Annex A: Local SEND Reform Plan

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

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

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

Name of Local Authority: South Tyneside Council

Name of Integrated Care Board: North East & North Cumbria

Local SEND Reform Plan SRO: Calvin Kipling, Assistant Director for Education, SEND & Inclusion

Signatories

Role	Name	Signature	Email contact	Date
Chief Executive Officer South Tyneside Council	Jonathan Tew	**REDACTED**	Jonathan.Tew@southtyneside.gov.uk	18.06.2026
Chief Executive Officer North East & North Cumbria ICB	Samantha Allen	**REDACTED**	S.Allen24@nhs.net	18.06.2026
Director of Business & Resources South Tyneside Council	Stuart Reid	**REDACTED**	Stuart.Reid@southtyneside.gov.uk	18.06.2026
Director of Children's Services South Tyneside Council	Stuart Easingwood	**REDACTED**	Stuart.Easingwood@southtyneside.gov.uk	19.06.2026
Director of Public Health South Tyneside Council	Tom Hall	**REDACTED**	Tom.Hall@southtyneside.gov.uk	19.06.2026
Director of Neighbourhood (Central) NENC ICB	Lynn Wilson	**REDACTED**	L.Wilson20@nhs.net	15.06.2026
Assistant Director of Education, SEND & Inclusion South Tyneside Council	Calvin Kipling	**REDACTED**	Calvin.Kipling@southtyneside.gov.uk	19.06.2026
Assistant Director Children & Families Social Care	Chris Ring	**REDACTED**	Chris.Ring@southtyneside.gov.uk	19.06.2026
Head of SEND, Access & Inclusion South Tyneside Council	Andy Ritchie	**REDACTED**	Andy.Ritchie@southtyneside.gov.uk	19.06.2026

SEND Strategic Development Officer South Tyneside Council	Rebecca Gibbons	**REDACTED**	Rebecca.Gibbons@southtyneside.gov.uk	18.06.2026
Chairperson South Tyneside Parent Carer Forum	Laura Kelley	**REDACTED**	Laura@stpcf.org	18.06.2026
Vice-Chairperson South Tyneside Parent Carer Forum	Cally Jackson	**REDACTED**	Cally@stpcf.org	18.06.2026

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*

.

South Tyneside's Local SEND Reform Plan sets out a clear programme of system-wide change to improve outcomes for children and young people with SEND, strengthen inclusion and secure a more sustainable system.

The partnership recognises that while there are strong foundations in place, including established multi-agency working and access to a range of support services, delivery remains inconsistent. Variation in practice, workforce capacity pressures, fragmented routes to specialist advice and continued reliance on high-cost placements mean too many children experience late intervention, reactive decision-making and avoidable escalation.

Over the next three years, the partnership will deliver a shift to a more inclusive, confident and evidence-informed system. More children and young people will have their needs met earlier within mainstream and local provision, with clearer pathways, improved experiences for families and reduced reliance on specialist and out-of-area placements.

This approach is underpinned by a strengthened 0-25 pathway, with earlier identification of need beginning in the early years through Best Start Family Hubs and integrated health services. This will support children at the earliest stage by improving school readiness and reducing the need for later escalation, including earlier identification of Speech, Language and Communication Needs (SLCN) through coordinated health and education pathways. Improving the proportion of children achieving a good level of development at the end of Reception will be a key leading indicator, alongside access to early intervention services and timely assessment and support for speech, language and communication needs.

This change will be delivered through four key system aims:

- Strengthening inclusive practice and partnerships so that mainstream settings are better able to meet need consistently, supported by shared frameworks, cluster working and earlier access to advice, increasing the proportion of children supported in mainstream provision and reducing avoidable escalation.
- Improving workforce capability and confidence across education, health and care, enabling more proportionate and timely responses to need, with greater consistency in decision-making and improved timeliness of support.
- Improving the confidence of children, young people and families through clearer communication, co-production and more transparent decision-making, leading to increased trust and a reduction in complaints, disputes and tribunal activity over time.
- Stabilising the system financially by shifting resource upstream, improving value for money and reducing demand for high-cost provision over time, supporting reduced reliance on high-cost and out-of-area placements and reinvestment in early intervention and mainstream capacity.

In Year 1, the focus is on establishing the conditions for reform, including strengthened governance, improved data visibility and more consistent approaches to early support, decision-making and placement review. This will increase consistency in practice, improve visibility of system demand and support early stabilisation in escalation and placement pressures.

This will be underpinned by improved data integration and transparency, enabling earlier, evidence-informed decision-making and a more coordinated response to emerging pressures.

From Year 2 onwards, this will translate into measurable improvement, including increased attendance, reduced exclusions, improved timeliness of support and more children supported within local provision and a slowing of growth in high-cost placements. By Year 3, success will be demonstrated through consistently high-quality practice, reduced variation in decision-making, improved outcomes for children and young people with SEND, and sustained confidence from families and partners.

Overall, this plan sets out a coherent and deliverable programme of change, shifting the system from reactive and variable practice to planned, consistent and inclusive support, enabling children and young people with SEND to achieve and thrive. Progress across the three-year period will be demonstrated through measurable improvements in inclusion, experience and system sustainability, with delivery tracked through a shared partnership dashboard aligned to the defined success measures and trajectories set out in this plan, with a detailed logic model (Appendix A) to set out the link between inputs, activity, outputs and intended outcomes.

Section 1 – Vision and Goals

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

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

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

Our vision is that South Tyneside is a place where every child and young person with SEND can access high-quality, inclusive education, health and care support close to home, enabling them to lead full, healthy and fulfilling lives. This includes children and young people with predictable and commonly occurring needs, as well as those with more complex needs. Support is delivered through a joined up, fair, consistent, accountable and financially sustainable system.

By 2029 the Local Area SEND Partnership will achieve:

1. *Improved outcomes through inclusive local provision: More children and young people with SEND are successfully supported in mainstream and local settings, evidenced by sustained reductions in permanent exclusions, persistent absence, Elective Home Education and reliance on specialist and high-cost placements. This will be particularly evident at key transition points and for cohorts currently overrepresented in specialist and out-of-area provision. Progress is driven through clear partnership accountability and consistent system leadership.*
2. *Early identification and effective support: Needs are identified and met earlier through consistent inclusive practice, including effective use of the graduated response, access to Ordinarily Available Provision (OAP) and universally available services. This includes stronger early identification in the early years and more consistent responses to developmental delay and improved workforce knowledge to address needs in older children rather than focusing on diagnosis and looking at the child through a trauma informed lense. Where needs require additional support, children and young people access timely expertise. This is evidenced by reduced escalation to statutory assessment and specialist services, reduced waiting times for assessment and intervention, timely access to specialist services for those who need them, and increased access to early support through mechanisms such as Experts at Hand (EAH). We will strategically align the SEND reforms with Best Start guidance, Social Care Reforms and the Good Level of Development to ensure no child slips through the net.*
3. *Increased confidence and trust in the SEND system: Parents, carers and children report improved experiences, evidenced through improved survey feedback, reduced complaints and tribunal activity, increased participation in co-production, and clearer understanding of pathways, thresholds and available support.*
4. *Financial sustainability and effective joint commissioning: Resources are aligned to need through active sufficiency planning and commissioning, evidenced by a reduced proportion of spend on high-cost placements, increased investment in early intervention and workforce capacity, and improved value for money across the system.*

Progress against these goals will be demonstrated through measurable improvements in outcomes for children and young people, increased confidence from families, and a clear trajectory towards improved value for money. This will be supported by a shift in placement patterns, with greater use of local mainstream and resource base provision and reduced reliance on high-cost and out-of-area placements over time.

Section 2 – Strategy

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

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

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

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

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

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

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

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

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

Local blueprint for the next 3 years	Where we are	Where we will be in the next 3 years
Building blocks *Strengthening inclusion across education settings* *Access to specialist support and local placements* *System leadership, local partnership collaboration and co-production* *Encouraging inclusive culture and behaviours* **Enablers** *Aligned workforce, capital investment and data infrastructure, which together translate strategic priorities into consistent system delivery.*	*South Tyneside's local area partnership has a strong foundation on which to build SEND reform, with a significant proportion of the reform programme building on work that has already been underway across the system.* *In recent years, governance arrangements have been strengthened to support shared problem solving, collective learning and increasing joint accountability across education, health and care. Parent carer and CYP perspectives are represented within key partnership forums, providing valuable insight and challenge, although approaches to engagement and influence are not yet consistent. Alongside this, there is a clear shared commitment to inclusion, early intervention and relational practice, reflected in an established Inclusion Service, a longstanding graduated response framework, and a broad range of non-statutory support offers, including the jointly commissioned, borough-wide, all-age Talk Boost provision.* *Importantly, several of the core components of the reform programme are already in development. Over the past 12–18 months, the Partnership has begun to respond to increasing demand and variability in access to specialist support through local analysis, test-and-learn activity and strengthened partnership working. This has included early development of a therapies-in-schools approach, work to design a SEND Cluster Model to support shared ownership of inclusion, and initial alignment of early intervention pathways across education and health. These strands of work have been developed in response to identified system pressures and are now being brought together and scaled through the Local SEND Reform Plan, rather than introduced as entirely new approaches.* *Schools are increasingly engaging with system-led approaches as part of a strengthened graduated response, including inclusion panels, Alternative Provision (AP) pathways and revised guidance to support earlier intervention. Early intervention pathways are continuing to develop, particularly in relation to speech, language and communication needs and mental health. Relationships with Additional Resource Base (ARB) provision are generally positive and supported by regular monitoring, providing assurance around quality and standards. Attendance outcomes for pupils with SEND are a relative strength compared to statistical neighbours, and post-16 NEET rates for young people with Education, Health and Care Plans remain below regional averages, highlighting areas of effective practice on which reform can build.* *The local area benefits from a relatively small and highly interconnected education system, with established relationships between school leaders, services and partners. This has enabled the development of a range of non-statutory inclusion*	*By 2029, South Tyneside's Local Area SEND Partnership (LASP) will be operating with clearer leadership, stronger accountability and greater consistency in how inclusion is understood, applied and sustained. This reflects progression from a system where key elements of reform are already in development, to one where these approaches are implemented consistently and at scale across the Partnership.* *The system will have moved from responding to pressure reactively to operating in a more deliberate, planned and transparent way, with leadership routinely using data, lived experience and system intelligence to set clear expectations. We will have aligned Best Start in Life, Families First, SEND reforms and Neighbourhood Health to establish clear, joined-up pathways, with EAH operating as a consistent and clearly defined route to targeted multidisciplinary expertise within the graduated response, supported by explicit pathways into and alongside wider early years, health and community services. This represents a deliberate shift from a system where access to support, practice and decision-making can vary, to one where expectations, pathways and accountability are applied consistently across all settings and partners.* *This future state is delivered through core reform mechanisms, including strengthened inclusion across education settings, clearer and more timely access to specialist support and local provision, and stronger system leadership and co-production. It builds on existing universal and targeted provision, including 0–19 services, Family Hubs, and established early intervention approaches, with EAH providing a consistent route to targeted multidisciplinary expertise where additional support is required, alongside enhanced cluster-based inclusion and sufficiency-led commissioning and capital investment.* *By year three, EAH will operate as a clearly defined, partnership-wide, non-statutory route to support, accessible through all early years' settings, schools, and post-16 providers. It will provide timely access to multi-disciplinary expertise where appropriate, aligned to agreed thresholds and pathways, enabling earlier intervention at SEN Support and reducing reliance on diagnosis-led referral routes and statutory assessment. Delivery of the health components of the EAH model will be supported through a phased implementation approach, with Therapists and Therapy Assistants deployed efficiently through phased recruitment, role redesign and service reconfiguration. This will enable increased capacity for early consultation, advice and intervention, aligned to the expected growth in demand and embedded within a sustainable delivery model. A proposed EAH model, including delivery structure, workforce model and pathways is attached (Appendix B).* *Delivery of this model is enabled through coordinated workforce planning, aligned capital investment and improved data and digital infrastructure; each deployed to expand mainstream capacity, increase workforce confidence and consistency, and strengthen evidence-based decision-making and accountability.* *Partnership leadership will be more confident, visible and disciplined, operating as the primary driver of SEND reform. Clear roles, responsibilities and decision-making routes across education, health and care will ensure shared ownership of inclusion and outcomes. Education partners, including schools, multi-academy trusts and further education providers, are actively engaged in governance and system delivery, contributing sector insight to decision-making and leading implementation within their own settings and networks. This ensures that system priorities reflect the reality of practice and are applied consistently across education provision.* *Governance forums will operate as active mechanisms for prioritisation, challenge and assurance, supported by routinely shared performance dashboards, integrated datasets across education, health and care, and clear escalation pathways. This will include SENDIASS intelligence routinely informing decision-making alongside performance and sufficiency data, ensuring that family experience, early concerns and patterns in advice and mediation activity are used to shape priorities and system improvement. This will be evident through routine reporting against the LSRP, regular public updates on system progress, and consistent scrutiny of performance, risk and impact at partnership level. This will be underpinned by a strengthened partnership-wide quality assurance framework, including the routine use of Invision360 and multi-agency audit activity, to test practice, identify variation and provide feedback loops into workforce development, commissioning and system improvement. Data on demand, inclusion, attendance, exclusions, placements and workforce capacity will be used proactively and routinely across governance and cluster-*

	and early intervention approaches, with many mainstream settings engaging with support at an earlier stage rather than defaulting immediately to statutory pathways. Partnership working has strengthened in key areas, particularly with the ICB and through elements of joint commissioning, creating early but solid foundations for more integrated system leadership. These developments align closely with the direction set out in the Local SEND Reform Plan, which focuses on strengthening early identification, improving access to multidisciplinary support and building mainstream capacity through coordinated system approaches. *At the same time, the system is under increasing pressure and does not yet operate with sufficient consistency or confidence to meet rising levels of need early and equitably. Workforce capacity and confidence vary between settings and phases, particularly in relation to more complex needs, and inclusive practice is not yet applied reliably across the borough. This variability is reflected in rising permanent exclusions in primary school, increasing Elective Home Education, growing placement instability for children with complex needs, and continued escalation to statutory assessment and high-cost provision. Too many children continue to experience late identification of need, particularly within early years, and needs that could be addressed earlier through supported mainstream practice often escalate before timely specialist expertise is applied.* *Access to specialist support remains a key pressure point. While there is a strong local specialist offer, access to wider expert advice for mainstream settings is fragmented and uneven, often reliant on traded or referral-based arrangements. Existing outreach and therapy models are not consistently aligned to school demand and lack a single, coherent route of access, limiting their impact on system-wide mainstream capacity. Work has already begun to address this through the development of more integrated, school-based and cluster-aligned models of support; however, these approaches remain at an early stage and have not yet been implemented consistently across the system.* *System-level engagement and accountability continue to develop but are not yet fully embedded. While partnership working has strengthened and the Parent Carer Forum contributes meaningfully, shared accountability across the full system is not yet consistent. SENDIASS provides an established source of independent advice and insight, although its contribution to system-wide improvement and early resolution is not yet routinely used. Decision-making can become reactive under pressure, and despite strong intent, practice can remain threshold-led or diagnosis-driven.* *Key system enablers for reform are in place but remain at an early stage of maturity. Workforce development activity is underway, capital investment is beginning to focus on mainstream inclusion, and shared data infrastructure is*	*level forums to identify emerging pressures, inform commissioning of provision and access to EAH, and support earlier, evidence-based intervention. Decision-making will be less reactive and less reliant on diagnosis, with a clear shift to a needs-led approach, where leaders work to a shared understanding of proportionality, thresholds and inclusive practice. This shift will be reflected in clearer, earlier resolution of system issues and a sustained reduction in complaints, disputes and escalations requiring formal intervention. This leadership reset will be reinforced through stronger alignment between SEND strategy, inclusion policy, exclusions, AP and commissioning decisions, ensuring that the system consistently delivers what it expects of schools and services. This will be strengthened through the systematic use of shared education, health and care data, including EHN intelligence, to improve the quality, consistency and timeliness of decision-making across pathways. Data will be routinely analysed and acted upon to identify unmet need, variation in thresholds and emerging pressures, enabling earlier and more proportionate responses.* *Earlier support will become routine rather than exceptional, shaped by leadership expectations and reinforced through system infrastructure. Across all school clusters, education and health expertise will be accessed sooner and more consistently through a clearer graduated response, and non-statutory routes, including access to targeted and targeted-plus support through EAH where appropriate. This builds on the early development of cluster-based and school-embedded models of support, which will operate consistently across all localities. Alongside this, improved use of shared data and system learning will support earlier identification of need, clearer prioritisation and more accurate referral pathways, reducing escalation driven by delay or system inefficiency rather than complexity.* *Over three years, this will contribute to a reduction in requests for statutory assessment (where needs can be met at SEN Support) and specialist services. This shift will be sustained by embedded graduated responses/OAP, clearer joint commissioning arrangements, fewer ad hoc or traded models of support, and a workforce operating with greater confidence and consistency. Alongside this shift we will work with parent/carers, schools/settings and other stakeholders to co-produce a communication strategy to promote the new ways of working and highlight the graduated approach to meeting need and the expected outcomes. This dual approach will also support a reduction in waiting times within therapy services and allow greater ease of access for CYP who require that specialist intervention.* *The reformed system will shift this earlier, with identification and support beginning in early years through coordinated pathways across Best Start Family Hubs, health services and education. Delivery will be aligned with the Families First and Best Start Family Hub agenda, ensuring that support for children with emerging needs is delivered through integrated, whole-family approaches, reducing duplication and enabling earlier intervention.* *Specialist provision will function as part of a clearer and more accountable system. This will be delivered through more deliberate commissioning of specialist provision aligned to sufficiency forecasting and cohort need, ensuring that placement trends reflect planned system design rather than reactive decision-making. Special school designations and commissioned provisions will have been reviewed and aligned more closely to the profile of need locally, informed by sufficiency analysis, placement trends and cohort level intelligence, ensuring that specialist capacity is shaped around South Tyneside's cohorts and reducing reliance on out of borough placements driven by mismatch rather than complexity. Agreed quality, inclusion and accountability standards, underpinned by routine review and risk-based assurance, will reduce unplanned placement moves and instability. Specialist settings will be used more consistently for children and young people with the most complex needs, complementing rather than compensating for mainstream capacity. This will contribute to a reduction in out-of-borough and high-cost placements.* *Inclusive practice across early years, schools and further education will be more stable and reliable, underpinned by consistent use of the SEND In Mainstream Settings Framework as the agreed baseline for practice, alongside clearer leadership expectations and shared frameworks. Variability between settings will reduce as inclusive practice is reinforced through peer moderation, access to timely expert advice and greater alignment between policy and practice. This will be supported through strengthened cluster-based inclusion arrangements, access to timely advice, and the development of ARBs and AP pathways to build local capacity.* *Data on inclusion, attendance, behaviour and placement stability will be used consistently at cluster and setting level to support professional challenge, peer moderation and shared learning, enabling variation in inclusive practice to be identified and addressed systematically, rather than to drive compliance alone. This will be strengthened by the systematic use of health data (including therapy demand, waiting times, referral patterns and outcomes) alongside*

	developing. A SEND in Mainstream Settings Framework is being introduced to provide a consistent baseline for inclusive practice, alongside strengthened data, sufficiency modelling and multi-agency dashboards; however, confidence and consistency of use across the Partnership varies. *Overall, the system demonstrates clear readiness for reform, with strong intent and significant preparatory work already underway across multiple areas. The challenge over the next three years is not to design new approaches, but to bring these existing strands into a single, coherent system, and to move from pockets of effective practice to consistent, system-wide delivery at scale. This includes ensuring that expert support is accessed earlier and more equitably, that mainstream inclusion is applied reliably across all settings, and that partnership leadership and system enablers actively reinforce inclusive practice rather than responding once escalation has already occurred. This reflects a system where access to support, workforce confidence and the application of inclusive practice currently vary between settings, creating inconsistencies in early identification, response and outcomes.*	*education and care data to inform joint commissioning decisions, align investment to need, and reduce duplicated or inappropriate referrals across pathways.* *As a result, services will be better targeted to need, with reduced inappropriate or duplicated referrals, improved flow through pathways, and a measurable reduction in waiting times. A greater proportion of children and young people with SEND will be educated successfully in local mainstream provision, with an increase in mainstream placements and sustained reductions in change of placement requests, permanent exclusions, persistent absence and Elective Home Education (EHE) for pupils with SEND.* *Capital investment decisions will increasingly reflect this direction of travel, strengthening local capacity through a more deliberate and planned approach to provision. This will include consolidating and co-locating specialist provision where this improves quality, access and workforce sustainability, alongside targeted expansion of specialist and resource base provision in areas of highest need. At the same time, investment will prioritise strengthening mainstream environments, including the development of ARBs and SEN Units, enabling a greater proportion of children and young people to be supported locally and reducing unnecessary escalation to specialist and out-of-area provision. This will be underpinned by sufficiency analysis and cohort-level planning, ensuring capital investment is aligned to patterns of demand and long-term system sustainability.* *Workforce confidence and consistency will improve as leadership expectations, commissioning arrangements and system learning become more aligned. This includes the introduction of joint training and development activity between education, health practitioners and SEND services, beginning in Year 1, to build a shared understanding of needs-led practice, thresholds and inclusive approaches. This will be supported through coordinated workforce planning and delivery of EAH, increasing confidence in meeting needs earlier and reducing reliance on escalation. Recruitment, retention and professional development will be strengthened through coordinated workforce planning, EAH delivery and use of system-wide workforce data and quality assurance findings to target investment. Leadership behaviours will actively reinforce inclusive practice, reducing reliance on individual goodwill or informal workarounds.* *For parents, carers and children and young people, the system will feel more predictable, clearly articulated, transparent and fair. There will be clearer routes for feedback and escalation, earlier resolution of concerns and visible evidence that co-production with children, young people and families' shapes decision-making, service design and system priorities. SENDIASS will operate as a clearly understood and independent source of advice and support, with a strengthened role in supporting families through early resolution and mediation, and in capturing learning from concerns and disputes to consistently inform system improvement. Feedback and engagement data will be routinely reviewed alongside performance and sufficiency data within governance forums, strengthening accountability and ensuring that system improvement reflects lived experience as well as quantitative measures. This will be reflected in a reduction in SEND related complaints, disputes and tribunal appeals, alongside improved confidence measures through local engagement and survey activity. Co-production will operate as a core system function, with structured involvement of children, young people and families in design, evaluation and governance, aligned to the Partnership's agreed co-production vision.* *Taken together, these changes will ensure that inclusive practice is sustained by leadership, accountability and system infrastructure, policy alignment, commissioning discipline, workforce capability, capital investment and shared, routinely used data and system intelligence, rather than introduced late in response to escalation. This reflects the consolidation and scaling of approaches already in development, creating a single, coherent system. The system will be better positioned to anticipate need, intervene earlier and deliver more equitable outcomes for children and young people with SEND. Progress towards this future state will be measured through improvements in inclusion, experience and financial metrics, including increased attendance, reduced exclusions, reduced reliance on high-cost placements, improved timeliness and strengthened confidence from families and partners.*

Success measures
These measures collectively demonstrate the impact of reform on inclusion, early intervention, experience and financial sustainability, and provide a consistent framework for monitoring system shift over time.

