Wokingham ASEND Priority Action Plan

2026 - 2029

Contents

Introduction

Every child and young person in Wokingham Borough should have the chance to do well, whatever their needs or circumstances. This SEND Priority Action Plan for 2026–2029 sets out how education, health and care services will work together to improve the support, experiences and outcomes for children and young people with SEND.

This Plan builds on the Wokingham Borough SEND & Inclusion Strategy 2024–2029, which will be refreshed with children, young people and families alongside transformation activity across the next 3 years. It is also an important part of how we are responding to the findings from the Ofsted and Care Quality Commission (CQC) inspection.

This Priority Action Plan has been developed in partnership with children and young people with SEND, their parents and carers, and partners across education, health and social care. Their voices, experiences, feedback and priorities of these stakeholders have helped to shape the actions set out in this plan and will continue to inform its delivery, review and ongoing improvement.

The Plan focuses on the three areas inspectors said needed urgent action, as well as six other areas that also need improvement. Together, this work forms a single, joined-up programme to make lasting improvements for children and young people with SEND and their families.

All partners across education, health and care share responsibility for delivering this Plan. We will work together in a consistent and open way, with a strong focus on making real improvements. A new SEND Area Improvement Board, led by an independent chair, will oversee progress, making sure there is clear accountability and that resources are used where they are needed most.

This way of working will continue to shape future plans, including the ongoing development of Wokingham's SEND and Inclusion Strategy. Children, young people and families will play an important role in shaping what we do next.

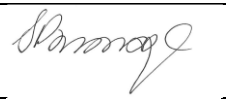
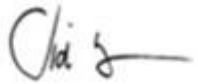
Overall, this Plan shows our shared commitment to build on what is working well, address the challenges quickly, and make sure every child and young person with SEND in Wokingham gets the right support, at the right time, and can achieve the best possible outcomes.

Name of Local Authority: Wokingham Borough Council

Name of Integrated Care Board: Thames Valley ICB

Senior Responsible Officer: Jamie Conran, Acting Service Director of SEND & Inclusion

Signatories

Role	Name	Signature	Email contact	Date
WBC Chief Executive	Susan Parsonage		Susan.Parsonage@wokingham.gov.uk	20.07.2026
ICB Chief Executive	Nick Broughton		nick.broughton1@nhs.net	21.07.2026
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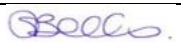
ICB SRO	Sarah Bellars		sarah.bellars@nhs.net	21.07.2026

About the Local Area Partnership

Wokingham Borough's Area SEND Partnership is committed to and will jointly work together to deliver the priorities and actions set out in this Priority Action Plan—building on existing strengths, tackling challenges at pace, and sharing best practice to support children and young people with SEND to achieve their wishes, aspirations and the best possible outcomes. Wokingham Borough Council and Thames Valley ICB are jointly responsible for the planning and commissioning of services for children and young people with SEND in Wokingham.

Our Local Area Partnership Vision

We are committed to improving lives by working together across education, health and care. This is set out in our Area SEND & Inclusion Strategy 2024–2029. Our vision is for Wokingham to be a place where all children and young people are seen, valued and included; feel safe and supported; can reach their potential; and are healthy, happy and hopeful.

In simple terms, we want Wokingham to be a place where all children and young people can live fulfilling lives and achieve good outcomes.

We have developed this vision and our priorities with families, schools, health partners and the wider community. By working together, we are building a more joined-up SEND system where children and young people get the right support at the right time, close to home, and feel that they belong.

We are improving how services work together, with shared responsibility, joint planning and clear ways to measure progress so we can be open about how well we are doing.

Building on what is already working well, this plan sets out the key priorities to tackle the challenges we face. With strong leadership, real involvement from families, and a focus on what makes the biggest difference, we will continue to improve support, so it is reliable, inclusive and meets the needs of children, young people and their families.

Delivering our SEND Priority Action Plan

Our Area SEND Partnership has been meeting weekly since the January 2026 Area SEND Inspection to review the findings, identify priorities, and develop this Priority Action Plan (PAP). Our PAP focuses on the key priorities and areas requiring improvement identified through the inspection, while recognising the interdependencies across the SEND system and the need for a coordinated partnership approach.

The Plan will be delivered through a clear and structured programme of work, with actions organised into key themes. Each theme will be led by designated partnership leads who will be responsible for driving improvement, monitoring progress, and ensuring that actions lead to measurable improvements for children and young people with SEND and their families.

ASEND Priority Action Plan on a Page

Theme 1: Recover critical SEND services

- Stabilise wheelchair services: clinical RAG review, MDT plans, backlog trajectory and repair standards.
- Implement equipment recovery: S75 governance, Millbrook improvement plan, CYP baseline and monthly reporting.
- Reduce waiting times across therapies, LD CAMHS and neurodivergent pathways.
- Improve family communications, escalation routes and service-user feedback.

Theme 2: Improve quality, timeliness and outcomes

- Create a partnership EHCP Quality Assurance Framework and multi-agency moderation cycle.
- Improve statutory advice, EHCP drafting standards, health/social care input and golden thread.
- Strengthen annual review portal, tracking, timeliness and child/family voice.
- Build workforce capability and improve LD Register / annual health check identification.

Theme 3: Strengthen intelligence and commissioning

- Develop and quality assure the Children and Young People's JSNA.
- Introduce shared datasets, dashboards, forecasting, benchmarking and inequalities analysis.
- Establish Joint Commissioning Board oversight and route commissioning decisions through shared data.
- Apply learning from service recovery into future mobilisation, contract management and risk controls.

Theme 4: Ensure sufficient local provision

- Deliver specialist SEND and AP sufficiency plans, including planned new specialist places.
- Improve AP oversight: central dataset, QA framework, outreach and reintegration pathways.
- Expand short breaks: Club Hub, commissioned services, matching, waiting list reduction and monitoring.
- Use forecasting to reduce out-of-borough placement reliance and plan health/therapy capacity.

Theme 5: Strengthen partnership governance

- Confirm roles, decision rights, reporting routes and escalation pathways across education, health and care.
- Embed performance reporting, dashboards, risk reviews and action tracking through governance boards.
- Strengthen contract management and BAU oversight once recovery programmes stabilise.
- Ensure commissioning, quality assurance and improvement actions are routinely reviewed and evidenced.

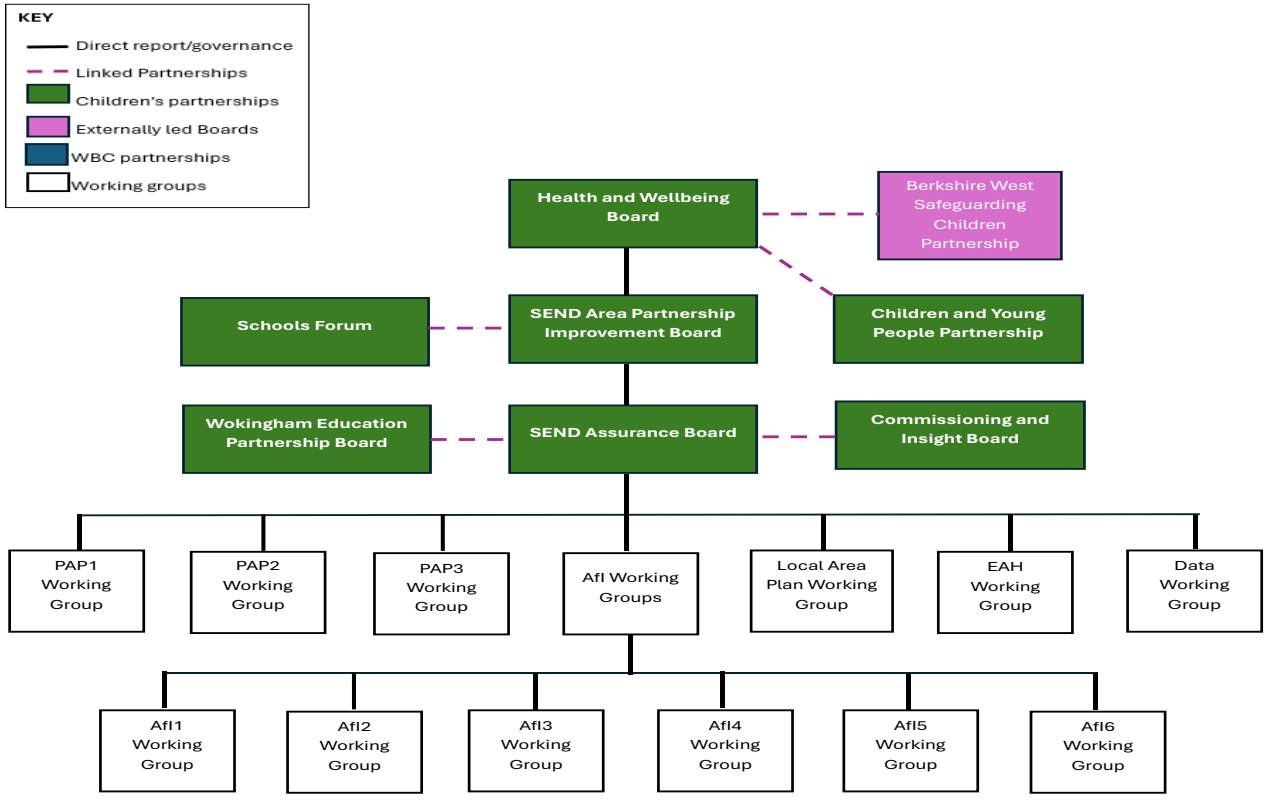
Theme 6: Put CYP and families at the centre

- Co-produce Local Offer, JSNA, QA Framework, communications and pathway improvements.
- Improve Community Directory, SEND Local Offer newsletter and professional/family signposting.
- Use lived experience alongside data in commissioning, governance and service redesign.
- Publish regular "You Said, We Did" feedback to show how views influence change.

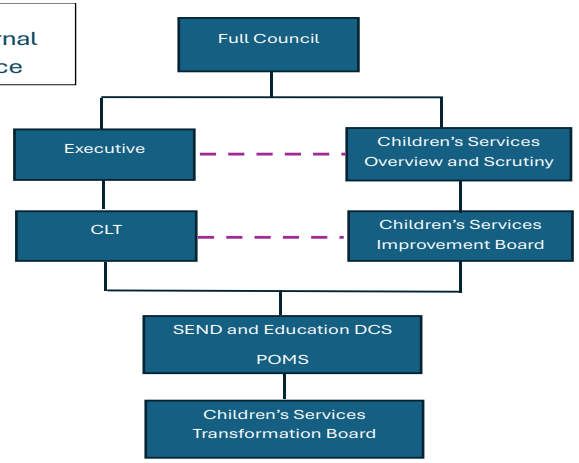
Delivering our SEND Priority Action Plan

We have strong governance arrangements in place to monitor actions and oversee progress with each priority action and area for improvement. Each theme group reports every month to the SEND Assurance Board, with spotlights and deep dives through the SEND Area Partnership Improvement Board.

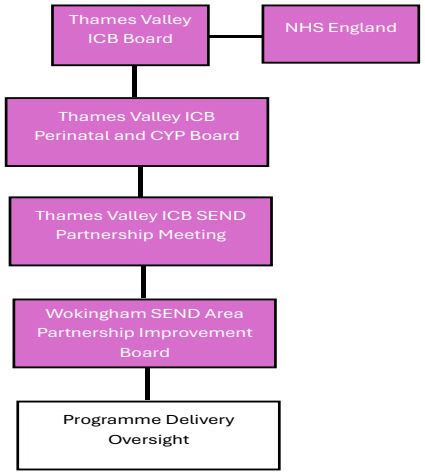
SEND Programme Governance



WBC Internal Governance



ICB Internal Governance



Delivering our SEND Priority Action Plan

	Q4 25/26	Q1 26/27	Q2 26/27	Q3 26/27	Q4 26/27	Q1-Q2 27/28	Q3-Q4 27/28	Q1-Q2 28/29	2029 Onwards
PAP 1 Wheelchair Service Recovery	Clinical risk review complete High risk cases actively managed Caseload reconciliation Family briefings issued Performance data sets established	MDT embedded Recovery trajectory agreed PCF feedback mechanisms embedded PSIRF initiated DrDoctor implemented Independent review commissioned Performance dashboard live	High-risk backlog significantly reduced Repair standards operational Independent review findings reported Joint Commissioning Board established	Recovery activity continues with reduced escalation requirements BAU governance transition Shared dashboard established Joint quality assurance and performance review processes introduced	Recovery arrangements fully embedded Governance operates through standard BAU Joint Strategic Plan completed SEND risk register updated Learning embedded and shared Shared reporting framework fully operational	Service operating under sustainable BAU model BAU contract monitoring and quality assurance fully embedded Strategic commissioning improvements embedded across the partnership	Systematic learning embedded across commissioning	Ongoing assurance	Fully sustained service
PAP 2 JSNA	Confirm ICB representation for JSNA Task & Finish and Analyst Groups Establish joint LA/ICB governance arrangements Agree core datasets	First draft JSNA chapters produced Publish and secure endorsement of JSNA through partnership boards	Quality assure and refine JSNA chapters through joint LA/ICB review process Implement Joint Commissioning Board using JSNA evidence base	JSNA published Map JSNA recommendations to strategies and commissioning plans Initiate thematic deep-dive Deliver comms and engagement programme	Develop Joint Strategic Plan informed by JSNA findings	JSNA embedded into commissioning	First deep dive reviews Impact assessment	Annual review cycle	Mature JSNA-led commissioning
PAP 3 EHCP Quality & Delivery			Draft QA standard agreed EHCP drafting standards co-designed SEND Portal requirements scoped Annual Review Portal development begins	Partnership QA Framework launch CYP and family feedback surveys launched EHCP quality/ Annual review baselines set AI pilot begins Workforce skills audit	QA forums operational peer moderation cycle launched setting visits and thematic audits begin Annual review training delivered Multi-agency CPD programme launched	Dashboard tracking embedded Annual Review Portal operational 75% timeliness targets achieved Health training programme commences	Workforce development embedded Quality improvements evidenced Approach for systematic review of existing EHCPs at key transition points fully embedded	70% EHCPs Gold/Silver standard	Sustained quality improvement

Priority Action Plan

Area for Priority Action 1: Wheelchair Service Recovery

The ICB must urgently develop and implement a sustainable recovery plan for wheelchair services so children and young people receive timely assessment, repairs and provision. These plans need clear performance measures, robust data, and time-bound actions to address the significant risks to children's health, mobility and access to education and community life.
Our Approach Wokingham Borough Council's wheelchair provision is delivered through the Berkshire West wheelchair service, an NHS commissioning footprint that spans three local authority areas: Wokingham, West Berkshire and Reading. Recovery and improvement actions are therefore managed at the level of the Berkshire West service as a whole, with Wokingham Borough Council fully involved and considered as a full partner throughout. The service was transferred from Royal Berkshire Hospital (RBH) to AJM Healthcare in 2024. The transition inherited a significant backlog and data quality issues, which mobilisation challenges then exacerbated. The January 2026 SEND inspection found extensive delays, children experiencing pain and reduced mobility, and no realistic recovery plan in place. This action plan sets out how the ICB and its partners will address this urgently and durably. The plan covers both adults' and children's wheelchair services, reflecting the ICB's commissioning responsibility for both groups, and is structured in two phases. Phase 1 (April–June 2026) has already been completed and has stabilised the service and ensures those at highest risk are safe. Phase 2 (July 2026 – September 2027) builds the governance, contract management and learning infrastructure to prevent recurrence. This Priority Action Plan operates at the level of ICB oversight and accountability; detailed operational recovery plans are held separately by AJM Healthcare and are subject to contractual scrutiny by the ICB. Alongside immediate service recovery, this plan will strengthen strategic joint commissioning across the local area partnership. Learning from the wheelchair service will inform how the system plans, mobilises and oversees services more broadly, supporting more consistent, joined-up approaches to commissioning, transition planning and performance oversight across SEND services, seeking to ensure children receive the right support at the right time.

