definition drafted; priority cohorts/settings identified; inclusion indicators agreed for dashboard.	**Test universal offer** and graduated response with education providers, PCF, CYP, health and social care. Run provider sessions with SENCOs, headteachers, MATs, early years, AP and post-16. Begin QA sampling of graduated response practice and setting confidence baseline.	**By Dec 2026:** partner testing completed; provider engagement delivered; initial QA sampling completed; targeted support settings and confidence measure agreed.	Finalise and publish universal offer and graduated response. Embed avoidable escalation definition into dashboard and assurance. Produce first inclusion baseline report and year-two targeted inclusion support plan.	**By Mar 2027:** universal offer published; first inclusion baseline completed; targeted inclusion support plan and Section 23 next steps agreed.

Building block 2 - System leadership, partnership collaboration and co-production **Outcome:** A clearer partnership delivery architecture with named ownership, strengthened assurance, decision routes and co-production built into delivery. **Success measure:** Family confidence and co-production; financial oversight and value for money; health contribution and needs-based support if waiting . CMR links: partnership governance, representation, co-production, CYP voice, SENDIASS, dispute resolution and data/maturity assurance.	DCS/Director ICB SRO for governance, assurance and overall delivery. PCF lead to be confirmed. Workstream leads report through ODG and SIAB.	Confirm SRO, governance map, workstream leads, standard highlight report, PAIP/Reform Plan assurance cycle, PCF operating model, CYP voice route and draft co-production standard.	**By Sept 2026:** SRO and accountable leads confirmed; governance map and highlight report agreed; PCF operating model, CYP voice route and co-production standard drafted.	Run first cycle of ODG/SIAB highlight reports. Establish decision and issue logs. Confirm education, health, social care, finance, PCF, AP and post-16 representation. Deliver co-production sessions on universal offer, EAH, Local Offer, needs-based support if waiting and sufficiency.	**By Dec 2026:** first assurance cycle completed; decision logs operational; partnership representation confirmed; co-production sessions and You Said, We Did route agreed.	Review governance effectiveness, SIAB/ODG/TIG capacity and escalation. Complete co-production impact report, maturity checkpoint and year-two assurance priorities. Publish family/partner update.	**By Mar 2027:** governance review, co-production impact report and maturity checkpoint completed; year-two assurance priorities and health governance route confirmed.
Building block 3 - Access to specialist support and local placements **Outcome:** Experts at Hand mobilised as a 0 to 25 partnership cluster model that adds specialist advice at source, strengthens needs-based support if waiting and improves equitable access. Wider specialist teams aligned to cluster of schools delivering support to individual settings. **Success measure:** Earlier support and reduced avoidable escalation; health contribution and support if waiting; family confidence and co-production. **CMR links:** EAH delivery model, partnership vehicle, health/education professional input, AP/outreach, equitable access and year-one implementation.	Accountable for Experts at Hand. Health provider lead to be confirmed. Supported by CYPIT, ICB, education and AP/specialist outreach routes.	Agree EAH model, scope, access route, priority cohorts and relationship with graduated response. Map existing advice/support routes. Confirm additionality, health contribution, EAH workforce plan, dashboard health indicators and setting confidence baseline. Develop model for specialists teams around clusters of schools.	**By Sept 2026:** EAH model, existing advice route map, health baseline, workforce plan, dashboard indicators and setting confidence baseline agreed.	Begin phased mobilisation with priority cohorts/settings. Test consultation/triage, request recording and QA approach. Link support while waiting and Local Offer information. Begin monthly review of health/EAH performance indicators.	**By Dec 2026:** EAH mobilisation started; priority cohorts/settings confirmed; triage/routing, QA method and Local Offer links agreed; first monthly health review completed.	Complete first EAH learning review. Review setting confidence, support if waiting and unknown-to-service EHCNA indicator. Refresh workforce/capability plan and agree year-two implementation plan.	**By Mar 2027:** EAH learning review, support if waiting review, workforce refresh, unknown-to-service indicator review and year-two EAH plan completed.

Building block 4 - Encouraging inclusive culture and behaviours / data, sufficiency and financial oversight **Outcome:** A shared baseline for demand, sufficiency, capital, placements, finance and impact so investment decisions are evidence-led and aligned to inclusion. **Success measure:** Inclusion and local provision; financial oversight and value for money; earlier support and reduced avoidable escalation. **CMR links:** sufficiency, place planning, capital, travel impact, dashboards, value for money and partnership accountability.	Commissioning Lead/Finance Lead/Head of Inclusion	Agree data dictionary and dashboard measures. Start reconciliation between CAPITA, trackers, finance, SEN2, health and Reform Plan template. Complete July forecast refresh. Start support base audit and high-cost cohort deep dives. Agree sufficiency/capital oversight route.	**By Sept 2026:** data dictionary agreed; dashboard established; forecast refresh completed; support base audit and high-cost deep dives started; finance/activity modelling route agreed.	Produce quantified sufficiency/capital planning report. Confirm local place assumptions, 172 additional specialist places by Sept 2027, 95% support base ambition testing, first-wave locality priorities and benefits tracking approach.	**By Dec 2026:** sufficiency/capital planning report, specialist place assumptions, support base ambition testing, high-cost/out-of-area analysis and benefits tracking approach completed.	Finalise quantified sufficiency/capital plan. Confirm year-two priorities for support bases, inclusion bases, satellites, AP, mainstream adaptations and post-16. Complete finance sign-off, first benefits report and capital alignment review.	**By Mar 2027:** sufficiency/capital plan, finance sign-off, first benefits report, capital alignment review and year-two high-cost review plan completed.

