Appendix 2

Sustainability Plan Evolution

Background

As was reported to the Board in June, and expanded on in August, the High Needs Block Sustainability Plan is off-track. This position was confirmed by the Quarter 2 forecast, which shows a forecast DSG overspend of £43m instead of the £28m which was expected when the plan commenced.

The update report submitted to the Department for Education (DfE) at the end of August described this position and set out the steps that are already being taken to address it.

Feedback from the advisors assigned to Wiltshire Council was that, while one monitoring report 'off-track' was unlikely to result in the Council entering "Enhanced Monitoring and Reporting" (EMR), there was an expectation that the November report would include significant revisions to present a credible plan to the DfE.

At the same time, internal stakeholders have also been clear that they want to see revisions that re-baseline and re-forecast the plan so that assurances can be given about the approach to addressing SEND sustainability.

This document pulls out the changes that we are making to our plan, and the pressures we've identified which these changes will address.

Key Drivers

In preparation for this update to the sustainability plan, and to support the development of our SENDIAP Strategy Implementation Plan, further data analysis has been undertaken. This has revealed some key patterns, and trends which underpin the interventions laid out in this document.

The most impactful levers that are available to us remain the same, and are the focus of this amended plan:

- Number of EHCPs
- Number of ceases
- Number of Independent Non-Maintained Special School (INMSS)

Growth in the number of EHCPs

Given the actual number of EHCPs in our system is significantly above where we wanted it to be at this stage, a re-baselining and re-forecasting has been done. This has given us a new 'unmitigated' trajectory against which we can measure ourselves. This 'data led forecast' suggests that we are currently on course to hit 7,491 EHCPs by the end of 2028, compared to 7,001 plans in the original forecast, and 5,893 in the mitigated plan.
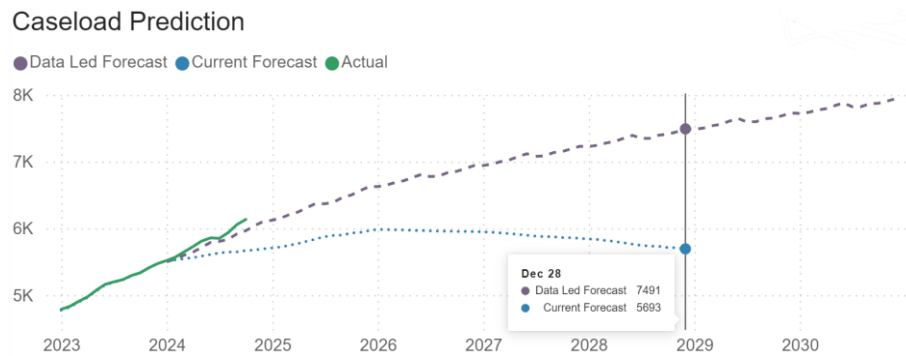

Figure 1: Graph showing the forecast growth in EHCPs

The Actual figure is above the Data Led Forecast, and this is due to the additional plans brought off the backlog through investment in agency Educational Psychologists.

This revised forecast gives us a significantly more challenging starting point and highlights the need to ensure that our plan responds to the higher levels of demand in our system.

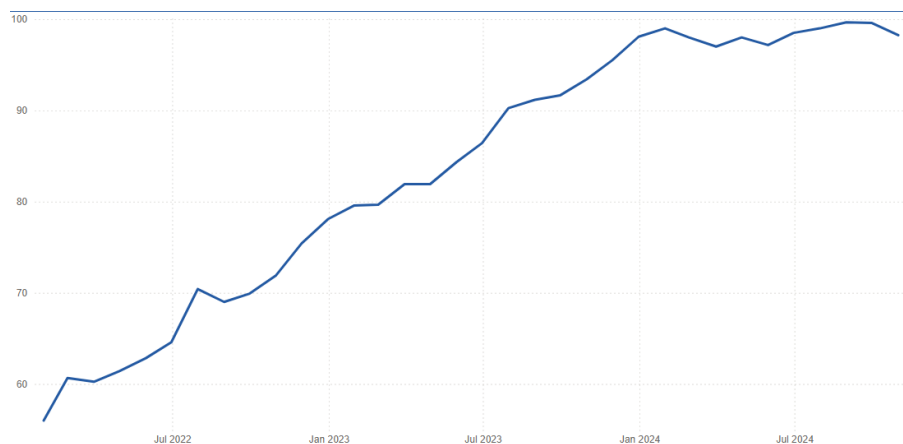### Confidence in the mainstream inclusion offer

