

Local Area SEND Partnership Priority Impact Plan

July 2025 Stocktake

July 2025



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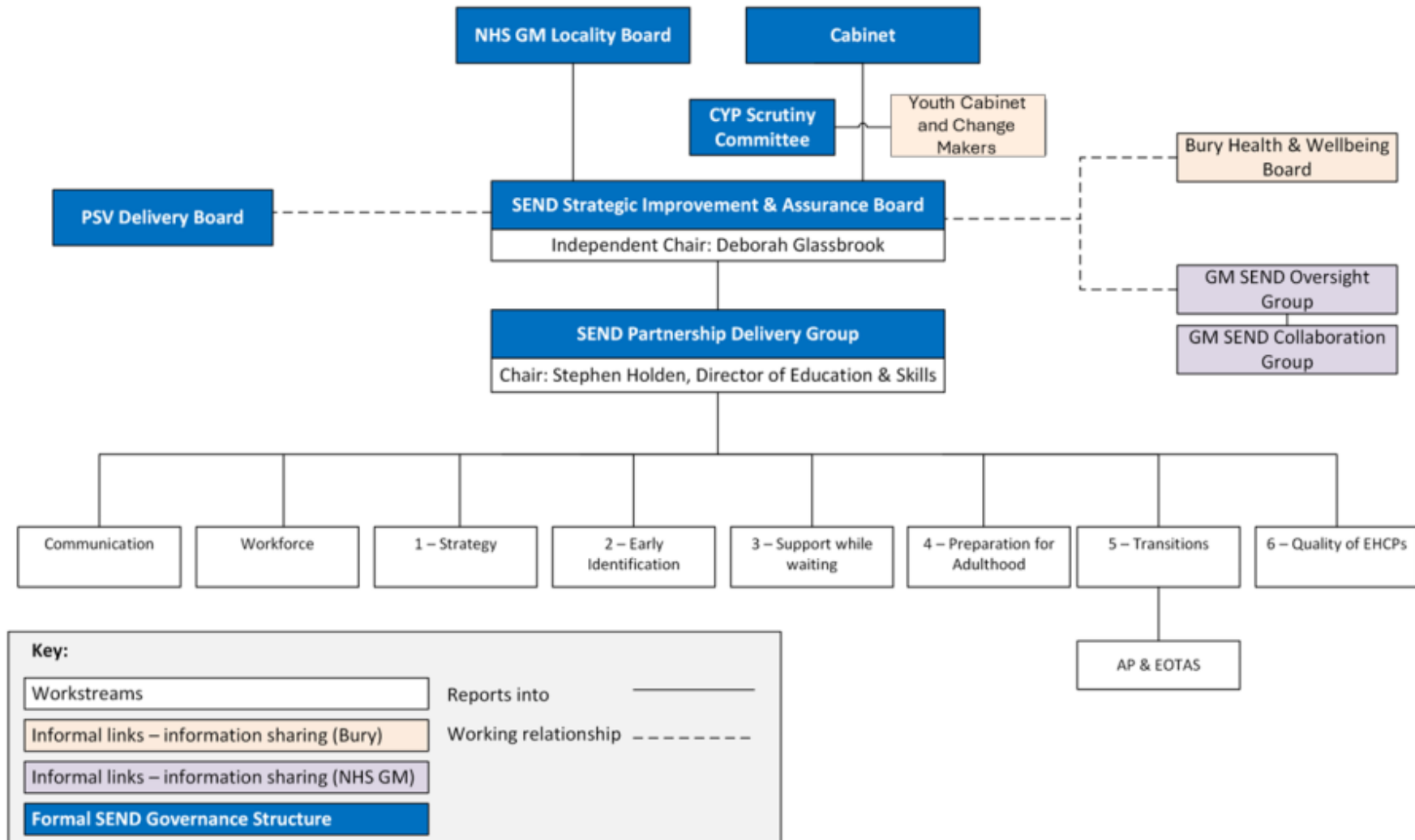
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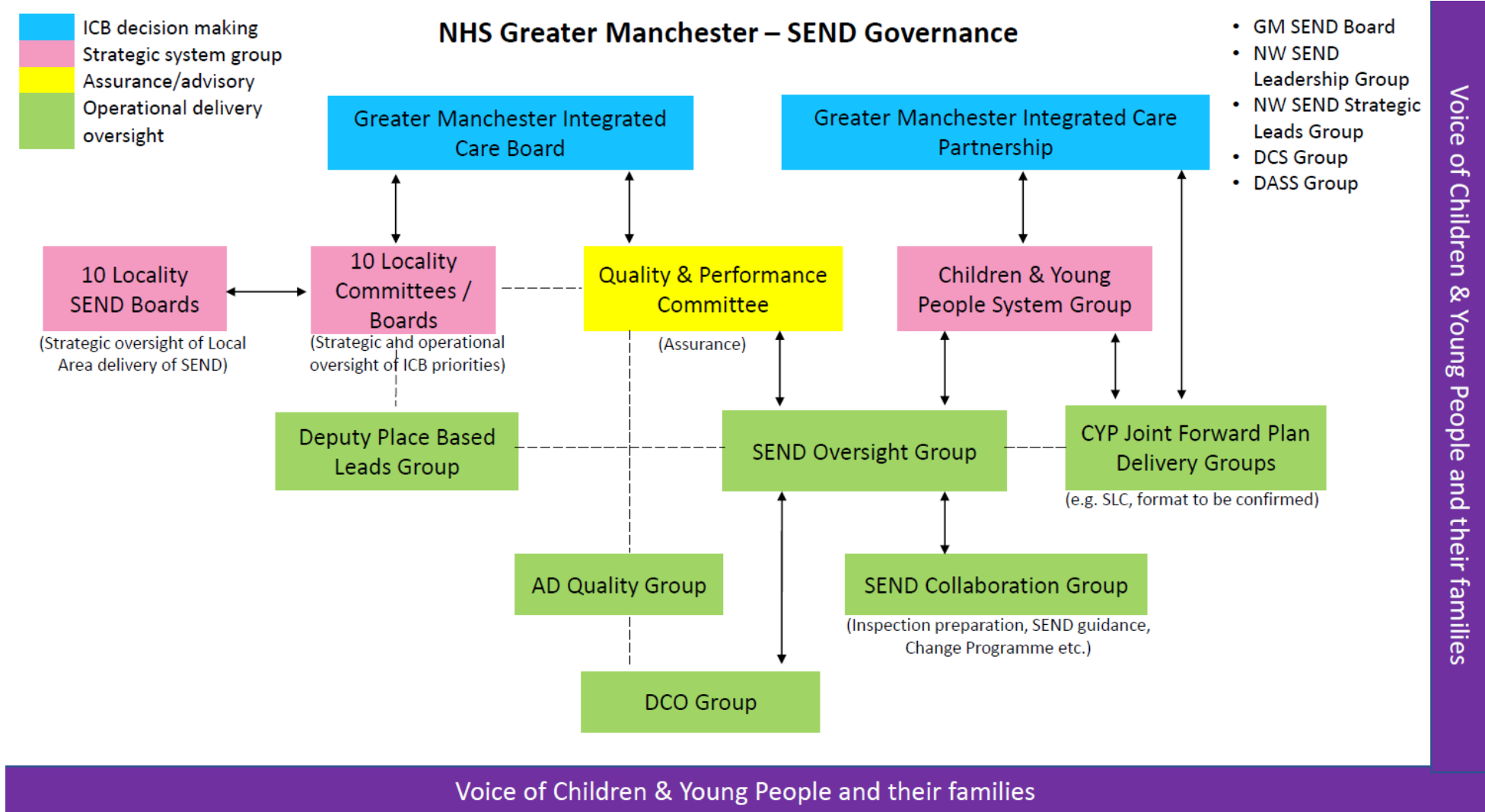
1. Executive summary

SEND Strategic Improvement and Assurance Board – Local Area Governance Overview

Bury Local Area SEND Governance



NHS Greater Manchester – SEND Governance



Executive summary

In Bury we have progressed the strategic alignment of the 6 priority areas and 3 areas for improvement, supporting us to understand how different elements of the system are interconnected and foster a more collaborative approach across the partnership. These insights have shaped our focus during the last 6 months of our improvement plan, aimed at delivering better outcomes for children and young people with SEND, and their families. We have taken significant and positive action but also recognise that there is still more to do to ensure every child, young person and their families receives the support they need, when they need it.

