Local SEND Reform Plan

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

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

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

Name of Local Authority: Medway Unitary Authority

Name of Integrated Care Board: Kent and Medway ICB

Local SEND Reform Plan SRO: Celia Buxton – Assistant Director Education and SEND
Marie Woolston - Experts at Hand Programme lead

Signatories

Role	Name	Signature	Email contact	Date
Local Authority Chief Executive (CEO)	Richard Hicks		Richard.hicks@medway.gov.uk	19/06/26
Integrated Care Board (ICB) Chief Executive	Adam Doyle		adam.doyle5@nhs.net	17/06/26
Director of Children's Service (DCS)	Lee-Anne Farach		Leeanne.farach@medway.gov.uk	18/06/26
Local Authority Chief Financial Officer	Phil Watts		Phil.watts@medway.gov.uk	18/06/26
Medway Parents and Carers Forum	Lisa Scarrott		Info@medwaypcf.org.uk	18/06/26

Executive Summary

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

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

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

The Medway SEND partnership is delivering whole-system transformation to build a high-quality, sustainable 0–25 SEND system where children and young people achieve, thrive and are supported as close to home as possible. Over the past three years, supported by the Safety Valve programme, there has been measurable improvement in system performance. Statutory EHCP processes have become timelier and more robust, and inclusion in mainstream settings has increased, with 38% of pupils with EHCPs (1,682 children) now attending mainstream provision (5-16).

Health partners have invested significantly in the Mental Health Space, increasing access to early intervention and reducing pressure on specialist CAMHS services. Schools have strengthened provision through named SaLT leads, with waiting times for school-aged children now within national standards. Although early years waiting times remain under pressure, the Best Start in Life programme provides opportunities to strengthen universal provision and improve earlier identification of need. Workforce development and training have enhanced practice across settings, and governance arrangements are now clearer and more stable, with stronger collaboration across education, health and care.

Medway is now transitioning from a foundational phase—focused on governance, systems and process—to the next phase of its improvement journey, driving measurable impact and consistent outcomes across the system.

System pressures remain high and continue to grow. EHCP prevalence stands at 5.3% of the pupil population (4,448 children), significantly above previous forecasts and existing capacity. Requests for needs assessments have doubled and are forecast to exceed 900 this academic year. Outcomes for children with SEND remain well below those of their peers, with persistent attainment gaps across all phases.

Inclusion remains inconsistent, reflected in SEND attendance declining to 88.8% in 2025/26 year to date, and rising levels of elective home education linked to SEND and mental health needs. Variability in the quality of ordinarily available provision continues to drive late escalation, parental dissatisfaction and increasing tribunal activity. System responsiveness also requires improvement, with only 11.9% of EHCPs issued within statutory timescales in 2025.

An external evaluative review by HMI, triangulated with the partnership's maturity assessment, has identified the priorities required to shift from activity to outcomes:

- Governance must focus on impact, using data, lived experience and peer challenge
- Frontline practice must become more consistent, scaling effective programmes and strengthening inclusive practice through Experts at Hand (EAH)
- Accountability for outcomes must be strengthened across partners
- Full alignment with Children's Services reforms must create a single, coherent system

Progress will be evidenced through clear improvement in headline metrics. EHCP assessment requests will reduce to ≤660, reflecting stronger early intervention. Attendance for pupils with SEND will improve to above 91%, demonstrating more effective inclusion. Access to early advice through EAH will reach at least 85% of settings. Reliance on independent placements will reduce (280 to ≤240), alongside lower average placement costs.

Quality and timeliness will improve significantly, with EHCP timeliness moving towards national benchmarks and stronger quality assurance driving consistency. Workforce stability will improve, with vacancy rates reducing to ≤ 12% in EP, SaLT, and OT teams

Success will be seen in a stronger culture of inclusion and shared accountability. Children's needs will be identified earlier and met more consistently in mainstream settings. Families will experience a more transparent and responsive system, with increased confidence in local provision. Tribunals and complaints will reduce as trust improves, and children and young people with SEND will experience better outcomes, improved attendance and greater participation in their communities.

Current performance against headline metrics shows a system under increasing pressure and financial pressures remain significant, with rising demand driving increased reliance on high-cost placements and transport expenditure. Without systemic change, this trajectory is unsustainable. This plan sets out how Medway will stabilise demand, improve value for money, and shift investment upstream to early intervention.

500 words

Section 1 – Vision and Goals

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

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

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

The Medway local area partnership has agreed four core goals for its SEND system over the next three years.

1. **Improve outcomes for children and young people with SEND**

Children and young people will receive the right support earlier, in local mainstream settings wherever possible, leading to improved attendance, inclusion, progress and preparation for adulthood. Escalation into statutory processes, specialist provision, and out-of-area placements will be reduced unless clearly needed.

Progress will be measured through improved attendance, reduced exclusion and suspensions, and improving achievement and attainment.

2**. Increase confidence and trust among parents, carers, and young people**

Families will have greater confidence that the education system is clear, fair, and responsive to SEND. Co-production will be embedded as standard practice, with parents, carers and young people influencing decisions and seeing how their feedback leads to real change.

Progress will be measured through fewer EHE requests due to dissatisfaction with provision, a reduction in complaints and fewer tribunals. Qualitative feedback will be routinely collected to triangulate the quantitative metrics and inform further system design.

3. **Strengthen system confidence and capability to meet need earlier**

Schools, early years settings, further education providers and wider services will be confident and supported to meet common and emerging needs through a clear Ordinarily Available Offer, informed by health, social care and education and timely access to expert advice. Variation in practice across settings will reduce.

Progress will be measured through reduced EHCP demand (Specialist placements)

4. **Secure value for money and long-term financial sustainability**

Resources will be aligned to need, prevention and inclusion. Investment will increasingly shift upstream, reducing reliance on high-cost provision and

securing better outcomes and financial sustainability for Medway's SEND system.

As such, the DSG High Needs block will operate within an in-year positive, or neutral, balance.

250 words

Section 2 – Strategy

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

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

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

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

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

evidence for your summary.

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

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

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

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

Local blueprint for the next 3 years	Where we are	Where we will be in the next 3 years
Building blocks — Embed outcomes driven, accountable leadership across the system. — Strengthening inclusion across education settings including experts at hand. — Embed co production as standard practice across all levels. — Continue to strengthen commissioning, sufficiency and place planning and financial alignment/ value for money.	*(a short summary of where you are now including a reflection on what is working well, what needs to change and the status of the enablers that underpin your system)* Medway has been on a sustained SEND improvement journey for the past three years, supported through the Safety Valve Programme. During this time, governance across the SEND system has strengthened, partnership arrangements are clearer, and collaboration between education, health and care has improved. There is a strong shared commitment from leaders and partners to improving outcomes for children and young people with SEND and clear progress in operational delivery. Statutory SEND processes are more robust, with improved timeliness and quality of Education, Health, and Care Plans. Mainstream inclusion has increased, supported by enhanced workforce development, training and more constructive relationships between schools and	*(a short summary of the vision for your local system in the next 3 years including the system enablers, reflecting how your Experts At Hand Offer model will underpin this vision, helping you scale and enhance what is working well and change what is not working so well)* Over the next three years, Medway will build a confident, inclusive, and sustainable SEND system where children and young people's needs are identified early, met consistently, and supported as close to home as possible. The system will move decisively from reactive, specialist-led responses to a strong universal and early-intervention model, reducing escalation, variability in experience, and reliance on high-cost provision, while improving outcomes and inclusion across all phases. This vision will be underpinned by clear system enablers: • A shared SEND strategy translated into actionable