Figure 2: Graph showing the 12 month rolling average of EHCNA requests in our system.

One of the key measures that we had in our plan was the number of Education Health and Care Needs Assessment requests in our system. This measure indicates the confidence in mainstream inclusion in our system as we expect demand will fall when people believe children are supported without the need for statutory support.

This grew steadily from 2021, peaking at 99 requests per month in January 2024. However, since then start of 2024 this growth in demand has slowed, levelling out at 95

– 99 requests a month on average. This has given us a slightly more stable position to work from, but the rate is still at its highest ever level.

This does indicate that some of our work to improve confidence in mainstream inclusion may be cutting through, but there is still significantly more to do.

Age Distribution of Requests

Academic Age	2020	2021	2022	2023	2024
1	0.20%			0.17%	
2	1.59%	3.95%	5.01%	3.99%	4.57%
3	26.39%	23.52%	24.09%	23.60%	15.23%
4	4.76%	5.16%	4.80%	4.84%	4.90%
5	7.14%	4.86%	5.97%	7.39%	7.51%
6	8.33%	4.10%	5.97%	7.81%	7.83%
7	6.75%	8.80%	6.08%	6.62%	8.71%
8	7.74%	6.07%	8.00%	6.54%	7.62%
9	9.33%	8.80%	9.81%	10.10%	10.34%
10	9.13%	12.59%	9.28%	9.34%	7.18%
11	2.98%	3.79%	3.52%	2.89%	3.59%
12	3.77%	5.61%	4.90%	5.18%	4.57%
13	3.57%	4.40%	4.16%	4.07%	6.31%
14	2.78%	3.19%	3.94%	3.31%	6.75%
15	2.98%	3.03%	2.56%	2.89%	3.05%
16	0.99%	0.91%	0.53%	0.51%	0.65%
17	0.79%	0.61%	0.64%	0.34%	0.87%
18	0.60%	0.46%	0.11%	0.25%	
19			0.21%	0.17%	0.33%
20			0.21%		
22	0.20%	0.15%	0.11%		

Figure 3: Table showing the age distribution of new EHCNA requests from 2020-2024

Early Years

The level of demand in early years remains a concern. Last year around a quarter of requests came from 3-year-olds and, while the percentage is lower so far this year, it still represents the most common age.

Transitions

The second most common time for a plan to be requested is 9/10 years old as the child begins to approach transition to secondary school.

We know from previous work that parent carers worry that someone who had coped in a smaller primary school may struggle at secondary.

Number of EHCP ceases

Another measure that we have been monitoring is the number of plans ceased, that do not result in NEET. 2023 was a record year in terms of ceasing and, while we hoped to exceed that this year, it doesn't appear this this will happen. This is partly due to disruption in the post 16 team, but we are keen to review what more we can do.

Figure 4: Graph showing the 12-month rolling average of plans ceased.

