



Department  
for Education

**NHS**  
England

# The Local SEND Reform Plan

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## Annex A: Local SEND Reform Plan

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**Name of Integrated Care Board:** NHS Sussex and Surrey Heartlands

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# Executive Summary

West Sussex operates within a context of sustained demand growth, workforce pressure and financial strain. The number of children and young people (CYP) with Education, Health and Care Plans (EHCPs) is projected to rise significantly from 10,945 in 2025 to 17,921 by 2029 (c.64% increase), while the overall CYP population is broadly stable or declining. This reflects increasing complexity of need, particularly in autism, speech and language, and SEMH. At the same time, the system is under pressure from rising high needs expenditure (forecast £185m to £324m between 2024–25 and 2027–28) and a growing DSG deficit.

## Where we are now

West Sussex is a “developing” system across most partnership maturity domains, with strong foundations in governance, partnership working and a skilled and organised workforce, but inconsistency in delivery and capacity constraints. There are areas of strength: an established SEND & AP Partnership Board, strong Parent Carer Forum engagement, improving inclusive practice, and positive outcomes (e.g. KS4 attainment above national). However, there are critical challenges:

- EHCP capacity and timeliness are under pressure due to rising demand and workforce constraints, with the system “firefighting” in specialist provision and lacking sufficient capacity for early intervention.
- Health system instability following ICB restructuring has weakened integrated pathways and reduced access to therapies.
- Alternative provision and specialist sufficiency gaps are driving reliance on costly independent placements.
- Transport costs are increasing significantly, forecast to rise from £29.2m to £42.9m by 2027–28 due to distance placements and demand.

Qualitatively, families report mixed confidence, with strong co-production structures but inconsistent experiences and communication gaps.

## Where we want to get to (next 3 years)

We aim to build a fully integrated 0–25 inclusive system characterised by:

1. Inclusive settings and strong partnerships; embedding the “Experts at Hand” model so needs are met earlier in mainstream, reducing escalation and dependence on EHCPs and specialist placements.
2. Improved workforce capacity and capability; scaling multidisciplinary support, strengthening mainstream confidence, and addressing gaps in health and post-16 provision.
3. Increased confidence of families and stakeholders; through consistent communication, demonstrable impact of co-production, and improved timeliness (including EHCP processes).
4. Financial sustainability and value for money, reducing reliance on high-cost placements and stabilising the DSG deficit trajectory.

## **How we will know we are succeeding**

Success will be evidenced through a combination of quantitative and qualitative measures:

- Improved EHCP timeliness and reduced backlog as workforce capacity increases.
- A slowing rate of EHCP growth over time as earlier intervention takes effect.
- Increased proportion of CYP with EHCPs in mainstream and local provision.
- Reduction in use and cost of independent placements.
- Improved family confidence and satisfaction, evidenced through feedback loops and PCF engagement.
- Improved attendance, outcomes and transitions (especially post-16).

This will be supported by a clearly defined and embedded role for the West Sussex Parent Carer Forum (WSPCF) within governance and decision-making structures, alongside strengthened “you said, we did” feedback mechanisms to demonstrate how lived experience directly shapes design and delivery.

In the short term, the system will face continued cost pressures. High needs spend and transport costs are projected to increase before stabilising. Importantly, by building capacity, expanding local provision, and embedding earlier intervention we believe this will help us mitigate the demand that would otherwise arise without this work and complement the cost control, cost avoidance and supply side strategies and activities that we have in place to mitigate rising demand. Whilst overall total transport costs will initially rise as demand grows, they will reduce as more children are educated locally. However, the partnership will continue to prioritise mitigating actions, it is understood that key cost drivers that could be expected to address budgetary pressures are the volume of new EHCPs and the increase in INMSSS placements. We do also have robust process in place to manage Independent Non-maintained Special School (INMSSS) costs through the INMSSS panel, managed by commissioning.

The Local Authority are also taking further mitigating actions with the new banded funding approach for EHCPs and improved ways of working in our Special Educational Needs and Assessment Team (SENAT). We have been strengthening the foundations for more constructive and open dialogue with schools.

## **How we will know we have achieved our vision**

By year 3, we will have:

- A system where most needs are met in mainstream without escalation with a fully embedded ‘Expert at Hand’ (EaH) offer
- Reduced EHCP demand growth and improved processing timeliness
- Strong, mature partnerships (moving from “developing” to “maturing”)
- Stabilised high needs expenditure with a clear path to deficit reduction
- Positive, consistent feedback from CYP and families on their experience

Overall, this is a system shifting from reactive, high-cost intervention to proactive, inclusive, and sustainable support, with impact becoming visible over time rather than immediately

## Section 1 – Vision and Goals

1. The West Sussex Local SEND Area Partnership has a clear vision and a fully co-produced Strategy for children and young people (CYP) age 0-25 with SEND [West Sussex SEND strategy 2026 to 2030](#)

**‘By listening, caring and acting, we will create a bright and inclusive future for all children and young people with SEND in West Sussex’**

We believe that every child and young person with SEND should be included, supported, and able to thrive in their local community. We are committed to ensuring that all CYP with SEND achieve highly and typically have positive experiences and outcomes. We will do this by strengthening and investing in our universal and mainstream offer so that the majority of CYP with SEND can be educated in their local mainstream setting, with easy access to experts at hand as required, reducing the need for statutory assessments and specialist independent placements.

This will ensure that the council has a good management of their financial envelope and secures best value for money, whilst improving outcomes for children and young people.

This starts with ensuring that our parent carers and young people are confident in the West Sussex SEND system and offer available, which is why co-production and strong communication is 1 of 5 principles that underpins our SEND Strategy.

By the end of FY 28/29 we will:

- Increase the percentage of school age pupils with SEND attending mainstream schools from 52.1% to 57%
- Reduce the growth in the proportion of school age CYP with EHCPs attending INMSS from 27% to 22%
- Reduce the number of Permanent Exclusions and Suspensions for school age pupils with EHCPs and SEN Support from 11.4% to 8%
- Increase the Percentage of Young People with an EHCP from who are in employment, education, or training (EET) at Post 16, from 66% to 80%
- Increase in parental confidence that there are no gaps in services available to meet the needs of CYP with SEND from 5% to 25%

## Section 2 – Strategy

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

### **Building Block 1: Strengthening inclusion across education settings**

#### **Where we are now – what is working well and what is not**

West Sussex has made steady progress in strengthening inclusion across education settings, particularly in mainstream schools. Initiatives such as Autism in Schools Project (AiSP), Partnership in Neurodiversity in Schools (PINS) and Thought-full have improved outcomes for CYP and reduced crisis for many CYP and their families. In addition to this, inclusion has also been strengthened and supported through participation in two Department for Education (DfE) programmes: Delivering Better Value (DBV) and the SEND & Alternative Provision (AP) Change Partnership Programme (CPP). These programmes enabled a series of pilot projects to test different approaches, helping partners better understand what works well and where further improvement is needed.

In mainstream settings, inclusion is improving but not yet felt consistently across the county. Historically, West Sussex has relied more heavily than statistical neighbours and national averages on specialist provision for children with Education, Health and Care Plans (EHCPs). As a result, fewer school-age children with EHCPs are educated in mainstream schools compared to elsewhere. This has contributed to increased pressure on the High Needs budget and continued reliance on independent non-maintained special schools due to limited local capacity. One clear strength is the post-16 offer. The Chichester College Group provides strong further education opportunities, and many young people with EHCPs move successfully into local FE provision. Overall, when post-16 learners are included, 55% of children and young people with EHCPs are educated in mainstream settings.

A shared understanding of inclusion is increasingly evident across the system. This is supported by the third edition of the West Sussex Ordinarily Available Inclusive Practice (OAIP) guidance [West Sussex Ordinarily Available Inclusive Practice](#) published in March 2025. The guidance, developed with partners, sets out practical strategies for supporting a wide range of SEND needs in mainstream classrooms. Implementation is reinforced through training on Quality First Teaching and adaptive practice, delivered via tailored packages and online learning from the Standards and Effectiveness Service. Maintained schools also benefit from regular support and challenge through termly visits from Senior Education Advisors. These visits use a structured framework aligned with Ofsted expectations, where inclusion is a central focus, helping to embed stronger inclusive practice.

There have also been positive developments in supporting children's mental health and wellbeing. The Mental Health Support Teams (MHST) programme is a particular strength, providing early intervention, advice and direct support to schools. MHSTs work alongside staff to build confidence, support pupils with low to moderate needs,

and promote a graduated response. Alongside this, many schools are embedding whole-school approaches to wellbeing, including physical activity, emotional health and preventative strategies, all of which help create more inclusive environments.

The Horizons service (mental health in education triage) supports referrals by schools and colleges around concerns for children and young people and self-harm.

In terms of SEND sufficiency and place planning, the local authority has a clear strategic approach, informed by regular reviews and strong stakeholder engagement. Detailed data analysis across 24 localities has helped identify both current provision and future demand, ensuring new developments are aligned with need.

There has been significant progress in expanding maintained specialist provision. This includes proposals for new satellite sites at Oak Grove College and Queen Elizabeth II Silver Jubilee School (each adding 60 places), alongside the expansion of St Anthony's School (adding 50 places). Further detail can be found here: [Decision - Creation of a satellite site for Oak Grove College, Worthing - publication of statutory notices and allocation of capital funding - CYPL08 \(25/26\)](#)

Work is ongoing to identify additional satellite opportunities and to develop Specialist Support Centres within mainstream schools across every district. The local authority is also making better use of surplus capacity in the school estate, particularly as primary rolls fall, with this trend expected to affect secondary provision in future. A county-wide capacity assessment is helping guide where new inclusion bases should be located. The SEND Strategic Outline Case (SOC) sets out six workstreams focused on increasing specialist capacity, including satellite provision, specialist support centres, and expansions within existing special schools. The aim is to reduce reliance on independent placements while improving financial sustainability. Collaboration across the system is another strong feature. Relationships between the local authority, multi-academy trusts (MATs), and specialist providers are positive. A small capital grants programme supports schools to develop inclusion spaces, with headteachers playing an active role in commissioning, service design and evaluation.

The evaluation of early years places will consider both supply and demand in a nuanced way. On the supply side, it will analyse the number and type of places available across private, voluntary and independent providers, childminders and school-based provision. This will be complemented by occupancy data and local population trends, including the recognised decline in the 0–5 population, which masks significant variation between districts.

Demand will be assessed not only through demographic projections and take-up of funded entitlements, but also through local intelligence gathered from families. A key development in this approach is the formal role of Best Start Family Hubs and health partners in identifying parental demand and barriers to access. By Quarter 2, partners will agree a shared approach to gathering this intelligence, ensuring that sufficiency planning reflects lived experience as well as data.

There are also robust quality assurance arrangements in place for the Independent Alternative Provision (IAP) framework. Providers are selected through a formal procurement process, assessed against clear criteria including safeguarding, quality of education and SEND practice. This is supported by strong governance and senior oversight, ensuring that commissioning decisions are consistent and well monitored.

Despite these strengths, challenges remain. The three-tier AP model is under pressure, with Alternative Provision increasingly being used as a longer-term solution rather than a short-term intervention. This is driven by rising exclusions and limited Tier 2 capacity. There has also been increased use of unregulated AP and Education Other Than at School (EOTAS) packages, often at high cost and with variable outcomes. Oversight of these arrangements can be limited, creating risks around quality, safeguarding and value for money. Reintegration back into mainstream education also needs to be strengthened.

A critical component of the sufficiency assessment is the availability of provision for children with SEND. West Sussex recognises that specialist early years SEND places are limited across the county, with the majority of children supported successfully within mainstream settings through inclusive practice. The system is supported by a well-established infrastructure, including the DCATCH brokerage process, which helps families of children with SEND or emerging needs access appropriate places. Data from DCATCH, including success rates and case volumes, will form an integral part of the sufficiency analysis.

### **Enablers and what needs to change**

A significant shift is needed to reduce reliance on high-cost independent placements and AP. While this will take time, the current strategy focuses on expanding maintained specialist provision, particularly through satellite sites. These offer flexibility and could be repurposed in future as mainstream inclusion bases or internal AP provision if demand changes.

We also know that we have limited specialist SEND capacity, variation in inclusion practice across providers, workforce skill gaps, and a cohort of children who are not accessing early years provision at all. The response to these challenges will focus on strengthening inclusion within mainstream settings, supported by the effective use of the Inclusive Early Years Grant (IEYG).

The long-term ambition is for most children and young people with SEND to be educated in their local mainstream schools or colleges. This would support inclusion, reduce transport needs and promote greater consistency across the county.

Capital investment is a key enabler. As local provision grows, reliance on independent settings should reduce, supporting long-term financial sustainability.

Another critical area is the work of the Special Educational Needs Assessment Team (SENAT), particularly around Annual Reviews. Strengthening oversight of independent placements and AP is essential to improve outcomes and ensure value for money. This will require increased administrative capacity and a more targeted, risk-based approach, as current capacity limits the team's ability to meet demand.

The workforce is generally well trained, with strong practice seen in outreach services such as the Specialist Advisory Teaching Service and special school outreach. However, this needs to be scaled more consistently across all settings.

One gap is in support for children with complex health and medical needs. Addressing this will require closer working with health partners, including the Integrated Care Board (ICB), to ensure schools have access to the right expertise and training.

Improving AP pathways is a priority. This includes strengthening monitoring, ensuring clear reintegration routes and developing a child-level tracking system. A single live register of all AP and EOTAS learners is needed, capturing attendance, timetables, outcomes and safeguarding checks. This will require better-aligned data systems and clearer accountability, as current arrangements lack dedicated oversight.

### **Where we will be in the next 3 years**

Over the next three years, West Sussex will strengthen inclusion across its education system so that children and young people's needs are met as close to home as possible. All settings and providers will move towards a shared understanding of inclusion, supported by consistent practices. This vision builds on what is already working well, while deliberately addressing those parts of the system that currently create inconsistency, unnecessary escalation, and expensive provision that does not always deliver good outcomes.

Central to this transformation is the delivery of the Experts at Hand (EaH) offer through a Local Authority-led model. This approach aligns closely with existing education, Early Help, Public Health, and family support systems, making it well suited to the local context. By building on established and trusted relationships with families and practitioners, the model enables a cohesive, place-based service that responds effectively to local needs and demographics.

The EaH service will be organised through eight locality hubs aligned with the Best Start Family Hubs. These hubs will act as the main access points. Hub leads will play a vital role in identifying needs, facilitating referrals, and supporting engagement, creating a seamless pathway between universal and targeted services. Delivery will be co-designed and implemented in partnership with the Integrated Care Board (ICB) under a formal Memorandum of Understanding, with elements supported through Service Level Agreements where clinical input is required. The ICB and Public Health will contribute clinical expertise, governance, and connections to health pathways such as maternity, health visiting, and primary care. This ensures that the EaH offer is safe, evidence-based, and complements NHS provision. Where necessary, external partners may be commissioned to provide specialist input or digital platforms to support high-quality delivery.

Performance will be managed through a joint governance framework between the local authority and the ICB. This will include shared outcomes, regular reporting, and oversight through established partnership boards such as the Health and Wellbeing Board and Family Hub governance structures. Partners have already contributed to shaping the model through task and finish groups when developing the SEND Reform Plan, and co-production will continue as the programme moves into delivery.

At a system level, the approach represents a shift away from reliance on specialist and independent provision. Instead, mainstream settings will be better supported to meet a broader range of needs, with specialist provision used more strategically. Alternative provision will be repositioned as a short-term, high-quality intervention with clear routes back into mainstream education.

This ambition will be delivered through a joined-up approach across practice, provision, workforce, capital investment, and system leadership, underpinned by the EaH model. Ordinarily Available Inclusive Practice (OAIP) and Quality First Teaching will form the foundation of inclusion. Rather than relying on guidance alone, schools will be supported through training, coaching, standards visits, and shared inclusion frameworks. EaH will provide rapid access to specialist advice, enabling early intervention, adaptive teaching, and collaborative problem-solving. This is expected to reduce unnecessary escalation to Education, Health and Care Plans (EHCPs) and specialist placements, while increasing consistency and confidence across schools.