The following measures set out a clear baseline position and target trajectory over the three-year period, demonstrating how reform will shift the system from its current starting point to a more inclusive, sustainable and outcomes-focused model. Baselines reflect current levels of inclusion, demand, experience and financial pressure, with trajectories showing how strengthening inclusive practice, improving access to earlier support and increasing consistency in decision-making will reduce reliance on specialist and statutory intervention over time. Baselines where not currently established will be confirmed in Year 1 through improved data capture and validation processes, with trajectories refined accordingly.

Measure	Baseline	Target	Why This Matters	Reform Mechanisms
Inclusion and Mainstream Participation				
Attendance of pupils with SEND	*2024/2025 SEN Support: 89.3% EHCP: 89.2%*	*2027/2028 SEN Support: 91.0% EHCP: 91.0%*	*Attendance is a key indicator of whether children and young people with SEND are being supported effectively within their setting. Lower attendance can reflect unmet need, weak inclusion or delayed support, so improvement suggests earlier help and more inclusive practice.*	*This will be supported through earlier access to advice via EAH, stronger cluster-based support and challenge alongside a more consistent use of the graduated response to identify and address barriers before absence escalates.*
Severe absence of pupils with SEND	*2024/2025 SEN 4.66% EHCP 4.36%*	*2027/28 SEN 3.5% EHCP 3.5%*	*Severe absence demonstrates potential disengagement and often shows that needs are not being identified or addressed early enough. Reducing this will improve stability and reduce the risk of escalation.*	
Suspensions of pupils with SEND	*2024/2025 SEN 4.07per 100 EHCP 14.85 per 100*	*2027/2028 SEN 3.50 per 100 EHCP 10.00 per 100*	*Suspensions indicate that needs are potentially not being identified or met effectively in mainstream practice. Reducing them will reflect stronger inclusion and help prevent further escalation.*	*This will be addressed through the APST, earlier support through EAH and more consistent use of the inclusion framework to strengthen mainstream responses before issues escalate.*
Permanent exclusions of pupils with SEND	*2024/2025 SEN 0.75 per 100 EHCP 0.07 per 100*	*2027/2028 SEN 0.60 per 100 EHCP 0.05 per 100*	*Permanent exclusion is one of the clearest signs that the system has not responded early or effectively enough. Reducing it matters because it improves inclusion, stability and long-term outcomes.*	
Reduced timetables for pupils with SEND	*2025/26: Total: 207 Of which 65 have an EHCP and 79 receive SEN Support Average duration to be established in Q3 2026/27*	*2027/28: 15% reduction in reduced timetables. Average duration of reduced timetable will be ≤12 weeks.*	*Reduced timetables can indicate unmet need or placement instability. Reducing their use will show children are being supported to remain in full-time education.*	*This will be addressed through earlier access to EAH, stronger quality assurance and clearer escalation arrangements so reduced timetables are challenged, and alternatives are put in place sooner.*
Percentage of CYP remaining at SEN Support following EAH intervention	*Baseline to be established in Year 1 through implementation of the EAH model and associated data capture.*	*Year-on-year increase in the proportion of children and young people whose needs are met at SEN Support following EAH intervention.*	*This measure demonstrates the effectiveness of early intervention and inclusive practice in preventing escalation of need. Increasing the proportion of children and young people whose needs are met at SEN Support indicates that advice, support and intervention are timely and effective, reducing demand for statutory assessment and more specialist provision.*	*This will be delivered through implementation of the EAH model, providing earlier access to multi-disciplinary advice and intervention within mainstream settings, strengthening workforce confidence and capability, and embedding a needs-led approach to identification and support.*

	Placement Sufficiency and Local Capacity				
	Mainstream placements (Statutory School Age)	*2025: 20.4%*	*2028: 21.2%*	*Mainstream placements are a key indicator of whether the system is building enough inclusive capacity to meet needs earlier and closer to home.*	*This will be supported through EAH, stronger mainstream practice and sufficiency planning that increases local capacity over time.*
	Maintained special	*2025: 40.1%*	*2028: 34.7%*	*A reduction in maintained special placements would indicate that more needs are being met earlier within mainstream and targeted local provision.*	
	ARB/SEN Units	*2025: 11.0%*	*2028: 14.0%*	*Growth in ARB and SEN Unit places increases local capacity for children whose needs cannot be met through mainstream support alone.*	*This will be delivered through the capital programme and planned expansion of specialist provision within local mainstream pathways.*
	INMSS	*2025: 6.8%*	*2028: 5.4%*	*Reliance on independent and non-maintained placements impacts financial sustainability reflecting gaps in local capacity and can potentially impact the outcomes of CYP.*	*This will be supported through stronger commissioning, clearer placement pathways and investment in local alternatives to high-cost provision.*
	AP	*2025: 0.6%*	*2028: 0.6%*	*Stable use of AP is being used proportionately rather than as a default response to unmet need.*	*This will be delivered through clearer AP pathways, stronger oversight and a more targeted use of AP through the wider reform model.*
	Post-16 placements	*2025: 16.7%*	*2028: 18.8%*	*The proportion of post-16 placements reflects the progression and changing profile of the EHCP cohort. An increase is expected as existing cohorts move through the system, including those historically supported within specialist provision. Over time, improved early identification and stronger inclusive practice are expected to reduce new demand, leading to a shift in cohort profile and stabilisation of overall EHCP numbers.*	*This will be supported through earlier and more consistent preparation for adulthood, strengthened transition planning and review processes, alongside EAH and improved inclusive practice reducing new demand over time and supporting a shift in cohort profile.*
	Placement changes	*2025: 100*	*2028: 80*	*Reducing change of placement requests would indicate greater stability, improved matching of need and fewer reactive moves across the system.*	*This will be supported through stronger quality assurance, clearer pathways and more deliberate review of placement decisions over time.*
	Financial Sustainability				
	High Needs Block	*2025/26: £37.8m*	*2027/28: £40.7m With growth reduced relative to projected trends*	*Management of High Needs Block growth provides a clear indication of whether reform is successfully reducing escalation and improving value for money across the system.*	*This will be supported through stronger commissioning, earlier intervention through EAH and tighter control of demand for high-cost support.*
	INMSS cost	*2025/26: £7.97m*	*2027/28: £7.83m*	*Independent and non-maintained special school spend is a key driver of financial pressure and reflects gaps in local provision. Reductions indicate improved local sufficiency and better outcomes for children and young people.*	*This will be supported through sufficiency planning, stronger commissioning and clearer pathways into local alternatives.*
	MSS cost	*2025/26: £14.6m*	*2027/28: £16.4m with growth reduced relative to projected trends*	*Investment in maintained specialist provision builds local capacity and supports a reduction in reliance on higher-cost external placements over time.*	*This will be delivered through provision planning, capital investment and better alignment between need, place planning and commissioning.*

	AP cost	*2025/26: £1.79m*	*2027/28: £1.66m*	*Reductions in AP cost indicate more proportionate use of AP and reflect earlier intervention to prevent escalation.*	*This will be supported through the AP Specialist Taskforce and clearer pathways to ensure AP is used as a targeted, time-limited intervention.*
	Early Years				
	Early Health Notification	*2024/2025* *143 notifications received* *6 multi-agency notification panels held*	*Half-yearly thematic reporting from Early Health Notifications, with evidence of resulting system changes and measurable increases in early intervention activity*	*Early Health Notifications provide an early indicator of emerging need and system demand within the 0–5 population. Regular analysis of themes supports earlier identification of pressure points, informs service planning and commissioning, and enables the Partnership to respond proactively to patterns of need across education, health and care.*	*This will be delivered through multi-agency notification panels, with thematic analysis informing earlier intervention, alongside the EAH strengthening workforce knowledge, skills and confidence in responding to emerging need.*
	Transition quality	*Annual collection and reporting of feedback from schools and families on the quality of Early Years to primary transitions to be established in Q2 2026/2027*	*Year-on-year increase in reported quality of transitions, evidenced through structured survey data, with associated reductions in early escalation following school entry.*	*The quality of transition from Early Years to primary is a key indicator of how effectively needs are identified, planned for and supported at the earliest stage. Strong transitions support continuity of provision, reduce anxiety for children and families, and minimise the risk of escalation at the point of school entry.*	*This will be supported through strengthened transition planning processes, clearer expectations for consistency in practice, and the EAH increasing workforce knowledge, skills and confidence, alongside improved confidence for families.*
	Good Level of Development (GLD)	*2024/2025* *73.5% of CYP achieved a GLD across all five areas of development.*	*Year-on-year increase in the proportion of children achieving a Good Level of Development, aligned to the South Tyneside Best Start ambition of approximately 77% by 2028, in line with national expectations.*	*GLD is the national measure of school readiness and a key early indicator of whether children's needs are being identified and met effectively. Improvements in GLD demonstrate stronger early identification, more effective early intervention and more inclusive practice across early years settings, reducing the risk of later escalation to statutory support.*	*This will be supported through strengthened early identification via Best Start Family Hubs, improved integration of health and education pathways, earlier access to advice through EAH, and workforce development aligned to the SEND in Mainstream Settings Framework to ensure needs are identified and met at the earliest stage.*
	Post 16 Outcomes				
	Not In Education, Employment or Training	*2025:* *EHCP 4.0%* *All SEN: 138*	*2027/28: 2.9%* *2029: 126*	*Reducing the NEET rate will demonstrate that more young people with EHCPs are moving into sustained education, employment or training and are better prepared for adulthood.*	*This will be supported through stronger preparation for adulthood, clearer transition planning and closer alignment with post-16 providers and pathways.*
	In year placement change 16+	*Baseline to be established Q1 2026/2027*	*10% reduction from baseline by Year 3 (exact trajectory to be set following baseline confirmation)*	*Reducing placement changes post-16 matters because it indicates more stable pathways, better planning and a closer match between need and provision.*	*This will be supported through earlier planning, stronger annual review practice and clearer coordination of post-16 transitions.*
	Access to Therapy Services				
	Speech & Language Therapy waiting times	*2025/2026* *173 children waiting for up to 26 weeks for an initial Speech and Language Therapy assessment* *639 children awaiting therapy, with some specialist pathways reaching waiting*	*2028/2029* *A 15% reduction in the number of children waiting for up to 26 weeks for an initial Speech & Language Therapy assessment.* *The number and length of time awaiting therapy,*	*Waiting times for assessment and therapy indicate the system's ability to provide timely support for speech, language and communication needs, with delays associated with poorer developmental and educational outcomes. Monitoring both the volume of children waiting and the length of waits provides visibility of demand, system flow, and*	*Delivery of EAH will enable earlier access to advice and support, reducing reliance on specialist pathways. Workforce development, clearer graduated pathways, and strengthened delivery through education settings will improve capacity and reduce waiting times.*

		times of over 70 weeks and more than 400 children awaiting support	*including specialist pathways, will have reduced.*	*the effectiveness of early intervention pathways.*	
	Occupational Therapy waiting times	*Occupational Therapy waiting times of 35 weeks for assessment and 46 weeks for intervention, with over 100 children on waiting lists at any one time*	*The number and length of time awaiting assessment and intervention will have reduced.*	*Waiting time reflects how effectively the system responds to functional needs that impact participation, independence, and access to learning. Tracking both assessment and intervention delays provides oversight of demand, pathway progression, and opportunities to intervene earlier.*	*Implementation EAH will increase access to early advice and reduce demand on specialist OT services. A tiered model of support, combined with workforce development and school-based delivery, will improve system capacity and reduce waits.*
	Family Experience & Dispute Resolution				
	Tribunal appeals	*2025:65*	*Is expected to rise to 82 by 2028 before reducing to 75 in 2029, with a clear and sustained downward trajectory indicating ongoing system improvement.*	*Tribunal appeals act as a visible indicator of confidence, clarity and trust in the SEND system. Reducing avoidable appeals would suggest that families understand pathways better and that concerns are being resolved earlier.*	*This will be supported through stronger co-production, clearer communication and earlier resolution routes so that issues are addressed before they escalate into formal appeal.*
	Mediation	*Baseline mediation attendance and conversion to tribunal to be established in Q1 2026/2*	*Increase of cases progressing to mediation by 20% and reduce the number progressing to tribunal following mediation by 10%*	*Mediation attendance will increase opportunities to resolve disagreements earlier and avoid unnecessary escalation alongside improvements in family experience and support more timely resolution.*	*This will be supported through a clearer early resolution pathway, stronger SENDIASS involvement and more consistent communication about options for resolving concerns.*
	Participation, Engagement & Coproduction	*Baseline number of organisations actively engaged in formal co-production activity to be established by Q4 2026/27*	*By Year 3 there will be 25 organisations achieving Charter Mark with evidence of active participation in co-production processes*	*A co-production charter will demonstrate that partnership working with families and stakeholders is becoming more structured, visible and consistent across the system.*	*This will be delivered through the Partnership's co-production framework, with clearer expectations, shared standards and more routine evidence of lived experience shaping decisions.*
	SEND specific complaints	*Baseline complaints volume, stage and resolution times to be established in Q1 2026/27*	*Increase percentage of complaints resolved at Stage 1 and within timescale, and reduce average time to resolution*	*Complaints provide a clear indicator of how families experience the system and whether concerns are being understood and resolved early. Reducing avoidable complaints would suggest greater clarity, consistency and confidence in local processes.*	*This will be supported through stronger governance, clearer early resolution routes and more consistent quality assurance so concerns are identified, reviewed and addressed before they escalate.*
	Governance & Delivery				
	LASP reporting	*Baseline to be established in Q1 Year 1 based on current compliance rate*	*100% of governance reports submitted on time and aligned to reporting cycle*	*LASP reporting will demonstrate whether reform is being monitored consistently and whether leaders have clear oversight of delivery, risk and progress.*	*This will be supported through clearer governance arrangements, routine reporting and stronger use of action, risk and performance information to track delivery.*
	Public reporting	*Baseline established Q2 2026/2027*	*100% of planned public reports delivered to schedule (minimum 3 per annum)*	*Public reporting will support transparency and help families and partners see whether reform is progressing as intended.*	*This will be delivered through a regular public reporting cycle linked to governance, with consistent updates on progress, priorities and impact.*

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.'*

   Our maturity assessment identifies a system with strong foundations, but variable inclusive practice, inconsistent use of shared data in decision-making, fragmented access to early specialist support and uneven influence of lived experience. This assessment informs the priorities and sequencing of this programme: strengthening system leadership and accountability to reduce variation, followed by scaling earlier intervention, strengthening mainstream inclusion and aligning commissioning to local need to improve consistency and outcomes.

   Our theory of change is that earlier, more consistent inclusion will only be achieved if system leadership, accountability and decision-making operate differently, resulting in more consistent thresholds, earlier intervention and reduced variation in system response. The partnership will use the LSRP as the core framework for coordinating SEND reform, aligned with wider system strategies including Families First and Best Start in Life, Neighbourhood Health Teams and neighbourhood-based multidisciplinary teams (MDTs), and underpinned by the development of a shared outcomes framework across the partnership (aligned to Families First), ensuring that education, health and care services are working to a consistent set of measures and priorities. This ensures priorities are consistently applied across governance, commissioning and operational delivery.

   The strategy focuses on four linked, sequenced shifts:

   - *Governance drives reform delivery through shared data, performance information and lived experience.*
   - *Inclusive practice is strengthened through the SEND in Mainstream Settings Framework, clearer graduated pathways, and earlier multidisciplinary support via EAH, clusters and neighbourhood MDTs*
   - *Specialist provision is reshaped through evidence-led sufficiency and commissioning, increasing local availability.*
   - *Workforce capability, data integration and co-production are strengthened to sustain consistent practice.*

   Together, these changes deliver earlier, more consistent intervention and more effective use of shared system resources, reduce escalation improve inclusion, equity and outcomes, measured through a shared partnership framework covering education, health and care.