The December Stocktake and deep dive activities have been instrumental in evaluating the current state and defining key next steps.

Strengths

We are very proud of the contributions made by groups of children and young people. Their voices, experiences, and aspirations have been at the heart of our work, shaping our priorities and driving our commitment to meaningful change. Our approach is grounded in the reality of our system—its strengths, its challenges, and its potential.

- Progress on the journey of developing our strategic partnerships, providing support and challenge and shifting the culture from silos to enhanced inter and intra-organisational collaborative working
- Strategic developments have been finalised or are nearing completion, laying the groundwork for long-term improvements across the SEND system
- Strengthening early identification and enhanced support whilst waiting for Health services
- Improving EHCP quality & initial increases in capacity and capability
- Strengthened transitional arrangements to promote joined up planning across services, including those preparing for adulthood

Priorities and development areas

- Availability of data, reporting, defining clear, measurable outcomes
- Ability to meet increasing demand and complexity of need across the system
- Strategic alignment, shared accountability
- Ongoing challenge of developing workforce capacity, consistency, and skills alongside delivering transformation and change
- Historical legacy & shifting national policy and reform (current landscape)

Local Area Partnership development

Over the course of our improvement, our partnership has made significant efforts in our commitment to deepen collaboration, building trust, and aligning efforts across the SEND system. This progress reflects a shared commitment to improving outcomes for children and young people with SEND in Bury.

Successes:

- We have actively worked closely with early years providers, schools, and post-16 settings to foster a more inclusive and responsive educational environment.
- Bury2Gether established as a key partner, and a commitment and start of the journey to establishing a more authentic and valued relationship with parents.
- Cross-sector collaboration has progressed, with clearer roles, shared priorities, and more integrated planning, through re-establishments of our joint commissioning group and multi-agency panels have enhanced coordination, though there is still work to do
- Deliberate efforts to improve how we communicate with stakeholders and act on feedback. Mechanisms such as a survey, listening events, and feedback loops are helping us to start to become more responsive and transparent.

Priorities and development areas:

- Deepen co-production and engagement in some parts of our overall system including in relation to some aspects of NHS commissioning, enhancing integration and joint working, particularly around transitions and PfA
- Creating a culture of collaboration: building and sustaining trust with families through visible action and accountability and timely responses to concerns, feedback
- Continue investing in workforce development across the system to build confidence and capability in inclusive practice, through targeted training and resources to meet increasing levels of demand
- Embed consistent early identification / support pathways across settings

Engagement & coproduction with children and young people

Across the partnership, we have created spaces for children and young people to contribute to our improvement journey, placing their voices at the heart of everything we do. Children and young people with SEND in these groups are becoming **active partners** in shaping the services that affect their lives. As a partnership we will expand on this work to create a cultural shift in moving from consultation to coproduction, doing so wherever we can, and with an increasingly broad number of children and young people. This change not only affirms their autonomy but also builds trust and confidence in the services designed to support them and there is a sense of optimism about their future among the children and young people who have contributed

Key achievements

- Young people feel listened to and are making their own decisions and are optimistic about careers, relationships and independence.
- Coproduction of the Local Area SEND Strategy
- Improved engagement and visible senior leaders and an appreciation that the partnership are working hard to support them:
- Strengthened communication and engagement, described as very good and clear
- Feeding SEND voices into the wider participation work
- Changemaker group, driven by passionate children & young people, which they love!
- Some young people feel listened to and are making their own decisions and are optimistic about careers, relationships and independence.
- Good examples of professionals speaking directly to them, not just their parents

Areas for development

- Easing financial worries about the future and improved communication of the work being done behind the scenes
- Current Changemakers group reflects only a small number of children and young people

Changemaker priorities

- Develop training for professionals on engaging students with SEND and promoting early identification safety and effective support
- Create a “School Survival Guide” tailored for children and young people with SEND
- Broaden engagement and improve transparency to ensure all voices are heard



2. Progress summary – impact measures and milestones for each Priority Theme

Theme 1 – PIP1 – Strategy

Impact of PIP to date

The process of developing and co-producing the SEND strategy for the borough was helpful in confirming the outcomes for children's and young people we are seeking, our priorities, our programme of work, and the importance of co-production, and has thus informed our delivery against priorities across the breadth of the programme. Having recently been finalised, we are shortly to circulate the strategy to all partners and stakeholders in the borough. This will be part of and complement the strengthened and improved communication and engagement mechanism, including specifically the relaunch of the local offer.

The work of the SIAB is increasingly informed by a variety of feedback mechanisms capturing the voice of children and families, and via direct engagement with children and young people for example in the quality of EHC plans is perhaps more important to parents/carers than receiving a plan within the 20-week timescales that is not of high quality.

Governance routes are clear for the work of SIAB across the partnership including the ICB and there is evidence of utilisation of governance to effect prioritised action and change – for example in some NHS waiting times.

Changes we need to make in the next phase of the programme

Further work is required to demonstrate more clearly to children and families the impact of the strategic framework, and we also need to more clearly articulate the sense of the strategic framework with its focus on outcomes for children and young people operating as a golden thread through all other associated strategy and policy documentation – the graduated approach, the relaunched SENCA network, the workforce strategy.

Areas of strength	Areas for development	Selected data points to illustrate impact to date
<ol style="list-style-type: none">1. Strategic vision for Bury SEND improvement coproduced and approved2. Improvements in communications through increased comms on Local Offer and through feedback loops such as 'You said , We are Doing'3. Programme governance approaching maturity; now able to propose changes to drive long-term sustainability	<ol style="list-style-type: none">1. Much progress developing data/intelligence on the progress/impact of the improvement plan, but further work and coproduction required to reach maturity over next 6 months2. Generally off track in terms of the impact of strategic changes/improvements due to delays to some workstreams	<ul style="list-style-type: none">• In the last year, received 14.4 request for an assessment per 1,000 4–19-year-olds. This is the same as the North West rate, showing that we are performing in line with many of our comparators.• Data on impact is currently unavailable, with a survey to collect views of children and families set to be carried out in the near-term.

Theme 1 – AFI1 – Communication

Impact of AFI to date

Foundations are now in place to enable the communication improvements identified, with the appointment of a SEND Comms and Engagement Officer, temporary CYP Comms Manager & interim Head of Comms since the last stock take. An interim comms strategy and comms working group have been established to enable insights and the voice of service users, parents and carers to co-produce the comms strategy and drive delivery. Two newsletters have been produced and a third is due for publication with improved curation and production. A programme of regular updates to the Local Offer is in implementation and publicised via social media pages to provide opportunities for corporate/mass comms activity and dialogue.

While there has been an uplift in comms and engagement activity via mass communication methods, a challenge remains around direct relationships and networks. This is being approached in multiple ways:

- A set of standards has been written into the interim comms strategy with the SEND delivery group, with SIAB asked on an ongoing basis to provide insight for embedding those;
- A standing item has been added to the SIAB agenda to ensure all board members take away a shared understanding of the key messages arising and specific calls-to-action;
- A stakeholder mapping exercise is proposed as part of the ongoing board development to understand connections, networks and what support might be needed for board member dialogues with those groups (as well as spotting and addressing gaps).

