

Coventry SEND and AP Reform Plan

June 2026 | v3.1

Signatories

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Local Authority:
Integrated Care Board:
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Coventry City Council
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List of Abbreviations

AP	Alternative Provision	CAMHS	Child and Adolescent Mental Health Services
CCC	Coventry City Council	BSiL	Best Start in Life
CPD	Continuing Professional Development	CME	Children Missing Education
DCO	Designated Clinical Officer	CYP	Children and Young People
DfE	Department for Education	DCS	Director of Children's Services
DSCO	Designated Social Care Officer	DSG	Dedicated Schools Grant
EBSA	Emotionally Based School Avoidance	EaH / EAH	Experts at Hand
EHCP	Education, Health and Care Plan	EHC	Education, Health and Care
EKOS	Outcome measure referenced for SaLT/OT; meaning not defined in this document	EHE	Elective Home Education
EP	Educational Psychology / Educational Psychologist	EOTAS	Education Other Than at School
FFPP	Family First Partnership Programme	FE	Further Education

ICB	Integrated Care Board	HR	Human Resources
MAT	Multi-Academy Trust	LA	Local Authority
NHS	National Health Service	MOU	Memorandum of Understanding
PCF	Parent Carer Forum	OT	Occupational Therapy / Occupational Therapist
PRU	Pupil Referral Unit	PINS	Partnerships for Inclusion of Neurodiversity in Schools
RAG	Red, Amber, Green	QA	Quality Assurance
SaLT	Speech and Language Therapy / Therapist	RDG	Reform Delivery Group
SEN	Special Educational Needs	SEMH	Social, Emotional and Mental Health
SEND	Special Educational Needs and Disabilities	SENCO	Special Educational Needs Coordinator
		SRO	Senior Responsible Officer

Executive Summary

Over the next three years, Coventry will build on strong foundations—education partnerships, a well-established early intervention approach and a Dedicated Schools Grant (DSG) surplus position—to deliver a highly inclusive, partnership led 0–25 SEND system. This will mean greater coproduction, clearer pathways and accountability, improved outcomes and high-quality local provision for all. In this plan, **CYP** refers to children and young people.

Build a 0–25 system where CYP receive support to achieve and thrive through more inclusive settings and stronger local partnerships

Coventry has strong foundations for inclusion and partnership working through an established education partnership and school networks, including SEND. Many CYP are supported successfully at SEN Support through early intervention and a well embedded graduated response. However, ordinarily available provision is not yet consistent across phases, and access to early specialist input—particularly health related support—remains variable. We will coproduce a shared definition of inclusion, clarify thresholds and pathways, and strengthen accountability through refreshed governance (SEND & AP Partnership Board, SEND Reform Delivery Group and themed workspaces). We will know we are succeeding when families experience clear routes to support, fewer transfers between services, and—where possible—CYP are educated successfully close to home.

Improve capacity and capability of the mainstream and specialist workforce to identify and meet need

Education-led workforce foundations are strong, with established SENCO networks and a structured training offer that supports early identification and intervention. Education, Health & Care Plan (EHCP) timeliness has historically been strong, dipped in 2025 and has improved in 2026 following substantial investment in team capacity; sustaining this improvement is a core priority. We will build on strong SEND traded services and local specialist provision to deliver the Experts at Hand operating model—bringing specialist expertise earlier, building on the excellent workforce strategy already in place, strengthening the graduated response and reducing avoidable escalation, including preventable moves into AP and Education Other Than at School (EOTAS). In parallel, we will agree a joint commissioning approach and a therapy delivery model for Speech & Language Therapy / Occupational Therapy (SaLT/OT) that supports EHCP Section F delivery as well as earlier help. Success will be shown through wider reach of specialist advice in mainstream, more consistent practice across the city, and reduced reliance on casework-only approaches.

Improve confidence of children, families and stakeholders in reform and readiness of the system

We recognise confidence in the system is inconsistent and that coproduction is not yet embedded consistently in decision making. Suspensions and exclusions of CYP with SEND increased in 2025 and 2026, EOTAS has risen significantly in the past year, and there are a small number of CYP with complex needs where we struggle to secure placement sufficiency. Improving inclusion, engagement and access to education is therefore a shared priority. Coventry has an established AP framework, which provides a strong platform to strengthen pathways, provide early intervention and support reintegration. We will strengthen coproduction through clearer routes for gathering views, regular touchpoints and transparent “we said / we did” feedback. We will align the SEND Reform Programme with the rollout of the Family First Partnership Programme (FFPP) so families experience one joined up front door, clear lead professional/keyworker roles, consistent communications and effective information sharing. We will continue to implement and embed our Belonging and Inclusion Approach, including behaviour pathways, alongside stronger assurance for reduced timetables and EOTAS (clear pathways, review points and escalation). Progress will be evidenced through improved qualitative feedback, fewer avoidable disputes, and increased confidence in pathways and support while waiting.

Stabilise finances and improve value for money

Strong leadership and management, an increasing high needs block allocation, and investment in early intervention and local partnerships mean Coventry is not in an overall DSG deficit position and has not utilised a Schools Block to High Needs Block transfer. Historically, the proportion of CYP with SEND educated locally has been high; while local placements are increasing, non-local placements have also risen over the past three years. Reversing this trend is a priority for outcomes, value for money and future financial sustainability. We will strengthen the local offer by continuing to expand inclusion bases (including improving mainstream estates through targeted adaptations) and increasing local special school capacity to support CYP with the most complex needs. This will be informed by a strategic programme of work with Special School Head Teachers and the Open Thinking Partnership, ensuring our approach is coproduced and rooted in shared system leadership. Alongside this we will prioritise local capacity using a small, quality-assured independent offer where needs cannot be met locally. We will know we have achieved our three-year vision when headline metrics show sustained improvement in local placement numbers, attendance/exclusions and family experience, and clear impact of reform and capital investment on placement patterns, EOTAS and transport dependency.

Section 1 | Vision and Goals

By **2029**, Coventry will deliver a SEND system where **CYP achieve, belong and thrive in their local communities**, supported by confident families, inclusive settings and a sustainable local offer. This means that:

CYP with SEND achieve, belong and thrive locally

CYP with SEND will experience positive outcomes, inclusion and belonging, with more supported successfully in local settings. **Success will be shown through** improved attendance, participation and progress, and more CYP educated successfully close to home.

Families have confidence in the SEND system

Families will experience a system that is clearer, more responsive and shaped by lived experience. **Success will be shown through** stronger family confidence, clear routes to support, decreased waits to access specialist therapies, visible co-production and fewer avoidable disputes.

Mainstream settings are confident and supported to meet need early

Settings will identify and meet need earlier through stronger ordinarily available provision and earlier access to specialist advice. **Success will be shown through** more consistent practice, wider reach of support, better access to advice and reduced avoidable escalation.

Coventry has a sustainable, high-quality local SEND and AP offer

Local provision will better meet need, offer value for money and reduce reliance on costly reactive arrangements. **Success will be shown through** increased local capacity, more CYP educated locally and improved financial sustainability.

A strong partnership drives continuous improvement

Partners will work together with clear accountability, a skilled workforce, effective governance and better use of data and lived experience. **Success will be shown through** stronger partnership delivery, improved workforce capacity, shared performance oversight and sustained improvement over time.

Section 2 | Strategy

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

Local Blueprint 2026-2029	Where we are now?	Where we will be in the next 3 years
<p>Building Block 1 Strengthening inclusion across education settings</p>	<p>Overall self-assessment: Developing (with elements of Maturing)</p> <p>Coventry has strong foundations for inclusion, including effective identification, a well-embedded graduated response, and a high proportion of children supported successfully at SEN Support. There is evidence of maturing practice in parts of the system, particularly where schools are making effective use of adaptive provision.</p> <p>However, the matrix also highlights inconsistency across settings and phases, and that ordinarily available provision is not yet embedded universally. As a result, inclusion is developing but not yet reliably consistent across the whole system.</p>	<p>By 2029, our local SEND system will:</p> <ul style="list-style-type: none"> • Embed a shared definition of inclusion across all partners and build it into governance and quality assurance, so decisions and expectations are consistent and the impact on outcomes is clear. • Set clear, city-wide ordinarily available provision standards as a non-negotiable baseline, support settings to deliver them, and use quality assurance to show support is consistent. • Identify where inclusion is not working well and take timely action with the appropriate support and challenge. • Build staff confidence and strengthen the graduated response through an established Experts at Hand and workforce development offer, with practical follow-up such as coaching and peer support. • Expand the support base offer, ensuring it is welcoming and high quality, with shared standards and strong take-up from schools. • Use data and lived experience together to understand what is working, and to focus support where it will make the biggest difference. • Enable smooth transitions between phases and settings so CYP feel well prepared and supported. • Help CYP with SEND achieve stronger attainment, benchmarking well against peers in other localities and those without SEND.
<p>Building Block 2 Access to specialist support and local placements</p>	<p>Overall self-assessment: Developing</p> <p>The maturity assessment indicates Coventry has a strong and improving understanding of specialist provision and place planning, with</p>	<p>By 2029, our local SEND system will:</p> <ul style="list-style-type: none"> • Use Best Start in Life and FFPP to provide a well-accessed early family help offer for families of CYP with SEND. • Provide clear, inclusive pathways and communication, with LA and health services working to shared plans, sharing information and being clear about responsibilities, especially at key transition points.