— Stabilise and further develop a sustainable SEND workforce. — Fully align the system with the wider children's services reforms.	local authority services. Data collection and sharing are improving; however greater visibility of pressures and trends is needed. There are examples of innovative, needs-led approaches that are beginning to reduce reliance on diagnosis. The system benefits from pockets of strong inclusive practice and a broad range of universal services across education, health, and care. Engagement from schools and partners is growing, understanding of needs and pathways is improving, and early positive impact is clear in some phases and settings. Health and social care partnerships are maturing, with strong engagement and increasingly stable collaboration, despite ongoing national workforce and demand pressures. However, improvements are not yet consistently embedded or joined up. Provision remains fragmented, with variable understanding of what constitutes an ordinarily available, needs-based universal offer across education settings. Differences in training, service visibility and data use contribute to late escalation of need and continued pressure on specialist and out-of-area provision. Children and families continue to experience inconsistency, particularly in mainstream secondary settings, resulting in increasing tribunals and requests to electively home educate. Co-production is developing, with engagement primarily through the Parent Carer Forum; however, the voice of children is not yet routinely embedded across all levels of the system. As a Medway Local Area Partnership, our vision is that children and young people with SEND are supported to achieve, thrive, and lead fulfilling, independent lives as they prepare for adulthood.	delivery plans. • Strong multi-agency governance with clear accountability for impact. • Integrated commissioning and financial planning across education, health, and care; and improved use of data, insight and lived experience to drive continuous improvement. • Workforce development, confidence in inclusive practice, and consistency in what constitutes an ordinarily available offer The Experts At Hand Offer will be the core driver of this transformation. By providing prompt access to skilled, multi-disciplinary expertise within mainstream settings, the model will help scale what is working well—embedding strong inclusive practice, strengthening professional confidence, and supporting earlier, needs-led responses. A key strength of this model will be the system leadership approach, enabling education leaders to collectively identify where they most need the additional support, and having control and accountability for the impact of that support. The model will support a universal offer whilst providing targeted preventative input into areas where there are significantly higher proportions of predeterminants of SEND need. The Experts at Hand model will be organised around place-based delivery, with multi-agency teams embedded within Family Hubs and aligned to existing locality structures enabling further alignment of the support provided through the Childrens Services reforms, Family help, and Best Start in Life. The model will build on existing good practice learning from the PiNS approach and incorporating whole school

		approaches learned from Mental Health in Schools teams. Co-production with children and their families will be embedded as standard practice, with clear "you said, we did and the impact is" feedback loops and demonstrable influence on strategic and operational decisions. We recognise PfA as a key mechanism for delivering effective, child-centred transition planning, underpinned by early intervention and clear pathways into adulthood. Through strengthened multi-agency accountability and joint commissioning, we will work collaboratively to address gaps in transition, ensuring that all partners play a shared role in improving outcomes and enabling young people to reach their full potential.
Success measures ***Drawing on metrics from the accompanying data template***	*Baseline* *(outline the baseline for your success measures reflecting where you are now – these should be drawn from the metrics in the data template)* The current baseline for Medway's SEND system reflects a position of **high demand and growing system pressure, with mixed performance against national benchmarks**. EHCP prevalence is already at **5.3% (in line with national but forecast to rise to 5.8%)**, alongside **increasing assessment requests (1,195 annually)** and a **rising tribunal rate (up to 6.5% in 2025)**, indicating pressure on statutory processes. Inclusion remains a challenge, with only **38% of EHCP pupils in mainstream settings (below the 43.6% national comparator)** and **higher reliance on**	Target Metrics *(outline the target metrics that will demonstrate you have achieved the vision summarized above – these should be drawn from the metrics in the data template)* The target metrics that will demonstrate delivery of the vision focus on stabilising demand, strengthening inclusion, and improving outcomes and experience across the SEND system. Success will be evidenced by EHCP prevalence being contained below **6% (reducing to <5.8%)**, with assessment requests reducing to **≤800 and then ≤660 annually**, and tribunal rates falling to **≤5% and then ≤4%**, reflecting earlier intervention and improved confidence. Inclusion will be demonstrated by increasing the proportion of pupils with EHCPs in mainstream settings to **≥65%**, alongside reducing independent special

	independent special placements (11% vs 6.4% nationally). Elective Home Education is also elevated, particularly for children with SEN (**64% of EHE cohort**), suggesting gaps in inclusive provision. While outcomes for SEND learners broadly track close to national averages, they remain lower overall, and attendance and persistent absence highlight ongoing barriers to engagement. Early intervention capacity and workforce data are still developing, with some baselines not yet established. The partnership recognises the need **to strengthen its qualitative feedback mechanisms** and increase the systematic use of qualitative evidence to better understand lived experience and drive service improvement.	school placements to **≤250 and then ≤230**. There will be reduced reliance on alternative pathways, with elective home education falling to around **3% overall** and the proportion of those with SEND reducing to **<40%**. Engagement will improve for children on SEND Support, with attendance rising to **≥94%**, persistent absence reducing to **≤15%**, and permanent exclusions remaining **below 10 annually**. Outcomes will strengthen across all phases, with attainment improving and EET rates rising to **≥90–92%**. Earlier intervention will be evidenced by at least **85% of settings accessing early advice**, increased 2 yr old early years uptake to **≥75%**, and therapy waits to improve to **90% seen within 18 weeks**, supported by a stronger, more stable workforce. Progress will also be demonstrated through improved coverage, quality, and impact of qualitative feedback. This will include **100% of key services** routinely capturing representative lived experience and consistent use of agreed standards. At least **90% of strategic decisions** will explicitly reference qualitative insight, with impact evidenced through **case studies** showing service improvements driven by feedback. Stakeholder **confidence that views are heard and acted on will increase by year-on-year**, supported by regular **"You said, we did and the impact is"** communications.

The partnership will monitor progress through a balanced set of outcomes, experience, and system quality metrics, ensuring that improvements in inclusion and early intervention translate into better experiences and outcomes for children, young people, and families.
See Appendix 1: Medway Success Measures' file for more detail.

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

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

Medway is transitioning from a system focused on stabilisation to one focused on impact. While governance, structures and partnerships have strengthened, improvements in practice and outcomes are not yet consistently embedded across the system.

Analysis of the Local Partnership Maturity Assessment highlights key challenges, including variability in frontline practice, inconsistent quality of inclusive provision, and insufficient alignment between commissioning, workforce planning, and service delivery. These factors contribute to late identification of need, increased reliance on statutory processes and ongoing pressure on specialist provision.

The partnership's strategy is grounded in a clear theory of change**. By strengthening universal provision, defining a consistent Ordinarily Available Offer, and ensuring timely access to multidisciplinary expertise, children's needs will be identified and met earlier. This will reduce escalation to statutory processes and high-cost provision, enabling resources to be redirected towards prevention. Over time, this will improve outcomes, strengthen inclusion, and support financial sustainability.**

System leadership and governance will focus on outcomes, using data, lived experience and peer challenge to drive improvement and reduce variation across the system. The partnership will transition from descriptive reporting to predictive analytics, with integrated multi-agency modelling of EHCP demand, therapy need and sufficiency requirements fully operational by 2027/28. This will enable earlier identification of system pressure and more proactive commissioning and resource allocation. Commissioning, workforce development, and financial planning will be aligned to ensure resources are targeted where they have the greatest impact.

Co-production with families will be embedded throughout delivery, strengthening trust and improving experiences. It will identify clear co-production areas and routes of escalation including timely mediation. All major commissioning, service redesign and strategic decisions will require explicit evidence of co-production, including documented input from parents, carers and children and young people, and a clear "you said, we did and the impact is" statement as part of decision-making papers.

A comprehensive, coproduced Ordinarily Available Offer (OAO) framework will be published by Q4 2026/27, setting out clear expectations for inclusive practice across all settings. This will be supported by a system-wide quality assurance cycle, including inclusion audits, peer review and targeted support through Experts at Hand to ensure consistent implementation.

A strengthened early resolution pathway will be implemented, ensuring timely access to independent advice (SENDIASS), mediation and disagreement resolution services. This will support earlier resolution of concerns, reduce escalation to tribunal and improve overall family experience.

Experts at Hand Model

Education settings will be key drivers of system change, with strengthened system leadership through locality-based governance and education networks. Schools will be supported and held accountable for inclusive practice through a combination of inclusion audits, peer challenge, shared outcome metrics and direct involvement in shaping and overseeing the deployment and impact of Experts at Hand. The model is central to delivering system transformation. It will provide a tiered, place-based multidisciplinary offer across the full 0–25 age range, encompassing early years, schools, and further education providers. An EAH Programme Lead has already been recruited.