Mental health support will also be strengthened. The reach of Mental Health Support Teams (MHSTs) will expand so that more schools and colleges benefit from early intervention and evidence-based support. MHSTs will be integrated within EaH, working alongside education staff to build whole-school approaches to emotional wellbeing, enhance prevention, and provide timely support for mild to moderate needs. Closer alignment between MHSTs, educational psychology, inclusion services, and health partners will create a more coherent offer around each child.

The EaH model will operate through two primary pathways: proactive and responsive. The proactive pathway focuses on working alongside schools to support their development priorities. Specialists will collaborate with staff to identify strengths and areas for improvement, including mental health, well-being, and medical needs. This “team around the school” approach allows the right expertise to be mobilised in response to identified priorities, supporting a more inclusive, whole-school response to SEND.

Alongside this, clearer and more accessible pathways into health services will be developed. School leaders and SENCOs will have a better understanding of how to access medical advice, training, and support, via a transparent front door to health provision. Joint training programmes will help build staff confidence in supporting children with complex health needs, while improving coordination between education and health. Over time, this will reduce fragmentation, promote equity of access, and build sustainable capability within mainstream settings.

The responsive pathway will provide a streamlined referral system relating to individual pupils or groups. This will reduce duplication across services and ensure that support is delivered early, locally, and effectively by the right professionals. Together, the proactive and responsive elements of EaH will help scale effective practice across the county, reduce reliance on high-cost provision, and embed evidence-led improvement across the system.

Universal services will continue to expand. Initiatives such as the 'Thriving in Education' approach, including the 'Thought-full Service' for mental health and emotional wellbeing, will be scaled to achieve full coverage of all school-aged children by 2029. MHST funding, which is ring-fenced by NHS England, will provide a stable and sustained investment, with £4.29 million allocated for 2026/27 across local authority and NHS partners.

The EaH model will also build on learning from previous initiatives such as LINC and LISO (from DBV and CPP) helping to reduce postcode variation by ensuring that all schools have access to specialist expertise and inclusive practices. This reinforces the principle that inclusion is a shared responsibility across the whole system, rather than something managed by individual schools in isolation.

Provision will continue to be developed locally to meet demand. This includes expanding maintained special school capacity through satellite sites and establishing specialist support centres within mainstream schools across each district. Capital investment will be guided by robust data on demand, population trends, and available capacity, enabling flexible provision that can adapt over time. This will reduce reliance on costly independent placements and support long-term financial sustainability.

Efforts will also focus on identifying and engaging families who are not accessing provision, using Family Hubs, Best Start Inclusion Practitioners, outreach services and health partners to reduce barriers. At the same time, the council will explore opportunities to expand capacity, including the potential use of Section 106 contributions and ensuring that new school-based nursery provision is designed with a clear focus on supporting children with a range of SEND needs.

West Sussex currently has a high demand for Specialist placements. As such over the short term of the next 3 years, transport costs are expected to increase at a rate of c£4.6m per annum. Of which c£300k is related to expansion in Special School places to meet otherwise unmet need. As the impact of SEND Reforms become more embedded the rate of increase in costs is expected to decline.

Over the next 3 years West Sussex will undertake an impact assessment of travel arrangements for any capital, inclusion base or special school expansion proposal.

Alternative Provision (AP) will be repositioned as a time-limited intervention rather than a destination. A three-tier model will be embedded, with the Alternative Provision College playing a stronger outreach role to support mainstream schools. Improved pathways, monitoring, and data systems, including a single live register, will support better planning and reintegration. EaH will support both AP and mainstream settings to ensure continuity and consistency.

The Special Educational Needs Assessment and Review Team (SENAT) will also be strengthened, particularly in relation to annual reviews and timeliness to assess. A more risk-based approach will improve oversight of placements, ensuring that provision remains appropriate, effective, and cost-efficient.

Finally, workforce development will remain a priority. While the system benefits from a generally strong workforce, gaps (particularly around complex health and medical needs), will be addressed. Through EaH and partnerships with health services, expertise will be shared across the system, ensuring that schools know where to access support and can build long-term capability rather than dependency.

Overall, this approach sets out a coherent and sustainable vision for inclusion in West Sussex: one that improves outcomes and experiences for children and young people, while creating a more consistent, efficient, and financially sustainable system.

## **Building Block 2: Access to specialist support and local placements**

### **Where we are now - what is working well and what is not**

The SEND and Inclusion Service in West Sussex brings together a comprehensive range of specialist expertise to support schools and educational settings in meeting the needs of children and young people (CYP). Its central aim is to enable earlier intervention and deliver support within local communities, ensuring that children's needs are addressed proactively rather than reactively. This is achieved through a broad and integrated offer of training, advice, guidance, and direct support.

The Specialist Advisory Teaching Service (SATS) is widely recognised as a key strength. SATS is made up of four distinct specialist teams: the Autism and Social Communication Team (ASCT), the Learning Behaviour Advisory Team (LBAT), the Ethnic Minority and Traveler Achievement Service (EMTAS), and the Sensory Support Team (SST). Together, these teams work collaboratively with schools to promote inclusive environments, curricula, and cultures that support all learners. Their approach is rooted in the Graduated Approach and the Assess, Plan, Do, Review cycle, ensuring that support is both structured and responsive to individual needs.

A notable feature of the SATS model is its accessibility and emphasis on early intervention. Schools can seek advice and refer pupils without the need for a formal SEND diagnosis or Education, Health and Care Plan (EHCP). This helps reduce delays in support and encourages earlier, preventative work. The teams operate at both whole-school level and individual pupil level, offering professional challenge as well as guidance to improve practice. In addition, SATS delivers a wide-ranging training offer, which has been highly praised by educators, particularly the autism training provided by ASCT.

Within SATS, ASCT and LBAT play a central role in supporting mainstream schools, including maintained nurseries, across the 5–16 age range. Their work focuses on improving both educational outcomes and emotional wellbeing. LBAT, for example, provides expertise on a wide range of needs, including ADHD, dyslexia, trauma, attachment, and specific learning difficulties. Their approach combines consultation, coaching, and practical support. Schools can access termly consultation and review meetings (CARMs), where staff discuss whole-school themes, cohorts, or individual pupils. These meetings often lead to targeted follow-up support from advisory practitioners, who work alongside staff to model strategies and embed effective practice. Weekly advice lines, environmental audits, and a comprehensive training programme further strengthen schools' ability to deliver inclusive provision.

EMTAS provides a distinct but equally important contribution, focusing on improving outcomes for pupils from ethnic minority backgrounds. This includes Gypsy, Roma, Traveller (GRT) and Showmen communities, as well as pupils with English as an Additional Language (EAL) and refugees. The service works closely with schools to remove barriers to education and promote full participation. Its work spans in-school support, home visits, and direct engagement with families, helping to address issues

such as attendance, transitions, and parental engagement. EMTAS also delivers bespoke training on inclusive teaching strategies, cultural awareness, and anti-racism, alongside facilitating network meetings for schools. While local authority-maintained schools can access this support directly, academies can do so through a traded offer.

The Sensory Support Team (SST) provides specialist support for children and young people aged 0–19 with sensory and physical needs, including visual impairment, hearing loss, and multi-sensory impairment. The team is highly qualified and often becomes involved at a very early stage, sometimes from the point of diagnosis in infancy. Their work is wide-ranging and includes supporting families in the home, advising schools on curriculum access, carrying out assessments of functional vision and hearing, and delivering direct teaching in areas such as braille, British Sign Language, and mobility skills. SST also contributes to multi-agency planning and supports schools in making appropriate examination arrangements.

Beyond SATS, SEND and Inclusion Advisors play a critical role in strengthening leadership across the system. They work with schools to identify priorities for improvement through SEND reviews and provide training and professional development for SENCOs, headteachers, governors, and early career teachers. Their leadership forums create opportunities for networking, collaboration, and the sharing of best practice, helping to ensure consistency across the county.

The Educational Psychology Service (EPS) is another major asset within the system. Each school has a named Educational Psychologist, ensuring continuity and a clear point of contact. EPs are involved in both individual casework and wider school development, contributing to planning meetings and supporting complex decision-making. They also provide a range of additional services, including telephone consultations for parents and schools, critical incident and bereavement support, and early years intervention through the Portage service. EPS plays a significant role in workforce development, delivering training on emotional wellbeing, anxiety, and emotionally based school avoidance. Their ACT-based intervention programme 'ACTivate', has been particularly successful in improving coping skills and confidence among young people.

Building on the Best Start Plan's emphasis on prevention and early intervention, this proposal focuses on strengthening the identification of need and the provision of timely support for children aged 0–5. West Sussex already has a strong foundation, with multiple entry points into support, including services such as Early Years Childcare Advisers and EY SEND mentors, EY specialist advisory teachers, the Early Years Inclusion Service and SEND Under 5s, alongside strong links with health services delivering the Healthy Child Programme. Early identification is further supported through a range of targeted and specialist interventions such as Portage, which provides home-based support for children with additional needs. Where some settings are strong at identifying early needs, we will work to upskill the workforce with training to ensure earlier identification and support. Close links with external services such as Home Start strengthen the offer. Speech and language therapists support settings and individual children.

At the centre of this approach are the 11 Best Start Family Hubs, which provide a system-wide and preventative function. These hubs act as accessible entry points where families can raise concerns informally, receive advice and guidance, and access support without escalating into statutory pathways. Their outreach programmes extend this role into communities, ensuring that families who might otherwise be underserved are reached.

Mental health and emotional wellbeing are also strong areas of support. Since their introduction in 2019, Mental Health Support Teams (MHSTs) have expanded significantly across West Sussex. These teams provide early intervention for common mental health needs, support schools in developing whole-school approaches to wellbeing and help ensure that pupils can access appropriate services while remaining in education. The service is continuing to grow, with the aim of achieving full coverage of schools by 2029.

A strong example of innovation within early intervention is the Working on Worries Support and Intervention (WOWSI) pilot. This initiative supports primary schools in delivering parent-led cognitive behavioural therapy (CBT) for children experiencing anxiety. Parents follow an evidence-based online programme, supported by regular check-ins from trained school staff. The project reflects a strong emphasis on empowering families and embedding support within community settings.

Early Help services further strengthen the system by providing direct support to schools and families. Dedicated link workers offer guidance, crisis support, and help families navigate services. Their work is complemented by Family Hubs, which have expanded inclusive provision such as sensory spaces. Feedback from families has highlighted the importance of these environments in supporting both children and parents.

West Sussex's approach to post-16 SEND pathways is increasingly defined by a clear, joined-up narrative that brings together early preparation, structured transitions, and targeted specialist support. From secondary education onwards, young people are supported to understand their options through a consistent career's framework, with schools working alongside the Careers Hub to embed good guidance and prepare pupils well before the point of transition.

As young people approach Year 11, this system becomes more targeted, particularly for those at greater risk of becoming NEET, including those with SEND or additional vulnerabilities. Preventative work in schools, combined with the Post-16 Support Careers Advisers Team, helps ensure that young people have a clear route into appropriate education, employment or training. The availability of a straightforward referral pathway, alongside voluntary but sustained engagement up to age 25 for those with EHCPs, strengthens the accessibility and relevance of this support.

This pathway is underpinned by structured processes such as SENAT annual reviews and the September Guarantee, which ensure that young people with EHCPs have identified destinations and that decisions are informed by multi-agency input. At a system level, Post-16 dashboards tracking NEET, unknown destinations and early leavers provide a feedback loop, allowing services to respond quickly where risks emerge.

Alongside these universal and targeted elements, a smaller range of specialist offers, such as supported internships, bespoke provision, and travel training linked to Adult Social Care, provide more personalised routes for those with complex needs. These are complemented by wider strategic work through the Health and Wellbeing Board, recognising the importance of factors such as mental health in sustaining successful transitions.

### **System enablers and what needs to change**

Despite these strengths, the system faces several challenges. There is evidence of fragmentation and duplication across services, with limited sharing of information sometimes leading to inconsistent advice for schools. There are also gaps between early years and school-age provision and a reduced offer of support for Post 16 learners, resulting in an uneven offer across the 0–25 age range. Pressures on specialist placements are significant, with special schools at capacity and mainstream schools often feeling under-prepared to meet complex needs. This has led to increased reliance on independent provision, which is not financially sustainable. In addition, gaps in health provision, including capacity in therapies and delays in training, can impact children's access to education.

Looking ahead, there is a clear focus on system improvement. A key priority is to strengthen early intervention by freeing up Educational Psychologist capacity, much of which is currently absorbed by statutory assessments. Workforce development, particularly in areas such as speech and language therapy and occupational therapy, will also be critical. Plans are underway to introduce a new "Expert at Hand" model, which will provide both proactive support for schools and a more streamlined referral system.

Finally, there is a strong recognition of the need for cultural change. Increasing the number of children with EHCPs who can be successfully supported in mainstream schools will require greater confidence, improved training, and stronger partnerships between services and education settings. By building on its existing strengths and addressing these challenges, West Sussex aims to create a more integrated, inclusive, and sustainable SEND system.

## **Where we will be in the next 3 years**

Over the next three years, West Sussex aims to deliver a more inclusive, joined up, and proactive SEND system that enables children and young people (CYP) to thrive in their local communities. The vision is to ensure that needs are identified and met earlier, support is consistently high-quality across all settings, and families experience a system that is clear, responsive, and collaborative. Central to this vision is the development of a strengthened Experts at Hand (EaH) offer, which will underpin system transformation by scaling what works well and addressing current inconsistencies.

West Sussex has strong foundations to build upon. High-quality specialist services, including SATS, EPS, SEND & Inclusion Advisors, MHST and Early Help teams, already provide valuable support to schools, settings, and families. These services demonstrate effective practice in training, consultation, and early intervention, with positive feedback from education professionals and families. Initiatives such as WOWSI and Thought-full further exemplify the system's commitment to evidence-based, early, and family-centred approaches. These teams and services will be central to the EaH hand offer, in both the reactive and proactive support pathway, that will deliver against the 4 tiers of support identified in the SEND Reforms; Universal, Targeted, Targeted Plus and Specialist.

Over the next three years, the vision is to retain and expand these strengths, ensuring that:

- Schools continue to access high-quality specialist advice and training
- Early intervention approaches are embedded and scaled across all localities
- Families feel supported and empowered through inclusive and accessible services
- Workforce development remains a priority, enhancing leadership and practice across the system

To realise this vision, the system must address several key challenges. Current fragmentation, duplication of services, and inconsistent communication can result in variable experiences for schools and families. In addition, misalignment between early years and school-age provision creates gaps in support, particularly for younger children.

Where local alternative provision (AP) capacity in West Sussex is under pressure, the local authority will take a pragmatic, mixed-model approach that balances immediacy with longer-term sufficiency. In the short term, the authority will provide more funding to our registered AP (the WSAPC) in a bid to move away from independent and non-registered providers, to ensure that vulnerable pupils can access provision without delay. This will be done through quality-assured commissioning arrangements, prioritising placements that align with local standards for safeguarding, reintegration, and outcomes.

Alongside this, West Sussex would like to actively strengthen regional partnerships with neighbouring authorities, enabling the sharing of available places and reducing duplication of specialist provision. By working collaboratively across the sub-region, the authority can access a broader pool of expertise and provision types, particularly for pupils with complex needs who may require highly specialist support.

The preferred long-term route is to invest in and expand the local AP system through shared expertise and capacity building. This includes supporting mainstream schools to develop inclusive in-house alternatives, enhancing outreach from existing AP providers and other specialist services, and promoting early intervention models that reduce reliance on external placements. Through this blended approach, targeted commissioning, regional collaboration, and local system strengthening, West Sussex aims to ensure both sufficiency and sustainability in alternative provision.

There are also pressures within the placement system, with high reliance on independent specialist provision, mainstream schools feeling under strain, and insufficient local capacity. Variability in health provision and delays in medical training further hinder access to education for some CYP.

The vision is therefore to create a system that is:

- Coordinated and transparent, with clear pathways and shared intelligence
- Equitable, ensuring all children can access the right support at the right time
- Sustainable, reducing reliance on costly out-of-area placements
- Inclusive, with mainstream settings confident and equipped to meet a broad range of needs

### **The Role of the Experts at Hand (EaH) Offer**

The EaH offer will be the central mechanism for delivering this vision. It will provide a coherent, locality-based model of support for CYP aged 0–25, aligned with Family First hubs and integrated services. The EaH model will ensure that expertise is accessible, consistent, and responsive across all settings.