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

   Please see attached: South Tyneside Local Partnership Maturity Assessment Tool

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

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

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

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

Local roadmap for the next 3 years	2026/27	2027/28	2028/29
Building Block: *System leadership, local partnership collaboration and co-production* **Enablers** • *Formal and consistent governance discipline* • *Operating model and process standardisation* • *Shared, reliable system intelligence* • *Clear escalation and dispute resolution pathways* • *Strong coproduction infrastructure* • *Practical and sustainable participation mechanism* • *Leadership capability and confidence to challenge variation* • *System learning and feedback loops.*	*This phase responds directly to maturity assessment findings regarding variability in governance, data use and co-production practice, establishing the consistent system disciplines required before reform can scale.* ***Governance*** *Leadership operates through formal, shared and transparent arrangements. Oversight of SEND reform will sit within the LASP, with a clear distinction between strategic leadership and operational delivery supported by agreed governance routes, reporting disciplines and escalation processes. Health partners, including therapy services and community paediatrics, will be active members of decision-making forums, contributing to governance, threshold-setting and commissioning decisions.* *The SEND Strategic Board and SEND Operational Group will have published Terms of Reference, setting out decision-making authority, escalation routes, attendance expectations and meeting cadence. Attendance will be monitored against these terms. Named leads for each reform workstream will be confirmed and activity will be consistently referenced in agendas, papers and reports ensuring accountability is visible.* *In the first year:* • *Each meeting will receive a written reform update with progress, highlights and risks.* • *A single action and risk log will be maintained and reviewed.* • *Performance dashboards covering agreed demand indicators (including therapy waiting times, early health notifications and placement changes), attendance, exclusions and placements will be used to inform decisions, rather than post-event deliberation.* *This ensures that decisions are evidence-led and consistently applied, reducing variation in practice and improving early problem-solving, reflected in improved complaint resolution and reduced escalation through mediation over time. In practice, this results in more consistent use of performance, risk and lived experience information within decision-making (outputs), leading over time to earlier identification of issues, reduced avoidable escalation and greater consistency in system response (outcomes).*	*Year 2 focuses on embedding and scaling consistent governance, decision-making and co-production across the Partnership. Building on Year 1 foundations, the Partnership moves from establishing consistent practice to applying these disciplines to actively reduce variation and improve outcomes.* ***Governance*** *SEND reform leadership is characterised by consistent challenge, shared problem-solving and evidence-led decision-making. Strategic partnership forums routinely review performance and risk information, agree corrective actions where progress or consistency is insufficient and commission focused deep dives where variation persists. Decision-making routinely reflects joint education and health accountability, including shared agreement of thresholds for escalation to therapy, statutory assessment and specialist pathways. Actions arising from these discussions are clearly owned, tracked and followed up through a single action and risk log, ensuring governance activity translates into operational change. This results in more consistent responses across the system and earlier resolution of issues before escalation, reflected in improvements in complaint resolution and mediation outcomes over time.* *The Partnership increasingly uses integrated data and system intelligence to prioritise and adjust delivery. Performance dashboards bring together routinely shared education, health and local authority datasets, including input from neighbourhood health teams and therapy services, so that analysis of demand indicators, including therapy waiting times, early health notifications and placement patterns, reflects whole-system intelligence rather than service-level activity. Data quality, consistency and completeness improve through agreed standards, defined ownership and routine validation across partners, increasing confidence in shared datasets. Governance papers demonstrate a clearer link between evidence, decisions and commissioning priorities.* *Education partners, including schools, trusts and further education providers, play a more active role in shaping decisions through governance, contributing sector insight and using system intelligence to inform implementation within their own settings and networks.*	*Year 3 focuses on sustaining governance as business-as-usual and regulating the system through routine disciplines.* ***Governance*** *SEND governance is fully integrated into the Partnership's normal operating model. Decisions about commissioning, workforce planning and investment routinely reference the Local SEND Reform Plan, the latest assessment of need and shared system intelligence. These decisions are jointly owned across education and health partners, with consistent participation from therapy services and wider health pathways, ensuring that system leadership reflects shared accountability for demand, thresholds and outcomes. Progress, risk and learning are tracked through established partnership routes rather than discrete reform arrangements, demonstrating that SEND leadership is sustained beyond individual programmes or posts.* *Accountability is maintained through routine system disciplines. Integrated dashboards and shared evidence frameworks are used consistently to anticipate emerging pressures across agreed demand indicators, including therapy waiting times, placements and dispute activity, test whether reforms are improving outcomes and determine where the system needs to adjust pace, resources or approach. Data quality, completeness and consistency have improved over time, supported by shared standards, clear ownership and routine validation across partners, resulting in greater confidence in system intelligence and more reliable identification of emerging pressures and system gaps. Shared datasets include multi-year health and education data, enabling joint modelling of demand, identification of pressure points across pathways and more aligned commissioning decisions. Feedback pathways between operational delivery and strategic oversight are clear and routinely used, enabling earlier system response rather than post-escalation correction.* *Dispute resolution processes operate more consistently and earlier. Concerns are logged, tracked and resolved through transparent mechanisms that prioritise learning and improvement. The system is able to evidence improving timeliness and effectiveness of resolution across mediation, dispute and complaint pathways, contributing to sustained confidence in local provision and partnership*

	The Partnership will strengthen data quality, consistency and use over time to ensure that system intelligence reliably informs decision-making. Initial focus will be on improving the consistency of data capture, defining core datasets, ownership and reporting expectations, and establishing clear baselines across priority areas. This will include the development of consistent, routine data flows between partners to increase confidence in data quality and support early trend analysis and projections. This will include agreement with health partners on core datasets from therapy services, community paediatrics and neighbourhood health teams (once established), ensuring that demand, access and outcome data is shared rather than held within separate service pathways. *This approach aligns council and partner intelligence, enabling more robust monitoring, forecasting and evidence-informed planning leading to earlier identification of pressure and more timely system response across the Partnership.* *A transparent escalation and moderation process will be introduced so that decisions are open, challengeable and recorded. Complaints, concerns and professional challenges raised by parents, carers and practitioners will be logged, tracked and reviewed, recognising that a healthy system expects issues to surface and learns from them. The Partnership will monitor where issues are resolved and reduce escalation to complaint, dispute and tribunal over time recognising that some indicators, including tribunal appeals, may fluctuate in the short term before longer-term improvements are secured.* ***Milestone:** Governance operates consistently across the Partnership, with routine use of shared data, action tracking and escalation processes evident in decision-making and reducing variation in how issues are identified and addressed.* ***Coproduction*** *Co-production will move from variable practice to a clear system expectation. The Partnership will develop, agree and publish a Co-production Charter and rules of engagement. Governance papers, service redesign and commissioning activity will be required to evidence how lived experience has informed proposals. This ensures that co-production directly influences system priorities and decision-making, rather than operating as a parallel activity.* *Alongside this, the Partnership will develop and begin delivery of a co-produced communication approach to*	*Transparency and dispute resolution strengthen. Complaints, concerns and professional challenges are logged and reviewed regularly through governance, with closer attention to where issues are being resolved (school-level, service-level or escalation routes). Mediation and dispute metrics are used to assess timeliness, effectiveness and learning, supporting earlier resolution and more consistent responses across partners. SENDIASS plays a key role in supporting families through these processes and in capturing learning from mediation and dispute activity to inform system improvement.* *As a result, governance activity translates more consistently into operational change, supporting earlier resolution of issues, improved consistency across the system and reductions in avoidable escalation over time.* ***Milestone**: Governance activity demonstrably reduces variation across the system, with integrated data driving consistent decision-making, earlier resolution of issues and clear alignment between performance, commissioning and delivery.* ***Coproduction*** *Co-production shapes decisions earlier in the cycle of change. The Partnership-wide Co-production Charter and rules of engagement are applied consistently across workstreams so service reviews, pathway changes and commissioning proposals evidence how lived experience has informed priorities and options before decisions are taken. Participation broadens beyond a small number of familiar voices through routine mechanisms, including an annual children and young people survey, structured capture of views through 14+ Annual Reviews, and targeted cohort engagement. This is complemented by SENDIASS intelligence, which provides an independent source of insight into family experience, emerging concerns and areas where earlier resolution is not yet effective. Feedback from these routes is aggregated and reviewed alongside performance data to inform system priorities.* *The co-produced communication approach is embedded and extended, with consistent messaging across education, health and care reinforcing expectations of inclusion, earlier intervention and needs-led practice. Real experiences and system learning are used to demonstrate impact, build confidence in local provision and support consistent understanding of pathways and thresholds across the Partnership.*	*decision-making. SENDIASS plays a central role in supporting families through these processes and in capturing learning from dispute and mediation activity, ensuring that system improvement is informed by both outcomes and experience.* *This reflects a system where governance operates as a routine mechanism for regulating performance, sustaining improved outcomes over time, including a longer-term reduction in avoidable escalation across complaints, mediation and tribunal activity, recognising that some fluctuation may occur before sustained improvement is achieved.* ***Milestone:** Governance operates as business-as-usual, with multi-year system intelligence used to anticipate and manage demand, sustain consistent decision-making and reduce reliance on reactive escalation across the Partnership.* ***Coproduction*** *Co-production operates as a normal and assured expectation. Significant redesign and commissioning activity cannot progress without demonstrating meaningful involvement and impact of lived experience, supported by consistent scrutiny through governance processes. Qualitative insight from children, young people and families is routinely considered alongside quantitative performance data, ensuring experience and outcomes shape priorities together. Participation is broader, more representative and supported by predictable feedback loops that demonstrate influence and build trust. SENDIASS continues to provide an independent source of insight into family experience, with themes from advice, support and engagement activity routinely informing system priorities and reinforcing accountability for lived experience.* *Communication operates as a routine system function, with consistent use of lived experience, outcome data and shared messaging to reinforce confidence in inclusive practice and local provision. This supports sustained understanding of the graduated response across the system and underpins continued reductions in avoidable escalation, complaint and dispute activity.* ***Milestone**: Co-production is embedded as a routine system discipline, with representative participation and established feedback loops demonstrating sustained influence on commissioning, service design and system priorities.*

	support SEND reform, for families and those working with them, education settings and partners to articulate how meeting need earlier leads to improved outcomes. This will include the use of real experiences and lived voices to build shared understanding of the graduated response, strengthen confidence in local provision and support a shift away from escalation-based practice. *Engagement with schools, trusts and post-16 providers will move from variable practice to a more structured and consistent approach. Education partners will contribute through established mechanisms, including SENDCO networks, cluster arrangements and targeted engagement activity, ensuring that system design and delivery are informed by practical experience of inclusion within settings. This will support earlier identification of implementation challenges and strengthen the alignment between policy and practice across the system.* *The role of SENDIASS will be strengthened as an independent source of information, advice and support for children, young people and families, ensuring they are supported to engage confidently in co-production and decision-making processes. SENDIASS will also provide a key route for capturing and understanding lived experience, including emerging themes and areas of concern.* *Participation is broadened and made routine through practical mechanisms that fit into existing system activity rather than creating repeated consultation exercises:* • *An annual children and young people survey will be introduced.* • *Views of all young people aged 14+ will be captured through Annual Reviews using a short, consistent question set.* • *Schools will gather short "micro-feedback" at ordinary activities (e.g. sports days, coffee mornings).* • *Targeted engagement will be undertaken with specific cohorts (e.g. Early Years, PfA).* *System-level "You said, we did / we didn't yet / we already are" summaries will be published at agreed points in the year demonstrating how engagement activity influences decisions and building trust through transparency. This results in a broader and more routine capture of lived experience, which increasingly informs service design, commissioning and governance decisions.*	***Milestone**: Co-production is applied consistently across all workstreams, with broader participation and clear evidence that feedback is shaping priorities, influencing decisions and improving system responsiveness over time.*	

	***Milestone**: Co-production is established as a system expectation, with consistent evidence that lived experience from children, young people, families and education partners is informing service design and governance decisions.*		
Building Block: *Access to specialist support and local placements.* **Enablers** • *Clear and shared access expectations for the EAH model.* • *Standardised access and decision-making process* • *Transparent and consistent use of access routes* • *Stabilising and appropriately deployed workforce* • *Integrated sufficiency and placement oversight* • *AP as a regulated intervention* • *Evidence-led commissioning and configuration* • *Threshold discipline and escalation challenge* • *Governance that links insight to action*	*The Partnership will establish a clear, equitable and quality assured system for accessing specialist support, so that mainstream settings can secure timely advice and intervention without default escalation to statutory assessment or placement change. This will provide greater clarity for schools, families and professionals about how and when specialist expertise is accessed as part of the graduated response.* ***Experts At Hand*** *Year 1 focuses on establishing the workforce, clarity, shared expectations and communication required to enable consistent delivery from 2027 onwards. Whereby, the EAH model will operate as a jointly delivered model across the local authority and health partners, with delivery arrangements defined in line with national funding conditions and agreed commissioning routes.* *Speech & Language Therapy (SALT) and Occupational Therapy (OT) elements of the offer will be commissioned through South Tyneside and Sunderland Foundation Trust (STSFT) via NENC ICB through existing contract arrangements, supported by a Memorandum of Understanding (MOU) between South Tyneside Council (STC) and NENC ICB setting out scope, performance expectations, reporting requirements and management arrangements.* *The proposed EAH workforce model is based on a mixed delivery approach, combining redeployment of existing specialist capacity (including the SEND Advisory Service) with targeted new recruitment across SALT, OT and EP services. The model prioritises consultative and capacity-building approaches, including group work, training and advice, rather than reliance on individual casework. Initial delivery will rely on more effective deployment of existing services, with additional recruitment phased in to expand capacity over time. This blended model reflects both current workforce constraints and the need to build sustainable, long-term system capacity.* *These roles will work closely with the STSFT EAH Clinical Lead and Clinical Educator, who will be employed by STSFT and jointly funded across Sunderland and South Tyneside Local Authorities through EAH funding.*	*The Partnership will focus on embedding and scaling the early intervention and placement management infrastructure established in Year 1. EAH will operate at greater scale with consistent access and expectations, while the APST is implemented to support coordinated early intervention, placement stability and reintegration, reducing avoidable escalation across the system.* ***Experts At Hand*** *The EAH model operates across school clusters and phases at a greater scale and with tighter system grip supported by stabilising workforce capacity. Clear access arrangements are routinely understood.* *Using learning from year 1, the Partnership will focus on increasing consistency of access, strengthening equity and actively reducing avoidable escalation. Referral patterns, response times and themes of demand will be routinely reviewed through the EAH Oversight Group and wider partnership governance, against defined expectations for timeliness, equity of access and impact. This will inform escalation where performance is not met and identify where access remains uneven, where demand highlights gaps in universal or targeted provision, and where thresholds require clarification. This evidence will be used to:* • *Adjust access criteria and triage processes.* • *Expectations on when EAH should be used.* • *Strengthen alignment between EAH and wider health pathways.* • *Workforce deployment across clusters and education phases, including alignment to transition points.* • *Strengthen how transition planning is supported through EAH, including clearer expectations for when EAH input should inform phase transfer planning and reintegration decisions.* *Alongside EAH, the Partnership will establish an APST which will include a range of professionals to support placement stability and reintegration. The focus will be on coordinated assessment, problem-solving and next step planning, including supporting timely and well-planned transitions between placements and phases.* *Analysis of EAH and APST activity will identify which forms of professional input (e.g. consultation,*	*The focus shifts from refining access and use of specialist support to regulating the system so it remains proportionate, predictable and sustainable as demand fluctuates. This ensures that access to specialist support remains proportionate, equitable and aligned to system thresholds over time.* ***Experts At Hand*** *The single access route will include clearly defined and consistently applied pathways from early years settings; Best Start Family Hubs and early help services into EAH. This will ensure developmental concerns are identified and addressed at the earliest stage, before escalation into statutory systems. It will also ensure that early years practitioners have a clear and aligned route into EAH, rather than operating in parallel to statutory pathways.* *The EAH model operates as the routine mechanism for testing proportionality before escalation, with consistent expectations that EAH input is considered prior to statutory assessment or placement change where appropriate. Patterns of access, response and outcome are reviewed over multiple years to assess whether specialist advice is influencing trajectory, including reduced emergency reviews, improved placement stability and clearer decision-making about next steps. This will include analysis of how EAH input supports transition outcomes. This intelligence is used to maintain or adjust access criteria, holding thresholds consistently even as workforce capacity and system pressures change. This will result in sustained, proportionate use of specialist advice and reduced variability in escalation patterns over time.* *Learning from EAH and the APST is consolidated and used to shape system expectations. Accumulated evidence will indicate the most effective forms of input to prevent placement breakdown or reduce time spent in AP informs:* • *Commissioning of specialist and outreach services.* • *Workforce configuration and role focus.* • *Guidance on when AP should be used as part of the graduated response.* • *Guidance on how EAH input should inform transition planning at key stages, ensuring*

	While detailed workforce modelling will continue to be refined through implementation, the model assumes a progressive increase in capacity over time, with initial delivery focused on high-impact cohorts and settings. *This will be supported by the development of clear role definitions and job descriptions across the core disciplines involved (including EP, SALT, OT and advisory functions), ensuring a shared understanding of responsibilities, thresholds and contribution within the graduated response.* *By the end of the year, the EAH delivery model will be clearly articulated and agreed with partners and settings, setting out:* • *How the offer complements, integrates with and does not duplicate existing services, including clearer definition of what is in scope for EAH (early consultation, advice, modelling and problem-solving) and what remains within statutory assessment, specialist provision or commissioned therapy pathways (including clear alignment with wider health pathways). This will include clear articulation of the role of each discipline within the model and how these interact across universal, targeted, targeted-plus and specialist levels.* • *How education and health expertise (including EP, SALT and OT) is accessed.* • *How access is managed to ensure fairness, consistency and coverage, including settings outside the borough attended by South Tyneside children and young people.* • *How EAH supports planning for key transition points, ensuring that multidisciplinary advice informs earlier planning, reduces crisis-led placement change and strengthens continuity of support.* • *How EAH can work alongside other school-based services such as MHST and school nursing to create a wider school's approach.* • *How the EAH model interfaces with specialist commissioned services e.g., SALT, OT, EP* *A single, transparent route of access into EAH will be documented and implemented, clearly aligned to existing referral and support pathways, so that schools and partners understand when EAH should be accessed as part of the graduated response and how it interfaces with other services. This will provide clear distinction between early advice and consultation, statutory assessment and commissioned specialist provision. This will include consideration of the role of Best Start Family Hubs in early identification and*	*modelling, short-term intervention, workforce development) are having the greatest impact on sustaining placements and reducing escalation. Workforce plans and commissioning decisions will be adapted accordingly to prioritise approaches that strengthen mainstream capability, rather than increasing reactive intervention. This reduces reliance on reactive specialist intervention and supports more needs being met earlier within mainstream provision and more consistent application of thresholds and increased resolution of need within mainstream provision, contributing to a rebalancing of demand across mainstream and specialist provision over time* ***Milestone**: EAH activity is consistently applied across clusters, with evidence that referral patterns, response times and workforce deployment are being actively adjusted through governance to reduce variation and avoid escalation.* ***Alternative Provision Specialist Taskforce*** *Alongside EAH, the Partnership will implement the APST as a structured multi-agency mechanism for coordinated early intervention, placement stability and reintegration. The APST will bring together education, health and care professionals to support joint assessment, problem-solving and decision-making for children at risk of escalation. including early help, social care and youth services, ensuring that responses to risk of escalation are coordinated across the wider children's system and not limited to SEND pathways.* *Building on Year 1 design and testing, APST will operate through clearly defined referral routes and thresholds, aligned to EAH, clusters and early help pathways, ensuring a coherent system response. The focus will be on:* • *preventing placement breakdown through coordinated support* • *enabling timely reintegration from AP* • *supporting proportionate decision-making at key escalation points.* *Analysis of APST activity will be used alongside EAH and sufficiency data to identify themes, gaps in provision and workforce priorities. This intelligence will directly inform commissioning decisions, capital planning and system priorities, ensuring that AP is used as a targeted intervention rather than a default pathway.* ***Milestone**: APST is operational as a coordinated multi-agency mechanism, with evidence that*	*consistent, needs-led decision-making across the system.* ***Milestone**: Multi-year data demonstrates sustained use of EAH as a mechanism for testing proportionality, with reduced escalation, improved placement stability and consistent thresholds applied across the system.* ***Alternative Provision Specialist Taskforce**.* *The APST operates as a core system regulation and learning mechanism, ensuring that AP is applied proportionately, consistently and as part of a planned continuum of support. Drawing on multi-year evidence, APST activity is used to:* • *maintain consistent thresholds for escalation and access to AP* • *strengthen expectations for placement duration, reintegration and transition planning* • *inform commissioning, workforce configuration and system design.* *The APST operates as part of an integrated early help and community response, working alongside EAH, clusters, social care and youth services to ensure that responses to emerging need and escalation are coordinated across the wider system. This supports a more consistent and proportionate approach, with escalation challenged and children supported to remain in or return to local mainstream provision wherever appropriate, resulting in more predictable and time-limited use of AP and contributing to improved attendance, reintegration and more proportionate use of long-term placements.* ***Milestone**: APST operates as a system regulation mechanism, with evidence of consistent thresholds, improved reintegration outcomes and reduced reliance on long-term or reactive AP placements.* ***Proactive Placement Planning*** *The monitoring and forward-planning process operates as routine practice. Children and young people are continuously identified for potential transition, with target provision and timing considered early. Annual Reviews are consistently used to:* • *Support reintegration into mainstream or ARB/SEN units where appropriate.* • *Plan phase transfer transitions with greater confidence; and* • *Consider ceasing statutory plans where needs have demonstrably reduced.* *Placement evaluation extends where needed to in-borough specialist provision, ensuring that placements remain proportionate and aligned to*