The model will ensure that all settings have access to timely advice and support, enabling earlier identification and intervention. It will include universal access to expert advice, targeted support based on need, and rapid response mechanisms to prevent escalation. Multidisciplinary teams, including education, health and care professionals, will be aligned to localities and integrated with Family Hubs, Early Help and Best Start in Life services.

A key feature of the model will be system leadership, with education leaders empowered to shape delivery at a local level and take shared responsibility for outcomes.

Medway council and KCC are contributing proportionally to the SaLT Advanced practitioner role and an additional administrative support post, which will sit with the ICB. The additional therapeutic specialists required for the delivery of EAH will be added to the current partnership commissioning arrangements between Medway and ICB, to ensure that the existing resource is not destabilised. Once the number of specialists required has been finalised, funding for these posts will be passed to the ICB to enable contract variation.

See Appendix 2 ‘Experts at Hand Model’ for more detail.

250 words

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

Appendix 3: Medway Partnership Maturity Assessment

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

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

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

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

Local roadmap for the next 3 years	**2026/27**	**2027/28**	**2028/29**
Building blocks	Each building block is explicitly aligned to the partnership's success metrics, ensuring a clear golden thread between activity, leading indicators and measurable improvements in demand, inclusion, outcomes and financial sustainability.		
Embed outcomes driven, accountable leadership across the system	• Outcomes framework agreed with shared KPIs across partners • Named accountable leads for each outcome across education, health and care • Governance restructured to focus on outcomes ("so what / now what") • SEND performance dashboard developed and introduced (monthly reporting) • Initial deep-dive cycle established (e.g. EHCP timeliness, attendance) • Governance training delivered (data literacy, accountability, finance) • Recruitment of partnership delivery capacity – Reforms lead, EAH programme lead.	• EAH Governance established with Education system leaders actively leading and contributing to governance • Fully functioning multi-agency dashboard with locality-level reporting • Deep-dive and peer challenge cycle embedded across all priority areas • Regular partner-led reviews driving corrective actions • Escalation protocols consistently applied where performance is off-track	• Outcomes-led governance fully embedded across all partnership boards • Clear, evidenced link between governance decisions and improved outcomes • High-performing system with consistent accountability and transparency • Annual SEND impact report published demonstrating system-wide improvement

	Impact on metrics: Baselines validated across: • EHCP timeliness • Attendance (SEND Support) • EAH access	**Impact on metrics:** • Attendance improves toward ≥93% • EHCP requests reduce toward ≤800 • EAH access increases toward 70% • Tribunal rate stabilises ≤5% •	**Impact on metrics:** • EHCP requests ≤660 • Attendance ≥94% • Tribunal rate ≤4% → Strong system accountability evidenced
Strengthening inclusion across education settings including experts at hand.	• EAH model co-produced, workforce agreed, mobilisation underway • Recruitment of SaLT Advanced practitioner • Universal EAH offer launched (advice, consultation, training) • Ordinarily Available Offer (OAO) co-produced and in development • Inclusion audit baseline started across all settings • Targeted support initiated in priority localities • Existing AP outreach and reintegration pathways expanded **Impact on metrics:** • EAH access increases to 60% • Early reduction in: o exclusions (<16) o crisis referrals • Attendance stabilises (SEND Support)	• EAH scaled across all settings with consistent access • Rapid response and crisis prevention pathways fully operational • Locality learning loops established, sharing practice and impact • Improved inclusion evidenced through reduced exclusions, EHE and escalation • OAO published, embedded and supported with QA cycle **Impact on metrics:** • EAH access increases to 70% • Reduction in: o exclusions (<10) o EHE rates (3.3%) • EHCP requests reduce to ≤800 • Independent placements reduce to ≤250	• Inclusion strong and consistent across all settings and phases • EAH embedded as core system function with measurable impact • Stable or reduced EHCP demand linked to stronger early intervention • Sustained reduction in reliance on specialist and out-of-area provision **Impact on metrics:** • EAH access ≥85% • EHCP requests ≤660 • ≥65% EHCP pupils in mainstream • Independent placements ≤230 • Sustained low exclusions (<10)
Embed co production as standard practice across all levels	• Co-production framework agreed and published	• Lived experience embedded in all governance and commissioning processes	• Co-production fully embedded across strategy, commissioning and delivery

	• Parent and young person voice coproduction /input points embedded across all processes.
	• Mediation services SENDIAS commissioned.
	• Engagement gap analysis completed (including CYP voice)
	• Expanded MPCF involvement across governance and design
	• CYP Voice Framework developed and introduced
	• Co-production embedded in EAH design and key projects
	• Parent/ carer pulse surveys developed but showing increasing satisfaction and confidence in the offer.
	
	Impact on metrics:
	• Early stabilisation of:
	  ○ complaints
	  ○ tribunal escalation trends (5%)
	• Parent/ carer pulse surveys baseline established
		• "You said, we did and the impact is" reporting cycle operational and visible
		• CYP participation routinely influencing service decisions
		• Workforce trained in co-production approaches
		• Quarterly pulse survey
		• Mediation contract in place
		• CYP family participation clear in the co-production of EHCP
		
		Impact on metrics:
		• Tribunal rate stabilises and begins to reduce
		• Reduced EHE linked to dissatisfaction with inability to meet SEND need (3.3%)
		• Mediation metrics
		• Parent/ carer pulse surveys improvement on baseline measures
		• Increase in parents carers accessing SENDIAS support
			• Demonstrable evidence that services are shaped by lived experience
			• Increased parent confidence and reduced complaints and tribunals
			• Quarterly pulse survey
			
			Impact on metrics:
			• Tribunal rate ≤4%
			Sustained reduction in complaints
			Improved engagement reflected in:
			  ○ attendance ≥94%
			  ○ lower EHE with SEND (<40%)
			• Parent/ carer pulse surveys improvement on baseline measures
			• Increase in parents carers accessing SENDIAS support

Continue to strengthen commissioning, sufficiency and place planning and financial alignment/ value for money	• Data sharing agreements and common definitions in place • Initial demand forecasting and predictive analytics developed • Provision mapping and gap analysis completed • Unit cost/value-for-money framework introduced	• 0–25 sufficiency strategy published and driving decisions • Integrated commissioning arrangements broadened (education/health/care) • Value-for-money framework informing placement decisions	• Fully integrated commissioning, sufficiency and financial planning • Predictive demand model embedded in decision-making • Sustained reduction in out-of-area and independent placements • Improved DSG sustainability and value for money

	• Early commissioning alignment discussions across partners
	
	Impact on metrics:
	• Improved visibility of:
	  ○ EHCP demand
	  ○ placement costs
	• Early control of growth in independent placements (<360)
		• Reduction in growth of high-cost placements
		
		Impact on metrics:
		• Independent placements reduce to ≤250
		• EHCP demand reduces to ≤800
		• Improved therapy waits (70% within 18 weeks)
			Impact on metrics:
			• Independent placements ≤230
			• EHCP prevalence stabilised (<5.8%)
			• Therapy waits improve to 90% within 18 weeks
			• DSG position stabilised (value for money achieved)

Stabilise and further develop a sustainable SEND workforce	• Workforce audit and gap analysis completed • Early recruitment activity underway (EP, SaLT, OT priority roles) • Initial training offer aligned to inclusion and OAO • Development of assistant/trainee roles initiated **Impact on metrics:** • Vacancy rates reduce from high baseline (<30%) • Early improvement in therapy capacity • EAH delivery viable in priority areas	• Workforce strategy published and aligned to EAH and sufficiency planning • Recruitment and retention initiatives embedded • Expanded pipeline routes (apprenticeships, trainees, assistants) • System-wide training offers embedded across all settings **Impact on metrics:** • Vacancy rates reduce (<22%) • Therapy waits improve (70% within 18 weeks) • Increased EAH reach (70% settings)	• Stable, multi-agency workforce aligned to system needs • Vacancy rates significantly reduced • Reduced reliance on agency staff • Strong workforce capability supporting consistent service delivery **Impact on metrics:** • Vacancy rates ≤12% • Therapy waits ≥90% within 18 weeks • Consistent delivery of EAH (≥85% settings access)
Fully align the system with the wider children's services reforms.	• SEND–Early Help–CSC pathways mapped and published • Integration initiated with Family Hubs and Best Start in Life • EAH aligned to locality structures and early help delivery	• Early Help routinely embedded at SEN Support stage • "One plan, one family" approach implemented • Multi-agency planning and delivery strengthened	• Fully aligned SEND and Children's Services system • Seamless, coordinated support for children and families • Reduced duplication, earlier identification and lower crisis escalation

