Bournemouth, Christchurch and Poole

APPENDIX 1: Core Requirements Tracker

BCP Council

PARENT CARERS TOGETHER
Bournemouth Christchurch Poole

NHS Dorset

Core Requirements from Reform Plan Guidance	How we meet the requirement
Experts at Hand	
The delivery approach for this offer and the rationale for why the outlined approach is optimal for the local area. This will include setting out if delivery will be local authority-led, contracted to the ICB, in partnership with another area or through an external partner, and setting out the role of Best Start Family Hubs. Where delivery involves an ICB or external partner, please specify the partnership vehicle (such as an SLA or MOU) and how performance will be assured.	This is set out in section 2 of our EAH appendix 4. Our plan sets out a place-based, local authority-led, multi-agency model delivered through clusters, with strong integration of education, health (ICB-linked), and care services. Further detail can be found in section 5 building block 2 of the reform plan.
A summary of the partnership approach to agreeing an optimal delivery model including how all system partners were engaged and how the approach was informed by needs-based data.	Information regarding our partnership approach can be found in section 1 of our EAH appendix 4, with further detail within the co-production appendix 5. Evidence of developing the model based on needs-based data can be found within section 8 of the EAH appendix. Our model has been, and will continue to be co-produced with children, families, and practitioners, and explicitly informed by needs-based data (education, health, demand, deprivation). This ensures system-wide engagement and a responsive design.
How the EAH funding will enhance existing routes to access specialist input, and how the delivery model will be integrated with other services or offers funded separately.	This can be found within the EAH appendix 4 section 2 which describes the delivery model and growth to the team alongside section 11 of the appendix demonstrating the spend and development of the workforce. Additional detail regarding growth has been presented in section 5 of the reform plan. Our EAH model builds on existing services and integrates through a single front door and cluster model, complementing, not duplicating, current pathways.

Proposal to collaboratively recommission alternative provision to align with the 3-tier model and best practice identified through Alternative Provision Specialist Taskforces (APST) models.	This can be found in section 5 building block 4 of the reform plan which outlines the mobilisation of our 3-tier AP plan.
Where alternative provision capacity is constrained, whether the LA will contract provision, partner regionally, or share expertise and the route chosen.	This can be found in section 5 building block 4 of the reform plan which outlines the mobilisation of our 3-tier AP plan.
Proposals for commissioning outreach from high-quality specialist providers, where appropriate.	This can be found within our EAH appendix 4 section 2 which fully outlines our delivery model. Specialist and AP outreach contracts have been aligned for a September 2026 start, integrating into our expert at hand cluster teams.
Proposal for timely access to health and education professionals (e.g., in educational psychology, occupational therapy and speech and language therapy) for early years, schools and colleges based on assessed local need.	This is set out in section 7 and 8 of our EAH appendix 4 which outlines proposals for timely access and support. Section 5 building block 2 adds further detail to the steps take to achieve this aim.
A detailed year 1 implementation plan, including recruitment approach and success metrics (e.g. coverage, scale of support available), and a high-level plan for years 2–3.	Our one-year implementation plan is set out in detail throughout section 6, building block 2 of our SEND reform plan. Our high-level implementation plan is detailed within section 5, building block 2.
A proposed governance and accountability arrangement, as part of the Local Area Partnership Board, including oversight routes, budgets and funding arrangements, reporting cadence and escalation processes. This should include a single, named LA-based SRO to drive improvement and reform.	This is set out in detail throughout section 6, building block 2 of our SEND reform plan. This is detailed with the EAH appendix 4 section 9 with a visual representation of our proposed governance structure. Additional detail of how this will develop can be found in section 5 and 6, building block 2.
Clear expectations for joint governance, monitoring and shared accountability across education and health partners.	This is detailed with the EAH appendix 4 section 9 with a visual representation of our proposed governance structure. Additional detail of how this will develop can be found in section 5 and 6, building block 2.
Proposed approach to settings accessing support which ensures support is not disproportionately accessed by the most proactive schools and settings and includes out of area mainstream further education settings attended by local young people with SEND.	This is set out in section 2 of our EAH appendix 4. Our plan sets out a place-based, local authority-led, multi-agency model delivered through clusters, with