Category	Funding source	Quarterly use / workstream link	Spend / amount
Programme oversight/additional leadership capacity	Transformation grant / local resource	**Q2-Q4:** Programme coordination, delivery planning, risk/dependency management, DfE return preparation and assurance reporting.	**Part of enabling profile:** £234,149 part-year / £401,398 full-year
Workforce recruitment and specialist capacity	Experts at Hand grant / partner contribution	**Q2-Q4:** Recruitment and mobilisation of EP, assistant EP, SaLT, OT, specialist teachers, early years inclusion and related professional capacity.	**Specialist workforce:** £851,539 part-year / £1,459,780 full-year
Workforce training and development	Experts at Hand / transformation capacity	**Q3-Q4:** Coaching, consultation, training, modelling, CPD and evidence-based practice development through EAH and graduated response.	Included in EAH costed profile and workforce model
Data / Digital	Transformation grant / data resource	**Q2-Q4:** Data dashboard design, reconciliation, KPI ownership, health dashboard integration and benefits tracking.	Included within enabling, administration and finance profile
Sufficiency, capital and commissioning support	High Needs capital planning / local resource	**Q2-Q4:** Support base audit, local place planning, high-cost cohort review, capital assumptions and sufficiency/capital plan.	Capital programme funded separately; revenue support within delivery capacity where allowable
Total proposed Experts at Hand spend	Indicative Slough EAH allocation / subject to confirmation	**2026/27** part-year effect assumes a 1 September 2026 start date. Detailed calculations remain in the finance appendix.	Indicative 2026/27 allocation shown: £1,619,136 (please see Experts at Hand Plan – Appendix B)

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.

Slough will deliver the first-year plan through strengthened programme, governance, data and analytical capacity, not business-as-usual activity alone. The interim Director of Children's Services, is the Senior Responsible Officer. SIAB will provide senior partnership oversight, with the Operations Delivery Group coordinating delivery across workstreams and escalating decisions, risks and dependencies where senior intervention is required.

Named leads will be accountable for delivery: for inclusion and graduated response; Experts at Hand; sufficiency and capital planning; finance and High Needs oversight; the SEND dashboard. A health dashboard lead and PCF lead will be confirmed through the relevant governance routes so that health, parent carer and children and young people's voice are built into delivery and assurance.

The partnership will confirm and socialise a scheme of delegated authority, setting out what can be decided by workstream leads, ODG, SIAB, corporate governance, ICB or finance routes. SIAB and ODG capacity will be reviewed so that PAIP recovery and Reform Plan delivery are both actively overseen, using focused deep dives or task and finish arrangements where required.

Transformation funding, where confirmed and allowable, will strengthen programme coordination, data analysis, dashboard development, benefits tracking, co-production, Local Offer improvement, Experts at Hand evaluation and sufficiency planning. Data work will focus on reconciling CAPITA, trackers, finance, health and Reform Plan returns into a minimum viable dashboard to support DfE reporting and evidence-led decisions.

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.

At its meeting on 27 November 2025, Slough Schools Forum agreed a 0.5% transfer from the Schools Block, equivalent to £0.961m. Of this, £0.100m was transferred to the Central School Services Block and £0.861m to the High Needs Block.

The decision was taken in the context of significant and continuing pressure on the High Needs Block and forms part of Slough's wider approach to strengthening inclusion, restoring financial oversight and reducing avoidable escalation into statutory and specialist provision. The transfer will support delivery of the Local Area Reform Plan by enabling targeted investment in inclusive practice, early intervention, system capacity and more consistent support for mainstream settings.

The funding will contribute to Slough's cluster-based Experts at Hand model, strengthened graduated response arrangements, improved access to specialist advice and wider SEND improvement activity. This is intended to help children and young people receive support earlier and closer to home, reduce reliance on statutory processes where needs can be met through ordinarily available or targeted support, and support more sustainable use of specialist placements over time.

The Schools Block transfer is therefore aligned with the partnership's reform objectives. It supports a shift from reactive, high-cost intervention towards earlier help, stronger mainstream confidence and better use of local provision. The partnership recognises that this investment will only improve financial sustainability if it is supported by stronger governance, clearer data, placement oversight and measurable delivery through the Reform Plan.

The likelihood of Schools Forum agreeing to permit a transfer of at least 0.5% from the Schools Block in 2027/28 remains to be seen in the context of the DfE potentially writing-off 90% of in-year DSG deficits in-year again (ie they may perceive that the funding would have more value if it stayed in the Schools Block). We have commenced early conversations with Schools Forum regarding this matter in order to secure their support. There is a shared commitment to strengthening outcomes and provision across the local area and the proposed block transfer will be clearly linked to additional investment in priority areas, directly benefiting children and young people. The LA, nonetheless, may still have a residual DSG deficit at the end of 2027/28 and it would be helpful if the mechanisms that DfE designed could allow such School Block transfers to assist with that residual LA deficit, rather than being seen as just another element netting down the overall DSG deficit.