	• Joint training started across services
	
	Impact on metrics:
	• Earlier identification
	• Stabilisation of EHCP requests growth
	• Improved early years engagement (60% uptake)
		• Integrated pathways consistently used across services
		
		Impact on metrics:
		• EHCP requests reduce to ≤800
		• Reduction in crisis referrals and escalation
		• EY uptake increases (~65%)
			• Improved family experience across the system
			
			Impact on metrics:
			• EHCP requests ≤660
			• EY uptake ≥75%
			• Sustained improvements in:
			  ○ attendance ≥94%
			  ○ persistent absence ≤15%
			• Reduced duplication and improved family experience

Success measures	**2026/27**	**2027/28**	**2028/29**
EHCP prevalence (% of pupil population)	4870 (5.8%)	4876 (<6%)	5,300(<5.8%)
EHCP requests per year	<1200 per quarter	≤800	≤660
Tribunal rate (Percentage of needs assessment requests that go to tribunal)	5%	≤5%	≤4%
Proportion of 5-16 yr old population who are EHE	3.5%	3.3%	3.0%
Proportion of EHE with SEN needs	58%	50%	40%
% EHCP pupils in mainstream	43%	45%	≥65%
Independent special school placements (number)	<360	≤250	≤230
Permanent exclusions	< 16	<10	<10
Attendance (SEND Support)	94%	93%	≥94% and above national
Persistent absence (SEND Support)	<22%	<20%	≤15%
EYFS GLD SEND Support (SEND Support)	27%	30%	32%
KS2 RWM expected standard (SEND Support)	26%	28%	32%
KS4 Grade 9–5 Eng & Maths (SEND Support)	20%	24%	27%

EET rate (SEND Support)	87%	90.0%	92.0%
Settings accessing early advice (EAH)	60%	70%	≥85%
2-year-old EY uptake (FRAS)	60%	65%	≥75% and above national
Medway community children's therapies services – wait under 18 weeks	65%	70%	90%
Vacancy rate (EP/SaLT/OT) in EAH programme	<30%	<22	≤12%

See Appendix 1: Medway Success Measures' file for more detail.

This table sets out how key transformation activities act as leading indicators of system improvement, demonstrating how changes in practice will translate into measurable improvements in outcomes, experience and financial sustainability. It clarifies how the change programme links directly into Ofsted inspection frameworks across SEND and Children's Services.

Transformation	What it signals
Earlier identification	Quality of SEND support
Reduced escalation	Effectiveness of early help
Inclusion improved	Outcomes & experience
Lower cost growth	Financial sustainability
Better family experience	Participation & co-production
System accountability	Leadership & governance

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

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

2026-27 Local delivery plan		Q2		Q3		Q4	
Workstream outline – mapped to building block ***Outcome -*** *what you want to achieve with this workstream* ***Success measures –*** *how you measure progress drawing on metrics from the accompanying data template*	***Responsible lead per workstream*** *– accountable for the delivery of the workstream and the identified outcome.*	***Milestones per workstream*** *What key milestones will enable you achieve your targeted trajectory*	***Target trajectory per workstream*** *Where do you expect your data to be?*	***Milestones per workstream*** *What key milestones will enable you achieve your targeted trajectory*	***Target trajectory per workstream*** *Where do you expect your data to be?*	***Milestones per workstream*** *What key milestones will enable you achieve your targeted trajectory*	***Target trajectory per workstream*** *Where do you expect your data to be?*
Building block 1 - **Embed outcomes-driven, accountable leadership across the system.** *Success measure* EHCP timeliness, attendance, EAH access, tribunal rate *Outcome* Clear accountability and measurable improvement in key SEND metrics	AD Ed and SEND / ICB SEND Lead	Outcomes framework and dashboard fully implemented Named accountable leads in place Governance redesigned around outcomes	Consistent outcomes language; improved alignment between strategy and delivery	Dashboard live with trend data and locality variation Deep-dive cycle embedded (attendance, EHCPs, EAH)	Attendance ≥93% EHCP risks identified earlier	Evidence of corrective actions and impact Governance driving measurable improvements Education representation strengthened across governance	EHCP timeliness improved (≥60%) Tribunal trend stabilised (5%)
Building block 2 - **Strengthening inclusion across education settings including experts at hand.** *Success measure* EAH access, exclusions, EHCP requests, placements *Outcome* Reduced escalation and improved mainstream inclusion	Experts at Hand Programme Lead/ Partnership Commissioning	EAH co-production complete and mobilisation underway Workforce model agreed Targeted early intervention pathways launched Recruitment of SaLT Advanced practitioner	Increased early advice access and improved response times	EAH delivery live in priority areas. AP outreach and reintegration pathways expanded Inclusion audits underway Ordinarily Available Offer development in progress Contract variation for therapeutic	Permanent Exclusions <16 EHE stabilised Early reduction in EHCP escalation	OAO published and QA cycle complete. Locality learning loops embedded EAH impact review (demand, timeliness, outcomes)	EHCP requests falling (≤1000 trajectory) Independent placements <360

				support through the ICB			
Building block 3 - **Embed co-production as standard practice across all levels.** *Success measure* Tribunal rate, complaints, EHE, parent confidence *Outcome* Trusted system with visible influence of families and CYP	Head of SEND / MPCF/ Public health Programme lead	Co-production framework agreed Engagement gap analysis completed Expanded MPCF participation routes	Evidenced representative engagement	CYP Voice Framework implemented Lived experience integrated in governance Commissioning processes updated	Decisions demonstrably shaped by lived experience	"You said, we did and the impact is" system implemented Routine feedback publication Evidence of influence on decisions	Improved parent confidence, Tribunal rate stabilised (5%) Complaints trend reducing
Building block 4 - **Strengthen commissioning, sufficiency and place planning and financial alignment/ value for money.** *Success measure* Independent placements, EHCP demand, cost control *Outcome* Better value for money and reduced reliance on high-cost provision	Strategic head of Education - Planning and Access/ Strategic Head of Public Health	Data-sharing agreements in place. Demand and cost baselines agreed Shared definitions agreed Predictive analysis introduced	Improved visibility of demand and cost drivers	Value for money / unit cost framework implemented Insight used to identify pressure points and inform commissioning	EHCP growth slowing Cost per placement understood	0–25 Sufficiency Plan agreed multi-year integrated resource plan in place	Reduced growth in out-of-area placements and improved DSG sustainability
Building block 5 - **Stabilise and further develop a sustainable SEND workforce.** *Success measure* Vacancy rates, therapy waits, EAH delivery	Strategic Head of Education - Quality and Inclusion. / ICB Workforce Lead	Workforce audit and gap analysis complete Early recruitment actions underway	Increased visibility of pressures and deployment	Recruitment and retention initiatives embedded System-wide training standards agreed Increased pipeline routes	Vacancy rate improving Therapy waits to improve (70%)	Multi-agency workforce strategy published Alignment to commissioning and EAH model	Vacancy rate reducing toward <25% EAH coverage increasing (70%)

