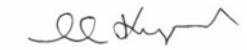
Oldham SEND Reform Plan June 2026

Name of Local Authority: Oldham Council

Name of Integrated Care Board: NHS Greater Manchester ICB

Local SEND Reform Plan SRO: Paul Tinsley, Director of Education and Early Years

Signatories

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Executive Summary

Oldham's Local SEND Reform Plan sets out our shared ambition to deliver a fair, sustainable and inclusive system for children and young people aged 0–25 that identifies and supports need early, equips partners to respond effectively, and secures better outcomes. It reflects both our collective aspiration and our readiness to build on Oldham's SEND transformation and improvement journey, strengthened further by the support of our Greater Manchester Combined Authority and NHS Greater Manchester partners.

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

Since the 2023 Area SEND inspection, Oldham's local area partnership has undertaken sustained, system wide improvement. External validation of this includes a monitoring visit by Ofsted and CQC in November 2025, recognising that leadership across education, health and care is now aligned, visible and accountable. We have been well supported by DfE officers and are delighted with the lifting of our Partnership Improvement Notice on 15 April 2026.

As a Partnership, we take joint responsibility and accountability for our journey of transformation. We continue to see improvement in key priority areas such as coproduction with parents/carers, children and young people, access to health services and developing inclusive practice in our schools. We are strengthening transitions support and have been delivering an ambitious programme of more local inclusion hubs. Through our Ordinarily Available Inclusive Provision, Local Inclusion Support Offer and strengthening of early SaLT support, including greater access to specialist expertise to support practitioners in real time, we are building a system that identifies need earlier and strengthens the capacity of mainstream settings to respond effectively.

This will reduce escalation to more complex needs and minimise the need for expensive independent specialist provision. Feedback from our families shows increasing confidence that the system is moving in the right direction. Over the next three years, our improvement journey will transition into a clearly defined operating model where inclusive practice, early intervention and integrated support are consistently delivered across all settings.

The partnership has a clear, coherent and evidence-based SEND & Inclusion Strategy, supported by a Partnership Maturity Assessment and Priority Action Plan that is aligned to wider reforms including Best Start in Life, neighbourhood working and Families First Partnership. Through our Family Hubs and Best Start in Life Programme we will further enhance access to early support as part of our Experts at Hand model, where specialist expertise is available to practitioners, families and settings in real time through locality-based, integrated support.

This includes earlier and more consistent access to specialist advice and intervention, such as speech and language therapy, educational psychology, SEND advisory support and health practitioners, through locality-based, integrated delivery models. By bringing expertise closer to children, families and settings, we will strengthen the capacity of mainstream provision to identify, understand and respond to need at the earliest point. We are moving from a system where support is accessed through thresholds to one where need is identified early and expertise is available as part of everyday practice across mainstream settings.

We know there is more to do. We understand that SEND reform is not a destination, rather a journey of continuous improvement. We are well able to sustain improvement through a strong and effective partnership and governance framework. Previously supported by Dame Christine Lenehan, this oversight will continue under the independent chairing from the CEO of POINT Oldham of our Local Inclusion Partnership Executive Board.

This approach is underpinned by four core reform building blocks; strengthening inclusion across education settings, access to specialist and targeted support, system leadership, partnership and co-production and encouraging inclusive culture and behaviour. This is supported by key enablers including capital investment, workforce culture, programme management capacity, data and digital systems, communication and engagement, joint commissioning and quality assurance.

Progress will be demonstrated through quality assurance activity and headline measures including increased inclusion in mainstream settings, reduced reliance on independent specialist provision, and improved timeliness and access to support across education, health and care.

Our plan:

- Builds on existing improvement activity
- Focuses on early intervention and inclusive mainstream practice

- Addresses workforce and system capacity across education, health, and care, including commissioning, service pathways, and consistency of practice

Through this strong partnership approach, we expect to realise our vision and ambition; **A fair, sustainable and inclusive system that identifies and supports needs early, equips partners and leads to better outcomes for our children and young people.**

Section 1 – Vision and Goals

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

Oldham's local area partnership is committed to delivering **a fair, sustainable and inclusive system that identifies and supports needs early, equips partners and leads to better outcomes for our children and young people**. Families have confidence in support, and resources are used effectively to secure value for money. Our vision is grounded in a clear principle: support should be needs-led, accessed early and delivered through an integrated system, rather than driven by diagnosis or service boundaries. This means shifting from fragmented and reactive practice to a predictable, inclusive system where needs are identified and met earlier, within local mainstream provision wherever possible.

In practice, this will mean:

- A consistent universal and targeted offer across all settings
- Timely access to multi-disciplinary support, including Experts at Hand
- A more joined-up health, education and care system, with clear pathways and co-ordinated triage
- Specialist provision that is purposeful, supporting complexity while strengthening inclusion
- A system that is transparent and co-produced, with families and young people influencing decisions

Our measurable goals over the next three years:

- Improve outcomes: increase attendance and reduce suspensions and exclusions to better than national averages
- Reduce escalation: reduce refusal to assess by 10–30%, with more needs met at SEN Support
- Increase confidence: improve parent/carer confidence to ≥95% and reduce mediation and tribunal rates by 10–30%
- Improve performance: achieve ≥90% EHCP timeliness and ≥70% annual reviews
- Ensure sustainability: reduce independent placements by 10–30% and stabilise High Needs pressures

Progress against these goals will be tracked through a small number of clearly defined success measures, aligned to demand, inclusion, system performance and experience, providing a transparent performance framework for monitoring impact and ensuring that reform leads to demonstrable improvements in outcomes for children and young people.

Section 2 – Strategy

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

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

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

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

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

Local blueprint for the next 3 years	Where we are in Oldham	Where we will be in the next 3 years
Our building blocks in Oldham **Strengthening inclusion across education settings** A strong and consistent universal offer across early years, schools and post-16 settings, with shared expectations for inclusive practice. Early identification and timely intervention are embedded in everyday practice, enabling needs to be recognised and addressed before escalation. Ordinarily Available Inclusive Provision (OAIP) is clearly defined, well understood and increasingly embedded across early years, schools and post-16 settings. Mainstream settings demonstrate increased confidence and capability to meet a wider range of needs, supported by clear pathways and accessible expertise Inclusion bases, SEND units and satellite provision are established across mainstream schools, supported by focused and targeted capital investment to build local capacity and reduce reliance on specialist placements. **Access to specialist and targeted support** **Experts at Hand Model– see Appendix 1.** A clearly defined Experts at Hand (EaH) offer embeds specialist expertise within mainstream provision, supporting earlier intervention, reducing reliance on statutory processes, and building consistent confidence and capability across early years, schools and colleges. Reduced reliance on EHCPs as the primary gateway to support is achieved through earlier, need-led intervention and stronger non-statutory routes. More children and young people (CYP) are supported locally, with needs met closer to home wherever possible.	We have established strong foundations for strengthening inclusion across education settings, informed by ongoing self-evaluation, partner feedback and external oversight. A well-embedded OAIP framework, a clear Early Help offer, strong attendance across primary and secondary phases, strong timeliness of EHCPs, and constructive relationships with schools and multi-academy trusts provide a stable and credible platform for continued improvement. External monitoring in November 2025 recognised the strength of the local area partnership, particularly the clarity of strategic direction, shared leadership and growing momentum behind the SEND improvement agenda. Our SEND and Inclusion Strategy provide a robust framework through which partners agree on shared priorities and deliver reform as a connected local system. It brings together need, resources, provision and outcomes, enabling consistent decision-making and clearer accountability. The phased development of inclusion bases, SEND units and satellite provision is progressing at pace, supported by targeted capital investment and strengthened joint working across education and health. These developments are increasing local capacity, keeping CYP educated closer to home, and providing practical models of inclusive practice within mainstream settings. Feedback from schools and partners highlights the value of this approach in building confidence and shared responsibility for inclusion. However, we acknowledge that we are in the development phase of these improvements to the wider system. Access to specialist support within education is increasingly well coordinated through a clearly defined LISO. Strategic oversight, shared triage and joint allocation across educational psychology, advisory teaching and physical and sensory services have improved the timeliness, consistency and effectiveness of specialist input across the graduated response. Collaborative recovery and transformation work with the ICB has significantly reduced speech and language therapy waiting lists and we have agreed on a new delivery model from September 2026.	Over the next three years, the local area partnership will strengthen inclusion across education settings by aligning place planning, specialist support, commissioning and quality assurance into a single, coherent system. Inclusion bases will operate as a core and integrated part of the mainstream education offer, supported by consistent oversight, clear expectations and integrated education and health input. The current support package around inclusion bases will be strengthened and fully aligned with sufficiency planning and quality assurance arrangements. This will ensure that specialist provision within mainstream settings is developed in the right places, to the right standards, and in line with local need. A consistent approach to quality assurance and oversight will be embedded for all inclusion bases across the local area, providing clarity of purpose, improving consistency and supporting continuous improvement. Commissioning decisions for resourced provision, inclusion bases and satellite provision will be underpinned by robust and transparent processes, aligned to sufficiency analysis, quality assurance and outcomes, to ensure growth is strategic, needs led and sustainable. The EaH Offer will underpin this approach by embedding specialist expertise alongside mainstream provision. It will support settings to meet a wider range of needs earlier and without default reliance on statutory assessment, building confidence and capability across early years settings, schools and colleges. This will enable the system to scale what is already working well, while addressing variation in access, thresholds and quality. Over the 3-year period, a clearer alignment of funding between sufficiency planning, placements and the health services that support them will be developed. This will move towards a more transparent and formulaic approach, drawing on the EaH commissioning framework, NHS funding from the ICB, or a combination of both. This alignment will support sustainability and ensure that specialist input follows need rather than placement. For CYP with SEMH needs, the system will also move towards a more integrated and preventative model. This will include the development of a single front door approach, supported by a Single Point of Access and a multi-disciplinary triage panel covering the whole CYP MH system. A public health informed approach will support earlier identification and intervention, recognising risks from pregnancy and early childhood through to adolescence.