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.

Slough's capital and sufficiency approach is directly linked to the Local Area Reform Plan and the SEND Sufficiency Strategy. The partnership's direction is to ensure that children and young people with SEND are supported as close to their local communities as possible, through stronger mainstream inclusion, earlier support and reduced reliance on high-cost placements where needs can be met locally.

Slough's current profile is different from many areas. Approximately 21% of children and young people with SEND are placed in special schools, compared with around 35% nationally, and approximately 2% are placed in independent non-maintained specialist provision, compared with an estimated 5–9% nationally. The priority is therefore not simply to expand specialist placements, but to strengthen the continuum of local provision. This includes mainstream inclusion, support bases, inclusion bases, satellite provision, targeted specialist support and better access to advice through the Experts at Hand model.

By September 2027, an additional 172 specialist places will have been created. Slough will also audit existing support base provision, with the ambition that by 2029, 95% of mainstream schools will have access to at least one support base or equivalent inclusive provision. The model of support will need to reflect each setting's needs and estate, but may include hygiene rooms, showers, sensory spaces, calm rooms, small-group teaching areas, accessible facilities, therapy or intervention space, assistive technology and environmental adaptations.

The capital programme will also support adaptation of the mainstream estate, early years environments and Family Hubs, helping children's needs to be identified and met earlier. This will support school readiness, smoother transitions and greater confidence that children can be supported locally without unnecessary escalation into statutory or specialist pathways.

Available capital funding is sufficient to support the planned programme for 2026/27 and 2027/28. Additional capital will be required to deliver the full programme in 2028/29 and 2029/30. Based on current planning assumptions, Slough will require total additional capital income of £17.8m by 2029/30. If future High Needs capital allocations continue at recent levels, this may provide approximately £7.2m over three years, leaving an estimated additional requirement of £10.6m above recent allocation levels.

Capital planning will be overseen through the agreed sufficiency, finance and governance routes, informed by updated demand forecasts, demographic analysis, travel impact and placement data. This will ensure that investment is targeted to need, aligned with the cluster model and local provision strategy, and tested against its expected impact on inclusion, placement stability, travel distances, value for money and High Needs sustainability

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.

Slough's starting point is honest. The Local Partnership Maturity Assessment confirms that the system is not yet emerging, including in relation to co-production. This means that while there is commitment and engagement activity, arrangements are not yet sufficiently embedded, systematic, visible or impact-led. The PAIP and Local SEND Reform Plan therefore provide the framework for moving from engagement as a set of activities to co-production as part of delivery, assurance and culture change.

Slough has already begun engaging partners through multi-agency workshops and development sessions, including work on Experts at Hand, inclusive schools, the graduated response and alignment of the SEND strategy with national reform. These sessions have involved education leaders, health, social care, finance, voluntary sector partners and parent carer representatives. In year one, the partnership will build on this by establishing a clearer engagement and co-production framework, including a refreshed engagement plan, a parent-friendly ordinarily available provision / universal offer, "You Said, We Did" reporting, and consideration of the NHSE co-production benchmark or an equivalent self-assessment tool.

Parent carer engagement will be strengthened through SEND Voices RBWM / the parent carer forum, with clearer resourcing for outreach, visibility and wider membership. Children and young people's voice will be developed through in-school focus groups, specialist and AP settings, voluntary sector groups, after-school sessions, home discussions and Inclusion Ambassadors. This will support a clearer line of sight between lived experience, service design, delivery decisions and assurance reporting.

Education engagement will use the Education and Leadership Forum, SENCo clusters, early years workshops, The RISE Alternative Provision, preparation for adulthood networks and FE / post-16 provider engagement. This will include engagement with out-of-area FE providers attended by Slough young people with SEND. These routes will be used to manage changing expectations arising from the Schools White Paper, including shared responsibility for inclusion, ordinarily available provision, earlier support, transition planning and stronger local accountability.

Health, social care and wider partners will be engaged through SIAB, the Operations Delivery Group, workstream governance and the Children's Services Improvement Plan assurance model. This will bring together data analysis of impact, multi-agency quality assurance, staff voice and meaningful participation. Health engagement will also support the development of the SEND dashboard, support while waiting, EHCNA health advice and clearer links between the Local Offer and graduated response.

The Core Minimum Requirements will be addressed through clearer routes for parent carer voice, children and young people's voice, education provider engagement, health engagement, Local Offer improvement, co-production evidence and reporting through ODG and SIAB.

Slough would welcome DfE support for summer term events with education leaders and parent carer forum leaders, particularly to support shared ownership of the Reform Plan, clarify national expectations and build confidence in the transition.

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.