Outcome Stable workforce aligned to system demand				(assistants, trainees)			
Building block 6 - **Fully align the system with the wider children's services reforms.** *Success measure* EHCP demand, attendance, early years uptake, crisis referrals *Outcome* Earlier identification and coordinated support	AD Children's Social Care / Head of SEND/ DSCO	Joint SEND– Early Help pathways mapped and published Integration with Family First and Best Start initiated	Earlier identification and coordinated support	Joint training delivered Early help embedded at SEN Support stage Multi-agency planning strengthened	Reduced crisis referrals EHCP escalation slowing	Pathways embedded and QA'd Single coherent system operating across SEND, EH and CSC	EHCP demand trajectory ≤1000 Attendance improving
Projected Investment Spend per quarter							
Programme oversight / additional leadership capacity	SRO 0.4FTE Project management 0.4FTE EAH Programme Lead FTE Other Programme Support **£265,687**						
Workforce recruitment	Targeted recruitment activity for EAH specialists (EP,OT,SaLT, Specialist teachers/advisors) Recruitment activity for programme oversight **£26,000**	Targeted recruitment activity for EAH specialists (EP,OT,SaLT, Specialist teachers/advisors) Onboarding costs (induction programmes, supervision capacity) Relocation packages / golden hellos Temporary agency staff to stabilise services during recruitment **£60,000**					
Workforce training and development		Design and delivery of training programmes: Ordinarily Available Offer (OAO) Inclusive practice and adaptive teaching SEND identification and early intervention EAH-related workforce upskilling (consultation, coaching models) Multi-agency training (education, health, social care integration) Leadership development for inclusion (headteachers, SENCOs) Coaching and supervision models (especially for EAH teams) Training materials and resource development Backfill funding to release staff for training **£200,000**					

Experts at Hand delivery	Consultation sessions with schools Training and coaching sessions Multi-disciplinary planning meetings Inclusion audits and follow-up support Procurement of EAH services AP, Specialist Teachers Contract variations with ICB provider (OT, SaLT) Partnership commissioning management costs Market engagement with providers **£527,115**	Mobilisation costs, commissioning and phased rollout in priority localities **£386,344**	Full delivery across majority of settings; targeted enhancements **£780,344**
Data / digital / insight	Additional resource or commissioned short term project team to develop shared dashboards, data sharing agreements and analytics, including design of future proof systems. Development of digital platform (AI) – advice and guidance (Local Offer) Data integration across: Local authority ICB / health systems Education data sources **£89,165**		Automation of reporting (monthly/quarterly returns) Training for leaders on data use ("data literacy") Qualitative data systems (capturing lived experience, feedback loops) **£47,499**
Co-production & engagement	Development of the Ordinarily Available Offer (materials, frameworks) Inclusion audits across schools **£11,250**	Pathway redesign workshops Parent Carer Forum commissioning/support CYP participation (forums, facilitation, accessible materials) Consultation events (EAH, OAO) **£11,250**	"You said, we did" communication outputs **£11,250**
Total indicatives spend	**£608,202**	**£649,483**	**£1,043,483**

A clear invest-to-save approach will be applied, with phased reinvestment linked to demonstrable reductions in demand and cost pressures. Where demand reduction is slower than anticipated, additional controls on high-cost placements and strengthened commissioning oversight will be implemented to maintain financial sustainability while continuing to prioritise early intervention. Financial planning is in the early stages as the full coproduction of the delivery model has not yet taken place. Please note that totals are indicative and subject to change as the plan develops

See Appendix 4: Yr 1 financial detail for more financial breakdowns.
See Appendix 1: Medway Success Measures' file for Quarterly monitoring targets.

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

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

The Medway local area partnership will ensure delivery remains on track through a robust, system-wide performance framework combining data, governance, capacity, and feedback. At the centre of monitoring is a shared SEND operational dashboard, aligned with DfE reporting requirements and updated monthly, providing a single, consistent data source. Existing analytics capacity will be aligned and strengthened to support the development and ongoing refinement of this dashboard, ensuring high-quality insight to inform decision-making. A dedicated subgroup will analyse trends and risks monthly and report to governance boards.

Performance will be tracked across four areas: demand and system pressure (e.g. EHCP requests, waiting times), service delivery (including reach of Experts at Hand and access to specialist advice), service quality and experience (parent confidence, complaints, EHCP timeliness), and outcomes and impact (attendance, attainment and post-16 participation).

To strengthen delivery capacity, the partnership will invest in key roles, including recruitment of a SEND Reforms Project Manager to provide programme oversight, coordination and delivery discipline, and an Experts at Hand Programme Lead to drive implementation, scale and impact of the EAH model across localities. These roles will ensure clear accountability, effective mobilisation and sustained focus on milestones and outcomes.

Governance is central to assurance. The SEND Partnership Board will review performance monthly, focusing on impact, risks and corrective action, supported by deep dives and peer challenge. Data will inform commissioning, prioritisation and resource allocation, with quarterly reporting aligned to national requirements.

Alongside quantitative data, strong feedback loops—including the Parent Carer Forum, “You said, we did and the impact is” processes and CYP voice frameworks—will inform continuous improvement. Together, this approach ensures accountability, timely intervention and sustained system improvement.

250 words

8. Other funding Local Authorities.

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

The schools forum agreed a 0.5% block transfer for 26-27 to support inclusion in mainstream schools. This is being used to fund commissioned outreach work from AP and specialist settings, with some positive impact. Across primary and secondary mainstream 89.2% have accessed some commissioned services such as, Fortis, ALT, PINs, this is me, GSF whole school funded, PBS, MHST, EBSA Horizon and amazing minds. The proportion of children with EHCPs in mainstream has increased from 26% to 38% over the last 18 months. Schools engaged in the PINs project report increased confidence in working with children and their families. The decline in exclusion and suspensions, especially in secondary education evidences the impact of the outreach coaching model provided by the AP for children presenting with behaviour challenges.

Where these pilot projects have measurable impact, we will be increasing their capacity to deliver, as currently the reach is limited. The EAH offer will be an extension of this work.

For further information see: Appendix 2 'Experts at Hand Model' - Slide 3 – Existing Inclusion Support

250 words

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

a. Inclusion at the core of high needs sufficiency strategy, resulting in more children and young people with SEND accessing suitable places in mainstream settings, across all phases of education

b. Every child or young person who needs a place in an inclusion base can access one

c. Fewer children and young people with SEND needing to travel a long way to access a suitable placement

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

We also welcome innovative uses of high needs capital to drive inclusion, for example, investment in assistive technology for use in mainstream settings. Please outline your strategy for how this funding will meet the outcomes above, with reference to the core minimum requirements and other workstreams in this reform plan where appropriate. We would like to see detail around your plans to increase capacity for inclusion bases (formerly known as SEN units, resourced provision and pupil support units – SU/RP/PSUs), such as schools, colleges or early years providers identified, engagement with relevant settings and trusts, and target cohort of needs. If your plans include increases to places in special schools or specialist post-16 institutions, please include a clear rationale, showing the need that is being met, and why it cannot be met through other types of provision, such as inclusion bases. If you are receiving additional capital funding to replace one or more planned special or AP free schools, please set out how this funding will meet need in your area, and plans for engaging relevant trusts in your sufficiency planning.

Medway will deploy over £33 million of High Needs Provision Capital Allocation (HNPCA) across 2021–2027, including a substantial forward allocation of £5.7m in 2026/27, to deliver a step change in inclusive capacity across the 0–25 system. This investment underpins a sufficiency strategy that places inclusion at its core while ensuring financial sustainability through reduced reliance on high-cost external placements.

Inclusion-first sufficiency approach

Capital investment is prioritised towards expanding inclusion bases within mainstream settings, enabling more children and young people (CYP) with SEND to access appropriate provision locally. Medway has already delivered significant additional capacity through schemes such as:

- Abbey Court Phase 2 (56 places, £12m)
- Bradfield's (100 places, £4.2m)
- Strood Academy SRP and Victory Academy SRP (up to 32 places each)

This is complemented by a forward pipeline including:

- Napier Primary, Chatham Grammar, Leigh Academy and St Margaret's Junior (2026)
- All Saints Primary (2027)

These developments increase capacity across primary, secondary and post-16 phases and target key areas of need, including autism, moderate learning difficulties, speech and language needs, and SEMH.