A locally designed, multi-agency Local Inclusion Support Offer (LISO) brings together training, advice and specialist support to strengthen inclusive practice and enable earlier identification and intervention without default reliance on statutory routes. **System leadership, partnership and co-production** Clear governance and strong system leadership support shared decision-making across education, health and care. Partnership collaboration and co-production with schools, families and CYP are increasingly embedded in service design and system improvement. Joint performance dashboards, shared commissioning and governance. Strong parent/carer and CYP voice embedded in decision making. **Encouraging inclusive culture and behaviour** A shared ambition for all CYP and an understanding that inclusion is a collective responsibility across the whole system. Consistent thresholds, language and practice are applied across services and settings. The system shifts from escalation responses to earlier, needs-led support. Inclusive leadership, workforce development and shared expectations support more confident practice across settings. Specialist provision and support services actively model inclusive approaches and contribute to whole-setting improvement. **Key enablers** Targeted capital investment across early years, mainstream and further education Workforce culture, training and development with access to specialist expertise Transformation programme management and analytical capacity Data and digital systems to support insight, planning and decision-making Clear communication and engagement Joint commissioning arrangements Quality assurance and oversight	While demand continues to increase and capacity pressures remain in some areas, particularly in early years and some health pathways, these improvements have strengthened local access and laid firm foundations for a more sustainable, place-based model of support. System leadership and partnership working are strong. Governance arrangements are clear, senior system leadership is aligned, and joint commissioning and performance oversight are becoming embedded. The Oldham Learning Board provides a strong forum for aligning SEND and inclusion priorities with wider education system leadership, including school improvement, sufficiency, attendance and workforce considerations. There is clear evidence of shared responsibility in service redesign, workforce development and quality assurance activity, with more consistent engagement from schools and partners shaping system improvement. We are confident in what is working well, supported by positive feedback from schools, CYP and families, our self-evaluation and external monitoring. At the same time, we recognise that further progress is needed to deepen consistency of experience, particularly at universal and early intervention levels, strengthen sustainability, and ensure that learning from frontline practice continues to inform strategic decision-making. These priorities are clearly understood and form the focus of our reform plan. There is a whole system commitment to fund, in equal shares, a single Advanced Practitioner SaLT role with a GM wide remit. This strategic role will ensure a population focused, joined up approach to SLCN across all ten localities, guiding improvement and reducing variation.	Access to specialist support and local placements will be well understood. Schools and settings will understand when to access external services for targeted and targeted-plus support, how to do so, and be able to access support easily. We will build on the foundations created through DBV, CPP, ELSEC and APST in developing our Experts at Hand offer, with PCF. The LA will act as the central vehicle for delivery, building on its successful role in coordinating the current offer, with additional services commissioned via the ICB where required. Existing local authority structures provide a strong platform within which additional staff and services can sit. A core multi-disciplinary team will be developed on a setting and/or cluster basis, with implementation shaped in partnership with settings during year one. This will include targeted approaches based on district needs, particularly in areas such as speech and language, aligned to the Balanced System approach being developed across Greater Manchester. Through this programme we will establish a full 0–19 speech and language therapy offer, with a strengthened early years' service delivered through Family Hubs and directly into early years settings. The core team will link wider systems including Mental Health Support Teams, the developing multi-agency neurodevelopmental hub and triage arrangements, planned mental health single point of access, and Early Help. A team-around-the-school or college approach will support proactive access, reduce inequity in service use, and enable strategic planning across universal, targeted and targeted-plus levels. All settings will have a link educational psychologist, advisory practitioner and speech and language therapist. Oldham are moving towards fully integrated, needs led Learning Disability (LD) services across education, health and social care services; achieved through strategic agreement from the SEND partnership, facilitating CYP to receive support with or without a formal LD diagnosis. Oldham SEND partnership will have completed a review of CYP, parent/carer and schools' Occupational Therapy (OT) needs and designed and implemented a new EaH integrated OT function for early years, school aged and post-16. A streamlined enquiry system, supported by triage and joint allocation, alongside bookable consultations, SEND surgeries and regular engagement with PVIs, will provide clear and timely access to advice, assessment and intervention. Services will increasingly be delivered within schools and settings rather than through clinic-based models. Initially, fixed-term posts will be secured to strengthen universal and targeted provision, with existing specialists supporting targeted-plus

		need. Recruitment plans for EP, OT and SALT will be aligned to population need and national guidance over the medium term. Universal and targeted offers will be retained to prioritise school capacity building over the next 2–3 years and support readiness for legislative change, including strengthened balance across Early Years and post-16. Quality assurance, sufficiency oversight and provider performance will continue to sit within strengthened governance arrangements, supported by permanent QA capacity, regional collaboration and a consistent outcomes framework. Local special schools will be commissioned to deliver an outreach offer focused on strategic leadership, whole-school development and inclusion bases, subject to consultation with the sector. All services will be held to account through annual or bi-annual evaluation, recognising the complexity of measuring impact within a needs-led system.
Success measures **Our comprehensive Outcomes and Performance Framework is based on partnership data already reported, strengthened with metrics in the data template to evidence how we will measure impact of the SEND Reform Plan.** **1. Managing Demand and Reducing Escalation** • Reduction in EHCNA requests • Conversion rate from EHC Needs Assessment to EHCP (EHCNAs resulting in EHCPs) • Reduction in EHCP issued • Number of EHCPs • Number of Individual Support Plans (ISPs) – requires development Outcome = stabilised demand and increased proportion of needs met at an earlier stage without escalation. **2. Sufficiency and Inclusion** • EHCPs by provision type (mainstream vs specialist) • Increase in places in specialist and inclusion base capacity in mainstream settings • Reduction in placements in independent/non-maintained special schools (INMSS) Outcome = more children supported locally and in mainstream provision. **3. System Flow and Timeliness** • EHCNA requests refusal to assess • Refusal to issue an EHCP • Timeliness of issuing EHCP within 20 weeks	**Baseline 2025-26 (latest available data)** • Number of places in mainstream inclusion bases: 80 • Number of INMSS placements: 118 • Percentage of refusal to assess: 42.4% (Q4 2025/26) • Timeliness of EHCP: 82.9% (Q4 2025/26) • Timeliness of annual reviews: 51.9% (Q4 2025/26) • Waiting list in CAMHS: 744 (Q4 2025/26) • Waiting list in clinic-based SALT: 537 (Q4 2025/26) • Waiting list in clinic-based OT: 19 • CYP with SEN EHE: 128 (2025/26) • Attendance of CYP with SEN: primary 93.0%, secondary 87.4% (2024/25) • Suspensions of CYP with SEN: primary 1.83%, secondary 17.4% (2024/25) • Mediation referrals: 116 (Q4 2025/26) • Tribunal appeals rate: 3.87 (2025/26) • Parent/carer confidence survey – 2025/26 = 80%	**Target Metrics – three-year trajectory** • Sufficiency: Inclusion bases - 80; +169 Y1; +82 Y2; +32 Y3; 363 total Y3, with sequencing aligned to need, capital programme delivery, and system capacity. • Number of INMSS: 118 - 10-30% reduction – Y1 106, Y2 95, Y3 85 • Percentage of refusal to assess: 42.4% - 10-30% reduction – Y1 38%, Y2 34%, Y3 30% • Timeliness of EHCP: 82.9% - Y1 85%, Y2 85%, Y3 90% • Timeliness of annual reviews: 51.9% - 10-30% increase - Y1 57%, Y2 62%, Y3 70% • Waiting list in CAMHS: 744 - 10-30% reduction - Y1 669, Y2 595, Y3 520 • Waiting list in clinic-based SALT: 537 – 40-60% reduction Y1 322, Y2 268, Y3 214 • Waiting list in clinic-based OT: 19 – 10-30% reduction – Y1 17, Y2 15, Y3 13 • CYP with SEN EHE: 128 – 10-30% reduction – Y1 115, Y2 104, Y3 93 • Attendance of CYP with SEN: better than national • Suspensions of CYP with SEN: better than national • Mediation referrals: 116 – 10-30% reduction, Y1 104, Y2 93, Y3 81 • Tribunal appeals rate: 3.87 – 1-3% reduction – Y1 3.85, Y2 3.82, Y3 3.78 • Parent/carer confidence survey – 5-15% increase - Y1 85%, Y2 90%, Y3 95%

• Timeliness of annual reviews Outcome = a system that is keeping pace with demand and reducing delay. **4. Workforce and Early Intervention Capacity** • Increase in SaLT, OT and EP workforce FTE • Increase in CYP supported by SaLT, OT, EP, ND Practitioner, LD Nursing, Public Health Nursing and MHST without EHCP or specialist placement – requires development • Reduction in referrals and waiting list in CAMHS, Clinic-based SALT and OT • Improved take-up of annual health checks Outcome = more children receiving earlier support without requiring statutory escalation. **5. CYP Outcomes and System Effectiveness** • Reduction in CYP with SEN not in education (by age) • Reduction in CYP with SEN in Elective Home Education (EHE) • Increase in attendance of CYP with SEN • Reduction in PA / SA of CYP with SEN • Reduction in suspensions of CYP with SEN • Reduction in exclusions of CYP with SEN • Increase in attainment outcomes of CYP with SEN across all phases: • KS2 outcomes: meeting expected standards in Reading, Writing & Maths (combined) • KS4 outcomes: average Attainment 8 score • KS4 outcomes: achieving grades 4–9 in English & Maths • Attainment 8 score at the end of key stage 4 for state-funded schools • Aged 16–18 in Education, Employment or Training or Volunteering Outcome = improved participation, inclusion and transition outcomes. **6. Financial Sustainability** • Reduction in High Needs Block deficit growth / in-year pressure • Reduction in spend on out-of-area and independent placements • Stabilisation of SEND transport cost growth Outcome = a more sustainable system aligned to reform intent. **7. Experience and System Confidence** • Reduction in mediations referrals and tribunal appeals rate • Improved parental and CYP satisfaction (aligned to complaints, surveys		

and engagement) • Improved workforce confidence and schools and settings satisfaction and implementation ability from Expert and Hands advice (aligned to surveys and engagement) Outcomes = increased trust and confidence in the SEND system.		

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

Oldham's local area partnership strategy is focused on moving from improvement to transformation: building a SEND system over the next three years that is consistently inclusive, needs-led and increasingly sustainable.

Our theory of change is grounded in a clear principle: children and young people achieve better outcomes when support is designed around need, accessed early, and delivered through a coherent, joined-up system rather than fragmented services. In Oldham, inclusion is intentionally built into system design. This represents a shift from a system where support is accessed through thresholds and services, to one where need is identified earlier and expertise is available to children, young people and settings as part of everyday practice.

Our strategy prioritises strengthening inclusion across all education settings so that high-quality universal and targeted support becomes the norm. Embedding Ordinarily Available Inclusive Provision, confident SEN Support and inclusive classroom practice, underpinned by workforce development and shared expectations, will support earlier identification and intervention, reducing escalation to statutory processes and crisis driven placements. This is supported by a consistent understanding of what is ordinarily available across all settings, with practitioners equipped to respond to need without default reliance on specialist referral or assessment processes.

Access to specialist support will increasingly be delivered through mainstream provision rather than alongside it. The EaH offer is central to this approach, embedding education, health and care expertise around settings and localities so that specialist advice, modelling and intervention are timely, practical and needs led. This enables the system to build on what is already working well while addressing variation in access, thresholds and quality across the local area. Through this model, specialist expertise becomes an integrated part of the graduated response, enabling real time advice, consultation and intervention that strengthens practice and reduces the need for parallel, service led pathways.

Strong system leadership underpins our delivery. Clear governance, shared accountability and joint commissioning enable partners to act collectively and decisively on agreed priorities, supported by strengthening quality assurance and the increasing use of shared data, insight and lived-experience to maintain grip and pace. This creates greater alignment between need, provision and resource, ensuring that commissioning decisions are driven by population need and outcomes rather than service configuration. Over the next three years, this alignment will support sustainable sufficiency planning, improved statutory processes and stronger pathways and transitions, particularly into adulthood.

Together, these changes move Oldham toward a more stable SEND system where inclusion is increasingly predictable, support is delivered locally across the 0-25 system, families understand pathways earlier, and outcomes improve because the system works more consistently as one.

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

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

Three Year Roadmap Overview – See Appendix 2.