Changes we need to make in the next phase of the programme

The proposal for the Changemakers having a social media presence has been agreed in principle and is in research to understand what is possible while ensuring safeguarding and appropriate use. The work to mainstream communication and develop the culture of proactive updates and dialogue, and prioritising this as part of the work (and not an add-on) must be prioritised so that all areas of the system are clear with all about what they do, providing updates and information, and sharing their

- Areas of strength**
1. Initial comms approach & framework (i.e. strategy) now in place, driving better use of the Local Offer, council website, and other channels – newsletter and Facebook page. Full comms strategy due by August
 2. The voices of children in the Changemakers group and parents in the Bury2Gether steering group included in the co-design of the strategy

- Areas for development**
1. Delay in the publishing of a timeline for change to share with families, due to waiting on the development of the strategic elements
 2. A full SEND Comms strategy has been delayed similarly
 3. A more coordinated, systematic, and two-way approach is required for continually gathering the feedback and experience of parents/families

- Selected data points to illustrate impact to date**
- They are making young people’s voices heard and are validating their thoughts and feelings”
 - “[I like] being a mouthpiece for young people with additional needs and disabilities”
 - “I appreciate all the effort you have put into the group and help and support you have offered.”
Young person
 - Substantial reduction in the number of complaints received from parents, compared to late 2023/early 2024. We have received 28 parent complaints so

Theme 1 – AFI3 – Workforce

Impact of AFI to date

A high-level workforce strategy, informed by best practice, has been developed to define the required training levels for specific staff cohorts. An implementation plan is in development. The programme sets a clear framework, though it's too early to assess impact. Work is underway to complete a stocktake of current training provision, with assessment of demand by competency level and comparison of training uptake against cohort size and identify gaps in provision.

Whilst our implementation plan is under development, training remains at the heart of our efforts to support inclusive practice and continuous learning. As part of this commitment, Changemakers will be designing training for school staff on how to effectively engage with and support young people with additional needs and disabilities in education. This important work is set to begin in the summer term.

Areas of strength	Areas for development	Selected data points to illustrate impact to date
<ol style="list-style-type: none">1. New Workforce Strategy and Learning and Development plan developed and approved2. Good engagement in a programme of induction and CPD sessions run with SENCOs over the spring and summer terms	<ol style="list-style-type: none">1. Impact of new strategy and plan behind timeline due to delays2. Low engagement in staff training programme delivered by Oak Learning Partnership	<p>It is currently not feasible to collect data points to demonstrate impact, as the strategy has yet to be implemented.</p> <p>We have developed a framework for training of staff across the council and NHS, which is delivering positive impact. A programme of induction sessions has been run with SENCOs, and further 'Strategic Priorities for SENCOs' sessions have been run. A session was also run by the EHC team on Annual Reviews. This is accompanied by a growing set of supporting information to give SENCOs information and advice. 12 new sessions will be run in the summer term; responding directly to the feedback from SENCOs, and available to all practitioners not just SENCOs.</p> <p>Engagement with training for schools has been lower than target. Currently 36% of education settings are engaging with training provided by the Oak Learning Partnership.</p>

Theme 2 – PIP2 – Early identification and support

Impact of PIP to date

There has been a notable increase in statutory compliance across the Local Offer, with the rollout of an enhanced Graduated Approach Toolkit and targeted CPD leading to growing uptake in schools. The development of Section 23 notifications and follow-up support has strengthened early identification pathways. Inclusion Services have been redesigned to include a community of practice model and expanded capacity. An expanded SEND Health Visiting Service, using additional funding from Bury Council, is receiving very positive feedback from families.

Changes we need to make in the next phase of the programme

The next phase focuses on implementing a new integrated, graduated model for early assessment, identification, and intervention. This model relies on strong partnerships with schools, families, and communities, and is sustained by a commitment to CPD. The recent Parent/Carer survey highlights the importance of an accessible local offer to parents’ understanding of the support. A key innovation is reimagining our EPS through a Communities of Practice (CoP) model. Though still early, we are already seeing stronger school engagement, partnerships, and a shared drive for change. These successes are informing plans to expand CoP across SEND services and align with key local authority functions like School Attendance, Admissions, and the Virtual School. Statutory Assessment and Review teams will also join the ‘Team Around the School’ model. Additionally, we will relaunch our SENCO networks in-house from

September 2025, maintaining borough-wide collaboration while integrating more targeted support aligned with Bury’s strategic priorities		
Areas of strength	Areas for development	Selected data points to illustrate impact to date
<div>1. Increased statutory compliance across the local offer</div> <div>2. Enhanced Graduated Approach Toolkit, supported by targeted school CPD and growing uptake across settings</div> <div>3. Development of Section 23 notifications and follow up support</div> <div>4. Redesign a of Inclusion Services, incl. a community of practice (CoP) model and increased service capacity</div> <div>5. Establishment of dedicated SEND HV team using increased Health Visitor capacity</div>	<div>1. Capacity to keep the Local Offer consistently updated, mitigating actions are now in place. These include the introduction of dedicated communications support and a compliance audit to drive improvements in content quality, accessibility, and user experience</div> <div>2. Limited evidence of a Graduated Approach, not yet fully embedded across Bury services. This has been acknowledged, and targeted mitigation actions are underway</div>	<div>• Increase from 33% to 42% of SENCOs reporting that over 50% of staff are using the Toolkit, with an overall increase in confidence in using it. Reports of Toolkit being embedded increased from 38% to 42%.</div> <div>• Attendance rates for children with SEND were 91.6% for the academic year 2024-2025</div> <div>• 0% of parents are satisfied/very satisfied with the early identification of their child's SEND needs. 57% of parents surveyed found the local offer somewhat or very useful</div> <div>• 30% of new EHCPs are for children aged 11+ years, down from 54% in 2023 & growth in the proportion of secondary school age children supported at SEN Support</div> <div>• Extremely positive feedback on new face-to-face</div>

Theme 2 – PIP3 – Access to support

Impact of PIP to date

Waiting times for NHS services have consistently been flagged by young people and families, in Bury and nationally. SIAB has been routinely updated on steps taken to improve the position. Broadly access to Community Physio, Community OT, and Core CAMHS services are consistent across GM. Speech and Language therapy services have been challenged but improvement is evident and supported by the implementation of Can-do app well regarded by parents. Community Paediatric waiting times remain challenging, but this has been highlighted with NCA and local transformation work and waiting time initiative work is having an impact.

Progress is being made but we recognise this is a key factor for parents and providers and commissioners strive to improve at every opportunity. We understand progress is hard to recognise when the waiting times remain too long.

Data on the uptake of the use of padlets across a range of subjects have been routinely reported to SIAB and all NHS organisations are challenged on impact.

Changes we need to make in the next phase of the programme

The most significant challenge is the waiting time for Autism and ADHD assessment via CAMHS for young people. SIAB have been updated on the ICB wide proposals for the ND pathway, including access to an ND Hub. This is due for implementation in October – work is progressing to ensure the ND hub proposition is properly co-produced.

Areas of strength	Areas for development	Selected data points to illustrate impact to date
<ol style="list-style-type: none">1. Average waiting time reduction in some areas2. Several evidence-based services now available to families while waiting for support3. Launch of NHS GM Adult ADHD consultation (update to June SIB)	<ol style="list-style-type: none">1. Some of the challenges for waiting times remain, with demand pressures and financial position of providers and commissioners, as well as availability of work, impacting these2. Implementation of the GM specified ND pathway arrangements	<p>In terms of % children's waiting less than 18 weeks for an appointment, as of April 2025</p> <ul style="list-style-type: none">• Children's Occupational Therapy – 48% (4/10 in GM)• Paediatrics – 63% (6/10 in GM)• Physio – 60% (5/10 in GM)• SALT – 23% (9/10) (up from 9% in August 24)

Theme 2 – PIP6.1 – EHC Plans

Impact of PIP to date

Bury has maintained strong statutory compliance with EHCP timelines while progressing quality improvements, particularly in respect of new assessment. To tackle common QA issues—such as unclear aspirations and limited social care input a new EHCP template has been introduced to improve clarity and completeness, CPD has been delivered on writing legally compliant EHCPs to all SEND Officers, and an EHC Link Officer for Social Care has been appointed to strengthen contributions and compliance.

Insights during our improvement journey highlight both barriers and enablers to achieving embedded, sustained change in both outcomes and experiences. Quality of Education, Health and Care (EHC) plans is often valued more by parents/carers than simply meeting the 20-week statutory timeframe.