Ensuring sufficiency of inclusion places (Specialist bases)

Our planned pipeline will ensure that every CYP who requires an inclusion base place can access one locally. Investment is geographically targeted based on demand modelling and delivered in partnership with maintained schools, academy trusts, early years providers and FE colleges. This approach ensures

provision is scaled through strong host settings and aligned with local need. Our current place planning strategy already assumes specialist bases as a core part of all new build schools. And retro fit Specialist bases have been added and continue to be added where space allows. It should be noted that Medway has had significant inward migration causing bulge classes across all secondary schools and most primary schools that are located in or around the main towns, as such, any surplus or vacant properties are already used or in the plan.

Reducing travel and external placements

A core objective is to reduce reliance on independent and out-of-area placements. Capital investment is focused in areas of highest demand, including:

- Rivermead expansion (40–50 places, £3.4m)
- Pre-Beeches at Rowans (25 places)

By increasing in-area capacity, Medway will reduce travel distances, improve attendance and wellbeing, and strengthen local integration between education, health and care services.

Improving the mainstream estate

A proportion of funding is explicitly allocated to improving the inclusivity and accessibility of mainstream schools. This includes:

- Adapted classrooms and hygiene facilities
- Sensory and regulation spaces
- Improvements to circulation and site accessibility

We will also invest in assistive technology and digital solutions to support inclusive teaching. These capital improvements are aligned with workforce development activity to ensure sustainable improvements in practice.

Targeted specialist provision

While inclusion is the priority, additional specialist capacity is required where needs cannot be met in mainstream or inclusion bases. Medway's approach is evidence-led and proportionate.

The key scheme is the rebuild and expansion of Inspire Academy (free school programme) (SEMH/ASD) from 90 to 160 children, expected 2027 and Danecourt secondary phase (250 places, c.£25m, opening 2028), addressing demand for pupils with severe learning difficulties currently placed out of area. Most of the future capital funding is expected to support this development, alongside smaller adjustments (e.g. All Saints).

Partnership and delivery

We are working closely with trusts and providers to identify host sites, design provision and ensure long-term sustainability. This collaborative approach ensures value for money and alignment with wider SEND reforms.

Impact

Impact will be monitored through:

- Increased inclusion base capacity

- Reduced out-of-area placements
- Shorter travel distances
- Improved placement stability and outcomes

This capital strategy delivers a balanced, sustainable system where inclusion is the default, specialist provision is targeted, and all CYP with SEND can access high-quality local education.

500 words

For more information see Appendix 6 - Annual Review of the School Place Planning Strategy 2025 – Section 8 – SEND

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

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

The local area partnership has undertaken a comprehensive and sustained programme of engagement to inform the development of thier SEND journey. This includes clear governance structures, attendance at network meetings, co-production workshops, inclusion conferences, and consultation. Co-production is a strength across council SEND and Education teams, health and social care providers and Medway Parents and Carer Forum (MPCF). Engagement with education partners has been a particular focus, with regular dialogue through headteacher forums, SENCO forums and briefings. These discussions have enabled leaders to articulate the challenges they face in meeting increasingly complex need, including variability in inclusion practice, workforce capacity constraints and rising demand for statutory support. As such, engagement with education settings is improving with increased system leadership provided by schools and FE. Further integration of Early Years and children and young people is built into our planning, with an Early Years Partnership board being established and a Young Person Co-production charter in the final stages of development.

Collectively, this engagement has highlighted several consistent themes, including the need for clearer expectations of what constitutes an ordinarily available offer, the changing roles, particularly of education provision and helped identify areas of strong and innovative practice within the system, particularly in relation to inclusive approaches and collaborative working between services.

To develop the strategic overview of the plan the partnership carried out joint evaluation of the maturity assessment. Focused multiagency working groups considered key areas of the plan (Experts at Hand, Sufficiency and Place Planning and Partnership Working), these informed the development of the high level plan.

Further co-production work will take place for EAH, which will then progress to consultation. The governance route for the EAH model feeds into Medway's system leadership, with settings leaders working together in their locality to determine breadth and scope of the resource required to meet their needs. Having ownership of deployment and allocation of resources and accountability for the outcomes. Whilst this is becoming increasingly mature, it is helpful to have the support of regional colleagues to ensure larger trusts enable schools the flexibility to engage in local systems.

Through locality-based networks and Family Hub arrangements, parents, carers and increasingly children and young people will be more systematically embedded within governance, commissioning and quality assurance processes, supported by a strengthened co-production framework and "You said, we did and the impact is" feedback loops.

500 words

10. Risks and Mitigations

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

Risk	Impact	Likelihood	RAG	Mitigation	Residual RAG
Demand modelling does not fully integrate education, health and care data (including diagnostic pathways), leading to	Moderate	Possible	R/A	Aligning delivery with the Family hubs aligns resource based on a socio-economic profile. There is a strongly evidenced correlation between deprivation	G

inaccurate projections of EHCP demand, therapy need and sufficiency requirements Underestimation > insufficient capacity > increased EHCP requests, waits and external placements Overestimation > misallocation of resources limiting early intervention				and low prior attainment and escalating SEND needs, therefore in terms of prevention, this methodology has been used, whilst we further improve our multiagency forecasting methodology. Develop integrated multi-agency forecasting model (including health prevalence and pipeline data) - Strengthen SEND dashboard and analytics capability. Align forecasting with commissioning and sufficiency planning cycles.	
EAH increasing dependency from schools rather than improving system capacity. Demand continues to increase and outstrips resource. Increased dependency > sustained escalation > EHCP demand remains high Reduced impact of early intervention > limited improvement in attendance and exclusions	Critical	Possible	R/A	Education system leadership governance has been added as a key aspect of the EAH model. With both localities and whole area ownership of resource, quality and outcomes sitting with education networks. Ownership of the resource envelop underpinned by strong intelligence will ensure the programme keeps the focus on sustainability. OAO defines clear expectations for mainstream provision - EAH focused on coaching, training and consultation (not direct delivery)	G/A
Insufficient availability of EP, SaLT, OT and specialist staff limits ability to deliver EAH and early intervention at scale. Difficulty in recruiting due to short term funding streams, no assurances after 3 years. Reduced reach of early intervention > increased waiting times > higher EHCP demand and escalation	Critical	Likely	R	SaLT advanced practitioner recruitment. Joint workforce development strategy aligned to EAH model, including • Grow your own pathways (assistants, trainees). • Skill-mix approach using advanced practitioners • Targeted recruitment and retention initiatives • Phased rollout prioritising highest-need areas	A/R
Introduction of the Experts at Hand (EAH) model for OT and SaLT unintentionally destabilises existing CYP therapy services delivered by Medway Community Healthcare (MCH), impacting workforce	Possible	Critical	R	Co-production of EAH model with NHS partners (including MCH), ensuring alignment with existing therapy pathways. Clear articulation of complementary roles between	A/G

stability, service delivery and system relationships Workforce destabilisation or fragmentation of pathways > increased therapy waiting times and reduced system capacity. Duplication or lack of clarity > inefficiencies and reduced impact of early intervention Reduced partner confidence > slower EAH rollout and lower reach				universal, targeted and specialist provision and joint workforce planning to avoid competition for scarce roles and protect existing provision. Contract management through partnership commissioning building on existing newly procured work through contract variation to ensure stability.	
Ongoing demand and high-cost placements continue to absorb funding, limiting ability to invest in prevention and early intervention Continued spend on high-cost placements > insufficient reinvestment in early intervention >demand remains high	Likely	Critical	R	Value-for-money and unit cost framework ensuring strong alignment with sufficiency and capital programmes Governance focus on placement decisions and cost control. Quarterly financial and demand monitoring via dashboard	R/A
Variation in quality of Ordinarily Available Offer and inclusive practice. Poor inclusion >increased exclusions, EHE and tribunals >reduced attendance and mainstream placement rates	Possible	Moderate	R/A	Co-produced OAO with QA cycle - System-wide workforce training and development - EAH locality model to reduce variation - Inclusion audits and peer challenge - Strong governance focus on variation and impact	G/A

11. **Dependencies**

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

- NHS reforms

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

All reforms interact with Medway's shift toward an inclusive, prevention-led system (see table below). There is, therefore, an inherent risk of fragmentation without strong alignment and oversight of the agendas. Medway has strengths in that it is a reasonably sized unitary authority and oversight and project management for the range of reforms is frequently handled by the same teams. There is existing strong multi agency governance structures that have been effective in securing improvements across SEND and children's services and our plans set out how we will further cement this moving forward. Additional investment is required in shared data/information systems to enable analysis, forecasting and targeted support to be more efficient.