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One pleasing thing is the decline in the rate of Ceased Plans that result in that young person ending up Not in Education, Employment or Training (NEET). This has steadily fallen since a peak in 2022 and has fallen more steeply since our sustainability plan began being implemented. This can reassure us that we are not inappropriately ceasing EHCPs.
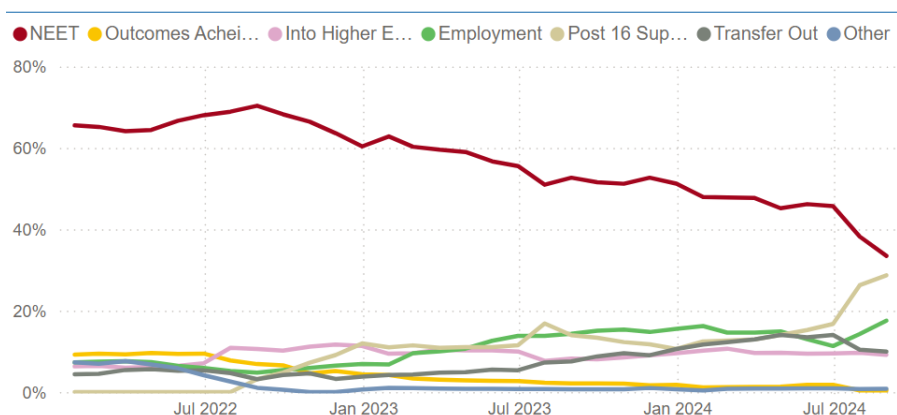

Figure 5: Graph showing the 12-month rolling average of reasons why Post-16 plans were ceased.

However, we did take a look at the number of ceased plans for under-16s, and there is work to be done there. The predominant reason for under-16 plans to be ceased is "Transfer Out", all other reasons barely register. We would like to see more children who, at their annual review, are recognised as having achieved their outcomes and so their plan can be ceased because they are able to access their education without the need for that statutory support.
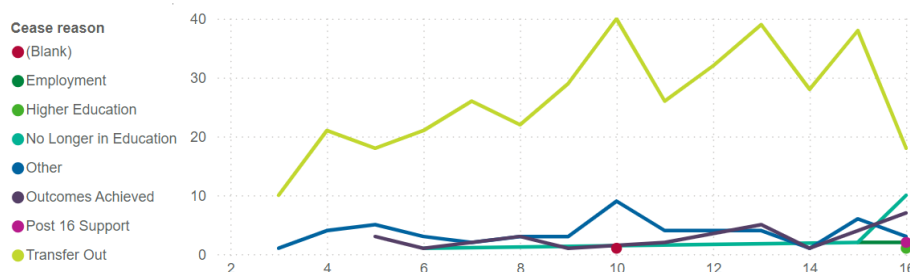

Figure 6: Graph showing the number of children, under 16, who have had plans ceased broken down by age and reason for cease.

Growth in the number of Independent Sector Placements

Date	% placed in INMSS	vs 2023 Stat Neighbour	# placed in INMSS	vs last year
31/10/24	5.87%	0.15%	362	43
30/09/24	5.92%	0.20%	359	48
31/08/24	4.88%	-0.84%	290	51
31/07/24	5.29%	-0.43%	310	64
30/06/24	6.02%	0.30%	353	61
31/05/24	5.98%	0.26%	348	64
30/04/24	6.02%	0.30%	345	63
31/03/24	5.91%	0.19%	334	58
28/02/24	6.02%	0.30%	336	61
31/01/24	5.86%	0.14%	324	59

Figure 7: Table showing the percentage of EHCPs in Independent Special Schools

In addition, we have also been monitoring independent (INMSS) placements. While our % of children in INMSS is lower than we expected, because of the number of EHCPs in our system, we currently have around 45 more placements than this time last year.

Understanding what can be done to address this is vital to returning financial balance to our system.

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Short term interventions

Target system

In response to the new forecast, and the accelerating growth of EHCPs, we have reflected on the need to take urgent action to address it. Many of the interventions in our original plan were medium/long term, relying on culture change and behaviour change. Ultimately, these interventions will deliver the biggest impact, but they will take a couple of years to have measurable impact.

