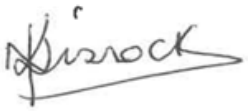
Annex A: Local SEND Reform Plan

Name of Local Authority: **Bury Metropolitan Borough Council**

Name of Integrated Care Board: **NHS Greater Manchester Integrated Care Board**

Local SEND Reform Plan SRO: **Ben Dunne**

Signatories

Role	Name	Signature	Email contact	Date
Chief Executive, Bury Council & Place Based Lead for Health and Care, NHS GM Bury	Lynne Ridsdale		L.Ridsdale@bury.gov.uk	19 June 2026
Acting Chief Executive, NHS GM	Professor Colin Scales		colin.scales1@nhs.net	19 June 2026
Executive Director of Children's Services, Bury Council	Jeanette Richards		J.Richards@bury.gov.uk	19 June 2026
Director of Finance, Bury Council	Neil Kissock		N.Kissock@bury.gov.uk	18 June 2026

Plan endorsed by Bury Locality Board on 1 June and SEND Improvement and Assurance Board on 11 June.

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*

500 words

Greater Manchester partners across education, health and care are committed to a consistent, collaborative approach to delivering SEND reform across all ten localities through a joined-up, financially sustainable system with strong governance, commissioning and delivery mechanisms to maximise shared resources, reduce duplication, and improve outcomes and experiences for children, young people, and families.

Bury's Local SEND Reform Plan sets out a three-year transformation programme that builds on the progress made over the past 2 years in addressing local systemic deficits to deliver a sustainable, inclusive 0–25 system where needs are identified early, supported rapidly, and children and young people thrive in local mainstream settings wherever possible. Despite the progress made, through late 2025 and early 2026, we have experienced (re)growing demand for assessments, EHCPs and special school placements and we recognise that the cost of the current local provision for children with SEND is not financially sustainable. We welcome the breadth, ambition and clarity of the national reforms. From our own experience, we know that building parental confidence will be key to successful delivery of the reforms and we welcome the guarantees and phased implementation in the national plans.

The central pillar of the plan will be the continued growth and extension of our existing **Communities of Practice** to fully develop a robust **Experts at Hand (EAH)** 'team around the school' model. Our **Communities of Practice,** launched in autumn 2025, bring schools, families, and professionals together to share ideas, solve challenges, and improve outcomes for children and young people. **Communities**

of Practice are organised around Bury's FIVE neighbourhood model areas. Each area offers seamless connectivity with neighbourhood health service and is supported by a wider team of link Local Authority Officers, facilitated by a Community Educational Psychologist. The national reforms offer a once in a generation opportunity to extend this approach to fully include Health and Social Care services and connect the work of Mental Health Support Teams, Occupational Therapists and Speech and Language specialists across Bury's educational settings.

Our transformation will be driven by the four building blocks outlined by the DfE:

1. **Strengthening inclusion across settings**
2. **Improving access to specialist support & local placements**
3. **System leadership/partnerships and co-production**, and
4. **Inclusive culture and behaviours**, enabled by capital, workforce, and data/digital transformation.

Our local Programme of Work for the next 3 years will be chiefly focused on three key strands:

- Continued development of our Graduated Approach through the Ordinarily Available Inclusive Provision (OAIP) offer
- Development and delivery of the Expert at Hand model locally in Bury, nested in a wider linked officer model designed to simplify the seeking and provision of support to schools
- Development and reconfiguration of local targeted, targeted plus and specialist school-based support in Bury

Governance of progress in delivering the transformation plan will be overseen by the Local Area SEND Partnership Board that we expect will grow from the existing SEND Improvement and Assurance Board (SIAB). The SEND Partnership Board will be the collective custodian of system leadership and supporting system-wide inclusive cultures and behaviours. Its work will be supported by robust Data and Performance, Joint Commissioning, Quality Assurance and Communication groups.

The recent monitoring inspection of Bury recognised the positive progress made and the significant cultural change achieved locally within the council, education, and health systems over the past two years. Our established SEND partnership infrastructure, leadership, innovative approach to supporting schools; and our track record of working collaboratively with local children and parents puts us in a strong position to turn national design into consistent local delivery. We have delivered substantial positive improvement in Bury through the past two years and are confident that we can continue to drive transformational change to improve the lives of children and their families.

Finally, this document covers the period when the cornerstones for the national reforms will be put in place in Bury (2026 to 2029). The following period (2029 to 2035) when changes in provision for individual children will progressively rebalance the system away from over-dependence on specialist provision and EHCPs lies beyond the period covered by the plan. When considering the document and the accompanying data template, it is important to bear this fact in mind.

(695 words)

Section 1 – Vision and Goals

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

250 words

Bury's local area partnership is committed to creating a positive and sustainable future for children and young people with SEND. Our vision is for a needs-led, inclusive 0-25 system where children and young people are identified early, supported appropriately and enabled to thrive in their local communities. This vision has been co-produced with children and young people with SEND, parents and carers via our parent and carer forum, education, health and social care partners.

Our goal is to work together to enable children, young people and families to take control of their lives, access the right support at the right time, and reach their potential. The outcomes we are striving to deliver are those defined by children and young people themselves: feeling safe; feeling healthy and well; having fun and independence; having a voice and being heard; and feeling being included at home, in school and within their community.

Over the next three years, the partnership will:

- Improve outcomes for children and young people through stronger inclusion in mainstream settings, earlier identification of need and better access to specialist expertise *(see specific measures on inclusion and outcomes in section 3)*
- Strengthen and build upon needs-led approaches and pathways for families and children and young people
- Increase confidence of parents, carers and young people through consistent co-production, clearer communication and improved lived experience. *(see specific measures on system confidence in section 3)*
- Further strengthen system leadership and shared accountability across education, health and care.

The partnership will also put in place the building blocks to:

- Improve value for money and financial sustainability by investing in early intervention, local capacity and inclusive provision, reducing reliance on high-cost specialist placements *(see specific value for money measures in section 3, which we do not expect to show improvement during the three years covered by the plan, but will be critical measures of success in the following 5 years)*

(319 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 **Strengthening inclusion across settings** • Embed OAIP across all settings • Expand Communities of Practice into Experts at Hand (EAH) • Deliver Inclusion Charter **Access to specialist support and local placements** • Implement single access EAH model • Deliver SEND Sufficiency Strategy and inclusion bases • Strengthening pathways and transitions **System leadership and co-production** • SIAB transition to SEND Partnership Board • Embed co-production and communication **Inclusive culture and behaviours** • Agree and embed Bury inclusion collective values • Cross-phase and cross-sector system-wide leadership • Reduce exclusions and suspensions and improve attendance **Enablers** **Capital:** inclusion bases and adaptations **Workforce:** CPD, outreach, neighbourhood teams **Data:** dashboards and integrated datasets	Bury has made strong progress over the past two years. **Working well** • Strong partnership governance • Established Communities of Practice • Clear strategy through Education & Inclusion • SEND Strategy • Improved multi-agency working **What needs to improve** • Variability in inclusive practice • Complex access to specialist support • High demand for specialist placements • Variable parental confidence • Workforce pressures **Enablers** • Capital and sufficiency plans not fully developed or fully scaled • Workforce development improving but inconsistent • Data systems require integration (Power BI)	**By 2029/30 Bury will have a fully integrated 0–25 SEND system** • Families will have access to advice and guidance through a range of digital offers including sleep support • Families' schools and services will have access to coproduced strength-based assessments (Neuro profiling tool kits) • Families will have access to early support offers and evidence-based support without the need for diagnosis. • All education establishments in Bury will have access to MHST in accordance with NHSE expectations • Reduction in waiting times for specialist support and assessments **Experts at Hand** • Fully operational in all neighbourhoods, delivering a consistent 0-25 support model and across all settings to strengthen existing education, health and care services through coordinated multi-agency support • Embedded inclusive practice in mainstream settings • Strengthened local provision reducing out-of-area placements • Clear joined-up pathways across transitions, improving continuity for children, young people and families. **System outcomes** • Improved attendance and reduced exclusions • Needs met earlier with less escalation • Increased parental confidence • Skilled and confident workforce

		• Financial sustainability through early intervention **In summary** • Mainstream-first inclusive system • Strong partnership and co-production • Improved outcomes and value for money
Success measures *System Confidence* 1. Requests for EHCP Assessment (rolling 12 month count) 2. Number of new EHCPs issued (rolling 12 mth count) 3. Number of current EHCPs for children aged under 5 years 4. Number of children with EHCPs outside of school system (EHE, EOTAS) 5. % of new EHCPs issued within 20 weeks 6. Number of mediations per 100 EHCP requests 7. Proportion of mediations leading to tribunal 8. Waiting time measures for relevant health therapies *Inclusion* 9. Persistent absence for children with identified SEND (Pri/Sec) 10. Attendance for children with identified SEND (Pri/Sec)	**Baseline** *System Confidence* 1. Requests for EHCP Assessment (rolling 12 mth count): 622 2. Number of new EHCPs issued (rolling 12 mth count): 402 3. Number of current EHCPs for children aged under 5 years: 100 4. Number of children with EHCPs outside of school system (EHE, EOTAS): 113 5. % of new EHCPs issued within 20 weeks: 85% 6. Number of mediations per 100 EHCP requests: 14 7. Proportion of mediations leading to tribunal: 3% 8. Waiting time measures for relevant health therapies: TBC *Inclusion* 9. a) Persistent absence for children with identified SEND (Pri) : 21.3% b) Persistent absence for children with identified SEND (Sec) : 39.4%	**Target Metrics** *System Confidence* 1. Requests for EHCP Assessment (rolling 12 mth count): 465 2. Number of new EHCPs issued (rolling 12 mth count): 300 3. Number of current EHCPs for children aged under 5 years: 100 4. Number of children with EHCPs outside of school system (EHE, EOTAS): 142 5. % of new EHCPs issued within 20 weeks: 85% 6. Number of mediations per 100 EHCP requests: 14 7. Proportion of mediations leading to tribunal: 3% 8. Waiting time measures for relevant health therapies: TBC *Inclusion* 9. a) Persistent absence for children with identified SEND (Pri) : 19% b) Persistent absence for children with identified SEND (Sec) : 36%