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
PHASE 1: IMMEDIATE RESPONSE - Stabilise the service and protect those at highest risk (April – June 2026)					
Aim 1 Ensure that all children at the highest clinical risk receive immediate,	**Clinical risk review** • The ICB, working with AJM's Safeguarding Lead, completes an	• All cases have been triaged using a consistent harm-based RAG framework.	**Clinical measures**	**ICB Director of Commissioning - Wheelchairs services and**	**Q4 2025/26** RAG review complete

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coordinated attention and are not harmed while waiting. This aim refers to the children who were raised as part of the SEND inspection, with wider review of children who were deemed at high clinical risk and shared with AJM in February 2025. Whilst this aim is the immediate response to those above, there is wider work currently underway.	immediate desktop clinical review of all cases to identify those at red and red-plus risk (e.g. pressure damage, postural deterioration, pain, loss of mobility, safeguarding concerns). • A consistent, harm-based RAG framework is applied across all cohorts regardless of age, locality, local authority involvement or service boundary. • All red and red-plus cases are assigned a named clinician within AJM with a documented interim management plan. **Multidisciplinary response** • AJM will convene a clinical MDT to review individual red cases. The MDT includes the multi-services who support the individual. • The MDT agrees clinical sequencing, interim mitigation, and any safeguarding referrals where statutory thresholds are genuinely met. Safeguarding routes are used proportionately	• No red or red-plus case is without a named clinical owner in AJM and documented interim plan. • No service user is missing from the caseload. • Safeguarding escalations reduce as clinical management improves; those that do occur are appropriate and proportionate. • MDT is functioning and reviewing highest-risk cases weekly. • Families of red and red-plus cases have been contacted directly and understand what is happening.	• 100% of cases reviewed and RAG-rated by end of Q1 2026. • Zero red or red-plus cases without documented interim plan by end of Q1 2026. • Sustained reduction in unplanned safeguarding escalations linked to wheelchair delays. • Children with highest clinical need receive clinically appropriate wheelchairs within the standard KPI of 18-week referral-to-treat (RTT). **Oversight** • ICB Incident Response Group receives weekly harm log and MDT summary. The frequency of meetings will be flexible and based on urgency and need, with the agreed cadence determined by the MDTs. • An assurance report will be provided to the necessary SEND Boards • No unreviewed case breaching 52 weeks without documented	**Wheelchair recovery via NHS National Framework.** **Clinical Oversight** AJM Safeguarding Lead **MDT Chair** AJM Clinical Lead	**Q4 2025/26** All red+ cases actively managed **Q1 2026/27** MDT embedded; no unreviewed 52-week cases

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	and do not substitute for clinical action. **Education and community participation** • Where a child's wheelchair delay is causing or contributing to non-attendance at school, reduced participation in education, or social isolation, this is explicitly captured in the MDT review and treated as a harm indicator alongside clinical risk. • The MDT process includes a check (at each review for red and red-plus cases) on whether the child is currently attending their educational setting. Where non-attendance is linked to mobility or wheelchair need, an interim solution (loan equipment, interim manual chair, enhanced transport, or liaison with the school) is sought and documented within the MDT action plan. **Data integrity** • The ICB requires AJM to reconcile all caseload lists against referral data from RBH to		clinical rationale by end of June 2026. **Education and participation** • All red and red-plus cases include a documented record of current educational attendance status by end of Q1 2026. • Zero red or red-plus cases with confirmed wheelchair-related school non-attendance that do not have a documented interim plan by end of Q1 2026. • Monthly data on cases where wheelchair delay is associated with school absence shared with Wokingham BC SEND team from Q1 2026.		

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	ensure no service user has been lost in transition. Any discrepancies are escalated to the ICB Incident Response Group immediately.				
Aim 2 To complete the migration of cases from RBH to AJM and stabilise the service to a clear baseline, as part of the wider Berkshire West recovery programme, with Wokingham fully engaged in delivery. This aim also reflects the wider recovery activity being led by the ICB in response to the challenges outlined above. It is intended to ensure that immediate operational actions are aligned with, and contribute to, the broader, comprehensive recovery plan in place across the service.	**Caseload completion** • AJM, with ICB oversight, completes the reconciliation of all cases transferred from RBH, including adult and paediatric caseloads. All cases are recorded in a single, validated system. • The ICB confirms that the caseload list is complete and reflects all service users for whom it holds commissioning responsibility in Berkshire West. **Backlog assessment** • AJM produces a fully categorised backlog report, segmented by RAG rating, wait time, referral type and clinical complexity. The ICB reviews and challenges this report. • A time-bound backlog recovery trajectory is agreed between the ICB	• Single, validated caseload list in place, with no missing service users. • Complete backlog categorised with clinical risk, wait time and next steps documented for every case. • Agreed, tracked recovery trajectory in place with monthly monitoring showing improvements against agreed trajectory. • Service operating with sufficient capacity to prevent further deterioration in waiting times. • Patient Safety Incident Response Framework (PSIRF) process initiated and any cases of potential avoidable harm identified and reviewed. • Berkshire West's Q4 2025/26 position of	**Caseload integrity** • Confirmed complete caseload list, signed off by ICB Commissioner, by end of Q1 2026. • Zero cases without a wait-time record and RAG rating. **Recovery trajectory** • Agreed backlog recovery plan with monthly milestones, reviewed at each Incident Response Group meeting. • Month-on-month reduction in cases exceeding 52 weeks. • Significant reduction in 52-week breaches associated with clinical risk by end of Q2 2026. **Repair Response** • Repair audit completed and reported to ICB by end of Q2 2026, with all	**ICB Director of Commissioning - Wheelchairs** **Provider delivery** AJM Healthcare Service Lead **PSIRF lead** ICB Quality team	**Q4 2025/26** Caseload reconciled; backlog report produced **Q1 2026/27** Recovery trajectory agreed **Q1 2026/27** PSIRF initiated; service baseline to be confirmed

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	and AJM, with clear monthly milestones. This trajectory is published to the Incident Response Group In the ICB. The ICB will share a recovery plan and an assurance report on how this is being met with the Local Authorities. **Service stabilisation** • AJM confirms adequate staffing, clinical capacity and operational processes to begin systematic backlog reduction. Any staffing or capacity risks are declared to the ICB immediately. • Minimum service expectations (referral-to-triage timescales, repair response times, clinical review frequencies) are confirmed and monitored from this point forward. **Repair Response** • AJM provides a full audit of all outstanding repair requests, categorised by clinical urgency (urgent/ routine), wait time and outstanding action.	74.6% of closed episodes within 18 weeks is tracked against the 79.1% national average and the 92% NHS England standard, giving a clear baseline for recovery.	urgent repairs identified and assigned. • Contractual repair response time standards agreed and in operation by end of Q2 2026. • Zero urgent repairs exceeding 5-working-day standard without documented clinical rationale and escalation, from end Q1 2026 onward. • Reporting to IRG includes monthly repair performance data from Q1 2026. **PSIRF** • PSIRF process formally initiated by Q1 2026. Findings reported to ICB Quality and Safety governance by end of Q2 2026.		

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	Urgent repairs (those where delay poses risk of harm, postural deterioration or loss of mobility) are prioritised for resolution within agreed clinical timeframes. • The ICB establishes contractually binding repair response time standards: a target of no more than 5 working days for urgent repairs and 20 working days for routine repairs, consistent with NHS supply chain standards. Performance against these standards is monitored from Q2 2026 onward. Any breach of urgent repair timescales triggers automatic escalation to the ICB Incident Response Group. **PSIRF** • The ICB initiates a Patient Safety Incident Response under PSIRF to capture learning from the transition period and identify any cases that may have experienced avoidable harm.				

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Aim 3 Rebuild family and stakeholder confidence through clear, accessible and consistent communications about what is happening, how cases are being prioritised, and how urgent concerns can be raised. Also ensure that AJM work with system partners inclusive of the SEND Voices to help shape service user feedback moving forward.	**Immediate communications** • The ICB issues briefing letters (or oversees AJM issuing them) to all service users explaining: the current position; how cases are being prioritised; what families can expect; and how to raise urgent concerns. • A dedicated, reliable contact route is confirmed for Wokingham service users. The ICB verifies that AJM's website, phone lines and out-of-hours information are accurate and accessible on all devices (including mobile). Any failures in these contact routes are treated as a contractual matter and addressed immediately. • The ICB briefs Wokingham Borough Council (including the Local Area Partnership Improvement Board) the Parent Carer Forum and other key partners on the recovery approach **Ongoing communications** • Routine recovery progress updates are	• All service users have received a clear letter explaining the current position and how to contact the service. • The provider website and telephone contact information is accurate, accessible and mobile-friendly. • Families report knowing how to raise urgent concerns and feeling they have been communicated with honestly. • Volume of complaints linked to lack of information or inaccessible contact routes reduces. • MP and ICB escalations linked to communication failure reduce. ○ The Parent Carer Forum confirms communications are clear and accessible. ○ The utilisation of DrDoctor within AJM allows for access to information and reasonable adjustments to keep families and service users informed.	**Family feedback** • All service users contacted with initial briefing letter by end of April 2026. • Provider website contact information verified as correct and mobile-accessible by end of Q1 2026. • Reduction in complaints specifically citing lack of information or inability to make contact, measured monthly. • SEND Voices Wokingham has been an active co-producer of the communications approach, not only a reviewer of it. The PCF confirms that the initial briefing letter and family-facing information reflect what families need to know, in language and format they can use. • PCF receives quarterly plain-language recovery updates and its feedback is demonstrably reflected in subsequent communications and actions.	**ICB Director of Commissioning - Wheelchairs** AJM Healthcare (delivery of provider communications)	**Q4 2025/26** Briefing letters sent; contact routes verified **Q1 2026/27** PCF feedback received; routine updates embedded DrDoctor – Auto communications tool **Q2 2026/27 onwards** Transition to BAU service communications Measurable data can be collected through the use of DrDoctor. The ICB will look to ensure a 6-month review of the communications system is supporting the recovery plan

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	provided at agreed intervals throughout Phase 1 and Phase 2, moving to standard service communications once stability is achieved. • AJM have recently commissioned DrDoctor as a patient communication tool to provide two-way patient communications portal that enable timely appointment messages, digital forms, and structured patient feedback, supporting better information flow, attendance, and clinical oversight • A clear pathway for families to escalate ongoing urgent concerns - beyond the provider - to the ICB is publicised and maintained throughout the recovery period. **Co-production with the Parent Carer Forum** • The ICB formally invites SEND Voices Wokingham (the Parent Carer Forum) to be an active partner in shaping the recovery communications and information approach -		**Co-production** • PCF co-design working group convened by end of Q1 2026, with documented outputs. • Initial briefing letter and family-facing web content signed off by PCF before issue. • PCF quarterly updates issued Q1 2026, Q2 2026, Q3 2026 and Q4 2027, with a documented record of how PCF feedback has influenced recovery actions. • At Q2 2026 review, PCF formally confirms whether families feel they are being kept adequately informed and treated as partners, working with AJM leads to support patient participation and engagement. **Escalation route** • ICB escalation route for families via PALS publicised by Q1 2026 and maintained throughout recovery. **Feedback**		

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	not only reviewing drafts but contributing to the design of the initial briefing letter, the content of the family-facing web page, and the format of ongoing recovery updates. • A working group meeting between the ICB commissioner, AJM's communications lead and at least two PCF representatives takes place by the end of Q1 2026 to agree the communications approach. The PCF's agreed involvement is documented and its contributions acknowledged in published communications. • The ICB and AJM commit to providing the PCF with a standing quarterly update on recovery progress in plain language throughout Phase 1 and Phase 2, enabling the PCF to share this with its networks and feedback family experience directly into the recovery oversight.		• Increased positive feedback from PCF		

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PHASE 2: SUSTAINED RECOVERY AND ASSURANCE - Embed the governance and learning 12th to ensure this cannot happen again (July 2026 – September 2027)					
Aim 4 Establish and maintain a clear ICB-led governance structure that provides transparent, accountable oversight of the recovery - and transitions safely into strengthened business-as-usual arrangements.	**Incident Response Group (IRG)** • The ICB establishes an internal multi-disciplinary Incident Response Group (IRG) as the single point of coordination for safety, quality, performance and escalation during recovery. The IRG holds a terms of reference, a standing agenda and an action log. • The IRG meets weekly during the immediate response and then moves to an agreed cadence as risk reduces. It receives weekly updates, MDT summaries, backlog data and complaints themes. It is the forum in which unresolved risks are escalated promptly. **Transition to BAU** • As risks reduce and service stability is demonstrated, the IRG steps down in a structured, planned way. Assurance functions transition to	• IRG is operational with agreed ToR, membership and cadence. • Risks are tracked, escalated and resolved in a coordinated way rather than reactively. • Reduction in ad-hoc escalations to ICB executives and MPs as structured governance absorbs concerns. • Transition from incident-level to BAU governance is planned, controlled and evidenced. • After IRG stand-down, assurance reporting to ICB quality and performance boards is embedded. • SEND Board and ICB Executive Team receive clear assurance reports that evidence the oversight arrangements, recovery trajectory, risks, mitigations, escalation routes and actions taken through the ICB's enhanced	**Governance indicators** • IRG operational with ToR and standing agenda by end of Q1 2026. • 100% of actions from IRG meetings tracked to completion or escalation. • Demonstrable reduction in reactive escalations to ICB executives. • Planned IRG stand-down, with transition plan approved by ICB Quality and Safety, by Q3 2026 at latest. • Quarterly performance reporting to ICB quality governance embedded post-IRG. • SEND Board assurance report confirms Enhanced Oversight Monitoring under the NHS quality framework and summarises evidence from weekly commissioning meetings, weekly ICB Incident Response Group meetings, bi-weekly quality meetings,	**ICB Director of Quality / IRG chair** ICB Commissioner – Wheelchairs (programme coordination)	**Q1 2026/27 onwards until it is felt appropriate to reduce cadence** IRG established with ToR Weekly / fortnightly IRG meetings **Q3 2026/27** Planned IRG stand-down; BAU governance embedded within ICB **Q1 2027/28**

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	the ICB's standard contract management and quality governance forums. • The ICB's strengthened contract and quality oversight arrangements for the wheelchair service continue after IRG stand-down, with clear performance reporting to the ICB's Integrated Quality and Performance Committee (or equivalent). • The SEND Board will receive assurance through a formal assurance report confirming that the ICB is following enhanced oversight monitoring as part of the NHS quality framework. This assurance report will include the actions being taken locally to manage quality, safety, performance and recovery. • Assurance will also be provided to the ICB Executive Team through existing internal assurance processes, drawing together evidence from weekly commissioning meetings with AJM, weekly ICB Incident	oversight and quality governance processes.	monthly contract review monitoring and ICB Executive assurance processes.		BAU Contract monitoring /governance in place

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	Response Group meetings, bi-weekly quality meetings with AJM, monthly contract review monitoring and agreed quality and performance reporting. • Move to BAU contract oversight and governance	BAU contract oversight and governance in place and functioning	All Wokingham LA Children and Young People receive their wheelchairs in a timely way The wheelchair service delivers in line with national commissioning standards and KPIs CYP and their family/carers report that there is effective and timely communication from the provider		**Q1 2027/28** BAU Contract monitoring /governance in place **Q1-Q4 2027-2029** Improvements are sustained

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
Aim 5 Strengthen the ICB's contractual grip and performance management of AJM Healthcare and ensure this is embedded as durable business-as-usual practice.	**Enhanced contract oversight** • The ICB holds enhanced operational contract meetings with AJM on a fortnightly basis during Phase 1 and Phase 2, transitioning to monthly meetings as performance stabilises. These meetings scrutinise backlog reduction, staffing levels, complaints, incidents, clinical risks and patient safety. • The ICB establishes and monitors a clear performance dashboard for the wheelchair service covering: referral-to-triage time, referral-to-provision time (18-week standard), percentage of 52-week breaches, repair response times, complaint volumes and clinical incident rates. • The ICB uses contractual levers - including formal performance notices where required - to hold AJM to agreed recovery milestones. Early warning indicators are reviewed at every	• Clear, agreed recovery trajectory tracked at every contract meeting. • Performance summary in place and reported to ICB governance boards. • Fortnightly contract meetings operational during recovery; monthly thereafter. • Waiting list stabilises, with fewer new 52-week breaches emerging from Q2 2026. • ICB does not rely on goodwill or informal relationships to secure provider action. • Strengthened BAU contract management arrangements embedded by Q3 2026.	**Contract performance** • Agreed recovery trajectory with monthly milestones documented and tracked by end of Q1 2026. • Performance dashboard operational by end of Q1 2026/27. • Month-on-month reduction in cases exceeding 52 weeks from Q1 2026/27. • Significant reduction (>50%) in cases exceeding 52 weeks with associated clinical risk by Q2 2026/27. • Waiting list stabilised by Q3 2026/27. **Governance** • The ICB will confirm BAU contract management arrangements are strengthened and embedded by Q3 2026/27.	**ICB Director of Commissioning** ICB Commissioner – Wheelchairs (operational lead) AJM Healthcare Service Lead (provider accountability)	**Q1 2026/27** Dashboard live; trajectory agreed **Q1 2026/27** Fortnightly contract meetings **Q2 2026/27** >50% reduction in high-risk 52-week breaches **Q3 2026/27** BAU arrangements confirmed **Q1 2027/28** BAU arrangements in place