Local roadmap for the next 3 years	2026/27 - Establish and Align	2027/28 - Develop and Embed	2028/29 - Sustain and Mature
Strengthening inclusion across education settings • Strong universal offer across early years, schools and post-16. • Early identification embedded in everyday practice. • OAIP clearly defined and embedded across all settings. Oldham OAIP Flip Book (See Appendix 3) • Mainstream settings demonstrate increased confidence. • Inclusion bases and SEND units established in mainstream schools.	Establish and support ISP consistency across all settings, clearly linking need, outcomes, provision and review, aligned to OAIP and the graduated response. Establish shared expectations for inclusive classroom practice through OAIP, reducing reliance on diagnosis and statutory assessment. Strengthen SEND and inclusion reviews to identify variation in practice and target support to settings with greatest need. Develop inclusion bases and SEND units with agreed quality assurance principles, SLA's and oversight to ensure consistency. Prioritise whole-setting advice based around OAIP and consultation to build mainstream confidence and reduce escalation to statutory processes.	ISPs and OAIP embedded as business as usual; inclusion reviews routinely drive improvement. EaH established and strengthening mainstream confidence with emerging evidence of reduced escalation. Buddy SEND reviews and peer challenge embedded across settings.	Inclusive practice the norm. ISPs the standard for SEN Support; OAIP and graduated response applied consistently. Inclusion bases fully integrated, with outreach to surrounding schools. EaH a mature preventative model with sustained reduction in escalation evidenced.
Access to specialist and targeted support • EaH offer embeds multi-disciplinary expertise within mainstream provision. • Reduced reliance on EHCPs as the primary gateway to support. • More CYP supported locally, needs met closer to home. • LISO brings together training, advice and specialist support.	Launch EaH offer embedding specialist education, health and mental health expertise within mainstream, clearly specified, monitored and governed by Head of Service. Recruit fixed-term advisory roles to front-load universal and targeted support; commence EP recruitment as part of longer-term workforce strategy. Establish LA-led communication and interaction team, increased OT capacity, and enhanced mental health and neurodiversity practitioner roles within locality structures. Establish multi-agency team around the setting model beginning with secondary schools, expanding through cluster approaches alongside existing consultation and drop-in pathways. Refresh LISO to clarify how settings and families access training, advice and specialist support	Extend team around the setting to primary and FE settings; full Balanced System rollout for SLCN; embed APST within EaH; Tier-2 step-out provision by September 2027. Agree PfA outcomes with FE partners. Evaluate OT school-facing model; establish annual EaH evaluation cycle with regular EaH manager forums.	Single front door operational across all phases including post-16. EaH and LISO sustained as business as usual. Key fixed-term posts converted to permanent; full workforce sustainability review complete. Balanced System, ND Hub and CYP MH pathway reviews inform commissioning. New funding formula for special school nursing implemented.

	without default reliance on EHCPs; scope structured special school outreach offer.		
System leadership, partnership and co-production • Clear governance and system leadership across education, health and care. • Co-production with families and CYP embedded across system service design. • Integrated dashboards, joint commissioning and governance. • Strong parent/carer and CYP voice in decision making.	Agree PCF and SENDIASS sustainability; review district and cluster model; deploy SENDIASS expertise to strengthen mainstream inclusion. Through POINT as an equal strategic partner, establish a clear referral process ensuring families reach the right service at the right time. Launch POINT SEND Family Hub. Strengthen multi-agency understanding of service roles and thresholds; work with GM and Northern Care Alliance to align sufficiency planning and workforce approaches. Progress Neurodevelopmental Hub and CYP MH pathway redesign through a multi-agency strategic group.	Referral processes consistently applied; POINT and SENDIASS embedded in governance and service design; co-production routinely applied in pathway redesign and evaluation. ND Hub, CYP MH and SaLT pathways refined using data, feedback and lived experience. Joint commissioning increasingly coordinated with GM and health partners. Embed the POINT SEND Family Hub within Oldham's Family Hub and Best Start in Life model, providing visible and accessible family engagement.	POINT leads annual "You said, we did" publication and termly QA reviews; bi-annual BIG SEND Survey shapes priorities. Equity of access monitored across all districts. System partners operate as equal contributors with collective accountability.
Encouraging inclusive culture and behaviours • Inclusion is a collective responsibility across the whole system. • Consistent thresholds, language and practice across services. • System shifts from escalation to earlier, needs-led support. • Specialist provision actively models inclusive approaches.	Align inclusive practice expectations system-wide, reinforcing OAIP, SEN Support and graduated response as collective responsibility across education, health and care. Target early action on priority pressures: behaviour and regulation, attendance and reduced timetables, suspension and escalation risk in secondary settings. Strengthen inclusive leadership and workforce development through trauma-informed and relational practice approaches, SENCO support and EP advisory input. Ensure specialist provision actively models inclusive approaches through advice and consultation rather than isolated intervention, contributing to whole-setting improvement.	OAIP applied confidently; suspensions tracked quarterly against baseline. Refreshed CPD aligned to EaH and OAIP available across all phases. Peer challenge and SENCO networks embedded; specialist provision models inclusive approaches. Inclusive leadership strengthened through peer challenge and QA.	Earlier, needs-led support the default; suspension and exclusion rates at or below national comparators. Inclusion enacted as collective responsibility; continuous improvement driven by data and lived experience. Inclusive culture embedded as business as usual; earlier, needs-led support the default response system-wide.
Key enablers • Capital investment across early years, mainstream and further education.	Capital: progress inclusion base and accessibility projects aligned to sufficiency analysis.	All enablers further embedded and routinely informing decision-making; dashboards used consistently across partners. Stronger cross-	All enablers operating as business as usual, driving continuous improvement and long-term sustainability.

• Workforce culture, training and development. • Programme management and analytical capacity. • Data and digital systems. • Communication and engagement. • Joint commissioning. • Quality assurance and oversight.	Workforce: deploy initial EaH-aligned capacity; begin EP recruitment strategy. Programme management: coordinate delivery, track milestones and manage interdependencies. Data analytics: strengthen shared partnership dashboards including health data to identify pressures and inform decisions. Communications: improve system-wide clarity of pathways and reform expectations for schools, families and partners. Commissioning: strengthen education and health commissioning alignment; agree SLAs with ICB. Quality assurance: embed framework for consistent monitoring and oversight across all workstreams.	system alignment around sufficiency, commissioning and workforce planning Capital: Phase 3 inclusion bases underway. Workforce: EP increases continue; OT model evaluated. Data: dashboard and ISP/LISO tools in active use; AI triage tested. Commissioning: APST in EaH; Tier-2 step-out live. QA: thematic reviews across all phases.	Fixed-term posts converted to permanent; workforce review complete. Real-time shared data drives deployment decisions. New funding formula live. Termly MA QA reviews with POINT; partnership maturity matrix updated.
Success measures • 1. Demand: Reduce EHCNA requests; stabilise EHCPs; increase ISPs. • 2. Sufficiency: Inclusion bases — baseline 80; +169 Y1; +82 Y2; +32 Y3; 363 total Y3. INMSS: 118→106→95→85. • 3. Workforce and Early Intervention: Grow EP, SaLT, OT FTE; CYP supported without EHCP. • 4. CYP outcomes: Improve attendance; reduce suspensions, exclusions. • 5. Experience: Family confidence +5% per year; reduce mediation and tribunals	1. Increased ISP use and OAIP application across settings; early evidence of needs met at SEN Support without statutory escalation. 2. Inclusion bases open or in delivery in priority settings; pipeline established for further development. 169 additional inclusion base places delivered; INMSS reducing toward 106. 3. Increased CYP accessing EaH multi-disciplinary support (EP, SaLT, OT, mental health) without EHCP. 4. Early improvement in attendance; initial reduction in suspensions in identified secondary settings. EHCP demand stabilising, evidenced through shared dashboards. 5. Improved parent/carer confidence in navigation and communication; early stabilisation of demand growth.	1. Stabilising EHCP requests vs 2025/26 baseline; increasing proportion of needs met at SEN Support. 2. Further 82 inclusion base places (cumulative 251). Reduced reliance on independent and out-of-area placements vs baseline. INMSS at 94 3. Growing SaLT, OT and EP FTE; reduced CAMHS and therapy waiting lists. 4. Measurable reduction in suspensions and exclusions, particularly secondary; reduction in persistent absence. Improved post-16 EET participation. 5.Parent/carer confidence minimum 5% increase from baseline; reduced mediation referrals. Sustainability; Reduced HNB deficit growth; reduced INMSS spend; co-production embedded in service design.	1.Sustained stabilisation of EHCP demand; most needs met at SEN Support. 2. 363+ inclusion base places; Minimal out-of-area placements. INMSS at 83. 3. Specialist workforce sustained; CYP supported earlier without statutory escalation. 4. Sustained improvement in attendance; significant reduction in persistent absence. Exclusions at or below national comparators; KS2 and KS4 outcomes improving; strong post-16 EET. 5. Sustained family confidence; reduced complaints, mediation and tribunal appeals. Reduced HNB pressure; strong alignment between need, provision, workforce and funding.

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

2026-27 Local delivery plan		Q2		Q3		Q4	
Building block ***Workstream*** ***Outcome*** ***Success measures***	***Responsible lead per workstream***	***Milestones per workstream***	***Target trajectory per workstream***	***Milestones per workstream***	***Target trajectory per workstream***	***Milestones per workstream***	***Target trajectory per workstream***
Building block - Strengthening inclusion across education settings **Workstream 1 (EARLY)** Early identification & intervention Early Years ISP monitoring **Outcomes** Stabilised demand and increased proportion of needs met at an earlier stage without escalation. **Success measures** Managing Demand and Reducing Escalation Indicators	[EARLY] SEND and Inclusion Lead (Schools)	Implement workstream members, agree Terms of Reference. Mechanism for sharing OAIP/audit tool with wider staff in settings determined Provisional agreement in place about sharing of audit tool use/data PVI whole setting support commenced with a model for how the advisory practitioners are deployed System in place which allows oversight so that support for PVIs can be targeted/needs led Review approach to oversight of schools with wider school improvement Share and agree an implementation strategy for training	OAIP working/editorial group minutes Family Hubs staff (area Senco's) Staffing structure Complex schools panel spreadsheet data	OAIP shared and discussed in cluster groups to support schools' inclusion strategy OAIP aligned with DfE national inclusion standards On the basis that guidance is available from the DfE, local ISP guidance and standards will be in development Decreased RAG rating for schools requiring / having received support Pilot buddy SEND reviews taken place	Cluster group minutes Documents (OAIP, guidance)	Most schools (70%) have used the audit tool SEND review format aligned with new Whole School SEND inclusion review and used in at least 3 schools System for buddy SEND reviews agreed and established following initial pilot A mechanism for overseeing quality of ISPs developed	Audit tool completion shared by schools
Building block - Access to specialist and targeted support. Strengthening inclusion across education settings. **Workstream 2 (LOCAL)** EaH Sufficiency & Capital (Inclusion Bases) PfA	[LOCAL] Head of Specialist Support Services	Implement workstream members, agree Terms of Reference. Wider partners and services aware what the EaH is – social care and health will have shared this with all services. LISO updated and aligned with EaH and launched as key communication/navigation tool Key data sets to monitor sufficiency of EaH agreed	LISO document Recruitment and Induction records School enquiry logs HNPCA project update data (capital delivery and forecast spend)	EaH recruitment complete Initial secondary team around the school meeting taken place LA communication and interaction team recruitment completed Link SALTs in development Inclusion base support underway with initial schools	Recruitment and Induction records HNPCA project data evidences progress against capital delivery milestones, with live spend and forecasts aligned to programme delivery	Special School Nursing and Learning Disability Teams' sufficiency is linked with all health services and EaH workforce. Evaluation of sufficiency of current EaH complete, including finalisation of plans for allocations in Year 2 / 3 and any associated commissioning needs (e.g. APST)	Annual satisfaction evaluation Consistent recording of activity Consistent ongoing impact evaluation approach HNPCA project data evidences