11. Suspensions of children with identified SEND (Pri/Sec) 12. Permanence exclusions for children with identified SEND (Pri/Sec) 13. % of 16- and 17-year-olds with identified SEND who are in education, employment or training (EET). *Outcomes* 14. KS2 @ expected in R, W & M for children with identified SEND 15. GCSE – A8 and P8 for children with identified SEND 16. Achievement @ 19 – level 2 and level 3 – for young people with identified SEND at the end of their school career *Value for Money* 17. Number of EHCPs maintained per 1,000 4 to19 year olds. 18. Number of children and young people with EHCPs educated in independent and non-maintained special schools and colleges. 19. Percentage of children with EHCPs educated in a mainstream school or college. 20. Total High needs block spend per head of population (4 to 19 years old).	10. a) Attendance for children with identified SEND (Pri) : 92.4% b) Attendance for children with identified SEND (Sec): 85.3% 11. a) Suspensions per 1000 children with identified SEND (Pri) : 14 b) Suspension rate per 1000 children with identified SEND (Sec): 226 12. a) Permanent exclusions for children with identified SEND (Pri): 0.42 b) Permanent exclusions for children with identified SEND (Sec): 2.71 13. % of 16- and 17-year-olds with identified SEND who are in education, employment or training (EET). 78% *Outcomes* 14. a) KS2 @ expected in R, W & M for children with identified SEND – EHCPs: 11% b) KS2 @ expected in R, W & M for children with identified SEND - SEN Support: 30% 15. a) GCSE – A8 for children with identified SEND – EHCPs: 14.6 b) GCSE – A8 for children with identified SEND - SEN Support: 33.9 c) GCSE – P8 for children with identified SEND – EHCPs: -0.95 d) GCSE – P8 for children with identified SEND - SEN Support: -0.5 16. a) Achievement @ 19 – level 2 – for young people with identified SEND at	10. a) Attendance for children with identified SEND (Pri) : 93% b) Attendance for children with identified SEND (Sec): 86.5% 11. a) Suspension rate per 1000 children with identified SEND (Pri) : 12 b) Suspension rate per 1000 children with identified SEND (Sec): 150 12. a) Permanent exclusion rate for children with identified SEND (Pri): 0.21 b) Permanent exclusions for children with identified SEND (Sec): 1.5 13. % of 16- and 17-year-olds with identified SEND who are in education, employment or training (EET). 84% *Outcomes* 14. a) KS2 @ expected in R, W & M for children with identified SEND – EHCPs: 13% b) KS2 @ expected in R, W & M for children with identified SEND - SEN Support: 34% 15. a) GCSE – A8 for children with identified SEND – EHCPs: 16.8 b) GCSE – A8 for children with identified SEND - SEN Support: 36.1 c) GCSE – P8 for children with identified SEND – EHCPs: -0.70 d) GCSE – P8 for children with identified SEND - SEN Support: -0.4

21. Total High needs block spend per child or young person with an EHCP.	the end of their school career – EHCPs: 34% b) Achievement @ 19 – level 2 – for young people with identified SEND at the end of their school career – SEN Support: 72% c) Achievement @ 19 – level 3 – for young people with identified SEND at the end of their school career – EHCPs: 21% d) Achievement @ 19 – level 3 – for young people with identified SEND at the end of their school career - SEN Support: 40% *Value for Money* 17. Number of EHCPs maintained per 1,000 5 to 19 year olds: 78 18. Number of children and young people with EHCPs educated in independent and non-maintained special schools and colleges: 253 19. Percentage of children with EHCPs aged 5 to 18 yrs of age educated in a mainstream school or college: 59% 20. Total High Needs block spend per head of population (0 to 25 years old): £969 21. Total High needs block spend per child or young person with an EHCP: £18,510	16. a) Achievement @ 19 – level 2 – for young people with identified SEND at the end of their school career – EHCPs: 36% b) Achievement @ 19 – level 2 – for young people with identified SEND at the end of their school career – SEN Support: 75% c) Achievement @ 19 – level 3 – for young people with identified SEND at the end of their school career – EHCPs: 24% d) Achievement @ 19 – level 3 – for young people with identified SEND at the end of their school career - SEN Support: 42% *Value for Money* 17. Number of EHCPs maintained per 1,000 5 to 19 year olds: 97 18. Number of children and young people with EHCPs educated in independent and non-maintained special schools and colleges: 238 19. Percentage of children with EHCPs aged 5 to 18 yrs of age educated in a mainstream school or college: 61% 20. Total High Needs block spend per head of population (4 to 19 years old): £1,236 21. Total High needs block spend per child or young person with an EHCP: £18,783

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

250 words

Bury's SEND partnership has delivered substantial change over the past 2 years. This has been achieved through focusing on the child and taking tangible, concrete actions to improve services and change the culture within Bury away from one that led to escalation towards one focused on the support available to children in mainstream schools. Over the next three years, using the national reforms as our delivery vehicle, we will seek to develop this further, focusing on supporting inclusion and continuing to improve the outcomes achieved by children with SEND in mainstream primary and secondary schools *(see lead success measures at the end of section 5)*.

Our Improvement and Assurance Board has tracked progress at a granular level and provided a forum for robust, constructive dialogue. After our recent positive inspection, we feel well equipped and well placed for the next stage of our journey: implementing an ambitious national reform programme that is highly congruent with our Education and Inclusion strategy.

Our strategy for delivery will focus on:

1. delivery of the full **Expert at Hand** model locally in Bury, nested in a wider linked officer model designed to simplify the seeking and provision of support to schools; and
2. development of local targeted plus **(inclusion bases)** within mainstream schools; and specialist school-based support in Bury.

We will also continue to embed consistent, inclusive practice through our OAIP work and our Inclusion Charter. Workforce capability will be further strengthened by joining specialist Outreach support teams with the expertise within local Special Schools and Alternative provision and the wider Expert at Hand offer.

Governance will sit with the SEND Partnership Board, with a **Senior Responsible Officer (SRO**) responsible for overall delivery of the programme. The work of the Board will be supported by a Data and Performance subgroup and a Joint Commissioning Group.

(301 words)

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

Bury Local 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: Building Foundations for SEND Reform** *Establish strong partnership foundations, governance, and shared priorities whilst identifying and designing opportunities based on what is working well to enable sustainable SEND reform.*	**2027-28: Embedding and Scaling** *Embed reforms consistently across the system and scale effective practice to improve experiences and outcomes.*	**2028-29: Maturity, Impact and Sustainability** *Deliver sustained improvements, in inclusion, wellbeing and attainment and preparation for adulthood through a stable, high quality and financially sustainable SEND system.*
Building block 1: Strengthening inclusion across education settings	**Sharing understanding of inclusion across the borough** Informed by the Maturity Assessment, which identified variation in inclusive practice, this will develop a shared understanding of inclusion, underpinned by a co-produced Inclusion Charter.	**Embedding shared expectations of inclusion** Building on the Charter and shared definition of inclusion established in year 1, embed agreed principles of inclusive practice across all educational phases through leadership and governance arrangements,	**Consistent inclusive practice across the borough** Building on embedded Charter principles and shared expectation, the SEND system operates as a fully integrated high-performing partnership delivering consistently improved outcomes, experiences, with financial sustainability embedded.

	Co-produce a consistent borough-wide engagement programme that will include workshops, surveys and education setting feedback to gather views on what inclusion, 'looks like, feels like' from: • Children, young people • Parents, carers & families • Schools, early years, post-16 and alternative provision • Health, social care and VCSE partners Local Area partners formally agree a definition of inclusion, including: • Core principles & values • Expectations for all educational settings • Shared responsibilities across education, health and care Co-produce and launch a Local Area partnership Inclusion Charter, setting out shared values, shared responsibilities and ambitions, with partner sign-up to the Charter. Ensure all educational phases (early years, mainstream, alternative provision and post-16) are included from the outset, with consistent expectations for inclusive practice. Establish clear mediation and disagreement resolution pathways, improving early communication with families to mitigate and reduce escalation. Begin to consider travel and transport impacts in placement and inclusion planning, supporting more children and young people to be educated locally.	Align support and challenge across the system, integrating inclusive practice into school improvement, alternative provision oversight and post-16 quality frameworks. Strengthen workforce development, ensuring staff across all sectors have the skills and confidence to deliver inclusive practice. Continue to strengthen local, inclusive provision to reduce reliance on distant placements and improve travel and transport outcomes. Agree high-level indicators for how improved inclusion will be measured over Years 2 and 3, including regular feedback which will evidence increasing confidence in inclusion.	High quality inclusive practice is demonstrated consistently across all settings, underpinned by a shared and embedded understanding of inclusion. Feedback from children, young people and impact measured through increased parental confidence and satisfaction measured through regular feedback, including an annual survey.

	Establishing inclusive practice embedded across educational settings Responding to the Maturity Assessment findings of inconsistent practice and variation between settings, this will drive a consistent borough wide approach. Further embed our coproduced Ordinarily Available Inclusive Provision (OAIP), aligned with Greater Manchester principles, and as the baseline expectation across early years, mainstream and post-16 settings. Clear, shared messaging agreed, to ensure that OAIP is 'what good inclusion looks like every day' moving from pockets of practice to wider system adoption. Deliver targeted borough-wide programme • Targeted borough-wide programme delivered to strengthen: • Leader and practitioner confidence in applying OAIP • Consistent interpretation across phases and settings • Common language and thresholds agreed, reducing variation in expectations between schools and services. Extend OAIP expectations to support inclusion in alternative provision and transitions across phase, ensuring consistency in practice and decision making.	**Embedding inclusive practice across educational settings** OAIP moves from early adoption and supported to embed OAIP within: • Whole-school inclusion strategies • Classroom practice and reasonable adjustments • SEN support decision-making • OAIP expectations reflected in conversations between schools, LA, health and partners. Strengthen the implementation of the graduated approach and supporting tool kit, ensuring it is well understood and consistency applied and used effectively to identify, assess, plan, implement and review and is demonstrated consistently within requests for Education, Health and Care Needs Assessment (EHCNA).	**Inclusive practice embedded across educational settings** OAIP is increasingly referenced in SEN support planning and professional dialogue, with reduced variation in what families can expect from mainstream inclusion. Exemplars of strong inclusive practice identified and shared across the borough and supported through peer learning, evident through a reduced reliance on individual settings or champions driving inclusion alone. OAIP is clearly aligned with: • SEN support and processes • Early Help and graduated approach • Expectations prior to statutory assessment • Improved clarity for families about what should ordinarily be available through mainstream provision. Schools show greater confidence in meeting need without immediate escalation to statutory assessment. Statutory assessment requests increasingly demonstrate clear, proportionate evidence of graduated support at SEN Support stage.
	Establish expert support through a connected local model Responding to Maturity assessment findings of variable partnership working and integration across education health and care we will develop the **Experts at Hand (EaH)**	**Embedding a consistent connected model of expert support** Strengthen connectivity between schools and wider partners to support joined up responses to '*commonly occurring'* needs.	**A fully embedded model of expert support** EaH is a trusted part of the SEND system, with evidence of impact and inclusion, early support and reduced reliance on specialist and statutory services.