We are significantly revising our strategic approach to delivery – within the framework of our values. This approach will see us take six highly tangible steps over the next 18 months with an aim to stabilise EHCP growth in Wiltshire.

This is only possible, because EHCNA request numbers have sat stable, and so demand levels in our system are therefore stable, making measurement and predication much easier.

Per month	EHCNA request	No to assess	No to issue	Ceased plans	Net annual growth
Wiltshire 2023	97*	12.0%	3.9%	29	636
Stat Neighbours 2023	-	25.0%	5.0%	44**	-
Target System	66	25.0%	5.0%	44	36
Change Required	-31	+13.0%	+1.1%	+15	-

* 97 EHCNA requests a month represents the 12 month rolling average during 2024
** 44 plans ceased is adjusted for population size

These targets are there to give us an understanding of the "shape" of a sustainable system, and to focus us on the change required. They are not, and cannot be, hard and fast targets. A child or young person in Wiltshire who needs support through an EHCP will always be granted a plan: there will be no 'cut off' and we will remain legally compliant.

Six interventions

1. Addressing 'poor practice' in schools
Expected impact: reduction of 8 EHCNA requests a month   By Apr '25

Through the data that our teams already collect, we can identify unwarranted variation in school practice. By targeting resource from existing teams, and directing at schools which appear to be outliers, we anticipate that we can have a significant impact on changing practice, and ensuring that those schools are delivering what they should be through OPAL, and therefore meeting need without a statutory plan.

We would hope to over-deliver against a relatively modest target of 8 EHCNA requests a month, and we would measure this in the monthly EHCNA request numbers from our target schools.

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2. Pre-DaD1 support

Expected impact: reduction of 8 EHCPs per month   *By Jun '25*

The Wiltshire Council Family And Children Transformation (FACT) programme has demonstrated the value of relational practice in delivering support services. Building on these principles, we would propose to deploy a small team of navigators/advocates to work alongside families. This team would select EHCNA requests where they think they can have an impact and use the 6 week statutory process to get to know the family, understand their issues, and introduce professionals who can provide longer term support. At the end of the process, a "No to Assess" decision can be issued, because that child or young person is getting what they need from other sources.

This is a new approach, and a new service, and so the target of 8 EHCPs a month is a reasonable starting point. This is based on an average of 97 requests coming in, of which 32% come from parent carers, which is where we think they will have the biggest impact. Half of that number is 16, of which we think we could reasonably expect to have a 50% success rate. We will measure this by directly tracking the cases that this team manage.

3. Early Years ESA

Expected impact: reduction of 15 EHCNAs per month   *By Jun '25*

We recognise the challenges in demand in Early Years – especially for 3-year-olds. Apart from a limited number of very clear-cut cases, it is challenging to identify SEND in pre-school age children. Even where there is a possible SEND need, we believe that an Early Support Assessment (ESA), which takes a broader view of the child in the round, will tend to be more appropriate. These assessments can lead to more holistic support for the child, and support around the parent carers as well.

The target of 15 EHCNAs per month is based on 97 requests coming in per month, of which 27% are in early years. We are confident that, by offering a quality, alternative option we could reduce that number by about 60%. We will measure this by monitoring the number of plans coming in from Early Years, and comparing that to the rise in Early Support Assessment.

4. Additional post-16 ceasing

Expected impact: increase of 10 plans ceased per month   *By Sept '25*

We recognise that we need to focus on ceasing the plans which can be ceased in the post-16 space. We have noted the progress made in other areas, and the opportunity to change the narrative around ceasing so that it is seen as a 'success' for the young person. This will be a renewed focus for our Preparing for Adulthood team, and annual reviews will be prioritised where this opportunity exists.

The target is based on a sensible increase, working towards the cease rates which are managed in Statutory Neighbour councils. This will be measured by monitoring the number of ceased plans compared to the previous year, and through the 12-month rolling average.