Changes we need to make in the next phase of the programme

- There is a need to strengthen our partnership working in this area to ensure shared ownership of outcomes.
- Improve messaging and engagement with partners, families, and communities.
- Expand Training and Quality Assurance: Build staff confidence and consistency through ongoing professional development and robust QA processes.
- Improve Data Use and Impact Tracking: Develop clearer milestone indicators and use data to drive continuous improvement.
- Balance Timeliness with Quality: Prioritise meaningful support and outcomes over meeting statutory deadlines alone.

Areas of strength	Areas for development	Selected data points to illustrate impact to date
<ol style="list-style-type: none">1. Successful recruitment into EHC Team, incl. Team Manager and recruitment to senior case officer structure and case officer2. Improved data quality, to include compliance from services in respect of the EHCNA3. High levels of statutory compliance with the 20-week timeframe have been sustained, whilst quality improvements have been underway4. Written processes and procedures have been developed and embedded in accordance with the statutory framework and supported by training to all staff	<ol style="list-style-type: none">1. Capacity and capability remain challenges2. Embedding induction and training has required significant time and capacity3. Audit activity has been compromised by low volume audits and partnership commitment4. Historical legacy continues to impact user trust and has placed additional pressure on service capacity5. Timely communication remains an area of concerns, systems are currently being explored to address this	<ul style="list-style-type: none">• Average 20-week compliance this year – remains above 90%: in the top quartile of local authorities nationally and markedly better than at the point of inspection (2023 full calendar year: 74%)• Invision 360 report highlights evidence of early improvements in quality, including a substantial reduction in plans audited as “inadequate” and an increasing proportion of plans rated as “good”.• Positive qualitative feedback is indicative of early signs of improvements, from some services users and settings

Theme 3 – PIP4 – Preparing for adulthood

Impact of PIP to date

Improvements to the information and guidance available has been improved, with the creation of factsheets and development of the local offer site that aligns with information from comparable authorities. Significant progress has also been made for individuals transitioning to adult social care, highlighted by the establishment of a PFA transition team, which facilitates a smoother shift into adult care services.

Although progress has been made in improving information about Preparing for Adulthood (PfA) and in developing guides for annual reviews, we are still working to ensure that this information is effectively integrated into annual reviews at the correct times. This effort is in parallel with other initiatives aimed at updating the EHCP and review documentation, as well as establishing quality assurance processes for these reviews.

Changes we need to make in the next phase of the programme

Effective communication and collaborative partnerships will be vital for the next stage of this initiative, ensuring that PfA is meaningfully addressed within reviews, with educational institutions playing a crucial role in enhancing pathway planning. This is closely linked to the EHC team's ability to quality assure reviews; the feedback mechanisms established will be instrumental in driving necessary changes.

Areas of strength	Areas for development	Selected data points to illustrate impact to date
<ol style="list-style-type: none">1. Preparing for Adulthood pathway and factsheets developed, tested, and launched with settings.2. Dedicated ASC team becoming well embedded3. Preparing for adulthood local offer redesigned and updated with pathway information4. Mapping and audit of existing provision to inform future commissioning discussions.	<ol style="list-style-type: none">1. The target that preparation meetings take place for all children with an EHC plan at age 14 is not being met due to EHC team capacity challenges2. Communication to SENCO's and difficulties accessing the SENCO network – this should be improved next year with bringing the SENCO network inhouse.3. Staff changes within Children Services have occasionally disrupted momentum4. Lack of parent attendance at co-production meetings around design adult social care transition policies	<ul style="list-style-type: none">• “[PfA staff member] has been brilliant – very understanding and helpful to me and my daughter, giving support whenever he can.” <i>Parent</i>• PFA team working with all 17yrs old on PfA tracker. Current caseload 72 with 30 LD cases.• 72% of 19-year-olds previously supported at SEN Support in Bury qualified to level 2 (England average 65%); 34% of those with an EHCP (England 30%).• 40% of 19-year-olds previously supported at SEN Support in Bury qualified to level 3 (England average 35%); 21% of those with an EHCP (England 14%).• Amongst top 50 LAs nationally for all the measures above.

Theme 3 – PIP5 – Transitions

Impact of PIP to date

All primary schools are now consistently inputting data into the 6 into 7 software, and secondary schools are accessing this, enabling a more standardised approach to transition and the exchange of quality information . The current service level is due to end in September 2026, with no identified funding to sustain it beyond that point. Despite the potential for this platform to support transitions from PVI nurseries to primary, and from secondary to further education, financial constraints cast doubt on continued and expanded use. Further support has been provided by education services in our continued endeavor to improve the effectiveness of transition (e.g. sharing of best practice events, portage support group, planned MA transition for parents, summer support sessions delivered from the Family Hub, targeted support from the Virtual School and Youth Service).

Additionally, all relevant health agencies have implemented Standard Operating Procedures for transition, and a system for ongoing quality assurance is planned to ensure these remain effective, including SEND Health visiting & School Nursing. MDT led meetings are in operation for children and young people with complex health needs and epilepsy however, health partners have indicated that current capacity limits their ability to deliver this. All health services are beginning conversations about health transitions from year 14 onwards.

Changes we need to make in the next phase of the programme

- Evolve Bury's transition best practice guide to incorporate health and social care for use by education partners
- Understanding the cohorts of CYP in receipt of a statutory plan and those at SEN support, as well as the interdependencies across service areas

- QA to measure effectiveness of Transition Standard Operation procedures in practice
- Mitigate to further reduce cost of figures

Areas of strength	Areas for development	Selected data points to illustrate impact to date
<div>1. All primary schools are inputting transition data into 6into7, and all Secondary Schools have access.</div> <div>2. Identification of further transitional support for schools, families and young people, however impact needs to be established</div> <div>3. Standard Operating Procedures established across all health services</div>	<div>1. Pupil Pathways (software developer) are still developing this functionality for expanding 6into7 for use at other points in transition. However, it is not clear if there are available resources to invest in this software.</div> <div>2. Slight decline in the percentage of children and young people in education & training aged 16-17, from 85% in March 2025, from 88% in 2024. A recent parent survey is indicative that 18% were satisfied with the support they received through transitions, it is unclear if these pupils were subject to a statutory plan or receive SEN Support</div>	<div>• 100% of school settings using the 6into7 platform.</div> <div>• Attendance rate for children with SEND in year 7 is now 92%, from a baseline of 89%</div> <div>• Recent feedback from ILACS inspection, identified transitions for children in care are planned sensitively and timely, in ensuring best outcomes for children</div> <div>• Achievement for children with identified SEND in RWM measures at the end of Primary school and Secondary school (A8) above national average.</div>

Theme 3 – PIP6.2 – EHC Plans

Impact of PIP to date

Key stage transfer amendments were largely completed within statutory timelines, supporting smoother transitions. Over 70% of EHCPs had a completed annual review in 2024–25, reflecting strong engagement. Improved data systems now enable comprehensive tracking of review activity, while newly developed procedures—aligned with statutory requirements and supported by staff training and CPD—are strengthening consistency and accountability across the service. Notifications for key stage transfers for the forthcoming academic year have been issued in advance to enable timely planning and preparation, with a new template introduced to ensure that Annual Reviews address all aspect of the EHCP and are supported by evidence.

Changes we need to make in the next phase of the programme

Whilst the number of EHC Plans which have had a review completed is now understood, within a 12-month period, this is a single performance indicator. The focus next will require the maintenance and strengthening of data, to understand statutory compliance with annual review timescales and a focus on quality of outcome and experience. Ensuring timely communication is an urgent issue for addressing, as well as ensuring sufficient capacity required for sustained improvement.