	model, building on Bury's established locality-based education Communities of Practice and extending them to include wider council services and health partners. The model creates a connected, neighbourhood based approach aligned to Council and ICB place areas, strengthening the existing education offer and establishing a consistent Team Around the School as the primary route to trusted expertise, early support and shared problem-solving across all educational settings to ensure that schools experience clearer, more coordinated access to local expertise, with increasing confidence that education, council and health partners are working together through a consistent, neighbourhood-based Team Around the School approach, including improved feedback from families, captured through a combination of targeted engagement and feedback routes. Use consultation and engagement with alternative provision and post-16 settings, alongside emerging EaH guidance to determine how the model will develop and shape future evolution and extension. By the end of Q4 2026/27 the partnership will agree a Bury Universal Offer Agreement- based on the currently understood graduated approach documentation, further co-developed with schools, MATs, early years, post-16 providers, NHS GM ICB and Bury2Gether. The agreement will define what should be ordinarily available	Experts at Hand operating consistently across all localities, with education, council and health partners working routinely together to support schools, strengthening inclusive practice and reducing the need for escalation to specialist and statutory services. Scale the EaH offer across neighbourhoods building on learning from early implementation and any forthcoming guidance, after year one. Including enhancing collaborative working between outreach teams and specialist schools and Alternative Provision (AP). This will result in more consistent and timely access to joined up support and increasing confidence from schools, families, captured through targeted engagement, existing feedback mechanisms and an annual survey.	Education, health and care partners work seamlessly together through a coordinated Team around the School approach, delivering consistent high-quality support across all localities. Children, young people and families experience co-ordinated, timely support, with sustained improvements in confidence, and satisfaction evidenced through feedback, including annual surveys.

	across all settings, aligned to national inclusion standards as they emerge, and will be reviewed annually using needs, outcomes, complaints, engagement and EHCNA data.		
	Building a skilled, trained local area workforce Responding to Maturity Assessment findings of variable workforce confidence and the need for more coordinated multi-agency training, we will build on the established Local Area Partnership Workforce Strategy, ensuring delivery aligns with the SEND reform priorities. Use the completed partnership-wide CPD mapping to identify strengths, gaps and duplication across education, health and care. Identify and scope opportunities for more joined-up and co-delivered CPD across partners, including joint education and health training offers. Strengthen shared understanding of inclusive practice, early identification and early support, laying foundations for improved workforce confidence and capability across all phases and settings, including alternative provision and post-16.	**Embedding a consistent skilled local area workforce** Use learning from the partnership-wide CPD mapping to align and coordinate workforce development activity. Scale opportunities for joined up and co-delivered CPD, across education, health and care. Embed delivery of the Local Area Workforce Strategy, ensuring SEND reform priorities are reflected consistently across education, health and care. Embed and scale workforce development, delivering coordinated CPD aligned to inclusive practice and early support, multi-agency resolution and mediation, to all settings, including alternative provision and post-16 This will result in increased confidence and more consistent inclusive practice across setting, with improved feedback from practitioners and families on the quality and joined-up nature of support, captured through existing feedback routes and an annual survey.	**Sustaining a Skilled, trained local area workforce** A skilled and confident workforce is supported through a sustained, partnership wide approach to continuous professional development induction and ongoing learning activities across education. Health and care. The Local Area Workforce Strategy is embedded with joined up and co-delivered CPD forming part of routine practice, ensuring new and existing staff develop a consistent understanding of inclusive practice early support and pathways. Workforce confidence and capability continue to strengthen through ongoing peer support, leadership development and Experts at Hand model. This results in increasingly consistent practice across settings and sustained improvements in the experiences of children, young people and families, with feedback captured through existing routes, annual survey and data impact measures.
	Strengthening the use data and intelligence to support inclusive practice Responding to the Maturity Assessment findings of inconsistent use of data and limited integration of qualitative and	**Embedding consistent use of data and intelligence to support inclusive practice** Embed consistent use of the schools, oversight tracker across the system, ensuring agreed inclusion measures are	**Sustained data-informed inclusive practice across the borough.** Agreed data and intelligence, including oversight measures to

	qualitative intelligence this will strengthen a shared understanding of inclusive practice across the partnership. Build on the established Schools Oversight Tracker, an existing data tool that brings together key inclusion measures, including inspection outcomes, SEND and EHCP data, engagement with partnership activity, attendance and exclusions – to strengthen system understanding of practice, consistency and impact across schools. Explore opportunities to align and enhance oversight measures across education, health and care to support a shared understanding of inclusive practice. Use insight data to inform governance, support and improvement conversations, shaping priorities, for embedding and scaling later phases.	routinely understood and used by leaders and partners. Use data to identify variation target support and scale effective inclusive practice, to reduce inconsistencies. This will result in more consistent data informed decision making across the partnership, with improving confidence from schools and families that support is targeted and effective. .	evidence sustained improvements in inclusive practice, early support and outcomes and which is evidenced through Quality Assurance outcomes. This results in sustained, high-quality inclusive practice across the borough, with clear evidence of improved outcomes and experiences for children, young people and families, supported by feedback from schools and families, including annual surveys.
Building block 2: Improving access to specialist support and local placements	**Understanding need, capacity and pathways** Responding to Maturity Assessment findings of gaps in understanding need, sufficiency and joint commissioning, this will strengthen a shared understanding of need, capacity and access. Build on the established SEND Sufficiency Dashboard, completing and strengthening the data required to provide a robust, up-to-date overview of need, capacity and demand across specialist provision.	**Timely access to specialist support and local provision** Use sufficiency intelligence to prioritise and implement development of local specialist provision and services, addressing identified gaps and risks. Demonstrate year-on-year measurable reduce reliance on out-of-area, independent placements and high-cost placements, where appropriate, improving local placement availability and stability.	**A sustainable specialist system with timely and equitable access** A sufficient and sustainable range of local specialist provision and support is in place, informed by robust sufficiency intelligence and sustained delivery of the SEND Sufficiency Strategy. Children and young people experience timely, consistent and equitable access to specialist support through clear, well understood pathways across education, health and care as measured by partnership qualitative metrics.

	The partnership will complete a 0–5 SEND sufficiency assessment by Q3 2026/27, covering overall childcare availability, specialist SEND early years places, non-maintained sector participation, complex/emerging need, waiting times and transition pressure. Best Start Family Hubs and the wider Early Years Service offer will support early identification, family advice, health visiting links, signposting to SEND support and integrated transition planning into reception. Finalise the SEND Sufficiency Strategy, including sufficiency plans already developed through the Project safety Valve (PSV), to establish a shared system understanding of current and future placement needs, ensuring alignment with inclusion, early intervention and sustainability ambitions. Include consideration of travel and transport impacts within sufficiency planning, supporting more local placements and reducing reliance on distant placements. Developed in partnership with Bury2Gether (PCF) a simple accessible visual delivery roadmap to help families understand the sufficiency programme, what is changing and when. Finalise our 'child pathways' on a page, including post 16 pathway, to support informed decision making and smoother transitions. Mobilise the next phase of the SEND capital programme, identifying priority sites for inclusion bases and mainstream	Use sufficiency data to monitor progress, manage risk and inform system leadership decision-making. Embed a shared, clear understanding of access routes, thresholds and pathways into specialist support across education, health and care. Implement improvements informed by family and young people's feedback, addressing barriers to timely access. SEND Partnership Board and quarterly DfE returns to track progress.	Reliance on out-of-area and independent placements is reduced and well-managed, with improved placement stability and stronger local options wherever appropriate. Specialist support is fully aligned with inclusive practice, OAIP, the graduated approach and Experts at Hand, ensuring the right level of support is available at the right time. System-wide data and insight demonstrate sustained improvement in access, outcomes and experience for children, young people and families, supporting long-term financial and operational sustainability.

	adaptations, together with rigorous quality assurance mechanisms. Strengthen joint commissioning arrangements to ensure SEND commissioning is aligned with inclusion, early intervention and SEND sufficiency priorities, building on sufficiency data and plans developed through PSV. Build on the existing targeted education offer, mapping how access routes and thresholds align (or differ) across education, health and care. Use insight from Communities of Practice to test how access works in practice and where clarity or confidence varies. Engage children, young people and families to understand barriers to accessing the right specialist support at the right time, using feedback from Bury2Gether (PCF) and Changemakers to inform pathway clarity and improvement. Use this learning to agree clearer, shared expectations for access to specialist support across the local area. Develop mediation routes and routes to resolution within pathway design, ensuring clarity for families.		
Building block 3: System leadership, local partnership collaboration and co-production	**Strengthening governance and partnership leadership in response to Maturity Assessment findings of developing governance and strengthen strategic oversight and partnership accountability.**	**Embedding system leadership, governance and confidence** Embed the SEND Partnership Board as the primary vehicle for driving and assuring delivery of SEND reforms, with clear oversight of progress, impact and risk.	**Confident system leadership, strong governance and trusted partnerships** The SEND Partnership Board operates as a mature, highly effective system leadership forum, providing clear strategic direction, accountability and assurance of impact across the SEND system.