5. Pre-16 ceasing

Expected impact: increase of 5 plans cease per month   *By Jan '26*

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In the past 5 years, just 15 EHCPs have been ceased in Wiltshire for children and young people under-16 who have met all their outcomes. We know that our schools are providing a better education than that, and that our children and young people are achieving. This belief has been bolstered by the recent SEND Local Area Inspection. We do accept that this will be a challenging project to undertake, and that the work to ensure the narrative around ceasing significantly changes, but through a rigorous programme of training on writing good outcomes, by defining and promoting the support on offer when stepping down, and by prioritising annual reviews effectively, we believe that there is progress to make here. Ultimately, this is about celebrating the progress that our children and young people are making.

The target is an ambitious one of five plans a month, and we accept that it will take time – until January 2026 – for us to see those kind of outcomes. We will measure this by counting the number of plans ceased for pre-16s due to "met all outcomes" and this will be measured against the baseline of 3 a year.

6. Improving our decision-making

Expected impact: increased "no to assess" and "no to issue" decisions   By Jan '26

As has been discussed previously, we need to ensure our decision-making is robust and evidence-based. Children who should get a Yes, will get a Yes, but children who should get a No, need to have a No so that we can appropriately support the children who need an EHCP. Our statistical neighbours has significantly higher rates of no to assess, and no to issue, in 2023, which tells us that some more progress can be made.

Targets are based on what Statistical Neighbours achieved in 2023, and may need to be revised when the SEN2 data for 2024 is published. We expect to achieve what our Statistical Neighbours manage, on average, by the submission of the SEN2 data in January 2026. Progress has already been made in this space, eg. our 2024 year-to-date percentage of No to Assess has climbed to 17.6%.

	EHCNA Requests	No to Assess	No to Issue	EHCPs Ceased
Current System	97	12.0%	3.9%	29
Addressing Poor Practice in schools	8			
Pre-DaD1 support	8			
Early Years ESA	15			
Additional post-16 ceasing				10
Pre-16 ceasing				5
Improving our decision-making		13%	1.1%	
Total change	31	13%	1.1%	15
Target System	66	25%	5%	44

Plus two

In addition, given the pressures on EHCP numbers that we are already under and consequent rise in INMSS placements, we also need to consider what steps we can take to urgently reduce growth in this area.

1. Mid-phase step downs

Expected impact: Reduction in INMSS growth of 10%   By Apr '26

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Traditionally, we have focused on step-downs out of INMSS at the end of a school phase, however, we need to consider the opportunities to do this mid-phase too. Several enabling factors need to be in place, including having the right placements to step them down into. We are looking at what can be done to accelerate delivery of special school placements, including the use of modular units within the existing maintained/academy special school estate.

2.   Assistant Education Officer posts
Expected impact: Reduction in INMSS growth of 10%   *By Sept '25*

We are also looking at the development of an assistant Education Officer post to ensure there is capacity to support and challenge all settings in Wiltshire around their provision for children with plans. These would operate in the same way that the Mainstream Inclusion School Advisors (MISAs) are already having an impact on supporting schools around children without a statutory plan.

Medium/Long term interventions

In response to the new forecast and our improved understanding of our system, we have revisited the interventions in our plan and considered if they are sufficient. The existing plan was very reliant on culture change and invest to save – these interventions will have a significant positive impact on the quality of support in Wiltshire and the financial deficit, but will take longer for the impact to be felt.

66 specific changes have been proposed, including 27 new interventions that we will undertake. The activity to set these up will begin over the next 12 months, but we expect that the impact will only begin to be felt in 2026.