The EaH offer will operate through two core components:

#### **1. Proactive Support**

The proactive arm of EaH will focus on early intervention and system-wide improvement. This will include:

- Working collaboratively with schools across 8 hub localities and early years settings to support SEND and inclusion priorities within development plans
- Delivering whole-setting training and workforce development
- Providing earlier access to specialist support, reducing escalation of need
- Expanding and building on the experience of successful programmes such as WOWSI, AiSP, PINs and EBSA support

This approach will strengthen capacity within mainstream settings, enabling them to meet needs more effectively and reducing demand for statutory processes and specialist placements.

## **2. Responsive Support**

The responsive arm will provide timely, targeted support for individual CYP, ensuring needs are addressed quickly and effectively. This will include:

- A streamlined referral pathway
- Coordinated multi-agency responses for targeted and targeted-plus support
- Clear oversight of interventions and service input to prevent duplication and conflicting advice

Together, these elements will ensure that support is both accessible and responsive, improving experiences for schools and families.

## **Key System Enablers**

Delivering this vision will require several critical enablers:

### **1. Workforce Capacity and Development**

Freeing up Educational Psychologist capacity will be essential. In the short term, this will involve commissioning statutory assessment work externally to allow EPs to focus on early intervention and preventative work. Longer-term, a national approach to recruitment and training will be required. Ongoing investment in SENCO Level 3 training, termly networks, Portage training and wider SEND training will improve the confidence and capability of practitioners across the EYs sector. Complementing this, will be the introduction of Best Start Inclusion Practitioners will embed specialist expertise within universal services, helping to prevent unnecessary escalation and ensuring that children's needs are met earlier.

There will also be continued investment in training for school staff, SENCOs, with leadership building confidence and capability across the system. Current offers such as supported internships, careers adviser input, and bespoke placements are impactful but relatively limited in capacity. Over the next three years, scaling up these models (particularly employment pathways and alternative provision) will be critical to meeting growing demand and providing meaningful options for young people with complex needs.

### **2. Integrated Commissioning and Partnerships**

Stronger collaboration with health partners, particularly through the ICB, will be necessary to increase capacity in speech and language therapy and occupational therapy to support with delivering the EaH offer, as well as the commissioning for the lead practitioner role for SALT. Commissioning approaches will include blended approaches with partnerships with independent providers to address gaps.

### **3. Improved Data and Intelligence Sharing**

A more centrally coordinated system of data and oversight will ensure that support is mapped effectively, reducing duplication and enabling better decision-making. This will support a more strategic and cohesive approach to service delivery. A key priority is to strengthen consistency of information and visibility of pathways. While there are already strong elements, such as the Careers West Sussex website, referral routes, and dashboards could be drawn together into a more unified, single “front door” for post-16 transitions. This would ensure that families, practitioners, and young people receive the same clear, accessible messages at every stage, supported by real-time data and shared planning tools across education, health, and care. There is also scope to enhance the use of data for proactive intervention. The Post-16 dashboards already provide strong intelligence; the next step is to use this more dynamically triggering earlier, targeted responses for those at risk of becoming NEET or disengaging and feeding insights directly into commissioning and service design.

### **4. Alignment Across the 0–25 System**

A key priority will be to align early years, school-age provision and post 16 ensuring consistent access to training, specialist services, and support. The EaH model will support this by providing a unified framework across all phases.

The system will also move towards greater integration of pathways. Plans include the development of a single referral route and triage process for early years SEND support, reducing fragmentation and ensuring that children receive the right support at the right time. Alongside this, the expansion of evidence-based programmes such as Triple P Steppingstones and PEEP Learning Together will provide structured support for families. A further area of development is earlier and more integrated transition planning. Building on existing careers education and SEN annual reviews, the system could embed more joined-up, multi-agency planning from Year 9 onwards, with clearer links into Adult Social Care, health services, and community provision. This would reduce the risk of “cliff edges” at key transition points (16, 18, and 25) and ensure continuity of support.

### **5. Growth of Local Specialist Provision**

Investment in Specialist Support Centres and satellite provision will increase local capacity and reduce reliance on independent placements. This will be supported by robust quality assurance to ensure high standards and positive outcomes for CYP.

### **Cultural Change and Inclusion**

A fundamental shift in culture will be required to ensure that mainstream schools are confident and accountable in meeting the needs of CYP with SEND. This will involve strengthening expectations, support, and partnership working, ensuring that more children can be successfully educated within their local communities. Finally, continued focus is needed on participation and co-production. Strengthening engagement with young people and families, through platforms like Your Voice, the WSPCF and beyond, will help ensure pathways remain responsive, inclusive, and grounded in lived experience. Embedding this feedback into service design will be essential to delivering the ambitions of the SEND Reforms.

## **Building Block 3: System leadership, local partnership collaboration and co-production**

### **Where we are now - what is working well and what is not working well:**

West Sussex has established enabling conditions through a whole-system SEND partnership model that brings together education, health, social care, the voluntary sector, parent carers, and children and young people. This approach is formalised through the West Sussex SEND Strategy 2026–2030, which was co-produced across the local area partnership and provides a shared framework for planning, commissioning, and delivery.

The strategy explicitly responds to lived experience in West Sussex and commits partners to working in a more consistent, integrated, and collaborative way across the county.

We also have strong governance across the partnership, with a well-attended and effective SEND & AP Partnership Board, chaired by an independent chair for greater scrutiny and oversight. Leadership is effective, and well-defined and embedded governance ensures that decisions are collectively made at appropriate levels.

The area also has an active, effective and sustainable PCF which meets regularly with the system and partners. The West Sussex PCF (WSPCF) is very much a strategic partner and an active and effective member of SEND & AP Partnership Board. The WSPCF will continue to hold a defined and consistent role within SEND governance, including formal representation at the SEND and AP Partnership Board and relevant programme and delivery boards (including Experts at Hand governance). This will include clear routes for influence on decision-making, opportunities for challenge and escalation, and involvement in both strategic planning and delivery assurance.

In addition to this, the SEND/AP Board invites young people to contribute to meetings, and we have had presentations from young people explaining their experience of time in alternative provision, their experience of the SEND assessment process and their engagement with supported internships. Our Voice and Participation service supports a group called 'Young Voices' which is a youth voice group in West Sussex made up of young people with additional needs (including SEND and neuro-divergent conditions) up to the age of 25.

Co-production in West Sussex is intentional and structured and as such, a co-production charter has been produced. The charter was co-designed by WSPCF, Young Voices, and a multi-agency group of professionals. [Co-production charter for working with parents, carers and children - West Sussex County Council](#)

This charter begins a strong, shared commitment to working together as equal partners. It clearly explains how co-production should work, making sure children, young people and families don't just share their views - they help shape the decisions and services that affect them.

Families contribute to planning provision through partnership workshops, task and finish groups, public consultations and ongoing feedback loops via the Local Offer. Feedback from parent carers and children and young people have directly shaped strategic priorities such as earlier help, clearer communication, and better coordination across services.

Coproduction will be embedded at key stages of delivery, including:

- Co-development of models and pathways (e.g. Experts at Hand, inclusion frameworks)
- WSPCF participation in governance and programme boards
- Ongoing involvement in service development and review
- Participation in quality assurance, evaluation and improvement processes

In line with DfE expectations, the partnership will ensure that the West Sussex Parent Carer Forum is appropriately resourced to fulfil its role within coproduction and system delivery. This will include support for participation in governance, engagement activity and contribution to service design, delivery and assurance, with arrangements agreed to ensure sustainable and consistent involvement.

The partnership also has a jointly owned strategic improvement plan, and an activity-based plan called the SEND Continuous Practice Improvement Plan (CPIP). Joint grading of the strategic plan and progress six-monthly meetings happens with strategic leaders from across the partnership to ensure that all partners have oversight of the plan and to ensure that it is truly a systems improvement led approach.

We ensure that our work is to a high standard by undertaking regular quality assurance activity which is partnership-wide led by the local authority; this includes multi agency audits.

The Growing West Sussex Learning and Wellbeing Alliance unite school communities, education partners, and agencies to improve support for children and families across West Sussex. The Alliance has done a lot of work around the theme of Belonging. This has involved engagement with partners and listening to the feedback and lived experience of our local children and young people.

Other system leadership forums include our Health and Wellbeing Board who work closely with partners and key stakeholders across our health and social care system, to implement and deliver our five-year Joint Health and Well-being Strategy aimed at tackling inequalities for our Sussex community.

### **System Enablers and What needs to change:**

Our feedback loops with our parent carers need to strengthen, so we are clear about the actions that we have taken upon receipt of their views and feedback and to demonstrate how we will continually learn from our children, young people and their families' lived experiences, and use that to grow and develop the service offer for the needs of our CYP and their families.

Integrating commissioning across the partnership is an area we are addressing and will need to change/ strengthen as well as connecting data from contract management meetings and linking this to data connected to Annual Reviews so that we are working in a more integrated way.

In this instance, data and digital systems are the system enablers that can support the partnership to work in a more integrated way. The partnership would assess this element to be at a developing level.

The proposed Experts at Hand (EaH) model represents a natural evolution of West Sussex's partnership-driven SEND system, offering a more responsive and flexible way to access specialist expertise. Building on existing collaboration across education, health, and local authority services, the EaH model would be co-commissioned with partners, ensuring shared ownership, alignment with strategic priorities, and integration with current pathways such as SENAT reviews, NEET prevention, and post-16 transition support.

A key strength of the model is its regional, cross-border dimension, enabling West Sussex to both contribute to and benefit from a wider pool of specialist expertise. This is particularly important in addressing workforce pressures and variability in access, allowing services to operate more efficiently and consistently across neighbouring areas while improving timeliness of support for children and young people.

Central to delivery will be a blended workforce model, designed to provide both immediate capacity and longer-term sustainability. This will include the use of interim and agency staff in the short term, ensuring that demand for specialist advice and intervention can be met without delay, alongside a planned programme of recruitment to permanent and fixed-term roles. In addition, the model will include privately commissioned EaH therapist posts, increasing flexibility and access to specialist provision, while the Integrated Care Board (ICB) will support the system through fixed-term contract staffing, strengthening health system alignment and joint working.

Operationally, EaH will function as a tiered, proactive, responsive and outreach-based offer, providing timely advice, guidance, and intervention to schools, colleges, and practitioners, particularly at key transition points such as post-16. Underpinned by strong information sharing and linked to existing data systems, the model will enable a more proactive approach, targeting support where it is most needed and reducing escalation or placement breakdown

### **Where we will be in the next 3 years**

Over the next three years, West Sussex will evolve into a fully connected, learning SEND system where expertise, decision making and accountability are shared across education, health, social care, the voluntary sector, parent carers and children and young people. Building on strong system leadership, governance and co-production, the partnership will focus on earlier support, clearer pathways and more consistent experiences, ensuring that children and young people get the right help, in the right place, at the right time.

The partnership aims to ensure that children and young people receive timely, consistent and person-centred support. To achieve this, there is a need to strengthen how partners work together to make decisions and resolve disagreements early, reducing escalation and improving confidence in the system.

In order to achieve this, partners will adopt a common framework that clarifies roles, responsibilities, and decision-making criteria, ensuring fairness and consistency.

Early resolution will be prioritised through local, multi-agency collaboration, enabling practitioners to address issues quickly and collectively before they escalate. Where disagreements persist, a clear, tiered escalation pathway will ensure timely review at the appropriate level, with defined responsibilities and timescales. Existing panels and governance arrangements will be strengthened to improve accountability, transparency, and consistency in decisions. Alongside this, joint training and guidance will support a culture of constructive challenge, shared responsibility and confident decision-making across the workforce.

Ongoing monitoring will capture themes, outcomes and feedback to drive continuous improvement and system learning. Overall, this approach will enable partners to resolve issues earlier, make clearer and more consistent decisions, reduce reliance on formal dispute processes, and improve experiences and outcomes for children, young people and their families.

This vision will be underpinned by the EaH offer, which will act as both a delivery model and a system enabler, translating strategic intent into everyday practice and strengthening what works while directly addressing areas that require change.

We will achieve our ambitions by embedding the EaH offer as a core business function and scale this across the local system as a practical mechanism for:

- Earlier identification and intervention, reducing escalation to statutory processes. Multi-disciplinary problem solving, bringing specialist knowledge directly to families, schools and settings.
- Shared ownership of outcomes, with professionals working alongside parent carers and young people rather than in parallel.

By making expertise more visible, accessible and relational, the model will support consistent practice across the county and help close gaps in experience between different localities. WSPCF will play a defined role in the governance, development and evaluation of the EaH model, ensuring that lived experience informs both design and ongoing delivery.

We will also strengthen co-production and feedback loops by moving from strong engagement to clear, demonstrable impact from lived experience, by:

- Embedding the Co-production Charter into commissioning, service redesign, quality assurance and improvement activity.
- Developing clearer “you said, we did, this changed” feedback mechanisms for parent carers and young people.

- Using the EaH to capture real-time feedback at the point of delivery and feed this learning directly into system improvement.
- This will ensure co-production is not episodic, but a continuous driver of learning and accountability.

We will also seek to better integrate commissioning and planning across the partnership to support a more joined-up provision. This will be achieved by further aligning education, health and care commissioning intentions around shared outcomes rather than service silos. By using learning from EaH delivery, contract management and annual reviews will support to inform our commissioning decisions. This approach will enable smarter investment, reduce duplication and improve sustainability.

Data, digital and intelligence are system enablers and a relative strength of the partnership but recognising that there is still a little way to go for this element to be maturing. The next three years, we will focus on:

- Connecting data sets across annual reviews, quality assurance, commissioning and lived experience feedback.
- Using this intelligence to proactively identify pressure points, inequalities and areas of good practice.
- Supporting leaders and practitioners to use data confidently to inform decisions and evaluate impact.

The EaH offer will contribute rich, practice level insight that complements quantitative data and strengthens system learning. This includes leadership, culture and continuous improvement. By maintaining strong governance, we will continue to anchor the system, with:

- Ongoing oversight through the SEND & AP Partnership Board and Health and Wellbeing Board.
- Six-monthly joint review of progress against strategic plans, with shared accountability for impact.
- Partnership wide quality assurance, including multi-agency audits, used as a learning tool rather than solely for assurance.

The culture will increasingly reflect a trust based, improvement led system, where challenge, curiosity and collaboration are the norm. Children and young people will feel a stronger sense of belonging, with support wrapped around them earlier and more locally. Parent carers will see clear evidence that their experiences shape services and decisions, and professionals will work more confidently across boundaries, supported by shared expertise and clearer pathways.

The system will be more integrated, data informed and sustainable, with the EaH offer embedded as a key engine for continuous improvement. By 2029, we aim to be in a system where co-production is the norm at every level, intelligence flows seamlessly across partners, commissioning and delivery are fully aligned, and expertise is shared rapidly and effectively, resulting in equitable, high-quality SEND support that enables all children and young people to belong, thrive and achieve.

## **Building Block 4: Encouraging inclusive culture and behaviours**

### **Where we are now – what is working well and what is not**

West Sussex has made clear progress towards a more inclusive, partnership-led SEND system, with a shared ambition to support children and young people earlier, reduce escalation, and ensure resources are targeted where they have greatest impact. Partnership working between the local authority, health, education, and parent carers is increasingly visible, though not yet consistently embedded.

There is now stronger alignment around inclusion as a collective responsibility rather than solely the remit of SEND services. This is reflected in a greater emphasis on early intervention and graduated responses, investment in inclusion support and workforce development, and clearer expectations of inclusive leadership in schools and settings. Initiatives such as the Growing West Sussex Alliance have strengthened focus on belonging within educational environments, and the number of Supported Internships for young people with EHCPs has increased.

Transparency in funding has improved through the introduction of a high needs banding system applied consistently to EHCPs in mainstream schools. This has increased equity across the county, linking funding more directly to evidenced need. Alongside this, funding is increasingly used strategically to build mainstream capacity through programmes such as Autism Action Award (AAA), Partnership in Neurodiversity Schools (PINS), and the Autism in Schools Project (AiSP), all of which promote whole-school approaches to improving outcomes.