	Further embed the SEND Partnership Board as the strategic oversight body for SEND reforms, providing clear leadership, accountability and direction, with named SRO oversight. Strengthen cross-phase and cross-sector representation, ensuring education, health, care, early years, post-16 and the voluntary sector are fully engaged in system leadership. Clarify roles, responsibilities and decision-making pathways to support effective delivery of the SEND reform programme.	Strengthen cross-phase and cross-sector system leadership, ensuring consistent engagement and shared ownership across education, health, social care and the voluntary sector. Use governance arrangements to support challenge, learning and improvement, ensuring reforms are implemented consistently across the local area.	Cross-phase and cross-sector collaboration is embedded as business as usual, with education, health, care and the voluntary sector working together consistently to deliver improved outcomes.
	Embedding co-production and shared values Responding to the Maturity Assessment that co-production is emerging, this will strengthen a systemic meaningful approach to engagement across the partnership Finalise and embed the SEND Co-production Charter across the partnership, strengthening shared expectations for how children, young people and families are involved in shaping SEND services. Further co-produce our interim SEND Communications Approach into a Strategy, strengthening clear, consistent and accessible communication with system partners, children, families and communities. Co-produce the Reforms Plan on a Page in partnership with Bury2Gether (PCF) to	**Embedding co-production and clear consistent communication as business as usual** Embed the principles of the Co-production Charter across SEND governance and improvement activity, ensuring co-production is routine rather than exceptional. Ensure meaningful and representative involvement of children, young people and families in shaping, reviewing and improving SEND services and pathways. Use insight from engagement, feedback and complaints to address inconsistencies and build confidence in mainstream inclusion and SEND pathways.	Co-production is fully embedded, with children, young people and families playing an active and meaningful role in shaping, reviewing and improving SEND services and pathways. Communication with children, families and communities is clear, accessible and trusted, supported by well-embedded tools such as the SEND Reforms Plan on a Page and Child Pathways on a Page, including post-16 pathways. Parent and family confidence in mainstream inclusion and SEND pathways is demonstrably improved, with insight from engagement, feedback and complaints routinely used to strengthen consistency, transparency and responsiveness.

	provide a clear, simple overview of priorities, progress and future direction. Clearly articulate the cross-cutting strategies, values and vision that underpin SEND reforms, bringing together inclusion, early intervention, sufficiency and sustainability. Develop a more comprehensive understanding of parent and family confidence in mainstream inclusion through strengthened engagement, co-production and enhanced feedback mechanisms from key stakeholders, including children and young people, parents and carers, schools and practitioners, and voluntary sector partners. This will include extending existing routes such as SENDIASS and mediation to function as proactive relationship-building tools, alongside the introduction of more systematic and inclusive feedback channels ensuring insight is routinely captured, analysed and used to inform continuous system improvement. SENDIASS will be promoted as the independent information, advice and support route for families throughout the period of reform implementation. In preparation for the reforms and to build confidence within the local area, the partnership will review SENDIASS against minimum service standards in 2026/27, publish clear independence safeguards, monitor access, timeliness, satisfaction and outcomes, and ensure mediation communications always explain that SENDIASS advice is wholly independent of LA decision-making.		

Building block 4: Encouraging inclusive culture & behaviours	**Inclusion – Belonging, trust and engagement** Responding to Maturity assessment and cross cutting pillars of co-production and partnership relations: Establish a shared understanding that relational inclusion underpins all effective inclusive practice, recognising the importance of trust, safety, belonging and emotional wellbeing. Co-produce a relational 'Barriers to Education' Pathway with children, young people, families and schools, testing the Co-production Charter in practice and using real-world learning to shape inclusive, trust-based system responses. Embed Reasonable Adjustment training for school leaders, delivered through the Changemakers group, building on a young person-led, co-produced programme currently being piloted with selected schools, grounding leadership decision-making in lived experience. Align relational inclusion approaches with Communities of Practice, Experts at Hand and neighbourhood working to support early, trust-based responses.	**Strengthening leadership confidence to make inclusive decisions that prioritise relationships, trust and belonging alongside academic progress** Embed the co-produced Barriers to Education Pathway across education, health and care, using learning from testing with schools, children and families. Scale relational responses to EBSA, recognising barriers to education as indicators of unmet need and supporting earlier, more compassionate intervention. Embed Reasonable Adjustment leadership practice, building on the young person-led training piloted through the Changemakers group. Strengthen multi-agency, trust-based working so children and families experience a consistent, relational response rather than fragmented services. Use lived experience, feedback and learning to improve consistency, confidence and belonging across settings.	**Inclusion in Bury is grounded in relationships. Strong, trusting relationships between children, families and professionals are the foundation for engagement, learning, wellbeing and positive outcomes.** Relational inclusion is embedded as business as usual, shaping leadership behaviour and everyday practice across education, health and care. Barriers to education, including EBSA, are recognised and responded to early as indicators of unmet need, reducing escalation and prolonged disengagement. Schools are confident to sustain engagement through reasonable adjustments, trust-based relationships and inclusive leadership. Children, young people and families experience a stronger sense of belonging, trust and emotional safety in education settings as evidenced by more systematic and inclusive feedback channels ensuring insight is routinely captured, analysed and used to inform continuous system improvement. Relational approaches support long-term inclusion, wellbeing and sustainable outcomes across the SEND system.
ENABLERS	Robust SEND Reform Programme architecture, aligning delivery planning, milestones, governance, risk and benefits tracking with Inclusion, Sufficiency, Improvement, Workforce and Safety Valve priorities with clear financial accountability and oversight.	A mature and embedded SEND Reform Programme architecture, driving consistent delivery, performance, and benefits realisation across Inclusion, Sufficiency, Improvement, Workforce and Safety Valve priorities, with strengthened financial grip and accountability.	Highly integrated and mature multi-agency partnership working across education, health and social care, delivering seamless system leadership, aligned commissioning and collective accountability for outcomes, experience and resource use.

	Effective risk management arrangements, identifying delivery risks early and implement system-wide mitigation plans. Well established multi-agency partnerships across education, health and social care, to support integrated planning, shared ownership and collective accountability for SEND outcomes. Meaningful engagement with parents, carers, children and young people, ensuring their views inform decision-making and service development. Co-production as a core principle, working in partnership with families and stakeholders to design, deliver and review services.	Proactive and intelligence-led risk management, with system partners routinely identifying, monitoring and mitigating risks, and adapting delivery in response to emerging pressures and performance insights. Highly effective multi-agency partnership working across education, health and social care, enabling fully integrated planning, joint commissioning and shared accountability for outcomes and resource use. Embedded and systematic engagement with parents, carers, children and young people, with clear evidence that lived experience is shaping service design, delivery and continuous improvement. Co-production is consistently applied in practice across services and programmes, with families and stakeholders actively influencing decision-making, evaluation and redesign of SEND provision.	Fully embedded and influential engagement with parents, carers, children and young people, with clear and consistent evidence that lived experience shapes strategic direction, service delivery and system-wide improvement. Co-production established as standard practice across services and programmes, with families and stakeholders acting as equal partners in design, delivery, evaluation and continuous improvement of SEND provision.
Capital	Co-produce with schools a Capital Plan, which will: • Finalise and mobilise priority SEND capital schemes (including inclusion bases and mainstream adaptations). • Align capital investment with SEND Sufficiency Strategy and demand forecasting. Establish robust capital governance, QA and value-for-money processes. Develop a forward pipeline of capital projects based on projected need and gaps in provision.	Delivery of SEND capital schemes aligned to Year 1 sufficiency priorities, ensuring planned provision is implemented in line with identified need. Capital investment informed by the next phase of the SEND Sufficiency Strategy, incorporating updated demand forecasting, placement trends and emerging gaps, particularly linked to secondary phase planning. Embedded capital governance, quality assurance and value-for-money processes, ensuring consistent oversight of scheme delivery, cost control and risk management across all projects.	A strategically planned and sustainable SEND provision, supporting inclusion, enabling more children and young people to access provision locally, and underpinning long-term system stability and financial sustainability.

Workforce	Workforce Strategy Delivery Plan is agreed by the local partnership, reflects SEND reform priorities and is aligned to CPD mapping. This will include joint cross-partnership training (education, health, care) on: • OAIP • Graduated approach • Inclusion and relational practice Strengthen and evolve the existing Team Around the School model, bringing together current education, health and care universal and targeted offers, and identifying where additional capacity or capability is required (including development of Experts at Hand). Start to address key pressure points (e.g. EP capacity, specialist roles).	Delivery of the Workforce Strategy across the partnership, with joint training embedded in practice across education, health and care, demonstrating increased confidence and consistency in the application of OAIP, the graduated approach, and inclusive and relational practice. A more integrated and clearly defined universal and targeted offer, with improved alignment across education, health and care services, and clearer pathways for accessing support, including the development and utilisation of Experts at Hand. A clearer, intelligence-led understanding of workforce gaps, enabling targeted commissioning and strengthening of the workforce offer to better meet the needs of children and young people with SEND.	A fully embedded and mature workforce, delivering sustained impact across the partnership, consistently applying OAIP, the graduated approach and inclusive, relational practice across education, health and care. A highly effective and embedded 'Experts at Hand' model, providing consistent, coordinated and impactful multi-agency support, with clear evidence of improved outcomes, earlier intervention and reduced escalation of need. An intelligence-led understanding of workforce supply and demand, enabling strategic commissioning, workforce planning and ongoing development of capacity and capability to meet the needs of children and young people with SEND.
Data/digital systems	Strengthen and align core datasets across education, health and care to create a shared system view of need and inclusion. Strengthened Data and Assurance Sub-group of the SEND partnership reviews both quantitative and qualitative data to inform plan progress and priorities. The sub-group will complement existing mechanisms such as Schools Oversight Tracker and SEND Sufficiency Dashboard.	More integrated and aligned datasets across education, health and care, providing a clearer more consistent system-wide view of need, inclusion and service performance. The Data and Assurance Sub-group operating effectively to provide regular intelligence –led insight, drawing on both quantitative and qualitative data to track performance identify trends, risks, and shape programme priorities.	Data and digital systems are fully aligned across education, health and care, providing a comprehensive, real-time view of need, inclusion and service performance. The Data and Assurance Sub-group is embedded within governance, routinely using integrated quantitative and qualitative intelligence to drive strategic decision-making, anticipate trends and proactively manage risk.