ENTER TABLE HERE: Section 10 Risks and Mitigations, maximum 5 risks, use table format below and RAG in accordance with Annex C risk matrix

Risk	Impact	Likelihood	RAG	Mitigation	Residual RAG
Insufficient specialist workforce capacity to mobilise Experts at Hand, including educational psychology, SaLT, OT, specialist teachers and advisory capacity.	Critical. Failure to recruit or secure specialist capacity would delay the cluster model, reduce access to early advice, and weaken delivery of the inclusion and early intervention ambitions in years one and two.	Likely (>60–90%)	Red	Implement a phased recruitment and commissioning plan using permanent recruitment, shared posts, partner contribution, commissioned capacity, assistant roles and interim/agency cover where required. Recruitment progress, vacancy risk and mobilisation will be reviewed through the Experts at Hand Governance Group, ODG and SIAB. The year-one model will prioritise consultation, coaching, group advice and targeted support so that capacity is used where it has greatest system impact.	Amber
Data quality, reconciliation and dashboard delivery do not progress quickly enough to support evidence-led decision-making, DfE reporting and benefits tracking.	Critical. If data remains fragmented across CAPITA, trackers, finance, health and placement records, the partnership will not have a reliable baseline, will struggle to demonstrate impact, and may not be able to prioritise resources or complete DfE returns confidently.	Likely (>60–90%)	Red	Establish a minimum viable SEND dashboard in year one, supported by a data dictionary, named measure owners, agreed source of truth and reconciliation plan. Prioritise data required for DfE reporting, EHCNA, EHCP timeliness, annual reviews, AP, EOTAS, placements, finance, health advice, CYPIT, EAS, CAMHS, neurodiversity and family experience. Progress will be monitored through the Data and Performance route, ODG and SIAB, with unresolved data quality issues escalated as delivery risks rather than technical issues.	Amber
Governance capacity is insufficient to oversee PAIP recovery, Reform Plan delivery, Experts at Hand, sufficiency, health, finance and co-production without delay or duplication.	Major. If governance routes are overloaded or unclear, decisions may be delayed, workstreams may duplicate activity, and risks relating to finance, health, sufficiency and delivery may not be escalated quickly enough.	Possible (>30%)	Amber	Confirm a scheme of delegated authority setting out decisions for workstream leads, ODG, SIAB, corporate finance, Cabinet and health governance. Use standard highlight reporting across all workstreams, including risks, milestones, dependencies, spend and decisions required. Review whether SIAB and ODG have sufficient agenda capacity to oversee both PAIP and Reform Plan activity, using focused deep dives or time-limited task and finish groups for high-risk areas.	Amber
Health and local authority services are going through a significant transformation and change. These wider systems changes across the partnership, including Local Authority Transformation and changes at senior levels at senior levels within the childrens services directorate and the	Critical. Loss of health capacity or unclear accountability during transition could weaken the health contribution to Experts at Hand, reduce visibility of waiting-time pressures, and affect support for children	Likely (>60–90%)	Red	Confirm the Provider lead for EaH. Confirm Data Lead for Integrated SEND Dashboard. Maintain joint reporting on CYPIT, EAS, CAMHS, neurodiversity, EHCNA health advice and needs-based support if waiting. Use existing health support routes and universal/targeted offers while the Experts at Hand model is mobilised. Escalate ICB and Provider capacity, performance or governance risks through the agreed health route and SIAB.	Amber

current ICB transition, NHS reform and workforce pressures, reduce the partnership's capacity to maintain oversight of SEND Services	and families while they wait.				
Sufficiency, capital and High Needs financial pressures exceed the pace of local provision development, increasing reliance on high-cost, out-of-area or independent placements.	Sufficiency, capital and High Needs financial pressures exceed the pace of local provision development, increasing reliance on high-cost, out-of-area or independent placements.	Likely (>60–90%)	Red	Complete the support base audit, July forecast refresh, high-cost cohort review and quantified sufficiency/capital plan. Prioritise investment in mainstream adaptations, support bases, inclusion bases, satellite provision and local specialist capacity, linked to highest areas of demand including SLCN, autism and SEMH. Monitor the impact of the Schools Block transfer, capital assumptions, placement trends, transport impact and benefits tracking through sufficiency, finance, ODG and SIAB.	Amber

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

Dependencies
The successful delivery of Slough's Local SEND Reform Plan is linked to wider national and local reforms. These create opportunities to align services around earlier help and inclusion, but also risks to capacity, governance, timing and partner focus. Slough will manage these dependencies through SIAB, the Operations Delivery Group, health governance, Children's Services improvement governance, sufficiency and finance routes.

NHS reforms
NHS reforms may affect ICB capacity, commissioning routes, health data, therapy pathways and support while waiting. NHS England's Model ICB Blueprint is reshaping the role and functions of ICBs, and NHS Thames Valley ICB was established on 1 April 2026, bringing together the former NHS Frimley and NHS Buckinghamshire, Oxfordshire and Berkshire West ICBs. Slough will manage this by confirming the health lead for the SEND dashboard, maintaining visibility of CYPIT, EAS, CAMHS, neurodiversity and EHCNA health advice data, and escalating risks through SIAB and agreed health routes.