The system has begun to shift from reactive spending towards preventative investment. For example, there has been investment in early, community-based support that prevents escalation such as PINS and AiSP. In addition to this, further funding for MHSTs has been ring-fenced by NHS England, meaning that there is ongoing protected funding for MHSTs as a significant County-wide initiative available to all children. The West Sussex MHST allocation for 2026/27 is £4.29m (£3.5m WSCC and £870k to Sussex Performance Foundation Trust). In line with the national ambition, we are planning future expansion to achieve 100% coverage of children and young people attending school in West Sussex by December 2029.

Through programmes such as Delivering Better Value (DBV) and the SEND and AP Change Programme, West Sussex has tested approaches that improve inclusion while reducing long-term costs. These pilots have provided valuable evidence of what works at scale.

A key example of this is the Local Inclusion Solutions (LINC)s pilot, delivered across 31 schools between September 2024 and July 2025. This tested a multi-agency, relational, place-based model designed to strengthen inclusive practice and shared accountability. Schools benefited from tailored support, regular planning and review cycles, and a consistent multidisciplinary “team around the school.” Educational Psychologists played a central coordinating role, supporting implementation and building sustainable capacity.

The LINC's model improved collaboration, staff wellbeing, and shared ownership of inclusion. It demonstrated that co-produced, system-level approaches can improve outcomes while reducing reliance on escalation. Learning from LINC's will inform future models, particularly the expansion of team around the school approaches, which offer strong value for money and improved outcomes.

West Sussex is also increasingly aligning and "braiding" funding across partners, including the local authority, NHS, education, police, and the voluntary sector, against shared priorities set out in the Children and Young People's Plan (CYPP) [Children and Young People's Plan \(2026 to 2029\) | Your Voice West Sussex](#). National programmes such as Supporting Families and Families First are being used as drivers of system change rather than short-term initiatives, redesigning early help and family support. The SEND & AP Partnership Board oversees SEND investment collectively, helping to reduce duplication and shift spending upstream towards prevention.

Shared accountability is supported by established governance structures. The Children First Board oversees delivery of the CYPP, while the SEND & AP Partnership Board tracks progress and monitor's impact. The West Sussex Safeguarding Children Partnership provides independent scrutiny and transparent reporting. Together, these arrangements strengthen oversight and collective responsibility.

Sufficiency planning is increasingly strategic and data-driven, underpinned by multi-year demand modelling combining demographic data, SEND prevalence, EHCP trends, school capacity, and local intelligence. This supports proactive planning and more effective use of capital funding to meet needs while delivering value for money.

### **System enablers and what needs to change**

Despite clear progress, several challenges remain. Financial accountability across the partnership is uneven. Costs arising from system failure such as high-cost placements or escalation into statutory services, continue to affect the partnership. This limits confidence in preventative investment and the ability to reinvest savings across the system. Greater transparency and shared ownership of financial risk and benefit are required to move from alignment to true integration.

The use of data has strengthened, particularly through shared KPIs and a growing focus on impact rather than activity. However, data is not yet consistently driving commissioning or funding decisions. In some areas, activity measures still dominate, and it remains difficult to compare value across interventions or to discontinue approaches with limited impact. The system needs a sharper focus on a small set of high-value outcomes such as sustained family stability, inclusion, and reduced escalation, and to use these consistently to guide investment and redesign.

Whole family working is a core strength in ambition, informed by programmes such as Supporting Families. However, it is not yet consistently experienced by all families. Transitions between services can involve repeated assessments, differing thresholds, and changes in practitioner. This inconsistency reduces effectiveness and can undermine trust. Whole family needs to become the default model, supported by aligned thresholds, shared language, and integrated delivery across services.

Governance structures are strong, with clear partnership boards and independent scrutiny. However, structure alone is not sufficient. Evidence suggests that collective challenge is not always applied early or robustly, particularly where service pressures compete with system priorities. Strengthening a culture of system leadership is essential, where leaders are accountable for whole system outcomes and constructive challenge is expected and supported.

West Sussex is well positioned for further reform because key enablers are already in place:

- A shared strategic framework through the CYPP aligning priorities, funding, and accountability
- Strong multi-agency governance and scrutiny arrangements
- Alignment with national reform agendas, particularly around safeguarding and whole family working
- An improving data and learning culture focused on outcomes and impact
- A clear commitment to co-production with children, young people, and families

These foundations provide a strong platform to embed consistency, strengthen integration, and accelerate progress towards a fully inclusive, sustainable SEND system.

### **Where we will be in the next 3 years**

Over the next three years, West Sussex will consolidate and deepen its transformation into a fully inclusive, preventative and partnership-led local system, where children and young people (particularly those with SEND) are supported to thrive in mainstream communities wherever possible. The ambition is not simply to improve services, but to reshape how the system works together so that inclusion, early intervention and whole-family support are embedded as everyday practice rather than specialist responses.

A strengthened universal offer provides a crucial foundation for enabling mainstream settings to better meet the needs of children and young people, particularly in the most commonly occurring and increasing areas of need: speech and language, autism, and social, emotional and mental health. Rather than relying on escalation to specialist services, a more robust universal offer shifts the emphasis towards early, inclusive, and preventative support that is consistently available in every classroom.

The increasing number of pupils identified with autism in West Sussex highlights the importance of ensuring that mainstream environments are inherently autism friendly. A strengthened universal offer supports this by embedding consistent, evidence-informed strategies across classrooms. Alongside this, workforce development (drawing on established frameworks such as those promoted through PINS and AiSP) ensures that staff understand neurodiversity and are able to adapt their practice in a responsive and respectful way. When these approaches are part of everyday provision, they reduce anxiety and improve engagement, allowing more neurodiverse pupils to remain successfully in mainstream settings.

The Early Years Specialist Advisory Teacher Service (EYSATS) plays a central role in supporting children with additional needs as they move into Reception, using a rigorous triage process and working collaboratively with families, early years providers and schools. Support continues into the child's first year at school, ensuring continuity and enabling staff to build on prior learning. This is complemented by the special school outreach model, which provides specialist advice and support to mainstream schools, enabling them to prepare effectively for children with more complex needs. Through structured multi-agency meetings, centralised documentation and early involvement of specialist staff, this model strengthens information flow and reduces fragmentation.

Universal transition processes will be enhanced through improved coordination of transition events and clearer information for parents, including development of the Local Offer into a more comprehensive transition hub. For children with SEND, early identification will be strengthened through SEND Under 5 processes and early years services, ensuring that those requiring supported transitions are identified and planned for at the earliest opportunity.

Particular attention will be given to improving information flow between settings and schools. This will involve the use of structured documentation and multi-agency planning processes, ensuring that schools receive a complete and accurate understanding of each child before entry. At the same time, workforce development will focus on areas such as SEMH transitions and interaction-based approaches, drawing on learning from initiatives piloted via DBV.

For social, emotional and mental health needs, which have grown significantly in recent years, a strengthened universal offer is equally important. The focus is on whole school approaches that prioritise relationships, emotional wellbeing and a sense of safety. Embedding trauma-informed and attachment-aware practice, alongside approaches such as emotion coaching, helps educators understand behaviour as communication and to respond in supportive and consistent ways. This creates a culture where pupils feel understood and regulated, rather than managed or sanctioned. In alignment with wider local initiatives, including mental health support in schools, universal provision can include the teaching of emotional literacy, the development of self-regulation strategies, and the creation of predictable, nurturing environments. These approaches not only benefit those with identified SEMH needs but improve the wellbeing and engagement of the whole school community.

We start this next phase from a position of strength. There is now a shared ambition for inclusion across the partnership, reinforced by the Children and Young People's Plan and a growing consensus that meeting need early, in the right place, delivers better outcomes for children and better value for the system. Inclusive practice is increasingly understood as a collective responsibility across education, health, social care and the voluntary sector, rather than the domain of SEND services alone.

Over the next three years, this shared ambition will be translated into greater consistency of experience for children, young people and families. Whole-family working will become the default way the system operates, reducing fragmentation, repeated assessments and unnecessary transitions. Families will encounter practitioners who work together across organisational boundaries, guided by aligned thresholds, shared language and a common focus on strengths, inclusion and resilience.

### **System enablers and the role of the EaH model**

Central to delivering this vision will be the EaH offer, which will act as a key mechanism for scaling what is already working well and addressing persistent system challenges. Building on learning from LINCS and the LISO, EaH will embed both proactive and responsive pathways, place-based team around the school and setting model (including EYs and Post 16) across West Sussex. By bringing multi-agency expertise including EPs, SALTs and Ots closer to schools and settings, EaH will strengthen inclusive leadership, support workforce confidence and wellbeing, and enable earlier, solution-focused responses to emerging need.

Rather than reacting to crisis or escalation, the EaH model will support schools to continuously develop their inclusive practice, using evidence-based approaches, regular review and shared problem-solving. With positive emotional health and well-being, a universal foundation for CYP being able to access and participate in education and for inclusive practice to thrive, we believe that getting this right will reduce reliance on high-cost interventions and specialist placements over time, while improving educational experiences and outcomes for a broader group of children and young people.

As EaH becomes embedded as core system infrastructure rather than a time-limited initiative, it will also support a more mature approach to resource use and financial sustainability. West Sussex will continue to align and, where possible, braid funding across partners, using governance arrangements to take shared responsibility for cost pressures and benefits. Over the next three years, further shared transparency around financial risk and reward will enable the partnership to invest more confidently in prevention, and to reinvest system-wide savings back into early help and inclusive provision

Data and learning will play an increasingly central role in shaping this transformation. The system will sharpen its focus on a small number of high-value, long-term outcomes, such as sustained inclusion, reduced escalation and family stability. These outcomes will consistently inform funding, commissioning and redesign decisions, supporting both improvement and disciplined disinvestment where impact is limited. The aim is a culture where evidence about “what difference we are making” carries more weight than activity alone.

Strong partnership governance will remain a critical enabler of this vision. Over the next three years, governance forums will increasingly operate as spaces for collective system leadership and constructive challenge, holding partners to account not only for their own performance but for shared outcomes across the whole system. This cultural shift from organisational assurance to system stewardship will be essential to sustaining change.

Throughout this period, co-production with children, young people and their families will continue to shape system design and delivery. Their lived experience will remain central to understanding what is working, where change is needed and how support can be delivered in ways that build trust, belonging and long-term resilience. The WSPCF will continue to be a strategic partner and appropriately resourced to support to deliver the system change required.

In addition to this, the West Sussex Local Area SEND Partnership intends to utilise SENDIASS as a cornerstone of its support offer to parents and carers by ensuring access to high-quality, impartial, and accessible information, advice, and guidance in line with the national SENDIASS Minimum Standards.

This will include strengthening outreach, digital and face-to-face advice, and targeted support for families navigating statutory processes, ensuring that all advice remains confidential, evidence based, and clearly separated from service decision making.

To address any variability in service quality, the partnership will implement consistent quality assurance arrangements, including regular benchmarking against the Minimum Standards, peer review with regional SENDIASS services, workforce development, and feedback loops with parent carer forums to continuously improve delivery. Recognising potential parental concerns about independence (particularly within mediation processes) the partnership will provide clear communication about SENDIASS's statutory independence, transparent governance arrangements, and boundaries of involvement, alongside offering alternative points of advice where preferred.

Delivery will be supported through the EaH offer, whereby skilled SENDIASS practitioners are embedded flexibly across services and settings (including early help, education, and health pathways), enabling earlier intervention and specialist advice while maintaining independence through separate management structures and protected funding streams. This blended approach supports sustainability and responsiveness while ensuring SENDIASS remains a trusted, impartial advocate for families.

## **Success measures**

### **Baseline**

- EHCP growth is stabilised at or below 16%
- Statutory School Age INMSSS placement growth stabilised at or below 27%
- ECHNA request growth is stabilised at or below 14%
- Reduction in growth in SEN Transport cost stabilised at or below 15%
- AP growth for CYP with EHCPs is stabilised at or below 39%
- 4 FTE EPs to deliver direct delivery (EaH) via commissioning out stat assessment work
- 65.09 SALTs in post
- 23.17 OT is in post

### **Target Metrics**

- EHCP growth is stabilised at or below 12%
- Statutory School Age INMSSS school placement growth stabilised at or below 22%
- ECHNA request growth stabilised at or below 12%
- Reduction in growth in SEN Transport costs stabilised at or below 12%
- AP growth for CYP with EHCPs is stabilised at or below 19%
- $\geq 28$  EPs are recruited
- $\geq 12.8$  SALTs are recruited
- $\geq 12.8$  OTs are recruited

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

The local area partnership's strategy is grounded in a shared ambition to deliver a more inclusive, preventative and financially sustainable SEND system by shifting support earlier, closer to home and into mainstream settings wherever possible. Building on learning from Delivering Better Value and the SEND & AP Change Programme, the partnership's theory of change recognises that late, fragmented and reactive responses have driven rising demand for EHCPs, over-reliance on independent provision and poorer outcomes for children and young people.

The strategy focuses on strengthening inclusive practice across education through consistent implementation of Ordinarily Available Inclusive Practice and Quality First Teaching, supported by confident leadership, workforce development and shared accountability. Central to delivery is the Experts at Hand (EaH) model, which translates strategy into practice by embedding multi-disciplinary expertise around schools and settings. EaH provides proactive, place-based support to build whole-setting capability, alongside a streamlined reactive pathway that enables timely, coordinated intervention without unnecessary escalation.

The Local Partnership Maturity Assessment highlights the partnership as largely *developing*, with areas of *maturing* strength in co-production and governance. This change story reflects a system that already collaborates well, uses data increasingly intelligently and co-produces strategically, but now needs to embed consistency, integrate commissioning more fully and align resources behind shared outcomes.

Over the next three years, the strategy aims to rebalance provision towards increasing mainstream inclusion, expand high-quality local placements, reposition alternative provision as a time-limited intervention, by using the three-tiered model and strengthening oversight of impact and cost. By aligning practice, provision, workforce, capital and data around a single change programme, the partnership expects to reduce reliance on statutory and high-cost responses, improve experiences and outcomes for children and families, and move decisively toward a maturing, integrated local SEND system.

### **4. The Local Partnership Maturity Assessment Tool.**

The Local Partnership Maturity Assessment Tool is provided as a separate document to avoid access issues.

## **5. What is the local area partnership roadmap for 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**

- Capital – investment strategy across EY, mainstream, FE
- Workforce
- Data/digital systems

### **2026/27**

Focus on strengthening foundations, improving consistency of practice and experiences across the partnership, and establishing the core Expert at Hand (EaH) delivery model.

### **2027/28**

Focus on scaling delivery, strengthening consistency and embedding integrated practice across the local system.

### **2028/29**

Focus on demonstrating sustained impact, system maturity and long-term sustainability.