	<p>maturing practice in alternative provision, local special schools, and sufficiency planning. These help system leaders to understand demand, cost pressures and quality issues well.</p> <p>However, access to early, universal and targeted specialist support (particularly health-related input) is less consistent, and there is reliance on specialist and high-cost provision. Overall, access to specialist support is developing, with clear foundations but not yet fully rebalanced toward early intervention.</p>	<ul style="list-style-type: none"> • Align the AP Graduated Model of Support to the Targeted (Outreach), Targeted Plus (Intervention) and Specialist (Transitional) framework, with sufficient flexible capacity for SEMH, EBSA and medical needs. • Ensure CYP can access timely mental health support, with clear pathways into specialist services (including CAMHS) and the right provision (mainstream, AP or specialist) when they cannot attend their usual setting. • Provide clearer and earlier access to SaLT and OT through a reconfigured offer, with clear thresholds between ordinarily available and specialist provision and reliable delivery of interventions, including EHCP-specified support where required. • Deliver at least 100 additional Specialist Base places, alongside strong inclusive practice, so they are welcoming for CYP and families. • Deliver at least 184 additional local special school places for CYP with complex learning needs and SEMH.
<p>Building Block 3 System leadership, local partnership collaboration and co-production</p>	<p>Overall self-assessment: Developing</p> <p>The maturity assessment shows strong system leadership, effective partnership structures, and improving use of data to inform decision-making. Leadership and collaboration are assessed as securely developing, with some elements approaching maturing.</p> <p>However, coproduction with parents, carers and children and young people is less embedded, with engagement not yet consistent across all strategic and operational decisions. As a result, this building block remains developing overall, with strong</p>	<p>By 2029, our local SEND system will:</p> <ul style="list-style-type: none"> • Embed coproduction as business as usual across the partnership, so CYP, parents/carers and professionals routinely shape priorities, pathways and practice through established feedback, representation and visible 'we said / we did' change. • Have clear mechanisms to hold system partners to account for coproduction activity and culture through reporting to the SEND and AP Board. • Use targeted engagement, accessible communication and clear feedback loops to reach specific family communities, faith and community groups, and to show how feedback has shaped change. • Have strong, joined-up governance and partner accountability, including health partner engagement, clear decision records, agreed escalation routes and timely course-correction when delivery slips. • Ensure services are jointly commissioned, using what families tell us is effective and what our data shows, so that support meets needs and improves outcomes for CYP with SEND.

	leadership but more work needed to ensure coproduction is fully embedded.	
<p>Building Block 4 Encouraging inclusive culture and behaviours</p>	<p>Overall self-assessment: Emerging → Developing</p> <p>The maturity assessment identifies growing awareness of inclusive values and behaviours, and examples of good practice across settings and networks.</p> <p>However, inclusive culture is not yet consistently embedded or reinforced across the system, and expectations are not yet strong enough to ensure predictable inclusive behaviours in all settings. The system is moving from emerging into developing, but inclusive culture is not yet universal.</p>	<p>By 2029, our local SEND system will:</p> <ul style="list-style-type: none"> • Ensure inclusion is a felt experience for CYP so they feel safe, understood and able to learn, with early, stigma-free adjustments. • Extend our 'Family Valued' approach to put relationships and relational practice at the centre of support, so CYP and families know who is alongside them, what will happen next, and how to get help if things are not working. • Listen and respond to CYP and families in accessible ways, including those who are EHE or EOTAS, so their views shape support, they can see what has changed, and reintegration is supported where appropriate. • Build a consistent culture of belonging that supports strong engagement in education, with shared expectations and day-to-day practice so CYP can access a full-time offer where this is right for them. • Reduce missing education, reduced timetables, EHE/EOTAS driven by unmet need, and delays in securing suitable placements or support, so more CYP can access the right education close to home.
<p>Experts at Hand Details of Core Offer</p>	<p>Coventry already has strong foundations for an Experts at Hand offer. This includes an established support offer for schools through specialist teachers, educational psychologists and speech and language therapy; a co-produced SEND workforce development offer that includes key health elements; strong professional networks such as SENCO and Specialist Base networks; and outreach from specialist settings.</p>	<p>By 2029, our Experts at Hand offer will:</p> <ul style="list-style-type: none"> • Be coordinated by the local authority, with a clear front door that helps ensure equitable deployment of individual resource and makes information about system-wide support accessible in one place. • Provide a broad core offer made up of system-wide support and school-level work, including training, strengthened network support, group supervision, and a mix of whole-school, group and individual support. • Be coproduced with settings, providers and families, so it reflects lived experience and what works in practice. • Be jointly commissioned by the Council and the ICB, with shared ownership of quality, consistency and impact. • Build confidence and capability in settings, reduce avoidable escalation, and strengthen earlier support through a more joined-up specialist offer.

	<p>Experts at Hand will build on and strengthen this existing offer rather than create a separate system. It will bring specialist expertise earlier into mainstream practice, strengthen staff confidence, and improve equitable access to support. The local area partnership will consider how the Experts at Hand offer sits alongside Coventry's established outreach offer, so that support is coherent and equitable across settings.</p>	<ul style="list-style-type: none"> • Increase specialist capacity across speech and language therapy, occupational therapy, educational psychology and specialist teaching, using a mix of qualified posts where recruitment allows and assistant or trainee roles where this is the most sustainable approach. • Sit alongside and complement Coventry's established outreach offer, with the local area partnership keeping the relationship between the two under review to ensure equity and clarity across settings. • Be supported by an evaluation programme from the outset, drawing on research and evaluation expertise across the partnership, including psychology, public health and ICB colleagues. • Be clearly described through the digital Local Offer, so settings, families and partners can understand what support is available and how it can be accessed. • Ensure expert SaLT capacity and standardised intervention programs are consistently in place through implementation of The Balance System®, overseen by the advanced practice SaLT. • Increase the reach of SaLT and OT by developing robust early years and post-16 offers with a range of delivery platforms, and by aligning refreshed specialist therapy service specifications with the Experts at Hand offer to provide a seamless continuum of support. •
<p>Enabler 1 Capital</p>	<p>Current position: Developing (with maturing elements)</p> <p>The maturity assessment shows that Coventry has strong foundations in SEND and AP sufficiency and capital planning, with a clear understanding of current and projected demand. This is now supported by demonstrable delivery of inclusive capital investment, particularly through the expansion of Specialist Bases in mainstream settings.</p>	<p>By 2029, our local SEND system will:</p> <ul style="list-style-type: none"> • Have completed our Special School Partnership Programme with Open Thinking Partnership and local special schools to improve outcomes and experience and strengthen value for money. • Embed a small-grants capital plan for settings to make minor practical adaptations to support inclusion, so more children can have their needs met in mainstream provision. • Have opened at least a further nine Specialist Bases as part of a coordinated strategy to strengthen specialist capacity across the local system. • Have increased capacity in special schools for SEMH and broad-spectrum needs, so more children can be supported locally. • Create additional highly-specialised local capacity to meet the needs of CYP with the most complex SEND, reducing reliance on out-of-city provision to the minimum necessary.

	<p>Since 2024, Coventry has opened three new primary Specialist Bases and one secondary Specialist Base (the first of its type), with a further three primary and one secondary Specialist Base in delivery for completion by early 2027. A Specialist Base Partnership Group, working jointly with schools, is in place to oversee delivery and quality. This reflects a clear shift from strategy to implementation and shows increasingly mature use of capital to strengthen local, inclusive provision.</p> <p>However, the maturity assessment highlights that capital investment is not yet fully embedded as a system-wide lever for inclusion and reform. While specialist base delivery is progressing well, the impact of capital investment on placement patterns, transport dependency and reliance on high-cost provision is not yet consistently evaluated or articulated, and wider mainstream adaptations beyond specialist base settings remain developing.</p>	<ul style="list-style-type: none"> • Demonstrate how all elements of our capital plan work together to provide a cohesive city-wide offer that maximises positive outcomes, families' confidence in local settings and value for money. • Demonstrate how capital investment is changing placement patterns, reducing transport dependency and lowering reliance on high-cost out-of-area provision. • Ensure the AP capital investment plan supports early intervention capacity, appropriate short-term and transitional provision, and reduced reliance on long-term placements across primary and secondary phases.
<p>Enabler 2 Workforce</p>	<p>Current position: Developing (with maturing elements)</p> <p>The maturity assessment shows that Coventry has a clear SEND workforce</p>	<p>By 2029, our local SEND system will:</p> <ul style="list-style-type: none"> • Have a shared workforce plan across the local authority and health, so capacity is planned and deployed around need rather than organisational boundaries.

	<p>strategy and a strong education-led workforce foundation, with good access to SEND specific training, SENCO networks and professional development. Specialist education services demonstrate maturing practice, supported by regular supervision, CPD and quality assurance, and there is increasing alignment between workforce development and SEND reform priorities, particularly inclusion and early intervention.</p> <p>However, the maturity assessment highlights that workforce planning and deployment across education, health and care are not yet fully integrated. Capacity and consistency within health-commissioned services, particularly therapies, remain variable, limiting equitable access to early specialist support. While training activity is well established, system-wide consistency of practice and impact is not yet assured, and specialist expertise is still largely deployed through service-based models rather than system-wide, group-level approaches.</p>	<ul style="list-style-type: none"> • Have a stable, well-supported specialist workforce, including EP, SaLT and OT, with clear routes for settings to access advice early and consistently. • Continue to invest in the Workforce Strategy to build mainstream confidence and capability through coordinated training, coaching and networks, with clear expectations for inclusive practice and no duplication of national training. • See clear benefits from the workforce development, including the use of apprentice posts in SaLT and OT to grow capacity sustainably. • Have a “Working Together” charter, co-produced with experts by experience, that sets out how CYP, families and professionals will design improvements, test what works, share feedback and strengthen inclusive practice in schools. • Have consistent quality assurance across services, including therapies, with learning used to improve practice and reduce variation. • Strengthen understanding of SEND across children’s services and the wider early help partnership through FFPP. • Have appointed a DSCO role within children’s services.
<p>Enabler 3 Data and Digital</p>	<p>Current position: Developing</p> <p>Coventry has established core SEND data systems and dashboards and uses</p>	<p>By 2029, our local SEND system will:</p> <ul style="list-style-type: none"> • Have a shared set of outcome-focused measures and leading indicators, used routinely across the partnership to guide decisions and

	<p>quantitative data to inform place planning, commissioning and performance oversight. There is good understanding of levels of need, historic trends and demand drivers, particularly in relation to EHCP growth, placement patterns and sufficiency. Data is increasingly used to support challenge and decision-making at partnership level.</p> <p>However, the maturity assessment also highlights that data and digital arrangements are not yet fully matured within health or fully integrated across education, health and care, and that analysis remains largely descriptive, rather than consistently diagnostic or predictive. While qualitative data and lived experience are gathered, these are not yet systematically combined with quantitative data to inform strategy and improvement. Shared, outcome-focused metrics are still being developed and agreed across the partnership, rather than embedded as a single, routine performance framework.</p>	<p>improvement – including established health data sets and embedded methods for collection and sharing.</p> <ul style="list-style-type: none"> • Be able to demonstrate how sustained use of a combined education, health and care data set has enabled joined up decision making - especially regarding commissioning - and improved clarity of communication across the local area partnership. • Use data in a more helpful way, moving from describing what is happening to understanding why, and what needs to change next. • Ensure that all strategic decision-making at SEND Board is consistently grounded in the most up-to-date and relevant data and analysis. • Combine lived experience with quantitative data as standard (e.g., surveys and feedback loops alongside dashboards) to target action and track what improves. • Have reliable, timely data with clear ownership and data quality checks, so reporting is trusted and useful. • Improve digital processes for key SEND pathways so families and professionals experience clearer information, fewer handoffs and faster responses.
<p>Success measures <i>Drawing on metrics from the accompanying data template</i> <i>NB: These measures</i></p>		<ul style="list-style-type: none"> • By 2029, attendance for pupils with an EHCP and for pupils on SEND Support will be in line with or above published national averages, and persistent absence for both groups will be in line with or below published national averages. • By 2029, suspensions for pupils with an EHCP will be in line with or below published national averages, and permanent exclusions for pupils with an EHCP will be in line with or below published statistical neighbour averages. • From a 2025/26 baseline, the proportion of children and young people with SEND educated in registered provision will