Area of strengths	Areas for development	Selected data points to illustrate impact to date
<div>1. Most key stage transfer amendments, involving a placement change, were completed in accordance with the statutory transfer timelines.</div> <div>2. Annual review data is indicative that in the academic year 24-25, 66% of EHCPs had a completed review involvement, albeit timeliness or quality is not established</div> <div>3. Development and improved use of data systems for tracking and reporting systems, and which now include all annual review involvements</div> <div>4. Written processes and procedures have been developed in accordance with the statutory framework and supported by training to all staff</div>	<div>1. Workforce capacity and capabilities remain a challenge, against meeting the current levels of demand, though refinement of processes, training, recruitment are mitigating this, further resource is required.</div> <div>2. Annual reviews are reliant on sufficiency across the system.</div> <div>3. Data quality on annual review timeliness has been a longstanding challenge and resource intensive. A revised annual review plan to achieve statutory compliance is in development to determine priority areas and greater statutory compliance, including notifications</div> <div>4. Historical legacy continues to impact user trust and has placed additional pressure on service capacity</div> <div>5. Timely communication remains an area of concerns, systems are currently being explored to address this</div>	<div>Key Data Summary of completed reviews within a 12-month period:</div> <div><div>• Total number of EHCPs due : 2,549</div><div>• Annual reviews currently overdue: 862 (34%) - either not started or in process</div><div>• Reviews either completed or not yet due: 1,687 (66%)</div></div>

Theme 3 – AFI2 – Alternative Provision (AP) & Education otherwise than at school

(EOTAS) Impact of AFI to date

The co-production and formal approval of the EOTAS policy by the Council marks a significant step in ensuring inclusive and consistent educational provision. Comprehensive training for case officers has enhanced understanding and implementation of the policy, while the establishment of a multi-agency panel ensures that all EOTAS requests are considered through a collaborative and holistic lens.

The formation of the AP Strategy Group and the drafting of a strategic framework demonstrate a proactive approach to improving outcomes for learners requiring alternative education pathways. Robust systems for the oversight of placements have been implemented, supported by targeted training, ensuring quality assurance and safeguarding standards are consistently upheld across all provisions.

Changes we need to make in the next phase of the programme

- Further work is required to effectively plan new EOTAS packages and systematically review existing ones to ensure they deliver strong educational outcomes and support clear progression routes for learners.
- Complete and publish the draft AP Strategy. A new ILP format has been launched for AP placements but now requires consistent implementation to ensure focus on outcomes.
- Explore opportunities to broaden the range of Alternative Providers available locally and in surrounding areas to better meet diverse learner needs and improve access to quality provision

Areas of strength	Areas for development	Selected data points to illustrate impact to date
<div>1. EOTAS policy has been co-produced and approved by the Council, training has been delivered for case officers regarding policy and practice, and all EOTAS requests are considered by a multi-agency panel.</div> <div>2. AP strategy group has been established and a strategy drafted.</div> <div>3. Systems for oversight of placements are in place and embedded and training has been provided.</div>	<div>1. AP strategy is in draft and further consideration required by strategy group to complete.</div> <div>2. Short term intervention AP has been requested from providers but further procurement may be required on an ongoing basis.</div> <div>3. Ongoing work is now being supported with regard to development and implementation of EOTAS packages</div>	<div>• There are currently 69 children in registered or unregistered AP. We were at 65 in July 2024 and 32 in February 2024.</div> <div>• Case officers report better understanding of EOTAS, S19 and EHE</div> <div>• Improved processes will result in better quality packages and outcomes for young people</div> <div>• Issues raised by parents regarding FSM, transport, school nursing and Connexions advice have been addressed.</div> <div>• Wider range of providers available with work ongoing to develop this further</div>



3. Next phase of the programme

Principal current risks within the programme

PIP/AFI	Risk	Raised	Potential impact	Mitigation
PIP2	Qualified main grade EPS availability/capacity risks provision of the EPS service	Nov 2024	Families' expertise and experience is not as embedded in the improvement process for the EPS and families do not feel that their experience is taken on board on how SEND services can be improved.	Further consultation has been conducted in respect of the EPS offer with families with a good response (54 families). Development of service plan running to 2028 to set the EP offer to parents and carers.
PIP2/PIP4	Lack of capacity in key service professionals responsible for providing updated on the Local Offer creates a risk that updates will not be made in a timely way.	Oct 2024	The local offer is a key tool to enable families to drive forward the support of their children and to ensure it is as easy as possible to navigate the system. The quality of the local offer impacts both of these.	Comms and engagement officer has introduced new processes to support timely updates in content and routes for escalation when needed.
PIP3	Health services for children and young adults have long waiting times, reduced follow-up capacity, & staffing shortages (esp community paediatrics, CAMHS, SALT). This is undermining service stability and limiting the positive impact of recent improvements, especially with no long-term plan for 18–25 Autism and ADHD pathway.	Oct 2024	Wait times means SEND CYP do not receive the services at the time they need them, which has a particularly significant impact on those who will be transitioning in the next 12 months	Where appropriate local staffing has been agreed in the short term to ensure the stability of services. The issues have been raised to Greater Manchester level and are being discussed and form part of ongoing reviews. Local programmes of work focusing on waiting times have
PIP5	12-into-13 solution: Communication challenges with 6-into-7 provider impacting on the ability to progress with wider age solutions.	May 2025	A key enabler for this area is at risk of delivery, impacting on the quality of service being provided to families.	Delivery Group to chase provider for response and escalate as required. If no response alternative solutions are to be pursued.
PIP6	Limitations and issues with the EHCP data system, risking the ability for teams and management to plan effectively and prioritise how to best meet demand.	May 2025	Inability for services to best utilise the limited resource available to be directed to those cases and families that are most in need.	Additional staff currently working through data issues, with expected completion date in June.
PIP6	Lack of capacity in the LA SEND team to tackle demand and deliver improvements; including working with parents and schools on improvements and provision.	Nov 2024	Potential negative impact on either operational delivery or delivering improvements to timescales.	Resourcing and team development.

Note: full risks register in Appendix.

The next 6 months will see a shift in the programme to focus on sustaining change

Following our review of progress to date and a thorough assessment of current risks, our focus over the next six months will be on consolidating gains, addressing identified gaps, and embedding sustainable improvements.

Key priorities include:

Implement mitigation plans for high-priority risks

Re- assess and revise some PIPs/AFIs based on our honest self-assessment of impact to date and forward challenges and future priorities

Condense and /rationalise current impact/milestone measures into a more concise, manageable set of regular programme data to provide regular and more effective intelligence about programme impact

Develop a sustainable governance model that ensures the improvement journey continues beyond the Monitoring Inspection

Embed strategic developments and maintain momentum in key areas, including;

Strengthening support for families during waiting periods.

Advancing the Local Offer and ensuring it is accessible, helpful and supported by a local offer live event in the autumn term

Embedding the Communities of Practice model to support shared learning and ensure more effective partnership working

Enhancing transitions to ensure they are timely, well-planned, and coordinated across services

Improving communication to keep stakeholders informed of progress and impact

APPENDIX A:

RAG-rated progress update for
each Priority Impact Plan and
Area for Improvement

Guide to PIP/AFI progress updates

The progress updates in the following section provide a short summary including updates in progress since the previous reports that were submitted to SIAB.

The summary is to supplement the more detailed PIP reports that SIAB have received for each of the areas in since the last stocktake in December.

Each summary is accompanied by a RAG status that has been identified by the Programme Management Office and reviewed and approved by officer leads in each area.

RAG status are defined under the following definition:

- **Green:** on track to deliver the defined scope on time
- **Amber:** on track to deliver the defined scope but with a short delay, or defined scope is at risk but with clear mitigations in place
- **Red:** off track in delivering the identified scope with no clear mitigating plan, or original scope will be delivered but with significant delay

PIP1 – Strategy

Objective: Leaders across the partnership should ensure that the SEND strategy continues to be implemented to improve the lived experiences of children and young people with SEND. This should be overseen by shared strategic governance to ensure that the pace of improvement is maintained.

