

## Report to Children and Young People Scrutiny Board

# Special educational needs and/or disabilities (SEND) and alternative provision (AP): Local area progress report

### Portfolio Holder:

Cllr Ali and Cllr Mushtaq

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### Purpose of report

A joint Ofsted/CQC area SEND inspection of the Oldham partnership took place between Monday 26 June 2023 and Friday 30 June 2023. This report summarises the progress and impact of actions since the local area inspection. It brings together and captures delivery of the local area partnership's priority action and improvement plan to date.

### Executive Summary

During the inspection, it was recognised that local partnership leaders and parents/carers had co-produced a new and ambitious SEND & Inclusion Strategy, in collaboration with children and young people, education, health, and social care partners. The inspection report stated that the strategy was well thought out and reflective of the then needs within Oldham. Areas for development have been embedded within the SEND & Inclusion Improvement Programme, which underpins the strategy.

The inspection report also recognised that the local area partnership worked actively with Oldham Parent Carer Forum (PCF), whose members represent the families of children and young people with SEND and that the PCF has strategic influence and is part of the SEND partnership board. This helps to join up services and keep children and young people at the heart of leaders' plans.

Despite the positive elements identified in the inspection report, other areas were identified as significant concern, particularly in partnership working at the organisational level and in access to health services and provision.

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As a result of the inspection, Ofsted required the local area partnership to prepare and submit a Priority Action Plan (PAP) to address the two identified areas for priority action. Oldham's local area partnership PAP was approved by Ofsted and the Care Quality Commission (CQC) in October 2023.

Our parent/carer organisation, POINT, remain integral throughout our partnership response. Actions relating to areas for development have been embedded in our existing SEND & Inclusion Improvement Programme, which Ofsted/CQC felt was ambitious.

Delivery of the PAP is overseen by the Local Inclusion Partnership Executive Board, which meets monthly to drive partnership accountability, assess progress, monitor risks and impact. The LIP Exec is informed by key partners through the Local Inclusion Partnership Programme Board, which brings together key workstreams.

Significant progress has been made to fulfil the commitments made in the PAP through close partnership working between key partner organisation; the council, the integrated care partnership, parents/carers, and schools/settings. Of a total of 40 PAP actions:

- Thirty-three actions (83%) have been marked as complete within timescale.
- Seven actions (17%) are incomplete, however, three of these are still on track, albeit with revised timescales of 2024/2025.
- One action has not been started yet, however is on track with initial appointments and first evaluation in December 2024.
- One action is vulnerable and one at risk of not being completed.

For the 'vulnerable' and 'at risk' actions and any other vulnerabilities around inclusion, a risk register is maintained. This includes all high-level risks that the LIP Executive Board need to be sighted on. All risks have mitigating actions attached to them.

Whilst significant progress has been made, there is recognition that work is still to be done to improve experiences for children, young people and families across Oldham and we remain ambitious in delivering a better system for them.

## **Recommendations**

- Note and comment on the progress since the local area SEND inspection in 2023.
- Note that key actions/issues that require focus from the LIP Executive Board will remain in the high-level action plan owned by the board. This will include ongoing monitoring of PAP actions will be included within the high-level plan.

**Special educational needs and/or disabilities (SEND) and alternative provision (AP): Local area progress****1. Background: where we were**

1.1. Following the local area inspection in June 2023, in August 2023 the managing director of children and young people for Oldham council and the chief executive of greater Manchester integrated care board received the inspection report, which determined the following outcome: *'There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with special educational needs and/or disabilities (SEND), which the local area partnership must address urgently.'*

1.2. As a result of the inspection, Ofsted required the local area partnership to prepare and submit a priority action plan (PAP) to address the identified areas for priority action, which consist of:

**Priority area I:** Leaders at Oldham Metropolitan Borough Council and NHS Greater Manchester Integrated Care Board should cooperate to urgently improve the shared strategic governance, oversight, support, challenge, and planning to deliver effective strategies to meet the needs of children and young people with SEND in Oldham.

**Priority area II:** Leaders at Oldham Metropolitan Borough Council and NHS Greater Manchester Integrated Care Board, including commissioners and providers, should act urgently to identify and address the delays and gaps in service provision to meet the full range of needs of children and young people with SEND, aged 0 to 25, in Oldham. This includes speech and language provision, neurodevelopmental pathways and community paediatrics.