	access, particularly for younger children and families, ensuring that emerging needs can be recognised and routed into appropriate support at the earliest point. This will be supported by a clear communication approach with parents and carers, ensuring that the graduated response, available provision and routes into support are understood consistently across the system. *Access, demand and timeliness will be routinely monitored through EAH governance arrangements. This will be supported by appropriate administrative coordination so that demand, access patterns and timeliness can be monitored. Where recruitment allows, early deployment of multidisciplinary capacity will begin, prioritising consultation, advice and system strengthening activity rather than one to one replacement of statutory services, with an initial focus on Reception and Key Stage 1 cohorts to strengthen early identification and intervention at the earliest stages of statutory education and reduce escalation over time.* *EAH delivery will be overseen through a dedicated EAH Oversight Group, responsible for monitoring performance, demand, timeliness, equity of access and emerging themes. They will also monitor impact on specialist commissioned service from a demand & capacity and workforce perspective. They will also ensure joint commissioning is a standard agenda item to ensure sustainability of the model. This group will report into the wider SEND reform workstream governance, with escalation to LASP structures where performance, capacity or impact requires intervention and learning from early activity will be reviewed to inform scaling and workforce prioritisation including consideration of access routes beyond schools, such as Family Hubs and early help pathways, to ensure equitable identification of need and appropriate access to specialist advice. Arrangements are aligned to the overall governance framework set out in Local Area SEND Governance.* *These arrangements establish EAH as a commissioned, performance-managed and governed mechanism for early multidisciplinary support within the graduated response. This results in increased access to early multidisciplinary consultation and more consistent use of advice prior to escalation, reducing avoidable progression to statutory assessment and placement change over time.* ***Milestone:** EAH is operational and used in practice, with a single access route in place, agreed delivery*	*placement stability, reintegration and escalation decisions are informed by shared system intelligence and applied consistently.* ***Expansion of Alternative Provision*** *The Partnership will expand the AP offer so that it operates more deliberately as a targeted, short-term intervention within the graduated response. This will include increased Tier 2 capacity within primary provision, enabled through estate changes, alongside the development of a more structured offer focused on stabilisation, emotional regulation and planned reintegration to mainstream or local provision.* *Alongside this, the Partnership will strengthen commissioning and procurement arrangements to ensure that available provision more closely reflects the needs of children and young people with emotional regulation difficulties and emotionally based non-attendance.* *A structured review of provision available through the AP Framework will identify gaps in therapeutic, early intervention and reintegration-focused support. Targeted commissioning activity will then be undertaken to expand the market, moving beyond generalist placements towards defined offers with a clear therapeutic and outcomes focus, including provision that supports emotional regulation, trauma-informed practice and structured re-engagement for children experiencing attendance difficulties.* *Provision will be defined through clear specifications setting out cohort, intended outcomes, duration and expectations for reintegration, ensuring that AP operates as a targeted, time-limited component of the graduated response, forming part of a continuum alongside mainstream provision and EAH rather than a separate pathway. Procurement processes will be used more deliberately to shape the provider market, including engagement with existing and potential providers to develop offers aligned to local priorities and expectations for quality, data reporting and outcome monitoring.* *Use of AP will be increasingly integrated with the APST, ensuring that placements are informed by prior specialist input and applied consistently and proportionately. Referral patterns, placement duration, reintegration outcomes and attendance improvement will be more routinely monitored, strengthening system grip and ensuring that AP contributes to earlier intervention and reduced escalation.*	*designation and cohort need. This supports stronger flow through the system and reduces long-term drift into specialist pathways.* ***Milestone**: Placement planning operates as routine system practice, with continuous cohort tracking, improved flow through provision and reduced drift into long-term specialist placements.* ***Expansion of Alternative Provision*** *The AP system will operate as a regulated, evidence-led component of the local SEND system, with clear expectations for when AP should be used, how long placements should last and how children and young people are supported to reintegrate into mainstream or local provision. AP will be consistently applied as a deliberate, time-limited intervention within a clearer three-tier continuum, rather than a reactive or longer-term solution that is aligned with mainstream support, EAH and APST ensuring that movement between levels of intervention is coherent, planned and based on shared thresholds.* *Commissioning will be increasingly informed by multi-year evidence of impact drawn from shared system datasets, enabling the Partnership to prioritise provision that demonstrably supports improved attendance, reduces escalation and enables successful reintegration. Provision that does not consistently deliver these outcomes will be reduced over time, ensuring that the offer reflects quality, value for money and alignment to system priorities.* *The APST will operate as a core system regulation and learning mechanism, using accumulated evidence to maintain threshold discipline, strengthen expectations for placement duration and reintegration, and inform commissioning, workforce configuration and system design. This will ensure that AP is used consistently across the system and that variation in practice is reduced.* *Most AP placements will be time-limited and linked to clear reintegration or transition pathways, with improved flow through the system and more consistent and time-limited use of placements. This will contribute to sustained reductions in exclusions, improved attendance (including for children experiencing anxiety-based non-attendance), and reduced reliance on out-of-area SEMH provision.* ***Milestone**: The AP system demonstrates sustained impact, with more consistent time-limited use of placements, improved attendance and reintegration*

	model understood across settings, and initial data showing how demand, access and timeliness are being monitored through governance. ***Alternative Provision Specialist Taskforce*** *The Partnership will begin development of an Alternative Provision Specialist Taskforce (APST) model. Initial activity will focus on defining the purpose, scope and operating model of APST as a mechanism for early intervention, placement stability and coordinated multi-agency response.* *This will include engagement with education, health, early help and social care partners to align existing pathways and avoid duplication, ensuring that APST complements EAH and explicitly aligns with Best Start Family Hub activity, social care, early help and adolescent service pathways ensuring that APST operates as part of a wider, locality-based response to emerging need rather than a SEND specific intervention. Focus will be given to how emerging needs are identified and responded to earlier through Family Hubs and locality-based teams, preventing escalation into more intensive provision.* *The first year will focus on design and testing informed by a clearer understanding of local patterns of need, including the significant proportion of children and young people presenting with neurodevelopmental differences and those impacted by trauma, adversity and unmet need. The APST model will therefore be grounded in a needs-led, trauma-informed approach, ensuring that responses focus on understanding underlying need, strengthening inclusion and preventing escalation, rather than solely managing behaviour or placement pressure. Design and testing will include:* • *defining referral routes, cohort focus, including children with neurodevelopmental differences and those impacted by trauma and adversity, and thresholds for APST involvement,* • *aligning APST with EAH, cluster arrangements and early help pathway,* • *establishing how intelligence from APST activity will inform sufficiency planning, commissioning and early intervention priorities and,* • *and ensuring that decisions about AP access and intervention are informed by the same system intelligence used in governance, including attendance, behaviour, need and placement stability data.* *This ensures APST is developed as part of a coherent early intervention system, supporting earlier*	***Milestone**: AP is being used as a targeted, time-limited intervention, with monitored referral patterns, placement duration and reintegration outcomes demonstrating more consistent and proportionate use.* ***Proactive Placement Planning*** *The placement evaluation programme expands systematically:* • *From out-of-borough high-cost placements to other out-of-borough placements; and* • *Then focusing on in-borough high-cost placements.* *The same methodology is used throughout, enabling comparative understanding of where local provision can meet need and what additional capacity or adaptation is required.* *Children and young people identified and "seeded" in 2026/27 now move into active transition planning. Annual Reviews are used to formalise planned moves, with receiving settings supported through early preparation, transition planning and monitoring. Phase transfer points are used as the default opportunity for change where appropriate, reducing destabilising mid-phase moves.* *Findings from placement evaluation and transition planning inform decisions about special school designations, moving the system from review to agreed adjustments and clearer expectations about the role of specialist provision within the wider continuum.* *Sufficiency planning shifts from forecasting to planned response, using real cohort flow data (current and target provision) to identify where ARB/SEN unit capacity or mainstream inclusion needs strengthening. This intelligence directly informs commissioning and capital planning priorities.* ***Milestone**: Placement planning is informing system decisions, with cohort-level data on current and target provision used to drive planned transitions and shape sufficiency and commissioning priorities.*	*outcomes, and a measurable reduction in reliance on out-of-area and high-cost SEMH provision.*

	identification and coordinated response to emerging need, positioning this and AP as part of a single continuum alongside mainstream and EAH. ***Milestone**: APST design is completed and tested, with clear referral routes, thresholds and system alignment established and early activity demonstrating how multi-agency input informs support and prevents escalation.* ***Proactive Placement Planning*** *A monitoring and forward planning process will be introduced to identify CYP who can return to in-borough provision or have their needs met within a mainstream (specialist/support bases) provision. A designated officer will identify children and young people who may be better supported in local provision and establish a clear record of current placement, potential target provision, an indicative target move date and preparatory actions required.* • *Annual Reviews will be used as the primary mechanism for this planning and will be used more deliberately to:* • *Identify children who could reintegrate into mainstream or ARB/SEN unit provision.* • *Support planned transitions at phase transfer points.* • *Consider whether statutory plans remain necessary where needs have reduced or changed.* *This approach ensures that decisions about placement change are needs-led, evidence-based and anticipated, with transition conversations taking place well in advance.* *Learning from placement evaluation and planned transitions will be reviewed through governance and used to inform sufficiency planning, including where additional ARB/SEN unit capacity is required, where mainstream inclusion needs strengthening, and where adjustments to specialist provision are necessary. This supports a more stable flow through the system, reduced reliance on high-cost I/NMSS placements and improved confidence that local provision can meet need.* *Through these actions, inclusion will be reinforced as a system-wide responsibility, with clearer alignment between policy, practice, places and provision, and more children and young people supported successfully in local education settings. This results in more children being identified early for planned transitions, reducing reliance on reactive placement decisions and emergency escalation.*		

	Milestone: *A structured placement planning process is in use, with identified cohorts, forward planning through Annual Reviews and clear evidence of planned transitions replacing reactive placement decisions.*		
Building Block: *Strengthening inclusion across education settings* **Enablers** • *Shared understanding of inclusive practice through a single consistent baseline and common language.* • *Strong workforce confidence and capability to meet need earlier and hold proportionate thresholds within mainstream provision.* • *Structured monitoring and forward planning enabling early identification and planned transition to appropriate local provision.* • *Annual reviews utilised to future plan for phase transfer, reintegration and statutory plan requirements.* • *Shared data on need, outcomes, placement patterns, cost and stability to inform placement decisions, designation reviews and sufficiency planning.* • *Governance arrangements ensure learning from placement review and transitions translates into owned, tracked and reviewed system action.*	*Inclusive practice across early years, schools and further education will be strengthened through a clear and consistent approach that begins in the early years. Improved identification of need and support through Best Start Family Hubs and early education will form the foundation of this shift, with a particular focus on improving GLD as a key indicator of early inclusion and system effectiveness, with provision organised so that children and young people are supported as close to home as possible. The LASP will move from variable understanding and practice towards a more coherent, planned approach to inclusion, spanning mainstream, targeted and specialist provision. This reflects maturity assessment findings regarding variation in inclusive practice, thresholds and confidence across the system.* *This approach builds on a strengthened and clearly articulated OAP, ensuring that universal and targeted support is consistently understood and applied across early years, education, health and early help services. This will include a particular focus on children in the early years who demonstrate emerging needs alongside patterns of absence or disengagement, ensuring that these are recognised as early indicators of need and responded to through coordinated support rather than escalation.* ***Embedding the Graduated Approach*** *A SEND in Mainstream Settings Framework will operate as the shared baseline for inclusive practice across all education settings, setting out consistent expectations for how needs are identified and met within mainstream provision. This is underpinned by a clear and consistently applied graduated response, informed by OAP, so that practitioners across education, health and early help have a shared understanding of what should be in place at each level of need. In the early years, this is aligned with the Best Start and Families First agenda, strengthening early identification and improving GLD as a key indicator of system effectiveness, and supporting a more coordinated, whole-family response that reduces reliance on escalation by addressing need earlier.* *This operates as the Partnership's agreed universal SEND offer, co-developed and endorsed through the LASP with a defined process for review and refresh*	*The focus moves from establishing understanding to actively using system intelligence to deliver planned transitions and reshape how provision is used.* ***Embedding the Graduated Approach*** *The SEND in Mainstream Settings Framework is used consistently across key decision-making points, including SEN Support reviews, Annual Reviews, EAH access, APST involvement and placement discussions, ensuring that decisions are grounded in a shared and applied understanding of need and provision.* *Moderation and governance activity focus on how the graduated approach is applied in practice, reducing variation between settings and ensuring that thresholds are applied consistently across clusters and phases. Practitioners receive more consistent advice and challenge across services, with clearer alignment between education and health on when needs are met through SEN Support, therapy input or statutory processes. This supports more confident and proportionate decision-making, with increased consistency in when needs are met within mainstream provision and when escalation is required.* *Intelligence from EAH and the APST is used to identify where the graduated approach is not being applied consistently, informing targeted strengthening of universal and targeted provision. Patterns of demand and escalation are used to refine the universal offer within the SEND in Mainstream Settings Framework, ensuring it responds to the most prevalent areas of need.* *Learning from early years development and school readiness is used to strengthen early identification and inform expectations within the framework, supporting a more consistent understanding of need from early years through to statutory education and reducing variation over time. This is further supported through alignment with the Best Start agenda, using GLD as a shared indicator of early need to inform expectations within the framework and strengthen consistency in early identification.* ***Milestone:*** *There is demonstrable reduction in variation between settings, with consistent application of thresholds across clusters and phases evidenced*	*The focus moves to sustaining a predictable, planned system where children's pathways are anticipated and managed over time.* ***Embedding the Graduated Approach*** *The SEND in Mainstream Settings Framework operates as the system's agreed approach to identifying and meeting need, resulting in more consistent threshold application, reduced variation in escalation and placement decisions over time, and a greater proportion of children and young people having their needs met successfully within mainstream and local provision.* *There is a single, shared understanding of thresholds across education and health, with reduced divergence between service criteria and more predictable escalation pathways.* *The graduated approach is reinforced through routine system disciplines, including moderation, quality assurance, Annual Reviews and governance oversight, ensuring that variation in how needs are identified and responded to is reduced and sustained over time. Decision-making is increasingly predictable and consistent, with clear evidence that more children and young people are supported effectively within mainstream and local provision without unnecessary escalation, contributing to lower demand for specialist placements and greater placement stability over time.* *System intelligence, including data from SEN Support, EAH, APST, placement patterns and lived experience, is used to test whether the graduated approach is being applied consistently, to identify where further strengthening of universal and targeted provision is required. This intelligence informs ongoing workforce development, ensuring that learning from QA, moderation, EAH and APST continues to refine professional practice and sustain consistency over time. This ensures the framework is continually refined and remains responsive to patterns of need.* *The graduated approach informs commissioning and sufficiency decisions, ensuring that system response focuses on strengthening mainstream capacity and early intervention rather than expanding specialist provision in response to demand, with investment increasingly aligned to interventions that reduce*

	overtime. The framework sets out what should be available at a universal, targeted and specialist level within mainstream settings, and how inclusive practice relates to specialist advice and statutory processes within a single graduated response. *Its use will be reinforced through moderation activity using live case discussions to test how the graduated approach is applied. This will focus on whether needs are being met at the appropriate level and identify where escalation could be avoided through stronger mainstream practice. This will be supported by SENDCO networks, quality assurance activity, workforce development and system learning. Together, these will strengthen professional confidence and enable earlier, proportionate responses to need within mainstream provision.* *Clear expectations will be communicated to all settings about how the graduated approach should be applied in practice, including when needs should be met through SEN Support and when escalation is appropriate. This will be reinforced through advisory and support services across education, health and early help, so that practitioners receive a consistent message about thresholds, expectations and practice regardless of which service they engage with. This approach is underpinned by a shared understanding of the SEND in Mainstream Settings Framework. It is also supported by joint agreement between education and health partners on thresholds for accessing therapy input, statutory assessment and specialist provision. Together, this will reduce variability caused by differing service criteria and limit reliance on diagnosis-driven or risk-averse decision-making. Collectively, these actions support a shift in culture across the Partnership towards earlier, more confident and needs-led decision-making, reducing reliance on reactive or threshold-driven escalation.* *The framework will ensure that support for the most common and growing areas of need, including speech, language and communication, autism and social, emotional and mental health needs, is routinely available across settings. This includes a stronger focus on trauma-informed and relational approaches, recognising the impact of adversity and unmet need on behaviour, engagement and attendance, and ensuring that responses address underlying need as well as presenting difficulties. Clear expectations for classroom practice, environmental adaptations and targeted support will enable needs to be met earlier*	*through moderation, EAH and placement decision-making.* ***Specialist Provision Designation Review*** *In the second year, the Partnership will move from review to redesign, using findings from the designation review to define a clearer and more consistent approach to specialist provision. This will include establishing agreed designation criteria for Special Schools, ARBs and SEN Units, linked explicitly to profiles of need and expected outcomes.* *Placement pathways will be refined to reflect these designations, ensuring that decisions about specialist provision are needs-led, consistent and aligned to the graduated approach. This will include clarifying the role of each type of provision within the wider system and improving consistency in how placements are considered and agreed.* *Implementation will begin through:* • *applying revised designation and pathway expectations within placement decision-making* • *aligning commissioning and sufficiency planning to identified cohort need* • *testing changes through targeted cohorts and transition planning activity* *Learning from this phase will continue to inform refinement of designation, provision offer and capacity, ensuring that changes are deliverable, proportionate and aligned to system demand.* ***Milestone:** Revised designation criteria and placement pathways are actively used in decision-making, with initial cohort testing showing improved alignment between need, provision and placement outcomes.* ***Sufficiency and Local Provision Expansion*** *Focus for mainstream specialist provision will be on extending specialist pathways across key transition points and strengthening local capacity to prevent escalation to specialist provision.* *This will include the development of a Key Stage 3 SEN Unit at Harton Academy (15 spaces) and exploring opportunities to develop the Jarrow Post 11 offer, designed to support children and young people with complex autism and cognition and learning needs who would otherwise be at risk of specialist placement at Year 6/7 transition.* *In parallel, the Partnership will progress feasibility and costed options for SEMH provision, informed by Year 1 engagement and sufficiency analysis. This includes:*	*escalation and improve value for money. As a result, the graduated response operates as a reliable and embedded system driver, reducing variability and supporting sustained improvements in inclusion, early intervention and outcomes. This includes sustained alignment with the Best Start agenda, with continued focus on improving GLD as an early system indicator, ensuring that the graduated approach is embedded from early years onwards and informs long-term outcomes.* *This results in more consistent and proportionate use of specialist advice, reducing avoidable escalation and contributing to a shift in placement patterns towards local mainstream and targeted provision over time. Taken together, these changes will be reflected in improved inclusion measures, reduced escalation to specialist pathways and a clearer shift in placement patterns towards local mainstream and targeted provision.* ***Milestone:** System data shows sustained improvement in inclusion measures, with increased proportions of children supported successfully in mainstream or local provision and reduced demand for specialist escalation.* ***Specialist Provision Designation Review*** *Focus shifts to embedding the revised designation framework as a core component of system planning, commissioning and decision-making. Specialist provision operates within a clearer and more consistent framework, with designation, provision offer and cohort need aligned across the system.* *Placement decisions are consistently informed by agreed pathways and designation criteria, reducing variability and ensuring that specialist provision is used appropriately for children and young people with the most complex needs.* *The designation framework is integrated into sufficiency and commissioning activity, ensuring that future provision development reflects identified need and reduces reliance on out-of-area placements driven by mismatch rather than complexity.* *Ongoing monitoring of outcomes, placement stability and demand is used to refine provision over time, ensuring that specialist capacity remains aligned to cohort need and supports a sustainable and inclusive local system.* ***Milestone:** Specialist provision is consistently used in line with agreed designation and pathways, with*

	and more consistently within mainstream provision, reducing avoidable escalation to specialist pathways. ***Milestone:** The SEND in Mainstream Settings Framework is being applied in practice across settings, with evidence from moderation and QA activity that decisions at SEN Support and escalation points are consistently tested against a shared standard.* ***Specialist Provision Designation Review*** *The Partnership will initiate a comprehensive review of specialist provision designation across Special Schools, ARBs and SEN Units, ensuring alignment between designation, cohort need and provision offer. This will include a systematic analysis of current designations, placement patterns and outcomes, identifying variation in how provision is defined and used across the system.* *Activity in the first year will focus on establishing a robust evidence base, including:* • *analysis of cohort need placement trends and demand projections* • *review of how designation aligns to current pupil profiles and pathways* • *engagement with education, health and care partners to test current designation and practice* *This will be supported by a structured methodology and stakeholder engagement process, ensuring that findings are validated and reflect both quantitative data and lived experience.* *The output of Year 1 will be a shared understanding of current strengths, variation and misalignment, alongside agreed principles for designation, placement pathways and sufficiency, forming the basis for system redesign in subsequent years. This results in clearer, shared understanding of cohort need and provision alignment, forming the basis for more consistent placement decisions and sufficiency planning.* ***Milestone:** A validated evidence base is in place, demonstrating variation between designation, cohort need and placement patterns, with agreed principles for redesign endorsed through the Partnership.* ***Sufficiency and Local Provision Expansion*** *Local sufficiency pressures reflect increasing demand at key transition points (including early years, Year 6/7 and post-16), rising need within SEMH cohorts, and mismatch between mainstream capacity and complexity of need, resulting in placement instability and reliance on out-of-area provision. Planned*	• *development of smaller, targeted Primary SEMH provision (15 spaces year 1),* • *exploration of commissioning AP providers, including cost modelling to support pupils and reduce reliance on OOB SEMH placements and,* • *explore the use of Hope Spring under the AP framework to support repatriation of pupils currently placed out of borough and to prevent future escalation to I/NMSS.* *Additionally, the Partnership will progress the development of an additional Reception class at Keelman's Way MSS (8 places), strengthening early capacity and reducing escalation later in the system.* *Implementation of agreed estate and sufficiency changes will begin, including the reconfiguration and co-location of specialist provision where this improves access, quality and sustainability. Repurposed sites and existing estate will be brought into use to expand local capacity, particularly for cohorts with complex needs and those requiring specialist SEMH support.* *The Primary Pupil Referral Unit (PRU) is relocated to ensure there is suitable capacity (physical and workforce) to expand and rebalance the local three-tier AP model. This enables clearer differentiation between short-term intervention, stabilisation support and longer-term provision, and creates headroom to support earlier, preventative use of AP rather than reactive placement. The relocation is explicitly linked to sufficiency analysis, travel considerations and the emerging AP taskforce model, ensuring that changes to estate directly support inclusion and system sustainability objectives.* *The new SEMH provisions will be positioned as part of a planned local pathway, working alongside AP, SEN Units and mainstream settings to ensure that children and young people are supported as close to home as possible wherever appropriate.* *Initial placements will be planned and phased, prioritising children and young people where local provision can meet need with greater stability than out-of-area placements. Transition planning will be supported through multi-agency working, ensuring that movement into local provision is safe, well-prepared and sustainable. This will begin to establish a clear and viable local alternative to high-cost out-of-area SEMH placements.* *Sufficiency monitoring becomes more intervention-focused. Intelligence drawn from EAH, APST and placement data is used to identify where local capacity is misaligned and to shape*	*reduced variability in placement decisions and improved stability for children with the most complex needs.* ***Sufficiency and Local Provision Expansion*** *Sufficiency planning functions as an early-warning and stress-testing process. Multi-year data on demand, placement stability, cost and travel is used to anticipate pressure points and adjust local capacity, reducing reliance on out-of-area or high-cost placements driven by system gaps rather than complexity.* *By the end of this period, access to specialist support and local placements operates as a disciplined and learning system, where escalation is increasingly challenged, AP is applied deliberately across tiers, and the system can absorb pressure without repeated reactive response.* *The SEN Unit at Harton Academy will be expanded to include Key Stage 4, creating an additional 15 places for children and young people with complex autism and cognition and learning needs, supporting continuity through secondary education and reducing escalation at post-KS3 transition points.* *The primary SEMH provision developed in earlier years will be expanded from 15 places to 30 places, informed by evaluation of impact, placement stability and reintegration outcomes, ensuring growth reflects demonstrated need and value for money.* *These developments will operate alongside school-determined inclusion bases, commissioned SEN Units and AP, within a clearer, regulated continuum. Learning from EAH, APST activity and sufficiency monitoring will continue to inform commissioning, workforce deployment and capital decisions.* *A reconfigured and more integrated estate will support a more efficient and sustainable pattern of provision, with specialist and mainstream capacity aligned to need and reduced reliance on out-of-area placements. Co-location and improved use of sites will enable stronger multidisciplinary working and improved access to local provision for children and young people.* *The relocated Primary PRU is fully operational. The PRU (primary and secondary) provides the capacity and flexibility required to respond earlier to emerging need and to manage flow through AP at all three tiers more effectively. Patterns of use, outcomes and reintegration associated with the relocated PRU are*