Outcomes More children supported locally and in mainstream provision. More children receiving earlier support without requiring statutory escalation. **Success measures** Sufficiency and Inclusion Indicators Workforce and Early Intervention Capacity Indicators		Recruitment and induction of all year 1 staff including escalation through governance where recruitment is challenged. Current PfA workstream reviewed and priority actions identified Identified schools requiring support for inclusion bases Capital programme aligned to SEND Reform Year 1 trajectory, incorporating completed Phase 1 and in progress Phase 2 schemes, with confirmed delivery milestones Place delivery trajectory confirmed and sequenced, reflecting Phase 2 completions and mobilisation of remaining schemes to achieve planned capacity increases Priority schools and settings confirmed for remaining Phase 2 and Phase 3 delivery, aligned to sufficiency gaps and demand analysis Standardised design briefs confirmed for new and expanded resourced provision, including staffing models, SLAs and banding assumptions, informed by Phase 1 delivery SLAs and delivery agreements in place with schools and trusts, defining provision expectations, outreach functions and accountability for outcomes System-wide mapping of secondary school provision undertaken, capturing existing support and specialist base capacity, cohort profiles and need types to further strengthen sufficiency modelling and inform targeted Phase 3 expansion	Sufficiency and place planning dataset (capacity, occupancy and demand baseline) School/Trust leader expressions of interest and delivery pipeline records (Phase 2 and Phase 3) School enquiry logs and engagement records Feedback from participating schools/settings (including SLA implementation and provision model) Capital programme and SEND sufficiency workstream minutes	Initial pilot of single enquiry form complete Task and finish group established for PfA priority actions, which will include agreeing key PfA outcomes relevant for each age range Capital projects progressing in line with programme milestones, with a proportion of Phase 2 schemes completed and Phase 3 schemes in active delivery First tranche of new phase and expanded specialist and inclusion base places operational, with CYP placed for the autumn term and through in-year admissions SLAs implemented across delivering schools and trusts, with provision expectations, outreach activity and reporting arrangements in active use Workforce recruitment and deployment underway, with staffing in place for operational provision and recruitment continuing for remaining schemes Data tracking shows increased capacity and initial occupancy of new places, with early indications of improved local sufficiency and more placements managed within mainstream settings System-wide mapping of secondary school provision completed and validated, with follow-up queries resolved, enabling refined sufficiency	Data shows increased operational specialist and inclusion base places, with occupancy reflecting autumn term placements and in-year admissions Live system data in place for capacity, occupancy and demand, enabling active management of sufficiency School engagement data evidences sustained pipeline and confidence in delivery, including implementation of SLAs System-wide mapping of secondary school provision completed and quality assured, informing refined sufficiency modelling and Phase 3 targeting	Evaluation of year 1 of impact of EaH underway. Proposal for access changes to services and 'one front door' developed for consideration Special School outreach offer scoped and ready to be delivered from April 2027 LA communication and interaction team in situ Advanced practitioner (SaLT) in ICB in place and establishing links with education, health and family hub partners to strengthen early intervention and integrated delivery. Initial draft PfA outcomes agreed for wider consultation and/or sharing Planned increase in specialist and inclusion base places delivered, with Phase 2 schemes largely complete and Phase 3 schemes progressing in line with trajectory New provision fully operational and embedded, with CYP placed and supported within mainstream settings SLAs fully embedded across delivering schools and trusts, with consistent application of provision expectations, outreach	delivery of planned capital programme, with actual spend and outputs aligned to Year 1 trajectory Data shows sustained increase in operational specialist and inclusion base places, with stable occupancy across new provision System data demonstrates improved local sufficiency, with reduced reliance on out-of-borough and independent placements Performance data from schools evidence consistent implementation of SLAs and provision models Refreshed sufficiency model in place, using validated system-wide data to inform forward planning and Phase 3 delivery

				modelling and targeted Phase 3 expansion		and reporting arrangements Sustained data tracking of increased capacity and occupancy Sufficiency model refreshed using validated system-wide data, informing next-phase planning and targeted expansion beyond Year 1	
Building block - Encouraging inclusive culture and behaviours **Workstream 3 (FAIR)** Workforce planning Equity of offer including MHST SEND JSNA – health neighbourhood plan Co-production principles **Outcomes** increased trust and confidence in the SEND system. Improved participation, inclusion and transition outcomes. **Success measures** Experience and System Confidence Indicators CYP Outcomes and System Effectiveness Indicators	**[FAIR]** Deputy Chief Executive Officer, POINT	Implement workstream members, agree Terms of Reference. Include the following for baseline: Current Mental Health Support Team (MHST) coverage. Best Start Family Hubs / New SEND Family Hub locations. Current JSNA: Identifying current health and SEND information.	>80% partnership attendance, with clear reporting and decision making in place. Minutes of meetings will evidence	Mapping exercise of: MHST (Schools) coverage. Family Hubs/Best Start and POINT SEND Family Hub district/cluster Offer. Review JSNA SEND Data. RAG rating applied to enable a priority plan to be developed to address and gaps in offer. Review Oldham's current co-production values and involvement levels against NHS model to review any potential changes to our current values and levels. (see above for year 1&2)	Minutes of meeting including the outcomes and next steps, and RAG status	Devise a priority plan based on the mapping exercise to include workforce planning to develop consistent offer for MHST/Family Hubs/Best Start/NEW SEND Family Hub (POINT), including a quality assurance framework to monitor the offer. Update JSNA SEND data to address any population health and/or health services gaps Co-produce an integrated training and induction offer for all services to improve consistency of SEND workforce development offer across the partnership. .	MHST Offer tracking national trends/govt expectations. Move to year 2 and year 3 as above when evaluation will commence. Annual satisfaction evaluation

Building block - System leadership, partnership and co-production **Workstream 4 (EFFECTIVE)** SEND Reform Programme Management Data Maturity & Performance Intelligence Quality Assurance Outcomes Framework Joint Commissioning **Outcomes** A system that is keeping pace with demand and reducing delay. A more sustainable system aligned to reform intent. **Success measures** System Flow and Timeliness Indicators Financial Sustainability Indicators	**[EFFECTIVE]** Assistant Director Children's Services Integration	Revise existing governance arrangements – agree terms of reference of workstreams Develop programme management templates for highlight reports, risk register and board packs for consistent reporting across workstreams Develop Programme Board and SEND LIP Exec forward plans to ensure consistent reporting and oversight from all workstreams Recruitment to SEND reform programme management and capital projects team Scope systems, data and performance priorities linked to reforms plan success measures Test and refine the updated EHCP quality assurance framework Scope and plan experts and hand, sufficiency and capital and other required services commissioning intentions for 2027/28 through the Children's Collaborative Joint Commissioning Group (CJCG) Review education membership across all workstreams and at CJCG for alignment with health commissioning to support delivery and workforce planning.	Programme management - programme plan monitoring and evaluation, risk review Governance Review quarterly See success measures and outcomes in section 2.2 DfE data return	Mobilise SEND Reform governance arrangements for 2026/27 with forward plan of work to be reported into SEND LIP Exec Board Induction of SEND reform programme management and capital projects transformation team Develop outcomes framework Implement finalised EHCP quality assurance framework to include multi-agency induction and training offers for CYP posts across the SEND partnership Procurement process for services required from April 2027/28	Programme management - programme plan monitoring and evaluation, risk review See success measures and outcomes in section 2.2 DfE data returns	Programme management - programme plan monitoring and evaluation, risk review Success measures built into SEND and Inclusion dashboard as part of the performance framework Embed EHCP quality assurance framework Review and update the partnership maturity matrix Mobilisation and contract monitoring arrangements of commissioned services	Programme management - programme plan monitoring and evaluation, risk review Success measures and outcomes in section 2.2 developed into a SEND dashboard DfE data returns
Building block - Access to specialist and targeted support. **Workstream 5 (SHARED)** MDTs Pathway redesign ND Balanced System MH	**[SHARED]** Director of Children's Health	Implement workstream members, agree Terms of Reference. Scope the full programme of work for the workstream and assign action owners and establish subgroups for delivery. Engage with system partners (including GM and Balanced System leads) to map current provision against the 5 strands of the	Success measures built into SEND and Inclusion dashboard	Implementation of the Balanced System for SLCN supporting rollout across early years and school settings. Monitor progress, capacity, demand and make any refinements to the offer. Agree expected impact and outcomes for the balanced system.	Success measures built into SEND and Inclusion dashboard	Evaluate year 1 of the balanced system and develop implementation plan for years 2 and 3. Begin the commissioning and contracting arrangements to mobilise a new CYP MH Pathway with the design of a CYP MH single strategic team (not a single employer) to	Success measures built into SEND and Inclusion dashboard

LD DSR/CETR **Outcomes** More children receiving earlier support without requiring statutory escalation. **Success measures** Workforce and Early Intervention Capacity Indicators		balanced system at universal, targeted and specialist levels. Begin discussions with NHS Greater Manchester leaders and SEND governance groups on the development of a pan GM approach to CETR and DSR, informing them of the CYP MH pathway redesign work Oldham will be delivering within this programme. Scope a system-wide approach to reduce health inequalities in line with Core20PLUS5 for CYP with SEND across 5 key areas: asthma – diabetes – epilepsy – oral health – mental health (linked to PfA) Co-produce a gaps analysis of CYP, Parent/Carer and Schools' Occupational Therapy (OT) needs and/or gaps across early years, school aged and post-16 CYP.		Development of workforce and training. Wider stakeholder engagement for the Balanced System. Work with GM contracts team and Northern Care Alliance on sufficiency planning for special school and school nursing and begin the design phase of a single regional approach to workforce planning, recruitment and funding for special school and school nursing services. Run a series of THRIVE design groups to develop a new CYP MH Pathway, understanding the universal, targeted and specialist services and develop a co-ordination approach and single strategic oversight for MDT delivery of universal and targeted MH Have a fully functioning ND MDT Triage panel in place, with attendance from CAMHS, CPS, CSC, EP, SaLT and EH with the workstream overseeing delivery and performance. Review Special School Nursing sufficiency vs special school placement demand and proposed increases in specialist and inclusion base places. To include SEMH provision/settings to address a gap in Special School Nursing. Review of Special School Nursing service specification and scope for support for Transition		co-ordinate activity in a more coherent and supportive way. To include a population health / preventative approach from the early years. Begin trialling a CYP MH MDT Triage Panel – having mapped a single function across MHST, MHiE, VCFSE, specialist outreach from Special Schools through to CAMHS to provide a universal, targeted, targeted plus and specialist MH offer. Use the learning from the panels to inform new pathways. Continue oversight of performance and conduct a lesson learned review of the ND MDT Triage process. Conduct a review of the ND Hub and identify areas of support and any commissioning gaps in supporting services Lead a design session for CYP Neighbourhood MDTs supported by PCN Review the impact of the ND Transformation programme on the Community Paediatric Service (CPS) delivered by NCA, considering skill mix and capacity; including feedback from CYP, settings and parents/carers for specific health gaps for CYP with ND.	