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
	contract meeting; the ICB intervenes before escalation points are reached. **Data quality** • The ICB requires AJM to maintain and share accurate, real-time performance data. Poor data quality is treated as a contract performance concern in its own right. **BAU arrangements** • Strengthened contract management arrangements - including the performance dashboard, quarterly deep-dives and clear escalation thresholds - are embedded as permanent BAU practice, not retired once the immediate recovery is complete.				
Aim 6 Capture systematic learning from the RBH–AJM transition and the subsequent recovery period, and embed that learning in future commissioning, mobilisation and contract management practice.	**Formal service review** • The ICB commissions a structured post-recovery review of the wheelchair service transition and recovery. The review covers: commissioning and mobilisation decisions; clinical and operational governance	• Formal service review completed, with findings reported to ICB governance. • Findings inform updated commissioning and mobilisation standards.	All Wokingham LA Children and Young People receive their wheelchairs in a timely way The wheelchair service delivers in line with national commissioning standards and KPIs	**ICB Director of Quality (review lead)** ICB Director of Commissioning (commissioning standards) ICB Director of Commissioning - Wheelchairs (evidence lead)	**Q1 2026/27** Review scoped and commission independent review **Q2 2026/27** Findings reported to ICB Board **Q4 2026/27**

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
	during transition; data and information management; and the family and service user experience. • The review draws on evidence from operational, clinical, family and stakeholder perspectives, including PSIRF findings, complaint themes, MDT records and the Parent Carer Forum's assessment. **Application of learning** • Findings from the review are formally considered by the ICB's commissioning and quality leadership teams. Actions arising are incorporated into the ICB's commissioning framework and future contract management standards. • Key learning to be captured and shared where appropriate - particularly on mobilisation risk management, caseload data integrity, and clinical governance in service transitions. • The local area partnership's SEND risk	• PSIRF findings integrated into service review. • SEND risk register updated; risks relating to future service transitions explicitly addressed. • Relevant learning shared with SEND Strategic Partnership and NHS England • The local area partnership can demonstrate that the lessons of this failure have been systematically applied.	CYP and their family/carers report that there is effective and timely communication from the provider		Risk register updated: **Q4 2026/27** Learning embedded; Q4 2026/27 Learning shared and embedded **Q4 2026/27** **Q1 2027/28** Move to BAU contract monitoring and quality assurance

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
	register is updated to reflect lessons learned and to confirm that mitigating actions are in place.				
Aim 7 Alongside immediate service recovery, we will strengthen strategic commissioning across the local area partnership, so that learning from the wheelchair service and analysis regarding impact informs how the system plans, mobilises and oversees SEND services more broadly.	**Applying learning across commissioning** • Learning from the wheelchair service and analysis of interdependencies will be applied to future commissioning across SEND and children's services, including service mobilisation, transition planning, and the use of performance and data to inform decision making. **Joint Commissioning Board oversight** • Joint arrangements for monitoring the performance and impact of services will be strengthened through the Joint Commissioning Board & SEND Area Improvement Board, providing partners with a shared, transparent view of quality, demand and outcomes. Where performance indicates that services are not delivering as expected,	• Learning from the wheelchair service is consistently applied to strengthen commissioning approaches, service mobilisation and partnership oversight across SEND and children's services. • The partnership can demonstrate a shared, consistent approach to monitoring performance and using data and insight to inform commissioning decisions and accountability. • Risks relating to service mobilisation, delivery and data quality are identified early through joint oversight and addressed collaboratively across the partnership.	• Joint Commissioning Board terms of reference updated to explicitly include cross-service performance, Quality and data oversight established and subject to regular revie. • At least one other SEND or children's commissioning workstream (e.g. AFI 5 Therapies, AFI 6 Equipment) can evidence that it has drawn on wheelchair-service learning in its own mobilisation or governance approach. • Joint Commissioning Board minutes/papers demonstrate collective, cross-partner action taken in response to an identified performance or data-quality issue.	**ICB Director of Commissioning (lead)** Joint Commissioning Board (chair) Wokingham BC SEND service lead	**Implementation of Joint Commissioning Board:** **Q2 2026/27** **Joint Strategic Plan developed:** **Q4 2026/27** (Evidence of increased commissioning activity to be set by Joint Strategic Plan) **Agreed data sets:** **Q4 2025/26 - Q1 2026/27** **A shared dashboard and reporting framework established:** **Q3-Q4 2026/27** **Joint Quality Assurance, contract management and performance review processes introduced through the role:** **Q3-Q4 2026/27** **Q2 2026/27 onward** Ongoing collective action on identified performance/data

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
	partners will work collectively to understand the underlying issues and take timely, coordinated action to drive improvement and ensure better outcomes for children and young people.				issues, reviewed alongside Aim 6 findings

Area for Priority Action 2: Joint Strategic Needs Assessment

The local area partnership must develop and maintain a robust, data informed JSNA that accurately reflects the current and emerging needs of children and young people with SEND in Wokingham. This must be used consistently to inform strategic planning, commissioning decisions and oversight across education, health and social care.					
What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
Aim 1 To develop and quality assure a robust, data informed Children and Young People's JSNA that is jointly owned by the Local Authority and ICB and recognised by partners as an accurate reflection of local need.	Deliver a Children and Young People's JSNA to an agreed structure and scope. Define and implement core datasets, including: • Demand trends • Predictive modelling and demand forecasting • Inequalities analysis Undertake trend analysis and cohort segmentation (e.g. SEND need types, transitions) Incorporate benchmarking (national, statistical neighbours, regional/ICB comparators) into each chapter Establish joint LA/ICB analytical ownership through JSNA Task & Finish and Analyst Groups Apply formal joint LA/ICB QA process, including validation with partners and stakeholders	• The partnership shares a robust, evidence-based understanding of the needs of children, young people and families in Wokingham, which is consistently used to shape and deliver targeted, needs-led support and services. • The JSNA provides Joint ownership and accountability across the Local Authority and Integrated Care Board for understanding need across education, health and care – and JSNA insight clearly identifies priority gaps and variation in outcomes • There is evidence that the JSNA is proactively utilised to inform joint strategic planning across the local authority and Integrated Care Board. • There is evidence that the newly established Joint Commissioning	• 100% of JSNA chapters include: trend analysis benchmarking with comparators identified inequalities and priority cohorts • 100% of the set of jointly agreed priority needs for children, young people and families through the JSNA (including cross-cutting themes and key population groups), have a clearly defined response, such as a commissioning decision, service redesign, investment plan or targeted intervention, which explicitly references JSNA data. • The Local Authority and Integrated Care Board develop a Joint Strategic Plan informed by the JSNA • There is evidence that demand forecasts are used to inform	**Overall delivery:** Director of Public Health Executive Director of Children's Services ICB Director of Performance and Delivery **Governance:** Director of Public Health ICB Director of Delivery Executive Director of Children's Services **Data & analysis:** Director of Public Health ICB Director of Delivery Executive Director of Children's Services **Quality assurance:** Director of Public Health	**ICB representation confirmed:** Q4, 2025/26 **Agreed data sets:** Q4 2025/26 - Q1 2026/27 **First draft chapters:** Q1 2026/27 **Quality Assurance and Refinement of Chapter content:** Q1 – Q2 2026/27 **Final QA and publication:** Q3 2026/27 **Joint Strategic Plan developed:** Q4 2026/27 **Implementation of Joint Commissioning Board:** Q2 2026/27

The local area partnership must develop and maintain a robust, data informed JSNA that accurately reflects the current and emerging needs of children and young people with SEND in Wokingham. This must be used consistently to inform strategic planning, commissioning decisions and oversight across education, health and social care.					
What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
		Board utilises the JSNA to inform commissioning decisions	commissioning and sufficiency planning • 50% of JSNA chapters of the JSNA reviewed annually • Named ICB & Local Authority representatives attend ≥90% of JSNA Task and Finish and Analyst Group meetings. • Named ICB & Local Authority representatives attend 100% of Joint Commissioning Board's • Partners confirm confidence in the JSNA findings through the consultation process, with feedback addressed and incorporated prior to publication. **Development of JSNA:** Monthly Reporting to JSNA Task and Finish Group; exception reporting to partnership boards: Area SEND Improvement Board, Health and Wellbeing Board,	ICB Director of Delivery Executive Director of Children's Services	

The local area partnership must develop and maintain a robust, data informed JSNA that accurately reflects the current and emerging needs of children and young people with SEND in Wokingham. This must be used consistently to inform strategic planning, commissioning decisions and oversight across education, health and social care.					
What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
			Children and Young People Partnership		
Aim 2 To embed the JSNA as the primary and trusted evidence base for strategic planning, commissioning and service development	Secure formal endorsement of the JSNA through partnership governance (CYP Partnership Board, Area SEND Improvement Board, Health and Wellbeing Board). Map JSNA findings and recommendations to joint strategies, commissioning intentions and delivery plans. Deliver a rolling programme of thematic JSNA deep dives for priority or emerging areas of need. Log and act on identified data gaps. Implement a co-production approach, including: • involving CYP and families in identifying priorities and interpreting findings	• The JSNA is consistently used as the default reference point for understanding local need. • The system stops duplicating needs analysis and instead focuses on action and improvement.	100% of new or refreshed Children's Services, SEND and joint commissioning strategies explicitly reference the JSNA as a source of evidence by Q1 2027/28. 100% of commissioning decisions above an agreed financial threshold include documented alignment to JSNA identified need. Year on year reduction in standalone or service specific needs assessments commissioned outside the JSNA framework, unless explicitly justified. JSNA findings are referenced in at least 2 partnership engagement or coproduction forums per year, with at least 3 'you said, we did' published on the local offer website. **3 per year, every year (i.e. 3 in Year 1 26/27)**	**Strategic oversight:** Director of Public Health Executive Director of Children's Services ICB Director of Performance and Delivery **Governance:** Director of Public Health Executive Director of Children's Services ICB Director of Performance and Delivery **Strategic Commissioning alignment:** Director of Public Health Executive Director of Children's Services ICB Director of Performance and Delivery	**JSNA endorsed and published:** Q1 2026/27 **Recommendations mapped to strategies:** Q3 2026/27 **Deep dive programme initiated:** Q3 2026/27 **Communications completed:** Q3: 2026/27 **Annual Trust and Impact review:** Q3 2027/28

The local area partnership must develop and maintain a robust, data informed JSNA that accurately reflects the current and emerging needs of children and young people with SEND in Wokingham. This must be used consistently to inform strategic planning, commissioning decisions and oversight across education, health and social care.					
What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
	• using lived experience alongside data to shape recommendation Deliver a communications and engagement plan for local authority teams, ICB teams, partners, VCS, education settings, Children young people and families.		**Embedding Practice** Those working directly with children and families understand local need and can align their practice and provision accordingly. Awareness Roadshow post publication focused on Key Stakeholders – with a pre-roadshow baseline survey and post roadshow survey undertaken (see next bullet point). Survey results should demonstrate at least a 50% increase in awareness Six-month stakeholder survey to assess awareness and use of JSNA and to evidence how Service Development Plans have been updated in response to end-user feedback and emerging/changing local needs Children, young people and families are able to demonstrate how their feedback has influenced: • service design changes • "You said, we did" evidence is published	**Deep dives:** Director of Public Health Executive Director of Children's Services ICB Director of Performance and Delivery	

The local area partnership must develop and maintain a robust, data informed JSNA that accurately reflects the current and emerging needs of children and young people with SEND in Wokingham. This must be used consistently to inform strategic planning, commissioning decisions and oversight across education, health and social care.					
What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
			and demonstrates changes to services, not just engagement activity The JSNA is consistently used to drive strategic commissioning and service redesign Services are increasingly aligned to identified need and emerging demand Children, young people and families can see that their experiences and feedback influence priorities **Deep dive and challenge measures** • At least 1 JSNA thematic deep dive delivered per year, each with agreed recommendations and tracked actions. • 100% of deep dive recommendations have a named lead and are reported through partnership governance. **Reporting:**		

The local area partnership must develop and maintain a robust, data informed JSNA that accurately reflects the current and emerging needs of children and young people with SEND in Wokingham. This must be used consistently to inform strategic planning, commissioning decisions and oversight across education, health and social care.					
What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
			Quarterly to partnership boards; annual review of trust and impact.		

Area for Priority Action 3: EHCP Quality and Delivery

The local area partnership must deliver a recovery plan to rapidly improve the quality and accuracy of EHC plans, ensuring clear, current and evidence-based provision that fully aligns with health contributions. Quality assurance processes across all agencies must be strengthened so EHC plans reflect children and young people's assessed needs and are implemented effectively.

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
Aim 1 To strengthen and ensure robust, consistent quality assurance across all agencies so that EHCPs, statutory advice and annual reviews are tested against an agreed quality standard, and improvement is driven systematically across the partnership.	Establish a time-limited multi-agency co-design group to develop the Area SEND Partnership QA Framework, including SEND Voices Wokingham, children and young people, parent carers, schools/settings, health, social care, educational psychology and SEND officers. Hold structured co-design workshops to agree: - what "good" looks like for EHCPs, statutory advice and annual reviews; - how children, young people and family voice should be captured; - how health and social care advice should be reflected; - how audit findings should be shared in a way that is transparent and useful. Embed Health Quality Assurance Framework into the Area SEND Partnership	Quality assurance processes are embedded as business as usual across the partnership, with regular moderation, audit activity, and clear oversight of quality and delivery. Commissioned health provision is being delivered as specified to meet identified health needs. Partners, including schools, health and social care, use the same quality standard and understand how findings from audits and moderation translate into service improvement. Leaders have quarterly visibility of EHCP and annual review quality, recurring themes and whether agreed actions are leading to improvement over time. Children, young people, and families are able to influence service change and improvements to each stage of the EHC process.	Children and young people have their needs met in accordance with their plan and are accessing education. The Area SEND Partnership QA Framework is agreed, published and implemented across education, health and social care by Q3 2026. By Q1 2026/27, 4 multi-agency moderation / quality assurance forums have taken place, and all agreed actions are recorded, tracked and reported through the QA dashboard. By Q1 2026/27, the annual review element of the partnership dashboard will be embedded in the current EHCP audit data and quarterly reporting shows a reduction in repeated quality issues identified through audit and thematic review. Feedback activity with children, young people and families is in place by Q3 2026, with evidence that	Service Director SEND & Inclusion SEND Practice & Quality Lead Designated Social Care Officer Designated Clinical Officer	**Q2 2026/27** Co-design group established; QA Framework workshops completed; draft quality standard agreed across education, health and social care. **Q3 2026/27** Area SEND Partnership QA Framework agreed, published and implemented; health QA requirements incorporated; CYP and family feedback surveys launched and baseline data established. **Q4 2026/27** Quarterly multi-agency QA forum and peer moderation cycle operational through Invision; site-setting visits and thematic audits underway; first quarterly "You said, we did" update produced. **Q1 2027/28**

The local area partnership must deliver a recovery plan to rapidly improve the quality and accuracy of EHC plans, ensuring clear, current and evidence-based provision that fully aligns with health contributions. Quality assurance processes across all agencies must be strengthened so EHC plans reflect children and young people's assessed needs and are implemented effectively.					
What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
	Quality Assurance Framework covering statutory advice to EHCPs and annual reviews. To monitor quality, timeliness and delivery of health provision. Establish a multi-agency quality assurance forum and peer moderation cycle through Invision to review practice, agree actions and monitor improvement. Introduce and embed site setting visits and thematic audit activity as part of the QA framework to test whether provision in plans is specific, understood and implemented and if the school is meeting the needs of the children and young people. Draft setting visit tools with education providers and CYP where appropriate. The details of frequency and settings to be covered will be set out in the co-produced QA Framework. Develop an EHCP and annual review quality assurance partnership		findings are reported and inform service improvements through quarterly 'You said, we did" updates. Children, young people and families have demonstrably shaped service design through coproduction activity.		4 moderation / QA forums completed; all actions tracked through the dashboard; annual review quality reporting embedded into quarterly EHCP audit reporting. **Q2 2027/28** Quarterly reporting evidences reduction in repeated quality issues and demonstrates how audit, moderation and family feedback are informing improvement activity.