<p><i>have been coproduced by our local partnership, and link to our partnership's goals. The rationale for each measure is set out in the accompanying Goals, Delivery Indicators and Metrics document.</i></p>	<p>increase year on year, and the proportion remaining on a part-time timetable for more than one term will reduce year on year. For children and young people with an EHCP, 100% of part-time timetable arrangements will be formally agreed and reviewed.</p> <ul style="list-style-type: none"> • The proportion of CYP with an EHCP placed in independent specialist provision will reduce from 6.0% to 5.8%, and the proportion educated outside the city from 13.1% to 12.9% by 2029. Over the same period, the proportion of pupils with an EHCP educated in mainstream will increase from 39.3% to at least 40.5%. • No waits over 52 weeks, 80% reduction in waits over 18 weeks for specialist SaLT and OT pathways by 2029. • A co-produced measure of parent/carer and young person experience of the SEND system will be introduced and used as the core headline measure for this section. Baseline and year-on-year improvement targets will be agreed once the survey tool has been developed, tested and calibrated. In the meantime, formal complaints progressing to Stage 2, mediation activity and tribunal volumes will be monitored as supporting indicators, with reductions over time compared with the 2025/26 baseline. • 20-week timeliness for new EHCPs issued will increase from 37% to at least 75% by 2029, and the proportion of annual reviews completed in timescale will increase from 49% to at least 80%. • By 2029, participation in education, employment or training for SEND young people aged 16–17 will remain in line with or above national averages, with year-on-year improvement in the proportion moving into positive and sustained post-16 and post-plan destinations. • From a 2025/26 baseline, Experts at Hand will be implemented across an increasing proportion of education settings year on year, alongside year-on-year improvement in the proportion of mainstream school staff who report confidence in meeting a wider range of SEND needs with access to timely specialist advice and support.
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What is the local area partnership’s strategy for delivering on the above?

Coventry’s delivery strategy is built on a clear theory of change. Starting from strong local foundations, the partnership will align investment, workforce, governance, coproduction and capital delivery to strengthen inclusive practice, improve access to earlier specialist support and expand local provision. The table below sets out this logic from inputs and activities through to the outputs and outcomes we expect to achieve, showing how reform activity will translate into better experience, stronger outcomes and a more sustainable SEND system.

Inputs	Activities	Outputs	Outcomes
<ul style="list-style-type: none"> • Strong education partnerships and school networks • Established graduated response and early intervention approach • Alignment with approaches and work within FFPP and BSiL • Strong traded SEND support offer and outreach from specialist settings • Overall surplus DSG position and capacity to invest in early intervention and local provision • Clear capital strategy and established AP framework • Established SENCO networks, co-produced training offer and specialist support services • Strengthening governance, co-production, data and digital arrangements 	<ul style="list-style-type: none"> • Early recruitment to key leadership and clinical posts, including advanced practitioner SaLT • Co-produce a shared definition of inclusion • Clarify ordinarily available provision standards, thresholds and pathways • Implement Experts at Hand, building on existing outreach and traded support • Strengthen access to therapy and specialist advice, including EHCP provision • Expand local capacity through Specialist Bases, special school places and mainstream adaptations • Strengthen governance and accountability across the partnership • Embed coproduction more consistently in decision-making and improvement activity • Improve the use of shared data, dashboards and quality assurance to guide reform 	<ul style="list-style-type: none"> • Strengthened recruitment and retention plan for EaH offer enabling a more secure roll-out • A shared and more consistent understanding of inclusion across the local area • Easily understood ordinarily available provision standards, thresholds and pathways • Earlier and more systematic access to specialist advice and support • Stronger therapy pathways and more reliable delivery of specialist provision • Increased local specialist capacity and improved mainstream environments • Stronger workforce confidence, capability and access to support • More consistent governance, shared oversight and clearer accountability • Improved use of data, lived experience and quality assurance to monitor impact and drive improvement • Early information and support for families 	<ul style="list-style-type: none"> • Needs identified and met earlier, with less avoidable escalation • Improved access to specialist advice, therapy and support • Improved attendance and reduced persistent absence for CYP with SEND • Reduced suspensions and exclusions for CYP with SEND • Reduced reliance on reduced timetables and EOTAS • More CYP with SEND educated locally, including in mainstream where appropriate • Improved family and young person confidence in the SEND system and in the support provided, with fewer avoidable disputes • Improved timeliness and responsiveness of EHCP processes and annual reviews • A more inclusive, responsive and financially sustainable SEND system in which more CYP achieve, belong and thrive locally • Improved SEND knowledge and capacity within schools

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

Local roadmap for the next 3 years	2026/27	2027/28	2028/29
<p>Building Block 1 <i>Strengthening inclusion across education settings</i></p>	<ul style="list-style-type: none"> • Seek a baseline confidence and skill rating from education colleagues. • Co-produce and publish a shared definition of inclusion (mainstream, Inclusion Bases/Specialist Bases and specialist), with PCF input. • Complete a baseline map of Coventry’s ordinarily available inclusive provision (mainstream, Inclusion Bases/Specialist Bases and special), including what is currently delivered and where there are gaps. • Review the current training offer and gaps, then co-produce and launch a joined-up training and support offer (including Experts at Hand) with clear delivery routes and quality expectations. • Agree and publish placement thresholds/expectations for mainstream, adaptive provision, Inclusion Bases/Specialist Bases and specialist provision, with families and settings. • Establish and test the Experts at Hand operating model (offer, pathways, interfaces and review points), including exploration of: 	<ul style="list-style-type: none"> • Seek an updated confidence and skill rating from education colleagues, publish the results and use to inform offer. • Publish the shared definition of inclusion and roles/responsibilities across partners. • Map Coventry’s ordinarily available inclusive provision against national inclusion standards (as applicable) and agree a time-bound improvement plan. • Establish and run a peer review approach for quality assurance of inclusive practice (scope, tools, reporting and learning). • Deliver the refreshed training and support offer (including Experts at Hand) and put in place a simple quality/feedback process to improve it. • Implement targeted Experts at Hand pathway for agreed priority areas/settings (e.g., complex SEMH), aligned to the core offer, with clear referral/entry criteria, escalation routes and routine review of impact. 	<ul style="list-style-type: none"> • Seek an updated confidence and skill rating from education colleagues, publish the results and use to inform offer. Embed as annual action. • Run a regular feedback mechanism for families and settings to assess inclusion against the shared definition, with findings reported and actions tracked. • Put in place an annual assurance cycle for SEND training and support (including Experts at Hand), covering quality, reach and impact, with actions agreed. • Evaluate targeted Experts at Hand pathways (e.g., complex SEMH) and embed the learning into business-as-usual practice, including implications for scaling or adapting the wider offer. • Move from pilot to business-as-usual for the parent/carer and CYP survey, including publication of findings and “we said / we did”; co-produced with PCF. • Implement Transition Standards guidance and embed a review process to test consistency and

	<p>direct specialist support; multidisciplinary teams (including assistant roles with appropriate oversight); experts by experience; outreach and capacity-building from specialist settings/AP/inclusion base services; a tiered SEND workforce development offer; facilitated networks and peer support; and digital resources/training (“Experts Online”).</p> <ul style="list-style-type: none"> • In parallel, scope and agree whether a targeted Experts at Hand pathway is needed for priority areas/settings (e.g., complex SEMH), including proposed criteria, workforce model and measures of impact. • Review existing transition arrangements and produce a gaps and improvement actions paper; presented to SEND & AP Board. • Complete an outcomes deep-dive for children with EHCPs and agree priority actions, shared through SEND networks. • Establish a SEND outcomes group with clear remit, measures and reporting. 	<ul style="list-style-type: none"> • Align SEND peer support networks and champions so settings have clear routes to advice, peer learning and escalation. • Refresh Local Offer information on Inclusion Bases/Specialist Bases so it is clear, consistent and family-friendly; co-produced with PCF. • Publish good practice guidance for Inclusion Bases/Specialist Bases (inclusive practice, expectations and how impact is reviewed); developed with the Specialist Base Partnership Group. • Co-produce and pilot a parent/carer and CYP inclusion survey aligned to the local definition of inclusion, including a “we said / we did” feedback loop; PCF involved. • Agree Transition Standards and an implementation plan; signed off by SEND & AP Board. 	<p>experience across phases; assured by SEND & AP Board.</p>
<p>Building Block 2 <i>Access to specialist support and local placements</i></p>	<ul style="list-style-type: none"> • Publish waiting times and numbers of waiters to access specialist SaLT and OT provision. • Open an additional 30 places in specialist Bases compared with the 2025/26 baseline. • Open an additional 24 places in special schools for children with 	<ul style="list-style-type: none"> • Publish waiting times and numbers of waiters to access specialist SaLT and OT provision. Compare with last set and state actions to be taken. • Open an additional 70 places in specialist Bases compared with the 2025/26 baseline. 	<ul style="list-style-type: none"> • Publish waiting times and numbers of waiters to access specialist SaLT and OT provision. Compare with last set and state actions to be taken. Embed as annual action.