Success measures	Based on the timeline for the implementation of the reforms and the guarantees offered to parents around the transition to the new system, we do not anticipate any positive impact on the cost of the SEND system, or on the number of active EHCPs during the next 3 years. We anticipate a progressive moderation in requests for assessment and in the number of EHCPs issued, but this will still lead to an overall ongoing increase in the total number of active EHCPs and the total cost of provision. We expect the impact of the reforms on cost and the number in receipt of specialist provision (EHCPs) to be realised in the 6 years after the period covered by the plan. However, we do expect that the preparation for the reforms in schools and the wider system, together with the development of the Experts at Hand will, in combination with our local Education and Inclusion strategy, will lead to tangible improvements in systemic confidence, will improve the inclusiveness of local education settings and continue to drive improved outcomes for children and young people with identified SEND	We expect to see improvement in the following measures (mostly listed in section 3 above). Lead indicators that we would regard as measures of success are in **bold** reflecting our focus on building system confidence and on improving inclusion in schools and and delivering strong outcomes for children and young people with identified SEND**:** **Requests for EHCNA** The number of requests for mediation, scaled per 100 EHCNA requests. The proportion of mediations subsequently resulting in a tribunal. Number of new EHCPs issued Persistent absence for children with identified SEND **Attendance for children with identified SEND** **Suspensions of children with identified SEND** Permanent exclusions for children with identified SEND **KS2 @ expected in R, W & M for children withSEND**	In addition, we will also be monitoring progress on the development of core components of the reforms, such as the development and staffing of the Experts at Hand offer and the delivery of capital projects in schools. However, these are measures of successful delivery of the plan, they are not success measures. Success needs to be measured in the positive impact of changes on parental confidence in the system and in the outcomes achieved by children and young people with identified SEND.

		GCSE – A8 and P8 for children with SEND Achievement @ 19 – level 2 and level 3 – for young people with identified SEND at the end of their school career	

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 202627 column above.

2026-27 Local delivery plan		**2**		**3**		**4**	
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 – Strengthening Inclusion across education settings							
A clearly articulated, co-produced and consistently understood definition of inclusion is agreed and adopted across all local area partners, informing practice and decision making. *Success measure* • *inclusion charter formal sign off by all local area partners* • *Evidence of consistent understanding of inclusion across partners (e.g.: audit/alignment in practice, language, culture)*	*Director of Early Years, Education & Skills / Head of Service, SEND & Inclusion*	*Named leads and OAIP (Inclusion Champions) identified across education, health and social care* *Scoped engagement plan developed for Education settings, CYP and parent/carer engagement, with methods agreed that maximise*		*Draft definition of inclusion developed, informed by existing feedback, national guidance and local intelligence.* *Core principles, values and structure drafted*		*Full stakeholder engagement undertaken* *Final definition of inclusion co-produced and agreed* *Communication and launch plan developed* *Shared messaging embedded across partners*	*See Outcome measures in section 3 – inclusion.* *Expectation is for steady improvement across the three year period, with early signs in the first year*

• *Increased stakeholder confidence in how inclusion is understood locally* • *% of education settings and partner organisations signed up to the charter*		*participation (timed for autumn term)* *Reporting and oversight arrangements agreed*				*Partnership agrees a Bury Universal Offer Agreement defining what should be ordinarily available across all settings, aligned to national inclusion*	
Ordinarily Available Inclusive Provision (OAIP) is consistently understood and implemented as the baseline for inclusive practice across all settings, reducing variability and outcomes for children and young people with SEND *Success measure* • *Evidence of charter principles reflected in school inclusion strategies and other policies (Quality Assurance desktop review)* • *% of schools/settings implementing OAIP* • *Reduction in refusal to assess (statutory assessment) /* • *Reduced exclusion and suspension rates,* • *Improved attendance* • *Improved attainment at the end of Key Stage 2 and GCSE* • *Increasing evidence of high-quality inclusive practice through Ofsted inspection reports and feedback.*	*Head of Service SEND & Inclusion*	*Baseline position established, % of schools currently implementing OAIP Mapping of current inclusion practice and OAIP awareness across the borough, including OAIP implementation, exclusions, attendance to identify strengths and gaps, variations between settings* *Quality Assurance approach designed and agreed, which supports a method of evidencing inclusive practice*		*OAIP expectations refreshed and reinforced across all settings* *Targeted support delivered to schools & settings, focused on application not awareness* *Quality assurance cycle underway, including moderation, peer review across a representative sample of schools* *Early performance movement tracked to demonstrate increasing % of schools demonstrating OAIP in practice.*		*High percentage of schools evidencing implementation of OAIP* *Quality Assurance demonstrates early signs of inclusive practice, including peer review (where available)*	*As above*
Staff and practitioners can access timely coordinated expert support through a well-connected local system, enabling needs to be met earlier reducing escalation and improving outcomes for children and young people with SEND. *Success measure*	*Head of Service, SEND & Inclusion*	*Current expert support model mapped across the local area to clearly identify duplication, gaps and co-delivery opportunities*		*Pilot locality based universal delivery model in place, which expands the current education 'Team around' the school approach with an extended health focus, to include link Speech*		*Connected model embedded and scaled, including pilot approaches* *Increased % of schools regularly using expert consultation routes and locality-based*	*As above, but also see indicators in section 3 related to 'Outcomes'* *Expected improvement across the three years, unlikely to be seen in first year*

• *Increased % of schools reporting they know how to access specialist advice and support quickly and easily (survey)* • *Stabilisation in statutory assessment requests (number per 12-month period)* • *Increased practitioner confidence in understanding pathways, accessing support and partnership working (survey and service use/activity)*		*Single, clear access model designed, including agreed pathways for schools, e.g. team around the school (EaH) locality model approach, with roles and responsibilities across the partnership clearly defined, including agreed model for health integration* *Data tracking mechanisms agreed and established* *Communication and guidance prepared*		*& Language Therapists (SaLT) and Mental Health in schools Team (MHST)*		*activity to support C/YP with SEND.* *Improved multi-agency working with emerging evidence of joint planning and coordinated support*	
The Local Area Workforce is increasingly skilled and confident in delivering inclusive practice, with structured and sustainable workforce development model in place. *Success measure* • *High engagement in workforce development across education, health and care* • *Evidence of improved practice across QA and case studies* • *Increased practitioner confidence*	*Executive Director Health & Adult Care/Head of Service, SEND & Inclusion*	*Existing mapping reviewed an updated, using latest intelligence and data* *Key workforce development needs clearly identified, alignment confirmed with OAIP/team around the school model*		*Workforce development delivery plan drafted, based on updated needs analysis and identified priority areas and agreed with local area partners* *Multi agency delivery established*		*Workforce development delivery plan finalised, including timeframes for delivery, review*	*As above*
The local area is increasingly using data and intelligence to inform inclusive practice, with improved access to and understanding of key information across partners	*Data Subgroup members*	*Existing dataset reviewed against SEND priorities* *Gap analysis completed, wit*		*Refined dataset shared across partners* *Data embedded in key forms,*		*Improved consistency and quality of SEND data, which is used to identify variation and priorities. And*	

Success measure • *Core SEND dataset agreed and accessible across partners* • *Evidence of data used in decision making forums, to identify variation and set priorities*		*duplication and inconsistencies across partners identified* *Core SEND dataset refined and agreed, with baseline position confirmed*		*including SEND Governance and Partnership Boards, locality planning meetings*		*actions taken in response to data analysis*	
Building block 2: Improving access to specialist support and local placements							
The Local Area is strengthening and aligning its understanding of need, capacity and pathways with improved visibility and consistently across partners to support planning and decision-making. *Success measure* • *SEND sufficiency dashboard regularly reviewed and actively used to inform planning* • *Improved shared understanding of need across the borough* • *Key pathways clearly mapped and accessible, with increased practitioner confidence in navigating these*	*SEND Sufficiency Lead*	*SEND sufficiency Dashboard developed, with core data agreed and use established within SEND governance and planning forums* *Engagement activity determined on sufficiency plans with relevant stakeholders, including parent/carer groups.* *Initial pathway development underway* *Mobilise the delivery aligned to Year 1 priorities aligned within the delivery plan and across Q3 and Q4*		*Accessible and visual delivery roadmap is available for families, including child pathways on a page* *SEND Sufficiency Strategy, including 0-to-5 year old sufficiency, finalised and agreed, informed by sufficiency data and needs analysis and draft 'on a page' format in development* *Joint commissioning approach reviewed and strengthened, via the established Joint Commissiong Group .* *Service user feedback mechanisms from the early support offers (ND Hub /*		*Engage children, young people and families to understand barriers to accessing the right specialist support at the right time, using feedback to inform pathway clarity and improvement.* *Commissiong discussions informed by, sufficiency intelligence, gaps in provision*	*Impact from this workstream should be evident across all parts of the success measures (system confidence, Inclusion, Outcomes and Value for Money), though the timeframe for seeing impact is likely to be longer than one year*

				MHST/ Digital offers and Advice and guidance) will enable the system to better understand what works and highlight commissioning/ pathway needs			
Building block 3: System leadership, local partnership collaboration and co-production							
Governance and partnership leadership across the Local Area is further strengthened, with clear accountability, effective oversight and robust joint decision making across education, health and social care. *Success measure* • *SEND governance structure and roles in place, with strong partnership engagement and attendance* • *Regular oversight of priorities with clear tracking of progress and risk* • *Evidence of joint decision-making, with clear accountability, challenge and follow-up through governance*	*Director of Early Years, Education & Skills / Head of Service, SEND & Inclusion*	*Refresh governance arrangements to oversee the SEND reforms and wider SEND transformation and improvement, ensuring wider system engagement* *Governance forums aligned to SEND priorities and delivery plans*		*Refreshed governance arrangements embedded and operating effectively* *Consistent multi-agency attendance and engagement established* *Clear oversight of delivery established, with action owners and timescales consistently recorded and tracked*		*Governance demonstrates strong oversight and challenge of SEND priorities, with joint decision making embedded and shared ownership across education, health and care*	*Impact from this workstream should be evident across all parts of the success measures (system confidence, Inclusion, Outcomes and Value for Money), likely to be chiefly seen in the first two (Confidence and Inclusion) earlier than the latter two.*
Co-production is increasingly embedded across the local area, with children, young people and families actively involved in shaping services, priorities and decision making. *Success measure* • *Increased and inclusive participation form CYP and families* • *Co-production embedded across SEND priorities* • *Increased consistency and confidence in co-production*	*All stakeholders*	*Revisit our Communications Approach and agree Communications Strategy* *Draft co-production charter pilot activity underway, with CYP and families actively involved in testing approaches and feedback gathered to inform further development and refinement*		*Learning from co-production pilot activity reviewed and analysed* *Finalise and launch the SEND Co-Production Charter* *Develop SEND Reforms Plan on a Page that clearly articulates cross cutting strategies* *Engage with families in relation to their confidence*		*Embed and consistently apply co-production approaches across key SEND workstreams with strengthened involvement from education, health and care partners, including ICB and commissioned health services.* *Identify and address variation in co-production practice across the*	*Impact from this workstream should be evident chiefly in the system confidence measures, however experience shows that the impact of local activity can be difficult to discern in the wider impact of national change*