	strong integration of education, health (ICB-linked), and care services. Further detail can be found in section 5 building block 2 of the reform plan.
Sufficiency and Place Planning	
A summary of local sufficiency pressures and how planned place growth addresses demand trends, including EHCP drivers and opportunities to meet need through capacity in mainstream settings.	This is referred to in Q8 and is further expanded in our Inclusion Strategy which is attached as appendix 3, 3a and 3b.
How the planned increases in capacity across setting types will reduce reliance on special schools, especially out-of-area placements and independent specialist provision.	This is set out in our three-year roadmap at Q5, in Q8 and in the Inclusion Strategy appendix. It is also indicated through Tables 13 and 14 of the Data Return.
How collaboration between LAs and MATs could be strengthened to identify suitable sites and jointly plan the development of inclusion bases.	This is set out in Q2 – where we are currently and further details developed in Q5
Assurance that proposed inclusion bases in early years settings, schools, and colleges would reflect local demographic need, maintaining high quality standards and clear expectations on type of provision.	This is reflected in Q8 and our Inclusion Strategy appendix
How existing school premises are factored in when planning new inclusion bases, including opportunities created by falling rolls.	This is set out in our local roadmap for the next 3 years (Q5)
Detailed plans to meet need for specialist places, by increasing capacity in mainstream settings through inclusion bases, and to improve the suitability of the physical environment. This should set out how the investment would align with local need and reduce future pressure. Where plans propose use of high needs capital to create additional special school places, this should clearly explain	This is set out in Q8, our Inclusion Strategy Appendix 3, Q6 and is also indicated through Tables 13 and 14 of the Data Return.

why need cannot be met in mainstream, including how the investment would align with local need and reduce future pressure.	
Proposals for flexibility to accommodate rurality and local variation, ensuring provision remains viable and context appropriate.	This is addressed in Q5, Q8 and our Inclusion Strategy Appendix 3
Evidence that an impact assessment of travel arrangements has been carried out for any capital, inclusion base or special school expansion proposal, demonstrating expected changes to travel distances, journey times, and reliance on out of area placements. Including any explicit travel related mitigations.	This is set out in Q5, our local roadmap for the next 3 years.
Strengthening Effective Partnerships and Practice:	
Effective Practice - Universal Offer	
Proposal to co-develop, and regularly refresh, a partnership-wide universal offer agreement with schools, MATs, early years settings and post-16 providers which will be underpinned by up-to-date, needs-based data and signed off by the local authority, ICB, MAT and school representatives and Parent Carer Forum (PCF). The agreed universal offer should draw on approaches that will be set out in the National Inclusion Standards.	This is detailed in sections 5 and 6, building block 1. Our universal offer and ordinarily available provision have also been woven through as a golden thread within our EAH approach, detailed in the appendix 4.
Evidence of the processes and mechanism through which MATs and PCFs are engaged in the development of the universal offer.	This is set out in section 5 building block 1 of the plan. There is also further detail of our co-production workstreams within the specific co-production appendix 5.
How early intervention services will be strengthened, with enhanced mainstream support to prevent escalation of need.	Detail about the strengthening our early help and support team has been addressed through the EAH work, and features in section 2 of the EAH appendix 4. There are links within section 5 and 6 of the reform plan across building blocks 1 and 2.
How a strengthened universal offer will support mainstream settings to meet the most commonly occurring and growing areas of need. This should include how well evidenced early intervention	Detail about the strengthening our early help and support team has been addressed through the EAH work, and features in section 2 of the EAH appendix 4. There are links within section 5 and 6 of the reform plan across building blocks 1 and 2.