Summary of progress: A draft strategic vision is currently being co-produced with Bury2Gether and the Change Makers to produce this vision that creates a golden thread across the work. The need for a thorough co-production phase for overall vision has somewhat delayed the effective communication of the strategy, although this work is set to take begin in June. An initial review of the QA framework has been completed but further co-production work is scheduled for later this summer to enhance the framework. The co-production work with Bury2Gether has been delayed but is now set to take place in July.

PIP ACTIONS				
Ref	Action	Date	RAG	Note and mitigations (R/A only)
1.1a	Create SEND Strategy on a page – distil existing strategy, ensuring clear focus on preparation for adulthood, transitions, child voice and a social model of disability	Sep 25		A strategic vision document is being co-designed.
1.1b	Working with Bury2Gether, co-produce a mechanism for ensuring parental feedback is gathered about families' experiences and used to inform the Board's analysis of progress.	Sep 25		Survey completed May 25 with analysis to follow
1.1c	Ensure clear governance for SEND improvement, including escalation route for SEND Improvement & Assurance Board within the local area High level governance arrangements.	April 25		
1.1d	Review the QA Framework and develop robust dataset to track progress and impact.	Jan 25		QA framework reviewed and revised – data set developed
1.1e	Effective communication of strategy to all stakeholders, professionals, children and families.	June 25		Delayed following the delay in developing the strategic vision.

PIP2 – Early identification

Objective: Leaders across the partnership should work collaboratively and effectively to improve the early identification of children and young people’s SEND as part of the graduated approach. In particular, they should urgently improve: i) CYP access to E/H/SC to improve early identification of needs; and ii) CYP and professionals’ access to an effective, well-resource educational psychology service.

Summary of progress: Work is progressing on the post-16 section of the Graduated Approach Toolkit, with a Task and Finish group established to set timelines and clarify responsibilities, while schools and SENCOs, supported by Manchester University, are actively identifying and addressing implementation barriers through research and feedback mechanisms. Alongside this, enhancements in governance, staffing, CPD, and service models—including a significant expansion in the SEND Health Visitor team and the rollout of a new Community EP service—are contributing to improved support structures and data-informed planning across the system.

PIP ACTIONS

Ref	Action	Date	RAG	Note and mitigations (R/A only)
2.1a	Improve and embed the use of the Graduated Approach to identifying and meeting need across the local area.	Sep 25		Graduated Approach toolkits now complete and work ongoing to embed in settings.
2.1b	Develop an outreach offer across all settings and embed a consistent borough wide approach to early identification and intervention.	July 25		Outreach approach developed, with work ongoing to embed approach and assess impact.
2.1c	Complete revision of the Local Offer and develop systems to monitor ongoing use/access.	July 25		Updates continue to Local Offer, including monthly monitoring.
2.1d	Increase SEND and wider Health Visitor Capacity.	Aug 25		Additional funding enabled the creation of 1 WTE 8a Lead Nurse role & 4.76 WTE Band 6 SEND Health Visitors.
2.1e	Review the allocation and use of top-up funding to ensure equity and quality of support provided to children with additional needs.	Mar 25		Governance established through the multi-disciplinary resource panel, meeting weekly to ensure equitable decision making and governance in top-up funding allocation.
2.1f	Review effectiveness, reach and access routes/pathways of Early Years support.	Jan 25		

PIP2 – Early identification

PIP ACTIONS				
Ref	Action	Date	RAG	Note and mitigations (R/A only)
2.2a	Work with parents and carers, including Bury2Gether to co-produce a service specification for a Bury community EP service, with a comprehensive development plan.	Sep 25		Progress made in recruitment to the EP service, helping to maintain statutory timeliness and roll out a free offer of non-statutory support to schools and families and communities.
2.2b	Develop a comprehensive training and consultation offer to Bury educational and community settings based upon recently carried out surveys with key stakeholders.	Oct 24		New free Community EP service model developed after consultation with schools and parent groups and CYP.

PIP3 – Access to support while waiting for assessment (1/2)

Objective: Leaders across the partnership should improve the quality and availability of support for children, young people and their families while they wait for specialist assessments including: i) CYP waiting for a speech and language therapy assessment and subsequent intervention; ii) CYP waiting for a community paediatric assessment and subsequent intervention; and iii) CYP on a neurodevelopmental pathway for an assessment of ADHD or autism.

Summary of progress: Significant progress has been made in reducing waiting times across several paediatric services, though challenges remain, particularly within Community Paediatrics and CAMHS ND pathways, prompting system-wide transformation efforts. Bury has taken a proactive role in responding to the GM-wide initiative to implement a new ND model of care, with a strong emphasis on early intervention, co-production with families, and local adaptation within a standardised GM framework. The Bury ND Hub proposal has been approved, and mobilisation is underway, including provider engagement, pathway integration, and recruitment planning, with full implementation expected by Q3 2025.

PIP ACTIONS

Ref	Action	Date	RAG	Note and mitigations (R/A only)
3.1a	Clinical and operational managers will review <u>SLCN pathways</u> and will develop implementation plans that will identify opportunities to reduce waiting times from referral and assessment to intervention and the support offered as part of this pathway.	April 25		Progress and sustainability of waiting time reductions in evidence in several services, including paediatric physiotherapy, paediatric OT, and improving picture for SLT.
3.1b	Clinical and operational managers will review <u>Community Paediatric pathways</u> and will develop implementation plans that will identify opportunities to reduce waiting times from referral and assessment to intervention and the support offered as part of this pathway.	Aug 25		Complete but continuing concern about waiting times.
3.1c	Clinical and operational managers will review <u>CAMHS pathways</u> and will develop implementation plans that will identify opportunities to reduce waiting times from referral and assessment to intervention and the support offered as part of this pathway.	Aug 26		Action has been focused on the development of the new GM care pathway model, with Bury participating in a codesign process.
3.1d	Develop needs-led approaches: implement a need led Neurodevelopmental Profiling toolkit for advice and guidance (including support whilst waiting).	Jan 26		Development of a toolkit and other elements of an ND hub complete, and ND profiling training currently being sourced.
3.1e	Increase the use of evidence-based interventions across all age ranges as part	Aug 25		Four evidence-based interventions made available since the start of the plan, with positive feedback from

PIP3 – Access to support while waiting for assessment (2/2)

PIP ACTIONS				
Ref	Action	Date	RAG	Note and mitigations (R/A only)
3.1f	Develop transparent analysis of children waiting and on therapeutic pathways.	Aug 25		Waiting times have been analysed, with quarterly information set to be shared across the system by August '25.
3.1g	Development of 18-25 ADHD and Autism pathway.	Sep 25		The application for urgent award to Optimise Healthcare for 2025-26 has been approved by NHS GM. The commissioned service specification will include integrated ADHD and Autism pathways
3.2a	Consult and engage with children and families to gather views on what would help regarding support whilst waiting.	June 25		A number of services are now available that were not previously available. Engagement sessions being developed to help shape the Hub offer. Feedback from B2G and wider parents has influenced the development of a range of webinars. However, further work is required to ensure that this offer is understood and accessible for all parents; work is ongoing in this area.
3.3b	Expand the range of support padlets and promote usage via Partnerships and local offer.	Dec 24		

PIP4 – Preparing for Adulthood

Objective: Leaders across the partnership should improve preparation for adulthood from the earliest ages for all children and young people with SEND in Bury. This should include a well understood and co-produced strategy to embed preparation for adulthood effectively across the partnership.

Summary of progress: Good progress on PIP. Further improvement work has been completed on annual reviews of Education, Health and Care plans, implemented through a phased transfer review cycle to increase statutory compliance and ensure reviews reflect Preparation for Adulthood needs and outcomes are considered as part of plans, through process/template changes and training for SENCOs. The PfA (Preparation for Adulthood) section within the Local Offer has been re-written and published, incorporating the data from the factsheets which can be easily accessed and details a variety of pathways, with work progressing to EHCP review PfA prompts into the Local Offer.