	expansion of SEN Units, inclusion bases and targeted SEMH provision is directly aligned to these pressures, increasing local capacity where demand is highest and reducing reliance on reactive specialist placements. *While these patterns are well understood at a system level, improving the accuracy and consistency of recorded primary need will be a priority in Year 1 to strengthen cohort-level sufficiency planning and improve alignment between recorded need and provision pathways to ensure that future commissioning and capital investment decisions are based on more precise and reliable system intelligence.* *A structured sufficiency monitoring process will operate alongside the SEND Provision Plan, using shared data on demand, placement patterns, costs, travel distance and transport costs and emerging pressures across mainstream, specialist and AP. This will support more proactive and coordinated decision-making, ensuring that capital investment and provision development are aligned to patterns of demand and reducing reliance on reactive, high-cost placements driven by gaps in local capacity.* *Alongside strengthening access to specialist advice, the Partnership will begin targeted expansion of specialist provision within mainstream settings to reduce escalation to specialist placements and improve local capacity for children with more complex needs.* *This will include the expansion of an existing SEN Unit at Hedworthfield Thrive to extend provision for Key Stage 2 children and a new SEN Unit at Sea View. This will enable earlier, needs-led support for children with complex autism and cognition and learning needs and reducing reliance on specialist placements where escalation is driven by gaps in local capacity rather than complexity of need. Travel impact will be assessed through analysis of distance to placement, transport costs and cohort distribution, with mitigation through increased local capacity, improved alignment of provision to postcode demand and use of independent travel training where appropriate.* *The Partnership will begin structured engagement with schools and trusts to explore opportunities to expand specialist capacity within mainstream settings. This will include early discussions about the development of school commissioned inclusion bases, where settings choose to enhance their internal provision to meet needs without LA commissioned placements.*	*commissioning and capital priorities before reliance on high-cost or out-of-area placements increases. This leads to increased availability of local provision aligned to need, reducing reliance on out-of-borough placements and improving placement stability.* ***Milestone:** New local provision is operational and being used for planned placements, with early evidence of reduced reliance on out-of-area placements at key transition points.*	*reviewed alongside EAH and taskforce data to inform ongoing commissioning, workforce and capital decisions.* *Specialist SEMH provisions will be fully operational and embedded within the local continuum of provision, providing a consistent and reliable local offer for children and young people with the highest level of need. Placement pathways into this provision will be clearly defined and consistently applied through governance, ensuring that access is needs-led, proportionate and aligned to system thresholds.* *A greater proportion of children and young people previously placed out of area will be supported within local provision, with improved stability, reduced travel and stronger connection to local services, families and communities. Multi-year data on placement patterns, outcomes and cost will be used to evaluate impact, ensuring that the provision is contributing to reduced reliance on out-of-area placements and improved value for money.* *Learning from the operation of the provision will be used to inform wider system design, including commissioning, workforce planning and expectations for therapeutic input across the continuum. Over time, this will contribute to a more planned, sustainable and locally deliverable system of support for children and young people with complex SEMH needs.* ***Milestone:** Multi-year trends demonstrate a sustained shift towards local provision, with reduced reliance on out-of-area placements, improved placement stability and evidence of improved value for money.*

	All inclusion bases and SEN Units will operate to a clear set of minimum expectations, including defined cohort focus, staffing and expertise, integration with mainstream provision and a commitment to placement stability and reintegration where appropriate. Provision will be subject to routine quality assurance, including performance review, alignment to the SEND In Mainstream Settings Framework and periodic review through partnership governance to ensure consistency, impact and value for money. *In addition, following the decision not to progress a previously planned primary SEMH free school, the Partnership will explore the development of a smaller, targeted primary SEMH provision. Activity will focus on engagement with schools and partners to identify suitable settings, clarify the intended cohort, and define the requirements for workforce, leadership, therapeutic input and integration with existing AP pathways. This work will establish feasibility and readiness, rather than commit to immediate designation or scale.* *To further strengthen local capacity for children and young people with the highest level of SEMH need, the Partnership will explore the introduction of specialist provision within the borough, providing a highly bespoke offer aligned to complex therapeutic and behavioural profiles. This will focus on children and young people currently placed out of borough where needs cannot yet be met locally. Engagement with the provider will establish the feasibility, cohort definition and delivery model, ensuring that provision is closely aligned to local need and integrated within the wider continuum of support. This will support planned repatriation of children and young people to local provision over time, reducing reliance on high-cost out-of-area placements and improving stability, continuity and connection to local services and communities.* *Alongside this, the Partnership will undertake a strategic review of specialist provision and estate use, identifying opportunities to reconfigure and co-locate provision to better align capacity with cohort need. This will include consideration of how existing and underutilised sites can be repurposed to improve access to local provision and strengthen pathways for children with more complex needs.* ***Milestone:** Sufficiency decisions are informed by shared data on demand, placement patterns and cost, with clear alignment between identified pressure points and planned expansion of local provision.*		

Building Block: *Encouraging inclusive behaviours and cultures* **Enablers** • *Clear thresholds for funding, support and escalation to ensure resources are targeted to need rather than driven by confidence or crisis.* • *Shared accountability for funding decisions across the LASP to reinforce collective responsibility for outcomes and value for money.* • *Aligned resources wherever possible to reduce duplication and enable earlier more coordinated support.* • *Investment in mainstream, ARB/SEN Unit and AP capacity to underpin confidence in inclusive, sustainable viability.* • *Deployment of specialist and outreach workforce (EAH / APST) to build mainstream capability and reduce reliance on high-cost, late-stage interventions.* • *Routine use of data on outcomes, placement stability and cost to redirect funding towards interventions that prevent escalation.* • *Forward-looking sufficiency and cohort analysis to support planned investment rather than reactive spend on emergency placements.* • *Governance arrangements that routinely test whether spending decisions are improving inclusion, stability and outcomes.*	***SEND Clusters*** *Inclusive culture and behaviours will be strengthened by establishing SEND clusters as the primary forum for shared learning, consistent practice and collective responsibility for inclusion, while ensuring strong safeguards and clarity before any devolved decision-making is introduced.* *SEND clusters will be formally established across the borough, with clear Terms of Reference, guidance and operating expectations agreed and published. These will set out purpose, membership, meeting cadence, links to governance and the distinction between cluster discussion, expert support and central decision-making. The emphasis in this phase is on building trust, shared understanding and readiness, in line with stakeholder feedback that the model must be phased and confidence-building. This responds to local variation in thresholds and practice identified through system engagement and maturity assessment insights. Clusters will also act as a key mechanism for promoting reform principles, including the graduated response, earlier intervention and shared thresholds, ensuring consistent understanding and application across settings.* *In this first year:* • *Clusters will operate as learning and peer support forums only, with no devolved funding or child level decision making.* • *Structured agendas and templates will support discussion of need, thresholds and inclusive practice.* • *Clusters will be used as a mechanism for sharing effective practice, moderated discussion and collective problem solving.* *The SEND in Mainstream Settings Framework will underpin all cluster activity, providing a shared language for describing need, planning support and reviewing impact. This helps reduce variability in how inclusion is interpreted and applied across settings and supports needs led, proportionate thinking.* *SENDCO networks and workforce development activity will be aligned to the Cluster Model, focusing on:* • *Application of the framework in practice,* • *understanding escalation routes,* • *and building confidence in early intervention and inclusive decision making.* *Access to EAH will reinforce inclusive behaviours by providing timely, practical specialist input aligned to*	***SEND Clusters*** *The focus shifts from shared learning to shared responsibility, through a phased and moderated introduction of devolved decision-making within SEND clusters.* *Clusters begin to make collective, needs-led recommendations about the use of targeted resources, drawing on shared understanding of need and local context. This includes:* • *Prioritisation and targeting of EAH support,* • *recommendations relating to Tier 2 of the AP model (with clear expectations that graduated approach is followed),* • *and involvement in decisions about delegated funding to support inclusion.* *All cluster recommendations are formally ratified by the local authority, ensuring equity across clusters, safeguarding against inconsistency and protecting the High Needs Block. This staged approach reflects feedback from schools about the importance of moderation, parity and transparency.* *The APST and EAH provide the specialist insight that underpins these decisions, ensuring that cluster discussions are grounded in evidence of what supports inclusion and prevents escalation, rather than opinion or confidence. This leads to more consistent application of thresholds and shared ownership of inclusion decision, reducing variation and escalation overtime.* *SENDCO networks and workforce development increasingly focus on:* • *professional challenge and constructive disagreement,* • *difficult conversations within clusters,* • *and sustaining proportional thresholds under pressure.* *Joint training with health and care partners supports consistent multi-agency practice.* *Escalation routes are actively monitored. Data on where issues are resolved (setting, cluster or central) is reviewed through governance to ensure the model is operating fairly and as intended, with learning used to refine guidance and support.* ***Milestone:** Cluster recommendations are consistently applied and moderated, with evidence that decisions*	***SEND Clusters*** *The SEND Clusters will extend beyond schools to include early years settings, Best Start Family Hubs and early help services, ensuring that shared expectations for inclusion, early identification and response to need are consistent across the 0–25 system.* *Cluster learning will be informed by early years intelligence and school readiness data, ensuring that inclusion is understood as a system-wide responsibility from the earliest stages.* *SEND clusters operate with greater autonomy and confidence, holding delegated responsibility for defined funding and resource decisions, with decision-making consistently needs-led, transparent and aligned to shared frameworks, resulting in more consistent thresholds and reduced escalation across the system. Central oversight shifts from ratification to assurance, focusing on equity and impact rather than individual decisions.* *The SEND in Mainstream Settings Framework, EAH and APST continue to act as core enablers of this model, ensuring cluster decisions remain grounded in evidence, early intervention and inclusive practice. Specialist expertise is used to build confidence and capability, not to justify escalation.* *SENDCO networks and workforce development are oriented towards sustaining practice through workforce and leadership change, ensuring new SENDCOs and leaders enter a system with clear expectations, support and routes for challenge.* *Escalation processes are trusted and routinely used. Concerns are typically resolved at the lowest appropriate level, with clear evidence of reduced reliance on crisis escalation to statutory escalation processes and greater consistency across clusters.* *By this stage, inclusive culture and behaviours are embedded through shared accountability, not individual advocacy, with schools, services and partners operating with a common understanding of inclusion, improved confidence in local solutions and reduced reliance on high-cost, reactive interventions.* *Taken together, this results in more consistent, needs-led decision-making across the system, with reduced escalation to statutory processes, improved outcomes for children and young people and more efficient use of resources over time.*

	cluster priorities. This supports a cultural shift away from risk averse escalation driven by uncertainty, towards earlier supported decision making. *Escalation methodology is clarified and communicated:* • *What should be addressed at setting level,* • *what should be discussed through clusters (including consideration of EAH and APST),* • *and what requires central resolution.* *This results in increased shared understanding of need and thresholds across settings, supporting more consistent and proportionate decision-making over time.* ***Milestone:** Cluster activity demonstrates shared understanding of thresholds and inclusive practice, evidenced through moderated discussions, consistent use of the framework and reduced variation identified through QA and engagement activity.* ***Specialist Provision Banding Review*** *Alongside the review of specialist provision designation, the Partnership will commission an external provider to undertake a system-wide review of banding across Special Schools, ARBs and SEN Units. This will be delivered in collaboration with education, finance, health and social care partners to ensure a shared understanding of need, provision and cost across the system.* *Activity in the first year will focus on establishing a robust evidence base and shared diagnostic understanding, including:* • *analysis of current banding descriptors, thresholds and funding arrangements and their alignment to levels of need* • *review of consistency in how banding is applied across settings and services* • *assessment of how banding supports placement decision-making, pathways and value for money* • *joint analysis with finance, health and social care partners to understand the relationship between need, provision and cost.* *This will be supported through structured engagement with schools, services, partners and families, ensuring that findings are triangulated across data, practice and lived experience.* ***Milestone**: A system-wide diagnostic is completed and agreed, with clear evidence of variation in banding application, alignment to need and implications for funding and value for money.*	*about targeted support, AP use and delegated resource reflect shared thresholds and reduced variation across clusters.* ***Specialist Provision Banding Review*** *In the second year, the Partnership will move from review to redesign, using findings from the banding review to develop a consistent and transparent banding framework aligned to levels of need, provision expectations and outcomes. This will be undertaken collaboratively with education, finance, health and social care partners to ensure that the framework supports equitable decision-making, sustainable funding and improved system alignment.* *The revised banding framework will:* • *define clear descriptors and thresholds linked to profiles of need and provision expectations* • *strengthen consistency in how banding is applied across settings and services* • *align funding more closely to need, improving transparency and value for money* *Implementation will begin through:* • *piloting the revised banding framework across selected cohorts, phases or provision types* • *aligning placement decision-making processes to the new banding structure* • *embedding joint decision-making with finance, health and social care partners to ensure shared accountability for outcomes and investment* *Learning from implementation will be used to refine descriptors, thresholds and processes, ensuring that the model is deliverable, proportionate and aligned to system demand.* ***Milestone**: Revised banding framework is actively used in testing and early implementation, with evidence of improved consistency in how funding and provision align to levels of need.*	***Milestone**: System data shows reduced variation between clusters, with consistent escalation patterns and increased resolution of need within mainstream provision evident across the borough.* ***Specialist Provision Banding Review*** *In the third year, the revised banding framework will be embedded as the consistent mechanism for funding, decision-making and commissioning across specialist provision. The framework will operate as a transparent and equitable system tool, ensuring that funding, provision and pathways are aligned to need across the local area.* *Banding will be applied consistently across Special Schools, ARBs and SEN Units, with clear evidence that decision-making is more proportionate, transparent and aligned to agreed thresholds. Joint working with finance, health and social care partners will ensure that investment decisions support system priorities, including early intervention, inclusion and reduced reliance on high-cost placements.* *The banding framework will be integrated into sufficiency planning, commissioning and performance monitoring, ensuring that:* • *funding reflects patterns of need and outcomes* • *variation in application is reduced and sustained over time* • *system resources are directed toward provision that prevents escalation and improves stability* *Ongoing monitoring and review will ensure that the framework remains responsive to emerging need, supporting a financially sustainable system that delivers equitable outcomes for children and young people with SEND.* ***Milestone**: Banding is applied consistently across all specialist settings, with clear evidence that funding decisions align to need, support equitable access and contribute to improved value for money.*

Success measures *These success measures are drawn from the Local SEND Reform Plan data template and wider system metrics, ensuring alignment with agreed national and local performance expectations.*	*SEND system leadership operates through consistent, transparent and evidence-informed partnership governance, evidenced by routine use of agreed governance processes (including performance reporting, action and risk tracking, and co-production inputs) to inform decision-making and drive agreed system actions.* *The EAH model is established as a defined, commissioned and governed system for early multidisciplinary support, evidenced by a clearly articulated operating model, implementation of a single access route, initial workforce mobilisation and early delivery commencing in line with agreed performance and reporting arrangements.* *Sufficiency operates as a planned and intelligence-led system process, evidenced by the establishment of a consistent placement review and forward-planning approach, implementation of the banding review and designation work, and early delivery of additional local provision aligned to identified cohort need.* *SEND clusters are established and operating as consistent, locality-based forums for shared practice and collective responsibility, evidenced by regular participation from schools and routine use of structured discussion to share approaches, build confidence and support a more consistent response to need.* *The SEND In Mainstream Settings Framework is established as the shared foundation for workforce development and inclusive practice, evidenced by its routine use within cluster discussions to support professional dialogue, build confidence and promote greater consistency in how needs are identified, understood and supported.*	*Co-production is established as a measurable system standard, evidenced by at least 10 services and/or settings achieving a recognised co-production charter, alongside clear evidence that lived experience routinely informs governance decisions and leads directly to service development and improvement.* *The EAH model demonstrates measurable impact on escalation and stability, evidenced by at least 50% of CYP accessing EAH who do not progress to EHCNA within two terms, a 30% reduction in the of number of statutory requests and referrals to specialist services from Reception and KS1 cohorts.* *Sufficiency improvements are evidenced by increasing 20% of Annual Reviews for relevant cohorts including clear placement planning and next-step pathways, at least 5 CYP with an identified return-to-local-provision plan and timeframe, and a 50% reduction in new placements requiring independent or out-of-borough provision as a result of the increase in the proportion of CYP supported within local mainstream, ARB or specialist provision.* *SEND clusters demonstrate measurable impact on consistency of practice and escalation pathways, evidenced by 75% of schools participating consistently, 200 CYP or cohorts discussed through cluster forums, 30% of cases supported at SEN Support following discussion, resulting in a reduction in variation between clusters in escalation rates.* *Workforce capability and consistency of practice improve, evidenced by a 25% increase in confidence of practitioners to meet needs at SEN Support, ≥75% of schools engaging in framework-aligned training and moderation activity, and a reduction in variation in SEN Support practice identified through moderation and QA processes.*	*As a result of strengthened governance, co-production and earlier resolution processes, experience measures will improve over time, with increased confidence from families and reduced escalation to formal complaint and tribunal activity.* *Co-production and lived experience are embedded and demonstrably influencing system delivery. This will be evidenced by a year-on-year increase of at least 50% in the number of services and settings achieving a recognised co-production charter, reaching a minimum of 25 by Year 3. There will also be a 50% increase (from baseline) in the number of governance decisions that explicitly reference the views of CYP and parent carers. In addition, there will be a 30% increase in documented service improvements that can be directly attributed to lived experience input. This progress will be supported by routine "You said / we did" reporting.* *As a result of the strengthened graduated approach, earlier access to support and more consistent threshold application across settings, inclusion measures and placement patterns will improve over time.* *Attendance for pupils with SEND improves and is sustained, evidenced by attendance reaching 91% for pupils with SEN Support and EHCPs, alongside a reduction in severe absence to 3.5% for both cohorts, reflecting a continued downward trajectory from baseline levels.* *Suspensions, exclusions and reduced timetables for pupils with SEND are reduced and sustained, evidenced by suspension rates reaching 3.50 per 100 for pupils with SEN Support and 10.00 per 100 for pupils with EHCPs. Permanent exclusion rates reducing to 0.60 (SEN Support) and 0.05 (EHCP). A 30% reduction in reduced timetables for CYP with SEN with average duration ≤12 weeks, reflecting the impact of earlier intervention through EAH and the development of APST and the wider AP offer.* *Sufficiency improvements are evidenced by a shift in placement distribution towards local provision, reflecting the impact of stronger mainstream inclusion, earlier intervention and more consistent, needs-led decision-making across the system. Whilst demand continues to rise, this is reduced relative to historic trend projections (Appendix C), with ≥21.2% of CYP supported in mainstream, 14.0% in ARB/SEN Units and reduced reliance on independent and non-maintained provision to ≤5.4%, alongside at least 5 CYP successfully returning to local provision, reflecting*

			increased capacity and confidence in local mainstream and specialist pathways. *There is a 15% reduction in the number of children waiting for up to 26 weeks for an initial Speech & Language Therapy assessment. Waiting times for intervention across SALT and OT services has reduced.*