approaches focused on speech and language (e.g. ELSEC[1]/NELI[2]), autism spectrum disorder (ASD) and social, emotional and mental health difficulties (SEMH), could be deployed.	
How a strengthened universal offer and group level specialist support will reduce escalation into out-of-area placements with significant travel-assistance requirements.	This is detailed in sections 5 and 6, building block 1. Our universal offer and ordinarily available provision have also been woven through as a golden thread within our EAH approach, detailed in the appendix.
Early Years (plans should align with LA Best Start in Life plans)	
Proposal for assessing sufficiency of current level of childcare provision for 0–5s, detailing: (a) availability of early years places; (b) availability of specialist SEND early years places; and (c) any local gaps for children with complex and emerging needs and plan to address these including the role of wider partners such as Best Start Family Hubs.	This is reflected in our inclusion strategy appendix 3.
Proposal to improve early years identification and intervention strategies, including the role of Best Start Family Hubs.	This can be found in section 6 building block 4
Proposal to strengthen transitions from early years to primary school, ensuring effective information flow and timely specialist input.	This can be found in section 6 building block 4
Post-16	
Proposal to strengthen pathways to adulthood, supporting young people to access education, training, employment and supported internships.	This is set out in section 5 and 6, building block 4 which outlines our cradle to career approach
A clarification of pathways into and out of post-16 settings, informed by consistent information flow and timely, effective specialist support.	This is set out in section 5 and 6, building block 4 which outlines our cradle to career approach

Experts at Hand Offer model should be commissioned with partners, which is likely to include cross-border collaboration.	Our EAH approach is fully detailed with the EAH appendix 4., with the one-year plan in section 5 building block 2, and the high-level plan in section 6 building block 2.
Effective Partnerships	
Evidence of effective, shared, partnership leadership and governance across all system partners, with clear and mutually understood accountability arrangements.	This is addressed in our Local Partnership Maturity Assessment, Q5 and Q6 of the plan, as well as the governance section at Section 4.
Evidence of formal representation from early years, schools, MATs and further education on partnership boards, with appropriate links to Schools Forums to support coherent engagement across all settings.	This is reflected in the governance section in Section 4 and in Q5.
Proposal to underpin partnership working with shared, high-quality data, including joint dashboards and use of a partnership maturity matrix to assess effectiveness.	This is addressed in Q5 our three year roadmap and in Q7 regarding how we will deliver the plan. We have also identified the need to develop digital tools and a dashboard to support implementation of our Experts at Hand model.
How proposed/agreed mechanisms for engaging all schools, early years providers and post-16 providers (including out of area mainstream colleges accessed by local young people with SEND) would support collective responsibility for inclusive practice.	This can be found within the detail in the Expert at Hand Appendix 4.
Proposal to strengthen dispute resolution and decision-making processes so system partners can address issues early and consistently, supported by transparent escalation routes.	This is set out in Q5, our three year roadmap, and in Q6, as well as Q9
A single named SRO who is part of the leadership team, to provide operational leadership and drive reform across the partnership. The SRO should be a senior local authority official.	This has been identified in the governance section of the document
Effective Co-production Practices	

Proposal to strengthen co-production arrangements so that parent carer forums are properly resourced and consistently engaged in shaping decision making.	Our co- production approach is outlined in Q9 of the reform plan System partner and stakeholder engagement, and co-production. Further detail can be found in the co-production appendix 5 and part one of the EAH appendix 4.
How the voice of children and young people is captured directly and distinctly from parent voice, with clear evidence of how their views influence decisions.	Our co- production approach is outlined in Q9 of the reform plan System partner and stakeholder engagement, and co-production. Further detail can be found in the co-production appendix 5 and also part one of the EAH appendix 4.
How SENDIASS will be used to support parents carers with high quality, independent information and guidance, and how the local area will address variability in service quality where it exists, with reference to the minimum SENDIASS service standards. Please include proposed mitigation to any parental concerns about the perceived independence of SENDIASS within mediation processes.	This is set out in section 2 (strategy), with further detail in sections 5and 6, building block 3.
Proposal to adopt a minimum co-production benchmark (based on NHSE guidance) and self-assess against it in year one, identifying improvement actions where needed.	We have identified the Lundy model as the foundation of our co-production benchmark, recognising the further detailed issued in FAQs to adopt something helpful to our local context. The Lundy model was identified by participants in our co-production workshops.
Mediation	
A description of local mediation and dispute resolution arrangements, demonstrating how they incorporate the voices of parents and children and young people.	This is set out in section 2 (strategy), with further detail in sections 5and 6, building block 3.
Proposal to maintain metrics for timeliness, resolution rates and effectiveness to support monitoring and accountability.	This is set out in section 2 (strategy), with further detail in sections 5and 6, building block 3.