The local area partnership must deliver a recovery plan to rapidly improve the quality and accuracy of EHC plans, ensuring clear, current and evidence-based provision that fully aligns with health contributions. Quality assurance processes across all agencies must be strengthened so EHC plans reflect children and young people's assessed needs and are implemented effectively.					
What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
	dashboard via Invision 360 so audit outcomes, trends and repeated quality issues can be tracked and reported consistently. Introduce experiential feedback surveys for children, young people and families at key points in the EHCP request and annual review process. Use Q3 2026 to establish baseline feedback data and set measurable improvement targets.				
Aim 2 To strengthen the quality and accuracy of statutory advice and newly issued Education, Health and Care Plans (EHCPs) so plans are clear, current, evidence-based and set out specific, quantified provision that fully reflects and aligns with education, health and care advice.	Co-design the statutory advice and EHCP drafting standards with contributors and families, so that the standards reflect both professional requirements and what families need to understand the plan. Use examples from CYP and family feedback to shape templates, guidance and training materials to be rolled out in Q3 2026. Test revised EHCP templates or guidance with a small group of parent carers,	All EHCP's are of a 'good' standard of quality allowing for accurate tracking of provision being delivered and progress towards outcomes. Professional advice is timely, specific and sufficiently detailed to describe need, explain impact and support accurate decision-making within statutory timescales. New EHCP's show a clear golden thread from assessed need to outcomes and provision, including	By Q1 2028, at least 70% of newly issued EHCPs are graded Gold (outstanding) or Silver (good) overall through audit compared to the national Invision benchmark of 40% with an aspiration to achieve this quicker if possible. This is an increase from the Q4 2026/27 baseline of 30%. We will see incremental improvement by at least 5% each quarter to reflect progress. Fewer than 10% are graded as having significant gaps.	Service Director SEND & Inclusion Head of SEND Principal EP SEND Practice & Quality Lead Designated Social Care Officer Designated Clinical Officer Staff feedback loops- SEND Senior Case Manager's	**Q2 2026/27** Statutory advice and EHCP drafting standards co-designed; health questionnaire embedded into the EHCP process; SEND Portal development requirements confirmed, including working group, scoping exercise, testing with IT. 35% of EHCP's graded as 'silver' (good) or better

The local area partnership must deliver a recovery plan to rapidly improve the quality and accuracy of EHC plans, ensuring clear, current and evidence-based provision that fully aligns with health contributions. Quality assurance processes across all agencies must be strengthened so EHC plans reflect children and young people's assessed needs and are implemented effectively.					
What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
	young people and professionals before wider rollout. Embed health information questionnaire into the EHCP process to ensure contribution from relevant health partners. Develop SEND Portal functionality through MRI so staff, families and partner agencies can track advice requests, submissions, drafting activity and outstanding actions more transparently. Develop reporting capability linked to EHCNA requests across the Social Care workforce, so that EHCNA activity can be consistently tracked and Quality Assurance processes embedded as BAU in all Social Care teams. Take forward the EHCP AI Drafting Tool to support more consistent drafting, reduce avoidable variation and improve turnaround times alongside professional oversight.	stronger alignment with health and social care advice, where relevant. Families and practitioners have clearer visibility of progress through the drafting process and greater confidence that final plans are accurate, lawful, and implementable. EHCP's will be drafted using the AI tool, due to be piloted in Q3 2026 and rolled out from Q4 2027.	All plans are 100% legally compliant in regards to expected standards and the SEND Code of Practice Performance data shows improvement in the percentage of new EHCP's issued within 20 weeks, with an interim target of at least 70% by Q1 2027 and progress at or above the national average. Quarterly audit and thematic review shows improved quality of statutory advice, including clearer evidence of quantified provision, stronger alignment between identified need, outcomes and provision, and better reflection of health and social care advice where relevant. SEND Portal reporting shows improved tracking of advice requests, submissions and drafting stages, with fewer overdue actions and fewer cases delayed because advice is incomplete or late. SEND Voices Annual Survey shows improvement for		**Q3 2026/27** Revised templates, guidance and training materials tested with families, young people and professionals; baseline audit of newly finalised EHCP's available; AI drafting tool pilot begins; EHCNA reporting capability for Social Care developed. 40% of EHCP's graded as 'silver' (good) or better **Q4 2026/27** Quarterly audit reporting shows first improvement from the Q4 2026 baseline; SEND Portal development in progress with working group having taken place and functionality being improved. 45% of EHCP's graded as 'silver' (good) or better Staff will have EHCP quality included in performance management meetings **Q1 2027/28**

The local area partnership must deliver a recovery plan to rapidly improve the quality and accuracy of EHC plans, ensuring clear, current and evidence-based provision that fully aligns with health contributions. Quality assurance processes across all agencies must be strengthened so EHC plans reflect children and young people's assessed needs and are implemented effectively.					
What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
	Use findings from existing statutory advice audits, previous and current EHCP audits and thematic review to identify recurring drafting weaknesses and feed these back into templates, guidance and targeted support. Focus on newly finalised plans to develop a baseline for improvement to be available from Q3 2026. Audit reports will be sent to casework practitioners with detailed feedback of what needs improving in the EHCP and when to do so.		those with an EHCP - "Education met their child's needs very well/quite well" Updated EHCP's will be of better quality and compliance. Updated EHCP's will be of better quality and compliance.		At least 70% of new EHCP's issued within 20 weeks; targeted improvement activity in place where audit identifies recurring gaps in advice quality, quantified provision or golden thread. Training and info sharing for SEND portal is designed in collaboration with families, schools and other partners. 50% of EHCP's graded as 'silver' (good) or better **Q2–Q4 2027/28** Quarterly improvement of at least 5 percentage points in Gold/Silver EHCP audit grades; fewer overdue portal actions and fewer delays caused by late or incomplete advice. 60% of EHCP's graded as 'silver' (good) or better **Q1 2028/29** At least 70% of newly issued EHCPs graded Gold or Silver overall; fewer than

The local area partnership must deliver a recovery plan to rapidly improve the quality and accuracy of EHC plans, ensuring clear, current and evidence-based provision that fully aligns with health contributions. Quality assurance processes across all agencies must be strengthened so EHC plans reflect children and young people's assessed needs and are implemented effectively.					
What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
					10% graded as having significant gaps; SEND Voices survey shows improved confidence that education is meeting needs for children with EHCPs.
Aim 3 To deliver rapid improvement in the quality and timeliness of annual reviews so EHCP's are updated consistently and accurately to reflect children and young people's current needs, progress and provision across education, health and care.	Develop a complementary Annual Review Portal with local area Partnership and families to improve tracking, shared visibility and the timely submission of review paperwork and supporting information. Introduce and roll out partnership training for the annual review audit tool specific to role in Q4 2026 so the quality of review paperwork, decisions and amended plans can be routinely tested and improved. Embed the outcomes from the annual review process review, supported by the SEND Data Validations Matrix and enhanced Power BI reporting, to improve recording accuracy,	Annual reviews are held on time, submitted promptly and processed within statutory decision-making timescales. Appropriate professionals are invited to attend or submit updated advice. Review paperwork provides meaningful multi-agency assurance that provision remains appropriate, is being delivered, and continues to support progress towards outcomes. Families, schools and practitioners can see clearly where annual reviews are in the process, what action is needed, and when amended plans should be expected. Updated plans are shared with professionals.	By Q2 2027, at least 75% of annual reviews are held within 12 months, at least 75% of review paperwork is received within 2 weeks, at least 75% of decisions are issued within 4 weeks, and at least 75% of amended plans are issued within 12 weeks. Audit activity shows continued year-on-year improvement in annual review quality once the baseline is established in Q3 2026, including clearer evidence of the child or young person's voice, up-to-date information, and appropriate recommendations for amendment, cease or maintain decisions. Over the next 3 years, existing EHCP annual reviews are systematically	Service Director SEND & Inclusion Head of SEND SEND Practice Manager SEND Practice & Quality Lead Designated Social Care Officer Designated Clinical Officer	**Q2 2026/27** Annual Review Portal development begins; process review actions, Data Validation Matrix and Power BI reporting requirements confirmed. **Q3 2026/27** Baseline annual review quality data established; CYP and parent carer examples of meaningful voice and family contribution developed; portal and guidance tested with schools and families. **Q4 2026/27** Partnership annual review audit-tool training delivered; guidance and examples issued to education providers, early years

The local area partnership must deliver a recovery plan to rapidly improve the quality and accuracy of EHC plans, ensuring clear, current and evidence-based provision that fully aligns with health contributions. Quality assurance processes across all agencies must be strengthened so EHC plans reflect children and young people's assessed needs and are implemented effectively.					
What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
	oversight and decision-making. Provide education providers and early years settings and partner agencies with practical guidance and examples of what good annual review practice looks like in Q4 2026, including capturing the voice of the child or young person, progress towards outcomes and recommendations for amendments where needed. Involve CYP and parent carers in developing examples of meaningful child/young person voice and family contribution within annual review paperwork. Use feedback from families and schools to refine the portal, guidance and training after the first term of use.		held & updating EHCPs where appropriate, at key stage transfer and other relevant review points, so that plans are progressively strengthened and better reflect current need, provision and outcomes. By Q4 2026/27, the approach and baseline for reviewing existing EHCP's at key stage transfer and other relevant review points is in place. Annual Review Portal and case tracking data show fewer overdue reviews, fewer recording errors, and improved visibility of where cases are in the process. Schools and partner agencies show improved compliance with annual review requirements, evidenced through increased timeliness of submissions and fewer cases requiring rework because paperwork is incomplete or unclear.		settings and partner agencies. **Q1 2027/28** First term of portal, training and guidance use reviewed; feedback from families and schools used to refine materials and reporting. **Q2 2027/28** Portal embedded and functional; 75% targets met for reviews held within 12 months, paperwork received within 2 weeks, decisions issued within 4 weeks, and amended plans issued within 12 weeks. **Q4 2027/28** Approach and baseline for systematically reviewing existing EHCPs at key stage transfer and other relevant review points in place
Aim 4 To build the capability and confidence of the workforce	Complete a partnership skills audit in Q3 2026 to identify gaps in knowledge, confidence and consistency	Staff across the partnership have improved confidence, clearer guidance and access to practical tools that support	By Q3 2026, the core training offer is available through My Learning or equivalent systems, with	Service Director SEND & Inclusion	**Q3 2026/27** Partnership skills audit completed; core training

The local area partnership must deliver a recovery plan to rapidly improve the quality and accuracy of EHC plans, ensuring clear, current and evidence-based provision that fully aligns with health contributions. Quality assurance processes across all agencies must be strengthened so EHC plans reflect children and young people's assessed needs and are implemented effectively.					
What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
across education, health and care so staff understand what good-quality statutory advice, EHCP's and annual reviews look like and can apply this consistently in practice.	across key professional groups involved in EHCPs and annual reviews. Deliver a multi-agency training and CPD programme, supported by practical examples, resource materials and SEND hub content that set out what good looks like. Deliver a rolling programme of Social Care advice training to the Social Care workforce, commencing in Q3 of 2026, to set out what good looks like. This will become part of the mandatory training suite in Social Care, with an expectation of refresher activity being undertaken. Develop Social Care Practice Guidance in relation to EHCP and annual review processes, so that responsibilities and expectations are clear for all managers and practitioners. Deliver a structured and rolling programme for health professionals tailored to their specific roles within the SEND system. This	more consistent and higher-quality practice. There is a shared understanding across education, health and care of what good-quality statutory advice, EHCPs and annual reviews look like in practice. Learning from quality assurance activity is routinely translated into improved practice, reduced variation, and stronger accountability. Health needs are accurately reflected, and provision is clear and outcome focused.	completion data in place for all relevant staff groups. By Q1 2027, at least 80% of identified staff across key professional groups have completed the relevant training and post-training feedback shows improved confidence and understanding of what good-quality practice looks like. Non-completion data will be sent to senior leadership. Follow-up to the partnership skills audit shows improvement in the main areas of weakness identified at baseline, with fewer gaps in knowledge and greater consistency in professional contributions. Subsequent audit, moderation, and thematic findings show reduced variation in practice and fewer recurring quality issues linked to workforce knowledge or confidence.	SEND Practice & Quality Lead Designated Social Care Officer Designated Clinical Officer Head of Childrens Services Workforce Academy	offer available through My Learning or equivalent; Social Care advice training commences. **Q4 2026/27** Multi-agency CPD programme, practical examples and SEND hub resources rolled out; Social Care Practice Guidance published; targeted support offered where QA identifies recurring weaknesses. **Q1 2027/28** Health professional training programme commences; at least 80% of identified staff across key groups complete relevant training; non-completion data escalated to senior leadership. **Q2 2027/28** Follow-up review of skills audit themes completed; post-training feedback shows improved confidence and understanding across education, health and care staff groups. **Q3 2027/28 onwards**

The local area partnership must deliver a recovery plan to rapidly improve the quality and accuracy of EHC plans, ensuring clear, current and evidence-based provision that fully aligns with health contributions. Quality assurance processes across all agencies must be strengthened so EHC plans reflect children and young people's assessed needs and are implemented effectively.					
What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
	programme will commence in Q1 2027 and will focus on strengthening the quality and timeliness of health advice in relation to EHCPs. Embed a continuous cycle of learning from audit findings, moderation, complaints, tribunal themes and feedback from families into workforce development activity. Provide targeted improvement support where quality assurance activity identifies recurring weaknesses in advice, drafting, or annual review practice.				Audit, moderation, complaints, tribunal themes and family feedback routinely inform refresher training and targeted improvement support; evidence shows reduced variation and fewer recurring quality issues.

Improvement Areas

Improvement Area 1: Joint Commissioning, Data Sharing and Multi-Agency Governance

The partnership should improve joint commissioning, data sharing and multiagency governance so that services work together effectively to plan, deliver and assure high quality provision for children and young people with SEND in Wokingham. This includes strengthening oversight across education, health and social care to ensure provision is equitable, sustainable and aligned to need.

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
Aim 1 To establish a coherent, transparent and effective multi-agency system which sets out how partners across education, health and social care will strengthen joint commissioning, data sharing and multi-agency governance to ensure: • Services are aligned to need and demand • Decisions are evidence-led, equitable and transparent • Provision is sustainable and delivers improved outcomes • Children, young people and families experience a joined-up system	**Enabling Effective Joint Commissioning through strengthened Strategic Leadership Capacity** The Local Authority and ICB to explore ways of working to enhance and strengthen joint commissioning	**The Integrated Commissioning Lead is in post and providing visible system leadership** • The role is recognised across the Local Authority and ICB as the single point of coordination and accountability for joint commissioning. **The ICB and the LA have established clear governance and ways of working** • A functioning joint commissioning governance structure is in place, with clearly defined roles, responsibilities, decision-making routes and escalation pathways led by the postholder	**Governance and oversight** • Evidence in meeting minutes and reporting that the Integrated Commissioning Lead is shaping agendas, driving decisions and holding partners to account. **Delivery of a jointly owned commissioning plan** • Following publication of the JSNA, a single integrated strategic plan is signed off by partners and progress is tracked through joint governance, with actions consistently delivered. • Plan approved by all partners with ≥80% of actions delivered on time and tracked through governance	Service Director for Strategy, Transformation and Commissioning ICB Director for Delivery and Performance	**Implementation of Joint Commissioning Board and Governance Structure:** Q2 2026/27 **Joint Strategic Plan developed:** Q4 2026/27 (Evidence of increased commissioning activity to be set by Joint Strategic Plan) **Agreed data sets:** Q4 2025/26 - Q1 2026/27 **A shared dashboard and reporting framework established:** Q3-Q4 2026/27 **Joint Quality Assurance, contract management and performance review**

		A single, integrated commissioning plan is in place and being delivered • The postholder has developed and is driving delivery of a jointly owned commissioning strategy and action plan across education, health and social care **Joint commissioning activity is coordinated and aligned** • The role is actively coordinating commissioning activity across partners, with clear lead commissioner arrangements and aligned priorities, reducing fragmentation. **Data-driven, partnership decision-making is embedded** • The postholder has established shared data, insight and reporting (e.g. dashboards) which are routinely used to inform joint commissioning decisions.	**Evidence of increased joint commissioning activity** Demonstrable examples of: • Services jointly commissioned or reconfigured • Agreed lead commissioner/funding arrangements • Alignment of commissioning cycles and priorities • Increasing number of jointly commissioned or aligned services (baseline to be set + annual increase agreed) **Improved use of shared data and intelligence** • A shared dashboard and reporting framework established by the role and used routinely in commissioning decisions. • At least 3-5 priority services/pathways have defined joint commissioning arrangements • ≥75% of commissioning decisions reference JSNA or shared data		**processes introduced through the role:** Q3-Q4 2026/27