				Review of LD health services sufficiency for CYP with LD (to aged 25 years) Review output of CYP, Parent/Carer and Schools' Occupational Therapy (OT) needs across early years, school aged and post-16 CYP to begin design of new model		Scope role and remit for Special SEND Public Health Nurse to promote and extend health and SEND expertise across schools/settings Scope role and remit for additional ND Practitioner(s) to promote and extend health and ND expertise in schools/settings	
Projected Investment Spend per quarter – Use of Experts at Hand & Local Authority SEND Transformation Fund			**Q1-Q2**		**Q3**		**Q4**
EaH – SEND advisers, EP, SaLT, OT, mental health, special school outreach, clinics, triage	Strengthening Inclusion / Access to Specialist Support	EaH model agreed and signed off (offer, thresholds, pathways) Recruitment underway for key roles (EPs, advisory, MH, OT, SaLT) Triage model designed and tested (pilot basis)	£60,000	Core EaH workforce in post (phase 1) Multi-disciplinary triage fully operational Clinics and outreach model launched in priority localities	£625,000	Full EaH delivery model operational across partnership Special school outreach and inclusion support embedded Integrated health + education pathways functioning	£625,000
Workforce development & culture – trauma-informed training, inclusive practice, SENCO/EPS support	Encouraging Inclusive Culture	Inclusion framework and training offer agreed Training commissioned (trauma-informed, inclusive practice)	£20,000	SENCO / school workforce training rolled out EPS consultation model supporting schools	£90,000	Embedding of inclusive practice across clusters Peer support / system leadership model operational	£130,000
Health capacity & pathway development – OT, SLCN (Balanced System), Neurodevelopmental	Access to Specialist Support	Agreement of priority pathways (ND, SLCN, OT), Workforce planning with ICB completed	£20,000	Additional OT, SaLT and MH capacity deployed ND / Balanced System pathways implemented (phase 1)	£115,000	Fully integrated pathways across education and health, MDT working embedded through EaH	£115,000

Hub, CYP mental health pathways							
Programme oversight, governance & system leadership – SRO support, programme delivery, commissioning capacity	System Leadership	Programme governance structure fully operational, Workstreams aligned to SEND reform priorities	£25,000	Performance dashboard in use at programme and partnership level, Joint commissioning arrangements strengthened	£70,000	System leadership embedded across partners Commissioning aligned to outcomes framework	£90,000
Data & digital systems – dashboards, analytics, ISP digitisation, LISO navigation, AI-supported triage	System Leadership	Data requirements defined Dashboard development initiated, LISO / navigation model scoped	£15,000	Dashboards developed (waits, demand, performance) Digital triage tools operational	£40,000	Integrated data across education, health and care. AI / triage support embedded (where applicable)	£55,000
Co-production & engagement – POINT, SENDIASS, SEND Family Hub, lived experience activity	System Leadership / Co-production	Co-production framework agreed with POINT / SENDIASS Engagement plan in place	£5,000	Regular lived experience feedback collated, SEND Family Hub model active	£15,000	Co-production embedded in design and evaluation, feedback loops influencing commissioning	£20,000
Quality assurance & evaluation – QA framework, audits, performance monitoring, impact evaluation	System Leadership	QA framework agreed Baseline audits completed	£5,000	QA activity (case audits, MA reviews), Performance reporting aligned to outcomes	£5,000	Evaluation of impact across workstreams, Continuous improvement model embedded	£5,000
Total indicative spend – £2,150,000			£150,000		£960,000		£1,040,000

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

Delivery in 2026–27 will focus on mobilisation through clearly defined workstreams, building the conditions for sustained system change over the following two years. To meet the requirements set out in the plan and informed by internal learning from the delivery of other national reforms, additional dedicated programme management, analytics and capital projects capacity and capability is essential for delivery with grip, rigour and pace. The programme team, with some roles funded through the Transformation grant, will work with partnership senior leaders and specialist staff within existing teams to manage delivery, support prioritisation, effectively use resources and enable the partnership to move towards a sustainable business as usual model of service delivery through operational teams.

The dedicated team will consist of:

- Programme Manager - Strategic lead for reform implementation, governance, partnership-wide SEND transformation, Ofsted/CQC preparation.
- Project Manager – Manage the delivery and tracking of reform projects to agreed outputs, outcomes, timescales and quality standards.
- Programme Support Officer - Programme planning and governance, reporting, risk/issue management, data coordination, maintaining evidence base for inspection.
- Senior Data Analyst – Develop the outcomes framework and data reporting / maturity for the local area partnership for robust tracking against plan measures and requirements for quarterly reporting.
- Technical Property Project Manager - Lead the SEND capital programme, oversee feasibility, procurement, compliance, and delivery assurance including surveys, scoping, design, contractor management and inspections.

Alongside the dedicated SEND reform capacity, the partnership will be supported by corporate functions in the LA and ICB including finance, HR, legal, procurement, data and insight, IT, strategy and public affairs, transformation and change and commissioning teams to ensure long term sustainable delivery.

The partnership will also draw on resources from Greater Manchester Combined Authority and North West ADCS sector led improvement to support Oldham's delivery.

Progress will be monitored through shared performance dashboards, quality assurance reviews and clear success measures, informing decision-making, and enabling adaptive delivery.

8. Other funding Local Authorities

Block Transfers

Oldham undertook a transfer from the Schools Block to the High Needs Block in each of the 5 financial years between 2016/17 and 2020/21 with a cumulative value of £7.247m. The Council is not currently contemplating such a transfer in 2026/27.

If deemed appropriate, any transfer would be focused on supporting SEND reform activity that reduces future demand on statutory and specialist provision. This includes strengthening the universal SEND offer, improving SEN Support in mainstream settings and expanding access to earlier expert advice, including through models such as EaH. These approaches are intended to increase confidence and capability across the system and reduce unnecessary escalation to Education, Health and Care needs assessments.

Alignment with the Schools White Paper is central to this approach. Any block transfer would support collaborative transition to new roles and responsibilities through shared accountability and system support, rather than placing additional risk on individual schools. Use of funding would complement inclusion funding and High Needs Capital investment, supporting more children and young people to have their needs met locally and effectively.

Any decision to implement a block transfer would be subject to Schools Forum approval and transparent governance and reporting arrangements to demonstrate impact, value for money and contribution to longer-term High Needs sustainability.

SEND Sufficiency Model – See Appendix 4.

Oldham's high needs capital strategy is underpinned by a clear commitment to inclusion, placing inclusive mainstream provision at the centre of sufficiency planning across the 0–25 age range. Capital investment is used strategically to reshape local provision so that children and young people with SEND can access the right support, in the right place, at the right time, reducing reliance on special schools, independent provision and out-of-area placements.

Local sufficiency modelling identifies sustained growth in EHCPs, driven primarily by autism (ASC), speech, language and communication needs (SLCN), and social, emotional and mental health (SEMH), alongside increasing complexity. Analysis shows that a significant proportion of this demand can be met within mainstream settings where appropriate environmental adaptations, specialist input and workforce capability are in place. Current pressures therefore reflect historic gaps in mainstream capacity, particularly at secondary and post-16 phases, rather than unavoidable specialist demand.

Our strategy prioritises significant expansion of mainstream capacity through inclusion bases, resourced provision and adaptations to existing settings, ensuring that the majority of additional demand can be met within mainstream provision across all phases. Capital investment has been phased and implemented since 2024 to address these gaps in a planned and sustainable way.

Phase 1 established the foundations of the inclusion model through resourced provision, SEND units and targeted alternative provision across primary, secondary and alternative provision settings, creating local capacity for ASC, SLCN and SEMH cohorts.

In 2026–27 (Phase 2), the focus is on expanding and strengthening inclusion base capacity across mainstream schools, early years and further education. This includes targeted growth in generic SEND, ASC, SLCN and SEMH places, alongside expansion of post-16 provision at the local further education college. Investment is aligned to district-level sufficiency analysis, prioritising areas of greatest need and making effective use of existing school sites, including opportunities created by falling rolls.

In 2027–28 (Phase 3), the programme will extend the inclusion base model across additional primary and secondary schools, with a particular focus on secondary capacity and SEMH provision. This phase strengthens equity of access across districts and improves transition pathways, particularly at KS2–3 and KS4–5, reducing escalation to specialist settings and independent provision.

Year 3 will consolidate the model, respond to updated demand projections and strengthen post-16 and preparation for adulthood pathways, ensuring long-term system stability.

Where specialist or special school provision is expanded, this is based on clear sufficiency analysis identifying cohorts whose needs cannot reasonably be met in mainstream settings, even with enhanced support, particularly for children and young people with the most complex needs. This ensures specialist expansion is targeted, proportionate, and contributes to reducing future system pressure.

Improving the suitability of the mainstream estate is a core priority, aligned to Oldham's accessibility strategy. Investment supports sensory-appropriate environments, accessibility improvements, flexible learning spaces and assistive technology. All proposals include consideration of travel impact, with the expectation of reduced journey times and fewer out-of-area placements.

Delivery is undertaken in partnership with schools, multi-academy trusts and further education providers, with sites identified through sufficiency analysis and ongoing engagement to ensure provision aligns with local need and supports equitable access across the borough.

Overall, high needs capital funding is deployed as part of a coherent reform programme, strengthening inclusive mainstream capacity, improving local sufficiency and delivering better outcomes for children and young people with SEND in Oldham.

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

System Partner and Stakeholder Engagement Summary – See Appendix 5.

Oldham's Local SEND Reform Plan has been developed and will be implemented through strong system leadership, shared accountability and a clear commitment to co-production. Engagement with partners and stakeholders is embedded within an established governance framework including the Local Inclusion Partnership Executive Board, the SEND and Inclusion Programme Board and multi-agency operational workstreams. These arrangements bring together senior leaders across education, health, care and the voluntary, community, faith and social enterprise (VCSFE) sector, ensuring collective ownership of priorities, joint decision making and clear accountability for delivery and impact.

System partners have been engaged from the outset in shaping the Reform Plan, including early years providers, schools, multi-academy trusts, alternative provision, further education and post-16 providers, alongside NHS Greater Manchester ICB and key health providers. This has included engagement with providers attended by Oldham children and young people outside the local authority area. Partners have jointly shaped core elements of the reform programme, including the EaH model, strengthening the universal SEND offer, and aligning commissioning, workforce development and sufficiency planning. Shared intelligence, performance data and lived experience insight are used consistently to inform planning, monitor progress and provide challenge where improvement is not happening at sufficient pace.

Engagement with education settings is structured, inclusive and ongoing. This includes school leader briefings, inclusion hub drop-in sessions, locality inclusion forums, SENCO networks, trust-level discussions and targeted briefings. SEND reform proposals have been shared through roadshow events, headteacher forums and online sessions to ensure wide and equitable access. These mechanisms support clarity of expectations around inclusive practice and the graduated response and provide collaborative forums to manage evolving roles and responsibilities in line with the Schools White Paper. Oldham is working with schools and trusts to support transition through peer learning, shared problem solving and consistent system messaging, reinforcing inclusion as a collective responsibility.