1.3. Supplementary to the priority areas of action, the report stated three areas for improvement:

**Area for improvement I:** Leaders across the partnership should improve transitions between children's and adult services in health, education and social care, and improve their strategy in relation to preparing children and young people with SEND for adulthood from the earliest years.

**Area for improvement II:** Leaders across the partnership should embed and improve processes for the quality assurance of EHC plans and use this to further improve the quality and timeliness of outcomes and provision in new and existing EHC plans.

**Area for improvement III:** Leaders across the partnership should improve annual review processes so that the finalised review documentation is completed and returned in a timely manner.

1.4. To address the priority areas and the areas for development, the local area partnership worked to develop the priority action plan (PAP), which was submitted to Ofsted/CQC for approval in October 2023, gaining approval shortly after.

1.5. A monitoring inspection of the PAP response and impact was expected to be carried out within approximately eighteen months of the inspection to assess how the partnership responded to the issues raised. This initially suggested a return visit by Ofsted/CQC in spring 2024. However, since a change in government has happened, this has led to a 'pause' of re-visits following the government's intention for the inspection process to be reviewed and amended. We now expect a return visit in the summer term 2025.

1.6. Regardless of Ofsted/CQC future processes, our improvement programme has continued at pace. This report summarises the work that has been undertaken since the inspection and includes the main achievements the local are partnership have secured.

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## 2. Response to the local area inspection

- 2.1. New governance arrangements were set up by the Oldham Local Inclusion Partnership to have oversight of the Priority Action Plan and Improvement Plan. Oversight includes the Local Inclusion Partnership Executive Board (LIPEB), initially chaired by the Chief Executive of the council, and then, from January 2024, by Dame Christine Lenehan, previously Director of the Council for Disabled Children and now the government advisor for SEND and inclusion. This was to provide external support and challenge to the partnership and to direct accountability in a way that resolves issues and removes barriers to success related to priority actions.
- 2.2. The LIPEB brings together key statutory partners, i.e. Oldham MBC and the Greater Manchester Integrated Care Board, along with POINT, our parent/carer organisation and wider system partners.
- 2.3. The Local Inclusion Partnership Programme Board (LIPPB) sits under the LIPEB to ensure that the objectives of the SEND & Inclusion Improvement Programme are clearly articulated, and that progress remains on track. Where this is not the case, the programme board escalates to the exec' board.
- 2.4. Both the LIPEB and the LIPPB are multi-agency, including parent/carer representation and school representation across primary, secondary, special, and alternative provision, as well as early years and further education settings.
- 2.5. Changes have been made to the previous structure and systems have been streamlined. The Children's Collaborative is now in place and there has been lots of engagement about the SEND system and health transformation, including at the Greater Manchester level.
- 2.6. The Oldham Integrated Care Partnership Committee has been enhanced and the relationship with Greater Manchester has been clarified, i.e. Greater Manchester is for oversight only; local areas have full accountability and responsibility. Quality assurance and collaboration are enabled through the Greater Manchester system. There is a Greater Manchester SEND Quality Assurance framework in place.
- 2.7. Work on the new governance system in Oldham, feeds up from complex cases panels and joint commissioning panels. This informs the new strategic collaborative commissioning group, which now has terms of reference and a standing agenda. Impacts around what providers are experiencing are built into the system.
- 2.8. The SEND & Inclusion Improvement Programme has been developed to ensure that the priorities identified by the local area have focus, direction and strategic oversight. This is to ensure that the actions taken by the local area are in line with identified areas of development based on shared intelligence and agreement regarding the response to that.
- 2.9. Each meeting has a chair, whose role is described within the ToR for each meeting. In addition, there is a programme lead for all workstreams that sit under the SEND & Inclusion Improvement Programme.
- 2.10. The new and embedded partnership governance arrangements and programme structure have provided a footing for strong partnership working. Colleagues and representatives from across the partnership are working together to deliver actions.
- 2.11. Oldham's SEND and Inclusion Service incorporates multiple specialist teams, that work together to address the needs of the local population. We are also aligned with local partners across Greater Manchester and are active partners in Greater Manchester meetings, where we take a lead on key issues for the region, e.g. developing data and supporting providers in challenging Ofsted on their understanding of unregistered alternative provision.
- 2.12. The Parent Carer Forum, in partnership with the SEN Team at Oldham Council, have continued to deliver an Annual Engagement Schedule for families.