### **Strengthening inclusion across education settings**

#### **2026/27**

- Supporting mainstream settings to create inclusion bases in their schools that are evidence-based and meet a range of SEND needs.
- Continue embedding Ordinarily Available Inclusive Practice, Quality First Teaching, Individual Support Plans, strengthening early identification, SEN Support and inclusive practice across settings.
- Whole school physical health and well-being including meeting complex physical and medical needs is strengthened in partnership with health and ICB colleagues, including informed by an understanding of broader health and wellbeing needs of children with SEND and of all children.
- The three-tiered AP offer is strengthened following a review of directed off-site placements.
- Stronger oversight of independent and non-maintained special school (INMSSS) provision and IAP to ensure that CYP are achieving well
- Special school expansion and inclusion base expansion from small capital grants funding

## Enablers

- Increased workforce capacity and training
- SEND SOC (sufficiency and capital place planning)

## Key Milestones

- A specialist base/ inclusion base is created in each locality (Q4 2026/27)
- A series of readily available high quality, evidence-based resources and training are created and communicated to enhance the current offer (Q4 2026/27)
- Health and acute medical training and support across schools and settings is delivered (Q4 2026/27)
- There is a CYP-level AP tracker in place, that aligns with current data systems to track young people on EOTAS/AP/IAP (Q4 2026/27)
- Health provision contributions are realised, and finances are recouped from the ICB (Q4 2026/27)

## Target metrics

- EHCP growth stabilised at or below 16%
- INMSSS school placement growth stabilised at or below 27%

## 2027/28

- Establishing a consistent offer across the County of inclusion bases in mainstream schools.
- More consistent implementation of the Ordinarily Available Inclusive Provision framework and SEN Support arrangements across settings, reducing variation in experience, practice and escalation.
- Greater consistency of ICB support, Public Health and the HCP in training for schools and settings to deliver whole school approaches to the physical health and well-being of CYP.
- Increasing levels of AP outreach support for CYP in school settings, further strengthening the three-tiered AP offer.
- The majority of INMSSS and packages of EOTAS/ IAP annual reviews are undertaken and responded to in a timely way
- Support bases further expanded to meet the needs of more CYP in mainstream school

## Enablers

- Increased workforce capacity and training
- SEND sufficiency delivers increased local provision, strengthened AP pathways and implementation of sufficiency priorities

## Key Milestones

- A quality assurance framework for inclusion bases is established (Q1 2027/28)
- OAIP is embedded in schools and being used to inform and develop quality first teaching (Q2 2027/28)

- The majority of schools and settings have received support and/or training from ICB providers to meet a range of physical health and medical needs (Q4 2027/28)
- A strong system of targeted and focussed Annual Reviews is in place (Q4 2027/28)
- An additional 130 Inclusion bases are operational (Q4 2027/28)

#### Target metrics

- EHCP growth stabilised at or below 14%
- INMSSS school placement growth stabilised at or below 25%

#### 2028/29

- Setting up and establishing Inclusion bases is common practice, with high quality and inclusive environments the new normal.
- High-quality inclusive practice consistently embedded across mainstream settings, with more children and young people successfully supported earlier and locally
- Majority of schools and settings are confident and able to meet a range of complex health and medical needs, enabling more children to attend their local mainstream school
- There is marked reduction on the reliance of INMSSS placements, due to needs met more locally
- Sufficiency planning fully embedded as a decision-making tool

#### Enablers

- Partnership embeds sustainable workforce models and inclusive practice through consultation, coaching and capacity-building approaches.
- A more sustainable local provision model is delivered, reducing reliance on independent and out-of-borough placements over time.

#### Key Milestones

- A strong community of practice is established in locality areas that share best practice, practical support and ideas to help support one another (Q4 2028/29)
- There is an inclusion base in the vast majority of schools and settings (Q4 2028/29)
- The vast majority of time, Mainstream schools meet the needs of their local catchment CYP with SEND (Q4 2028/29)

#### Target metrics

- EHCP growth stabilised at or below 12%
- INMSSS school placement growth stabilised at or below 22%

## **Access to specialist support and local placements**

2026/2027

- Co-design, mobilise and begin testing the Experts at Hand model, including agreed access routes, thresholds, locality arrangements and access to EP, SALT, OT and specialist outreach, including CAMHS and neuro diverse pathways, that have been co-produced with key partners including parent carers and young people.
- Commissioning requirements are out to tender with contracts and monitoring processes agreed

### **Enablers**

- Joint commissioning plan/ strategy across the partnership is agreed along with needed capacity to deliver core requirements
- Effective recruitment and monitoring of contracts including agreed outcomes measures

### **Key Milestones**

- The IFD for EaH referrals have been tested (Q4 2026/27)
- Out to tender on the open market to create additional capacity for EPs through additional external capacity (e.g. Skylakes) (Q2 2026/27)
- Out to tender to create additional capacity for SALT and OT alongside ICB (SPFT) and other private providers to enable delivery of EaH offer (Q2 2026/27)

### **Target metrics**

- EHCP growth stabilised at or below 16%
- $\geq 17$  EPs are recruited
- $\geq 10$  SALTs are recruited
- $\geq 10$  OTs are recruited
- $\geq 1$  Lead SALT Practitioner is recruited

2027/28

- Experts at Hand proactive and reactive offer is operational across hub areas, with clearer pathways, improved access to specialist advice and increased use of consultation and outreach models.
- Embed outcomes-based delivery and continuous improvement across commissioned SEND services

### **Enablers**

- Joint commissioning plan/ strategy across the partnership is agreed along with needed capacity to deliver core requirements
- Effective recruitment and monitoring of contracts including agreed outcomes measures
- Use data monitoring to drive iterative improvement, including contract variation, targeted support, or re-commissioning where needed.

## Key Milestones

- Early impact evaluation of EaH model completed, including feedback from families and schools
- Refinement of commissioning strategy based on demand modelling and service effectiveness
- Workforce sustainability plan developed, reducing long-term reliance on high-cost external providers

## Target metrics

- EHCP growth stabilised at or below 15%
- $\geq 20$  EPs are recruited
- $\geq 10$  SALTs are recruited
- $\geq 10$  OTs are recruited

2028/29

- Seamless access to specialist support through integrated locality pathways, with reduced reliance on escalation and statutory processes where needs can be appropriately met earlier
- Integrate and scale SEND provision across the system to drive consistency and inclusion

## Enablers

- Analytical capacity to identify variation, gaps, and demand trends
- Ability to adapt contracts based on Year 1 learning
- Mechanisms for pooling or aligning budgets across agencies

## Key Milestones

- Measurable reduction in high-cost placements/out-of-area provision, linked to strengthened local capacity
- Long-term EP, SALT, and OT workforce model stabilised, with higher proportion of permanent staffing
- Quality assurance framework embedded, including regular audit of EHCP advice and outcomes

## Target metrics

- EHCP growth stabilised at or below 12%
- $\geq 28$  EPs are recruited
- $\geq 3$  SALTs are recruited
- $\geq 3$  OTs are recruited

## **System leadership, local partnership collaboration and co-production**

2026/27

- Key partners from education, health and care agree how they will proceed with an integrated commissioning approach across the partnership, so that the SEND Reforms and EaH offer can be delivered in the most efficient way
- Strategic co-production with parent carers and young people is starting to be embedded across partnership decision making forums
- Systems, data and intelligence is further developed centrally across the partnership to ensure key data from health partners is reflected

### Enablers

- Strong Partnership Governance and Shared Commissioning Framework
- Building co-production into standard practice ensures services are shaped by lived experience and strengthens trust and accountability across the partnership.
- Establishing the integrated dataset, dashboard approach, DfE return process and demand/finance modelling.

### Key Milestones

- A central commissioning plan/ strategy is written
- A YP 'Together for change panel' is established
- A SEND Reform data dashboard is created and well established

### Target metrics

- Increase in 17 FtE EPs to deliver direct delivery (EaH) via commissioning out stat assessment work
- $\geq 9$  SALTs are recruited
- $\geq 9$  OTs are recruited

2027/28

- Stronger shared accountability across education, health and care, with integrated commissioning, regular performance reporting and embedded co-production in service development and evaluation.
- Lived experience demonstrably shaping service design, commissioning and performance monitoring
- Data integration is strengthened with improved quality and consistency, to support the development of data dashboards and intelligence tools

### Enablers

- Formal Governance & Partnership Infrastructure
- Building and developing systematic ways to involve people with lived experience (e.g. advisory panels, paid engagement roles, feedback loops).
- Invest in analytics capacity to turn integrated data into actionable insights that inform service design and accountability

## Key Milestones

- Integrated commissioning arrangements operational (e.g., pooled or aligned budgets)
- Performance reporting drives decision-making and resource allocation across agencies
- Co-production evidenced at all stages (design → delivery → evaluation)
- Impact of lived experience contributions measured and reported
- Digital SEND systems enhanced to support integrated case management and analytics
- Evidence that data insights are driving improved outcomes and efficiency

## Target metrics

- ≥ 20 EPs are recruited (in total)
- ≥ 12.8 SALTs are recruited
- ≥ 12.8 OTs are recruited

## 2028/29

- A mature partnership model with strong shared ownership, embedded governance and collaborative commissioning arrangements across agencies
- Strategic co-production and effective locality working are consistently experienced by children, young people and their families.
- Data and intelligence is fully embedded as a decision-making tool

## Enablers

- Clear System Leadership and Accountability Framework
- Sustained Investment in Co-production and Locality Infrastructure
- Dashboard dataset provides mature data, forecasting and performance systems supporting continuous improvement and long-term financial sustainability

## Key Milestones

- Fully operational collaborative commissioning model with measurable efficiency and outcomes.
- Demonstrable shared accountability across partners (joint risk ownership, shared KPIs).
- Co-production is standard practice across all services and levels.
- Children, young people, and families report consistent, positive experiences regardless of locality.
- Fully integrated data system across SEND partnership.
- Use predictive analytics to plan sufficiency and early intervention

## Target metrics

- ≥ 28 EPs are recruited (in total)
- ≥ 12.8 SALTs are recruited
- ≥ 1 Lead SALT Practitioner is recruited
- ≥ 12.8 OTs are recruited

## **Encouraging inclusive culture and behaviours**

- Begin the system shift from escalation-led responses to earlier, needs-led and inclusive support, supported by communication, training and shared expectations
- Strengthen SEND reform governance, clarify role, decision-making and escalation routes, and embed co-production with schools' health partners parent carers and CYP
- Rebuild trust with our parent carers and children and young people by delivering improved, regular communications across the partnership
- Development of strengthened Preparation for Adulthood pathways, including post-16 transition mapping, supported internship opportunities and improved alignment with adult health and community support services.

### Enablers

- Comms strategy (a priority in the SEND strategy) to be delivered
- Workforce development programme
- Casework communication standards
- Multi-Agency Transition Panels: bringing together education, adult social care, health, and employment services

### Key Milestones

- Roll out consistent inclusion charters and expectations across schools/settings.
- A series of joint cross partnership training is developed in co-production with parent carers and young people (Q4 2026/27)
- Service offers and thresholds of all children's and adults services across the partnership are mapped out (Q4 2026/27)
- Roles and responsibilities between children's and adult services defined

### Target metrics

- Reduction in growth in SEN Transport cost stabilised at or below 15%

### 2027/8

- Increased workforce confidence and consistency in inclusive practice, with earlier intervention becoming more routinely embedded across the system
- Strategic alignment with Governance forums across the partnership is embedded, reducing duplication and creating a more efficient and dynamic inclusive culture.
- Stronger levels of trust and key relational practice principles are beginning to be embedded between the local area partnership and parent carers with increased rates of satisfaction reported by parent carers.
- More consistent transitions are established for the Post 16 support pathway, with stronger connections between children's and adult's services across the partnership, including education, health and social care

## Enablers

- Embedded supervision & coaching: Regular reflective supervision focused on inclusive practice and peer learning groups/communities of practice
- Joint priorities and shared metrics: Single partnership scorecard aligned to inclusion objectives
- Early resolution processes: Strong informal problem-solving pathways before escalation
- Early resolution processes: Strong informal problem-solving pathways before escalation

## Key Milestones

- Pilot aligned transition protocols between children's and adults' services.
- Improve integration with: Adult health services, Community and voluntary sector support
- Embedding inclusion charter
- Integrated planning processes: Earlier and aligned reviews (education, health, social care)
- Workforce completes relational practice training
- Co-produced transition pathway design (Year 9–25) agreed

## Target metrics

- Reduction in growth in SEN Transport cost stabilised at or below 13.5%

## 2028/29

- Creating a confident and inclusive whole-system culture where early intervention and cross-partnership working are consistently experienced by CYP and their families
- A mature partnership governance model that is strategically aligned with strong shared ownership, embedded into BAU and strategic priorities at a whole system-level
- A maturing level of communication and engagement is established and felt by CYP and their parent carers
- Young people and their families consistently experience strong and smooth transitions between children's and adult's services, with clear destinations and choices about their futures

## Enablers

- Strong Governance and Accountability for Transitions
- A single, system-wide transition pathway (ages 14–25) is universally followed across education, health, and care.
- Children's and adult services have: Mapped and aligned eligibility criteria and jointly understood thresholds and referral processes
- Young people and parent carer experiences directly shape: Service design, Workforce training and commissioning priorities

## Key Milestones

- There are no unplanned service gaps at age 18 for young people known to services
- The Local Offer includes a dedicated, user-friendly, co-produce transition section:
  - “Step-by-step” journeys for different needs
  - Clear choices (education, employment, care, housing)
  - Real-life case studies from local young people

## Target metrics

- Reduction in growth in SEN Transport cost stabilised at or below 12%

## Success measures

- Successful implementation of the EaH model
- Improved attendance, participation and inclusion outcomes for pupils with SEND
- Reduced reliance on independent and non-maintained special school places
- Increased access to specialist support within mainstream settings
- Increased EET rates for SEND young people
- Slower growth in statutory demand over time through strengthened universal support and earlier targeted intervention

## Leading indicators

- Increased parental confidence and engagement
- Improved consistency of Ordinarily Available Inclusive Practice across settings
- Increased use of consultation and outreach approaches prior to escalation
- Increased SEN Support prevalence and earlier identification of need
- Increased number of settings accessing Experts at Hand consultation support
- Reduced waiting times in targeted specialist pathways
- Improved timeliness and quality of annual reviews
- Increased workforce confidence in inclusive practice

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

2026-27 Local delivery plan

It is important to note that specifics within this year 1 plan may be subject to change beyond quarter 2 once the partnership has made potential necessary adjustments once the EAH guidance is published.

### **Workstream 1: 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

#### **Outcome**

Mainstream schools are becoming more inclusive and better equipped to support children with SEND through expanded local provision, including Inclusion bases and satellite provisions, alongside targeted investment in inclusive environments.

Enhanced workforce training, strong quality assurance, and clear accountability ensure consistent, high-quality support, particularly for those with complex needs.

Improved oversight of placements by SENAT strengthens quality and value for money while further embedding of the OAIP, and a stronger focus on the implementation of the AP three-tiered model, supports more pupils to return to mainstream education where appropriate.

Together, these developments enable more children with SEND and EHCPs to thrive locally, creating a more inclusive, effective, and financially sustainable system.

#### **Success measures**

- Each locality has a specific inclusion base that meets the needs of CYP with SEND
- Evidence of "You Said, We Did" changes in school practice
- An increase in the number of children with SEND educated in mainstream school
- Increase in the number of schools and settings (both mainstream and specialist) receiving appropriate levels of training for CYP with complex and acute health and medical needs.

**Responsible lead per workstream:** Head of Standards and Effectiveness – Karen Furse

#### **1.1 Inclusion bases/ small class provision**

Responsible lead: Senior SEND & Inclusion Advisor – Gavin Jones

## **Q2: Milestones per workstream**

1.11M Guidance published on small provision and inclusion bases to support education settings.

1.12M Guidance published on funding streams for small group provision and inclusion bases.

### **Target trajectory per workstream**

EHCP growth stabilised at or below 16%

INMSSS school placement growth stabilised at or below 27%

## **Q3: Milestones per workstream**

1.14M A specialist base/ inclusion base is identified in each locality

1.15M The SEND & Inclusion Framework is revised and aligned with the National Inclusion Standards, which includes evidence-based guidance and advice for inclusion base provision

### **Target trajectory per workstream**

HCP growth stabilised at or below 16%

INMSSS school placement growth stabilised at or below 27%

## **Q4: Milestones per workstream**

1.16M A specialist base/ inclusion base is created in each locality

### **Target trajectory per workstream**

EHCP growth stabilised at or below 16%

INMSSS school placement growth stabilised at or below 27%

## **1.2 Embedding OAIP & QFT**

Responsible lead: Senior Education Advisor – Steve Bush

## **Q2: Milestones per workstream**

1.21M OAIP is refreshed and relaunched with all settings to support understanding of provision.

### **Target trajectory per workstream**

EHCP growth stabilised at or below 16%

INMSSS school placement growth stabilised at or below 27%

### **Q3: Milestones per workstream**

1.22M The newly established Relational Practice Guidance is finalised and communicated to inclusion leaders

1.23M Data and summits are used to inform next steps and challenge and support schools.

### **Target trajectory per workstream**

EHCP growth stabilised at or below 16%

INMSSS school placement growth stabilised at or below 27%

### **Q4: Milestones per workstream**

1.24M A SEND and Inclusion review tool kit for Early Years settings is launched to support and inform self-evaluation and improvement planning processes

1.25M A series of readily available high quality, evidence-based resources and training are created and communicated to enhance the current offer

1.26M OAIP is embedded in schools and being used to inform and develop quality first teaching.

### **Target trajectory per workstream**

EHCP growth stabilised at or below 16%

INMSSS school placement growth stabilised at or below 27%

## **1.3 Whole school physical health and well-being including meeting complex physical and medical needs, and adjustments**

Responsible lead: NHS SEND Improvement Manager

### **Q2: Milestones per workstream**

What key milestones will enable you achieve your targeted trajectory

1.31M Schools that require health and acute medical needs training and support are identified.