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

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

2026-27 Local delivery plan		**Q2**		**Q3**		**Q4**	
Workstream outline – mapped to building block ***Outcome -*** *what you want to achieve with this workstream* ***Success measures –*** *how you measure progress drawing on metrics from the accompanying data template*	***Responsible lead per workstream*** *– accountable for the delivery of the workstream and the identified outcome.*	***Milestones per workstream*** *What key milestones will enable you achieve your targeted trajectory*	***Target trajectory per workstream*** *Where do you expect your data to be?*	***Milestones per workstream*** *What key milestones will enable you achieve your targeted trajectory*	***Target trajectory per workstream*** *Where do you expect your data to be?*	***Milestones per workstream*** *What key milestones will enable you achieve your targeted trajectory*	***Target trajectory per workstream*** *Where do you expect your data to be?*
Workstream 1: System leadership, partnership collaboration & co-production **Outcome:** *LASP operates through formal, transparent and routinely used partnership governance, with clear accountability, earlier issue resolution, and co-production embedded as a system expectation, underpinned by accurate, timely data flows that*	*Calvin Kipling, Assistant Director Education, SEND & Inclusion (STC)*	*Publish Terms of Reference for SEND Strategic Board and SEND Operational Group (decision authority, escalation routes, cadence, attendance expectations) and confirm named leads for each workstream.*	*100% of SEND Strategic Board / Operational Group meetings operating to agreed ToR.* *100% of meetings include:* • *written reform update* • *action/risk log*	*Run governance to the new cadence with attendance monitoring; every meeting receives the written reform update, action/risk log update, and dashboard pack.* *Introduce routine data validation and quality assurance*	*100% of meetings continue full governance cycle (update + dashboard + risks).* *≥85% partner attendance sustained.* *≥80% of identified actions have clear ownership +*	*Review first-year governance effectiveness including identification of specific decisions taken and system changes made as a result of performance or lived experience insight and refresh*	*Attendance ≥90% across partners (stable, expected system behaviour).* *100% of meetings evidence decisions explicitly linked to dashboard or lived experience.*

support shared visibility, challenge and more consistent, evidence-informed decision-making across the system. **Success measure:** *SEND governance forums are operating consistently to published Terms of Reference, with routine use of reform updates, action/risk logs and performance dashboards underpinned by accurate, consistent and timely data flows to inform decisions resulting in more consistent application of thresholds, earlier resolution of issues and reduced reactive decision-making. Co-production is structured through an agreed and published Charter, with evidence that lived experience is influencing system level decision making, service design and commissioning. Participation activity is routine rather than ad hoc, and "You said, we did / we didn't / we are" feedback demonstrates increased transparency and trust in how the Partnership responds to feedback.*		*Confirm representation and decision-making roles for education, health (ICB / therapy services) and social care within SEND governance arrangements.* *Implement the "written reform update" template (progress, highlights, risks) and introduce a single action/risk log structure used across both boards.* *Implement a decision log within governance reporting to record key decisions, the evidence used and resulting actions, supporting transparency and enabling learning from decision-making to improve consistency over time.* *Define the initial dashboard pack including education, health (SALT/OT/EP where applicable), and social care data inputs (demand, attendance, exclusions, placements, workforce) with established baseline measures for data completeness, consistency and timeliness across partners and agree data owners and reporting cadence enabling more*	• *initial dashboard pack* *≥60% of governance decisions explicitly reference dashboard or lived experience data.* *Provider block contracts will be disaggregated to clearly identify the SALT & OT contract values delivering therapy to children and young people aged 0-25.* *Baseline established for:* • *complaints, mediation and tribunal volumes (single dataset in place)* • *where issues are resolved (setting / service / escalation)* *Initial co-production baseline completed (self-assessment across partnership – % score or RAG position).* *≥70% attendance across core partners (including education, health, PCF).* *Baseline established for stakeholder understanding and confidence, with initial engagement activity reaching ≥25–30% of schools/settings or partners.* *Initial communication approach in place, with early co-*	*processes, identifying gaps, inconsistencies and variation in data capture, with improvement actions tracked through governance.* *Ensure governance reporting explicitly references how system enablers, including EAH, SEND clusters and the SEND in Mainstream Settings Framework, are being used together to support earlier intervention and more consistent system response.* *Implement transparent escalation and moderation process (what gets resolved where; how issues are recorded; how learning is applied).* *Launch participation mechanisms:* • *Draft CYP annual survey questions and distribution plan,* • *14+ Annual Review question set finalised for aggregation,* • *"Micro-feedback" prompts issued to schools for routine events,* • *Targeted engagement plan for Early Years and PfA cohorts*	*timescale recorded and tracked.* *≥80% completeness and consistency across core dashboard datasets, with data issues logged and tracked through governance.* *≥75% of governance cycles include multi-agency (education, health, social care) data and contribution.* *Quarterly dataflow will be in place from the ICB to STC to effectively monitor the spend on SALT & OT contracts.* *Early impact on resolution pathways with increased proportion of issues raised resolved pre-escalation, reflecting more consistent and earlier decision-making across the system.* *Participation reach established with CYP survey issued and ≥30% of schools/settings using micro-feedback prompts at least once.* *≥60–70% of schools/settings have been exposed to or engaged with key messaging on the graduated response, OAP and routes to support.*	*the action/risk log for Year 2.* *Review data quality and usage through governance, using learning to improve datasets, reporting processes and confidence in data to inform Year 2 planning and decision-making, resulting in more accurate cohort-level intelligence supporting sufficiency planning, EAH deployment and capital investment decisions.* *Publish at least one system-level "You said / we did / not yet" summary and evidence how it influenced decisions.* *Complete first annual CYP survey cycle (or minimum viable cycle if timing requires) and summarise themes for governance.* *Agree the Year-2 refinement priorities based on live evidence (dashboard + lived experience).* *Begin implementation of the Charter, focusing on real-world use rather than compliance.* *Introduce a light-touch quality or assurance mechanism, for example a quality*	*≥85–90% of actions completed on time or actively progressed.* *Further +10–15% increase (from baseline) in issues resolved without formal escalation.* *Reduction in proportion progressing to formal stages (e.g. Stage 2 / tribunal entry).* *Governance reports confirm reduced gaps/inconsistencies in key datasets, with improved confidence in data used to inform system-level decisions.* *100% of governance papers include a co-production / lived experience section* *SENDIASS intelligence routinely reported and used in ≥75% of governance cycles.* *1 system-level "You said / we did" publication influencing a recorded decision.* *30–40% of issues raised supported through SENDIASS advice or early resolution do not progress to formal escalation within 3 months.* *≥80–90% of schools/settings and partners are consistently receiving and engaging with*

		consistent, evidence-informed decision-making and improved identification of emerging system pressures. *Undertake a self-assessment against an agreed co-production standard, developed with the Parent Carer Forum and children and young people. This will establish a shared baseline for co-production across the system and identify priority improvement actions, which will be monitored through partnership governance and refreshed over time.* *Draft the Co-production Charter and rules of engagement, building from existing feedback, Improvement Plan actions and SEND Reform principles.* *Undertake targeted engagement on the draft (parents/carers, PCF, CYP groups, professionals, schools) to test clarity, expectations and feasibility.* *Define how co-production will be evidenced in practice, including expectations for governance, service redesign proposals*	*produced messaging tested and used across at least one system forum in each sector (education, health, families).*	*Begin "You said / we did / not yet" reporting format and schedule.* *Publish the final Co-production Charter, alongside clear guidance on what the Charter means in practice for services, decision-makers, CYP and families.* *Ensure that the Charter is implemented within governance templates and paper requirements, commissioning and service redesign processes, guidance for workstreams and clusters.* *Establish a consistent approach to capturing activity and intelligence from health and social care services alongside SENDIASS and PCF regarding themes from advice, complaints and mediation. Agree how this insight will be routinely reported through partnership governance alongside performance and sufficiency data.* *Deliver co-produced communication across settings and partner organisations.* *Roll out clear messaging on OAP,*	*Early evidence of improved clarity and consistency, with feedback showing increased understanding of pathways and thresholds across education and partners.*	*mark or self-assessment framework.* *Review how the charter is being applied and identify refinements needed for year 2.* *Use SENDIASS intelligence to identify system themes (e.g. delay, escalation, inconsistency), with actions agreed through governance and tracked to resolution.* *Embed communication as a routine element of system delivery across partners.* *Use lived experience and case examples to reinforce needs-led practice.* *Align communication with governance reporting (e.g. "You said, we did") to demonstrate impact.* *Assess improvements in stakeholder understanding and confidence.* *Agree targeted communication priorities for Year 2 based on system learning.*	*aligned messaging, supported through clusters, networks and governance.* *Demonstrable improvement in stakeholder confidence and understanding, evidenced through engagement data and feedback, with early signs of more consistent use of pathways and reduced variability in interpretation of thresholds.*

		and commissioning activity, ensuring that lived experience consistently informs system-led decisions and priorities. *Explore options for quality marking/assurance including what 'good' coproduction looks like locally.* *Co-produce and agree a communication approach aligned to graduated response and early intervention.* *Co-develop key messages and capture lived experiences to inform content.* *Align communication with Best Start in Life, Families First and SEND reform priorities.* *Establish baseline measures for stakeholder understanding and confidence.* *Confirm governance expectations for how communication and lived experience inform decision-making.*		*graduated response and routes to support (including EAH).* *Use clusters and SENDCO networks to reinforce expectations and promote consistent understanding.* *Gather and review feedback on clarity, accessibility and impact.* *Refine communication approach in response to feedback and emerging system themes.*			
Workstream 2: Access to specialist support and local placements **Outcome:** *South Tyneside will have an initial EAH Offer in place and SEND clusters established at a formative*	*Andy Ritchie, Head of SEND, Access & Inclusion (STC)* *Nicola Childs, Head of Commissioning,*	*Finalise and agree the local EAH delivery model (scope, purpose, disciplines involved, how it enhances existing routes and fairness principles).*	*EAH model formally agreed and published (including SALT/OT SLA in place).* *EAH Oversight Group operational*	*Implement the single access route; begin capturing demand, timeliness, referral patterns and source of request (to monitor equity of access across settings.*	*Recruitment, secondment or workforce alignment underway (with ≥10 key roles identified or appointed) across Educational*	*Expand delivery of group-based interventions and workforce training aligned to cluster priorities and mapped need, reflecting increased*	*Therapy workforce trained to agreed competency and delivering group-based intervention across priority settings.*

stage, providing schools with clearer routes to early targeted advice and shared learning, resulting in earlier identification of need, more consistent application of thresholds and reduced escalation to statutory pathways, while capacity and decision-making remain centrally held. Clear pathways will be in place to allow for escalation into specialist services as required. This will be supported by deployment of workforce through EAH, including SALT/OT, EP and advisory roles delivering training, triage, group-based and individual support within settings. **Success measure:** *A clearly articulated EAH model is in place with a single access route understood by settings, and early deployment underway where workforce capacity allows, resulting in more consistent and equitable access to multidisciplinary support and earlier intervention at SEN Support. Demand, access and timeliness are routinely reviewed through governance to support equitable use. A structured sufficiency monitoring process is operating alongside the SEND Provision Plan, giving the Partnership earlier visibility of pressure points and informing proactive planning, rather than reactive high-cost placement decisions. There is improved timely access to specialist services.*	*Central Neighbourhood Team (NENC ICB)*	*A MOU between STC and the NENC ICB will be in place, with contracting activity taking place to amend the existing ICB contractual arrangements with STSFT to enable delivery. This will ensure a consistent, needs-led approach to accessing multidisciplinary expertise across all settings.* *Establish an EAH Oversight Group, defined reporting routes into the SEND reform workstream and LASP governance, and alignment with clinical / professional governance and contract management arrangements).* *Design and document a single access route (clearly aligned to the graduated response and existing referral pathways) including triage principles, referral template, admin coordination and core, monitoring fields (demand, timeliness and outcomes) alongside defined links to early years, Best Start / Family Hub and early help pathways as part of early identification and access routes resulting in more consistent and*	*(monthly reporting into governance).* *Workforce mobilisation started with recruitment activity commenced for priority roles (SALT/OT/EP).* *Phased delivery of the EAH model has been initiated using existing system capacity, with further expansion dependent on recruitment of SALT/OT and EP workforce. with clear alignment to the single access route and governance arrangements.* *Baseline established for placement pathways and escalation activity.* *An initial cohort of CYP (20) identified through early placement review / Annual Review processes where needs could potentially be met in local provision.*	*Start phased recruitment/secondments (where feasible) of EPs, EP Assistants, SALT/OT Therapists and Therapies Assistants to expand delivery beyond initial consultation and advice, increasing capacity for targeted and group-based intervention as workforce becomes available.* *Deploy SALT leads into cluster meetings to identify training needs and support priorities across settings.* *Develop and publish a therapy training offer aligned to identified needs, including workforce training and group-based intervention approaches.* *Establish competency framework for Therapy Assistants to deliver group-based support within settings.* *Use early EAH data to monitor equity of access (avoiding disproportionate use by the most proactive settings) and adjust triage rules and expectations for use where required.* *Establish operational arrangements aligned to EAH delivery, with early*	*Psychology and Therapy services.* *≥40-50% of mainstream settings have accessed EAH.* *Mixed delivery model in place (initial delivery through existing capacity, with expanding contribution from newly recruited or seconded SALT/OT and EP workforce).* *Equity of access is actively manged via monitoring of request distribution and adjusted via triage.* *All EAH requests are categorised and evidenced.* *Median referral to first contact time established.* *A proportion of cases (~10-15%) supported through EAH do not progress to statutory assessment or placement change within 3 months.* *Agreed multi-agency representation in place (education, health and social care).* *Training offer (therapies and education) published and accessed by settings.* *Cluster-informed training needs identified and*	*capacity from SALT/OT and EP recruitment.* *Map existing and EAH-delivered therapy provision, identifying gaps and informing workforce deployment, commissioning and sufficiency planning.* *Use cluster feedback and workforce confidence data to refine training, intervention and workforce deployment priorities.* *Review EAH themes, demand and early impact signals via governance to understand where early intervention is reducing escalation and where further system strengthening is required.* *Refine access criteria, triage processes and expectations for use, and confirm Year 2 scaling plan, including workforce deployment and commissioning priorities informed by EAH activity.* *Confirm APST model, workforce and delivery arrangements are in place and ready for scaled implementation in Year 2.* *Test proposed APST operational*	*Evidence of increased staff confidence in supporting SLCN, informed by pre- and post-training feedback.* *≥50% of settings have accessed EAH.* *Median referral to first contact within 10-15 days.* *Recruitment and commissioning have expanded SALT/OT and EP capacity, enabling a balanced model of consultation/advice and targeted intervention.* *A proportion of (~20-30%) of EAH-supported cases do not progress to statutory assessment or placement change within two terms, demonstrating earlier resolution of need without escalation to statutory assessment or placement change.* *APST operating model agreed and signed off through governance.* *Year 2 delivery plan agreed including workforce deployment, capacity assumptions and integrations with clusters and EAH.* *Clear articulation of how APST will support escalation*

		transparent access to specialist advice and reducing variation in how settings access support. *Complete workforce modelling and recruitment assumptions, acknowledging national workforce shortages and that delivery will be phased, initially utilising existing capacity, prioritising consultation, advice and system strengthening activity, with incremental expansion as SALT/OT and EP workforce recruitment is secured.* *A coordinated recruitment and mobilisation approach will be implemented, including alignment to national workforce constraints and phased deployment based on available capacity.* *Establish a consistent "proactive placement planning" approach aligned to Annual Reviews, including development of a standardised process and template capturing current placement, target*		*consideration of interfaces with wider SEND and AP pathways.* *Begin structured engagement with AP providers, schools and partners to develop the AP offer, including clarity on cohort, pathways and integration with mainstream and targeted provision.* *Consider operational arrangements aligned to EAH delivery, with early consideration of interfaces with wider SEND and AP pathways.* *Implement proactive placement planning within Annual Reviews for identified cohorts, ensuring consistent use of the placement planning template and recording of next-step pathways.* *Establish a 'return pipeline' of CYP with current provision, target provision, indicative timescales and preparatory actions.* *Use sufficiency monitoring and to inform review of cases and identify opportunities for earlier intervention or alternative pathways.* *Begin reporting through governance on placement*	*mapped across priority year groups.* *A proportion of CYP within the pipeline (10) have progressed to defined next-step planning.* *≥20% of Annual Reviews include structured consideration of transition, reintegration or next steps.* *Pipeline used in governance discussions about sufficiency.*	*processes on a limited basis where capacity allows, focusing on learning and refinement rather than volume.* *Define the Alternative Provision Support Team APST model, including scope, purpose, cohort focus ensuring alignment with EAH, SEND clusters and SEMH pathways to support earlier, coordinated intervention and reduce escalation to AP.* *Develop a detailed APST operating model, including multi-agency roles (education, health and social care), case discussion approach, interfaces with existing AP pathways and governance arrangements.* *Develop a service specification and initiate procurement or commissioning activity (where required) to secure delivery of the APST model.* *Undertake review of current AP usage, cohort profiles and demand patterns to inform future AP development and alignment to sufficiency planning.* *Develop an agreed plan for*	*pathways and AP usage.* *30% of Annual Reviews discuss phase transfer transition planning and future provision.* *5 CYP have progressed to confirmed transition plans to appropriate local provision.* *An identified cohort of CYP with planned next steps and timelines is tracked through governance.* *Families and settings experience clearer forward planning, with evidence from survey responses indicating that there is a clearer direction and next steps for the CYP.*

		provision and indicative pathway. *Identify and agree a defined cohort for proactive review (e.g. CYP in high-cost placements, transition points or at risk of placement change), ensuring alignment with sufficiency monitoring and governance priorities.* *Brief education, health and social care partners on expectations for placement planning within Annual Reviews, including how future pathways should be considered and recorded.*		*pipeline, cohort needs and alignment with available and future provision.*		*strengthening and expanding AP, including defined cohort focus, capacity requirements and alignment with SEMH pathways and inclusion strategy.* *Align placement pipeline with Year 2 sufficiency, commissioning and capital planning decisions ensuring a clear line of sight between identified need, EAH activity and provision development.*	
Workstream 3: Strengthening inclusion across education settings ***Outcome:*** *Inclusion operates to a shared baseline across education settings, with a clear, planned approach to reviewing specialist provision and establishing a pipeline for supporting more children locally.* ***Success Measure:*** *The SEND in Mainstream Settings Framework is being used as the shared reference point for inclusive practice and threshold decisions. A consistent methodology for reviewing specialist placements and special school designations is in place, with phased evaluation of out-of-borough high-cost placements underway. Annual Reviews are being used more*	*Andy Ritchie, Head of SEND, Access & Inclusion (STC)*	*Implement the SEND in Mainstream Settings Framework as the partnership-wide universal offer, with governance-agreed expectations communicated to all settings, alongside published guidance that sets out its links to SEN Support, reviews and escalation, and clarifies expectations for universal, targeted and specialist support within the graduated response.* *Align SENDCO networks and moderation/QA approach to the framework (shared*	*100% of settings have been briefed and have access to the published guidance, with clear links to SEN Support, reviews and escalation routes.* *Baseline established for variation in escalation rates across settings.* *≥90% of CYP records reflect validated and consistently applied primary need categories, with improved alignment between recorded need and provision type evidenced through audit.*	*Establish a baseline for the use of the SEND in Mainstream Settings Framework through sampling of SEN Support plans and review processes.* *Deliver structured moderation and SENDCO network sessions focused on application of the graduated approach, including live case discussion to test thresholds, escalation decisions and alignment to the framework.* *Use moderation findings to identify patterns of variation in practice (e.g.*	*Baseline established for % of SEN Support plans / reviews sampled that reference the SEND In Mainstream Settings Framework.* *2 moderation sessions delivered (SENDCO network / QA), with a baseline recorded for "variation signals" (e.g., inconsistent thresholds, escalation patterns, request patterns).* *Quantitative analysis completed across designation, placement and demand datasets.* *6 stakeholder engagement*	*Refine SEND in Mainstream Settings Framework guidance and expectations based on moderation findings, clarifying areas of variation in thresholds and practice.* *Embed routine moderation and QA processes across SENDCO networks and cluster discussions, ensuring ongoing use of the framework to inform SEN Support, review and escalation decisions.* *Align workforce development, SENDCO networks and advisory support*	*≥60–70% of sampled SEN Support plans / reviews reference the SEND in Mainstream Settings Framework.* *Moderation and QA processes embedded as routine practice (minimum 3–4 sessions delivered across the year).* *Evidence of reduced variation in moderation signals across sessions (e.g. more consistent threshold decisions, fewer outlier patterns in escalation).* *Draft findings report completed and*

deliberately to identify reintegration opportunities, plan transitions at phase transfer points and establish a forward pipeline for local provision, with learning feeding directly into sufficiency planning.		*thresholds, consistent language), using moderation and case discussion to build confidence in earlier, proportionate support and reduce variation in practice.* *Undertake a system-wide review and validation of primary need data across education, health and care datasets, establishing consistent recording practices and improving accuracy of cohort-level intelligence to inform sufficiency planning, commissioning and capital investment decisions.* *Initiate procurement and commissioning process to appoint a delivery partner for the specialist provision designation review, aligned to the agreed specification and outcomes.* *Develop and agree a detailed review methodology and implementation plan (inception phase), including scope, milestones, datasets required and stakeholder engagement approach.* *Undertake initial desktop review and baseline analysis including current designations across special schools,*	*Designation review commissioned, with provider appointed or procurement underway.* *Agreed methodology and inception plan signed off through governance.* *Baseline dataset established covering designation, cohort characteristics and placement trends.* *Initial analysis completed and reported to governance.* *Sufficiency monitoring pack defined and signed off with agreed reporting cadence through governance.* *Hedworthfield Thrive KS2 and Sea View SEN Unit SLA agreed and signed off.* *Primary SEMH and independent specialist SEMH: feasibility scope agreed and initial provider/setting conversations initiated.*	*thresholds, escalation decisions, request for statutory processes) and target support accordingly.* *Use the SEND in Mainstream Settings Framework alongside EAH and SEND clusters to ensure that needs identified through moderation and case discussion are responded to through timely access to multidisciplinary support, reinforcing consistent thresholds across the system.* *Undertake detailed quantitative analysis of alignment between designation and pupil need, placement pathways and decision-making process and sufficiency against projected demand.* *Delivery structured engagement with stakeholders, including specialist provision and mainstream leadership, education, health and care partners, parent/carer representatives.* *Facilitate workshops to test current designation and practice, explore variation in thresholds and use of provision and triangulate data with*	*sessions completed across education, health and care partners.* *Evidence of multi-agency participation in workshops and engagement activity.* *Emerging findings developed and shared with governance for review.* *Sufficiency monitoring, ≥1 full pack presented through governance with actions/decisions recorded.*	*to identified areas of variation to strengthen consistency in application of the graduated response.* *Ensure the framework is referenced within EAH discussions, cluster activity and placement planning processes to support a consistent understanding of need across the system.* *Produce draft findings report, including strengths and areas of variation in current designation, (mis)alignment between designation and cohort need and implications for placement pathways and sufficiency.* *Facilitate validation sessions with partners to test findings and refine recommendations.* *Develop final report and implementation framework developed outlining proposed designation principles, recommended changes to provision alignment and links to sufficiency, commissioning and capital planning.* *Final report and recommendations informing year 2*	*validated with system partners.* *Final designation review report produced, including clear recommendations and implementation roadmap.* *Evidence of co-produced recommendations (education, health, social care input).* *Recommendations formally received through governance and used to inform Year 2 planning.* *Sufficiency monitoring, ≥2 packs delivered across the year and used to set Year 2 priorities with recorded decisions.* *Year 2 expansion programme agreed through governance with named leads, indicative timelines and dependencies.* *QA/Monitoring approach agreed and scheduled with at least one cycle of QA completed for all ARBs / SEN Units.*