	<p>complex SEMH, compared with the 2025/26 baseline.</p> <ul style="list-style-type: none"> • Open an additional 20 places in special schools for children with complex learning needs, compared with the 2025/26 baseline. • Complete five-year demand modelling and sufficiency planning, complete the options appraisal (including consultation), agree a preferred option, and refresh/publish the Local Authority Place Strategy. • Define and publish Coventry's local specialist offer (including Inclusion Bases/Specialist Bases and AP): who it is for, access routes/decision points, and quality expectations (inclusive practice, outcomes focus and review of placement impact). • Agree a delivery mechanism for additional places (in city) for CYP with highly complex needs, including timescales, dependencies and the decision route for placements. • Agree and implement a therapy delivery model (SaLT and OT) that covers EHCP Section F delivery and earlier help, including clear routes for settings to access advice and support. • Build on a strong AP framework by implementing the revised behaviour pathway (aligned to the Belonging and Inclusion Approach) and reviewing the AP offer within the local reform plan (capital, Specialist Bases and Experts at Hand) to identify gaps it can help fill. 	<ul style="list-style-type: none"> • Open an additional 48 places in special schools for children with complex SEMH, compared with the 2025/26 baseline. • Open an additional 40 places in special schools for children with complex learning needs, compared with the 2025/26 baseline. • Publish clear pathways (including entry/exit and decision points) for SEMH, AP, complex learning needs and therapy access, and update the Local Offer as a single point of truth for families and settings. • Embed clear AP pathways within the local reform plan, including entry/exit criteria, reintegration expectations, and links to Experts at Hand and Specialist Bases. • Embed the pathways referenced above in day-to-day practice (including referral routes, decision-making and communication), with updated Local Offer content. • Put in place routine assurance and reporting for SaLT/OT delivery (including EHCP Section F and earlier help), using feedback from families and settings to improve consistency and quality. • Co-produce and implement a support offer for children and young people accessing learning outside of school, including therapeutic input where needed, with clear access routes and a review cycle. 	<ul style="list-style-type: none"> • Open an additional 110 places in Specialist Bases compared with the 2025/26 baseline. • Open an additional 72 places in special schools for children with complex SEMH, compared with the 2025/26 baseline. • Open an additional 60 places in special schools for children with complex learning needs, compared with the 2025/26 baseline. • Keep the local specialist offer, pathways and Local Offer information under review so they stay clear, consistent and responsive to need. • Implement any agreed AP adaptations/enhancements and evaluate impact on engagement, outcomes and placement stability. • Maintain routine assurance of therapy delivery (SaLT/OT), with improvement actions agreed where delivery is inconsistent or outcomes are not improving.
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	<ul style="list-style-type: none"> • Coproduce (with children and families) and publish an offer for children and young people accessing learning outside of school, including support available, access routes, links to AP/reintegration and therapeutic support, and clear review points. 		
<p>Building Block 3 <i>System leadership, local partnership collaboration and co- production</i></p>	<ul style="list-style-type: none"> • Agree and publish a coproduction framework (what it means in Coventry, when it is required, roles, decision points, how feedback will be given, and funding). • Agree a small set of priority topics with PCF and CYP and publish a simple “we said / we did” approach. • Refresh partnership governance and terms of reference so roles, escalation routes and decision rights are clear (including how delivery is coordinated and how issues are resolved), strengthening health system engagement. • Introduce a reporting cycle for SEND reform (regular reporting, actions, owners and timescales) and a single view of progress against milestones. • Agree a communications approach for SEND reform (key messages, channels, and how families can raise issues and get responses). • Agree a core set of headline measures and leading indicators (including confidence and lived experience measures) and how they will be reported and used. 	<ul style="list-style-type: none"> • Embed coproduction in business-as-usual decision making (standing agenda items, clear decision records, and published feedback loops). • Establish and run a consistent mechanism to gather and act on children and young people’s views (including a citywide view of themes and actions). • Publish an annual engagement plan with PCF and report progress, themes and actions taken. • Strengthen how data and lived experience are used together in governance (dashboards + qualitative insight presented together, with actions tracked). • Carry out a review of partnership effectiveness (what is working, what needs to change) and update governance arrangements where needed. • Provide collective learning and feedback to DfE, including what has changed locally and what support is needed. 	<ul style="list-style-type: none"> • Demonstrate that coproduction is consistently shaping decisions, with clear examples published and a routine “we said / we did” cycle. • Maintain a mature assurance and improvement cycle for governance and delivery (regular review of progress, risks, mitigations and outcomes). • Publish an annual impact summary that brings together data and lived experience, showing progress against the SEND reform goals and what will happen next. • Keep communications and engagement approaches under review so families and settings can access clear information and timely responses. • Review and publish success / learning from three-year joint commissioning plan. Create new three-year joint commissioning plan.

	<ul style="list-style-type: none"> • Agree a three-year joint commissioning plan. 	<ul style="list-style-type: none"> • Review progress against three-year joint commissioning plan. 	
<p>Building Block 4 <i>Encouraging inclusive culture and behaviours</i></p>	<ul style="list-style-type: none"> • Agree a Belonging and Inclusion Approach (shared expectations for inclusive behaviour, language and practice across settings). • Ensure the Belonging and Inclusion Approach applies to CYP educated outside school (including EHE and EOTAS), so they remain visible in our inclusion approach and oversight. • Ensure staffing capacity and structures are sufficient and aligned to support this work. • Implement a consistent expectation for reduced timetables and reintegration planning (case audits, escalation routes and learning). • Agree and publish a “right support, right place, right time” approach for children unable to attend full-time, including reintegration pathways from AP and support to return to education. • Coproduce practical guidance for families and settings on attendance, inclusion and support when things are not working well (including clear routes for help). • Coproduce and publish clear family-facing guidance on what support is available, what happens while CYP are waiting, and how to raise concerns or get help when things are not working. • Establish routine reporting on attendance, suspensions/exclusions, 	<ul style="list-style-type: none"> • Embed a Belonging and Inclusion Culture in settings (communications, networks and practical tools), with examples of expected practice shared. • Strengthen early intervention for attendance and behaviour for children with SEND through joined-up school support and targeted advice (linked to Experts at Hand where appropriate). • Improve pathway working between mainstream, AP and specialist provision so moves are carefully planned and focused on outcomes. • Embed consideration of EHE/EOTAS within inclusion practice, guidance and reporting, so CYP are not disadvantaged by where they are educated. • Publish an annual thematic summary (attendance, exclusions, reduced timetables, CME) including what has improved and what will change next (“we said / we did”). • Implement a routine CYP and family experience measure for inclusion, support while waiting and confidence in pathways, with findings reported to SEND & AP Board and used to drive ‘we said / we did’ actions. 	<ul style="list-style-type: none"> • Maintain a business-as-usual assurance cycle for inclusive culture and access to education, with risks and actions reviewed and tracked. • Maintain routine assurance of inclusion and outcomes for children educated outside school (including EHE and EOTAS) as part of oversight. • Demonstrate sustained improvement in attendance and engagement for children and young people with SEND, with fewer exclusions, reduced timetables and CME incidents. • Embed a consistent reintegration offer so children who have been out of education or in AP can return to suitable education with the right support. • Review the impact of the Belonging and Inclusion Culture with families and settings, and refresh practical guidance based on what works. • Assurance of reduced timetables and access to suitable education is maintained through SEND & AP Board oversight.

	reduced timetables and CME for CYP with SEND, linked to action planning.		
Enabler 1 Capital	<ul style="list-style-type: none"> • Complete delivery of the Specialist Bases currently in train (three primary and one secondary) by early 2027, with Specialist Base Partnership Group oversight of delivery and quality. • Agree and publish a city-wide capital investment plan for school-led inclusion bases, including a programme of small, practical mainstream adaptations. • Establish a benefits and evaluation approach to evidence how capital is shifting placement patterns, transport dependency and reliance on high-cost out-of-area provision. 	<ul style="list-style-type: none"> • Deliver the next phase of inclusion base provision in line with a mature inclusion base strategy linked to five-year demand projections (need and geography). • Agree and begin delivery of a coproduced plan for children with the most complex SEND, including specialist places and pathways within the city. • Extend capital-enabled accessibility and inclusive environment improvements beyond inclusion bases (across phases, including early years and post-16). 	<ul style="list-style-type: none"> • Use routine evidence to show how capital investment is changing placement patterns, reducing transport dependency and lowering reliance on high-cost out-of-area provision. • Embed capital as a system-wide lever for inclusion (programme refresh cycle and annual review so plans remain responsive to need and impact).
Enabler 2 Workforce	<ul style="list-style-type: none"> • Fast track recruitment to the advanced practitioner SaLT post. • Complete an options appraisal and identify a delivery model for the specialist components of Experts at Hand (e.g. using assistant therapists / Psychologists; drawing on resource from specialist settings). • Write a joint specialist workforce recruitment plan (for EP, SaLT, OT and specialist teachers) including apprentice post to boost sustainability. 	<ul style="list-style-type: none"> • Implement integrated workforce deployment across partners so capacity is planned and used around need (not organisational boundaries), with shared pathways/interfaces for advice and escalation. • Use Experts at Hand to spread specialist expertise system-wide (early help, problem-solving with settings and practice development). Reduce reliance on casework-only models. • Align quality assurance across services (including therapies), using 	<ul style="list-style-type: none"> • Maintain a stable, well-supported specialist workforce with clear career pathways, supervision/CPD. • Embed a system-wide assurance and improvement cycle across education, health and care workforce delivery, including therapies. • Demonstrate sustained system impact from workforce changes against agreed metrics.

	<ul style="list-style-type: none"> • Review and refresh the SEND networks offer, including coaching and access to external expertise. Agree simple measures of reach and impact. • Further expand the statutory assessment and review team workforce, through the introduction of specialist plan coordinator roles for EOTAS and dispute resolution, as well as additional main grade roles, to keep pace with the increase in demand. 	<p>learning and feedback to reduce variation and improve consistency.</p>	
<p>Enabler 3 <i>Data and Digital</i></p>	<ul style="list-style-type: none"> • Refresh health data set requirements between ICB and providers. • Agree defined outcome measure for SaLT and OT (e.g. EKOS) and request provider implementation. • Agree a shared set of outcome-focused measures and leading indicators (including definitions and owners) and agree the reporting mechanism. • Create a single partnership performance view bringing together education, health and care data (demand, delivery, quality and outcomes). • Extend the role of the Quality Assurance Group to provide data governance (including data standards, routine checks and clear ownership) so reporting is trusted and timely. 	<ul style="list-style-type: none"> • Seek outcome measure report for SaLT and OT for 50% minimum of CYP on specialist pathways. • Use data in a more diagnostic way (why it is happening, not just what), and introduce simple forecasting (beyond current demand and place forecasting) • Combine lived experience with quantitative data as standard (survey/feedback loops alongside dashboards) and report “we said / we did” actions. • Improve digital processes to make the statutory assessment process easier to navigate and to offer support whilst waiting for assessment. 	<ul style="list-style-type: none"> • Seek outcome measure report for SaLT and OT for 50% minimum of CYP on specialist pathways. • Demonstrate sustained improvements in data quality, timeliness and usability (trusted reporting with clear ownership and assurance). • Deliver measurable improvements to end-to-end digital user experience for families and professionals (clearer information and faster responses). Keep processes under annual review.