Parents, carers, children and young people are central to the partnership approach. The local area has worked closely with POINT, SENDIASS, Parent Carer Forum (PCF) and wider community networks to ensure lived experience informs priorities, service design, delivery and quality assurance. Engagement includes listening events, POINT-led forums, community sessions, surveys, digital engagement and targeted co-production activity. Evidence from the BIG SEND Survey continues to shape priorities and track confidence. Co-production is embedded as a core way of working in Oldham, with plans to further strengthen engagement in line with NHS England guidance, improving consistency, accessibility and feedback loops so contributors can see how their input influences decisions. Co-production and co-design with families and partners has directly shaped key decisions, including the prioritisation of resourced provision phases, redesign of the EHCP quality assurance framework, and the sequencing of investment towards earlier intervention and school based inclusive support.

Further education and post-16 providers are engaged through preparation for adulthood pathways and transition planning, ensuring continuity across the 0–25 system and shared accountability for outcomes.

Planned summer term engagement includes system-wide SEND reform briefings, co-production sessions and facilitated workshops to support implementation. Additional support from senior DfE officials would be valuable to reinforce alignment with national reform and support confident system leadership during transition.

10. Risks and Mitigations

The strategic risk register is owned by the workstreams and SEND Programme Board with escalation for non-delivery reported to the SEND LIP Exec Board for remedial action.

Risk	Workstream Owner	Implications	Impact	Likelihood	RAG	Mitigation	Residual RAG
Workforce capacity and stability across education, health and social care including EPs, OT, SaLT, is insufficient to increase the specialist support offer to Schools to deliver reform at pace	Local Shared	Reduced ability to implement changes, delays in pathway improvement, impact on statutory performance and quality	Critical	Likely	Red	• Phased and prioritised delivery plan focused on high-impact reforms • Targeted recruitment and retention initiatives in critical roles with robust induction • Strengthened workforce development and shared training offer • Use of temporary capacity with clear exit plans	Amber
Financial and capital delivery pressures within the High Needs system undermine timely implementation of inclusive provision and sustainability of SEND reforms	Early Local Effective Shared	Risk of short-term solutions, reduced investment in early intervention and inclusion, increased reliance on statutory processes, delays in delivery of inclusion bases and specialist provision reduce local sufficiency	Critical	Likely	Red	• Alignment of SEND reform activity with High Needs recovery planning • Focus on early intervention and inclusive practice to reduce escalation • Joint commissioning and smarter use of existing resources • Dedicated project management for inclusion base delivery with milestone tracking • Early engagement with planning, estates, and schools to reduce delivery delays with contingency planning for phased opening or temporary provision where delays occur • Regular reporting of capital delivery risks through SEND governance	Amber
Inconsistent ownership and engagement across system partners limits whole-system change, particularly in education settings	Effective	Reforms are implemented unevenly, resulting in variable experience for children and families and limited impact	Moderate	Possible	Amber	• Clear governance through SEND Local Inclusion Partnership Executive Board with senior representation • Agreed system-wide outcomes and accountability framework • Regular performance and impact reporting • Escalation routes for unresolved system blockages	Green
Engagement with children, young people and parent carers is not sufficiently embedded or	Fair	Reduced confidence in reforms, risk that changes do not reflect lived experience	Moderate	Possible	Amber	• Embedded co-production approach across all reform workstreams • Strengthened partnership with Parent Carer Forum	Green

representative across the SEND system, particularly in education settings						• Use of multiple engagement methods to reach under-represented groups • Regular feedback loops demonstrating impact of engagement	
Data quality and shared performance intelligence across the partnership are insufficient to monitor impact effectively	Effective	Difficulty demonstrating improvement, delayed response to emerging risks	Moderate	Possible	Amber	• Development and embedding of a shared SEND performance framework and quality assurance framework • Improved use of qualitative and quantitative intelligence • Regular multi-agency review of data and lived experience • Targeted timely action where performance or outcomes deteriorate	Green

11. Dependencies

Delivery of Oldham's SEND Reform Plan is dependent on, and interacts closely with, a range of national and local reform programmes. The partnership recognises that changes in policy, funding and structures, alongside an Area SEND inspection, may influence the pace, sequencing and delivery of the SEND future state. These dependencies are actively managed through robust governance, programme oversight and system-wide alignment to ensure delivery remains resilient and focused on outcomes.

Ongoing NHS reforms, including Integrated Care System development and service transformation, may impact health capacity within SEND pathways, including contributions to assessments, therapy provision and joint commissioning. To mitigate this, SEND priorities are embedded within ICB governance, the SEND LIP Executive Board and Children's Collaborative Joint Commissioning Group. Shared oversight of demand, performance and outcomes, alongside regular system dialogue, ensures SEND delivery adapts to NHS changes while maintaining statutory compliance. Providers will identify named SEND leads to ensure the quality and timeliness of advice for ISPs and EHCPs.

Following local elections, potential political or organisational changes may affect governance, financial planning and workforce stability. The SEND Reform Plan mitigates this through clear programme ownership, defined standards and documented processes that are not dependent on specific structures. Regular reporting to senior leaders and elected members ensures continuity, supporting delivery momentum regardless of wider organisational change.

National children's social care reforms, including the Families First Partnership Programme and fostering reforms, emphasise early help, relational practice and family networks. While aligned with SEND reform ambition, these changes may create workforce pressures and competing priorities. The partnership is aligning SEND and social care strategies, pathways and workforce development to ensure coherence. Joint oversight of thresholds and demand supports co-ordinated decision-making for children with complex needs across systems.

Best Start Family Hubs programme is a key dependency for strengthening early identification and intervention. Changes to early years' service delivery and access points may affect SEND pathways. To manage this, SEND pathways will be embedded within Family Hub delivery, with clear roles, referral routes and shared insights. This ensures children with emerging needs are identified early and receive co-ordinated, timely support.

Our Local Best Start in Life Strategy shapes investment, workforce development and early years outcomes. While this may influence prioritisation and delivery models, SEND reform is integrated within the strategy. Joint commissioning, shared outcomes and aligned performance measures will ensure SEND priorities are embedded in early intervention approaches, supporting a coherent system and avoiding duplication.

National curriculum and assessment reforms may alter expectations around inclusion, progress and attainment, particularly within mainstream settings. This may affect how SEND provision is delivered and evaluated. The partnership maintains close engagement with policy developments and schools, promoting inclusive practice and personalised outcomes. This ensures SEND support remains flexible and responsive as education expectations evolve.

An Area SEND Inspection may require reprioritisation of activity to address findings, potentially affecting the pace of reform delivery. This will be mitigated through maintaining a strong, evidence-led programme aligned to the inspection framework, enabling rapid mobilisation of improvement actions while sustaining progress against the longer-term reform roadmap.

By embedding SEND reform within wider system change, maintaining strong governance and adopting a flexible, evidence-led approach, the partnership is well positioned to manage these dependencies and sustain progress towards its SEND future state.

Section 3 – Monitoring and Evaluation

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

The local area partnership will know delivery of the SEND Reform Plan is on track through a combination of integrated performance data, quality assurance, structured programme oversight and ongoing stakeholder feedback. This approach ensures that both delivery milestones and outcomes and impact for children and young people are consistently monitored and acted upon.

Monitoring Tools and Data

Oldham's integrated multi-agency SEND dashboard, annual SEN2 profile analysis and quarterly Northwest SEND ChAT are primary mechanisms for reporting and tracking progress and impact and are jointly owned across education, health and social care by the SEND Local Inclusion Partnership (LIP) Executive Board. Overseen by the 'Effective' Workstream, the monthly dashboard and other monitoring and insight tools will continue to mature to support timely, shared oversight and decision-making and will be used to monitor:

- **Demand**
  - Requests for EHCP assessments and conversion rates
  - Demand trends by age, need type, provision and locality
  - EHCP and annual reviews timeliness
- **Service delivery and capacity**
  - Timeliness of statutory processes
  - Deployment and capacity of specialist services
  - Sufficiency indicators, including places created in mainstream, specialist and alternative provision
  - Reports on delivery of commissioned providers
- **Outcomes and impact**
  - Attendance, suspension and exclusion rates for children with SEND
  - Placement stability and reduced escalation to specialist provision
  - Transition outcomes, including early years, preparation for adulthood and post-16 destinations

Performance data is reviewed regularly by operational leads, with exceptions and trends escalated through the governance arrangements to enable timely corrective action.

Quality Assurance and Practice Oversight

The revised multi-agency quality assurance framework provides insight into the quality and consistency of SEND practice. This includes regular audits of EHCPs, moderation of decision-making and will include thematic reviews linked to reform priorities such as early years, inclusion, transitions and ISPs. Findings will triangulate with performance data and be used to inform workforce development, service improvement and commissioning decisions.

Programme and Milestone Oversight

Delivery of the SEND Reform Plan is supported by a clear performance management framework, reform roadmap with milestones, timescales and named leads across the core workstreams. The plan is also supported by a Core Minimum Requirements Tracker that aligns to the expectations outlined in the Reforms guidance (attached). Progress will be RAG-rated and reported to the SEND Programme Board and SEND LIP Exec Board, enabling system leaders to distinguish between activity slippage and risks to intended impact.

Feedback Loops and Stakeholder Input

Quantitative data is complemented by structured feedback and engagement to test whether reforms are improving lived experience. This includes:

- Ongoing engagement with parent carers through the Parent Carer Forum, surveys and engagement sessions
- Direct feedback from children and young people, through Barrier Breakers, particularly around inclusion, support and transitions
- Regular dialogue with our workforce, schools and settings on confidence, clarity and impact of SEND pathways
- Use of complaints, compliments and themes from casework as system intelligence

Feedback will be routinely collated and fed into governance and workstreams, creating clear loops between insight, decision-making and service adjustment.

Review and Adaptation

To strengthen evaluation over time, the partnership will maintain a small set of agreed system-level impact measures, undertake focused deep-dives on areas of risk, and apply escalation where delivery or outcomes deteriorate. This will ensure the SEND Reform Plan remains responsive, evidence-led and focused on improving outcomes, rather than static or compliance-driven.

13. Reporting to DfE

Oldham SEND Reform Plan Data Template attached.

Section 4 – Governance

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

Governance Structure Charts – See Appendix 6a (LA) and 6b (NHS GM ICB).