Local Government Reorganisation
Local Government Reorganisation may affect corporate capacity, capital planning, decision-making and continuity of delivery. Slough will maintain named workstream leads, a scheme of delegated authority and a single delivery plan so that SEND reform remains visible through wider organisational change and decisions can continue to be made through clear governance routes.

Children's Social Care reform and Families First
Children's Social Care reform and Families First will be aligned with the Reform Plan through the Children's Services Improvement Plan assurance model: data analysis of impact, multi-agency quality assurance, staff voice and "You Said, We Did" participation. This will strengthen earlier help, shared assessment, transition planning, safeguarding links and the connection between SEND, family support and social care reform.

Best Start in Life and Family Hubs
Best Start in Life and Family Hubs will support Section 23 notifications, early years sufficiency, health visiting, early help, family support and the universal offer. Slough will align the Best Start Family Hub Inclusion Practitioner role with the graduated response and Experts at Hand model so that children's needs are identified and supported earlier.

Curriculum and Assessment Review / Schools White Paper
Curriculum and assessment changes may increase pressure on school leaders while expectations of inclusion are changing. Slough will use the Education and Leadership Forum, SENCo clusters, design sprints, transition improvement work, AP networks and post-16 / FE networks to manage transition, clarify shared responsibilities and strengthen inclusive practice.

External inspection, ILACS and local democratic cycle
ILACS, Ofsted/CQC inspection activity and local elections may affect leadership capacity, timing and decision-making. These will be managed through forward planning, clear governance, prioritisation, delivery reporting and escalation through SIAB and corporate leadership.

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.

Slough will monitor delivery through a single Reform Plan assurance cycle, using existing operational reports while a minimum viable SEND dashboard is developed during year one. The partnership recognises that data is not yet fully mature, reconciled or consistently owned across the local area. The first-year priority is therefore to confirm baselines, agree data ownership, establish a shared data dictionary, and use available evidence consistently while the dashboard is built. This will allow Slough to move from fragmented reporting towards a clearer partnership view of need, provision, cost, quality and outcomes.

Strategic monitoring will sit with SIAB, which will receive quarterly Reform Plan assurance reports covering delivery milestones, risks, dependencies, spend, decisions required and progress against the five success measures. These reports will show whether delivery is on track, what evidence supports that judgement, and where senior decisions or escalation are required. The Operations Delivery Group will coordinate monthly delivery oversight through workstream highlight reports, ensuring that issues are identified early and that corrective action is agreed before risks become embedded. The Data and Performance Subgroup will support dashboard development, data quality, reconciliation and assurance, without duplicating existing operational reporting.
The dashboard, will bring together education, health, social care, finance, placement and family experience measures. Existing sources will include CAPITA, local trackers, finance records, SEN2, the Reform Plan data template, health performance data, placement and transport data, and co-production feedback. Finance and High Needs oversight will be led by Mark Hak-Saunders, with health dashboard and performance leadership confirmed through the health governance route. This will ensure that the partnership can track not only activity, but also whether reform is changing demand, improving access to support, strengthening local provision and improving value for money.

Slough will track demand indicators, including EHCNA requests, completed assessments, EHCP growth, annual reviews, AP, EOTAS, EHE, attendance, suspensions and permanent exclusions. Service delivery measures will include Experts at Hand activity, SaLT, OT, CAMHS, CYPIT, EAS, neurodiversity pathways, EHCNA health advice, support while waiting, places created, support bases, inclusion bases and specialist placement activity. Quality and outcome measures will include EHCP timeliness and quality, annual review quality, complaints, tribunals, mediation, parent/carer satisfaction, CYP feedback, setting confidence, placement stability, travel impact, reduced avoidable escalation, local provision growth and financial sustainability.
The partnership will also use leading indicators to understand whether delivery is moving in the right direction before longer-term outcomes can be evidenced. These will include increased use of early advice, improved attendance at multi-agency meetings, better completion of annual reviews, reduced drift in decision-making, increased setting confidence, improved visibility of health waiting and support data, and clearer evidence that family feedback is shaping delivery.

Feedback loops will include PCF feedback, children and young people's voice, SENDIASS intelligence, school, SENCo, MAT, early years, AP, post-16 and FE feedback, health partner input and "You Said, We Did" reporting. Schools and settings will see progress through the Education and Leadership Forum, SENCo clusters, provider briefings, Local Offer updates and dashboard summaries. Where evidence shows delivery is off track, ODG will agree corrective action or escalate to SIAB for decision.

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.