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- 2.13. The Parent Carer Forum attends the Family Hub centres every other week and across all five districts in Oldham. Each month the forum operates their own drop in, which offer themed events and access to practitioners from education, health, and care; enabling families to receive regular information, advice and support. The themed events include children's SEND commissioners, CAMHS, educational psychologists and other specialists and cover a wide range of topics, including transition.
- 2.14. There remains a wide range of support mechanisms for families to access, many of which are delivered by POINT, including:
- Oldham SENDIAS Service.
  - Mediation and dispute resolution service.
  - Short breaks play and leisure.
- 2.15. Discussions with POINT about the Oldham SEND Local Offer, has led to proposing and actioning a different way of commissioning so that information for parents/carers is improved. This has resulted in POINT now being the provider of the local offer which means it will be 'by parents/carers, for parents/carers.'
- 2.16. There is an extensive programme of external funding bids that have been successful (DBV, ELSEC, HNPCA, CPP). All of these have an element of joint commissioning and collaborative working. Grant funded projects include:
- **Delivering Better Value (DBV):** Over £1m invested in front line staff, integrated within existing services to target early identification and intervention.
  - **Change Partnership Programme (CPP):** Over £1m invested in front line staff, integrated within existing services to target testing of reforms around statutory processes and shaping the system so that it provides a sustainable approach that works better for children, young people, and families.
  - **Early Language Support for Every Child (ELSEC):** Over £1m invested in specialist SLCN staff, integrated within existing services to target front line delivery of provision to meet the needs of children in early years and primary schools at the universal and targeted level.
  - **High Needs Provision Capital Allocations (HNPCA):** Over £6m invested in developing additional specialist capacity in mainstream schools and settings. This has already created over 100 additional places, that are benefitting children and young people. The next phase will see a further £5m invested in new projects.
- 2.17. We have reviewed, amended, and published the Joint Strategic Needs Assessment (JSNA) and the children's elements of the Section 75 agreements have been reviewed and additional services submitted.
- 2.18. Barrier Breakers have produced a video on joint commissioning, and this has been published.
- 2.19. Directorate Management Team approved a Delegated Decision Report in January 2023 to commission Secondary Language Link for all secondary schools (maintained and academy). Due to the success of the Secondary Language Link programme during 2023/2024, the programme has been extended and commissioned for another academic year. This is benefitting children in secondary schools.
- 2.20. **Speech & Language Therapy Service (S&LT)**
- 2.21. A S&LT waiting list recovery plan was produced, post inspection, and continues in the implementation stage. The plan detailed the timescales for reduction of waiting list numbers and this is on track.
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- 2.22. Following speech, language, and communication needs (SLCN) workshops, information was collated, gaps were identified, and training has been mapped against universal, targeted and specialist levels. A final co-produced offer has now been implemented and will run through the academic year 2024 – 2025.
- 2.23. Secondary Language Link was commissioned for all maintained and academy secondary schools from Sep 23. This was successful and had positive feedback with many schools requesting an extended commission. Secondary Language Link has, therefore, been commissioned for a further year, 2024/25.
- 2.24. **Child and adolescence mental health service (CAMHS) and neurodevelopmental pathways**
- 2.25. Optimise were commissioned (in 23/24 until Sep 24) by Greater Manchester ICB to provide Neurodevelopmental assessments for this cohort with an improved access time of four months. This was to address a lack of clinical capacity for the 16-18 age range.