PIP ACTIONS

Ref	Action	Date	RAG	Note and mitigations (R/A only)
4.1a	Complete needs analysis of cohort together with mapping of local provision and its quality, consulting with young people, parents/carers to identify gaps and to inform future commissioning priorities.	March 26		Needs analysis of the Preparing for Adulthood (PfA) cohort completed, as well as coproduction and service mapping.
4.1b	Ensure Local Offer includes planning for adulthood and information about access to higher education.	July 25		The PfA section within the local offer has been re-written and published, incorporating the data from rewritten factsheets which can be accessed for details on a variety of pathways.
4.1c	All EHCPs reference planning for adulthood preparations for all children from the age of 14 and above (at Y9 review) to appropriately identify those who will need the Planning for Adulthood Pathway.	June 25		All new EHCP plans have the PFA section included as part of the new template. In the upcoming phase transfer window (2026), 619 more plans (based on current live plans) will also have PfA reflected in them by March 31st, 2026.
4.1d	Establish transitions to provide support in preparing for adulthood, to progress into employment and training, apprenticeships and Supported internships.	Feb 26		Now complete following Deep Dive; further improvements to transitions will result from completion of action 4.1e.
4.1e	Embed Planning for Adulthood Pathway.	Feb 26		PfA was included in training delivered to SENCOs regarding the new EHCP annual review paperwork.

PIP5 – Transitions

Objective: Leaders across the partnership should establish and implement a strategic approach to high quality transitions for children and young people with SEND from Birth to 25.

Summary of progress: Key transition support has been implemented and is in the process of being embedded; this includes the digital solution and MDT meetings across education, health and social care, for children with complex needs. Transition conversations have commenced, and there is now a quarterly transition clinic held in Community Paediatrics and monthly transition MDT meeting held in CCNT. A new team in Adult Social Care has been launched to support children transferring from child to adult services. All primary schools and secondary schools are inputting transition data into 6into7, although cost concerns remain around the longer-term sustainability of the system.

PIP ACTIONS

Ref	Action	Date	RAG	Note and mitigations (R/A only)
5.1a	Implement electronic solution (“6into7”) to delivering personalised pupil pathways for transition and inclusion between primary and secondary schools.	March 27		It is reported that all primary schools are inputting transition data into 6into7, and all but one secondary school are using it.
5.1b	Co-produce with parents & carers best practice guidance & tools across the partnership, incorporating a graduated response.	Mar 25		
5.1c	Expand 6into7 for use at other points of transition: Early Years into Primary School, secondary school to college, college to adult life.	Sep 26		Still improvements to be made to ensure that schools are using it for more detailed sharing, with further investigation in set for 2025. Cost concerns affect long-term sustainability of system.
5.1d	Develop an enhanced transition pathway for children supported by SEND Health Visitors transitioning to being supported by the School Nursing Service.	Sep 25		Transition Standard Operating Procedures (SOPs) have been established across health services.
5.1e	Embed MDT meetings for children & young people being supported by the complex needs nurse (CCNT), Epilepsy Specialist Nurse, Continuing Health Care and District Nursing service.	June 25		Transition conversations have commenced, Quarterly transition clinic held in Community Paediatrics and monthly transition MDT meeting held in CCNT.
5.1f	All Health Services to begin conversations with children & young people at 14 years about transition to adult health services.	June 25		These conversations are taking place and being recorded.

PIP6 – EHC plan process

Objective: Leaders across the partnership should further improve the quality of the statutory EHC plan process. This should include: i) improving the quality of advice received from professionals as part of the needs assessment process; ii) improving the timeliness and quality of updated EHC plans following annual reviews; iii) improving appropriate social care contributions to EHC plans so that children and young people's social care needs are reflected more accurately; and iv) improving the focus on preparation for adulthood in children and young people's EHC plans so that their experiences and outcomes improve.

Summary of progress: Good progress made on PIP. EHC assessment advice contributions demonstrate compliance with the statutory assessment process. The EHCP contributions form on the system is now being used as reports are written. This process is taking place monthly as data quality on Liquidlogic is being quality assured before it is added to the scorecard. SENCOs are receiving training on new EHC plan template, which reflect needs and outcomes related to PfA. Training and quality of advice training for officers in the process of being rolled out and embedded.

PIP ACTIONS

Ref	Action	Date	RAG	Note and mitigations (R/A only)
6.1a	Ensuring more timely advice from professionals, particularly social care, through better use of more robust portal.	Dec 25		Portal now in place and being used by officers; training around compliance/quality of advice rolled out to officer – data on compliance under refinement
6.1b	Review the QA framework to ensure a robust single and multi-agency approach to audit and assurance and implement actions as required.	Sep 26		
6.1c	Review how the voice of children & young people is captured in, and used to inform, their plans and reviews and implement necessary actions.	Sep 25		Graduated approach progressing and a process review is underway; AFI1 will drive wider comms and engagement.
6.1d	Training on how to prepare a high quality EHCP with SMART outcomes.	Sep 25		
6.2a	Review the EHC Assessment and Review Team to ensure there is sufficient capacity for new EHCPs and to review and amend existing EHCPs, including a recovery plan to address current deficits.	Sep 25		Staffing numbers have increased, although new staff require training to be able to effectively support review process.
6.2b	Training for SENCOs on writing EHC assessment requests and delivering person-centred Annual Reviews.	Sep 25		

AFI1 – Communications

Objective: Leaders across the partnership should improve communication to professionals, parents and carers and children and young people so that their strategies, actions and impact are better understood and that trust in the SEND system improves. The partnership should ensure that the local offer is updated regularly to provide parents, carers and other stakeholders with sufficiently accurate information.

Summary of progress: A communications framework and steering group have been established to co-produce a long-term strategy, with key activities like newsletters and vlogs already in progress, supported by a new communications officer. The Changemakers group is actively contributing, with recent and upcoming sessions focused on the communications strategy, the Local Offer, and feedback on SEND-related topics. The full communications strategy is now targeted for completion by August 2025.

AFI ACTIONS				
Ref	Action	Date	RAG	Note and mitigations (R/A only)
7.1a	Review local SEND system communications.	June 25		Co-production visit held with Changemakers group, focussing on the comms strategy. Further sessions covered the Local Offer site's usability and statistics and gathered young people's views on EHCPs and SEN support. Findings presented to SIAB board.
7.1b	Develop a SEND Communication Strategy, using work to date on the Communication and Engagement Plan.	Sep 25		An initial framework has been developed to guide current communications, and to provide space to co-produce a longer-term communication strategy without detriment to delivering more immediate impact through comms activities.
7.2a	Complete revision of the Local Offer and develop system to monitor ongoing use/access.	June 25		Revised Local Offer launched and SEND newsletter resumed Oct 2024; newly recruited communications officer supporting working to monitor use and troubleshooting access issues.
7.2b	Ensure parents/carers understand the refreshed Transport Policy.	Sep 25		Policy updates and policy guidance provided and included in the survey that took place in May.

AFI2 – AP and EOTAS

Objective: Leaders across the partnership should continue to develop the range of suitable AP available to children and young people in Bury. Leaders should further embed the improved oversight of AP and EOTAS packages in Bury. They should publish the refreshed policy for EOTAS, providing support so that this policy is clearly understood.

Summary of progress: An Alternative Provision providers forum has been held, and providers have been asked to provide details of early intervention programmes that they can deliver in order to support young people to remain in school. Further training has taken place with case officers with regard to the EOTAS policy, Section 19 duties and Alternative Provision duties. A new format for an individual learning plan has been shared with providers and incorporated into the referral process in order to ensure that all placements have clear outcomes.

AFI ACTIONS

Ref	Action	Date	RAG	Note and mitigations (R/A only)
8.1a	Develop and finalise AP Strategy 2024-26, including Section 19 responsibilities and EOTAS.	Sep 25		AP strategy has been co-designed and is going through a period of final review and updating. Section 19 policy amended to ensure coherence with EOTAS policy.
8.1b	Rationalise existing processes to ensure single oversight of pupil placement, commissioning and quality assurance for AP and EOTAS.	Sep 25		Completed in October.
8.1c	Co-produce and confirm EOTAS Policy.	Sep 25		Co-produced EOTAS policy approved. Further training has taken place with case officers regarding the EOTAS policy, Section 19 duties and Alternative Provision duties
8.1d	Improve processes for considering new EOTAS package and reviewing existing ones through the annual review process.	June 25		Decision making on EOTAS status is now taken by a multi-agency panel and processes are in place to address issues raised through the co-production.
8.2a	Complete needs analysis.	Sep 25		Completed in January
8.2b	Renew procurement and update directory with new providers.	Sep 25		Completed in November – providers added to revised directory which has been re-issued.