		Resources are increasingly aligned through the role • There is evidence of the role enabling joint funding decisions, better use of collective resources and reduced duplication in commissioned provision. **Children, young people and families experience a more joined-up system** • The impact of the role is seen in more coordinated pathways and improved experience of services across education, health and care.	**Reduced duplication and improved efficiency** • Evidence (qualitative and quantitative where available) that the role has supported rationalisation of provision and better alignment of investment. **Quality assurance and improvement is coordinated** • Joint Quality Assurance, contract management and performance review processes introduced through the role. **Improved outcomes and experience** • Early indicators of impact attributable to the role, such as: • Improved access or timeliness • More coordinated support • Positive feedback from Children and young people, families and partners		

	Strengthening Governance Implementing a newly established Joint Commissioning Board which is multi-agency, with clear terms of reference, roles, delegated authority and escalation routes	**A fully established and functioning Joint Commissioning Board** • The Board operates as the recognised multi-agency forum for joint commissioning oversight across education, health and social care. **Clear and understood governance arrangements** • Terms of reference, roles, delegated authority and escalation routes are agreed, published and consistently applied across all partners. Simplify Governance: Production of a single visual governance map, and be able to show: • Decision making forums • Assurance forums • Escalation routes. **Strong multi-agency ownership and participation** • Senior leaders from the Local Authority, ICB and key partners attend regularly, contribute to decision-making and	**Board established and embedded** • Board is in place with agreed membership, meeting regularly (e.g. monthly/bi-monthly), with forward plan and work programme. • Board meets quarterly with ≥90% attendance from core partners (defined via TOR) **Governance documentation in place and used** • Terms of reference, decision-making framework and escalation routes are formally approved and routinely referenced in practice. • 100% of decisions aligned to agreed governance routes **High-quality attendance and engagement** • Consistent representation from all key partners, with evidence of active contribution and shared ownership of decisions. **Clear evidence of decision-making and accountability** Meeting minutes demonstrate:	Service Director for Strategy, Transformation and Commissioning ICB Director for Delivery and Performance	**Implementation of Joint Commissioning Board and Governance Structure:** Q2 2026/27 **Joint Strategic Plan developed:** Q4 2026/27 (100% of decisions aligned to agreed governance routes) **Commissioners, providers and partners report improved clarity on:** • How decisions are made • Who is accountable • How to escalate issues Q1 2027/28 **Progress against the joint strategic plan first reported:** Q1 2027/28, and then quarterly

		demonstrate shared accountability. **Effective, transparent decision-making** • Decisions on commissioning priorities, funding and performance are made collectively, are evidence-led, and are clearly recorded and communicated. **Clear line of sight across the system** • The Board provides oversight of joint commissioning activity, performance and risk, ensuring alignment to shared priorities and outcomes. **Improved system coherence and consistency** • Partners operate with a shared understanding of priorities, expectations and processes, reducing fragmentation and duplication across the system.	• Agreed decisions on commissioning priorities and funding • Evidence of challenge and discussion • Actions clearly assigned and tracked to completion **Delivery and oversight strengthened** The Board routinely reviews: • Performance data and outcomes • Progress against the joint strategic plan • Risks, issues and mitigation actions • 100% of Joint Commissioning Board Meetings include review of performance, risks and commissioning priorities • 100% of board minutes include performance, risk and impact re view **Improved transparency and confidence across the system** Commissioners, providers and partners report improved clarity on:		

			• How decisions are made • Who is accountable • How to escalate issues **Early signs of impact on commissioning practice** Evidence that governance is enabling: • More coordinated commissioning activity is evident • Better aligned funding decisions • Reduced duplication and clearer system direction		
	Embedding consistent data and insight Developing and implementing a shared multi-agency SEND data and intelligence framework Bringing together education, health and social care datasets into a single, system-wide view of need, demand, access and outcomes. Establishing a consistent approach to data sharing, analysis and reporting across partners: Ensuring partners work to a shared evidence base, with clear protocols and	**A single, shared view of need, demand and outcomes** • Partners across education, health and social care are using consistent, integrated data to understand current and future demand, access, performance and outcomes. **Data routinely informing commissioning and strategic decision-making** • Commissioning priorities, investment decisions and service	**Shared data framework and datasets established** • Agreed multi-agency dataset and data-sharing protocols are in place and being used consistently across partners. • 100% of partners using agreed datasets and shared definitions • ≥75% of decisions reference JSNA or dashboard evidence **Regular multi-agency reporting in place** • A consistent reporting cycle is established,	Service Director for Strategy, Transformation and Commissioning ICB Director for Delivery and Performance	**A shared dashboard and reporting framework established:** Q3-Q4 2026/27 **A consistent reporting cycle is established:** Q3-Q4 2026/27 **100% of priority needs identified through JSNA have a documented response:** Q2 2027/28 Documented examples where data and JSNA insight have:

	regular multi-agency reporting cycles. Using JSNA intelligence and integrated datasets to inform commissioning and planning: Applying insight to understand current and future demand, identify gaps and inequalities, plan provision and monitor impact over time.	design are consistently informed by robust multi-agency intelligence and JSNA insight. **Improved identification of gaps and inequalities** • The partnership has a clear understanding of unmet need, variation in access and outcomes, and is able to target resources to address inequalities. **A culture of evidence-led, transparent decision-making** • Partners work to a shared evidence base, with clear rationale for decisions linked to data and insight. **Aligned planning and monitoring across the system** • Data is used not only to understand demand, but to plan provision, track delivery and evaluate impact over time.	with data routinely presented at joint governance forums (e.g. Joint Commissioning Board). **Use of a shared dashboard to inform decisions** • A multi-agency dashboard is developed and used in commissioning and oversight meetings, with clear evidence that data informs decisions. • 100% of priority needs identified through JSNA have a documented response • Data dashboard used in 100% of governance meetings • 100% of agreed datasets implemented across partners **Evidence of data driving commissioning activity** Documented examples where data and JSNA insight have: • identified gaps in provision • informed commissioning priorities		• identified gaps in provision • informed commissioning priorities • shaped service redesign or investment decisions • ≥75% of commissioning decisions reference JSNA/data insight JSNA/data insight: Q2 2027/28 **Partners report improved confidence in the quality, consistency and usability of data to support decision-making:** Q1 2027/28

			• shaped service redesign or investment decisions • ≥75% of commissioning decisions reference JSNA/data insight **Improved understanding of demand and gaps** The partnership can clearly articulate: • current and projected demand • areas of unmet need • variations in access and outcomes across groups **Routine monitoring of impact and outcomes** • Performance, quality and outcomes are regularly reviewed using shared data, with evidence of action taken in response to trends. **Increased confidence in data across the system** • Partners report improved confidence in the quality, consistency and usability of data to support decision-making		

	Ensuring lived experience informs decision-making Embedding co-production as a core principle of commissioning and transformation Ensuring children, young people, parents and carers are involved at every stage of the commissioning cycle, including needs analysis, service design, decision-making, delivery and evaluation. Establishing a systematic and consistent approach to participation and engagement Delivering a range of accessible engagement opportunities (e.g. co-design sessions, focus groups, surveys and targeted outreach) to hear from a diverse range of children, young people and families. **Working with established participation structures and partners** Engaging with young inspectors, parent/carer forums, SENDIASS, schools, early years settings and voluntary sector partners to shape services, identify gaps and test impact.	**Co-production is embedded as 'business as usual' across the system** Children, young people and families are routinely involved in shaping commissioning decisions, service design and improvement activity. **Lived experience directly influences decisions and priorities** Feedback from children and families is clearly reflected in commissioning strategies, service specifications and delivery changes. **A consistent and inclusive approach to participation is in place** Engagement activity is coordinated, accessible and reaches a diverse range of voices, including those who are less frequently heard. **Transparent and trusted relationships with families** Children, young people and families can see how their feedback has influenced decisions, creating increased trust and confidence in the system.	**Evidence of co-production influencing decisions** Co-production embedded as 'business as usual': • ≥70% of commissioning activity evidences co-production or co-design Lived experience directly influences decisions and priorities: • Feedback informs 100% of major commissioning decisions or service redesign Documented examples where feedback has led to: • changes to service design or delivery • revised commissioning priorities or investment decisions • improvements to pathways or access **"You said, we did" consistently demonstrated** • Published evidence showing how feedback has resulted in tangible changes to services and support for children and families. • At least 3 'You said, we did' publications annually	Service Director for Strategy, Transformation and Commissioning ICB Director for Delivery and Performance	**≥70% of commissioning activity evidences co-production or co-design:** Q2 2027/28 **Feedback informs 100% of major commissioning decisions or service redesign:** Q2 2026/27 **3 'You said we did':** **3 per year, every year (i.e. 3 in Year 1 26/27)** **Participation insight reported at 100% of relevant governance meetings:** Q4 2026/27 **Feedback themes are systematically captured, analysed and considered alongside performance and JSNA data in decision-making:** Q1 2027/28 **Improved feedback from children, young people and families with a year on year improvement in:** Q3 2027/28

	Embedding lived experience into governance and decision-making Routinely reporting participation insight through partnership governance, with clear ownership and accountability for responding to feedback. **Using lived experience alongside data and insight** Integrating qualitative feedback with JSNA and performance data to inform priorities, commissioning decisions and service design. **Implementing clear feedback loops ("You said, we did")** Publishing and communicating how feedback has influenced decisions, service changes and improvements to build transparency and trust. **Embedding co-design and continuous improvement in delivery** Involving children, young people and families in designing, testing and reviewing services to ensure they remain responsive, inclusive and effective.	**Stronger alignment between services and need** Services are increasingly designed around real experiences and needs, resulting in more responsive, accessible and effective provision. **Lived experience is embedded within governance and assurance** Participation insight is routinely considered alongside data in decision-making, performance monitoring and system oversight.	**Regular reporting of participation activity and impact** • Participation and co-production activity routinely reported through governance, including clear actions, responses and ownership. • Participation insight reported at 100% of relevant governance meetings **Range and reach of engagement activity** Evidence that engagement activity includes: • multiple methods (e.g. co-design sessions, surveys, focus groups) • diverse participation from children, young people and families, including priority groups **Integration of lived experience within data and insight** • Feedback themes are systematically captured, analysed and considered alongside performance and JSNA data in decision-making **Improved feedback from children, young people and families with a year on year improvement in:**		

			• involvement in decision-making • understanding of changes made • confidence that their voice is heard and acted upon **Evidence of improved service alignment and outcomes** • Services demonstrate increased alignment to identified needs and emerging demand, informed by both data and lived experience.		

Improvement Area 2: Recovery plan for the equipment service

The partnership should ensure that the recovery plan for the equipment service is fully implemented, monitored and embedded so that children and young people receive timely, needs led assessment and intervention.

Our approach

The community equipment service for Berkshire is commissioned through a Section 75 partnership. This means it is jointly overseen by six local authorities and health services across the Integrated Care Board (ICB).

Although the service is for all residents and not specific to SEND, it is especially important for children and young people with SEND. Delays in getting equipment can affect their ability to take part in education, therapy and everyday life.

This action plan focuses on how partners will work together to oversee the service. It sets out how the partnership will provide clear leadership, challenge performance, and ensure the service improves.

It is important to understand the different roles within the service:

Millbrook Healthcare is the provider. They deliver, maintain and service equipment, and provide clinical support.

West Berkshire Council is the lead commissioner and manages the contract on behalf of all partners (including Wokingham Borough Council).

Berkshire Community Equipment Service (BCES), based within the ICB, processes clinical requests, places orders with Millbrook, and works with Wokingham Borough Council to approve funding and monitor spend.

Millbrook took over the contract in August 2025 at short notice after the previous provider closed. They are working to a detailed improvement plan, which is overseen by West Berkshire Council and the ICB.

The improvement plan has two phases:

Phase 1 (July – September 2026): establish a clear understanding of demand, agree the improvement plan, clarify governance, and communicate with partners.

Phase 2 (October 2026- June 2027): strengthen joint oversight, improve performance management, and embed learning across the system.

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
PHASE 1: Secure the foundations - establish clear accountability, agree the improvement plan, and communicate with stakeholders (July-September 2026)					

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
Action 1 Establish a single, consistently applied governance framework for equipment across Section 75 (S75) partners, ensuring clear and collectively understood roles, responsibilities, and escalation pathways.	**S75 governance review** • The Local Area Partnership (LAP), working with West Berkshire Council as the contract lead, reviews the S75 governance arrangements to confirm the contract specifications, confirm roles and responsibilities across all partners, and clarify where the equipment contractual reporting sits within the LAP governance architecture. • The outcome is a brief, agreed governance statement that all S75 partners sign off. This covers: who commissions, who holds the contract, who quality-assures, and what escalation routes exist for CYP-specific concerns. **LAP governance placement** • The local area partnership confirms where equipment contract performance is reported within SEND governance (e.g. SEND Strategic Partnership, Health and Wellbeing	• All S75 partners have a consistent, accurate and shared understanding of the service specification and their own accountabilities. • A governance statement is agreed and published. • CYP equipment performance has a named reporting home within SEND governance • Off-contract purchasing process and accountability is clear	• Governance statement signed off by all S75 partners by end of August. • CYP reporting route within SEND governance confirmed by August. • Off-contract purchasing position confirmed by August. • No subsequent disputes among S75 partners about roles and responsibilities in contract scrutiny meetings.	**ICB Equipment Lead** West Berkshire Council (lead contractor) All S75 LA and ICB partners ICB SEND leads	**Q2 2026/27** S75 governance review initiated **Q2 2026/27** Governance statement signed off; reporting route confirmed

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
	Board). CYP-specific equipment performance is reported separately from adult equipment wherever data allows, to ensure children's needs have clear visibility. **Purchasing equipment outside contract** • The ICB and LA partners define when/if this should take place and what governance arrangements will be in place				
Action 2 Ensure that the Millbrook Healthcare improvement plan is robust, credible and achievable - and that progress is formally signed off by all partners bi-monthly.	**Improvement plan review** • West Berkshire Council, Wokingham Borough Council and the ICB jointly review Millbrook's improvement plan against CYP-specificity (children's needs are visible, not subsumed within adult metrics). This is to include delivery KPIs for children's equipment if different to adults. • The ICB specifically reviews Millbrook's plan for evidence that the Senior Clinical Lead recruitment delay (noted in the March 2026 plan) has been resolved, and that data/MI and Power	• Improvement plan has been reviewed formally and robustly scrutinised. • Plan is formally signed off by Wokingham Borough Council and the ICB with named commissioners and dates. • Summary of progress is shared with SEND governance and PCF. • Separate KPI tracks for catalogue and bespoke delivery are operational. • Senior Clinical Lead post within Millbrook confirmed as filled.	• Improvement plan reviewed and corroborated by ICB and West Berks Council by end of August and a clear line of governance has been established. • Formal sign-off (including Wokingham BC) by end of September. • A single page summary outlining the improvement plan & current performance shared with SEND Strategic Partnership by September. • Separate catalogue/bespoke KPI	**West Berkshire Council (lead contractor, sign-off)** ICB Commissioning Lead for Equipment (review and sign-off) Wokingham Borough Council as part of the other 5 LAs in the partnership (named signatory)	**Q2 2026/27** Improvement plan reviewed and corroborated **Q2 2026/27** Formal sign-off; separate KPIs live

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
	BI reporting delays do not undermine performance visibility. **Sign-off and publication** • The improvement plan is formally signed off by West Berkshire Council (as lead contractor) and all other partners in the contracting arrangement including Wokingham Borough Council. • A summary of the improvement plan and its key milestones is shared with the SEND Strategic Partnership and made available to the Parent Carer Forum. **Separate KPIs for catalogue and bespoke** • Agree and monitor timelines and KPIs for catalogue item delivery (standard stock, typically faster) and bespoke/special order delivery	• Data delays have a confirmed resolution timeline.	reporting operational by September. • Senior Clinical Lead in post confirmed by Q2 2026. • Millbrook's data reporting is confirmed as fully operational by Q2 2026. • Commissioners confirm that they have sufficient information to assess delivery against KPIs by September.		
Action 3 Establish a clear, shared baseline picture of current performance and waiting demand - particularly for children and young people - and ensure that key	**Backlog and demand baseline** • West Berkshire Council, with Millbrook, produces a backlog baseline for CYP specifically, segmented by order	• Validated CYP backlog baseline in place, agreed by all commissioners. • Stakeholder information available to all	• CYP backlog baseline agreed between commissioners and Millbrook by end of Q2 2026.	**West Berkshire Council / ICB Commissioner – Equipment**	**Q2 2025/26** Backlog baseline agreed; stakeholder briefing issued; family update published