- 2.26. In 2023/24, the ICB allocated £700,000 to Pennine CAMHS of recurrent funding for clinical staffing to address the previous capacity gap in the 16-18 age range.
- 2.27. In Jan 2024, the ICB recruited to interim CAMHS commissioning and programme manager capacity to address the gap of a CAMHS commissioner since 2021 and support CAMHS commissioning activities, the development of an Oldham CYP MH Partnership (gap since 2021) and the co-production of multi-agency CAMHS strategy (gaps since 2019/20) with commissioning recommendations for 25/26 financial year.
- 2.28. In 2024/25 (Q1-Q2), Oldham commissioners and providers have participated in the development of an ICB Greater Manchester Neurodevelopment programme for improving outcomes across localities and reducing variability of care across Greater Manchester. This programme has completed its initial design phase and has now moved into local implementation groups.
- 2.29. In 204/25 (Q1), the Child Dynamic Support Register (DSR) was reviewed, and new policy and procedures completed to be compliant with national guidelines. Additional CAMHS commissioner capacity utilised to re-establish Oldham Care Education Treatment Reviews (CETRs) for some of the highest need neurodiverse children and young people at risk of a CAMHS inpatient admission.
- 2.30. In 204/25 (Q1), system mapping and refresh of the iTHRIVE Directory of services was completed. The iTHRIVE Directory has been promoted throughout the local authority, NHS, third sector organisations, Oldham Child Mental Health Partnership, Corporate Parenting Board, and social care directorate management team.
- 2.31. In May 24, ICB Board members were presented with and agreed a plan for Oldham mental health commissioning leads, with Bury and Heywood, Middleton, and Rochdale leads, to progress with a procurement process for a new service (three-year contract) across the Northeast Greater Manchester sector. This service will provide ADHD/ASD assessments for 16–18-year-olds and any previously waiting for assessment who have turned 18.
- 2.32. CPS and CAMHS worked together to utilise the single point of entry (SPOE) to support any complex decisions in relation the most appropriate clinical assessment. CPS and CAMHS attended the SENCo development day in May 24 to support schools' knowledge of quality referrals.
- 2.33. In Sep 24, ICB investment: Children Complex Case Coordinator; dedicated clinical capacity recruited for managing DSR and CETR processes and for providing better quality care coordination for our most complex children and young people with special needs.
- 2.34. In Sep 24, Pennine Oldham CAMHS agreed to incorporate a new 'prioritisation criteria' for Neurodevelopmental referrals which will help to prioritise looked after children and those with greatest additional needs.
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- 2.35. In Sep 24, Oldham CAMHS started to accept referrals for Neurodevelopment assessments for the 16-18 age range in Oldham because of ICB additional funding and persistent recruitment actions.
- 2.36. **Community Pediatric Service (CPS) and neurodevelopmental pathways**
- 2.37. A sleep proposal has been developed and is currently going through approval processes.
- 2.38. A Health Passport has been shared with working group members for young people with complex health care needs.
- 2.39. A clear transition pathway is in place for dietitian for transition to adult LD dietitian.
- 2.40. There are ongoing conversations between education, health and ICB colleagues regarding commissioning options.
- 2.41. Compliance for advice to contribute to EHC needs assessments is high and achieving the KPI target for the service >95%.
- 2.42. In June 24 the ICB Greater Manchester Neurodevelopmental programme was in progress with workstreams and named leads.
- 2.43. Actions to address the CPS waiting list mean that:
- The number of new patients on the neuro-developmental waiting list continues to reduce and in early May this was reduced to 216 with a waiting time of 24 weeks.
  - By comparison the waiting time in July 2023 was 46 weeks with 470 new patients waiting.
  - By June 24 there were 207 patients on the new patient waiting list and the wait time was 24 weeks for most new patients. This is in the context of staff sickness, which has impacted on clinical capacity in June.
  - By September 24 there was significant improvement, with waiting times reducing from 46 to 20 weeks.