AFI3 – Workforce development

Objective: Leaders across the partnership should work collaboratively to create a partnership-wide workforce development strategy. This should focus on coordinating training support and guidance to improve health, social care and education professionals’ ability to identify, assess and meet the needs of children and young people with SEND, from birth to 25.

Summary of progress: Progress on the action is being made, although challenges remain around building a workforce that can deliver on the vision for the future. Several engagement and co-design activities have taken place over the last 9 months to progress these areas, with the partnership pressing forward with strategic areas of workforce development that will deliver early impact.

AFI ACTIONS				
Ref	Action	Date	RAG	Note and mitigations (R/A only)
9.1a	Map current training offer across the partnership in relation to identification and meeting the needs of children with SEND and evaluate its effectiveness.	Sep 25		
9.1b	Develop Partnership Workforce Strategy.	June 26		A workforce strategy has been developed and approved. The strategy will continue to be developed to broaden its focus to the school workforce and the ‘informal’ workforce.
9.1c	Develop Partnership Learning & Development Plan.	Dec 25		Changemakers designing training for school staff on how to work with and talk to young people with additional needs and disabilities in education. This work is beginning in the summer term.

APPENDIX B:

Full risk register (June SIAB)

Risks – full risk register from June SIAB meeting (1/3)

PIP/ AFI	Area	Description	Date raised	Mitigation	Mitigation type	Latest update
PIP1	QA	Low number of auditors impacting on the timeliness of feedback from the QA process	23 April 2025	QA improvement processes to be put in place	Reduce	
PIP1	Capacity	Comms capacity gap potentially risks delivery to timescales of key activities within this area. This risks the delivery of impact in this area.	01 October 2024	Recruitment to key roles has been completed, but the level of communication and engagement required still puts pressure on partnerships ability to deliver ongoing and consistent communication support; a communications working session is planned for 28th to agree an ongoing plan to drive forward communications.	Avoid	
PIP1	Strategy one-pager	Strategy one-pager is delayed as further updates on strategy is required first, which was not built into the original plan. This risks the delivery of impact in this area.	01 November 2024	Approach to developing the one-pager to be simplified to focus on the original intention: documenting the key priorities built from the input and feedback we have received from children and families; and a single pager that captures the strategic elements of the SEND system and developments. This will be followed by a more holistic strategy to be delivered by the end of the year.	Reduce	Draft of the strategic vision is in development.
PIP2	Graduated Approach	Graduate Approach Toolkit updates delayed due to lack of capacity across different partner teams to provide updates for their specialist areas. This risks delivery timelines and delays the toolkits effectiveness in supporting all families.	01 November 2024	Following the deep dive a Graduated Approach Toolkit improvement plan has been created.	Acknowledge	Updates have increased on the Graduated Approach toolkit and this is having a positive impact. A long term solutions to improvement and content development is still required and will be due for discussion at the Theme 2 board in May.
PIP2	EPS service specification co-production	Qualified main grade EPS availability/capacity risks provision of the EPS service	01 November 2024	Further consultation has been conducted in respect of the EPS offer with families with a good response (54 families). Development of service plan running to 2028 to set the EP offer to parents and carers.	Reduce	
PIP2	Workforce	Inability to recruit suitably qualified and capable staff to key vacancies within the current funding	23 April 2025			
PIP2 / PIP4	Local Offer	Lack of capacity in key service professionals responsible for providing updates on the Local Offer creates a risk that updates will not be made in a timely way.	01 October 2024	Comms and engagement officer has introduced new processes to support timely updates in content and routes for escalation when needed.	Avoid	Updates have increased on the local offer and this is having a positive impact. A long term solutions to improvement and content development is still required and will be due for discussion at the Theme 2 board in May.

Note: closed risks not included in this table

Risks – full risk register from June SIAB meeting (2/3)

PIP/ AFI	Area	Description	Mitigation	Mitigation type	Latest update
PIP3	Demand and capacity challenges in health teams	<p>Loss of follow-up capacity to help mitigate the long wait times currently for the NCA, Community Paediatric services and Children's SALT. Long CAHMS waiting times risk children receiving the mental health care and support they need.</p> <p>Workforce deficits of registrars in the community paed team and CAMHS, risking stability of these services.</p> <p>Demand grows for health services and there are staffing shortages in several health services; lack of long-term solution for 18-25 Autism and ADHD pathway beyond this year. This could impact on the ability of services to deliver key support.</p> <p>Collectively the demand challenges risk limiting the impact wider improvements are having for children and families.</p>	<p>Where appropriate local staffing has been agreed in the short term to ensure the stability of services.</p> <p>The issues have been raised to Greater Manchester level and are being discussed and form part of ongoing reviews.</p> <p>Local programmes of work focussing on waiting times have</p>	Transfer	<p>For all areas no longer term plan has been agreed at this stage and continues to be discussed at Greater Manchester Level.</p> <p>Good progress being made on reducing waiting times; these will continue until waiting times reach target levels.</p>
PIP3	ND Pathway	Parents are not receiving the desired feedback from CAHMS/Paediatrics and are being bounced around the system. This is risking the ability to deliver the outcomes in this area.	This issue to be built into the new model	Reduce	
PIP5	12-into-13 service	12-into-13 solution: Communication challenges with 6-into-7 provider impacting on the ability to progress with wider age solutions.	Delivery Group to chase provider for response and escalate as required. If no response alternative solutions are to be pursued.	Avoid	Confirmation that this solution is not available. Initial alternatives have been identified but these are in development and it is unclear at this stage if these alternatives meet all of the requirements.
PIP6	Data systems	Limitations and issues with the EHCP data system, risking the ability for teams and management to plan effectively and prioritise how to best meet demand.	Additional staff currently working through data issues, with expected completion date in June.	Reduce	Data cleansing activity is currently taking place and due for completion in May.
PIP6	LA SEND team capacity	Lack of capacity in the LA SEND team to tackle demand and deliver improvements; including working with parents and schools on improvements and provision.	Resourcing and team development.	Reduce	While initial recruitment and team development has been completed further work is required. A new business case is in development for further workforce investment.

Note: closed risks not included in this table

Risks – full risk register from June SIAB meeting (3/3)

PIP/ AFI	Area	Description	Date raised	Mitigation	Mitigation type	Latest update
PIP6	Partnership Engagement	Risk that current membership and involvement in the QA process is not fully representative and this will impact on the effectiveness of the work.	01 November 2024	Partnership commitment / revised audit membership across all partner agencies	Avoid	The continued focus of the QA development has been focussed on the EHC team and process due to the opportunity to make significant improvements in this area first. This will be expanded to deliver a greater level of cross partner working during the late spring/early summer.
PIP5	5.1a - Implement electronic solution ("6into7") to delivering personalised pupil pathways	The LA have funded the software for three years: 2024, 2025, 2026. The SLA with Pupil Pathways (The Software Provider) is due to finish August 2026 for Year 6 into 7. At this point schools would collectively have to fund any continuation of the SLA. Indications are, that schools would be unwilling to do this. The three-year cost for SixIntoSeven was £30,000.	01-Jun-25			
PIP5	5.1c - Expand 6into7 for use at other points of transition	Even if the software owners develop this area, it is unclear whether funding can be committed to this.	01-May-25			
PIP5	5.1e - Embed MDT meetings for CYP	MDT meetings are held for CYP categorised as complex and for CYP with epilepsy. There is not capacity within the system to incorporate a wider cohort.	01-Jun-25			

Note: closed risks not included in this table