Governance Mechanism	Purpose / Responsibilities	Membership	Cadence	Decision Rights	Escalation Route
Building block - Workstream 1 (EARLY) Early identification & intervention Early Years ISP monitoring	Responsible for the delivery of the programmes of work assigned to the group. Setting workstream priorities, delivering milestones and tasks and managing risks. Produces highlight reports for the Programme Board.	Chair: SEND and Inclusion Lead (Schools) POINT PCF LA – SEND and inclusion, early years, public health, children's social care, early help ICB Education, FE and early years settings	Bi-monthly	Workstream priorities, use of existing resources for programme delivery, monitoring spend of allocated budgets / grant funding	To the programme board
Building block - Workstream 2 (LOCAL) EaH Sufficiency & Capital (Inclusion Bases) PfA	Responsible for the delivery of the programmes of work assigned to the group. Setting workstream priorities, delivering milestones and tasks and managing risks. Produces highlight reports for the Programme Board.	Chair: Head of Specialist Support Services POINT PCF LA – SEND and Inclusion, school support, children's and adult's social care ICB and health providers Education, FE and early years settings	Bi-monthly	Workstream priorities, use of existing resources for programme delivery, monitoring spend of allocated budgets / grant funding	To the programme board
Building block - Workstream 3 (FAIR) Workforce planning Equity of offer inc. MHST SEND JSNA – health neighbourhood plan Co-production principles	Responsible for the delivery of the programmes of work assigned to the group. Setting workstream priorities, delivering milestones and tasks and managing risks. Produces highlight reports for the Programme Board.	Chair: Deputy Chief Executive Officer, POINT PCF LA – SEND and Inclusion, school support, youth services Health Education, FE and early years settings	Bi-monthly	Workstream priorities, use of existing resources for programme delivery, monitoring spend of allocated budgets / grant funding	To the programme board

Building block - Workstream 4 (EFFECTIVE) SEND Reform Programme Management Data Maturity & Performance Intelligence Quality Assurance Outcomes Framework Joint Commissioning	Responsible for the delivery of the programmes of work assigned to the group. Setting workstream priorities, delivering milestones and tasks and managing risks. Produces highlight reports for the Programme Board.	Chair: Assistant Director Children's Services Integration POINT PCF LA – SEND and inclusion, data and insight, children's and adults social care, early help, commissioning, youth services, children's transformation, public health, education and early years ICB and NHS providers	Bi-monthly	Workstream priorities, use of existing resources for programme delivery, monitoring spend of allocated budgets / grant funding	To the programme board
Building block - Workstream 5 (SHARED) MDTs Pathway redesign ND Balanced System MH LD DSR/CETR	Responsible for the delivery of the programmes of work assigned to the group. Setting workstream priorities, delivering milestones and tasks and managing risks. Produces highlight reports for the Programme Board.	Chair: Director of Children's Health POINT PCF LA – SEND and inclusion, public health ICB and health providers	Bi-monthly	Workstream priorities, use of existing resources for programme delivery, monitoring spend of allocated budgets / grant funding	To the programme board
SEND and Inclusion Programme Board	Accountable for overseeing the programme workstreams. Workstream chairs and leads report progress against workstream priorities, activities and milestones and risk management through highlight reports. Reports to the LIP Exec Board.	Chair: Director of Education and Early Years (SEND Reform Plan SRO) POINT PCF LA – SEND and Inclusion, Children's Social Care, DSCO, Data and Insight, Transformation, Commissioning, Youth Services ICB commissioners, DCO and health providers Education, FE and early years settings	Bi-monthly	Monitoring of grant funded projects and programmes of work to ensure activity and milestones remain on track and workstream risks are managed	To the LIP Exec Board.
SEND Local Inclusion Partnership Executive (LIP Exec) Board	Senior strategic board for system leaders. Ownership and accountability of the SEND	Chair: Chief Executive Officer of POINT PCF	Bi-monthly	Decision making capacity regarding resource, strategy and transformation	To the SEND Escalation Meeting

	Reform Plan and Priority Action Plan	LA – Lead Member, DCS, SEND and Inclusion, Children's Social Care, DSCO, Data and Insight, Transformation, Commissioning Barrier Breakers Health – NHS ICB deputy place lead, locality commissioning, DCO Education, FE and early years settings		and improvement activity	
SEND Escalation Meeting	Provide oversight and resolve critical issues relating to SEND in Oldham. Considers relevant government developments, and addresses matters that have not progressed with sufficient pace or rigour through the LIP Exec Board	Chair: Oldham Council Chief Executive Chair of the SEND LIP Exec ICB	Quarterly	Decision maker to resolve escalations from LIP Exec Board	To the NHS ICB Chief Executive

Oldham SEND reforms governance structure is attached to illustrate alignment to other governance arrangements and reform programmes which have key members from the SEND LIP Exec Board and Programme Board as active members.

Section 5 – Central Government Support

15. How can we help you?

To support effective delivery of Oldham's Local SEND Reform Plan, targeted support from central government would add value in accelerating implementation, strengthening quality and reducing system risk during this period of transition.

Access to specialist expertise and advisory support would be particularly beneficial in priority reform areas, including the development and scaling of the EaH offer, strengthening SEN Support in mainstream settings, and improving integrated pathways across education and health. Advisory input on inclusive practice, inclusion base delivery and sufficiency planning would help align local implementation with national learning and best practice.

Workforce challenges remain a key constraint. Support with national workforce planning tools, recruitment approaches and strategies to address shortages in educational psychology, therapy services and mental health provision would support sustainable system delivery.

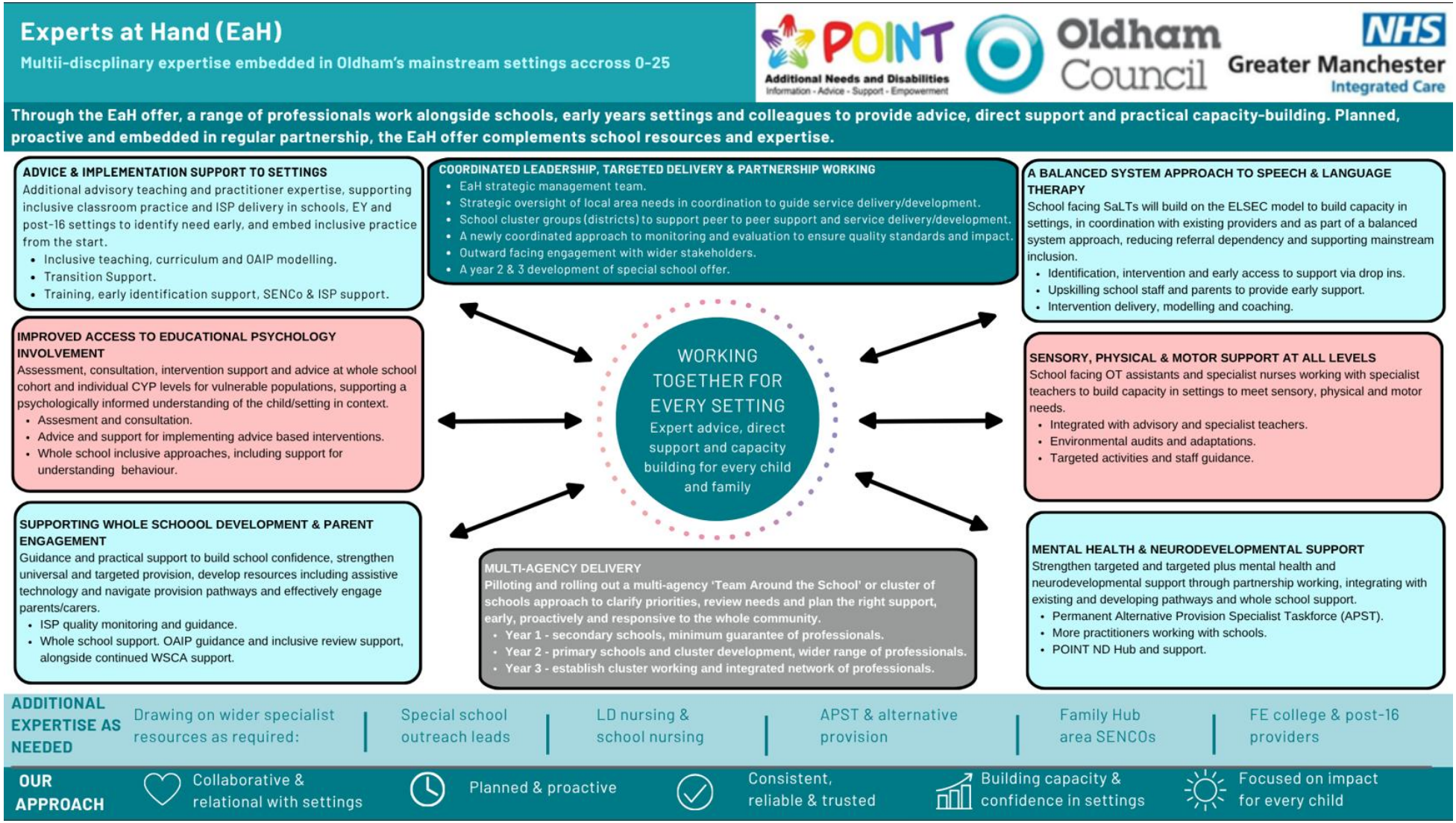
We would also welcome national tools and templates to support data integration, performance reporting and evaluation. Greater consistency in datasets and benchmarking would strengthen local ability to track impact, compare performance and inform decision making.

Facilitated peer learning and regional collaboration, particularly across Greater Manchester, would support the sharing and scaling of effective inclusive practice. Clarity in national policy, including alignment between reform expectations and inspection frameworks, would further support confident implementation.

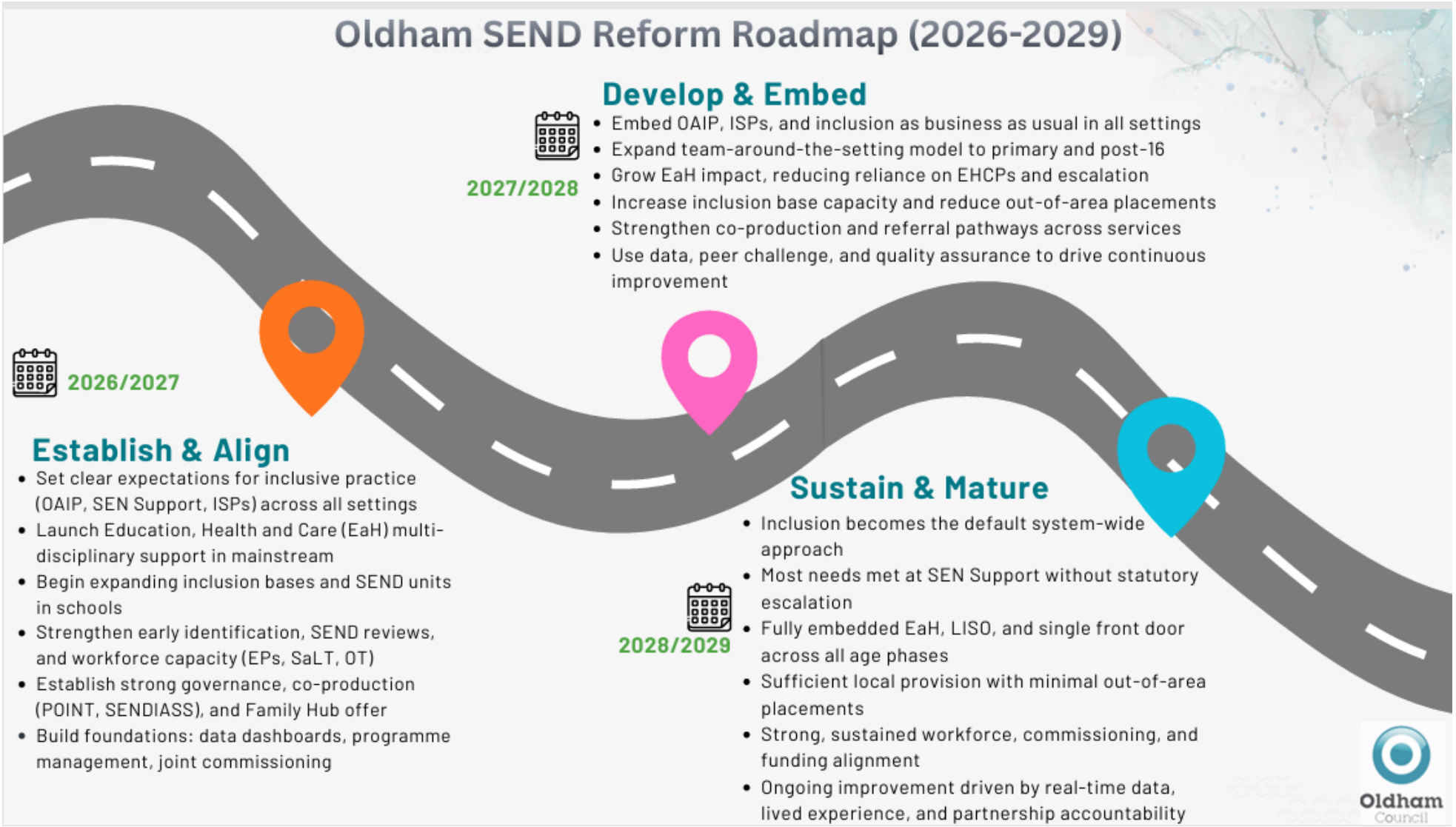
Finally, engagement from senior DfE officials at key local and regional events would support system leadership, reinforce national priorities and strengthen shared ownership across partners.