### **3. Current position and impact of actions taken so far**

- 3.1. Partnership working is much stronger because of the LIP Executive Board, and this has seen significant agreements and actions are a result of discussions, e.g. investment for the S&LT recovery plan, CAMHS additional capacity.
- 3.2. A strength of the system is the partnership working with POINT and this has been in place for some years. The impact of improved partnership working at the organisation level has resulted in key projects being more influenced by parents/carers and some innovative commissioning decisions, e.g. to move the local offer to POINT so it can become, by parents/carers, for parents/carers.
- 3.3. Communications with wider partners have been improved and the range of approaches to ensure participation across the system has been strengthened.
- 3.4. Locally we work collaboratively in a structured and targeted way with a shared vision that works in the best interests of children and young people.
- 3.5. Grant funded programmes are designed to support earlier identification and intervention to avoid the need for higher levels of support later. Although early in implementation, there are already signs that they are making a positive difference.
- 3.6. Local specialist support is of high quality, and this is show in the feedback we receive from children, young people, schools/settings, and families. Where services are involved, this is felt to be good and effective.

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- 3.7. Language Link is being used very well in our secondary schools and around 900 children have been assessed using it so far. It is targeted at:
- Identifying need: standardised assessment for KS3 students.
  - Informing intervention: planned groups for different language skills.
  - Tracking progress: in-built outcomes measures.
  - Supporting professional development: SLCN toolkit.
  - Informing the strategic direction of the school: data analysis.
- 3.8. Although still early in looking at transformation of S&LT services, Secondary Language Link can have an impact on provision, i.e. it works well in equipping schools to improve the offer at the universal level. This is the direction we need to go in, to avoid a continuance of high referral rates to S&LT services, which have resulted in long waiting lists. Schools feedback that they have found the programme valuable, and it is making a positive difference for children and young people with SLCN.
- 3.9. Reduction in S&LT waiting list by over 50%, including a targeting of longest waits. The waiting list has been reduced by over 840 children and young people who are either currently in receipt of specialist support, have completed the clinical support and now have improved outcomes or are able to manage their needs within the home and school or who were clinically discharged from the service.
- 3.10. 55% of respondents to a Parent Carer Forum survey on the support provided whilst on a waiting list reported a positive view. Work is now underway to make improvements to the advice and guidance whilst on the waiting list, and the NCA will co-produce with the PCF updated versions of 'Support Whilst you Wait' packs.
- 3.11. Six new therapists have been recruited to the S&LT service, against a backdrop of national shortages. The new recovery posts 3.0 WTE S&LTs and 3.0 WTE Assistant Practitioners are focusing on recovery of the waiting list backlog by working with the longest waiters and within a cluster model, which has been a test of change within the mainstream school service from April to July 2024.
- 3.12. The test of change programme within the core S&LT service has focused on cluster/place-based working within 15 mainstream primary schools in Oldham from April to July 2024. The schools were selected because of the highest number of children on the service waiting list within each school and the referral rate. Feedback has been sought from school SENCOs with seven SENCOs responding so far. The feedback has been positive, including the impact on the school and on children.
- 3.13. In the Community Paediatric Service, there is reported positive service user experience: 90.1% of friends and families reported a positive experience, only 1.98% provided negative comments (Aug 2024; Pennine Oldham CAMHS Friends and Families report).
- 3.14. There is an improved and appropriate referral rate (for under 8s): neurodevelopment assessment (through streamlined process between CAMHS and Community Paediatrics). Less bouncing between services leading to better family experience of services and faster overall assessment.
- 3.15. Faster access for Neurodevelopmental assessment (16-18 age range): Optimise assessments have a waiting time of four months or less.
- 3.16. Reduced risk of CAMHS inpatient admission: increased safety and quality for the most complex neurodiverse children (reduced risk of children and young people on the Oldham DSR for those rated as red (moving to amber (50%)) and amber (moving to green (50%))).
- 3.17. Increased awareness of emotional wellbeing mental health services (iTHRIVE directory co-production and dissemination): anticipated to lead to an improvement in appropriate referral rates and enhanced utilisation of service capacity/faster access.
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- 3.18. Reduction in number of Integrated Care Partnership funded complex care packages by five from 2023/24 to 2024/25 year to date agreed with enhanced or better understood mainstream contracted services accessed and included instead, e.g. LTVT provision increased for a package from the contracted service rather than new monies provided.
  - 3.19. The SENDIAS service is jointly funded and is a high performing contract and delivery programme (large number of positive case studies and service user feedback).
  - 3.20. Five Family Hubs launched in Oldham, with delivery from Education, Health, and Social Care. (large number of positive case studies and service user feedback).
  - 3.21. Short Breaks contract in place, supporting over 150 children and young people to access the service.
  - 3.22. CAMHS pathways updated for 0-8 and 8-16 years and CAMHS provision extended to 18 years by use of interim contract arrangement and then embedded into core offer from September 2024.
  - 3.23. Waiting times for new patient CAMHS appointments has reduced from 46 weeks to 20 weeks (as of 29/8/24).
  - 3.24. Improved triage process: recent triage audit demonstrates consistency in accepting referrals with graduated response evidenced, aim to ensure neurodevelopmental assessments are being provided to the most appropriate children and in a timely manner.
  - 3.25. QI Project: test of change for nurse led clinics successful and supports new patient appointment capacity.
  - 3.26. SENCos report services are easier to navigate following changes to CPS and CAMHS age criteria.
  - 3.27. Patient experience results January 2024 – July 2024 ranges from 98% -100% positive.
  - 3.28. Compliance for advice to contribute to EHC needs assessments is high and achieving the KPI target for the service >95%.