				in mainstream inclusion through existing engagement, co-production and feedback mechanisms		*partnership, taking steps to improve inconsistency across services.*	
Building Block 4: Encouraging Inclusive Culture & Behaviours							
Children, young people and their families increasingly feel listened to, included and valued, with growing trust and confidence in the SEND services across education, health and care. *Success measure* • *Increased positive feedback from CYP and families on feeling listened to and included* • *Increase in the number of CYP and families participating in engagement and co-production activity, including under-represented groups* • *Examples of changes in school practice, e.g. adjustments to support, communication and inclusion approaches.* • *Reduction in EHCP needs assessment requests from schools* • *Documented examples of changes made to services based on CYP and family input,*		*Continue development of the Barriers to Education Pathway, with co-production activity underway and input from stakeholder, to shape its design.* *Capture early examples of practice that reflect more relational and inclusive approaches, with schools and across services.* *Pilot CYP-led training for schools, capturing feedback and learning to inform further roll out.*		*Introduce and build a shared understanding of relational inclusion through existing forums, such as SENCo networks / annual inclusion event to influence culture, language and practice in schools and across services.* *Embed Reasonable Adjustment training for school leaders, delivered through the Changemakers group* *Align relational inclusion approaches with 'Team around the School/EaH model* *Learning from CYP-led training pilot, to inform refinement and next steps.*		*Evidence emerging impact of relational inclusion through an increased use of a graduated supported approaches before escalation* *Professionals reference understanding need and context, not just thresholds through more joint problem-solving conversations, such as through locality based multi-agency solution circles* *Expand and embed CYP-led training for schools, to inform and influence inclusive practice and culture.* *Early identification and response to Barriers to education pathway increasingly reflected in practice across schools.*	*Impact from this workstream should be evident chiefly in the system confidence measures, particularly in the patter for EHCP needs assessments, where we envisage the beginning of a decline in the number from schools by the end of the first year of implementation. We envisage that there will be a lag before a similar decline begins from parents, which will occur beyond the timeframe of the first year of implementation.*

Projected Investment Spend per quarter			
Programme support, oversight & additional leadership capacity.	£121,500	£89,500	£89,500
Experts at Hand – direct delivery	£180,000	£487,000	£487,000
Data & Digital	£15,000	£55,000	£55,000
Total Indicative Spend	**£316,500**	**£631,500**	**£631,500**

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.

250 words

Delivery of the first-year SEND Reform Plan will be underpinned by strengthened system capacity, clear accountability and robust use of data, building on the progress made through Bury's SEND improvement journey and the findings of the March 2026 Area SEND monitoring inspection.

The Local Authority, as system convener, will establish named workstream leads, supported by existing programme management capacity which will be supported by additional specialist transformation capacity in key areas to build capacity – this includes use of data, data analytics and communications to ensure delivery at pace, which can be sustained. A clear prioritisation framework will focus resources on high-impact activity, particularly inclusive mainstream practice, timely support and statutory SEND processes.

The SEND Improvement and Assurance Board (SIAB), with independent chair, will support transition to a strengthened SEND Partnership Board with subgroups for SEND Sufficiency, Experts at Hand (EAH), data and risk assurance. Quarterly reporting will be resourced through this programme structure, with dedicated project management (already in place) and analytical support to provide standardised reporting on progress, risks and impact.

Capacity in data and analytics will be strengthened through additional analytical resource aligned to transformation funding, enabling integration of education, health and care intelligence. Enhanced SEND scorecards and dashboards will track demand, timeliness, outcomes, inclusion and spend, supporting commissioning and operational decision-making. We will build a robust, resilient system that can then be run with a lower level of ongoing resource through the remainder of the reforms programme.

Corporate services, including finance, commissioning, workforce and digital, will be aligned to SEND priorities, embedding delivery within business-as-usual systems and ensuring sustainability, workforce capacity and value for money.

(268 words)

8. **Other funding Local Authorities**.

Block Transfers: If you have made a block transfer (Schools Block to High Needs Block) for 2026-27, please set out how your plans for this funding align with the activities outlined above.

250 words

Block Transfers – please see Line 29 in the Data Template, Table 1.

2024/25, 2025/26 & 2026/27 based on Schools Forum agreed block transfer amounts.

2026/2027 £349,750 contribution from the DSG Schools Block & £131,200 contribution from the DSG Central Services Block.

For modelling purposes, it has been assumed that 2027/28 level of School Block transfer continues at a similar level, although this is obviously subject to review following agreement of the Reforms Plan. The contribution from the DSG Central Services Block is assumed to end in 2026/27.

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.

500 words

Bury's strategy for 2026–2030 places inclusion at the core of sufficiency planning, ensuring children and young people with SEND can access the right provision locally, at the right time and across the full 0–25 age range. Capital investment will support a coherent continuum of inclusive mainstream provision, targeted inclusion bases, specialist provision where necessary, and improved suitability of the education estate.

Inclusive mainstream capacity and estate adaptation

Capital funding will be used to strengthen mainstream inclusion across early years settings, primary and secondary schools and our post-16 settings. This includes targeted adaptations to the physical environment—such as sensory-friendly spaces, accessibility improvements, quiet regulation areas and assistive technology—to enable these settings to better meet a wider range of need. This approach supports the strengthened universal offer and Experts at Hand model, reducing escalation to specialist provision and improving placement stability.

Expansion of inclusion bases (resourced provision and SEN units)

A central priority is the expansion of inclusion bases within mainstream settings, particularly to meet growing demand for autism (ASC), social, emotional and mental health (SEMH) and communication needs. Capital investment will support expansion of current specialist resourced provision at Peel Brow Primary Academy and new provision at Radcliffe Primary Academy, developed in partnership with trusts. Further development of inclusion bases identified through the SEND Sufficiency Strategy will ensure equitable access across planning areas and phases. Engagement with early years providers and post-16 settings will explore specialist inclusion models that enable earlier intervention and smoother transitions.

Special school and specialist post-16 provision

Where needs cannot be met through inclusion bases, targeted expansion of special school or specialist post-16 provision will be pursued, as per previous agreement with the DfE as part of Safety Valve and with the explicit aim of supporting larger cohorts of secondary school age young people in specialist provision within the maintained sector. This includes completion of the Millwood Primary Special School expansion to address primary-phase specialist demand, delivery of a new SEMH secondary special school at Redvales to respond to sustained secondary demand that cannot be met within mainstream inclusion (a principal driver for the use of INMSS over the past decade), and development of a permanent post-16 specialist facility for Elms Bank, replacing temporary arrangements and improving progression into adulthood. These investments respond to clear, sustained growth in complexity of need and persistent gaps in post-16 and SEMH pathways. They also build on long term plans agreed with the DfE to address deficits in local maintained specialist capacity as part of Project Safety Valve. With the wider rebalancing of the system envisaged by the national reforms, we would expect to meet the need for specialist provision within the maintained sector in the long term (late 2030s onwards).

Reducing travel and out-of-borough placements

Capital decisions will prioritise provision close to where children and young people live, explicitly considering travel distance, journey times and transport costs. Expanding local capacity for ASC, SEMH and post-16 provision will reduce reliance on independent non-maintained and out-of-borough placements, improving outcomes and value for money. Experience from Project Safety Salve shows that the impact of new maintained specialist provision is gradual and helps avoid further INMSS placements, allowing for containment in growth, before eventual gradual reduction.

Each proposed new capital scheme will be subject to a travel impact assessment before final agreement, which considers current placement patterns, the forecasted number of local places created and the consequent expected reduction in out-of-borough placements, indicative journey-time changes and transport cost implications, including any mitigation where travel impacts increase. Findings will be reported to the SEND Sufficiency Sub-group and used to prioritise schemes that improve local access and reduce unnecessary travel.

Alternative provision and AP free school replacements

Where additional capital funding is received to replace planned special or alternative provision free schools, this will be aligned with Bury's Alternative Provision Strategy and SEND sufficiency priorities. Engagement with sponsoring trusts will ensure provision meets local need, supports reintegration where appropriate, and strengthens the local continuum rather than creating isolated capacity.

Governance, alignment and delivery

All capital investment will be aligned to the SEND Sufficiency Strategy, Education and Inclusion Strategy and SEND Reform delivery plan, with oversight through established SEND and corporate capital governance, and long-term system sustainability.

(668 words)

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.

500 words

Effective engagement and co-production are critical to the successful delivering Bury's SEND Reform Plan. The Local Area Partnership will build on strengthened governance, relationships and learning from inspection to ensure reform is developed and delivered collaboratively, with shared ownership across education, health, social care, children, young people and families.

System leadership and shared accountability

The Local Authority will act as system convener, providing leadership and coordination. Engagement will be anchored through the independently chaired SEND Improvement and Assurance Board (SIAB), and transition to a strengthened SEND Partnership Board bringing together senior leaders from education, health, social care and the Bury2Gether Parent Carer Forum (PCF). These arrangements will provide shared accountability, oversight and assurance, supported by transparent reporting, and collective problem-solving.

Engagement with education settings and providers

Early years settings, schools, alternative provision (AP) and post-16 providers will be central to delivery. Engagement will be through established forums, including early years networks, headteacher, senior leaders and SENCO forums, AP provider groups and post-16 strategic meetings. These will support co-development and consistent implementation of inclusive practice, the Graduated Approach and the Experts at Hand model.

Post-16 engagement will include colleges, sixth forms and independent training providers attended by Bury young people, including those outside the borough, with a focus on transitions, preparation for adulthood and clarity of pathways.

Health and care partners

Health and care partners will be engaged through joint commissioning arrangements, neighbourhood-based working and practitioner forums. The Integrated Care Board and provider organisations will contribute to shaping delivery models, workforce deployment and "support while waiting" arrangements, ensuring reform is operationally deliverable and improves lived experience.