See attached Data and Finance Spreadsheet attached separately and below:

Slough Data and Finance Template May

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

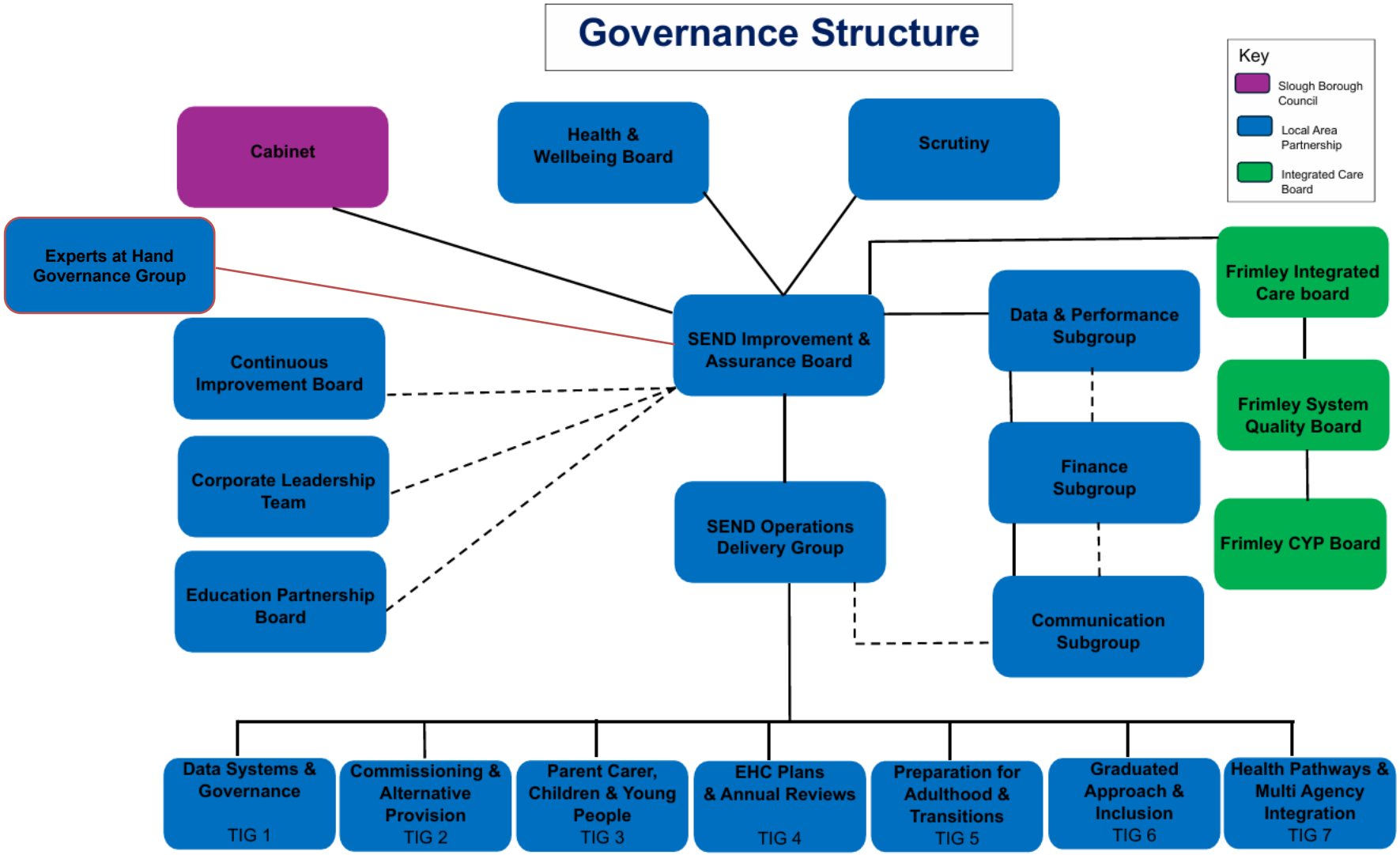
Please outline the governance structures in place to oversee delivery. Clearly set out who is responsible for overseeing reform delivery, what each governance group or individual is accountable for, and how these arrangements ensure progress is monitored and decisions are made transparently. Please identify 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?*
SEND Improvement and Assurance Board (SIAB)	Provides senior partnership oversight of the Local SEND Reform Plan and PAIP. Reviews delivery progress, risks, dependencies, impact, finance, health contribution, co-production and compliance with Core Minimum Requirements. Holds the partnership to account for delivery.	Senior leaders from Slough Borough Council, education, health, ICB, social care, finance, parent carer representation, schools/settings and relevant partners. Chaired by senior partnership leadership.	Monthly initially, moving to agreed cycle once reporting is embedded.	Can agree strategic direction, require corrective action, approve escalation, request deep dives, and hold workstreams to account. Decisions requiring statutory, financial, Cabinet or ICB approval are escalated.	Escalates to corporate leadership, Cabinet, Health and Wellbeing Board, ICB governance, finance governance or DfE where required.
Senior Responsible Officer Interim Director of Children's Services	Provides single senior ownership for Reform Plan delivery. Ensures delivery discipline, resolves barriers, maintains senior accountability and ensures Reform Plan delivery remains aligned with Children's Services improvement, PAIP and corporate priorities.	Individual SRO role. Works with education, health, finance, commissioning, schools, PCF and partnership leads.	Ongoing, with formal reporting through SIAB.	Can direct workstream leads, require assurance, convene escalation meetings, and agree priorities within delegated authority.	Escalates to Chief Executive / corporate leadership, Cabinet, SIAB, ICB or DfE as required.
Operations Delivery Group (ODG)	Coordinates delivery across Reform Plan workstreams. Reviews milestones, highlight reports, risks, dependencies, spend, data, CMR actions and decisions required. Ensures the one-year plan remains on track.	Workstream leads, SEND operational leaders, education, health, finance, commissioning, data/performance, social care and relevant delivery partners. Parent carer links to be strengthened through agreed co-production route.	Monthly.	Can coordinate delivery, agree operational actions, resolve cross-workstream issues and recommend escalation to SIAB.	Escalates unresolved risks, decisions, capacity issues or partner blockages to SIAB.
Transformation Impact Groups / Subgroups	Provide focused delivery and assurance for PAIP and Reform Plan priorities, including inclusion, EHCP quality, annual reviews, health, data, co-production, graduated response and preparation for adulthood where relevant.	Relevant operational leads, practitioners, partner representatives and subject matter experts. Membership varies by workstream.	Monthly or as agreed by workstream need.	Can progress agreed actions, produce evidence, identify barriers and make recommendations to ODG.	Escalates through ODG to SIAB.