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
stakeholders understand the service and know how to access it.	type (catalogue vs bespoke), wait time band, and clinical complexity where available. • The baseline distinguishes between orders placed but not yet delivered, assessments awaited, and cases where equipment has been requested but not yet processed. Each category has a different improvement trajectory. **Stakeholder communications** • Wokingham Borough Council and the ICB review the information that they share with key professional stakeholders (GPs, schools, therapists, social care teams across the six LAs) ensuring that they can access information on equipment services from their service and Millbrook healthcare. • This information should be replicated on public-facing forums and platforms to ensure the public and families are kept informed.	professional referrers across Berkshire. • Family-facing update published and accessible on the LA website • All commissioners and referrers have a consistent understanding of the service • All stakeholders are communicated with prior to the BCES move	• Professional stakeholder information reviewed by end August • Family-facing information reviewed by end August • Families report that information is easy to find and clear & simple to understand • Professionals report that information is easy to find and clear & simple to understand		

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
	• Stakeholders are kept well informed of the plan to transition BCES from the ICB to a provider host.				
PHASE 2: Embed robust oversight and assurance - monitor improvement, strengthen joint commissioning, and capture learning (October 2026 – June 2027)					
Action 4 Monitor Millbrook's delivery against the signed-off improvement plan with sufficient rigour and frequency to identify problems early and intervene before they affect children and young people.	**Performance reporting** • Monthly equipment performance reports are received by all partners from Millbrook covering catalogue delivery timescales, bespoke delivery timescales, order volumes, complaint themes and any patient safety incidents. CYP data is reported separately from adult data. Reports are received by the ICB's SEND Assurance Board and the Wokingham Assurance Board. • West Berkshire Council holds monthly contract performance meetings with Millbrook covering all workstreams in the improvement plan. Wokingham Borough Council and the ICB attend or receives minutes and have the right to raise concerns	• Monthly performance reports in place and reviewed at ICB SEND Assurance Board. • CYP performance data consistently reported separately from adult data. • Improvement trajectory tracked monthly; deviations addressed promptly. • CYP Operational Group functioning with Wokingham representation. • No CYP case where a safety or education risk from equipment delay goes undetected or un-escalated.	• Monthly performance reporting to ICB SEND Assurance Board live from Q3 2026. • Improvement trajectory agreed and tracked from Q2 2026; reviewed monthly. • CYP Operational Group meeting records confirm Wokingham attendance from Q3 2026. • Zero un-escalated cases where CYP safety or education access is at risk due to equipment delay. • Service returns to BAU performance against KPIs by end of Q4 2027, consistent with Millbrook's stated aim.	**West Berkshire Council (contract lead)** ICB Commissioner – Equipment (health assurance)	**Q2 2026/27** Improvement trajectory live **Q3 2026/27** Monthly reporting to SEND Assurance Board begins **Q4 2026/27** BAU performance achieved

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
	directly. Any red-rated workstream from Millbrook's own plan is escalated to the ICB within two weeks. **CYP-specific operational oversight** • The CYP Operational Group is re-launched across Berkshire, including health and social care partners, and meets regularly to specifically review child and young person-specific equipment orders, delays and escalations. Wokingham Borough Council has named representation. Any case where a CYP's health, education access or safeguarding is at risk due to an equipment delay is escalated immediately to the ICB and Wokingham Borough Council via the agreed escalation paths. **Improvement trajectory tracking** • A clear, agreed improvement trajectory showing expected monthly backlog reduction is monitored against actuals at every contract performance				

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
	meeting. Deviation from trajectory triggers a formal response from Millbrook within one week.				
Action 5 Ensure all Partners and Millbrook healthcare are working together to improve the equipment service offer and align it across the Thames Valley ICB geography to reduce any unwarranted variation	**Catalogue and service benchmarking** • Berkshire Local Authorities with the ICB/Health, benchmarks Millbrook Berkshire catalogue and service specification against comparable services in the Thames Valley ICB area, to inform the next commissioning cycle (July 2028) and any future procurement. **JSNA contribution** • Data from Millbrook via the contract manager (demand, demographics, unmet need, wait times) is contributed to the Wokingham JSNA (AFI 2) and to the wider Berkshire SEND needs assessment, so that equipment need is reflected in future strategic planning.	• Benchmarking exercise completed and findings reported to S75 Steering Group. • Demand and outcomes data contributing to JSNA.	• Benchmarking report completed by March. • Equipment contract data contribution to JSNA confirmed.	**West Berkshire Council / ICB Director of Commissioning**	**Q3 2026/27** Joint accountability framework agreed **Q4 2026/27** Benchmarking and risk register done **Q1 2027/28** Commence commissioning cycle

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
Action 6 Capture learning from the NRS insolvency, the Millbrook mobilisation period and the improvement, and embed quality improvement cycles so the service continuously improves after BAU is restored.	**Structured service review** • Once BAU is restored (target: end Q2 2026), lead commissioner convenes another after action review to ensure lessons learnt and next commissioning cycle is informed by this • The review involves all relevant partners **Complaints and feedback** • The ICB and West Berkshire Council establish a consistent approach to capturing and acting on complaints and feedback from CYP and families about the equipment service. Complaint themes are reported to the ICB and SEND Assurance Board quarterly.	• Structured service review completed and shared with all partners. • Learning informs future commissioning and contract management practice. • Complaint themes reported to SEND governance quarterly.	• Service review commissioned by Q4 2027; completed and shared by Q1 2027/28. • Complaints reporting to SEND governance quarterly from October.	**West Berkshire Council / ICB Director of Quality**	**Q4 2026/27** After action review has taken place **Q1 2027/28** Review findings shared with all partners

Improvement Area 3: Sufficiency Strategies

The partnership should ensure that its sufficiency strategies, including for AP and short breaks, are securely enacted and embedded so that there is a sufficient range of high-quality provision to meet the needs of children and young people with SEND.					
What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
Our governance arrangements will provide assurance that children and young people with SEND receive high-quality, inclusive and effective provision that meets their needs, improves outcomes and supports them to achieve their full potential. • The Commissioning and Insights Board will provide strategic oversight of SEND, Alternative Provision (AP) and Short Break sufficiency, demand forecasting, commissioning intentions and specialist place delivery. The Board will oversee whether provision is of sufficient quality, capacity and effectiveness to meet the current and future needs of children and young people with SEND. • The SEND Assurance Board will oversee attendance, Alternative Provision, reduced timetables, INMSS placements, placement stability and educational outcomes. The Board will provide assurance that children and young people are receiving high-quality, timely and appropriate support and provision that meets their identified needs and enables them to achieve positive outcomes. • The Area SEND Improvement Board will receive exception reports and assurance reports, holding partners to account for delivery, impact and improvement activity. The Board will seek assurance that improvement actions are leading to tangible improvements in the quality, consistency and effectiveness of provision for children and young people with SEND. • The Wokingham Borough Education Partnership will receive insight data and thematic reports to ensure there is partnership focus and oversight of these cohorts.					
Aim 1A – Strategic Planning, Forecasting and Sufficiency Governance To develop and implement coherent multi-agency sufficiency strategies informed by shared intelligence, forecasting, commissioning and governance arrangements so education, health and social care can plan sustainably together.	**Sufficiency Planning and Forecasting** Ensuring sufficiency planning is underpinned by robust, shared intelligence, including updated needs analysis, demographic projections and clear modelling of future demand across SEND, Alternative Provision (AP) and Short Breaks. • Implement integrated SEND, AP forecasting	Partners operate from a shared understanding of current and future need. Sufficiency planning is consistently informed by evidence. Governance is transparent with clear accountability. Strong and mature partnership with SEND Voices Wokingham, where Parents and carers influence strategic decisions, shape provision development,	• Integrated forecasting model operational. • SEND dashboard established and routinely used. • Quarterly sufficiency reports considered by the Commissioning and Insights Board. • 100% of significant commissioning decisions reference sufficiency data and forecasting.	Service Director SEND & Inclusion Service Director Children's Strategy, Transformation and Commissioning Head of Strategic Commissioning and Transformation	**Q4 2026/27** - First annual sufficiency report using integrated SEND Reform data model. **Q4 2026/27** - SEND dashboard linked to JSNA, sufficiency and commissioning datasets. **Q3 2026/27** Integrated forecasting model established SEND dashboard linked to JSNA operational.

The partnership should ensure that its sufficiency strategies, including for AP and short breaks, are securely enacted and embedded so that there is a sufficient range of high-quality provision to meet the needs of children and young people with SEND.					
What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
	model. Demand forecasting will explicitly take account of: • population growth projections; • planned housing developments; • SEND prevalence trends; • education phase transfer points; • changing complexity of need • Align planning with JSNA, SEND Reform and School Organisation Plan. • Model future need using demographics, housing growth, prevalence, transitions and complexity of need. **Data and Intelligence** • Develop integrated SEND dashboard. • Align JSNA, sufficiency and commissioning data. • Introduce cohort modelling and demand forecasting.	design and future phases of the programme.	• Parent/carer participation evidenced through governance reports. • Parent/carer representation will be offered across all relevant sufficiency governance arrangements and programme boards. Partnership governance will review quarterly whether parent/carer representatives remain confident they can influence strategic decision-making. • Annual increase in confidence in local provision reported through SEND Voices surveys. Sustained annual improvement in satisfaction with the range, quality and accessibility of local SEND provision, informed through: • SEND Voices Wokingham surveys; • local authority engagement activities;		Governance reporting established. **Q4 2026/27** First annual sufficiency report produced.

The partnership should ensure that its sufficiency strategies, including for AP and short breaks, are securely enacted and embedded so that there is a sufficient range of high-quality provision to meet the needs of children and young people with SEND.					
What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
	Governance and Oversight Strengthen governance and partnership decision-making, embedding a clear structure that enables transparent oversight, escalation and cross-agency agreement on sufficiency priorities, capital investment, and commissioning activity. • Establish Commissioning and Insights Board as lead governance forum. • Introduce quarterly sufficiency reporting and risk management processes. **Co-production** • Involve SEND Voices Wokingham in planning and review. • Maintain parent/carer representation across governance structures.		• school and setting parent/carer surveys; • feedback from children and young people; • provider quality assurance activity; • feedback from families accessing commissioned services; • targeted engagement with families whose children are placed out of borough.		
Aim 1B – Delivery of Additional Specialist Capacity To increase the availability, quality and sustainability of local SEND provision	**Capital Programme Delivery** Deliver the multi-year capital programme for new specialist places, ensuring design, procurement and	Increased local capacity. Provision is well-distributed geographically across the Borough so	• 100% delivery of SEND expansion programme. • Specialist capacity increases from 848 places to 1,314 places.	Service Director SEND & Inclusion Head of Children's Strategy, Transformation and Commissioning	**Q2 2027/28 -** First phase of capital expansion operational. Specialist SEND capacity will increase from 848 places in **Q2 2025** to 1,314 places

The partnership should ensure that its sufficiency strategies, including for AP and short breaks, are securely enacted and embedded so that there is a sufficient range of high-quality provision to meet the needs of children and young people with SEND.					
What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
through the delivery of additional specialist capacity, ensuring children and young people can access appropriate support closer to home	delivery processes remain on track to provide the planned 450 new places between 2027–29, alongside the 2025/26 programme. **Market Development** • Work with maintained, academy, VCFS and independent sectors to strengthen local capacity. • Improve sustainability and quality of local provision. **Health Provision Commissioning** • Develop commissioning intentions for specialist nursing, therapies and community health services linked to new places. • Agree workforce growth requirements.	More children and young people accessing appropriate, high-quality education close to home. Reduced reliance on INMSS and out-of-borough placements. Health provision grows alongside educational provision with the right level of support in place.	• 90% of Children and Young People educated in-borough where needs can appropriately be met locally by Q2 2029. • 50% reduction in new INMSS placements by Q2 2029. • Annual reduction in: • average travel distance; • average travel time (less than 45 mins); • number of pupils travelling outside the borough for education; • Annual increase of the proportion of CYP with SEND educated in-borough: • Q2 2026/27 – baseline established and improvement trajectory agreed • Q2 2027/28 – minimum 2 percentage point increase	Head of Education Access and Sufficiency	by **Q2 2029**, providing an additional 466 local specialist places these will be introduced incrementally: **Q2 2026/27 -** 146 places from the 2025 programme operational. **Q2 2028/29** - Mid-point review of specialist place expansion programme completed. **Q2 2029** - 466 additional specialist places delivered. 50% Reduction in new INMSS places: **Q2 2026/27** - Baseline established. **Q2 2027/28 -** 15% reduction. **Q2 2028/29 -** 35% reduction. **Q2 2029 -** 50% reduction. **Q2 2027/28** Health commissioning plan produced. **Q4 2027/28** Workforce growth requirements agreed.

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What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
			• Q2 2028/29 – minimum 2 percentage point increase • Q2 2029 – achieve 90% in-borough placement rate where needs can appropriately be met locally • Annual reduction in children and young people without a suitable placement due to lack of suitable provision: • 2026/27 – 10% reduction on 25/26 baseline • 2027/28 – additional 25% reduction • 2028/29 – additional 25% reduction • Health commissioning plan agreed. and implemented The ICB will use the sufficiency strategy for new special schools coming online and population growth		

The partnership should ensure that its sufficiency strategies, including for AP and short breaks, are securely enacted and embedded so that there is a sufficient range of high-quality provision to meet the needs of children and young people with SEND.					
What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
			to develop commissioning intentions for anticipated growth in the Special School Health Nurse provision by September 2027 • Workforce plan implemented.		
Aim 2 – Strategic Oversight of Attendance, Placement Use and Outcomes To ensure leaders have systematic oversight of attendance, AP usage, reduced timetables, INMSS placements, out-of-borough provision and outcomes, enabling commissioning and sufficiency decisions to be informed by evidence and impact.	**Cohort Tracking** Develop and strengthen a partnership dashboard to support the monitoring and oversight of children and young people including those receiving provision through: • Independent Non-Maintained and Independent Special Schools (INMSS); • Alternative Provision (AP); • Part time timetables; • Out of borough provisions; • Attending mainstream but	Leaders understand outcomes and attendance for all cohorts. Placement effectiveness is routinely reviewed. Sufficiency planning is informed by outcome data rather than solely capacity data.	• 100% of CYP in INMSS included in annual outcomes analysis and reported through governance arrangements. • AP outcomes reported quarterly. • 100% of reduced timetables included in central monitoring framework and data set • Annual reduction in pupils on extended reduced timetables and all have a reintegration plan (Q3 2026/27 set baseline reduce 5% each year until 2029) • Annual increase in successful reintegration (Q3 2026/27 set baseline and then 5% each year until 2029).	Head of Strategic Commissioning and Transformation Head of SEND Head of Performance and Data	**Q3 2026/27** Cohorts defined. Tracking system established. **Q4 2026/27** First quarterly outcomes report produced. **Q2 2027/28** First annual outcomes analysis completed. Quality assurance cycle completed.

The partnership should ensure that its sufficiency strategies, including for AP and short breaks, are securely enacted and embedded so that there is a sufficient range of high-quality provision to meet the needs of children and young people with SEND.					
What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
	awaiting a specialist placement **Performance Monitoring** • Establish a multi-agency performance framework reporting quarterly to the SEND Assurance Board and to the SEND Area Improvement Board. • Enhance routine analysis of attendance, attainment, progress, destination, placement stability and reintegration outcomes for these cohorts. • Regular in-depth monitoring by Children's Leadership Team of key cohorts at DCS Practice and Outcomes Monitoring **Quality Assurance**		• Quarterly reporting identifies trends by cohort, school and need type. • Quarterly quality assurance reviews demonstrate that placements continue to meet identified needs and support positive outcomes. • Annual quality assurance review of high-cost and external placements completed. • Annual reduction in SEND young people recorded as NEET, with an expected minimum reduction of 5% per year and cumulative reduction of at least 20% by September 2029. • Evidence that commissioning decisions reflect cohort analysis findings.		