	<ul style="list-style-type: none"> • Coproduce a system-wide survey to gather the views of CYP and families on SEND Services. • Share sufficiency forecasts and planning regularly with partnership as part of a headline data set. 		
<p>Success measures</p>	<ul style="list-style-type: none"> • By 2029, attendance for pupils with an EHCP and for pupils on SEND Support will be in line with or above published national averages, and persistent absence for both groups will be in line with or below published national averages. • By 2029, suspensions for pupils with an EHCP will be in line with or below published national averages, and permanent exclusions for pupils with an EHCP will be in line with or below published statistical neighbour averages. • From a 2025/26 baseline, the proportion of children and young people with SEND educated in registered provision will increase year on year, and the proportion remaining on a part-time timetable for more than one term will reduce year on year. For children and young people with an EHCP, 100% of part-time timetable arrangements will be formally agreed and reviewed. • The proportion of CYP with an EHCP placed in independent specialist provision will reduce from 6.0% to 5.8%, and the proportion educated outside the city from 13.1% to 12.9% by 2029. Over the same period, the proportion of pupils with an EHCP educated in mainstream will increase from 39.3% to at least 40.5%. • No waits over 52 weeks, 80% reduction in waits over 18 weeks for specialist SaLT and OT pathways by 2029. • A co-produced measure of parent/carer and young person experience of the SEND system will be introduced and used as the core headline measure for this section. Baseline and year-on-year improvement targets will be agreed once the survey tool has been developed, tested and calibrated. In the meantime, formal complaints progressing to Stage 2, mediation activity and tribunal volumes will be monitored as supporting indicators, with reductions over time compared with the 2025/26 baseline. • 20-week timeliness for new EHCPs issued will increase from 37% to at least 75% by 2029, and the proportion of annual reviews completed in timescale will increase from 49% to at least 80%. • By 2029, participation in education, employment or training for SEND young people aged 16–17 will remain in line with or above national averages, with year-on-year improvement in the proportion moving into positive and sustained post-16 and post-plan destinations. • From a 2025/26 baseline, Experts at Hand will be implemented across an increasing proportion of education settings year on year, alongside year-on-year improvement in the proportion of mainstream school staff who report confidence in meeting a wider range of SEND needs with access to timely specialist advice and support. 		

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 reflect a more detailed trajectory to the narrative, milestones and target metrics outlined in the 2026-27 column above.

2026-27 Local delivery plan	Q2		Q3		Q4	
Workstream outline – mapped to building block Outcome - what you want to achieve with this workstream Success measures – how you measure progress drawing on metrics from the accompanying data template	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?
Workspace 1 Quality Assurance, Data and Digital Outcome Strengthen system assurance and intelligence across SEND and AP, ensuring that reform delivery and decision making are informed by robust quality assurance, reliable data and effective digital processes. Success Measure The partnership has trusted, routine reporting that is used to understand variation and drive improvement (not just describe performance). Multi-agency assurance and lived experience evidence are brought together to inform decisions, with clear examples of course-correction and learning.	Task and finish group established to review features of inclusive practice, with representation from PCF and CYP. Outcomes deep dive completed for children with EHCPs, with priority actions agreed and shared through SEND networks. Coventry's pillars of coproduction agreed with PCF and CYP Groups, and representation on SEND Board confirmed.	First inclusive practice task and finish group established. EHCP outcomes deep dive completed. Revised governance framework published. Single SEND dataset specification agreed.	Draft one of the inclusion charter completed and shared with mainstream, Specialist Base and specialist groups for feedback. SEND Outcomes Group established and convened, with action plan agreed and pilot schools recruited. MOU with PCF and CYP groups formalised, co-production priorities for Year 1 identified, and metrics for evaluating co-production agreed. Revised governance arrangements	First inclusion charter draft shared across 3 provision types. A SEND Outcomes Group established with pilot schools recruited. A formal MOU agreed with PCF and CYP groups. First live reform tracker in use across core governance forums. First part-time timetable audit completed.	Inclusion charter reviewed, amended and shared with the wider education partnership. Priority actions implemented with pilot schools and initial evaluation completed. Co-production framework and Year 1 progress report published and presented to SEND Board. Revised governance framework evaluated at SEND Board, with any Year 2 changes agreed if required.	A co-production framework published. First Year 1 progress report presented to SEND Board. Reporting cycle embedded across governance forums. Agreed partnership measure set in routine use. First annual QA report completed.

<p>Responsible Person Head of SEND and Designated Clinical Officer</p> <p>NB: This draws predominantly from Building Blocks 3 and 4. Please see Year 1 mapping document for further information.</p>	<p>Revised governance and delivery framework published.</p> <p>Reporting requirements agreed through a logistics meeting with the reform programme manager, data leads and representatives from education, health and care.</p> <p>Year 1 communication channels and key messages agreed with Co-production Leads, PCF, CYP and Council Comms team.</p> <p>Existing data sources and reporting routes across education, health and care mapped, with requirements for a single SEND data set agreed.</p> <p>Task and finish group established for part time timetables, with an initial audit plan agreed.</p> <p>Specialist Plan-Coordinator post filled and Cross Agency Group established to oversee routine reporting and action planning.</p> <p>QA measures reviewed and timetable agreed for strengthened oversight of out-of-city providers.</p>		<p>implemented across the partnership.</p> <p>Single headline reform progress tracker agreed, published and brought into use within the governance spine and partnership groups.</p> <p>Feedback mechanisms reviewed and aligned, with communications used to direct families to the digital Local Offer as the front door for feedback.</p> <p>Single SEND data set piloted and used for reporting within the governance spine and partnership groups.</p> <p>Case audit completed for children and young people on part-time timetables.</p> <p>Additional reporting beyond the headline dashboard agreed and reporting structure implemented under oversight from CCC Performance Group and RDG.</p> <p>Aggregate reporting system implemented to provide a single view of QA findings across out-of-city providers.</p>		<p>Reporting cycle embedded through routine use across the governance spine and partnership groups.</p> <p>Communications approach embedded through routine use across reform activity and family engagement.</p> <p>Headline measures and leading indicators embedded as the agreed partnership view of SEND outcomes and progress.</p> <p>Options paper completed and submitted to SEND Board.</p> <p>CME trends analysed and findings reported to SEND Board.</p> <p>Options report prepared for SEND Board setting out Year 1 QA activity, quality of provision, key concerns and priorities for Year 2.</p>	
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<p>Workspace 2 Commissioning and Workforce Development</p> <p>Outcome Strengthen system capacity and capability to meet the needs of children and young people with SEND, through improved commissioning and workforce development.</p> <p>Success Measure Settings can access earlier specialist advice and support through Experts at Hand, underpinned by increasing and better-deployed specialist capacity (EP/SaLT/OT) and clearer routes for therapy access and Section F delivery. Evidence of reach, consistency and feedback is used to refine the offer.</p> <p>Responsible Person Head of SEND and SEND Joint Commissioning Lead</p> <p>NB: This draws predominantly from Building Blocks 1 and 2. Please see Year 1 mapping document for further information.</p>	<p>Current training offer reviewed with the wider partnership, gaps identified, funding requirements agreed, and development plan shared with SEND Board.</p> <p>EAH Lead appointed, subgroup established, and data from summer workshops analysed, with draft EAH Plan published and shared with partners. Further focused work with early years and further education completed.</p> <p>Consultation completed with settings, early years, schools and further education to identify city-wide priorities for bespoke EAH provision, with a maximum of three priority areas agreed and delivery plan confirmed across Years 1, 2 and 3.</p> <p>SaLT demand and capacity assessment completed, with additional SaLT and OT capacity secured through employed posts and a strengthened commissioning framework.</p> <p>AP framework and behaviour pathway reviewed, with key gaps and links to wider reform identified.</p> <p>Partners engaged to shape the Belonging and</p>	<p>A refreshed training offer baseline completed.</p> <p>An EAH lead and subgroup in place.</p> <p>Up to 3 bespoke EAH priorities agreed.</p> <p>A SaLT demand and capacity assessment completed.</p> <p>A cross-agency reporting group established.</p>	<p>Additional training capacity secured and delivery model agreed, including “Experts Online”, with implementation of the revised offer underway.</p> <p>Key clinical posts filled across psychology, therapy and specialist teaching teams, including advanced SaLT practitioner, with commissioning arrangements for outreach providers and an experts-by-experience model agreed, drawing on the PINS model.</p> <p>Resource for the Year 1 bespoke EAH priority agreed and secured, with the bespoke Year 1 offer planned and implementation underway.</p> <p>Additional capacity fully integrated into day-to-day delivery, with clear communication across council and NHS services to ensure consistent delivery.</p> <p>Revised pathway co-produced and tested, with AP priorities agreed within the wider SEND offer.</p> <p>Shared vision, expectations and practical implications for settings agreed with partners.</p>	<p>Additional training capacity secured, including Experts Online.</p> <p>Key posts filled across 3 specialist workforce areas.</p> <p>Resource secured for the first bespoke EAH priority.</p> <p>A revised AP pathway tested with agreed priorities.</p> <p>Commissioning options reviewed across EHE, EOTAS and NHS support</p>	<p>Revised training offer embedded, with clear links to the wider EAH model.</p> <p>Single front door for EAH established and first phase of the offer launched, with clear guidance on the minimum offer for settings for the remainder of Year 1 and Year 2.</p> <p>Year 1 bespoke offer fully implemented and evaluated, with Year 2 priority resourced and rollout planned.</p> <p>Impact evaluated, demand and capacity assessment revisited, and additional provision secured if needed to ensure full delivery of EAH alongside Section F provision.</p> <p>Revised pathway implemented, with AP delivery refined in response to identified gaps.</p> <p>Belonging and Inclusion Strategy and supporting guidance published for implementation across the partnership.</p> <p>Additional AP and NHS support secured and made available through a clearly communicated offer to families.</p>	<p>A single front door for EAH established.</p> <p>First phase of the EAH offer launched.</p> <p>Year 1 bespoke offer implemented and evaluated.</p> <p>A revised AP pathway implemented.</p> <p>A partnership-wide Belonging and Inclusion Strategy published.</p>
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	<p><i>Inclusion Strategy and identify key issues in current practice.</i></p> <p><i>Specialist Plan-Coordinator post filled and Cross Agency Group established to oversee routine reporting and action planning.</i></p>		<p><i>Commissioning options for children and young people accessing EHE and EOTAS reviewed, gaps identified, and tendering activity completed with framework providers. Access to NHS mental health support reviewed and plan agreed to strengthen access.</i></p>			
<p>Workspace 3 Capital and Sufficiency</p> <p>Outcome <i>Ensure a sustainable, planned approach to meeting current and future demand for SEND and Alternative Provision.</i></p> <p>Success Measure <i>Sufficiency decisions are based on robust demand analysis and are delivered through a clear, managed pipeline (including Specialist Bases), with readiness grip and benefits tracking. Evidence is used to adjust plans and reduce reliance on out-of-city provision over time.</i></p> <p>Responsible Person <i>Head of SEND and Education Capital Lead</i></p> <p>NB: <i>This draws predominantly from Building Blocks 1 and 2. Please see Year 1 mapping document for further information.</i></p>	<p><i>Five-year demand modelling completed and options appraisal drafted. Options appraisal presented to CCC leadership for sign-off on capital investment, with the preferred option confirmed and shared with the SEND & AP Partnership Board.</i></p> <p><i>Specialist Bases will open at two primary schools, creating 20 additional places.</i></p> <p><i>Phased opening of new provision at Woodfield Special School will create 28 places across primary and secondary.</i></p> <p><i>Review current practice and existing work with Specialist Bases and special schools to identify the key features of effective placement expectations across the continuum of provision.</i></p>	<p><i>First five-year demand model completed.</i></p> <p><i>A task group established with multi-agency representation.</i></p> <p><i>Initial specialist offer framework agreed for Local Offer content.</i></p>	<p><i>Refreshed Local Authority Place Strategy published and adopted across governance and partnership groups, with the agreed plan informing future capital and sufficiency decisions.</i></p> <p><i>Develop and test draft placement expectations with children and young people, parents/carers and settings, refining them through feedback.</i></p> <p><i>Gaps and improvement actions paper developed, drawing on feedback from children and young people, families, settings and partners.</i></p> <p><i>Common template agreed for sharing information via the Local Offer, with all settings and services providing data.</i></p> <p><i>Initial capital plan agreed and timescale set, with information shared within governance groups.</i></p>	<p><i>A preferred capital option confirmed through governance.</i></p> <p><i>Draft placement expectations tested with families and settings.</i></p> <p><i>A common Local Offer template agreed across settings and services.</i></p> <p><i>An initial capital plan and timetable agreed.</i></p>	<p><i>Specialist Bases will open at one primary school, creating 10 additional places.</i></p> <p><i>Agree, publish and embed placement expectations within decision-making processes across the partnership, with clear routes for implementation and oversight.</i></p> <p><i>Transition improvement paper presented to SEND & AP Board, with priority actions agreed for implementation.</i></p> <p><i>Local specialist offer published, with information about settings and services and supporting narrative.</i></p> <p><i>Delivery of the capital project commenced.</i></p> <p><i>Revised guidance published and training piloted.</i></p>	<p><i>A refreshed Place Strategy published and adopted.</i></p> <p><i>Placement expectations embedded in partnership decision-making.</i></p> <p><i>A local specialist offer published through the Local Offer.</i></p> <p><i>Delivery of the capital project commenced.</i></p>