Reform Area	Potential Impact on SEND Future State & Roadmap	Mitigation / Management Approach
NHS Reforms	The ICB footprint spans both Medway and KCC authorities, creating complexity in aligning priorities, commissioning decisions and resource allocation at a place level. Additionally, Medway has a partnership commissioning arrangement with the ICB which KCC doesn't. This arrangement is a strength to the Medway system. Changes to ICB structures and financial pressures will have an impact on the delivery of multi-disciplinary support within the Experts at Hand (EAH) model (SaLT, OT), waiting times, and consistency of access across the wider system. There is also a risk that Medway-specific priorities are diluted within a larger system.	Build on the strong Medway place-based SEND–ICB partnership agreement with clearly defined delegated authority and accountability for local delivery. Align SEND priorities with the ICB's Place agenda, ensuring Medway's needs are explicitly reflected in commissioning intentions. Retain joint commissioning and pooled budget arrangements. Where possible, work with KCC to align workforce planning, while ensuring dedicated resource for Medway delivery (e.g. EAH teams).
Local Government Re-organisation (LGR)	Structural changes may disrupt governance, leadership continuity and pace of delivery, particularly during mobilisation and scaling phases of the reform roadmap. Potential misalignment between SEND, education and wider council services in the new authorities which could disrupt local system leadership.	Anchor reform within a partnership-led governance model rather than organisational structures. Maintain clear SRO accountability and programme management oversight. Ensure SEND priorities are embedded in emerging LGR strategies and preserve delivery focus through robust implementation planning and monitoring.
Reforms to Children's Social Care	Introduction of Family Help and wider reforms may alter thresholds, pathways and demand across SEND and early help. Risk of duplication or fragmentation if systems are not aligned, particularly at SEN Support stage.	Shared project management and oversight, ensuring co-design integrated SEND–Early Help–Social Care pathways and alignment with Family First reforms. EAH delivery embedded within locality and Family Help structures. Delivery of joint training and shared practice standards. Implement a "one plan, one

		family" approach supported by shared outcomes and tracking.
Best Start in Life (including Family Hubs)	Expansion of Family Hubs creates opportunity for earlier identification but risks duplication if SEND systems are not fully integrated. Critical to aligning health visiting, early years and SEND pathways.	Positioning Family Hubs as the front door for early SEND identification. Embedding EAH practitioners and SEND resource within hubs. Align early years pathways (e.g. speech and language, 2-year-old uptake). Strengthen multi-agency data sharing to support earliest identification and intervention.
Best Start in Life Strategy (early years expansion)	Increased childcare entitlement and demand may place pressure on early years settings with variable SEND capability. Risk to delivery of early intervention and prevention ambitions if workforce capacity is insufficient.	Strengthen early years within the Ordinarily Available Offer (OAO). Extend EAH outreach and inclusion support to PVI settings. Invest in workforce development (SLCN, SEMH, portage). Align sufficiency planning with projected demand growth in early years provision.
Curriculum and Assessment Review	Changes to curriculum and assessment expectations may impact mainstream inclusion, adaptive teaching and school behaviour (e.g. exclusions, AP use), due to misalignment between SEND reforms and school accountability frameworks, particularly impacting non-selective secondary schools.	Align OAO and inclusion strategy with national expectations. Ensure EAH embed inclusive pedagogy and adaptive teaching that is clearly focused on improving outcomes. Maintain strong engagement with school leaders and trusts to ensure consistent system-wide practice and alignment with reforms.
Inspection Regimes	Medway is due several inspections over the next 12 months, creating significant system pressure at a time when the partnership is also delivering an ambitious change programme. There is a risk that the focus toward short-term inspection readiness and sustained improvement, alongside potential strain on workforce capacity, may impact the consistency, quality and pace of reform delivery.	Maintain a clear focus on quality of practice and continuous improvement by embedding inspection readiness within business-as-usual activity rather than discrete preparation. Align the change programme with inspection priorities to ensure reforms strengthen, rather than compete with, frontline delivery. (see table on page 17). Provide targeted support to services under greatest pressure, including workforce capacity and practice development. Deliver coordinated multi-agency audit and peer review cycles to assure consistency of practice, with a continued focus on capturing and evidencing lived experience and outcomes.

Section 3 – Monitoring and Evaluation

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

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

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

> *Some Local Area Partnerships hold data in a central SEND operational dashboard. This is used by teams on a weekly basis to identify trends in demand or inform conversations with local school or setting leaders.*
>
> *In some Local Area Partnerships, a view of the Key Performance Indicators (KPIs) is reviewed monthly by a SEND Board to take decisions on prioritisation, resourcing and delivery of services informed by regular data.*

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

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

The partnership will implement a robust, system-wide performance framework combining shared metrics and regular governance oversight to track delivery against the SEND reform roadmap.

The central SEND operational dashboard will be the core monitoring tool. It will be developed to align more closely with the DfE return format and provide a single, shared data source with agreed definitions. It will be updated monthly for delivery and strategic boards. A subgroup of the partnership delivery board, already exists, this group meets monthly and carries out a detailed review and analysis of the data and trends, highlighting strengths and areas of focus. This analysis is reported to the governance board alongside the dashboard.

The dashboard will focus on four key areas:

1. **Demand and system pressure**
    - EHCP requests and assessments
    - EHCP prevalence and tribunal rates

- Elective Home Education linked to SEND
- Waiting times for key services (e.g. community paediatrics)

This supports early identification of rising demand and system pressure.

2. **Service delivery**

- Reach and uptake of Experts at Hand (EAH) across settings
- Access to specialist advice (EP, SaLT, OT)
- Early Help involvement at SEN Support
- Sufficiency indicators (e.g. inclusion places created, outreach delivery)

This ensures that planned activity is being delivered at scale.

3. **Service quality and experience**

- Parent confidence and feedback (pulse surveys)
- Complaints and tribunal trends
- EHCP timeliness and quality
- Evidence of CYP voice in decision-making

This provides assurance that improvements are being experienced by families.

4. **Outcomes and impact**

Attendance, exclusions and inclusion measures

Attainment and progress across phases

NEET rates post-16

These measures demonstrate whether the system is improving outcomes over time.

Performance will be reviewed monthly by the SEND Partnership Board, focusing on trends, exceptions and impact. Data will inform commissioning, resource allocation and prioritisation, supported by deep dives and peer challenge where performance is off track. Quarterly reporting will align with national requirements.

Alongside quantitative data, the partnership will embed strong feedback loops to ensure continuous improvement and adaptability with regular engagement with the Parent Carer Forum, “You said, we did and the impact is” feedback processes and implementation of the CYP voice framework

The schools system leadership has already developed an inclusion dashboard. This will be developed further by the education system leadership to include locality-level data and learning loops through the EAH model. Practitioner feedback alongside impact measures will continue to inform service design, contract

management and workforce development.