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What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
	• Implement a quality assurance programme to review whether placements continue to meet need and deliver expected outcomes. • Produce annual outcome analysis for all children and young people educated in specialist provision, including those placed in INMSS and AP settings. **Strategic Decision Making** • Use performance and outcome information to inform commissioning decisions, future capital investment, market development and service redesign. • Escalate emerging risks through governance arrangements.				
Aim 3 – Alternative Provision To ensure there is a sufficient range of high-quality Alternative Provision available locally and that effective reintegration pathways reduce reliance on	**AP Sufficiency and Planning** • Annual AP sufficiency assessment and demand forecast. • Establish a central AP dataset covering all LA, school-commissioned,	AP operates as part of a coherent local system. Schools access outreach support. Reintegration pathways are established.	• 100% of AP placements commissioned by the LA captured within monitoring framework. • 100% of AP providers subject to quality assurance review.	Head Children's Data and Performance Head SEND Head Children's Strategic Commissioning and Transformation	**Q4 2026/27** • Annual AP sufficiency assessment completed. • Central AP dataset established.

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What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
unregistered and externally commissioned provision.	registered and unregistered AP. • Align AP planning to SEND Reform and Education and Belonging Strategy. **Quality Assurance** • Introduce a quality assurance programme for all AP providers, including review of curriculum offer, attendance, safeguarding and outcomes. • Introduce quarterly review of AP attendance, outcomes and reintegration. • Align AP activity with SEND Reform and Education and Belonging Strategy delivery. •Implement a quarterly AP Outcomes Report covering: • attendance; • attainment and progress; • placement stability; • exclusions;	Use of unregistered AP reduces. A published AP Strategy is embedded within the wider Education and Belonging Strategy and reviewed annually. Clear and accurate data and insights exists for all AP placements regardless of commissioning route which is overseen by the Commissioning and Insights Board. Schools report improved access to outreach and inclusion support. Reduced use of unplanned and unregistered AP arrangements. Improved quality assurance information available for all providers commissioned by schools and the LA Improved educational outcomes, attendance and reintegration rates for pupils accessing AP. Increased confidence from schools, families and young	• Annual reduction in use of unregistered AP Q3 2026/27 set baseline then reduction of 5% each year) • Annual increase in successful reintegration (Q3 2026/27 set baseline then increase 10% each year) • Increased school confidence in AP support. • AP Strategy reviewed annually. • Evidence of improved oversight and quality assurance.		• AP activity aligned with SEND Reform programme. **Q4 2026/27** • AP Quality Assurance Framework implemented. • Quarterly reporting on attendance, outcomes, reintegration, reduced timetables, INMSS and out-of-borough placements commenced through the Commissioning and Insights Board. **Q4 2026/27** • Enhanced PRU offer mobilised. • Mainstream reintegration pathways agreed and operational. **Q1 2027/28** • Increased in-house AP pathways

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	• reintegration outcomes; • post-16 destinations. • Review providers through rolling QA programme. **Service Development** • Develop and mobilise new offer at local PRU to increase in-reach, outreach and alternative provision to bridge the gap between current outreach offer and tier 4 (statutory provision for PEX/S19) • Develop clear pathways from AP back into mainstream where appropriate. • Develop increased 'in house' alternative provision pathways within mainstream secondary schools to increase the range of provision locally • Monitor and review outreach and inclusion support capacity.	people regarding AP pathways.			available within mainstream secondary schools. • Outreach and inclusion support review completed and improvement actions implemented. **Q4 2027/28** • First annual review of AP Sufficiency Strategy completed. Evidence available of reduced unregistered AP use and improved AP oversight.

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What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
	• Monitor and review in-reach support available to schools. **Reintegration Pathways** • Establish reintegration routes and review plans termly. • Establish oversight of all pupils on reduced timetables, regardless of whether they are in AP, through a central monitoring process.				
Aim 4 – Short Breaks We will ensure that we have a sufficient range and scope of short breaks to meet the needs of children with disabilities and their families across a continuum, from universal through to specialist provision. We will ensure that children have access to this provision in a timely manner, in line with their identified needs. Through the development of a targeted commissioned offer, we will reduce the need for assessment and review processes being	The Short Breaks Review commenced in early 2025 and was split into two Phases. **Phase 1:** Was designed to address the immediate shortfalls in provision, and saw the commissioning of the in-house provision, Club Hub, in response to this, with positive impacts being evidence, both in terms of increasing spaces available to children and reflected in feedback from families. It is intended that this offer will form part of the Council's ongoing targeted plus short	The business case endorsing the ongoing delivery of Club Hub as part of the Council's targeted plus short breaks offer will be presented to Transformation and agreed. Commissioning activity will be completed, and grants awarded to providers. Commissioned services will be stood up and operational. Operational review & realignment activity will be completed, and children open to Short Breaks will be appropriately matched to	Club Hub delivery will be expanded and embedded into the Short Breaks offer. Commissioned services will be in place and operational. We will see the number of commissioned spaces rise from 15 to a minimum of 204. Children open to Short Breaks, and those on the Short Breaks waiting list will be matched to commissioned services, in line with their identified needs.	Service Director for Strategy, Transformation and Commissioning Service Director for Homes, Care and Provision Head of Service for Children with Disabilities Head of Children's Strategic Commissioning	Club Hub Business Case – Completed and presented in **Q1 2026/27.** Business case agreed. Expanded Club Hub delivery - commencing **Q2 2026/27**. Commissioning Grants awarded – Completed **Q4 2025/26.** Commissioned services stood up and operational **– Q1 2026/27 - Q2 2026/27.** Review, assessment, and alignment activity for those children open to Short Breaks and those on the

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undertaken by the Local Authority Short Breaks team and create opportunities for direct relationships between families and providers. This will promote a proportionate response to presenting need for children and their families and create capacity in the Short Breaks Team to offer targeted early help to children with disabilities for those children who are already being supported by the service.	breaks offer and finance has been built into the budget for the 26/27 financial year to this end. **Phase Two:** This is now in train. Work commenced in April 2025 (Q1 25/26) and has seen engagement with children and their families' using surveys and focus groups, to understand gaps and provision, and the development of four commissioned Lots designed to address these – they focus on term-time, weekend and school holiday provision, as well as a training lot to support universal and universal plus providers to make their services more accessible. Expressions of interest were open to providers from late December 2025 – early January 2026 (Q3 - Q4 25/26) and those shortlisted were invited to attend a bid presentation panel on 12th February 2026 (Q4 25/26). Providers shortlisted at that stage were then invited to submit a full bid, with a closing date of 19th March 2026 (Q4 25/26). Applications were	services, in line with their identified need. All children on the Short Breaks waiting list will be assessed and matched to provision, in line with their assessed need. Contractual monitoring and oversight arrangements will be in place to review effectiveness, reach and impact, and information gathered through this process will inform future commissioning intentions. This will be footprinted in an options appraisal. Activity to support in defining access to commissioned spaces, ensure equity and define the core offer will be completed. The Short Breaks Statement will be updated to reflect the commissioning intentions (Q2 26/27) and the final position (Q3 26/27) and will be published on the SEND Local Offer and Trix. Work being undertaken with the corporate centre of the Council will support in identifying a range of venues	The Short Breaks team will reduce their current waiting list from 32 – 0. This will result in a corresponding reduction in waiting times for assessment. Contractual monitoring arrangements will be in place, and data gathered will inform future commissioning intentions and scope for the 27/28 cycle. An options appraisal will be completed, which identifies the preferred approach and presented to senior council leaders. Access to commissioned spaces and the core offer will be defined, and this will be reflected in the updated Short Breaks Statement. There will be an increased number of venues identified where short breaks can be delivered, which will be captured on a log. These will be available to both in-house and external providers of short breaks. A short breaks survey will be undertaken with the support of SEND Voices		current waiting list – **Q3 2026/27.** Reduction of the short breaks waiting list to 0 – **Q4 2026/27.** Mobilisation meetings of contracts commenced in **Q1 26/27**. Contractual monitoring arrangements – to commence in **Q2 2026/27**. Commissioning scope for 27/28 - **Q3 2026/27.** Options appraisal to be completed and presented to senior council leaders – **Q4 2026/27.** Definition of access to commissioned spaces & definition of core offer – **Q3 2026/27.** Short Breaks Statement – **Q2 2026/27** (interim) and final **Q3 2026/27.** The log of short breaks venues – **Q1 2027/28.** Short Breaks Survey – launch **Q4 2026/27.**

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What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
	subsequently reviewed and grants awarded to six providers across the four lots on 27th March 2026 (Q4 25/26). The stand–up of these providers is taking place across Q1 - Q2 26/27, in line with their readiness and type of provision. Work is now underway operationally to review and align children open to Short Breaks with the commissioned offer. This also includes the assessment and matching of all children on the short break waiting list. This activity is scheduled for completion by Q3 26/27, in line with the standing up of the commissioned services. There is a quality assurance/monitoring process that has been developed and will be initiated alongside the commissioned services, to review the effectiveness of the offer and understand utilisation and impact. This will support in determining future need and inform the subsequent commissioning approach for the next	in which short breaks can be delivered. Families who are engaged with the new offer will report an improvement in the range of Short Breaks options available to them and their children. Feedback will be sought through a range of sources.	Wokingham, to reach those engaged with the offer. They will report satisfaction with the new short breaks provisions available. Providers will be asked to seek feedback from families as part of contract monitoring arrangements and share this with Local Authority commissioners.		Provider feedback gathered – commencing **Q2 2026/27** and quarterly thereafter.

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What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
	financial year. This will be set out in an options appraisal. Alongside this work, activity to support in defining access to commissioned spaces, ensure equity and define the core offer is ongoing. The Short Breaks Statement will be updated in Q2 26/27 and again in Q3 26/27, to reflect the journey and final position. Whilst Phase Two has been underway, the Local Authority has also been supporting existing providers to maintain their provision. Further, work is being undertaken with the corporate centre of the Council to identify venues in which short breaks can occur, as this creates challenges for providers in terms of expansion and sustainability.				

Improvement Area 4: Communication of the Local Offer

Leaders across the partnership should improve communication to professionals, parents and carers and children and young people, especially about the local offer, so that available services, their strategies, actions and impact are better understood.					
What is our aim?	**What are we doing?**	**What does success look like?**	**How will we know we've been successful?**	**Who will lead this?**	**When will we achieve this by?**
Parents and carers feel better informed about available support, pathways and services. Children, young people and families have greater confidence in navigating the SEND system and accessing support.	Co-produce accessible content for the SEND Local Offer webpages with young people, parent carers and professionals. Work with colleagues across Children's Services, the Digital Experience Team, and external stakeholders as part of a digital workstream to improve our Children's Services digital offer. Through this digital workstream, make improvements to the Community Directory by: • agreeing what should be listed • cleansing listings no longer required • establishing ownership across Children's Services • improving the third-party listing template • ensuring listings are written in plain English	Families report that information is easier to understand, reducing confusion and the need to contact services for basic information. Professionals consistently signpost families to the SEND Local Offer as a trusted source of information. Communication across education, health and care is more consistent, reducing mixed messages and duplication. Increased transparency improves trust and confidence in the Area SEND Partnership. Children, young people and families can see how their feedback has influenced services and information available through the Local Offer. Earlier access to information enables earlier identification	**Reach and awareness:** Awareness of the SEND Local Offer increases to 85% of parent/carer respondents by August 2027 (measured in the SEND Voices annual survey) Awareness of the SEND Local Offer increases to 85% of education, health and social care professionals by August 2027. (measured in professionals survey) 50% increase in newsletter subscriptions by end of 26/27 (August 2027) academic year, compared with 25/26. 50% increase in views of the Local Offer webpages by end of 26/27 academic year (August 2027), compared with 25/26. 100% of schools include Local Offer information within their SEND information reports and	Head of SEND SEND Local Offer Co-Ordinator Designated Clinical Officer for SEND (ICB)	By Q2 2027/28 (end of the 2026/27 academic year). Interim check-ins: Q2 2026/27 and Q1 2027/28 for web analytics, newsletter subscriptions, and delivery of user testing.

	• reviewing and updating tags, filters and categories Collect ongoing feedback and make improvements to the SEND Local Offer webpages and Community Directory based on feedback (you said, we did) Increase awareness of the SEND Local Offer and half termly newsletter by: Sharing information through SENCO networks and newsletters once a term Promoting directly to primary and secondary schools twice a year Posting on Wokingham Borough Council social media channels twice a year Promoting at three in-person roadshow events each year (e.g. Local Offer Live, PfA event and event for professionals) Providing leaflets and signposting resources in libraries and Family Hubs Sharing information with Children's Services staff through all-staff meetings and conferences twice a year	of support and more timely intervention.	parent communications annually. **User experience and accessibility:** User testing with 15 stakeholders on the Community Directory once work has been carried out, with 80% able to successfully complete set tasks, by August 2027. **Co-production and Continuous Improvement** Three co-production workshops each year involving children, young people, families and professionals. "You Said, We Did" updates published three times per year. Evidence of changes made as a result of stakeholder feedback reported through the SEND Partnership Board twice annually.		

	Working with health partners to promote the Local Offer across health settings				

Improvement Area 5: Improve access to high-quality primary care

Improve access to high-quality primary care for children and young people with learning disabilities. The ICB must ensure support is consistent, timely and accessible in ways that meet individual needs. Annual health checks should more effectively identify unmet needs and reduce health inequalities through appropriately tailored engagement and assessment approaches.

NB *Using the definition of a NHS special educational setting designed for children with complex medical conditions, severe learning disabilities, or significant health needs that prevent them from attending mainstream school.

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
Aim 1 Review and improve identification of CYP(LD) 14-25 years old who are eligible for the GP LD Register and Annual Health Checks.	• Link to PAP 2 development of JSNA • Checked with special schools* if the process on notifying GPs is being followed via Lessons plans • Researched best practice (Oxfordshire, Buckinghamshire, East Berkshire and Surrey) • Develop a standardised process with flowchart for Education, Health and Care Plan (EHCP) annual reviews to identify CYP aged 14–25 eligible for GP Learning Disability (LD) registration and Annual Health Checks (AHC). • Approve the GP notification process by the Send Strategic Board. • Share the GP notification process with the LA SEND teams and educational settings,	• All known Children and Young People who are eligible for AHC are offered to be recorded on GP register through EHCP Annual Review process.	• Q1 26/27 figures will be used as a baseline– we'll know the numbers of Children and Young People with Learning Disability at special schools and how many are recorded on GP LD Register. • Once baseline is established, a plan will be produced to close the gap to ensure that a minimum of 95% of Children and Young People known to have LD will have been made an offer to be recorded on GP LD Register as part of the EHCP Annual Review process • Standardised process in place linking EHCP to GP LD Registration • Guidance issued	**Senior Responsible Officer** Head of All Age Learning Disability, All Age Neuro-Divergence & SEND 0-25, Thames Valley Integrated Care Board (TV ICB) **Delivery Leads** Designated Clinical Officer for SEND Wokingham Borough Council Head of SEND	**Q4 2025/26** **Q4 2025/26** **Q1 2026/27** **Q1 2026/27** **Q1 2026/27**

	including out of borough placements.				
Aim 2 The Partnership will provide clear information and communication about the benefits of the GP LD Register and annual health checks.	• Co-produce accessible AHC communications with the Parent Carer Forum (PCF) and CYP, including easy read and parent friendly formats. • Publish Comms on the Local Offer pages and via SEND Parent Carer Forums • Publish Comms on the SEND page on TV ICB website • Communications to all Special schools attended by Wokingham Children • Share information in GP Bulletin outlining eligibility, reasonable adjustments and best practice. GPs to share information with practice staff • Ensure that practice staff receive Oliver McGowan Mandatory Training (OMMT) and other training related to their role	• Increase in AHC, Health Action Plan (HAP), numbers on LD GP register using the March 27 (end of year AHC results) • Families, Children and Young People, Professionals and schools will have information about GP LD Register and AHC • Positive feedback from Parent Carer Survey (September 2027).	• Accessible communications coproduced, available and distributed • 85% GP practice staff trained in OMMT relevant to their role • Percentage of AHC completed for CYP meets national target of 75% • Evaluation of the Parent carer survey demonstrates increased satisfaction with AHC in September 2027 compared to the survey in the previous year	**Senior Responsible Officer** Head of All Age Learning Disability, All Age Neuro-Divergence & SEND 0-25, TV ICB **Delivery Leads** Designated Clinical Officer for SEND Wokingham Borough Council Head of SEND	**Q1 2026/27** **Q2 2026/27** **Q2 2027/28** **Q2 2026/27** **Q1 2026/27** **Q2 2026/27**

Improvement Area 6A: Recovery plans for occupational therapy, physiotherapy, (including respiratory physiotherapy)

The partnership should ensure that recovery plans for occupational therapy, physiotherapy (including access to a respiratory physiotherapy offer), neurodevelopmental pathways and CAMHS are fully implemented, monitored and embedded so that children and young people receive timely, needs-led assessment and intervention.