	<p><i>Current transition arrangements across phases, settings and pathways reviewed, with evidence gathered on strengths, gaps and variation in practice.</i></p> <p><i>Current Local Offer content reviewed, gaps identified, and framework for presenting the offer agreed.</i></p> <p><i>Potential special school providers consulted, delivery partner agreed, and proposed model agreed, including the physical environment and pedagogy model.</i></p> <p><i>Current guidance on support for children with extended non-attendance at school reviewed, with gaps and required updates identified.</i></p> <p><i>Task group established, with representation from young people, parents, settings, specialists and the EOTAS Plan Coordinator.</i></p>		<p><i>Draft revised guidance published, with work started on a complementary training programme.</i></p> <p><i>Options paper drafted and presented to SEND Board.</i></p>		<p><i>Implementation of the action plan commenced.</i></p>	
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Projected Investment Spend per quarter <i>Please specify funding source for each category</i> <i>Example categories:</i> Programme oversight/additional leadership capacity. Workforce Recruitment Workforce training and development Data/Digital Total Spend					
		Q2 (£000)	Q3 (£000)	Q4 (£000)	Total (£000)
	Transformation (Administration)	150	150	300	601
	Workforce	586	586	1,171	2,342
	Other	15	15	30	61
	Total	751	751	1,502	3,004
*Numbers rounded to the nearest thousand.					

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

To ensure sufficient capacity and capability to implement this plan, the local area will strengthen both governance and programme infrastructure. We will implement a revised governance structure, with a Reform Delivery Group (RDG) providing day-to-day grip, pace and problem-solving across workstreams, and enabling the SEND Board to focus on strategic oversight, system challenge and decisions on prioritisation. This will include refreshed engagement and commitment through named leads within the ICB and provider functions to ensure a direct line of sight from the reform plan to delivery. It will also include the advanced SaLT practitioner to ensure therapy integration and sustainability are core to capacity discussions. Corporate functions will be engaged through this governance, including a dedicated finance link on the SEND Board to support financial compliance, value-for-money decision making and alignment between reform activity and available resources. It will include a robust three-year joint commissioning plan to bring together a single vision with shared and evidenced accountability.

We are increasing programme capacity within both the Local Authority and the ICB through a dedicated programme manager post for the reforms, supported by a clear delivery rhythm: a single integrated plan, defined owners and milestones, routine highlight reporting, and escalation routes to unblock delivery quickly. We will also refresh our approach to co-production to ensure it is central to implementation (not an add-on), by setting clear expectations for when co-production is required, how decisions are recorded, and how we will demonstrate impact through consistent “we said / we did” feedback loops.

To strengthen data and analytics capability, we will extend the role of the Quality Assurance Group to include stronger oversight of data governance and digital systems, including agreed definitions, owners and data quality checks so reporting is trusted and timely. We will quickly review and enhance health data collection expectation to support implementation of a local area dashboard which brings together education, health and care intelligence on demand, delivery, quality and outcomes, aligned to the measures in this plan. A clear reporting cadence will be established and used consistently across SEND Board, schools groups and organisational performance management forums, so insights inform decisions on prioritisation, resource deployment and course-correction throughout the year.

Other Funding

Coventry has not made a Schools Block to High Needs Block transfer in 2026/27. The LA is not in an overall DSG deficit position and has continued to deliver high-quality support for CYP through strong local partnerships and a sustained focus on early intervention.

Capital Strategy

Coventry's high needs capital strategy is designed to strengthen inclusion, grow local capacity and reduce reliance on out-of-city placements through a planned continuum of provision:

- inclusive mainstream (with improved estate and workforce capacity),
- inclusion bases,
- in-city special school capacity for children with the most complex needs, and
- a small, quality-assured independent offer used only where needs cannot be met within city provision.

Following the planned investment in local special school capacity, Coventry's capital plan will place greater emphasis on mainstream inclusion, delivering high-quality local provision for children, young people and families within their own communities.

As part of the reform programme, we have reviewed Coventry's existing capital strategy against national priorities and the evidence from our Maturity Assessment and Data Return. This has confirmed that our balanced approach remains the right one for Coventry: prioritising investment in mainstream inclusion and Specialist Bases, alongside targeted expansion of local special school capacity. The overall capital plan also considers how existing premises can be adapted, reconfigured or used more effectively, alongside proposals for new or expanded provision. This approach supports CYP to be educated successfully in their local communities while improving value for money. Delivery will be led through the Capital and Sufficiency Workspace, with benefits realisation and evaluation overseen through the Quality Assurance, Data and Digital Workspace. This will ensure that capital proposals are tested against placement sufficiency, deliverability, outcomes, value for money and transport implications, including travel distance, journey times and cost.

Expansion of Specialist Bases is our primary capital lever. We currently have 10 Specialist Bases open, providing 87 places across primary and secondary phases. Over the programme period, we will deliver at least an additional 100 Specialist Base places focused on autism/complex communication and cognition and learning, reflecting forecast growth in these cohorts and our parallel approach for SEMH.

Our Specialist Base Gateway process – which has been co-produced with our Inclusion Base Partnership – assesses:

- schools' inclusive vision and self-assessment against agreed quality standards;
- geography and population need, to improve local availability of places; and
- capital feasibility and deliverability.

This ensures a fair and transparent pipeline while maintaining strong expectations for inclusive practice and reintegration.

Capital work is ongoing in three primary schools, with specialist bases due to open late in 2026 or early 2027; capital work will shortly begin at a partner secondary school, with our second secondary base due to open in 2027.

Alongside Specialist Base expansion, we will continue to increase in-city special school capacity. By 2029 we will increase special school places for SEMH by 100 at Woodfield School and broad-spectrum needs by 85 at Baginton Fields, building on investment already made. Our next phase of special school investment will focus primarily on children with highly complex needs, where the level of specialist environment, staffing and multi-agency input required cannot currently be met through specialist provision within the city. This work will be undertaken in partnership with our established Special Schools Partnership Group and we have already identified a potential partner special school with the space needed for capital work.

This is complemented by our existing SEMH approach, which combines expanded SEMH specialist capacity with a strengthened alternative provision (AP) pathway, to support earlier intervention and timely reintegration where appropriate. We will also consult on whether further broad-spectrum capacity is required beyond 2027, based on updated demand modelling and placement trends.

To improve the suitability of the mainstream estate (including innovation such as assistive technology), we will implement a small-grants programme for schools to fund practical adaptations that enable inclusive practice, including breakout spaces, sensory rooms and assistive technology. The local authority will provide planning and commissioning support for larger or more complex projects where required.

These capital improvements will be aligned with our Experts at Hand (“team around the school”) model so that estates changes and workforce practice development reinforce each other and provide earlier support in mainstream.

Where independent provision is required, we will work with a small number of trusted providers who demonstrate strong outcomes, value for money and reasonable proximity to Coventry, while continuing to prioritise local capacity first.