500 words

13. Reporting to DfE

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

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

Appendix 5: The Local Reform Plan Data – DfE return

Section 4 – Governance

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

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

Governance Mechanism *This may be a governance group, or an individual (e.g. SRO).*	**Purpose/ Responsibilities** *What is the function of this governance mechanism? What are they accountable for overseeing? What information is reported to this governance mechanism?*	**Membership** *Who does this governance mechanism comprise of? [should include health and PCF representation] What stakeholders are represented at this governance mechanism? Please indicate who chairs this.* *(Include n/a if an individual).*	**Cadence** *How regularly does this governance mechanism meet?*	**Decision Rights** *What decisions can this governance mechanism make?*	**Escalation Route** *Where can this governance mechanism escalate issues or decision to?*
Corporate and Statutory Governance	Children's Services Leadership Team and Cabinet/Council governance provide oversight of statutory responsibilities, finance and policy alignment ICB Place governance ensures alignment of health commissioning and delivery Formal sign-off of the plan sits with Chief Executives, DCS, ICB leaders and Section 151 Officer				
Local Area SEND Partnership Board (existing)	This Board is the primary forum for ensuring collective accountability and transparent decision-making across partners. Provides strategic oversight of SEND reform delivery Reviews performance against key metrics, outcomes and trajectory Holds partners to account for delivery across the system (aligns building block 1 -)	Co-chairs: Chief Nurse, Councillor – portfolio holder Education and SEND Membership: **Local authority senior leaders:** • Lead member for Children's Services • Deputy CEO and Director of People **Education and SEND:** • Strategic Head of Education, Planning and Access • Strategic Head of Education, Quality and Inclusion • Head of SEND • Head of Inclusion **Social Care – Children and Adults, Commissioning** • Assistant Director, Children's Social Care • Head of Child Health Commissioning • Designated Social Care Officer for SEND (DSCO) • Head of Specialist Services and Safeguarding, Adult Social Care **Health** • Associate Director SEND for Kent and Medway • Public Health Principal and Strategic Head of Public Health Programmes • Intelligence Manager – Children's, Education and SEND • Head of Public Health Intelligence **Education Leaders** • Early Years Provider • Medway Secondary Heads Association Representative	6 Weekly	Approves strategic decisions relating to commissioning, resources and priorities	Corporate and Statutory Governance

		• Primary Headteacher Association Representative • Post 16 Representative **Medway Parent Carer Forum** **DfE / NHSE** • Regional SEND Advisor, NHS England • SEN and Disability Professional Adviser • SEND Case Lead, Southeast Regions Group			
SRO role – Celia Buxton, Assistant Director – Education and SEND (in Post)	Overall delivery of the reform plan and achievement of outcomes Ensuring alignment across education, health and care partners Reporting progress and risks to senior partnership boards and statutory leaders	n/a	n/a	n/a	SEND Partnership Board
SEND Delivery Group (existing)	This ensures a strong link between strategy and operational delivery, with clear accountability for progress. Oversees implementation of the plan and workstreams Tracks delivery milestones, risks and dependencies Monitors performance through the central SEND dashboard	• Chair: SRO (AD Education and SEND) Membership: Operational leaders across education, health, social care and programme delivery • EAH Programme lead • Strategic Head of Education, Quality and Inclusion • Strategic Head of Education, Planning and Access • Head of Inclusion • Head of SEND • Intelligence Manager – Children's, Education and SEND • Lead Analyst – Business and Intelligence • Head of Children's Services Commissioning • Public Health Principal and Strategic Head of Public Health Programmes • Head of Child Health Commissioning • Education Commissioning Programme Lead-Education and Inclusion • Senior Partnership Commissioner • Programme Lead for Children and Young People's Mental Health and Emotional Wellbeing • Assistant Director – Children's Social Care • Head of Specialist Services and Strategic Safeguarding • Head of Service for Children Social Work Teams and Children and Young People with Disabilities Teams • Designated Social Care Officer for SEND (DSCO) • Associate Director for SEND, ICB • Designated Clinical Officer for SEND, ICB	6 Weekly	Operational delivery decisions	Escalates issues and recommendations to the SEND Partnership Board

		• Deputy Designated Clinical Officer for SEND - Kent and Medway • Assistant Director-Kent Children & Young People's Mental Health Service • Assistant Director, Children's Community Services, MCH • Participation Coordinator, Medway Parent and Carer Forum			
Thematic Workstream group -Co-production (new)	These groups ensure delivery is owned at the right level and driven through practice.	Lead: tbc Membership: Multi-agency practitioners and operational leads	tbc	Operational delivery decisions related to Co-production Outcomes	Escalates issues and recommendations to the SEND Delivery Group
Thematic Workstream group – Workforce (new)	These groups ensure delivery is owned at the right level and driven through practice.	Lead: tbc Membership: Multi-agency practitioners and operational leads	tbc	Operational decisions related to Workforce	Escalates issues and recommendations to the SEND Delivery Group
EAH Programme Lead Appointed, starts Sept 26	Delivery co-ordination and management of the EAH programme.	n/a	n/a	Coordination and quality monitoring decisions.	Escalates to EAH to SRO and SEND Partnership Board
EAH System leadership Governance (new)	Oversight of diversity of offer, quality assurance and impact and value for money.	Chair – Experts at Hand programme Lead Strategic system governance group made up of reps from CEO, MELA, MSHA, LA and Health.	Termly	Advisory EAH Offer and Impact	Escalation to SEND partnership board.
EAH Locality Governance (new)	Provide place-based oversight of delivery, particularly for Experts at Hand Support implementation of early intervention and inclusion strategies Generate real-time feedback on impact and emerging needs This supports local accountability and responsiveness to community needs.	Chair: tbc (settings led) Schools, early years providers, health, social care, VCS and families	Termly	Advisory	Escalation to EAH System Leadership Governance
Schools Network Groups – MELA (Primary), MSHA (Secondary), CEO	System leadership and networking arrangements	Headteachers and senior practitioners from across the provisions in Medway	Termly	Advisory	SEND Partnership Board.

(MAT CEOs), SSALE (Special and AP)					Medway Education Partnership Group for broader Education issues
Schools Forum	Act as a legally required consultative and (in some areas) decision-making body that supports the local authority (LA) in the planning, management and scrutiny of the Dedicated Schools Grant (DSG) and wider school funding arrangements. The Forum is consulted and gives a view on: SEND and alternative provision arrangements Place planning and commissioning (linked to funding) Contracts funded from the schools budget	• Primary Maintained Headteacher • Special Maintained Headteacher • Primary Academy Headteacher • Secondary Academy Headteacher • Special/PRU Academy Headteacher • CFO Multi Academy Trust • Governor Primary Maintained • Governor Primary Academy • Governor Secondary Maintained • Governor Secondary Academy • Governor Special and PRU • Early Years Representative • 16-19 Provider Representative • C of E Diocese Representative • RC Diocese Representative • CFO Multi Academy Trust • Teaching Unions Representative • Director of Children Services • Assistant Director of Education and SEND LA. • Finance Business Partner LA. • Finance LA	4 times a year	Transfers between DSG blocks De-delegation of funding for maintained schools Some aspects of central spend and financial schemes	DFE
Early Years Partnership Board (new)	Strategic enabling and system level problem solving to increase the likelihood of more than 77% of children in Medway achieve a good level of development at the end of reception class. • Ensure compliance with BSiL strategy, guidance, and delivery plan to achieve the GLD target. • Develop a system approach that focusses on collaboration and partnership working. • Ensure adequate support is in place for Medway families with children aged 0-5 and that finite resources are used effectively. • Monitor and enable accessible early education and childcare.		4 times a year	Advisory board on Early Years provision and services commissioned using the Best Start in Life grant.	SEND Partnership Board

	• Monitor and enable improvements in Early Years provision (Statutory, PVI and Community Voluntary and Faith Sectors)				

Section 5 – Central Government Support

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

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

This may include:

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

To successfully deliver the SEND reform programme, the partnership would benefit from targeted and sustained support from central government across several key areas. Namely:

- Timely, practical guidance is required on reform expectations. Guidance, for example grant conditions, need to be explicit were there can be local variation and flexibility in design/use so as not to limit the use of creative solutions.
- National action is needed to address workforce shortages, particularly in educational psychology and therapy services, with immediate action to increase local delivery of training programmes.
- Access to comparable national data, effective practice models, and peer learning opportunities with statistically similar areas would support accelerated improvement and informed decision-making.
- Early clarity on inclusion and reform funding is essential to support medium- and long-term financial planning and ensure stability in delivery. Delivery projections are dependent on expanding local provision; however, this remains a risk without timely completion of planned capital programmes, including new school builds. Greater assurance is needed on the delivery of these programmes to enable effective long-term planning.
- Early notification of expected legislative changes to the SEND Code of Practice in 2029, and mapping of the programme required to transition to these for all partners.
- Ongoing support to facilitate understanding and cooperation across Authority boundaries in the run to and after vesting day to ensure reform work is lost in the transition to new unitaries.

250 words