### **Target trajectory per workstream**

ECHNA request growth is stabilised at or below 15%

### **Q3: Milestones per workstream**

1.32M School leaders have a clear understanding of the pathways to access medical support and training from health partners and Public Health.

1.33M Dates and arrangements are in place with providers and services including: school nursing teams, specialist schools' nurses, dedicated schools team, MHSTs and thought-full, to deliver identified training and support to schools and settings

### **Target trajectory per workstream**

ECHNA request growth is stabilised at or below 15%

### **Q4: Milestones per workstream**

What key milestones will enable you achieve your targeted trajectory

1.34M Health and acute medical training and support across schools and settings is delivered

### **Target trajectory per workstream**

ECHNA request growth is stabilised at or below 15%

## **1.4 AP - time limited interventions**

Responsible lead: AP Strategic Lead

### **Q2: Milestones per workstream**

1.41M The impact of the APST is established and shared. The associated data and intelligence informs future planning of multi-service support for pupils at risk of permanent exclusion

1.42M A final agreed SLA with APC is in place.

### **Target trajectory per workstream**

AP growth is stabilised at or below 39%

### **Q3: Milestones per workstream**

1.43M A review of directed off site placements has been completed

1.44M There is a clear West Sussex outreach programme for schools to access.

### **Target trajectory per workstream**

AP growth is stabilised at or below 39%

### **Q4: Milestones per workstream**

1.45M There is a CYP-level AP tracker in place, that aligns with current data systems to track young people on EOTAS/ AP/IAP.

### **Target trajectory per workstream**

AP growth is stabilised at or below 39%

## **1.5 Annual Reviews**

Responsible lead: SENAT B Service Manager

### **Q2: Milestones per workstream**

1.51M Annual reviews are prioritised according to need - including severe absence, high placement cost and known packages of IAP

1.52M Explore opportunity for existing staff (SENAT) to undertake Careers Guidance L4 IAG development opportunity offered by Adults Learning team.

### **Target trajectory per workstream**

AP growth is stabilised at or below 39%

### **Q3: Milestones per workstream**

1.53M First phase of identified ARs have been undertaken, with impact and progress reviewed against EHCP outcomes, ensuring that there are sufficient links with commissioning colleagues

1.54M Therapy costs and health related AR data shared with SCFT in preparation for recouped costs from ICB

### **Target trajectory per workstream**

AP growth is stabilised at or below 39%

### **Q4: Milestones per workstream**

1.55M Health provision contributions are realised, and finances are recouped from the ICB

### **Target trajectory per workstream**

AP growth is stabilised at or below 39%

## **1.6 SEND Sufficiency and Place Planning**

Responsible lead: Strategic Development Manager (Sufficiency)

### **Q2: Milestones per workstream**

1.61M St Anthony's school expansion (Phase 1 intake) in place for September 2026

1.62M SEND SOC agreed and updated for appropriate county sufficiency

### **Target trajectory per workstream**

AP growth is stabilised at or below 39%

Reduction in growth in SEN Transport cost stabilised at or below 15%

### **Q3: Milestones per workstream**

1.63M The Small Capital awards guidance document and application form is reviewed and amended (in line with DfE's Inclusion Base guidance)

1.64M Small capital awards in geographical areas is reviewed and early impact is evaluated

### **Target trajectory per workstream**

AP growth is stabilised at or below 39%

Reduction in growth in SEN Transport cost stabilised at or below 15%

### **Q4: Milestones per workstream**

1.65M 130 Inclusion base spaces are created across mainstream schools

### **Target trajectory per workstream**

AP growth is stabilised at or below 39%

Reduction in growth in SEN Transport cost stabilised at or below 15%

## **Workstream 2: 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

### **Outcome**

An Expert at Hand (EaH) offer is created with two distinct pathways for settings, schools and colleges to access; proactive and reactive (integrated front door model).

A proactive EaH offer will support settings, schools, and colleges to strengthen practice and improve outcomes, with a sustainable, well-staffed model underpinned by clear partnership working, monitoring, and performance assurance.

In addition to this, the EaH offer will deliver a more joined-up system for children and young people that reduces duplication, streamlines referrals, and ensures early access to professional support, across 8 locality hubs.

Early years and school-age services will be better aligned and further development of our Post 16 offer is created. The EaH offer we will improve information sharing and deliver a coordinated, universal, targeted and targeted-plus offer.

### **Success Measures**

- Increased number of CYP supported by EP/SALT/OT
- Reduced waiting times in targeted pathways
- Increased use of consultation and outreach approaches prior to escalation

### **2.1 Integrated Front Door (EaH offer - reactive pathway)**

Responsible lead: Sufficiency Senior SEND & Inclusion Advisor

### **Q2: Milestones per workstream**

2.11M A partnership co-development agreement is created and ratified

2.12M The appropriate governance framework / Terms of reference for the partnership agreement are established

2.13M Agreed LA-led delivery model including internal delivery, joint commissioning and SLAs

2.14M Plans are agreed to gather and collate parent and pupil voice data and intelligence

### **Target trajectory per workstream**

EHCP growth stabilised at or below 16%

### **Q3: Milestones per workstream**

2.15M The LISO pilot outcomes and impact are evaluated, and this data is used to inform the planning of future development and provision of locality-based inclusion support.

2.16M A new IFD platform is developed, that could be used to receive referrals of support CYP with SEND or cohorts of CYP with SEND

2.17M Finalised hub/locality model aligned with Best Start Family Hubs where appropriate.

### **Target trajectory per workstream**

EHCP growth stabilised at or below 16%

### **Q4: Milestones per workstream**

2.18M Variation in access and thresholds across hubs has been reviewed and addressed

2.190M The IFD for EaH referrals have been tested

2.191M Consistent data collection on access, response times and support delivered

2.192M Baseline performance measures established

### **Target trajectory per workstream**

EHCP growth stabilised at or below 16%

## **2.2 EaH locality offer (Proactive offer)**

Responsible lead: Principal Educational Psychologist

### **Q2: Milestones per workstream**

2.21M A partnership co-development agreement is created and ratified

2.22M The appropriate governance framework / Terms of reference for the partnership agreement are established

2.23M Plans are agreed to gather and collate parent and pupil voice data and intelligence

2.24M Data from locality inclusion pilots (including L-INC's and LISO) is reviewed and used to shape a universally available locality inclusion offer.

2.25M Data from integrated inclusion projects (PINS, AiSP, APST) is reviewed and used to shape whole school improvement planning

### **Target trajectory per workstream**

EHCP growth stabilised at or below 16%

### **Q3: Milestones per workstream**

2.26M Agreed LA-led delivery model including internal delivery, joint commissioning and SLAs

2.27M Finalised hub/locality model aligned with Best Start Family Hubs where appropriate

2.28M Post 16 support offer, (in line with Experts at Hand) has been reviewed with any gaps identified

### **Target trajectory per workstream**

EHCP growth stabilised at or below 16%

### **Q4: Milestones per workstream**

2.29M Whole-school planning conversations embedded in priority settings

### **Target trajectory per workstream**

EHCP growth stabilised at or below 16%

## **2.3 Capacity backfill and commissioning for EaH offer**

Responsible lead: Commissioning Service Manager

### **Q2: Milestones per workstream**

What key milestones will enable you achieve your targeted trajectory

2.31(a)M An agreed monitoring and performance assurance model is in place

2.32M Out to tender on the open market to create additional capacity for EPs through additional external capacity (e.g. Skylakes)

2.33M Out to tender to create additional capacity for SALT and OT alongside ICB (SPFT) and other private providers to enable delivery of EaH offer

### **Target trajectory per workstream**

AP growth is stabilised at or below 39%

### **Q3: Milestones per workstream**

2.34M EaH leadership and commissioning roles confirmed and partially operational

2.35M Joint SALT and OT commissioning live with agreed KPIs

2.36M Outreach contracts aligned to the three-tier SEND & AP model

### **Target trajectory per workstream**

AP growth is stabilised at or below 39%

**Q4: Milestones per workstream**

2.30M Resource deployment refined to reflect need and demand

2.37M EaH embedded in SEND governance, commissioning and improvement cycles

2.38M Agreed delivery plan for Year 2 development and scaling

2.39M A fully staffed and operational EaH offer

**Target trajectory per workstream**

Increase in 17 FTE EPs to deliver direct delivery (EaH) via commissioning out stat assessment work

≥ 9 SALTs are recruited

≥ 9 OTs are recruited

## **Workstream 3: System leadership, local partnership collaboration and co-production**

Putting in place the enabling conditions across a local area that ensures planning and provision reflects areas & is a joined up, including strategic co-production with parent carers and children and young people

### **Outcome**

Stronger shared accountability and partnership oversight supporting coordinated delivery of SEND reform across education, health and care. This includes better integrated commissioning and planning across the partnership to support a more joined-up offer, as well as strengthened co-production and feedback loops by moving from strong engagement to clear, demonstratable impact from lived experience.

### **Success Measures**

- Increased evidence of co-produced decision-making and service development
- Increased parent carer and CYP confidence in co-production and participation
- Improved visibility and use of performance and delivery reporting
- Stronger shared accountability across education, health and care partners

### **3.1 Integrated commissioning with education, health and care**

Responsible lead: Commissioning Service Manager)

#### **Q2: Milestones per workstream**

3.11M A strategy/ plan for commissioning is created that aligns with the EaH delivery ambition, including how health and additional EP capacity will be sought

#### **Target trajectory per workstream**

Reduction in growth in SEN Transport cost stabilised at or below 15%

#### **Q3: Milestones per workstream**

3.12M Implementation of clear contract / MOU / SLA oversight is in place, in order to deliver additional capacity outlined in EaH plans

#### **Target trajectory per workstream**

Reduction in growth in SEN Transport cost stabilised at or below 15%

#### **Q4: Milestones per workstream**

3.13M A central commissioning plan/ strategy is written

#### **Target trajectory per workstream**

Growth in school age CYP numbers that are not in education, stabilised at or below 15%

### **3.2 Strategic co-production with parent carers and CYP**

Responsible lead: SEND & Inclusion Advisor

#### **Q2: Milestones per workstream**

3.21M The Co-production Charter is embedded into commissioning service redesign, quality assurance and improvement activity.

#### **Target trajectory per workstream**

ECHNA request growth is stabilised at or below 15%

#### **Q3: Milestones per workstream**

3.22M Implementation of clear contract / MOU / SLA oversight in order to delivery additional capacity outlined in EaH plans

#### **Target trajectory per workstream**

ECHNA request growth is stabilised at or below 15%

#### **Q4: Milestones per workstream**

3.23M Use the EaH offer to capture real-time feedback at the point of delivery and feed this learning directly into system improvement

3.24M A Young People's "Together for Change Panel" is created including TOR, model and method

#### **Target trajectory per workstream**

ECHNA request growth is stabilised at or below 15%

### **3.3 Systems, Data and Intelligence**

Responsible lead: Service Manager Data and performance CYPL

#### **Q2: Milestones per workstream**

3.31M Data sharing process with health is reviewed and a new data sharing agreement is in place

#### **Target trajectory per workstream**

ECHNA request growth is stabilised at or below 15%

#### **Q3: Milestones per workstream**

3.32M A full review of the data pathways is completed to identify gaps in data needed to drive EaH offer

3.33M SUMMIT processes are reviewed to ensure that information effectively informs both proactive and reactive elements of EaH

3.34M School improvement categorisation document reviewed to ensure that correct data is reviewed and being used

**Target trajectory per workstream**

ECHNA request growth is stabilised at or below 15%

**Q4: Milestones per workstream**

What key milestones will enable you achieve your targeted trajectory

3.35M School improvement categorisation document is amended based on findings of review in previous quarter

3.36M Plans for connecting data sets across annual reviews, quality assurance, commissioning and lived-experience feedback are created

3.37M Data that is captured for EaH (at both a pupil and cohort level) is reviewed, and supports plans for scaling delivery

**Target trajectory per workstream**

ECHNA request growth is stabilised at or below 15%

## **Workstream 4: Encouraging inclusive culture & behaviours-**

Using funding and shared accountability towards a system that works for children and families while achieving value for money

### **Outcome**

Strengthening whole-system working, reducing fragmentation, repeated assessments and unnecessary transitions.

Families will encounter practitioners who work together across organisational boundaries, guided by aligned thresholds, shared language and a common focus on strengths, inclusion and resilience.

Reshape how the system works together so that inclusion, early intervention and whole-family support are embedded as everyday practice rather than specialist responses.

### **Success Measures**

- Reduction in escalations across the system (education, health and care) with a greater number of needs met at universal offer
- Smoother, planned transitions for CYP and their families
- Parent carers report increased communication satisfaction rates from services

### **4.1 Partnership workforce training development**

Responsible lead: DSCO

#### **Q2: Milestones per workstream**

4.11M A plan is in place to map out training offer across the partnership including adult services to support the 18-25 cohort, with key points of enquiry established

#### **Target trajectory per workstream**

ECHNA request growth is stabilised at or below 15%

#### **Q3: Milestones per workstream**

4.12M There is a completed review of training and support across services to identify areas of overlap, differing approaches and gaps in support

#### **Target trajectory per workstream**

ECHNA request growth is stabilised at or below 15%

#### **Q4: Milestones per workstream**

4.13M Partners have received communication and sensory intervention training to support parents at earliest opportunity.

4.14M A series of joint cross partnership training is developed in co-production with parent carers and young people

**Target trajectory per workstream**

ECHNA request growth is stabilised at or below 15%

**4.2 Better strategic alignment with governance forums across the partnership**

Responsible lead: Practice Development and Improvement Lead

**Q2: Milestones per workstream**

4.21M Clear governance arrangements in place for SEND Reform Plan

4.22M The structure of partnership boards and the link to school forums is clearly expressed, well communicated and understood by settings and schools in all sectors

**Target trajectory per workstream**

ECHNA request growth is stabilised at or below 15%

**Q3: Milestones per workstream**

4.23M SEND Partnership Board updates provided regularly to Schools Forum (e.g. termly)

4.24M Schools Forum feedback formally reported back to the Partnership Board.

**Target trajectory per workstream**

ECHNA request growth is stabilised at or below 15%

**Q4: Milestones per workstream**

4.25M Regular meetings/ touch points are established with the SEND Youth forum/ SEND Young Voices with senior colleagues across the partnership to influence strategic decision making

**Target trajectory per workstream**

ECHNA request growth is stabilised at or below 15%

**4.3 Communication and engagement with parent carers and CYP**

Responsible lead: Education, Communications and Marketing Lead

**Q2: Milestones per workstream**

4.31M Our broad plans for SEND Reform are shared with parent carers and CYP on the Local Offer, SEND & Inclusion Newsletter, Disability Register and social media

**Target trajectory per workstream**

ECHNA request growth is stabilised at or below 15%

**Q3: Milestones per workstream**

4.32M Have your voice heard Parent Carer events are held to co-develop SEND Reforms in West Sussex, including the EaH offer

4.33M Press and comms release on Local Offer, SEND & Inclusion newsletter etc

### **Target trajectory per workstream**

ECHNA request growth is stabilised at or below 15%

### **Q4: Milestones per workstream**

4.34M Have your voice heard Parent Carer events are held to co-develop SEND Reforms in West Sussex, including the EaH offer

4.35M Press and comms release on Local Offer, SEND & Inclusion newsletter etc

### **Target trajectory per workstream**

ECHNA request growth is stabilised at or below 15%

## **4.4 Stronger transitions from children to adult services, including mental health, social care and therapeutic services**

Responsible lead: Service Manager Adults Services and Health

### **Q2: Milestones per workstream**

4.41M Roles and responsibilities between children's and adult services defined

### **Target trajectory per workstream**

Reduction in growth in SEN Transport cost stabilised at or below 15%

### **Q3: Milestones per workstream**

4.42M Service offers and thresholds of all children's and adults services across the partnership are mapped out

### **Target trajectory per workstream**

Reduction in growth in SEN Transport cost stabilised at or below 15%

### **Q4: Milestones per workstream**

4.43M Plans in place to better integrate the transition phases for YP across partnership services from children's to adults'

### **Target trajectory per workstream**

Reduction in growth in SEN Transport cost stabilised at or below 15%

## **Projected Investment Spend per quarter**

### **Q2:**

Admin ≤ £0.106m

Transformation ≤ £0.115m

EaH Direct ≤ £0.653m

**Total ≤ £0.874m**

Categories profiling:

Data/Digital: c£0.013m

PMO / Leadership: c£0.093m

WF Training & Dev: c£0m

Workforce/recruitment c£0.768m

### **Q3:**

Admin ≤ £0.181m

Transformation ≤ £0.230m

EaH Direct ≤ £1.886m

**Total ≤ £2.297m**

Categories profiling:

Data/Digital: c£0.05m

PMO / Leadership: c£0.139m

WF Training & Dev: c£0.083m

Workforce/recruitment c£2.03m

### **Q4:**

Admin ≤ £0.271m

Transformation ≤ £0.225m

EaH Direct ≤ £1.93m

**Total ≤ £2.426m**

Categories profiling:

Data/Digital: c£0.044m

PMO / Leadership: c£0.139m

WF Training & Dev: c£0.083m

Workforce/recruitment c£2.16m

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

WSCC and partners will maintain sufficient organisational capacity and capability through robust, coherent programme governance, building on existing SEND AP Partnership Board and wider system governance (see accompanying Governance diagram). Delivery will be overseen via established partnership arrangements and a newly established operational Programme Delivery Board, with clear senior responsible ownership across education, health and social care, supported by corporate functions including (but not limited to); PMO, finance, HR, procurement, legal, communications, and data/performance teams.