		ARBs and SEN Units, cohort need and placement patterns, demand trends and sufficiency pressures. *Establish data requirements and begin collation of relevant datasets (education, health and care) to support quantitative analysis.* *Stand up the structured sufficiency monitoring process alongside the SEND Provision Plan, defining the pack contents and reporting cadence, using shared data on demand, placement patterns, costs, travel distance/transport costs, and emerging pressures across mainstream, specialist and AP.* *Begin structured engagement with schools/trusts to scope "school-commissioned inclusion bases" opportunities (identify likely candidate settings, indicative cohorts, and what support/QA would be required).* *Finalise detailed planning for Year 1 provision expansion, including design and readiness activity for Hedworthfield Thrive KS2 expansion and Sea View SEN Unit*		*lived experience and professional insight.* *Run the sufficiency monitoring process routinely (at least one full cycle), using it to identify immediate pressure points and set Year 2 priorities.* *Define monitoring approach for new/expanded SEN Units/inclusion bases (e.g., performance review and alignment to framework; governance reporting points).* *Specialist SEMH provision shortlist setting options, cohort definition, workforce / leadership / therapeutic model requirements and pathway integration.* *Specialist SEMH cohort definition agreed and outline integration within local continuum.* .		*delivery and system redesign developed.* *Confirm Year 2 provision expansion plan.* *Complete and sign off through governance the minimum expectations and QA approach for ARBs / SEN Units including how they will be monitored, what data will be reviewed and how underperformance and escalation is managed through governance.* *Complete feasibility outputs for SEMH provision with indicative costs and implementation requirements.*	

		(cohort definition, staffing model, integration with mainstream and timeline for delivery).					
Workstream 4: Encouraging inclusive behaviours and cultures **Outcome:** *SEND clusters are embedded as trusted forums for shared learning and collective responsibility, supported by clear safeguards, aligned workforce development and consistent escalation routes.* **Success measure:** *SEND clusters are established across the borough with agreed Terms of Reference, operating as learning and peer-support forums only. Common frameworks, structured agendas and aligned workforce development support consistent inclusive practice and professional confidence, while EAH provides timely specialist input to reduce risk-averse escalation. Escalation routes are clearly understood and used appropriately, and readiness criteria for phased devolution of responsibility in Year 2 are agreed.*	*Andy Ritchie, Head of SEND, Access & Inclusion (STC)*	*Establish the Cluster Model Task & Finish Group and codesign the Phase 1 operating pack (ToR, membership expectations, meeting cadence, agendas / templates).* *Settings engaged in Task & Finish design activity or early cluster mobilisation activity.* *Ensure design addresses feedback and aligns to governance expectations, escalation routes and agreed system thresholds.* *Align cluster approach with SEND In Mainstream Settings Framework as the common language for need/threshold discussion.* *Align SENDCO networks and workforce development support to Phase 1 cluster operation.* *Initiate banding review as part of the commissioned designation and banding work, confirming scope relating to banding descriptors,*	*Cluster model designed with agreed expectations for participation, escalation routes and decision boundaries.* *Baseline established for how decisions are currently made across the system, including:* • *proportion of cases escalated beyond setting level* • *routes through which escalation occurs (informal/formal/ statutory).* *Banding review scope and methodology agreed and signed off through governance.* *Baseline analysis completed for banding distribution across settings and variation in allocation patterns.* *Data pack established for banding analysis (education + financial datasets in place).*	*Launch Phase 1 clusters (learning/peer support only; no devolved funding or child-level decision-making).* *Use structured agendas/templates to support moderated discussion of thresholds, inclusive practice and emerging patterns of need.* *Align EAH input to cluster priorities, ensuring cluster discussions inform EAH deployment and reduce duplication between system processes.* *Undertake detailed analysis of banding application, including consistency of banding decisions across similar cohorts, alignment between banding level and recorded need and relationship between banding and provision type.* *Undertake qualitative review through stakeholder engagement with education, finance, commissioning, health and care partners.*	*70% of settings attend cluster meetings consistently across the term.* *60 CYP / cohorts discussed through cluster forums.* *100% of cases discussed have clearly recorded actions with named ownership.* *100% of actions are shared with settings within an agreed timeframe (e.g. 5–10 working days).* *A proportion of cases discussed at cluster level (30%) are supported without escalation to central or statutory processes (within 3 months).* *Detailed analysis completed identifying variation in banding allocation across settings and (mis)alignment between need and banding level.* *6 stakeholder engagement sessions completed with partners.* *Emerging findings presented to governance including key variation themes*	*Review cluster participation, equity and workload impact; refine templates and support offer accordingly.* *Establish proposed readiness criteria and safeguards for Phase 2 (moderated recommendations on resource targeting), aligned to governance.* *Document learning and priorities to carry into 2027/28, including how cluster activity has influenced system thresholds, escalation patterns and workforce priorities.* *Produce draft banding review findings outlining strengths/areas for development in current framework., areas of inconsistency in application and implications for funding, equity and placement decision-making.* *Develop a proposed revised banding framework including clearer descriptors linked to levels of need, aligned thresholds across*	*85% of settings attending clusters regularly (maintained or improved from Q3).* *Reduction in proportion of cases escalating beyond cluster discussion compared to Q2 baseline.* *Reduction in variation between clusters/settings in escalation patterns (compared to Q2 baseline).* *Aggregated feedback demonstrates that cluster advice and guidance is contributing to improved outcomes for individual CYP and cohorts, including clearer next steps, earlier support and reduced need for escalation.* *Findings of banding review completed and validated through stakeholder engagement.* *Proposed banding framework produced and agreed through governance.* *Year 2 implementation plan agreed including approach to roll out and links to*

		thresholds, funding model and consistency of application across settings. *Develop and agree the review methodology, including approach to analysing current banding allocations, sampling of individual and cohort-level banding decisions and benchmarking approach against regional/national comparators.* *Undertake a baseline analysis of current banding framework and descriptors, distribution of banding levels across provision types and variation in application between settings and cohorts.* *Establish required data sets and begin data collection from education, finance and relevant health and social care inputs where appropriate.*		*Facilitate workshops to test current banding descriptors and thresholds, identify inconsistencies or ambiguity in application and explore options for more transparent and needs-led framework.*	*and initial improvement areas.*	*provision types and improved transparency and consistency in application.* *Validate proposed framework with stakeholders through engagement and governance review.* *Produce final banding review report and implementation framework including recommended changes, alignment with designation review and sufficiency planning and implementation considerations for year 2.*	*designation, sufficiency and funding decisions.*

Projected Investment Spend per quarter			
Funding Source	***Cost Q2***	***Cost Q3***	***Cost Q4***
Capital Grant			
SEN Units	*£705,700*		
Special Schools			*£100,000*
Transformation Grant			
Designation & Banding Review Consultancy	*£50,000*		
Programme Management & Project Officer	*£19,434*	*£19,434*	*£19,434*
EAH Delivery			

SALT/OT Therapist	*£166,914*		
Therapy Assistants	*£227,526*		
Clinical Lead	*£27,032*		
Therapy Educator	*£27,032*		
Educational Psychologist	*£63,460*	*£63,460*	*£63,460*
EP Assistants	*£21,814*	*£21,814*	*£21,814*
Upfront implementation and operational costs	*£66,680*	*£47,701*	*£47,701*
EAH Administration			
EAH Lead	*£24,633*	*£24,633*	*£24,633*
EAH Administrator	*£12,713*	*£12,713*	*£12,713*
Total Spend Per Quarter	***£1,412,938***	***£189,755***	***£289,755***
Total Spend 2026/2027	***£1,892,448***		

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.

Delivery of the first-year plan will be enabled through clear governance, sufficient delivery capacity and strengthened data and analytics capability, embedded within existing partnership arrangements, supporting more consistent and timely decision-making and enabling earlier identification and response to system pressures.

Capacity has been reviewed against the scale and sequencing of Year 1 activity. Roles, responsibilities and additional resource have been aligned to ensure delivery is achievable and reportable on a quarterly basis but also, to maximise alignment with wider system transformation programmes, including Best Start in Life and Families First. This will support in reducing duplication and streamlining delivery across the partnership, ensuring that resource is directed towards activity that strengthens early intervention and reduces escalation.

Oversight will sit within established SEND governance, operating to published ToR and supported through routine reform updates, a single action and risk log and shared performance dashboards to track progress, manage dependencies and respond to emerging risks, ensuring that performance and system intelligence are used to challenge variation, prioritise activity and enable earlier resolution of issues. Delivery is coordinated through existing programme and project management capacity within Children's Services, including dedicated oversight through the SEND Improvement function, which manages workstreams, milestones, interdependencies and delivery risks, ensuring alignment across workstreams and timely identification of issues where delivery or system pressures require adjustment. Dedicated operational leadership will be in place to oversee delivery of EAH and wider transformation activity, ensuring day-to-day coordination, system alignment and clear accountability for implementation across workstreams, and consistent implementation across settings aligned to clusters, workforce deployment and early intervention pathways.

This capacity is strengthened through transformation funding, which provides additional project delivery resource and access to specialist technical expertise, including commissioning support for the Specialist Provision Designation and Banding Review. This ensures that complex reform activity can be delivered alongside business-as-usual pressures, with capacity targeted to areas of greatest delivery risk and dependency. Within the EAH model, clinical leadership will be provided through commissioned health partners, including STSFT, ensuring professional oversight, quality assurance and alignment with therapy pathways. Additional recruitment is required to ensure we have a robust and functioning offer. This will be complemented by education-facing roles to strengthen relationships with schools, support implementation of interventions and ensure consistent application of the graduated response in practice. While this provides a viable starting position, long-term sustainability will depend on the progressive realignment of commissioning arrangements and reinvestment of resources released through reduced escalation to specialist and high-cost provision. The Partnership will review funding sufficiency and sustainability annually through joint commissioning arrangements with the ICB to ensure the model remains deliverable within available resources.

Data and analytics capability will be strengthened from an existing baseline through the development and routine use of a shared partnership dashboard, improved data quality and consistent data flows across partners, supporting more accurate and consistent system intelligence, including improved confidence in cohort-level data to inform sufficiency planning, commissioning and investment decisions. Dedicated analytical capacity will support the production of insight, performance reporting and quarterly returns, ensuring that data is actively used to inform decision-making and adjust delivery in response to emerging pressures. This will include alignment of data and intelligence from key delivery partners, including 0–19 services, Mental Health Support Teams (MHST) and wider early help services, ensuring that decision-making reflects a whole-system view of need and provision.

While Year 1 includes significant activity, delivery is prioritised towards establishing the core system disciplines and infrastructure required for sustained reform. Activity will be sequenced and adjusted through governance to ensure delivery remains achievable and aligned to workforce and system capacity. Key risks relating to workforce capacity, data integration and system readiness are recognised within the partnership risk framework, with mitigations including phased implementation, prioritisation and use of external expertise where required. To underpin this approach a key communication strategy will be co-produced with parent carers and partners to ensure we build trust in this new approach and parents are assured that their child's needs will be supported across all education settings.

8. **Other funding Local Authorities.**

Block Transfers: above 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.

The local area has agreed a transfer from the Schools Block to the High Needs Block.

This funding will be used in a targeted way to strengthen system capacity to meet need earlier and more consistently within mainstream education. It will support workforce development and the consistent application of the SEND in Mainstream Settings Framework, improving confidence and reducing variation in how needs are identified, assessed and supported across settings.

The transfer will also support the establishment and facilitation of SEND clusters, enabling shared problem-solving, earlier decision-making and increased consistency in how needs are responded to across the system. This will help schools to hold and plan for need more effectively, increasing the proportion of needs met at SEN Support and reducing reliance on reactive escalation to statutory assessment or specialist placements.

A proportion of the funding will be used to provide non-statutory, short-term targeted support for children and young people requiring exceptional provision, where needs cannot be met through universal and targeted support alone but do not require immediate escalation to statutory intervention. This will support placement stability and enable needs to be met without escalation where appropriate.

Overall, this approach ensures that funding is directed towards strengthening inclusive practice, improving consistency and enabling earlier intervention, with a clear focus on reducing demand for high-cost and specialist provision over time and improving the sustainability of the High Needs Block.

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.

South Tyneside will use high needs capital funding to place inclusion at the core of its sufficiency and place planning strategy, responding directly to rising demand for EHCPs, particularly for autism, cognition and learning, and SEMH needs. Forecasts indicate sustained growth across all phases, with the most significant pressures at Early Years–KS1 and KS2–3 transition and within secondary SEMH cohorts. These pressures are reflected in increasing reliance on specialist and out-of-area placements and limited mainstream capacity to meet need locally. Capital investment is therefore targeted to increase local mainstream capacity in these areas and reduce reliance on specialist provision.

Capital funding will prioritise the expansion of ARBs and SEN Units in phases and need areas where sufficiency gaps are most acute. The SEND Provision Plan sets out a clear trajectory to increase ARB/SEN Unit capacity across early years, primary, secondary and post-16 provision, aligned to demographic forecasting and placement analysis. This includes targeted expansion of primary and secondary provision to address transition pressure points and specific cohorts of need, including autism, cognition and learning and SEMH, alongside early years development to support inclusive environments from the earliest stages and reduce later demand for statutory and specialist provision

This reflects a cohort-based approach in which a growing proportion of children with autism, speech, language and communication needs and emerging SEMH needs can be supported within mainstream and resource base provision, while specialist placements remain focused on a smaller group of children with complex and enduring needs requiring highly specialised provision.

The Partnership is working collaboratively with maintained schools, early years providers, colleges and multi academy trusts to identify suitable sites and develop high-quality inclusion bases. This includes early engagement to define cohort focus, integration with mainstream provision, workforce requirements and quality assurance expectations, ensuring that provision is needs-led, sustainable and consistently delivered across the system. This approach supports the trajectory that all children and young people who require an inclusion base place can access one locally over time. This includes a more strategic approach to estate planning across the system, ensuring that decisions about site use, expansion and development are aligned to sufficiency analysis, cohort need and long-term sustainability.

While specialist provision remains essential for children and young people with the most complex needs, current patterns demonstrate disproportionate reliance on special schools and independent/non-maintained provision. Where additional specialist capacity is required, proposals will be supported by a clear rationale demonstrating why needs cannot be met through inclusive mainstream or resource base provision and how investment supports long-term system sustainability. This will include opportunities to reconfigure and co-locate specialist provision where this strengthens quality, workforce sustainability and access, enabling a more flexible and integrated use of expertise across sites. This approach ensures that specialist capacity is organised around cohort need and system sustainability, rather than historic arrangements, and supports more consistent delivery of high-quality provision.

Capital planning will maximise use of the existing estate, including opportunities arising from falling rolls and the repurposing or rehabilitation of vacant or underused sites to meet identified areas of need. This will include adapting mainstream settings and specialist environments to improve accessibility, provide flexible learning environments, and develop sensory-informed and therapeutic spaces. This will improve the suitability of mainstream environments and enable settings to meet a wider range of needs.

All capital investment is informed by sufficiency analysis, placement data and travel impact metrics, with a clear focus on reducing travel distances, transport costs and reliance on distant placements. South Tyneside's compact geography and place-based approach support more localised, accessible provision contributing to improved outcomes and more efficient use of resources. This includes ensuring that estate configuration supports efficient service delivery, reduces duplication and enables better integration of specialist and mainstream provision.

Innovative use of capital, including assistive technology and digital solutions, will also be explored where this strengthens inclusive practice and supports earlier intervention.

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.

Delivery of the Local SEND Reform Plan will be underpinned by structured, ongoing engagement and co-production across the full local SEND system, ensuring that partners share ownership of reform and that change is implemented collaboratively and sustainably. Engagement and co-production operate through a single, coordinated model across the partnership, bringing together children and young people, parents and carers, schools, early years providers, post-16 settings and partners through aligned engagement routes. This ensures that feedback is gathered systematically, triangulated with performance data and used consistently to inform decision-making, service design and system priorities.

This will be supported by a strong, co-produced communication approach that underpins all elements of the reform programme. This will include the use of real experiences and lived voices from children, young people and families, alongside education and professional partners, to articulate how meeting need earlier and more effectively leads to improved outcomes. This approach will reinforce shared understanding of inclusion, build confidence across the system and support a cultural shift away from escalation-based thinking towards a more consistent focus on needs-led support and positive outcomes.

Schools, early years settings, alternative provision and further education providers are engaged as core system partners, not consultees, with defined roles, expectations and routes for influence. Headteachers, SENDCOs and trust leaders are actively involved through established governance forums, SEND clusters, SENDCO networks and targeted engagement activity linked to key workstreams, including EAH, inclusion base development and alternative provision reform. This includes structured engagement with early years providers and post-16 settings, including those attended by South Tyneside children and young people outside the borough, ensuring that system design reflects the full 0–25 education landscape.

As roles and responsibilities evolve in line with the Schools White Paper, engagement focuses on shared accountability for inclusion, clearer expectations of mainstream provision and collective problem solving. SEND clusters are a key mechanism for this transition, providing a structured, moderated forum for shared learning in Year 1, before progressing to shared responsibility and delegated decision making in later phases.

Health and social care partners, including the ICB and commissioned providers, are engaged through the Local Area SEND Partnership (LASP) and aligned operational groups. Joint training, shared data and coordinated service development support consistent multi-agency practice, particularly in relation to early intervention, SEMH and preparation for adulthood. Alternative provision providers are engaged through both the AP framework and targeted development discussions to strengthen local capacity and reduce escalation to high-cost placements.

Co-production is embedded as a system expectation, not an optional activity. The partnership is implementing a Co-production Charter, setting out clear principles, roles and expectations for involvement. The Parent Carer Forum is represented within governance structures and provides regular challenge and insight, with evidence that this directly informs governance decisions, service design and commissioning priorities. Formal responses are published using a transparent "You said, we did / not yet" approach and used as part of wider communication to demonstrate impact and build trust.

Children and young people's voices are captured through multiple, routine mechanisms, including an annual survey, structured capture through 14+ Annual Reviews, targeted engagement with priority cohorts, and accessible feedback routes embedded in everyday activity. This ensures children and young people's views inform both individual planning and system-level priorities. Qualitative feedback is routinely reviewed alongside performance data through governance to inform prioritisation, decision making and service adjustment.

The partnership recognises that reform involves changes to roles, responsibilities and ways of working. Transition is managed through phased implementation, clear communication, workforce development and moderation, reducing risk and building confidence. Governance forums provide oversight to ensure equity, consistency and clarity as responsibilities evolve.