Appendices

Appendix 1 – Experts at Hand Model



Appendix 2 - Three-Year Roadmap Overview



Appendix 3 – Oldham OAIP Flip Book - [Oldham OAIP]

Appendix 4 – SEND Sufficiency Model

Oldham SEND Sufficiency Model

Strategic Capital Investment Plan 2024-2029

Growing Demand

- 44% increase in EHCPs since 2020
- Demand projected to continue rising without system reform (~15%)
- Increasing complexity (ASC, SLCN, SEMH)
- 118 independent placements (£8.6m)
- High refusal to assess (42.4%)

System Challenge

- **Reliance on independent provision:** Insufficient local capacity drives external placements.
- **Rising placement costs:** Increasing use of high-cost provision is impacting sustainability.
- **Local specialist gaps:** Not enough maintained/resource provision to meet need.
- **System pressure:** Demand is escalating faster than local capacity can respond.

Our Strategy

- Inclusion-led strategy: Mainstream provision is central to meeting SEND need.
- Rising demand: Growth driven by ASC, SLCN and SEMH, with increasing complexity.
- Capacity gap: Pressures reflect historic shortfalls, not inevitable specialist demand.
- Targeted expansion: Investment since 2024 grows mainstream capacity across all phases.

Future State

- Reduced independent placements
- More children supported locally in mainstream
- Improved attendance, inclusion and outcomes
- Increased parent confidence

Phased Capital Delivery

Phase 1 (2024–2026) – Foundation

- Established the core inclusion model across the system
- Developed resourced provision and SEND units in mainstream settings
- Expanded targeted alternative provision across primary, secondary and AP
- Created local capacity for ASC, SLCN and SEMH cohorts

Phase 2 (2026–2027) – Expansion

- Expansion of inclusion base capacity across mainstream schools, early years and FE
- Targeted growth in ASC, SLCN and SEMH places
- Increased post-16 provision through local FE colleges
- Investment aligned to district-level sufficiency analysis and areas of greatest need
- Focus on maximising existing school estate, including opportunities from falling rolls

Phase 3 (2027–2028) – Scale & Embed

- Extension of inclusion base model across additional primary and secondary schools
- Focus on secondary capacity and SEMH provision
- Improved equity of access across districts
- Strengthened transition pathways (KS2–3 and KS4–5)
- Reduced escalation to specialist and independent provision

Year 3 will consolidate the model, respond to updated demand projections and strengthen post-16 and preparation for adulthood pathways, ensuring long-term system stability.

Targeted Growth

- **Targeted growth: Expand mainstream inclusion bases and resourced provision aligned to ASC, SLCN and SEMH demand.**
- **Phase focus: Prioritise secondary and post-16 capacity where gaps are greatest.**
- **Localisation: Increase in-borough specialist places to reduce out-of-area reliance.**
- **Workforce & environment: Invest in staffing, training and adaptations to sustain quality and outcomes.**

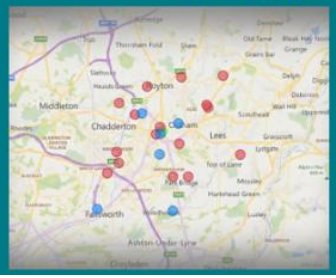
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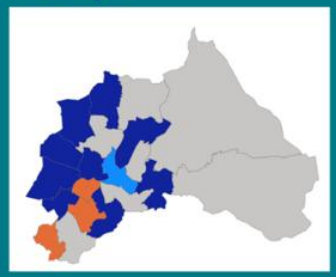
- Ensuring DDA compliance in every setting
- Creating sensory-friendly environments
- Developing accessible transport infrastructure
- Designing more outdoor learning spaces
- Providing therapy, sensory and adapted rooms

Capital Investment Summary

- £22m capital programme (2023–2030) aligned to SEND sufficiency priorities
- Funded through DfE (HNPCA), Local Authority capital, and £1.1 M S106 contributions
- Targeted at expanding mainstream inclusion capacity across primary, secondary and post-16
- Delivered through phased investment linked to demand and sufficiency gaps
- Focused on ASC, SLCN and SEMH cohorts
- Supports adaptation of existing school estate, including accessibility and specialist environments

Use of targeted heat maps





Specialist Places in Resourced Provision, SEND Units



Oldham Council

Appendix 5 – System Partner and Stakeholder Engagement Summary

SEND Reform Consultation – What We Heard

How this is informing our work – co-producing and co-designing for an inclusive and sustainable SEND system in Oldham

Consultation included breakfast briefings, inclusion hub drop-ins, PCF parent sessions, parent briefings, SEND reform road shows, executive head teacher meetings, and engagement across early years, primary, secondary and post-16 sectors.

Schools and Settings

- Support for earlier identification and simpler pathways
- Positive feedback about Educational Psychology and QEST
- Concerns about CAMHS, OT, and increasing SLCN need.
- SENDCOs want more time with children and less bureaucracy
- Workforce reform must be matched with training and capacity

Over 100 school leaders and SENDCOs engaged with the SEND Reform consultation sessions

Partnership and System Feedback

- Greater access to SEND officers requested
- Timely, personalised communication is important
- Support for specialist spaces with the right resources
- MAT professional's welcome stronger co-production
- Schools want streamlined processes and joined-up data

Parents and Carers

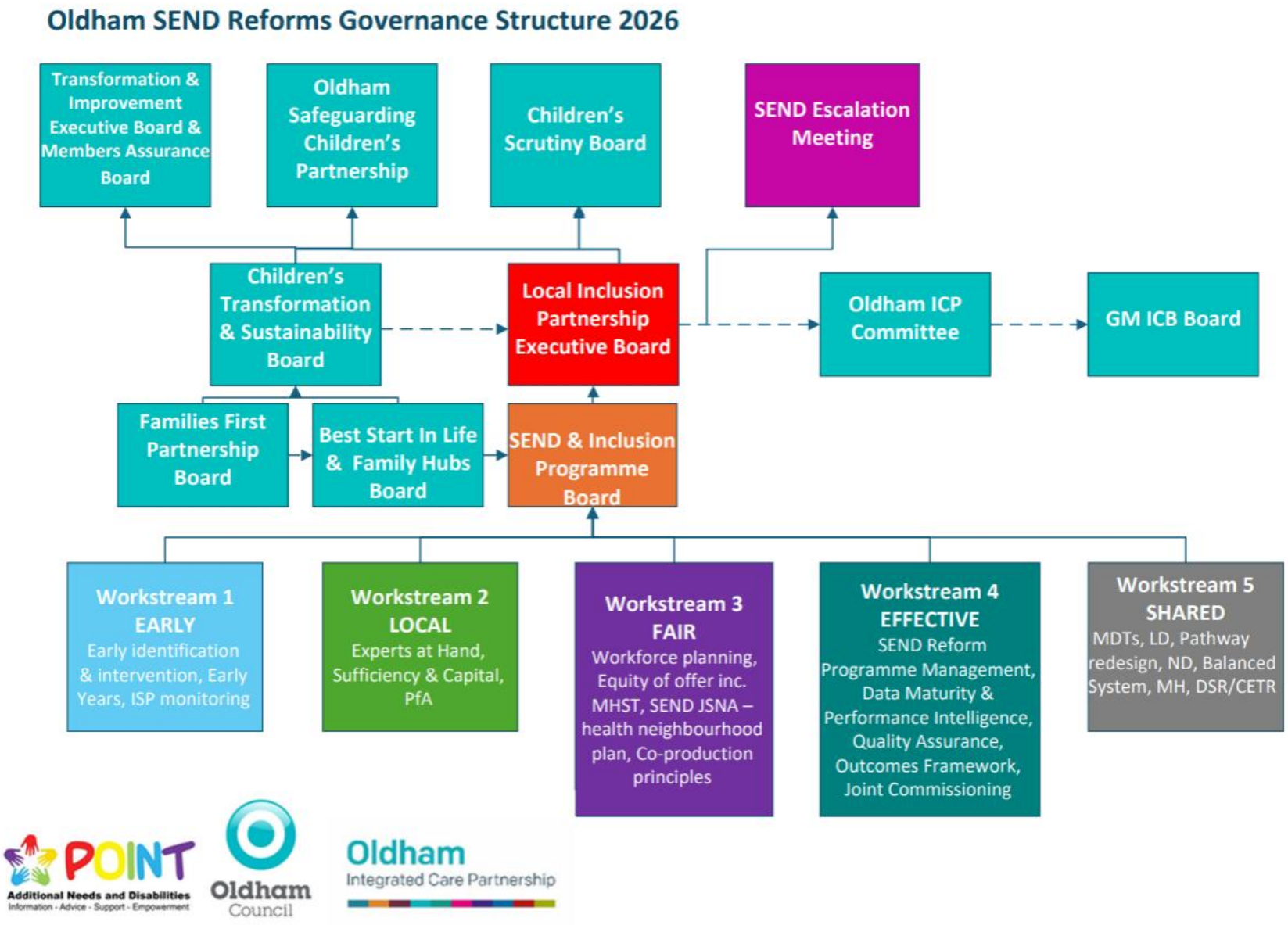
- Early emerging themes from schools were; Families want clearer communication and less waiting
- Families value earlier help before needs escalate.
- Co-production between schools and families need to be stronger
- Parents want clarity around complex needs and EHCP changes.
- POINT and PCF provided robust information to DFE consultation about emerging themes from families in Oldham
- Through POINT social media channels, the total number of interactions and views on posts specific to SEND Reforms is 12,582

Over 500 parents and carers engaged with a wide range of PCF activities focused on SEND Reform

How consultation is shaping reform

1. Earlier intervention and inclusive practice
2. Simpler pathways and clearer communication
3. Stronger co-production with families and schools
4. Better access to specialist advice and local support

Appendix 6a – LA SEND Reforms Governance Structure



Appendix 6b – GM ICB SEND Governance Structure

NHS Greater Manchester – ICB SEND Governance

NHS Greater Manchester

- This governance chart reflects the current ICB governance as it relates to SEND.
- NHS GM is the commissioner of health services across the ten Places in GM.
- NHS GM is a key component of all ten Place Partnerships and, through this governance structures, has oversight and assurance of SEND outcomes and requirements across the ICB footprint.