Dedicated programme and project management capacity will coordinate delivery, manage interdependencies, monitor risks, and support effective prioritisation of resources across the partnership, aligned to the implementation plan. This will combine existing transformation expertise with targeted additional capacity where specialist delivery skills are required and as defined within each Project Plan (see accompanying Programme / Project Management structures and draft plans).

Four defined workstreams rooted in co-production, will operate against agreed milestones, benefits and outcome measures, with monthly reporting into partnership boards and senior leadership forums.

The partnership will strengthen data and analytics capability to support implementation tracking, performance management, and evidence-based decision-making. This includes developing dashboards, improving cross-agency data sharing, and using qualitative and quantitative intelligence to assess impact against outcomes. Monthly Highlight Reporting will enable timely escalation, informed decisions, and continuous improvement, ensuring resources are directed to areas of greatest need and impact during the first year of implementation.

This approach aligns with the WSCC 'Children First' Transformation Portfolio, supporting both education and children's social care reforms.

## **8. Other funding Local Authorities**

## 9. Block Transfers

£2.2m was transferred from the schools block to the High Needs block in 2018/19 following approval by the Secretary of State to the council's disapplication request.

West Sussex also requested a £0.5m block movement in 2019/20, £2.4m in 2020/21, and £2.5m in 2021/22. None of these transfers were approved by Schools Forum and the subsequent disapplication requests were not supported by the Secretary of State.

As a general principal the County Council believes that all of its schools should contribute to any block movement transfer but with so many schools protected by the Minimum per Pupil Funding level (MpPFL) this is not possible. With 44% (116 out of 264) of the county's schools on this protection in 2021/22 the council also submitted a disapplication request to decrease the MpPFL to enable this to happen, but this was also not supported by the Secretary of State.

A £1.2m block movement request was supported by Schools Forum in 2022/23 to increase capacity to support mainstream schools and support effective transition in early years.

As part of the Delivering Better Value programme the council proposed a series of 'proof of concept' pilot projects, the overall value of which totalled £1.5m. With only £1m grant available from the DfE, Schools Forum approved a block movement request for £0.5m in the 2024/25 budget to fund the shortfall.

### Capital

In the 2024–25 academic year, West Sussex had 27,944 children and young people with SEND receiving support in early years settings, schools or colleges. This represents 21.4% of the school-aged population, higher than the SE average. Of these, 10,116 pupils held an EHCP, accounting for 5% of the school-aged population, which is below the regional average. Since 2019, the number of EHC needs assessments completed annually has increased significantly. DSG projections forecast a net increase of approximately 3,800 EHCPs across West Sussex by 2027/28.

To meet this projected growth and ensure sufficient and suitable provision, six key areas of work are proposed: urgent place projects (2026–27); expansion of existing special schools (2027–29); development of new special schools through the DfE Free School bidding round; establishment of Specialist Support Centres (SEN Units); strengthening mainstream capability to support inclusion; and alternative provision.

This approach will increase specialist provision for pupils with EHCPs while enhancing mainstream schools' ability to meet diverse needs locally. West Sussex has worked with special schools for several years to create additional places through satellite sites, with programmes already underway and funded through high needs capital. As this programme reaches completion, future capital investment is expected to shift away from further special school expansion and towards strengthening mainstream provision. This will support INMSS placement reviews to direct more pupils into special schools where appropriate.

Based on current trends, by 2028–29 the system is projected to require: 291 additional specialist places across special schools and Specialist Support Centres; 588 additional INMSS or independent school places; continued mainstream placement for approximately 6,073 pupils; 2,510 post-16 EHCP placements, predominantly in mainstream further education settings such as the Chichester College Group; and 835 placements within “other” categories, including alternative provision, education otherwise than at school, elective home education, and some independent AP providers.

Recent projects have strengthened joint working with multi-academy trusts (MATs). Data shows the MAT estate already hosts a significant number of special support bases within mainstream schools. The strategy for increasing mainstream SEND provision focuses on creating locality-based hubs across the county, enabling families to access provision closer to home from early years through post-16. These hubs will draw on local expertise and be supported by nearby special schools to maintain high-quality standards. Work will also explore how assistive technologies, such as wheelchairs, screen readers and hearing aids, can further enhance independence and wellbeing.

The November 2025 report to the Children and Young People’s Scrutiny Committee highlights the council’s strategy to use surplus capacity created by falling rolls and more efficient use of space to deliver SEND provision. Where surplus capacity does not exist, we will still develop new provision where it aligns with strong local practice and demand.

Recognising West Sussex’s mix of rural and urban areas, SEND provision will be developed across all 24 localities. This will reduce reliance on out-of-area placements, improve community-based support, and contribute to lowering the £41m home-to-school transport budget by reducing journey distances and times, particularly for SEND pupils.

## **10. System partner and stakeholder engagement, and co-production.**

West Sussex is committed to a co-produced, partnership-led approach to both the development and delivery of SEND reform. The partnership recognises that sustainable change depends on shared ownership across education, health, social care, families and wider stakeholders, and that reform must build on the strong collaborative foundations already established across the local area. The ambition is to create a more joined-up, inclusive and accessible system that improves outcomes, strengthens earlier intervention and supports children and young people to thrive within their local communities.

At the time of developing the SEND Reform Plan, the NHS Surrey and Sussex Integrated Care Board (ICB) is undergoing significant organisational change and restructure. Health partners remain actively engaged in development of the reform programme; however, some roles, responsibilities and governance arrangements continue to evolve and are expected to stabilise during Q2. West Sussex will continue to work closely with ICB colleagues to ensure SEND reform priorities remain aligned to wider health transformation arrangements, including emotional wellbeing, neurodevelopmental pathways, Mental Health Support Teams (MHSTs) and integrated locality delivery models.

Engagement has already taken place through development of the SEND Reform Plan and Experts at Hand (EaH) proposals, involving schools, early years settings, alternative provision, FE and post-16 providers, health partners, SEND services, the Parent Carer Forum and children and young people with SEND. Feedback has consistently highlighted the importance of earlier intervention, clearer pathways, strong inclusive mainstream practice, improved emotional wellbeing support and maintaining timely access to specialist expertise.

Ongoing engagement with schools and education leaders will continue through established partnership structures, including Headteacher forums, SENCO networks, locality discussions and inclusion leadership groups. Implementation of the Ordinarily Available Inclusive Practice (OAIP) framework and EaH model will require a strengthened focus on inclusive practice, workforce confidence and shared accountability across all settings, supported through workforce development, consultation, coaching and peer learning.

The partnership is also strengthening collaboration with FE and post-16 providers, including providers attended by West Sussex young people outside the county, to improve transitions, Preparation for Adulthood pathways and continuity of support. This includes stronger focus on independence, employability, supported internships, sustained education, employment and training (EET) participation and alignment with adult health and community support services.

Health partners remain central to delivery through joint commissioning arrangements, locality working and the EaH model, ensuring specialist support is aligned to earlier intervention, integrated locality support and wider system priorities.

This includes ongoing co-design of the EaH delivery model, locality cluster arrangements and workforce deployment across education, health and care.

Co-production with families and children and young people will continue through the Parent Carer Forum and existing participation arrangements, strengthened through dedicated reform communications, engagement activity and visible “You said, we did” feedback. The partnership’s ambition is for children, young people and families to increasingly experience a more coordinated, inclusive and accessible system with clearer pathways and improved outcomes.

The partnership would welcome continued support from the Department for Education in engaging education leaders, health partners and parent carer forums as reform develops nationally and locally.

## 11. 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?

**Risk:** Workforce Capacity & Sustainability Risk

- ICB / SCFT capacity constraints
- Recruitment and retention of EPs and therapists
- Workforce impacts of increased EHCNAs/EHCPs

**Impact** Critical

**Likelihood** Likely

**RAG** RED

**Mitigation**

- Phased and collaborative delivery approach across partners
- Strengthened joint governance and commissioning alignment
- Targeted use of EaH funding to secure specialist expertise and upskill teams
- Blended delivery model (in-house + managed outsourcing/private providers)
- Early engagement with external providers to secure capacity
- Flexible commissioning of EP capacity to respond to spikes in demand
- Ongoing performance monitoring and escalation through governance

**Residual Rag** Medium–High

Even with mitigation, national shortages and system-wide capacity pressures mean the risk cannot be fully mitigated.

**Risk:** Demand & Sufficiency Risk

- Increased EHCNA/EHCP demand with statutory services that cannot meet current demand
- SEND sufficiency challenges
- Increased demand due to improved early support access

**Impact** Critical

**Likelihood** Likely

**RAG** RED

## **Mitigation**

- Close monitoring of demand data and trends
- Flexible resource allocation (e.g. EP capacity scaling)
- Clear eligibility criteria and pathways
- Active triage approach to referrals
- SEND Sufficiency Programme (Single Outline Case with delivery workstreams)
- Strong governance to escalate pressures and enable timely decisions

## **Residual Rag** High

Demand is largely externally driven and likely to increase; mitigations help manage but do not reduce underlying demand pressure. In addition to this, a large sum of money is required for SENAT to clear the backlog of assessments and EHCPs and currently there isn't the resource to provide this.

## **Risk:** System Alignment & Stakeholder Engagement Risk

- Engagement with MATs
- Partnership working across system (ICB, WSCC, parent carers, CYP and schools)

## **Impact** Moderate

## **Likelihood** Likely

## **RAG** AMBER

## **Mitigation**

- Early and ongoing engagement with MAT leaders
- Development of MOUs where appropriate
- County-wide inclusion charter for all schools
- Clear governance and shared decision-making frameworks
- Consistent commissioning priorities across partners

## **Residual Rag** Medium

Alignment can be improved significantly, but system-wide consistency across diverse organisations will remain a challenge.

## **Risk:** Cultural Change & Implementation Risk

- Cultural and practice change
- Adoption of EaH model in schools and services

## **Impact** Moderate

## **Likelihood** Likely

## **RAG AMBER**

### **Mitigation**

- Clear articulation of EaH purpose, thresholds, and expectations
- Consistent communication, training, and coaching for schools
- Monitoring of usage patterns and outcomes
- Ongoing support to embed practice change

### **Residual Rag** Medium

Cultural change takes time and varies across settings, meaning uneven adoption is likely in the short to medium term.

### **Risk:** Data, Performance & Financial Management Risk

- Data, outcomes and benefits realisation
- Financial risk – projected a £300M overspend
  - Potential increase in EHCNA output to meet 20 week deadline
  - Increase in support to children awaiting placement
  - Timeframes for impact of reforms
  - Limited Market capacity to meet short term increases in demand may result in above inflation, cost increases

### **Impact** Critical

### **Likelihood** Likely

## **RAG RED**

### **Mitigation**

- Agreed cross-partner outcomes framework
- Early establishment of shared performance measures
- Regular reporting through governance structures
- Ongoing financial oversight and alignment with commissioning decisions
- Enhanced Capital and SEND sufficiency planning
- Accelerated development of Support Bases within Mainstream Schools
- Timeframes to realise the impact of reform materially reduces the ability to mitigate costs, within the period of the statutory disregard

### **Residual Rag** High–Medium

Strong governance and frameworks reduce risk significantly, though full data maturity and financial certainty will take time to achieve.

## 12. Dependencies

Delivery of West Sussex's SEND Reform Plan is dependent upon a number of national and local system reforms, which present both opportunities and risks for implementation of the local area's future state. West Sussex has therefore designed its three-year reform roadmap to remain flexible, phased and aligned to wider reforms across education, health and care. The three core reform priorities; stronger grip through data and performance, earlier intervention through the Experts at Hand (EaH) model, and sustainable local provision through sufficiency and place planning, provide the foundation for managing these interdependencies.

NHS reforms are a significant dependency, particularly in relation to integrated commissioning, workforce capacity and delivery of therapeutic and clinical services. The proposed EaH model is reliant upon strong partnership working with health providers and Integrated Care Board (ICB) priorities, including emotional wellbeing support, neurodevelopmental pathways and alignment with Mental Health Support Teams (MHSTs). West Sussex will mitigate this through joint governance arrangements, integrated commissioning discussions and alignment of SEND priorities within wider health transformation plans. The locality-based EaH model has been intentionally designed to support integrated locality working across education, health and care, strengthen health and wellbeing outcomes and provide more coordinated whole-family support aligned to Family Hub and Best Start developments.

The Sussex Local Government Reorganisation is likely to both support and challenge the delivery of the West Sussex SEND Reform Plan. On one hand, moving to unitary authorities could strengthen integration between education, health and care services (an essential ambition of SEND reform) by simplifying governance and reducing fragmentation. On the other hand, the transition period may bring disruption through organisational change, workforce uncertainty, and shifting leadership focus, which could slow progress in the short term. While LGR also offers longer-term opportunities for improved financial sustainability and system leadership, its success in supporting SEND reform will depend on maintaining strong partnerships, clear accountability, and a consistent focus on outcomes for children and young people throughout the period of change

Children's Social Care reforms, including Families First and Best Start for Life, are also closely linked to West Sussex's reform programme. West Sussex's three-year roadmap places significant emphasis on earlier identification, prevention and locality hub working, with the EaH offer designed to strengthen multi-agency collaboration for children, young people and families at a universal, targeted and targeted plus level. This creates opportunities for more coordinated support pathways, stronger transitions and improved family experiences. The partnership will continue to align workforce development, locality delivery arrangements and governance structures across these reforms wherever possible, including strengthening Preparation for Adulthood pathways focused on independence, employability, community participation and healthy adulthood outcomes.

Wider financial pressures may impact organisational stability, leadership capacity and pace of implementation. West Sussex will manage this through phased delivery, strong programme governance and maintaining a clear focus on the four workstreams: Strengthening Inclusion across education settings, Access to specialist support and local placements, System leadership, local partnership collaboration and co-production and encouraging inclusive culture & behaviours. The three-year roadmap has been structured deliberately to establish foundations in Year 1, embed delivery in Year 2 and strengthen sustainability in Year 3, allowing the partnership to respond flexibly to wider system change. This includes development of post-16 and adulthood pathways, supported internships, sustained education, employment and training (EET) opportunities and improved alignment with adult health and community services.

The Curriculum and Assessment Review and wider national inclusion reforms may influence expectations regarding inclusion, SEN Support and mainstream accountability. West Sussex's reform programme is aligned to the Schools White Paper direction of travel, with schools, post 16 providers and EY settings playing a central role in delivery of inclusive practice, Ordinarily Available Inclusive Practice (OAIP) and graduated response pathways. The partnership will continue to work closely with schools and settings to ensure reform remains aligned to emerging national policy and expectations.

Across all dependencies, West Sussex will maintain regular horizon scanning, shared risk management and collaborative leadership through the SEND/AP Partnership governance structure. This will ensure the reform programme remains responsive to national developments while maintaining focus on improving outcomes, strengthening inclusion and delivering a more sustainable local SEND system.