#### 4. Performance

- 4.1. **Education, health, and care plans (EHCP):** Timeliness of EHC needs assessments remains high and we are against significant increase in demand. Oldham is currently responsible for 3674 EHCP's (December 2024), an increase of 100% since 2017 and forecasted to rise by 15% year on year up to 2030 at least. Despite demand, statutory performance remains significantly higher than national average (42%). Oldham are in the top twelve of the highest performing local areas as:
  - Cumulative timeliness in 2023 was 83%.
  - Cumulative timeliness in 2024 is 83%.
- 4.2. **Speech & Language Therapy Service:** As of 30 November 2024, there were 743 children on the S&LT Service waiting list, down significantly since the inspection (1768 in June 2023). The longest waiting time is 163 weeks, which relates to a child in an out of area specialist residential placement. The longest wait time after this is 149 weeks and the service is prioritising these cases.
- 4.3. The average wait time continues to reduce and was at 40 weeks in November 2024, reduced from 47 in August 2024. However, demand is increasing, with the service receiving 79 new referrals in March 2024, compared to 48 in June 2023.
- 4.4. **Community Paediatric Service:** Waiting times continue to fall with the longest wait being 23 weeks (halved from 46 weeks in June 2023) and the average wait being 11 weeks in November 2024, down from 29 weeks in March 2024.

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- 4.5. **Child & Adolescent Mental Health Service:** Although referral numbers have remained generally stable, the number of children and young people open to the core CAMHS team continues to increase, indicating the need for longer periods of intervention/treatment, which then impacts on allocation for new referrals for assessment.
  - 4.6. There is a rise in the percentage of those waiting more than 12 weeks for their first routine appointment, which is now at 59%. Referrals continue to grow and there were 1354 open referrals as of November 2024, increased from 1112 in June 2023.
  - 4.7. The number of patients waiting more than 12 weeks for first routine appointment is now 22 in December 2024, down from 43 in June 2023.

## 5. Feedback from Ofsted/Care Quality Commission

- 5.1. Inspection of Oldham local authority children's services from 13 to 24 May 2024 reported that the local authority is graded as good across all areas. Although the inspection focuses on children's social care, associated services and the wider children's system is also in scope, including education and health.
- 5.2. Key aspects of the inspection report, related to children and young people with SEND and/or who were vulnerable, highlighted that:
  - Since the last inspection in March 2019, when services for children and families were judged to be requires improvement to be good, there has been a relentless focus on improvement, driven by the director of children's services and his strong and stable leadership team. The pace of change has been purposeful and has ensured that children now benefit from good-quality help and support.
  - Children who go missing or are at risk of exploitation are recognised and responded to well. For these children, the multidisciplinary child exploitation team is a valuable resource. Creative and persistent work is undertaken by committed staff to engage highly vulnerable children.
  - Disabled children benefit from consistent relationships with skilled social workers, who know them well and advocate strongly on their behalf. Children have effective support and safety plans, informed by a multidisciplinary team and timely review. Children are visited in line with their assessed needs. Social workers have a focus on supporting children to remain in the care of their families. Services for disabled children have significantly improved since the last inspection.
  - There are robust systems in place to locate and monitor children who are missing education or who are electively home educated. Staff are tenacious in identifying suitable placements for those children who are missing education. Through their annual visits to children, appropriate support is secured for children whose parents choose to educate them at home.
  - There has largely been progress in the areas identified as requiring improvement at the previous inspection and visits. The quality of assessments, risk analysis and plans for children have improved. Disabled children now have effective assessments of their needs that lead to well-coordinated planning.

## 6. Summary

- 6.1. The post inspection PAP has been in place for over a year, signed off by Ofsted in October 2023, resulting in over 12 months' worth of activity. The purpose of the Local Inclusion Partnership Executive Board has been singularly focused on accountability actions related to the PAP and this has ensured that a large percentage of actions are complete. Those PAP actions that are completed but, nonetheless, the board needs to continuously monitor, will be added to the board's forward plan and performance framework.

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- 6.2. The Local Inclusion Partnership Executive Board agreed the status of the PAP as described above and was approved by the board following stock take visits from the DfE and NHSE, who monitor progress externally. This means that the board will no longer monitor the PAP but, instead, it will own an action plan that contains, but is not limited to, the outstanding PAP actions. This is incorporated into the SEND & Inclusion Improvement Programme, which continues to make significant changes and improvements.