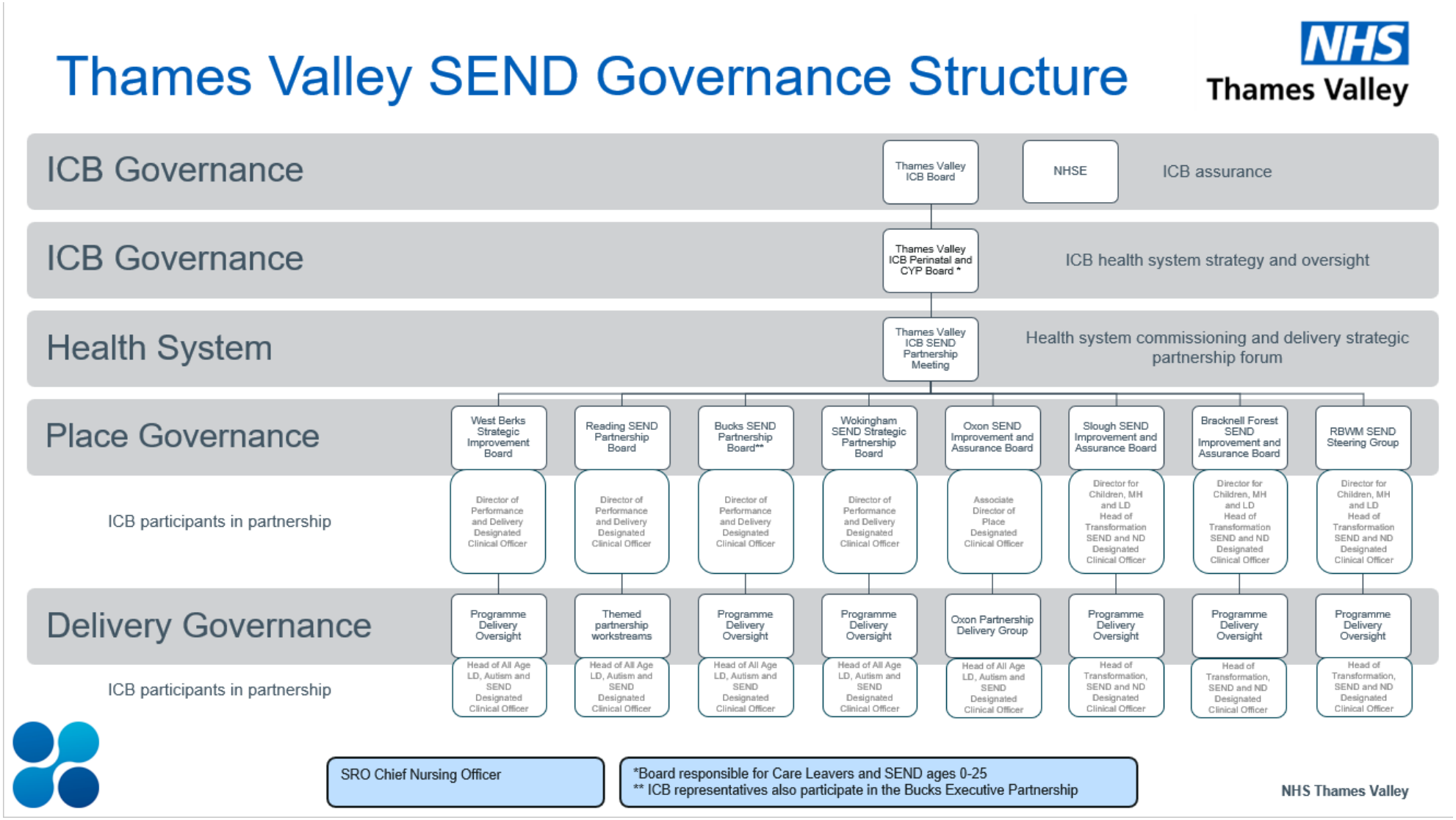
Data and Performance Subgroup	Leads dashboard development, data quality, data reconciliation, KPI ownership and reporting against Reform Plan success measures. Ensures education, health, social care, finance, placement and family experience data are brought together.	Data/performance leads, SEND operational leads, finance, health data lead, commissioning and relevant service leads. The Head of Operational Stutory SEND will lead this.	Monthly during dashboard mobilisation.	Can agree data definitions, recommend dashboard measures, identify data quality risks and assign data owners.	Escalates unresolved data quality, system or ownership issues to ODG and SIAB.
Experts at Hand Governance Group	Oversees mobilisation of the Experts at Hand 0 to 25 cluster model, including access, triage, workforce, equity of support, activity, impact, spend and risks. Ensures the model strengthens existing services and does not duplicate statutory or health pathways.	Education sector leaders, Principal Educational and Child Psychologist health representatives, specialist professionals, AP/specialist providers, local authority officers, parent carer representation and relevant partners.	Monthly during mobilisation, moving to quarterly once established.	Can agree operational model, triage arrangements, reporting requirements and recommendations on workforce, access and delivery priorities.	Escalates to ODG and SIAB; finance or partner contribution issues escalate to finance/ICB governance.
Sufficiency, Commissioning and Capital Governance	Oversees sufficiency planning, support base audit, inclusion bases, specialist places, capital assumptions, commissioning and placement strategy. Ensures local provision development aligns with demand, value for money and travel impact.	The Education Programme Manager and SEND Commisioning lead as leads, commissioning, education, finance, property/capital, schools/settings, providers and relevant partners.		Can recommend commissioning and capital priorities, identify sufficiency risks and support business case development.	Escalates to ODG, SIAB, finance governance, corporate leadership or Cabinet where decisions require approval.
Finance and High Needs Oversight	Oversees High Needs Block pressure, placement costs, transport costs, Schools Block transfer, Experts at Hand spend, capital assumptions and benefits tracking. Ensures reform activity is linked to financial control and value for money.	Strategic Finace Director and Strategy asagers as lead, finance, SEND, commissioning, data/performance and relevant workstream leads.	Monthly / aligned to finance reporting cycle.	Can agree financial assumptions, monitor spend, test benefits, flag affordability risks and recommend corrective action.	Escalates to ODG, SIAB, corporate finance, Section 151 Officer, Cabinet or DfE as required. MHFT and DFE Commisioner