## Section 3 – Monitoring and Evaluation

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

West Sussex will implement a robust, multi-layered performance and assurance framework to ensure delivery of the SEND reform plan remains on track, with a clear line of sight from implementation activity through to impact on children, young people and families. The framework will support both operational grip and strategic oversight, aligned to the SEND and AP Partnership Board governance arrangements and wider partnership reporting structures.

Progress will be monitored through an integrated SEND performance dashboard drawing on education, health and social care data, aligned to local priorities and national reporting requirements, including the standardised DfE quarterly data collection. This will provide regular visibility of demand, delivery, workforce capacity, sufficiency, quality and outcomes, enabling early identification of emerging pressures and timely intervention where required.

Key measures will be monitored across four core areas:

- Demand and system pressure, including EHCP requests, assessments, SEN support prevalence and tribunal activity
- Delivery and access, including deployment of EP, SALT and OT services, reach of the Experts at Hand (EAH) model and local provision capacity and integration with emotional wellbeing, MHST and neurodevelopmental support pathways.
- Quality and experience, including timeliness and quality of EHCPs and annual reviews, complaints, feedback and co-production measures
- Improved outcomes for children and young people, including attendance, exclusions, attainment, participation, sustained EET participation, positive post-16 destinations, greater independence, reduced NEET, and successful transitions into adulthood services.

A defined set of KPIs and milestones aligned to the reform roadmap will be reviewed regularly through workstream governance and formally reported through the SEND/AP Partnership Board. Workstream leads will be accountable for delivery against agreed milestones, risks and trajectory measures, enabling timely escalation, challenge and decision-making.

Performance data will be triangulated with quality assurance activity, including audits, thematic reviews, stakeholder feedback and co-production activity, ensuring that progress is reflected in lived experience as well as quantitative measures. Including development of integrated data approaches and linkage with wider partnership intelligence systems where appropriate.

The partnership will also embed continuous feedback loops through the Parent Carer Forum, children and young people's participation arrangements and engagement with schools, early years and post-16 providers. This intelligence will be used alongside performance data to refine delivery, redirect resources where needed and support continuous improvement throughout implementation.

Together, these arrangements provide West Sussex with a dynamic and evidence-led monitoring framework, supporting strong partnership oversight, responsive delivery and sustained focus on long-term reform outcomes.

## **14. Reporting to DfE**

This document is provided as a separate link to avoid access issues

## Section 4 – Governance

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

#### Children First Partnership Board

Chair- West Sussex County Council's Cabinet Member for Children and Young People. The Vice-Chair is a Young Person nominated by the Youth Cabinet.

**Purpose:** The Board will have to do certain things to make sure that it is held accountable to the Health and Wellbeing Board, and others. It will;

- lead the development and production of a Children and Young People's Plan for West Sussex. This plan will ensure that the people responsible for commissioning (designing and buying) or delivering services do so in a way that improves outcomes, or makes life better, for children and young people, and reflects their priorities
- make regular reports to the Health and Wellbeing Board about how well the Children and Young People's Plan is making things better
- regularly look at, and comment on, performance data (which tells us about how services are doing, and what outcomes are being achieved)

**Membership:** The Children First Board is made up of lots of different organisations and groups of people in West Sussex, who all have the will to make things better for children and young people. These groups, organisations and services include;

- Children and young people who represent others, and the people that support them to have their voice listened and responded to
- People who represent parents, carers and other people who look after our children daily
- The County Council, the people who work in these services and the people elected to represent the views of the people of West Sussex
- Health services, including services which provide community, acute (hospital) and mental health services, and those people who are responsible for ensuring that we commission (design and buy) the right health services
- Public Health, who commission mandatory support to give children the best start in life which includes health visiting and school nursing services to support the physical and mental wellbeing of children and their families
- The District and Boroughs which provide a lot of local services to people in their area
- People who work in our schools, colleges and early years settings
- Community based and voluntary organisations which work with or are concerned about children and young people's lives
- The Police who see a lot of children and young people and know a lot about their lives
- The Children's Safeguarding Partnership Board which is led by an independent person and whose job is to make sure that services keep children safe.

**Frequency:** Quarterly

**Decision Rights:** System Leadership

**Escalation Route:** The Children First Board is a sub-group of the Health and Wellbeing Board

### **Directorate Leadership Team (DLT) CYPL Transformation Portfolio Board**

(Sponsor - Executive Director of Children Services)

**Purpose:** The Children, Young Children and Learning (CYPL) Directorate is responsible for delivering statutory services across Early Help, Social Care and Education & Learning ensuring compliance, strong performance and improved outcomes for children and young people.

The Directorate Leadership Team have overall responsibility for the effective delivery of these services all of which are provided under a range of primary legislation and secondary guidance and notifications and in alignment to Corporate and National priorities.

#### **Membership:**

- Executive Director of Children, Young People and learning (Sponsor)
- Service Director: CYPL Transformation, Data & Commissioning (SRO)
- Programme Director: CYPL Transformation
- Service Director: Corporate Parenting (SRO)
- Service Director: CYPL Safeguarding, Quality & Practice (SRO)
- Service Director: CYPL Early Help & Children's Social Care (SRO)
- Director of Education
- Strategic Finance Business Partner (CYPL)
- HR Consultant
- Public Health Consultant
- Manager – Stakeholder, Partnership and Engagement
- Head of Service – Business Support

**Frequency:** Monthly

**Decision Rights:** DLT is the primary executive decision-making body for CYPL, operating under the authority of the Executive Director.

**Escalation Route:** DLT is supported by a range of sub-boards which provide assurance and escalate decisions within defined thresholds.

Matters exceeding delegation, high risk, or political sensitivity are escalated to Executive Leadership Team (ELT) or Cabinet

Corporate Connected Council Transformation Programme – Transformation Management Office (TMO)

## **SEND & AP Strategic Partnership Board**

(Chair- Independent)

**Purpose:** Current ToR available, if requested, extracts from the ToR;

The SEND Strategy and Partnership Board (2024) brings together partners who work collectively to provide the leadership required to deliver the shared vision, values and priorities for children and young people with SEND in West Sussex. The Board is an equal partnership of education providers, West Sussex County Council, healthcare providers and Integrated Care Board, SEND Commissioning, West Sussex Parent Carer Forum, Adult Social Care and, where appropriate, input from children's representatives.

The Board provides leadership and oversight to ensure that, in West Sussex:

- Children and young people's needs are identified accurately and assessed in a timely and effective way.
- Children and young people receive the right help and support at the right time.
- Children and young people are well prepared for their next steps in learning or employment and achieve strong outcomes.
- Children and young people with SEND are valued, visible and included in their communities.
- All partners fulfil their roles and responsibilities in achieving the above.

### **Membership:**

Chair of Partnership Board

Clerk to Partnership Board

Director of Children's Services

Service Director, Education & Skills

Service Director, Children's Social Care & Early Help

Service Director, Adult Operations

Interim Service Director, Corporate Parenting

Head of Practice, Improvement & Inspection

Heads of SEND & Inclusion

SEND Improvement Lead

Head of Standards and Effectiveness

Designated Social Care Officer

Head of Service Assessment and Family Safeguarding; also representing Early Help

Head of Virtual School

SEND Commissioning

Early Years SEND Lead

Elected Member

Cabinet Member or nominated Adviser Department for Education  
Department for Education NHS England  
NHS England SE SEND Advisor  
Integrated Care System Health Lead  
Health Commissioner, SEND  
Public Health Consultant  
ICB Interim Designated Clinical Officer for SEND  
ICB Children's and Adult's Health commissioners and/or Local Authority and ICB Joint commissioners  
Representation from NHS Providers to attend on a quarterly basis Parents and Carers  
Chief executive - WSPCF  
Representatives - WSPCF  
Headteacher – Secondary  
Headteacher – Special  
Headteachers - Primary  
Head of SEND - Chichester College  
West Sussex Governors Association / Governor at Parklands School  
Heads of Horsham Nursery and Chichester Nursery - attend alternate meetings  
Alternative Provision Representative

**Frequency:** Monthly

**Decision Rights:** The WSCC Service Director: Education and Skills is responsible for the reporting of progress with SEND. Delegated responsibilities to the Heads of SEND & Inclusion ensure that leadership and action is driven through then SEND & Inclusion Team but with a key route of escalation to the Service Director and through to the Corporate Director for Children (DCS) and Leadership of the ICB where escalation is required. The DCS and Chief Officer representing the combined CCGs are jointly accountable for the efficient and effective delivery of the 'West Sussex local area partnership' arrangements for children and young people with SEND.

**Escalation Route:** Children First Board

### **Continuous Practice Improvement Board (CPIP) / Area SEND Partnership Improvement Meeting**

(Chair-Head of practice improvement)

**Purpose:** To manage the continuous practice improvement plan for the SEND Area Inspection

**Membership:** A large, multi-agency meeting

**Frequency:** Monthly

**Decision rights:** This operational group are accountable for the delivery of the Improvement Plan

**Escalation:** Reports into the SEND AP Partnership Board

### **Education Senior Leadership Team (SLT)**

(Chair -Service Director-Education)

**Responsibilities:** To manage BAU delivery across education services for West Sussex

#### **Membership:**

Service Director – Education

Head of Service – SEND & Inclusion Area A

Head of Service – SEND & Inclusion Area B

Head of Service – Standards & Effectiveness

Head of Service – Sufficiency & Planning

Head of the Virtual School

Strategic Finance Partner

HR Business Partner

**Frequency:** Weekly

**Decision rights:** Responsibilities through their empowerment as the Senior Leadership Team for Education

**Escalation:** Various escalation approaches, including but not limited to;

- School Heads
- Schools Forum
- Parent Carer Forum
- Directorate Leadership Team (DLT)
- SEND AP Partnership Board

### **Education Transformation Board (ETB)**

Chair: Service Director – Education)

**Purpose:** To oversee the delivery of the Education Transformation Programme

#### **Membership:**

Service Director – Education

Transformation Programme Director

Head of Service – SEND & Inclusion Area A

Head of Service – SEND & Inclusion Area B

Head of Service – Standards & Effectiveness

Head of Service – Sufficiency & Planning

Head of the Virtual School

Strategic Finance Partner

HR Business Partner

Stakeholder Partnership and Engagement Manager

**Frequency:** Monthly

**Decision rights:** The Board are accountable for the strategic oversight and governance of the Education Transformation Programme.

Any decisions that require Exec level response, are escalated to CYPL Transformation Board

**Escalation:** CYPL DLT Transformation Portfolio Board

### **SEND Reform Programme Board**

(Chair-TBC)

**Purpose:** The SEND REFORM Transformation Board will monitor and manage operation delivery of the programme

#### **Membership:**

To be determined when Terms of Reference drafted.

Core membership roles will be;

Programme Sponsor

Programme Director

Workstream SRO's

Finance Lead

Human Resources Lead

Comms and Engagement

Performance Lead

Partners

**Frequency:** To be confirmed at the extraordinary SEND AP Partnership Board on 9th June, however most likely monthly

**Decision rights:** Each workstream will exec report directly into the SEND AP Partnership Board (SAPB).

This Board will monitor progress of programme delivery against the Plan and strategic KPIs and Metrics.

Escalated Issues and Risks will be managed, and where possible, mitigated, at the Board and when decisions are required from an Executive level, then escalation procedures will be put in place.

**Escalation:** SEND AP Partnership Board

## **Workstream & Project Boards**

(Chairs / SRO -to be determined when programme / projects agreed)

**Purpose:** Both Workstream and Project Boards will monitor and manage operation delivery of the programme, to ensure outputs and outcomes are delivered on time, on budget and to the scope laid out within their respective Briefs.

### **Membership:**

To be determined when Terms of Reference drafted.

Core membership roles will be;

Programme Director

Workstream SRO

Project Managers

Finance Lead

Human Resources Lead

Comms and Engagement

Performance Lead

Partners

**Frequency:** To be confirmed, likely to be monthly

**Decision rights:** Each workstream or Project Board will be accountable for the day-to-day management of delivery.

Issues and Risks will be managed at the Board and when decisions are required from a senior post, then escalation procedures will be put in place.

**Escalation:** Programme / Workstream Boards

## **Linked PDF documents**

SPR Governance

SEND and AP Board TOR for Review July 2026

## Section 5 – Central Government Support

### 16. How can we help you?

West Sussex would welcome continued practical support from central government to support successful implementation of the SEND Reform Plan and ensure reform can be delivered consistently and sustainably across the local area partnership.

In particular, the partnership would value:

- Support with workforce development and recruitment challenges across Educational Psychology, Speech and Language Therapy, Occupational Therapy and specialist SEND roles, including national approaches to workforce sustainability and training pathways.
- Access to shared tools, templates and reporting frameworks to support consistent data collection, forecasting, monitoring and evaluation, including approaches linked to SEND reform outcomes and value-for-money analysis.
- Facilitation of peer learning, regional collaboration and sector networks, enabling local areas to share emerging practice, implementation learning and delivery challenges as reform develops nationally.
- Continued support for integrated system leadership across education, health and care, particularly during periods of wider NHS and local government reform and organisational change.
- Clarity and ongoing guidance regarding national policy direction and reform expectations, including future approaches to inclusion, SEN Support, Individual Support Plans (ISPs), accountability arrangements and long-term funding assumptions beyond the initial reform period.
- Support with capital and sufficiency planning, including flexibility and guidance to help local areas align provision development with emerging patterns of need and inclusive system reform.

The partnership would also welcome continued opportunities to work collaboratively with the Department for Education, NHS partners and other local areas to test, refine and strengthen delivery of SEND reform over time.

## Annex B - Supporting Documents

The Schools White Paper: [Every Child Achieving and Thriving](#)

SEND Consultation Document: [SEND reform: putting children and young people first.](#)

LA and Schools Budget 2026-27: [Schools Operational Guide 2026-27](#)

Local Partnership Maturity Assessment Guidance and Tool: Included in commission pack

Local SEND Reform Plan – Data template: Included in commission pack

Local SEND Reform Plan Quality Assessment Framework: Included in commission pack

Local Inclusion Partnership Grant 2026-27: To be published Spring 2026

Experts at Hand Guidance: To be published Spring 2026

High Needs Capital Allocations 2026-27: To be published Spring 2026

## Annex C – Risk Matrix

### **Impact description: Cannot deliver Reform Plan; Failure of mission-critical activity**

Impact level: Crisis

Probability / Likelihood <10% Very unlikely: Amber/red

Probability / Likelihood >10%-<30% Unlikely: Amber/red

Probability / Likelihood >30%-<60% Possible: Red

Probability / Likelihood >60%-<90% Likely: Red

Probability / Likelihood >90% Very Likely: Red

### **Significant impact to objectives; Significant and sustained disruption to activity.**

Impact level: Critical

Probability / Likelihood <10% Very unlikely: Amber/green

Probability / Likelihood >10%-<30% Unlikely: Amber/red

Probability / Likelihood >30%-<60% Possible: Amber/red

Probability / Likelihood >60%-<90% Likely: Red

Probability / Likelihood >90% Very Likely: Red

### **Limited impact on delivery targets; Deviations from project resource, timescale or targets.**

Impact level: Moderate

Probability / Likelihood <10% Very unlikely: Green

Probability / Likelihood >10%-<30% Unlikely: Amber/green

Probability / Likelihood >30%-<60% Possible: Amber/red

Probability / Likelihood >60%-<90% Likely: Amber/red

Probability / Likelihood >90% Very Likely: Amber/red

### **Delivery targets are compromised; Project delay / budget overrun.**

Impact level: Marginal

Probability / Likelihood <10% Very unlikely: Green

Probability / Likelihood >10%-<30% Unlikely: Green

Probability / Likelihood >30%-<60% Possible: Amber/green

Probability / Likelihood >60%-<90% Likely: Amber/green

Probability / Likelihood >90% Very Likely: Amber/green

### **Minimal impact on delivery targets; Minimal impacts to project / programme efficiency.**

Impact level: Negligible

Probability / Likelihood <10% Very unlikely: Green

Probability / Likelihood >10%-<30% Unlikely: Green

Probability / Likelihood >30%-<60% Possible: Green

Probability / Likelihood >60%-<90% Likely: Green

Probability / Likelihood >90% Very Likely: Green