Our approach

The ICB is committed to ensuring that recovery plans across occupational therapy, physiotherapy (including respiratory physiotherapy) are fully implemented, monitored, and embedded. This will ensure that children and young people receive timely, needs-led assessment and intervention.

A key priority is addressing identified gaps in respiratory physiotherapy provision. Work will be undertaken to fully understand current commissioning gaps, associated risks, and service inequities. This will enable the development of a robust health response to mitigate risk and improve access and outcomes.

The plan is structured in two phases. Phase 1 (by July 2026) focuses on immediate review, risk mitigation, and establishing baselines. Phase 2 (2026/27–2027/28) delivers system-wide transformation in partnership with local authorities and other system partners.

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
PHASE 1: Immediate focus - review, risk mitigation and baseline (by July 2026)					
Action 1 Undertake a comprehensive review of Speech and Language and Occupational therapies this will include respiratory physiotherapy provision to understand service gaps, commissioning arrangements, and risks to patient outcomes; and establish a baseline of therapy provision across Berkshire West.	**Respiratory physiotherapy review** • Undertake a comprehensive review of respiratory physiotherapy provision, identifying current service gaps; commissioning arrangements and inconsistencies; risks to patient outcomes and system performance. • Develop a clear risk mitigation plan, ensuring any immediate safety or access concerns are addressed.	• Comprehensive review of respiratory physiotherapy completed and documented. • Risk mitigation plan in place with immediate safety and access concerns identified and addressed. • Agreed baseline picture of therapy provision across Berkshire West, including workforce, demand, and waiting lists. • Therapy workforce and activity data collated	• Respiratory physiotherapy review report completed and shared with ICB SEND Assurance Board by July 2026. • Risk mitigation plan signed off by ICB lead by July 2026. • Risk mitigation actions agreed, implemented and monitored through governance/ contract arrangements by September 2026. • Therapy baseline agreed between ICB	**ICB Director of Commissioning** BHFT Head of CYPIT RBFT Lead Physiotherapist/Head of Therapy	**Q1 2026/27** Provider data submitted to ICB **Q2 2026/27** Review, risk mitigation plan, and therapy baseline completed

	Occupational Therapy, Speech and Language Therapy and Occupational Therapy baseline • Establish a baseline understanding of therapy provision across Wokingham and the whole of Berkshire West, including workforce, demand, and capacity, covering occupational therapy, physiotherapy, and speech and language therapy. • Collate whole time equivalent, funding, and activity data for OT and speech and language therapy for 2024/25, drawing on data from BHFT, RBFT, and other commissioned providers.	from all providers and shared with ICB. • Commissioners and providers have a shared evidence base to inform future service planning and investment decisions. • No immediate patient safety concerns remain unaddressed. • Variations in provision, capacity and commissioning arrangements are understood and quantified.	and providers by July 2026. • OT and SLT workforce and activity data submitted by BHFT and RBFT by June 2026. • Stakeholder agreement that the baseline provides sufficient evidence to support Phase 2 service redesign and commissioning decisions.		
Action 2 Align therapy improvement work with the Buckinghamshire, Oxfordshire and Berkshire West-wide levelling-up programme and explore joint commissioning opportunities across Berkshire West.	**Buckinghamshire, Oxfordshire and Berkshire West-wide therapy levelling-up alignment** • Align this work with the BOB-wide (Buckinghamshire, Oxfordshire, Berkshire West) therapy levelling-up programme, ensuring Berkshire West's data and improvement plans are contributed and reflected.	• Berkshire West therapy data contributed to and reflected in the BOB-wide to reduce unwanted variation. • Feasibility scoping for joint commissioning completed, with options appraised and a recommendation made to the ICB. • Greater consistency of therapy access across Berkshire West, with variation in provision reduced.	• Berkshire West data submitted to BOB programme by July 2026 to establish the baseline. • Joint commissioning scoping report produced by September 2026. • ICB commissioning proposal working alongside Wokingham on joint commissioning model by November 2026.	**ICB Director of Commissioning**	**Q2 2026/27** Data contributed to BOB programme **Q2 2026/27** Joint commissioning scoping report

	Joint commissioning exploration • Explore opportunities for joint commissioning arrangements across Berkshire West, improving consistency, efficiency, and equity of access. • Scope the feasibility and benefits of a joint commissioning model, including analysis of current contractual arrangements across all six Berkshire local authorities.				
Action 3 Deploy focused resource to work up OT improvement options for Berkshire West, quantify risks, and develop financial modelling to support service redesign decisions.	**OT resource and gap analysis** • Work up the options for OT improvement across Berkshire West, reducing variation and eliminating gaps in provision especially by education setting. • Quantify and articulate associated risks including waiting lists. • Develop financial modelling to support future service redesign and investment decisions.	• Options appraisal for OT improvement across Berkshire West produced and shared. • Waiting lists and gaps quantified, with associated risks documented. • Financial model produced to support future investment decisions.	• OT options appraisal completed and presented to ICB by September 2026. • Risk register and waiting list quantification agreed between ICB and providers by September 2026. • Financial model completed by October 2026.	**ICB Director of Commissioning** BHFT) Head of CYPIT Executive Director of Children's Services	**Q2 2026/27** OT options appraisal and risk register completed **Q3 2026/27** Financial model completed
PHASE 2: Transformation roadmap – levelling up and service redesign (2026/27–2027/28)					

Action 4 Stage 1: Levelling Up (2026/27) – address immediate inequities, stabilise services, reduce variation, and explore joint commissioning.	• Address immediate inequities in access and provision. • Stabilise services and reduce variation. • Understand waiting lists and initiatives to reduce waits. • Explore and work up opportunity for joint commissioning. • Implement waiting list reduction initiatives, including piloting of "Expert at Hand" model to enhance specialist input and system resilience.	• Measurable reduction in waiting times for OT, physiotherapy, and SLT across Berkshire West. • Reduced variation in therapy access across the six Berkshire LAs. • "Expert at Hand" model piloted and evaluated. • Joint commissioning model agreed or options presented to system partners.	• Quarterly waiting time data reported to ICB SEND Assurance Board from Q2 2026/27 onwards. • "Expert at Hand" pilot evaluation completed by end of 2026/27. • Joint commissioning decision reported to ICB Board by March 2027.	**ICB Director of Commissioning** BHFT Health of CYPIT Executive Director of Children's Services	**Q4 2026/27** Joint commissioning decision
Action 5 Stage 2: Transformation (2027/28) – develop and implement longer-term therapy service redesign in partnership with LAs, moving towards integrated commissioning arrangements.	• Develop and implement longer-term therapy service redesign in partnership with LAs. • Work towards integrated commissioning arrangements. • Incorporate innovative models such as "Expert at Hand" to enhance specialist input and system resilience. • Ensure neurodiversity demand-stemming work (led across Berkshire) is integrated into therapy transformation planning.	• Agreed therapy service redesign plan, co-developed with Wokingham Borough Council, Children Young People, Parent Carers and providers, in place by end of 2027/28. • To collate periodic feedback from children young People and their parent carers. • Integrated commissioning model in development or in place. • Therapy services demonstrably more accessible and equitable for CYP with	• Therapy service redesign plan signed off by ICB and LA partners by March 2028. • Evidence of reduced waiting times and improved access reported to SEND What does good look like? Ie specific metrics on wait times for each pathway. Assurance Board annually. • Embed KPI's in the contract including Parent Carer, CYP feedback. • Integrated commissioning	**ICB Director of Commissioning** BHFT Head of CYPIT Executive Director of Children's Services	**Q4 2027/28** Service redesign plan signed off; integrated commissioning confirmed

		SEND across Berkshire West.	arrangements confirmed by end of 2027/28.		

Improvement Area 6B: Recovery plans for neurodevelopmental pathways and LD CAMHS

Improvement Area 6B: Recovery plans for neurodevelopmental pathways and LD CAMHS

The partnership should ensure that recovery plans for occupational therapy, physiotherapy (including access to a respiratory physiotherapy offer), neurodevelopmental pathways and CAMHS are fully implemented, monitored and embedded so that children and young people receive timely, needs-led assessment and intervention.

Our approach

Progress recruitment and return to work plans. Review current demand and capacity and undertake an options appraisal to identify opportunities to mitigate against future impact of workforce challenges

The CAMHS LD service is a county-wide service that was mobilised at the end of 2023/24 to address a gap in provision for children and young people with a diagnosed moderate/severe learning disability or significant impairment of intellectual and social adaptive functioning and behaviours that challenge associated with a serious mental health condition.

There has been a period of waiting time growth due to workforce capacity being reduced due to a combination of sickness absence, maternity leave and vacancies that have been hard to recruit to. The CAMHS LD team is a very small service consisting of 9.6WTE specialist staff including a Consultant Psychiatrist, Principle Clinical Psychologist who also acts as the team lead, specialist LD nurses and behaviour specialists. A small change in workforce can therefore have a large impact on capacity.

For Wokingham; the CAMHS LD Service caseload is 34, there are 0 waiting for triage, 7 who have an assessment appointment booked and have been waiting 7.1 weeks on average, 6 waiting for treatment with an average wait of 8.2 weeks.

There is 1 outlier showing as waiting for 47 weeks for psychology. This is being investigated. The next longest waiter is at 13 weeks.(date)

The CYP ADHD and Autism diagnostic service is a county-wide service. Despite investment of £800 000, demand and the increasined complexity of the needs of Children and Young Pepole has continued to outstrip capacity for diagnosis and treatment of ADHD and diagnosis for Autism. The lack of skills in the wider workforce to support Children and Young People means that children and young people are not offered support at an early stage through the Ordinarily Available offer.

Current (baseline) waiting times:

Quarter 1: April - June 2026	Autism – Under 5s	Autism – 5-18 years	ADHD
Number of CYP Waiting	157	729	1,277
Average weeks waiting time	64	79	91
Average weeks waited time	104	127	153
% waiting over 105 weeks	13%	39%	45%

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
LD CAMHS **PHASE 1: Secure the foundations - establish clear accountability, agree the recovery plan, and communicate with stakeholders (April – June 2026)**					
Action 1 **Recruit to full establishment for the service**	• Complete recruitment to Consultant Psychiatrist	• Substantive Consultant will be in post	• Waiting times will be reduced for Wokingham children and young People	**BHFT Service Director**	**Achieved**
Action 2 **Ensure sufficient capacity and capability in the team**	• Cover short-term vacancy and support for Team Lead/Principle Clinical Psychologist	• Team Lead/Principle Clinical Psychologist will be in post	• Waiting times will be reduced for Wokingham Children and Young People	**BHFT Service Director**	**Achieved**
Action 3 **Ensure that patients receive help within 18-week RTT**	• Allocate appointments to patients currently waiting	• All patients will have started receiving 'help' in line with NHSE guidelines within 18 weeks of referral	• No child or young person will wait longer than 18 weeks to receive help	**BHFT Service Director**	**Q1 2026/27**
LD CAMHS **PHASE 2: Continue to embed robust oversight and assurance - monitor recovery (I Want Great Care)**					
Action 4	• Review current demand and team capacity	• We will have a clear understanding of current demand for the service.	Demand is understood by all partners	BHFT Service Director	**Q3 2026/27**

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
Review the demand an capacity of the service alongside the needs-led programme	Address issue of medication reviews. Prescribing, shared care protocols	• Demand will have been mapped against the service capacity and discussions commenced with commissioners regarding gap in capacity if identified. • Engage primary and secondary care to develop robust pathways/protocols for medication reviews, Shared Care, prescribing	CYP and their families and carers receive timely support and access to services	BHFT Service Director ICB Director of Commissioning BHFT Service Director	**Q2: 2027/28** **Q3: 2026/27**
Action 5 **Address workforce challenges**	• Undertake an options appraisal to identify opportunities to mitigate against future workforce challenges	• An options appraisal will have been completed.	• Mitigations to manage any future workforce gaps will have been identified.	BHFT Service Director	**Q3 2026/27**

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
Develop and implement Wokingham Borough Neurodivergent Partnership Programme					
Action 1 Mobilise a Wokingham Neurodivergent Strengths and Needs Tool	Complete a full mapping of neurodiversity services and publish a roadmap for the partnership Draft plan for Wokingham to be refreshed in readiness for mobilisation Procurement process to be co-produced with SEND Voices Wokingham and children and young People Local Area Partnership to procure a Neurodivergent Strengths and Needs Tool. Mobilisation of Wokingham Strengths and Needs Tool to inform multi-agency delivery of services Evaluate impact data emerging from the tool usage	Children and Young People receive earlier and more inclusive neurodivergent support across education, health and care reducing escalation	Services will have been mapped and discussions commenced with commissioners regarding gaps identified Professionals' and Parental confidence in neurodivergent support across education, health and care	Neurodiversity Transformation Programme Lead	**Q2 2026/2027** **Q2 2026-2027** **Q3 2026-2027** **Q3 2026-2027** **Q4 2026-2027**
Action 2: Develop and implement further opportunities to reduce waiting times for ADHD assessments and treatment	Explore and implement pathway redesign opportunities based on evidence from other systems Establish partnership governance that sits alongside the Needs-led transformation programme	Governance agreed by partnership and in place	Partnership has confidence in oversight of programme	ICB Director of Performance and Delivery BHFT Director	**Q2 2026-27** **Q3 2026/27**

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
	Identify & agree where there are bottlenecks/inefficiencies in the current pathway	Work programme with milestones and deliverables, outcomes and outputs agreed and implemented by partnership	Partnership owns the programme		**Q3 2026/27**
	Identify and agree opportunities for redesign using digital tools, workforce development, third party support	The interdependency with the needs led transformation programme is articulated and understood by all partners	Partners can articulate the interdependencies	Neurodivergence Transformation Programme Lead/ BHFT Director	**Q3 2026/27**
		Regular tracking and reporting of milestones and deliverables, corrective actions taken and key risks mitigated	Partners are confident in the delivery of the programme	BHFT Director	**Q3 2026/27**
	Explore and evaluate further digital options to support flow Explore and evaluate digital options to introduce an assessment tool that enables digital collection and analysis of CYP autism and ADHD information provided by refers and service users, allowing allocation to the	The enhanced information gathering prior to assessment and identification of level of complexity ahead of the assessment will inform assessment planning and level of resource needed.	CYP and their families and carers receive timely assessments and diagnosis where appropriate	BHFT Director	**Q4 2026/27** **Q1 2027/28**

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
	most suitable assessment clinic (standard, enhanced, complex), reducing the time required for assessment Implement new pathway Evaluate new pathway	A structure is in place for supporting joint autism and ADHD assessments.			**Q4 2027/28**
	Agree with primary care and secondary care new shared care protocol arrangements	New shared care protocol in place	CYP and their families report a high level of satisfaction with the new pathway A reduction in complaints about wait times and lack of access to medication Shared care protocol approved. 100% GP practices receive guidance. Reduction in complaints/escalations relating to ADHD medication management.	ICB Director of Performance and Delivery	**Q1 2027/28**
	Explore and identify options for working at scale for Shared Care	Options for working at scale identified, agreed and implemented by the partnership and wider key stakeholders	CYP and their families and carers have access to medication and reviews when their GP practice does not enter into a Shared care arrangement	ICB Director of Performance and Delivery	**Q1 2027/28**

What is our aim?	What are we doing?	What does success look like?	How will we know we've been successful?	Who will lead this?	When will we achieve this by?
Develop and establish a recovery programme for the current Children and Young People waiting lists for ADHD and Autism	Ensure that the waiting list is up to date and accurate and is able to be disaggregated to Wokingham CYPs	Up to date and accurate performance report available	All partners are confident that the wait times date is accurate and reflects the wait times for Wokingham CYP	BHFT Director	**Q3 2026/27**
	Produce regular performance report for partnership			BHFT Director	**Q3 2026/27**
	Agree and monitor a recovery trajectory for autism waiting times and ADHD waiting times with a reducing wait time over an agreed timescale	Recovery trajectory is achieved or mitigations agreed if there is a deviation from the trajectory	Reduction in average waiting times for ADHD and autism pathways is in line with the agreed reducing wait time trajectory 90% of families report they understand where they are in the pathway.	ICB Director of Performance and Delivery and BHFT Director	**Q3 2026/27** **End of Q1 2027-28**