Parents, carers, children and young people

Co-production will be strengthened through close partnership with Bury2Gether and targeted engagement activity. Improved communication will include accessible updates, targeted events and clear feedback mechanisms. The voices of children and young people will be captured through the Changemaker group, education settings and targeted engagement, particularly at key transition points. Action will be taken to reach under-represented groups.

Strengthening co-production and reach

Clear co-production expectations will be introduced across all workstreams, ensuring consistent involvement, feedback and evidence of impact. This will explicitly include AP, EOTAS and elective home education (EHE). Engagement will extend to a wider range of families, including those less likely to access traditional forums or whose children are educated outside the borough. An agreed Co-Production charter will guide the work and practice of the partnership and we will create a co-production pipeline of projects to help parents/carers to plan their involvement. We will also seek to widen the groups of parents and young people we engage in our future service design by using our improved Local Offer as a communication tool and by stepping up communications with parents through the period of reforms: seeking to procure dedicated communications expertise using grant funding.

A consistent "You said, we did" approach will be embedded, ensuring feedback from children, young people, families and partners clearly informs decisions and is visibly reported through governance and communications.

Managing change and transition

As roles and responsibilities evolve under the Schools White Paper—particularly for schools, trusts and health partners—the partnership will support transition through clear communication, practical guidance and collaborative planning. This will help partners adapt confidently while maintaining a shared ambition for inclusion and early intervention.

(545 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
Continued rise in number of EHCPs for children requiring specialist provision, exceeding maintained special school capacity and leading to substantial cost growth because of increasing dependence upon Independence Non-Maintained Schools (INMNS)	High	Likely		• Embed OAIP and strengthen the Graduated Approach to support earlier intervention • Develop EAH, building on Team Around the School to provide earlier access to specialist advice • Deliver the SEND Sufficiency Strategy and capital programme to increase local capacity • Introduce clear pathways on a page to support consistent thresholds and decision-making • Strengthen mainstream inclusion and workforce confidence • Improve joint commissioning and use of data to monitor demand and inform provision	
Lack of parental confidence in system change results in continued escalation	High	Likely		• Strengthen co-production with Bury2Gether (PCF) including co-production of the Inclusion Charter, and embed a clear "You said, we did" approach • Improve communication and transparency, including	

				accessible information and regular feedback • Develop mediation capacity and early resolution capacity across education, health and care • Provide clear pathways on a page to improve understanding and reduce confusion • Deliver consistent inclusive practice (OAIP), workforce development and EAH support, building confidence that needs can be met locally • The Data and Assurance Sub-group will monitor mediation and early resolution volumes and outcomes quarterly, using the indicators listed at the end of the roadmap: the number of requests for mediation, scaled per 100 EHCNA requests, and the proportion subsequently resulting in a tribunal, alongside other relevant metrics, such as time from request to meeting; common themes; family satisfaction; repeat escalation; and agreed actions completed within timescale. Learning will be reported to SIAB and used to update pathways, communication, practice and plans for local delivery of the reforms.	

Ensuring parity of service across GM – different starting points, and a single commissioning body Eg SALT, HV	High	Likely		• Strengthen joint commissioning with the ICB to align priorities, specifications and delivery across GM • Ensure clear local oversight and accountability for SEND services through governance (SIAB / Partnership Board) • Use data, benchmarking and sufficiency intelligence to identify and address variation in access and outcomes • Align local delivery with GM frameworks and service models (e.g. SALT, health visiting), while maintaining focus on Bury priorities • Engage providers and partners to support consistent pathways and equitable access across the system	
Unable to deliver an EAH due to recruitment challenges in key professional roles	High	Likely		• Phase development of EAH, building incrementally on the existing Team Around the School approach • Deliver targeted workforce development and training to increase confidence and capability across education, health and care • Use flexible delivery approaches (e.g. consultation, outreach, virtual support) to maximise existing capacity	

				• Align with the wider workforce strategy to support recruitment, retention	
Alignment of the different change programmes in the local area	Medium	High		• Establish clear programme governance, with named leads and defined responsibilities across all workstreams • Ensure oversight of all change programmes through a single Transformation Board to ensure inter-dependencies are clear • Implement regular, standardised reporting to maintain oversight, pace and accountability • Ensure clear communication and shared priorities across partners to avoid duplication and fragmentation	

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

500 words

Delivery of Bury's SEND future state and three-year reform roadmap is dependent on several wider national and local reforms progressing in a timely and coordinated way. The Local Area Partnership recognises these dependencies and will actively manage their impact through strong system leadership, programme alignment and robust governance, building on the progress achieved through Bury's SEND improvement journey.

Local Area SEND Monitoring Inspection

The March 2026 Local Area SEND monitoring inspection highlighted priority areas for improvement that will inform and influence delivery of the wider SEND reform roadmap. While the inspection improvement plan and SEND reform roadmap are distinct, there is clear overlap. This will be actively managed to ensure consistency, minimise duplication and maximise impact across both programmes.

NHS reforms

Ongoing NHS reforms, including further development of neighbourhood models and changes to commissioning and provider arrangements, are a critical dependency for SEND reform. These changes directly affect access to health professionals, delivery of early intervention, "support while waiting" and implementation of the Experts at Hand offer. Risks include workforce availability, changing financial flows and transitional disruption. These will be managed through close joint working between the Local Authority and Integrated Care Board, shared commissioning intentions and collective oversight through the SEND Improvement and Advisory Board (SIAB), ensuring continuity of service delivery during periods of change.

Reforms to Children's Social Care

National reforms to children's social care, including the introduction of Family Help models and strengthened early intervention, are closely aligned to SEND reform ambitions. Dependencies include workforce capacity, threshold alignment and clarity of pathways across early help, safeguarding and SEND. In Bury, these reforms are being managed through integrated programme oversight, shared governance and neighbourhood-based working, ensuring children and families experience a coherent system rather than fragmented services.

Best Start in Life Strategy and Family Hubs

Expansion of Best Start in Life and Family Hubs is a key dependency for early identification of need, parental engagement and prevention of escalation. Alignment between SEND pathways, health visiting, early years provision and Family Hub delivery is essential. The partnership will ensure SEND reform activity is embedded within Best Start governance and delivery structures, supporting consistent communication, shared data and smooth transitions from early years into school.

National and local developments within the Best Start in Life Strategy, particularly expectations for outcomes in the first 1,001 days, directly influence Bury's SEND roadmap. The partnership will manage this dependency through aligned milestones, shared workforce development and consistent use of evidence-based practice, ensuring coherence across early years, health and SEND reform programmes.

Curriculum and Assessment Review

The ongoing national Curriculum and Assessment Review presents dependencies for inclusive practice, preparation for adulthood and outcome measurement. Changes to curriculum content, assessment or accountability may affect how progress for children and young people with SEND is defined. The partnership will mitigate this by maintaining close engagement with education leaders, aligning local inclusion priorities with emerging national expectations, and retaining flexibility within the SEND reform roadmap.

Across all dependencies, SIAB provides strategic oversight to monitor impact, manage risk and adjust delivery sequencing where required, enabling Bury to sustain momentum, protect recent improvement and deliver a resilient, inclusive and sustainable SEND system.

(523 words)

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.

500 words

Oversight of delivery will be provided through the SEND Improvement and Assurance Board, which meets bi-monthly and brings together senior leaders from education (MATs, schools and LA), health, care, finance, the voluntary sector, in addition to the local parent carer forum. Every meeting will receive up to date reports against an agreed set of Key Performance Indicators (KPIs) covering demand, service delivery, quality and outcomes, which will drive collective ownership and decision-making around relative priority, resourcing and delivery. We intend that this information will be accessible to all Board members using a Power BI dashboard.

Sitting under the partnership board, will be three sub-groups: Data and Assurance, Expert at Hand; and SEND sufficiency. Each of these sub-groups will have a senior lead. The sub-groups will track progress against milestones and delivery against the plan, highlighting progress and critical issues in reports to the wider Board. The SEND Partnership Board will itself report to a broader Education and

Inclusion Board, chaired by the Executive Director for Children's Services. This architecture will be supported by dedicated programme management resource and data support.

To complement this ongoing monitoring of progress against the agreed plan, we will provide an annual position statement and analysis of the local area SEND system (in the autumn of each year) to the SEND Partnership Board and the Education & Inclusion Board, which will bring together a wider range of information and particularly draw on regional and national comparative data, as well as taking a broader view of how well the local system functions and its sufficiency. This annual process will inform strategic planning of provision and investment and will sit alongside what has already existed during our improvement journey: regular quality assurance, parental engagement and wider stakeholder input, especially feedback from children, parents, schools and settings.

The Data and Assurance sub-group will have responsibility for the completion of the DfE quarterly data return, which will be shared for discussion with the SEND Improvement and Assurance Board and will provide a consistent reporting framework to inform assessments of progress on delivery early identification of emerging risks and support timely adjustment of delivery plans.