Across the North East, we will work collectively, using the strength of our established regional partnership to drive consistent, high-quality support for children and young people with SEND. Through strong collaboration between local authorities, education, health and care partners, we will share learning, align approaches and deliver at scale to improve outcomes and reduce inequalities. By working regionally where it adds most value, we will accelerate improvement, strengthen local delivery, and create a more coherent and sustainable system for children, young people and their families.

Department for Education engagement will be used to reinforce shared accountability and confidence during early implementation, particularly through engagement with education leaders, trust boards and Parent Carer Forum representatives, supporting consistent messaging and collective ownership across the system.

10. Risks and Mitigations

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

Risk	Impact	Likelihood	RAG	Mitigation	Residual RAG
Insufficient workforce capacity across education, health (including NHS pressures) and AP, combined with continued growth in High Needs Block demand and cost, limits the pace and sustainability of reform delivery.	Delays in scaling EAH, APST and inclusion base support result in continued late escalation and placement instability, sustaining reliance on high-cost and out-of-area provision and preventing stabilisation of High Needs Block expenditure.	Likely (>60% – <90%)		Phased mobilisation of EAH and APST aligned to recruitment reality; prioritisation of consultation and system strengthening over 1:1 delivery; targeted workforce development; use of commissioning and partnership delivery where recruitment is constrained; active alignment with ICB workforce planning and service redesign to stabilise health input and ensure consistent delivery of specialist advice. Joint commissioning will be a standard agenda item on EAH Oversight Group to ensure sustainability of the model. Reviewed monthly through EAH Oversight Group, with risk ownership held jointly by Head of SEND, Access & Inclusion (STC) and the Head of Children & Young People (NENC ICB). Escalation through LASP Operations Group and Strategic Board.	
Variation in school confidence and engagement may lead to inconsistent application of thresholds across education, health and early help pathways, resulting in uneven demand management and inefficient use of system resource.	Inconsistent application of the SEND in Mainstream Settings Framework leads to unequal access to support, continued variation in escalation rates and uneven inclusion outcomes across the borough; sustained or avoidable escalation to statutory assessment and specialist provision; inefficient use of resource and increased cost pressure on the High Needs Block.	Possible (>30% – <60%)		Phased introduction of SEND clusters with no devolved decision-making in Year 1; standardised agendas and moderation; alignment to SEND in Mainstream Settings Framework; targeted support for outlier settings; clear escalation routes; alignment of expectations across education, health and Family Help pathways to ensure consistent identification and response to need' strengthened moderation and system oversight to reduce variation in escalation, improve consistency of decision-making and ensure more efficient use of High Needs Block resource. Reviewed quarterly through LASP Operations Group, with risk ownership held by Assistant Director, Education SEND & Inclusion (STC). Escalation through Local Area SEND Strategic Board.	
Delays in capital delivery and estate development limit expansion of local provision, reducing the system's ability to respond to demand at pace and align capacity with identified cohort need.	Delayed delivery of inclusion bases and specialist capacity results in continued reliance on interim arrangements, increased use of high-cost and out-of-area placements, and slower progress towards planned sufficiency and inclusion outcomes.	Possible (>30% – <60%)		Early feasibility using existing estate (including falling rolls); prioritisation of adaptation over new build; phased place growth aligned to sufficiency data; close collaboration with schools and trusts; temporary or hybrid solutions where required; active sufficiency planning to align capital delivery with demand modelling and placement trends; targeted development of inclusion bases and local capacity to reduce reliance on high-cost and out-of-area provision and support improved value for money. Reviewed monthly through Placement Sufficiency Oversight Group, with risk ownership held by Head of SEND, Access & Inclusion (STC). Escalation through LASP Operations Group and Strategic Board.	

Data quality, integration or analytical capacity is insufficient to support timely decision-making, limiting the Partnership's ability to model demand accurately and plan resource effectively.	The Partnership is unable to reliably track progress across education, health and social care, limiting the Partnership's ability to identify emerging pressure points, understand pathways and redirect resources early; resulting in inefficient use of resources and reduced ability to manage cost pressures within the High Needs Block.	Possible (>30% – <60%)		Development of integrated multi-agency datasets including early years, health and social care intelligence, covering demand, placements, outcomes, workforce and cost; clear data ownership; triangulation of quantitative data with lived experience; alignment of quarterly DfE returns with local monitoring; use of shared data to strengthen demand forecasting, resource planning and earlier identification of cost pressures across the system. Reviewed monthly through LASP Operations Group, with risk ownership held by Assistant Director, Education SEND & Inclusion (STC). Escalation through Local Area SEND and Strategic Board.	
System change generates uncertainty or resistance among partners and families	Reduced confidence in reform leads to increased challenge, complaints or disengagement; slower implementation and reduced consistency in practice; undermined shared accountability for inclusion, particularly where wider system reforms (including Families First and ICB change) impact roles and responsibilities; delayed adoption of earlier intervention and mainstream inclusion approaches; resulting in continued reliance on escalation and associated cost pressures within the High Needs Block.	Unlikely (>10% – <30%)		Clear communication of phased approach; Coproduction Charter; routine "You said, we did / not yet" feedback; early engagement with schools, PCF and CYP; visible leadership; targeted DfE senior engagement at key transition points; structured communication of the benefits of earlier intervention and inclusive practice to build confidence and support consistent system adoption. Reviewed quarterly through Local Area SEND Strategic Board, with risk ownership held by Director for Children's Services (STC). Escalation through the Health & Wellbeing Board.	

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

The delivery of South Tyneside's SEND Reform Plan is closely interdependent with several national and local reforms across health, local government, social care and early years. These reforms create both opportunities and risks which will be actively managed through partnership governance, integrated planning and aligned delivery.

Within the NHS, ongoing pathway development across the North East and North Cumbria Integrated Care Board provides an opportunity to align health delivery more closely with SEND reform priorities. This includes aligning therapy, paediatric and wider health pathways with the EAH model, enabling clearer, more consistent and fluid access to multidisciplinary support and supporting a shift from referral-led models to more integrated, needs0led and locality-based expertise. The development of Neighbourhood Health models and multidisciplinary teams (MDTs) will further strengthen this approach in practice, bringing together health, education and community services at a locality level. This will support earlier identification of need, more coordinated responses across services, and more consistent access to support without reliance on fragmented or referral-led pathways. Health practitioners will operate more closely alongside schools, clusters and early help services, enabling timely consultation, shared decision-making and more integrated delivery of support. Partnership working remains strong, with health colleagues actively engaged across governance and delivery structures, ensuring that pathway design, workforce planning and commissioning are aligned to the graduated response and early intervention priorities.

At a local authority level, strengthened and stabilised leadership provides improved capacity to drive reform delivery at pace. Permanent senior leadership appointments and refined governance arrangements are enabling stronger oversight, clearer accountability and more consistent decision-making. This improved leadership grip will be essential in maintaining delivery momentum and ensuring SEND reform remains central to wider system transformation.

Reforms to children's social care, including the implementation of Families First and locality-based Family Help models, present a significant opportunity to strengthen early intervention. SEND pathways will be aligned with these reforms to enable earlier identification of need, coordinated support and consistent thresholds across education, health and care. This will support a shift away from fragmented responses, reducing duplication between services and ensuring families experience a single, coordinated plan.

The Best Start in Life agenda, including the development of Family Hubs, is a key enabler of the SEND reform strategy. Best Start Family Hubs and inclusion practitioners will form a core part of the early identification system, enabling earlier recognition of emerging needs and coordinated support prior to school entry. This will support improvements in school readiness, with the proportion of children achieving a Good Level of Development acting as a leading indicator of system effectiveness. Strengthening early identification in this way reduces the likelihood of needs emerging later at greater complexity, supporting improved outcomes and reducing long-term demand on statutory and specialist services. The development of Neighbourhood Health models will further strengthen this approach, aligning paediatric and health input more closely with SEND clusters and enabling earlier identification and coordinated response to emerging needs.

The national Curriculum and Assessment Review may influence expectations of inclusive teaching, assessment and curriculum flexibility. The partnership will ensure that local approaches, including the SEND in Mainstream Settings Framework, remain aligned to emerging national expectations, supporting consistent and inclusive practice across all settings.

Across all these dependencies, the partnership will maintain active oversight through governance, shared data and regular review cycles. This will enable early identification of delivery risks, proactive adaptation of plans and sustained alignment between wider system reform and local SEND priorities, ensuring that delivery remains coordinated, effective and focused on improving outcomes for children and families.

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.

Delivery of the Local SEND Reform Plan will be monitored through a combination of shared data systems, routine governance, and structured feedback loops, ensuring that progress is visible, measurable and informs decision-making at all levels, with monitoring explicitly aligned to the defined success measures and trajectories set out in the Year 1 Delivery Plan.

Monitoring tools and processes

The partnership will use a shared SEND dashboard and performance pack as the central tool for tracking delivery bringing together the agreed metrics and target trajectories across each workstream to assess both progress against milestones and expected system impact across education, health and care, including:

- *Demand: EHCP requests, assessments, conversions and timeliness*
- *Service delivery: access to specialist advice (e.g. EAH), placement types and sufficiency metrics*
- *Service quality: complaints, mediation and tribunal activity, and parent/carer feedback, quality assurance and moderation activity.*
- *Outcomes: Good Levels of Development (GLD), attendance, exclusions, reduced timetables, placement stability and NEET measures, improved access to specialist services.*

Data will be reviewed monthly through the SEND Operational Group and formally reported to the SEND Strategic Board, enabling leaders to identify trends, challenge variation, agree corrective actions and assess progress against defined outcome measures across inclusion, experience and system sustainability. This includes triangulation of performance data with sufficiency information (placements, capacity, cost) to ensure decisions are informed by a single, shared view of the system.

At an operational level, data will be used routinely to:

- *identify emerging pressure points (e.g. rising demand or placement instability),*
- *monitor equity of access to support (e.g. specialist advice and cluster input),*
- *track whether more needs are being met earlier without escalation and,*
- *identify any new trends or comorbidities*

This ensures that monitoring is not retrospective, but actively shapes delivery, prioritisation and resource allocation enabling timely adjustments in response to emerging pressures and variation across the system.

Feedback and adaptation mechanisms

Alongside quantitative data, the partnership will use structured feedback loops to understand lived experience and adapt delivery.

This will include:

- *Parent Carer Forum (PCF) reporting, with formal responses provided through a "You said / we did / not yet" approach*
- *Children and Young People feedback, captured through surveys, Annual Reviews and targeted engagement*
- *SENDIASS intelligence, including themes from advice, complaints and mediation*
- *Cluster-level feedback, including learning from peer discussions, case tracking and action follow-up*

These sources will be reviewed alongside performance data through governance, ensuring that qualitative insight is used to interpret trends, identify gaps and refine delivery.

The partnership will operate a continuous plan–do–review cycle, where:

- *data identifies what is happening*
- *feedback explains why*
- *governance determines what changes*

This approach ensures that delivery remains responsive, that system learning is acted upon, and that improvements are sustained over time with overall impact assessed through trends in key indicators, including increased numbers of children supported at SEN Support, reduced progression to statutory assessment, improved placement stability and reduced reliance on high-cost or out-of-area provision.

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.

Please see attached data template: South Tyneside The Local SEND Reform Plan Data template

Section 4 – Governance

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

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

Governance Mechanism *This may be a governance group, or an individual (e.g. SRO).*	**Purpose/ Responsibilities** *What is the function of this governance mechanism? What are they accountable for overseeing? What information is reported to this governance mechanism?*	**Membership** *Who does this governance mechanism comprise of?*	**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?*
Local Area SEND Partnership SEND Strategic Board	*Provides system leadership and strategic oversight of the SEND Reform Plan across education, health and care. Holds the SRO and system partners to account for delivery, performance and impact. Receives performance reports through the shared dashboard, including progress against milestones, success measures, risks and mitigations.*	*Senior leaders from Local Authority, ICB, education leaders, social care, voluntary sector and Parent Carer Forum (PCF). Chaired by senior LA/partnership lead.*	*Bi-monthly*	*Agree strategic priorities, outcomes and resource allocation* *Approve delivery plans and major programme decisions* *Agree system-wide actions to address performance issues* *Commission escalation to wider system leadership where required.*	*Local Authority Corporate Leadership Team* *Health and Wellbeing Board* *ICB Executive Team*
Strategic Responsible Officer (SRO) Assistant Director, Education SEND & Inclusion	*Acts as the single point of accountability for delivery of the SEND Reform Plan. Leads implementation across all workstreams, monitors performance and outcomes, manages risks and ensures timely escalation of issues. Receives delivery and performance information from the Operational Group and workstreams.*	*Individual role (Assistant Director for Education, SEND & Inclusion).*	*Formal reporting to Strategic Board (quarterly with exception reporting as required)*	*Direct delivery across workstreams* *Agree operational actions to address risks and underperformance* *Commission additional activity or intervention to maintain delivery.*	*Local Area SEND Strategic Board*
SEND Transformation Board	*Provides delivery oversight of the SEND Reform Plan. Monitors workstream progress against milestones, metrics and outcomes. Reviews risks and performance data and recommends actions. Provides*	*Chaired by SRO* *Membership includes representatives from:* *Local Authority* *ICB / NHS Trust partners*	*Quarterly (with exceptions as required)*	*Agree delivery actions across workstreams* *Recommend resource or delivery adjustments* *Commission further analysis or improvement activity.*	*Reports to SEND Strategic Board via SRO; escalates risks, barriers or decisions requiring strategic direction*

	assurance to the Strategic Board via the SRO.	*Education sector (including schools)* *PCF* *VCSE and CYP representation*			
SEND Reform Workstreams	*Deliver the agreed reform priorities and actions. Implement delivery plans, track performance and outcomes within each priority area and identify risks or delivery issues. Provide regular updates and performance data to the Operational Group.*	*Chaired by designated leads (education and/or health depending on workstream)* *Multi-agency membership including:* *Education, health and social care partners* *Early years and post-16 representation (where relevant)* *Parent Carer Forum and CYP input (as appropriate)*	*Monthly*	*Agree delivery actions within scope of workstream plans* *Manage operational risks and delivery issues.* *Recommend changes to delivery approach.*	*SEND Transformation Board*
Health & Wellbeing Board	*Provides strategic oversight of population outcomes, ensuring alignment between SEND reform, health priorities and wider system planning. Receives assurance on SEND performance and system impact.*	*Chaired by Leader of the Council (statutory membership including LA, ICB, Public Health, elected members)*	*Quarterly*	*Align strategic priorities across health, care and education* *Influence commissioning and system-wide planning.*	*Local Authority Corporate Leadership Team* *ICB Executive*
Partners, CYP, Parents/carers and Stakeholders	*Contribute to co-production, provide insight and lived experience and support continuous improvement of the system. Inform design, delivery and evaluation of services and provide challenge to ensure services meet the needs of children, young people and families.*	*Children and Young People (e.g. SEND Youth Forum / SEND Champions)* *Parent Carer Forum* *Schools and education providers* *Health partners (ICB and NHS providers)* *Early years providers* *Post-16 providers* *VCSE sector and wider community partners*	*Ongoing engagement through structured forums, engagement events and coproduction activity*	*Does not make formal decisions informs priorities and service design.* *Provide feedback on delivery and impact.* *Influence system improvement through co-production.*	*Strategic Board (via PCF and engagement mechanisms)*
Finance School Funding Governance Group	*Reviews DSG expenditure and financial performance, including schools' balances, High Needs Block position and forecast pressures. Provides oversight and challenge on financial sustainability and ensures alignment between spending, sufficiency pressures and SEND reform priorities. Escalates risks and emerging pressures to senior leaders and partnership governance.*	*Director / Assistant Director of Finance (Chair), Head of Strategic Finance, Finance Business Partner, Finance Advisors, with liaison to SEND leadership to ensure alignment to SEND reform priorities.*	*Bi-monthly*	*Reviews and challenges financial performance and forecasts. Makes recommendations to Corporate Leadership Team, Schools Forum and SEND partnership governance on DSG management, financial risks and mitigation options.*	*Escalates financial risks and pressures to Corporate Leadership Team (CLT), SEND Strategic Board and Schools Forum, with recommendations for mitigation and resource alignment.*

Schools Forum	*Statutory body providing oversight of schools' funding, including the Dedicated Schools Grant (DSG) and High Needs Block. Ensures transparency, appropriate allocation of resources and alignment between funding decisions, sufficiency pressures and SEND priorities. Reviews financial performance, forecast pressures and the sustainability of the system.*	*Representatives from maintained schools and academies (in line with ESFA guidance), further education representation where applicable, Local Authority officers including finance and Children's Services (Director level). Chaired by an elected school representative with a Deputy Chair.*	*Four times per year (January, March, June, October) with additional sub-groups as required*	*Approves DSG budget allocations and distribution across funding blocks (within statutory limits)* *Agrees block transfers, growth funding and Schools in Financial Difficulty (SIFD) applications (via sub-groups where appropriate)* *Reviews financial outturn and forecast positions.* *Provides scrutiny and challenge on school balances and High Needs expenditure.* *Quoracy required for decision-making.*	*Escalates issues to the Local Authority Corporate Leadership Team and Local Area SEND Strategic Board where funding decisions impact wider system delivery, financial sustainability or require cross-partner resolution.*
Corporate Leadership Team	*Provides corporate oversight of SEND reform, including financial sustainability, system performance and delivery risk. Ensures alignment across directorates and holds accountability for resolving system-level issues that require cross-directorate action, including resource allocation, policy alignment and removal of delivery barriers.*	*Chief Executive and all Council Directors.*	*Monthly, with additional deep dives on financial performance and SEND reform delivery as required.*	*Agree corporate decisions on resource allocation and service prioritisation.* *Approve actions to address financial pressures, including DSG and High Needs Block risks* *Align policy and operational delivery across directorates.* *Commission system-level mitigations to address delivery risks.*	*Receives escalation from the SEND Strategic Board, Schools Forum and finance governance arrangements.* *Escalates strategic or system-level issues to Elected Members where required.*
Children's Services Leadership Team	*Oversees operational delivery of SEND services within Children's Services, including performance of the High Needs Block, service pressures and implementation of SEND reform actions. Ensures alignment between operational delivery, financial performance and partnership priorities.*	*Director and Assistant Directors of Children's Services, HR, Finance.*	*Fortnightly*	*Agree operational decisions relating to service delivery and resource deployment.* *Manage service pressures and performance within Children's Services.* *Align operational delivery with corporate and partnership priorities.* *Commission actions to address delivery risks within service areas.*	*Escalates issues to the Corporate Leadership Team and Local Area SEND Strategic Board where risks or decisions require corporate or partnership resolution.*
Corporate Transformation Board	*Provides strategic oversight of corporate transformation activity, ensuring alignment between SEND reform and wider organisational transformation priorities. Oversees delivery of transformation programmes, monitors performance and impact, and ensures that SEND reform is integrated within broader system change, including financial recovery and service redesign.*	*Chaired by senior corporate leadership (e.g. Chief Executive/Director level depending on local structure).* *Membership includes: Corporate directors (including Children's Services and Finance). Transformation and programme leads.*	*SEND Reform Plan reported quarterly*	*Aligns SEND reform with corporate transformation priorities, including financial recovery and service redesign* *Reviews performance, impact and value for money* *Drives cross-directorate action to address delivery, workforce or financial issues*	*Corporate Leadership Team (CLT) (for immediate corporate decision-making and resource allocation)* *Elected Members / Cabinet (where decisions impact strategic priorities, capital investment or*

		Senior representation aligned to key transformation programmes. *Health and partner representation where appropriate.*		*Sets direction on key transformation priorities and dependencies*	*financial recovery plans)*
ICB Internal Governance is being worked up and will be included in the next iteration of this plan – all of which will be aligned under the Neighbourhood health Sub committee.					

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

Please see Appendix D

Section 5 – Central Government Support

15. **How can we help you?**

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

This may include:

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

The partnership would welcome targeted support from central government to strengthen delivery capacity and ensure consistent implementation of reform.

The partnership recognises that the pace of capital delivery will be a critical enabler of inclusion over the next three years. While national investment is essential, constraints in programme capacity and delivery may limit the speed at which provision can be brought forward. There is an opportunity to strengthen regional collaboration, working through DCS networks, to explore collective approaches to capital planning and delivery, supporting more timely expansion of local provision.

Workforce capacity remains a key constraint. Support with nationally scalable workforce models and development approaches, particularly in relation to early intervention and inclusive practice, would support recruitment, retention and consistent delivery across education, health and care.

The partnership would also benefit from nationally developed tools and frameworks to support data collection, evaluation and impact measurement, particularly in evidencing the effect of early intervention and non-statutory support. This would strengthen local monitoring and enable benchmarking across areas.

Further clarity on national expectations and policy parameters would support confident implementation, particularly in relation to thresholds, the interface between statutory and non-statutory support, and the use of funding flexibilities to meet need earlier and reduce escalation.

Targeted opportunities for peer learning with areas implementing similar models, particularly in relation to cluster approaches, co-production and strengthening mainstream inclusion, would support system learning and accelerate delivery.

Finally, continued support to strengthen alignment across education and health commissioning arrangements would support more consistent and coordinated delivery of specialist support within a reformed SEND system.