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

The governance chart below shows most of the governance mechanism mentioned above and how they operate currently within the SEND System. Additionalgovernance mechanisms such as the Experts at Hand Governance Group will be added to this structure as progress the implementation of the Reform Plan.



The governance chart below describes the relationship between the local SEND partnership and the local health governance structure:



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

Slough would welcome targeted practical support from central government in six areas.

1. Specialist advisory input would be helpful on implementation of the three-year roadmap, one-year delivery plan, Experts at Hand model, sufficiency strategy and financial assumptions. This would support delivery oversight, sequencing and alignment with national reform expectations.
2. Workforce development and recruitment support would help address capacity risks in educational psychology, speech and language therapy, occupational therapy, specialist teaching, health advice for EHCNAs, and staff able to support the graduated response, inclusion and early intervention.
3. Slough would benefit from tools or templates for SEND data collection, dashboard development, evaluation, benefits tracking and reporting against the Core Minimum Requirements. This would support consistency, reduce duplication and help local areas evidence impact more clearly.
4. Peer learning would be valuable with areas that have strengthened mainstream inclusion, reduced avoidable escalation, improved annual review practice, developed local provision and strengthened High Needs oversight.
5. Practical support with system-level coordination across education, health and care would help with health contribution, ICB transition, therapy pathways, support while waiting, joint commissioning and the interface between SEND, early help, Family Hubs and children's social care reform.
6. Slough would welcome guidance on policy or regulatory barriers where local delivery depends on national expectations or funding routes, specifically, we have sufficient capital to 27/28, but require £17.8m extra for 2028/30, this is £10.6m above recent allocations; without this the pace and quality of improvement could be affected.

Document	Link
The Schools White Paper	Every Child Achieving and Thriving
SEND Consultation Document	SEND reform: putting children and young people first.
LA and Schools Budget 2026-27	Schools Operational Guide 2026-27
Local Partnership Maturity Assessment Guidance and Tool	Included in commission pack
Local SEND Reform Plan – Data template	Included in commission pack
Local SEND Reform Plan Quality Assessment Framework	Included in commission pack
Local Inclusion Partnership Grant 2026-27	To be published Spring 2026
Experts at Hand Guidance	To be published Spring 2026
High Needs Capital Allocations 2026-27	To be published Spring 2026
Guidance on Inclusion bases	To be published Spring 2026

IMPACT DESCRIPTION	IMPACT LEVEL	PROBABILITY/LIKELIHOOD				
		< 10%	>10% - <30%	>30% - <60%	>60% - <90%	>90%
		Very Unlikely	Unlikely	Possible	Likely	Very Likely
Cannot deliver Reform Plan; Failure of mission critical activity.	Crisis					
Significant impact to objectives; Significant and sustained disruption to activity.	Critical					
Delivery targets are compromised; Project delay / budget overrun.	Moderate					
Limited impact on delivery targets; Deviations from project resource, timescale or targets.	Marginal					
Minimal impact on delivery targets; Minimal impacts to project / programme efficiency.	Negligible					