For post-16, we have established a Post-16 SEND Partnership Group to co-produce the local response, including any capital requirements for FE settings. Across the programme, we will track impact through agreed measures such as in-city placement rates, access to Specialist Base places, travel distance and journey times, using this evidence to refine the capital plan year by year.

Sufficiency of placements in early years will be reviewed through our existing Early Years partnership, with particular regard to the local offer for children with the most complex SEND needs.

System partner and stakeholder engagement, and co-production

We will engage system partners and stakeholders through a refreshed governance 'spine': the SEND and AP Partnership Board (strategic decisions), the Reform Delivery Group (RDG) (programme delivery and escalation) and themed workspaces (for co-design and implementation). Partnership groups connect into this spine through:

- **Representation** (partners sit on Board/RDG/workspaces);
- **Co-production** (priority reform elements designed with children, young people and families and partners);
- **Consultation** (technical elements led by a nominated organisation with structured input from relevant groups).

This approach meets the core minimum requirements by ensuring CYP, parents/carers, education settings and health partners are involved early, influence decisions, and receive feedback on how their input has been used. In the context of changing roles and responsibilities set out in the Schools White Paper, we will use the RDG as the main interface with education partners to agree shared expectations and manage transition. We would welcome DfE support at summer term sessions with education leaders and Parent Carer Forum leaders to accelerate shared understanding and commitment.

How partners connect:

Engagement and co-production with CYP and families is coordinated by the SEND Engagement Lead, whilst the LA's Head of SEND coordinates engagement with settings and organisations. Issues and actions are routed through relevant workspaces and the RDG. An early action for this work will be to explore a local application of existing coproduction models such as the four cornerstone approach.

CYP: We will use existing youth voice routes (including Strong Voices Coventry) and broaden engagement across mainstream settings, community provision and elective home education. The SEND and AP Partnership Board includes a standing item on CYP voice, with opportunities for direct input where requested.

Parents and carers: Coventry's Parent Carer Forum (PCF) is positioned to provide strategic input and challenge. Co-production is embedded through regular liaison with the SEND Engagement Lead, Head of SEND and Designated Clinical Officer (DCO), and through PCF representation on the SEND and AP Partnership Board; actions are tracked and feedback provided on how PCF input has informed decisions.

Early years: Early years contributes through strategic representation on the SEND and AP Partnership Board and an operational lead in the RDG, with involvement in relevant workspaces (inclusion, pathways, workforce and data). Existing early years networks across provider types will be used to test proposals and feed system intelligence into the RDG.

Schools: We engage all school types (maintained schools, academies/MATs, primary, secondary and all-through, special schools, PRUs and other LA-maintained settings) through the mainstream Inclusion Group, the Special Schools Partnership Group and (since 2025) the Inclusion Base Partnership Group delivering our school-led Inclusion Base Strategy and support for school-led adaptive provision. These groups interface into the reform programme through the RDG, providing routes for shared problem-solving, escalation and decision-making, including on specialist capacity (places in special schools).

FE and post-16 (including out-of-area): In Summer 2026 we established a Post-16 Partnership Group (colleges, adult education and supported internship providers) to shape our post-16 offer. The group interfaces with the RDG to agree priorities, resolve barriers and drive reform for young people aged 16+ and is represented on the SEND and AP Board.

Alternative provision: We will engage AP leaders and providers through established AP governance (including Primary and Secondary AP Working Groups/Multi-Agency Panels) and through representation in the governance spine (AP workspace and the RDG). This will be complemented by targeted co-production on priorities such as early intervention, placement pathways and reintegration, and consultation on commissioning and practice standards as national arrangements evolve.

SENDIASS and dispute resolution: SENDIASS is a key partner, providing independent, high-quality information and advice to families. Its independence is protected; SENDIASS operates under a separate service arrangement and does not participate in placement decision-making, ensuring families can engage with confidence. Local mediation and dispute resolution arrangements incorporate parent and CYP voice. Metrics are reported through the SEND and AP Board.

Risks and Mitigations

Risk	Impact	Likelihood	RAG	Mitigation	Residual RAG
There is insufficient specialist capacity (EP/SaLT/OT) to deliver the Experts at Hand model at scale leading to long waits and inconsistent support to settings, and an underspend of grant funding.	High	High	Red	<ul style="list-style-type: none"> • Appoint to the advanced SaLT practitioner post at pace to support recruitment modelling, capacity and sustainability. • Utilise apprentice SaLT and OT posts to attract staff and build sustainability. • Use the existing SEND Workforce Development Strategy as a basis from which to build, ensuring that high-quality training is available, free at the point of contact to settings, from early in the programme. • Confirm a blended specialist outreach delivery model, including assistant therapists and psychologists, specialist teachers and multi-therapy assistants. • Ensure that within these models, quality clinical supervision builds expertise and ensures that the offer adds value for settings. • Work across the local area partnership, with specialist settings and AP providers, to draw on outreach support from skilled staff in settings. • Build in a network supervision model, which maximises use of professional time across settings. • Map existing SaLT and OT ordinarily available provision onto the new service model to eliminate duplication and direct resource at the earliest opportunity. 	Amber
If grant funding for Experts at Hand does not continue after three years, there is a risk of workforce and system instability (loss of capacity, reduced early support to settings and variable access), which would weaken inclusive practice and continuity of support for children and young people.	High	Medium	Red	<ul style="list-style-type: none"> • Design Experts at Hand as an evolution of Coventry's strong traded specialist SEND services and SEND networks (not a parallel offer), with clear interfaces and agreed service standards. • Agree a sustainability and transition-to-BAU plan from year 1 (ownership, core components, workforce model, costs and decision points), overseen through the Commissioning & Workforce Workspace and SEND & AP Partnership Board. • Build capacity through approaches that can be sustained (training/coaching, network support, outreach from mainstream/special/AP partnerships, group and whole-setting interventions), reducing dependency on time-limited posts. 	Amber

				<ul style="list-style-type: none"> Use evaluation and performance evidence (reach, impact and value for money) to inform commissioning decisions and secure ongoing funding, including options for blended funding and continued traded elements where appropriate. 	
Partners do not align decision-making and resource deployment (education, health and care), causing delays in key dependencies (therapy model, pathways, commissioning decisions) and undermining pace and credibility of reform.	High	Medium	Red	<ul style="list-style-type: none"> Refresh governance and terms of reference to clarify decision rights and escalation across a revised governance structure. Establish a Reform Delivery Group to maintain grip on plan delivery and ensure key decisions are escalated to SEND Board with the information needed for the board to take strategic decisions. Secure representation from senior leads at SEND Board and operational Leads at RDG. Appoint a SEND Reform Programme Manager to ensure coordination and information flow throughout the system. Ensure that key decisions are taken jointly by SEND Board and that project work is coproduced, ensuring system wide ownership. Adhere to the three-year joint commissioning plan. 	Green
Data and evaluation are not strong enough to evidence impact (e.g., on placement patterns, exclusions, attendance, therapy delivery, family confidence), reducing ability to review, prioritise, plan, and revise the Local Area Plan.	High	Medium	Amber	<ul style="list-style-type: none"> Extend the data set request within health at pace. Extend Quality Assurance Group oversight of data governance (definitions, owners, data quality checks) and refresh membership to include expertise from setting and service leads. Agree a single partnership performance view which is shared across all SEND Workspaces and partnership groups. Implement benefits/evaluation approach for capital and inclusion base expansion; Coproduce a survey for parents, carers and young people, to allow lived experience to be considered alongside quantitative metrics; 	Green
Capital developments are not completed to planned timescales, delaying the opening of new Specialist Bases and special school places, reducing local sufficiency and slowing the impact of reform on	High	Medium	Amber	<ul style="list-style-type: none"> Maintain a managed pipeline of capital projects through the Capital and Sufficiency Workspace, with clear milestones, dependencies, decision points and escalation routes through RDG and SEND Board. Use the Specialist Base Gateway process to ensure projects are selected on the basis of inclusive vision, geography/population need and deliverability. 	Amber/Green

placement patterns, travel and reliance on out-of-city provision.				<ul style="list-style-type: none"> Track operational readiness alongside build progress, including workforce recruitment, admissions, thresholds, policies, therapy input and pathway alignment. Retain a phased sufficiency approach, including targeted mainstream adaptations and trusted independent provision where necessary to manage short-term pressure. 	
Difficulties recruiting and retaining the specialist workforce needed for Experts at Hand and expanding Specialist Bases reduce capacity to deliver early support and new local provision, leading to slower implementation, variable quality and continued pressure on specialist placements.	High	High	Red	<ul style="list-style-type: none"> Develop a joint recruitment and workforce plan across education, health and care, covering EP, SaLT, OT, specialist teachers and key support staff. Build on Coventry's existing traded SEND support offer, specialist outreach and workforce strategy, so Experts at Hand grows from established provision rather than relying solely on new posts. Use a blended delivery model including assistant roles, outreach from specialist settings, coaching, network supervision and group-based support to maximise scarce specialist capacity. Align recruitment for Experts at Hand, therapy delivery and Specialist Bases through the Commissioning and Workforce Workspace, with phased implementation and oversight of quality, reach and impact. 	Amber
Earlier identification of need and improved access to advice and support drive an increase in requests for EHC needs assessments and EHCPs, creating additional pressure on statutory capacity, specialist provision and financial sustainability if growth outstrips available resource.	High	High	Red	<ul style="list-style-type: none"> Strengthen ordinarily available provision, Experts at Hand and clear thresholds/pathways so more needs are met earlier and only children requiring statutory support progress to EHC assessment. Use the SEND outcomes group, shared data set and demand modelling to track growth in requests, understand drivers and take early action where demand is rising faster than capacity. Continue to expand statutory assessment and review capacity, including specialist plan coordinator roles, so the local authority can respond to increased volume while maintaining timeliness and quality. Align sufficiency, workforce and commissioning decisions through the governance spine so resource follows emerging need and pressure does not simply transfer into later crisis, dispute or expensive placements. 	Amber

<p>School capacity is insufficient to engage fully with Experts at Hand, including releasing staff and prioritising time for training, supervision and follow-up work, reducing reach and consistency of the offer and weakening impact on inclusive practice.</p>	<p>High</p>	<p>Medium</p>	<p>Amber</p>	<ul style="list-style-type: none"> • Design Experts at Hand as a flexible delivery model, using a mix of system-wide support, networks, group supervision, whole-school work and targeted support so schools can engage in different ways without diluting the offer. • Use the local authority front door and clear priorities to target support where it will have the greatest impact, ensuring equitable deployment and avoiding duplication with existing outreach and training offers. • Align Experts at Hand with existing SEND networks, workforce development and school improvement activity, so participation feels coherent and manageable rather than additional to other asks on settings. • Maintain clear expectations and oversight through partnership governance, using feedback, reach data and engagement information to identify where schools are not able to participate fully and agree practical solutions. 	<p>Amber/Green</p>
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Dependencies

Family Co-production & Communications & Take-up, Trust and Reduced Dispute

The local area has prioritised co-production, particularly with families and young people, as a core component of the SEND Reform Programme. However, the programme arrives at a time when family confidence in the system is under pressure. System leaders will need to engage openly and sensitively with families at all levels, maintain clear feedback loops (“we said / we did”), and respond consistently to concerns to rebuild trust and ensure reforms have the intended impact.