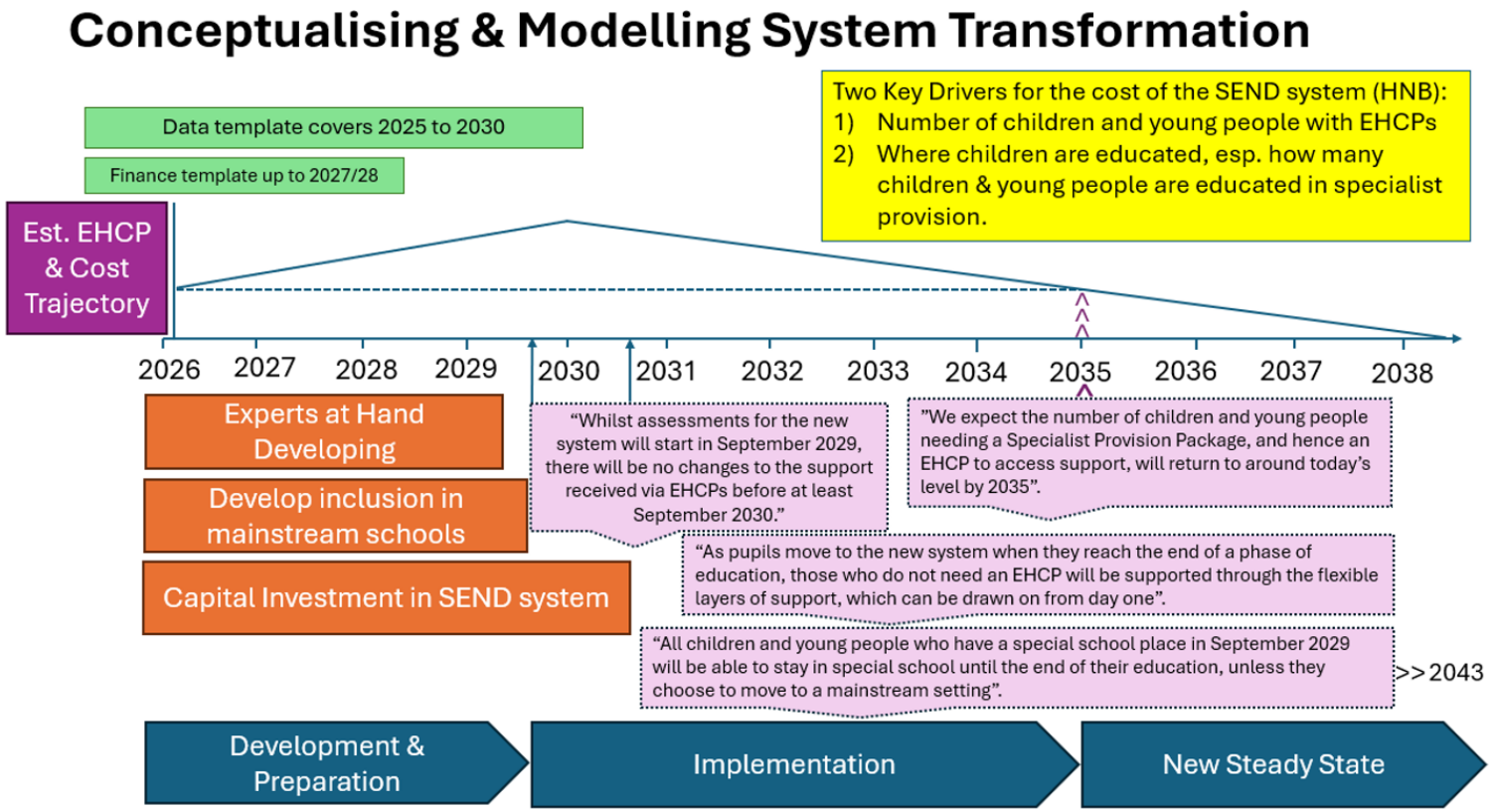
(354 words)

13. **Reporting to DfE**

Bury SEND Reform Plan Data Template:

Bury SEND Reform Plan Data Template -

Please see the schematic below explaining our approach to modelling the projected impact of the reforms in the data template:



Section 4 – Governance

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

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

Governance Mechanism *This may be a governance group, or an individual (e.g. SRO).*	**Purpose/ Responsibilities** *What is the function of this governance mechanism? What are they accountable for overseeing? What information is reported to this governance mechanism?*	**Membership** *Who does this governance mechanism comprise of? [should include health and PCF representation] What stakeholders are represented at this governance mechanism? Please indicate who chairs this. (Include n/a if an individual).*	**Cadence** *How regularly does this governance mechanism meet?*	**Decision Rights** *What decisions can this governance mechanism make?*	**Escalation Route** *Where can this governance mechanism escalate issues or decision to?*
SEND Improvement & Assurance Board (SIAB)	Our SEND Improvement & Assurance Board has overseen the improvement in Bury over the last 2 years, and for the next phase of transformation under the SEND reforms will be chaired by a Chief Executive from one of our Multi-Academy Trusts. The Board provides strategic system and partnership leadership, oversight and assurance in relation to the experiences of children with SEND, and their families and includes leaders	• MAT Chief Executive (Chair) • Executive Director CYP • Executive Director of Strategy & Transformation • Director of Early Years, Education & Skills • Lead Member for CYP • Lead Member for Health • Shadow Cabinet Member for CYP • Early Years Service Manager • Exec Director, Health & Adult Care & Deputy Placed Based Lead • Head of SEND & Inclusion	Bi-monthly	The Board will use its authority to agree the necessary actions that are needed at a Partnership and system-wide level on improvement priorities. The Board Members have sufficient delegated authority to agree actions in principle on behalf of their organisation or partnership body, in order make swift and decisive progress. Where necessary, decisions will	Education & Inclusion Board

	from across the local area, including our Parent Carer Forum and young people themselves, ensuring that their experiences directly impact the decisions taken.	• Head of Communications • Head of Strategy, Assurance & Reform • Director of Childrens Social Care & Early Help • SEND Youth Ambassador • Director for Adult Social Care • Designated Social Care Officer • Designated Clinical Officer for SEND • Associate Director of Nursing, Quality & Safeguarding • NHS GM Programme Manager • Medical Director • Programme Director for CYP • Virtual School Headteacher • Headteachers from Nursery, Primary, Secondary & College • Bury2Gether (Parent Carer Forum)		be taken through appropriate organisational governance arrangements (for example Executive key decision by the Local Authorities Cabinet Member, or NHS decisions through the Integrated Care Board and The NHS Trust Board).	
Education & Inclusion Board	Our Education & Inclusion Board is chaired by the Executive Director for Children & Young People. It provides strategic leadership and oversight for education and inclusion, ensuring delivery of SEND reform priorities within education. It is responsible for driving inclusive practice across all education settings,	Membership to be suggested by the SIAB, but will include representatives from across the Local Area Partnership including Council (including Executive Director of Children's Services, Education, Inclusion and SEND leads), education providers (including early years, primary, secondary, special, post-16, and MAT/Trust), wider education system (e.g. Alternative	Quarterly (Referencing the Best Start Board)	The Board will use its authority to agree education and inclusion priorities and improvement actions, approve key frameworks and models for education and inclusion, and agree system-wide actions to address pressure points in education.	Chief Executive

	monitoring performance, outcomes and system pressures, overseeing delivery of education and inclusion priorities, holding partners to account for implementation and impact, and ensuring alignment between education providers and wider SEND partnership.	Provision, Virtual School), and system-wide partners as advisory (e.g. health, social care, PCF, and CYP voice)			
Locality Board (Bury)	The Locality Board provides place-based strategic leadership across health, care and local authority services, ensuring alignment of resources and integration of services, including those impacting children and young people with SEND. It is responsible for setting borough-wide strategic direction, overseeing system performance and risk, ensuring effective use of aligned and pooled resources, driving integration across partners, and assuring delivery of major transformation programmes including SEND reform.	• Leader of Bury Council • Senior Clinical Lead in the Borough • Executive Member of the Council for Adult Care and Health • Executive Member of the Council for Children and Young People • Executive Lead of ICB • Place Based Lead for Bury • Deputy Place Based Lead for Bury • Associate Director of Nursing • Associate Director of Finance • Executive Director of Health and Care • Executive Director of Children and Young People • Director of Public Health • Director of Adult Social Services and Community Commissioning • Senior Officers from trusts • Representatives from Bury VCFA	Monthly	The Board will use its authority to set and agree place-based strategic priorities and direction, make decisions on the use and alignment of resources, agree cross-system actions and solutions to address pressure points, and influence and align commissioning and transformation activity across partners.	GM ICB

		• Divisional Managing Director Bury Community Services Division			
Bury Health & Wellbeing Board	Statutory Board to promote integration and partnership across health and care; provide a forum for system leaders to improve health and wellbeing outcomes; and lead development of Joint Strategic Needs Assessment and Joint Local Health and Wellbeing Strategy	Statutory membership: • Elected member(s) • Director of Adult Social Services • Director of Children's Services • Director of Public Health • ICB representative • Healthwatch representative Additional members: • Voluntary sector representative • NHSE representative	Quarterly	Statutory partnership with a core role to guide, influence, and align commissioning strategies across the NHS, public health, and local authorities. Financial decisions and service provision remain the responsibility of individual partner organisations.	
Data & Assurance Sub-group	Chaired by a Senior Officer, the sub-group will ensure that quantitative and qualitative data is routinely collated, analysed and reported to the SIAB to inform analysis around progress and impact.	Membership to be decided by the SIAB, but will include representatives from across the Local Area Partnership including Council (including Children's Social Care and Education), Health and voluntary sector representative(s).	Monthly	Recommendations to SIAB; delegated decision making within their Terms of Reference.	SIAB
Experts At Hand Sub-group	Chaired by a Senior Officer, the sub-group will oversee expansion of our existing Team Around the School & Communities of Practice approach into an Expands at Hand model.	Membership to be decided by the SIAB, but will include representatives from across the Local Area Partnership including Council (including Children's Social Care and Education), Health and voluntary sector representative(s).	Monthly	Recommendations to SIAB; delegated decision making within their Terms of Reference.	SIAB
SEND Sufficiency Sub-Group	Chaired by a Senior Officer, the-group will analyse local	Membership to be decided by the SIAB, but will include	Monthly	Recommendations to SIAB; delegated decision	SIAB

	SEND sufficiency and make recommendations	representatives from across the Local Area Partnership including Council (including Children's Social Care and Education), Health and voluntary sector representative(s).		making within their Terms of Reference.	

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

Bury Local Area SEND Governance diagram:

Bury%20Local%20Area%20SEND%20Part

NHS Greater Manchester ICB SEND Governance diagram:

NHS%20GM%20SEND%20Governance%2(

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.

250 words

Areas where further Central Government Support would be helpful include:

1) A clear minimum specification per 10,000 child population of the size of a local 'Experts at Hand' service/offer – numbers of OTs, SALT therapists, Education Psychologists.
2) Clarity on national and regional workforce sufficiency planning – several key professional groups listed as central to the 'Experts at Hand' are 'hard to recruit' because of scarcity. Logically, over the next 3 years this situation will be compounded by every local area seeking to recruit additional capacity simultaneously. Clarity on how this will be managed in the short term and addressed in the medium term at a national system level would be helpful.
3) Commitment to publishing a national dashboard, with a core set of indicators (possibly drawn from the quarterly reporting provided by local areas), published quarterly to assess progress and to enable local areas to compare their position to others in the their region and nationally would be a helpful tool enabling comparison closer to real time, rather than retrospectively.
4) Publication of national modelling of the expected impact of the reforms over the next decade – number of EHCPs, numbers of ISPs, numbers in specialist provision, split between maintained and independent, projected cost of the whole system, year by year. This would help inform discussion in local areas at partnership boards and inform self-evaluation and consideration of 3) above.

(228 words)