Workforce Supply & Expansion of Inclusion Bases

The Local Area has expanded the number of places available within inclusion bases. Recruitment to these roles has drawn, in part, from special schools, creating a risk of reduced capacity in the specialist sector. Delivery of further expansion therefore depends on a coordinated workforce approach that grows overall capacity (rather than shifting it), including joint recruitment/retention actions, targeted training and clear pathways into specialist roles for teachers and teaching assistants.

Clinical Commissioning Model & Experts at Hand Delivery

Recruitment for the Experts at Hand programme, statutory advice for EHC needs assessments, and delivery of EHCP Section F will draw on the same limited pool of professionals. A coordinated, joint commissioning approach is therefore needed to ensure specialist capacity is deployed in line with local SEND priorities.

ICB Reorganisation & Strategic Commissioning Capacity & Continuity

The ICB is undergoing restructuring as part of a national review of ICB arrangements, which will overlap with the early phase of this SEND Reform Programme. Delivery of reforms (including therapy pathways and the Experts at Hand offer) depends on maintaining strategic commissioning, contract management and transformation capacity, with clear decision-making routes and continuity of key roles. The ICB has strengthened its commissioning function in relation to SEND, with Board Executive for SEND, senior CYP commissioners and additional SEND leads.

Capital Delivery Milestones & Operational Readiness

A significant strand of the SEND Reform Programme relies on the timely delivery of capital projects to increase places within inclusion bases and special schools within the city. Delays to the capital programme would have a knock-on impact on overall programme delivery. In addition, opening new provision depends on operational readiness (workforce recruitment, admissions and thresholds, timetables, policies, and alignment to pathways and the therapy delivery model). The

sufficiency workspace within the revised governance structure will maintain grip on both capital milestones and readiness actions, with risks escalated through the RDG/SEND Board.

Family First Partnerships Programme and Integrated Neighbourhood Health Teams & Best Start in Life

Delivery of the Family First Partnerships Programme and the roll out of integrated neighbourhood health teams, will run alongside SEND reforms and, together, will change how families experience services within the city. These programmes need to align so families experience one joined-up system, including consistent front-door arrangements (referral routes and thresholds), clear lead professional/keyworker roles, joined-up communications, and effective information sharing across partners. A SEND Engagement Lead has been appointed to work across both programmes, ensuring alignment of approach and messaging. Early Years elements of the SEND Reform programme also need to align with the local area's strategy for Best Start in life. The ICB leads on the commissioning of Neighbourhood Health and is committed to developing neighbourhood health model for CYP. This will enhance early intervention and prevention as well as coordination between our schools and primary care.

Section 3 | Monitoring and Evaluation

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

Coventry's monitoring and evaluation approach builds on established performance management within the Council and partner organisations, and will be strengthened through the SEND Reform Programme to provide a single, shared view of progress, impact and lived experience. At present, core SEND performance metrics are gathered and managed within individual organisations. SEND performance is overseen through the Council's monthly performance board (chaired through the corporate performance framework and overseen by the Director of Children's Services), with parallel performance and quality processes operating within providers and the ICB. Alongside this, a cross-agency Quality Assurance (QA) group operates a shared QA framework with a focus on customer experience, the quality of EHC Plans and key service performance indicators; this is reported into the SEND & AP Partnership Board. The Council also maintains a SEND performance dashboard, which is shared with the SEND and AP Partnership Board.

By 2027 we will move to a more integrated local area approach. Work is already underway to create a shared local area dashboard by bringing together health performance data with Council data, so we can track demand, delivery, quality and outcomes across education, health and care in one place. This shared dashboard will align to the success measures set out in this plan, including leading indicators (such as the reach of the Experts at Hand offer, growth in EHC needs assessment requests, reduced timetables/EOTAS volume and duration, and therapy delivery measures) and outcome indicators (including attendance, suspensions/exclusions, placement patterns and stability, and confidence/experience measures). We will agree clear definitions, data owners and data quality checks so that reporting is trusted and timely, and so that partners can use the same evidence base for prioritisation and resource decisions.

We will strengthen how lived experience is gathered and used alongside quantitative performance. Working with the Parent Carer Forum (PCF) and with CYP, we will co-produce and implement a small set of standardised surveys and feedback tools to gather consistent qualitative information about experience, confidence, and whether support is helping CYP to achieve and belong. This will enable a clearer "line of sight" between what families and CYP are telling us, the actions we take, and what changes as a result (including a routine "we said / we did" feedback loop). The revised QA approach will focus more on integrating qualitative and quantitative data and moving from describing what is happening to understanding why it is happening, including identifying variation by cohort, locality and setting and testing what actions make the biggest difference.

Work will be coordinated through a strengthened Quality Assurance, Data and Digital Workspace, which will link directly with the PCF and with the young people's forum and will oversee the shared QA framework, data governance and evaluation activity. The reporting structure will align to the metrics and milestones set out in the Reform Plan: the Workspace will provide routine insight and any agreed deep-dives; this will be summarised and escalated through the Reform Delivery Group (RDG) to maintain grip on delivery and to agree corrective actions where milestones slip or indicators deteriorate; and the SEND & AP Partnership Board will use this information for strategic evaluation, decision-making and course-correction (including prioritisation, commissioning intent and changes to approach). This ensures that monitoring and evaluation are not separate activities, but an embedded improvement cycle that supports pace, accountability and sustained impact across the partnership.

Section 4 | Governance

How will the local area partnership ensure delivery of plans remains on track?

Governance Mechanism	Purpose/ Responsibilities	Membership	Cadence	Decision Rights	Escalation Route
SEND and AP Partnership Board	Strategic oversight of SEND & AP; approves priorities and tracks delivery against outcomes, finance and risk.	Chaired by LA DCS/DfE SRO. Membership: LA SEND lead/SRO, education leaders (mainstream, special, AP), ICB SEND/commissioning lead, provider trusts (therapies), social care lead, finance lead, PCF rep, CYP participation rep.	Half-termly	Agree priorities, resource alignment, commissioning intent, key pathways/standards; sign-off escalation actions; hold partners to account.	Health and Wellbeing Board
Reform Delivery Group	Tactical delivery grip: integrates workstreams, manages dependencies/risks, monitors milestones and unblocks issues.	Chaired by SEND Reform Programme Manager / LA SEND lead. Membership: workstream/workspace leads, ICB commissioning/therapy lead, education reps, social care, data/QA lead, finance link, PCF rep, CYP rep.	Half-termly	Operational decisions within agreed plan; recommend decisions to Board; agree corrective actions, issue escalation, and resource deployment within delegated limits.	SEND and AP Partnership Board
Quality Assurance, Data and Digital Workspace	Assurance and intelligence: QA framework, data governance, dashboard/reporting, evaluation and learning; tracks impact and variation.	Chaired by QA/Data lead. Membership: LA performance/data, ICB analytics, service leads (SEND, therapies), school reps, AP rep, social care, PCF rep, CYP rep.	Half-termly	Agree QA tools/standards, data definitions and reporting cadence; commission deep-dives; recommend improvement actions and escalations.	SEND and AP Partnership Board
Commissioning and Workforce Workspace	Joint commissioning and workforce: therapy model, Experts at Hand resourcing, workforce plan, training/CPD and service standards.	Chaired by LA/ICB commissioning lead. Membership: ICB commissioning, therapy provider leads, LA SEND lead, workforce lead/HR, EP/SaLT/OT leads, school reps (SENCO/special), AP rep, PCF rep.	Half-termly	Design recommendations on commissioning/workforce; agree draft pathways and service specs for Board approval; track delivery of agreed actions.	SEND and AP Partnership Board
Capital and Sufficiency Workspace	Sufficiency and capital: demand modelling, place planning, capital programme delivery, readiness, and impact on placement patterns.	Chaired by sufficiency/capital lead (role). Membership: LA sufficiency/capital, finance, school place planning, special/AP reps, ICB rep (for therapy/readiness links), commissioning link, transport (as needed), PCF rep.	Half-termly	Recommend sufficiency options and capital priorities; agree delivery plans/readiness actions; escalate risks (cost, delay, capacity).	SEND and AP Partnership Board

Section 5 | Central Government Support

To maximise the impact of Coventry's SEND Reform Programme, we would welcome targeted central government support in the following areas:

- Support to broker and accelerate system-wide solutions for SaLT/OT and diagnostic capacity, aligned to our Experts at Hand model and to reliable delivery of therapy specified in EHCP Section F, so families experience timely access and consistent provision.
- Workforce support for scarce specialist roles (EP/SaLT/OT and specialist teachers), including regional pipeline and recruitment support, and early clarity on sustainability options beyond the three-year grant so we can transition Experts at Hand into business-as-usual as an evolution of our strong traded specialist SEND services, networks and school partnerships.
- Practical guidance and templates to evidence the impact of high needs capital on inclusion and value for money (e.g., placement patterns, travel/transport dependency, and reduced reliance on out-of-city placements), and support to remove barriers that could slow delivery and mobilisation of inclusion base and mainstream adaptation programmes.
- DfE-facilitated sessions with education leaders and PCF leaders to accelerate a shared definition of inclusion, shared expectations for ordinarily available provision, and mutual accountability—building on Coventry's strong education partnerships and SEND networks and supporting improvements in attendance, exclusions and reduced timetables/EOTAS.
- Tools and benchmarking packs to strengthen our evaluation and diagnostic use of data (combining lived experience and quantitative measures), including outcome measures for Experts at Hand, inclusion bases and AP pathways, enabling faster course-correction and clearer evidence of impact.