Interventions have been categorised below as follows:

- **New** – new projects which were not in our previous plan and will make an impact
- **Accelerate** – projects which were in our plan and can be delivered faster so the impact is felt more quickly
- **Optimise** – projects which were in our plan and can be improved so the impact is bigger
- **Pause** – projects which we were going to deliver, but will be deprioritised in favour of more effective projects

#	Intervention	Change	Timeframe
1 - Training to improve confidence in the mainstream inclusion offer			
Impact: reducing the number of EHCNA requests.			
1.1	Map the training offer and ensure it's accessible.	Accelerate	By March 2025
1.2	Develop a training offer for Parent Support Advisors.	Accelerate	By April 2025
1.3	Create tailored training offer for schools, settings and parent carers.	New	By June 2025
1.4	"System" level training for senior practitioners, trust CEOs and Heads.	New	By Dec 2025

1.5	Record and evidence the impact of training and how it is embedded and sustained.	New	By June 2025
1.6	Upskilling school workforce on good quality paperwork and evidence.	Accelerate	Rolling process starting Jan 2025
2 - Improve communication around mainstream inclusion			
Impact: reducing the number of EHCNA requests.			
2.1	Develop a clear communication strategy for engaging with parent carers.	Accelerate	By March 2025
2.2	Develop case studies about the benefits of support without an EHCP.	New	By March 2025
2.3	Review communication metrics and optimise for best communication.	Accelerate	By end of the calendar year
2.4	Develop advice for parent carers when choosing schools.	New	By Jan 2025
2.5	Ensure 'easy read' versions of OPAL are accessible.	Accelerate	By June 2025
3 - Make the inclusion offer more explicit			
Impact: reducing the number of EHCNA requests / increasing the number of No to Assess decisions.			
3.1	Map the support available without an EHCP and ensure it is clearly explained.	Accelerate	By the end of the calendar year.
3.2	Create an inclusion charter / framework.	Pause	Delayed to 2025/26 school year – in line with the charter mark.
3.3	Continue to develop the dyslexia friendly school model.	Accelerate	By Sept 2025
3.4	Create an inclusion "charter mark" to incentivise schools that brings other schemes together.	Accelerate	Launching 2025/26 school year.
3.5	Hold an inclusion conference to bring professionals together and share best practice.	New	In July 2025
3.6	Develop information on OPAL that schools should hold on their website.	New	By March 2025
4 - Develop the inclusion offer			
Impact: Reduce the number of EHCNA requests.			
4.1	Create new behaviour support service in secondary schools	Optimise	By March 2025
4.2	EBSA pathway that provides a coordinated local area offer of support	New	By Sept 2025
4.3	Increase Educational Welfare Officer capacity to focus on attendance	Optimise	By Sept 2025
4.4	Extend OPAL to include post-16	Accelerate	By March 2025
4.5	Develop a graduated response pathway for SEMH	Accelerate	By Feb 2025

5 – Support children and young people with SEN through transitions			
Impact: Reduce the number of EHCNA requests.			
5.1	Introduce a one page profile to help with transfers	Accelerate	By Feb 2025
5.2	Develop and implement a model of temporary transition support funding	Accelerate	By Feb 2026
5.3	Create a suite of tools to support parent carers with transition	New	By Feb 2025
6 - Work with Public Health to develop a more effective early help offer			
Impact: Reduce the number of EHCNA requests.			
6.1	Enhance guidance for schools on the universal offer – especially around emotional health	Optimise	By Feb 2025
6.2	Further rollout and embedding of trauma informed practice	Optimise	By July 2026
6.3	System-wide training on relational approaches	New	Rolling programme starting Dec 2025
6.4	Further development of the Healthy Schools Programme	Optimise	By July 2025
7 - Change our processes to make use of early help			
Impact: Reduce the number of EHCNA requests.			
7.1	Survey Early Years providers and Health Visitors to gain feedback on ESA process	New	By Mar 2026
7.2	Merge SEN Support Plan and Early Support Assessment	Optimise	By Jan 2025
7.3	Further develop the SEND understanding in the Integrated Front Door	Accelerate	By Jun 2025
8 - Greater support in Early Years			
Impact: Reduce the number of EHCNA requests.			
8.1	Rollout Early Years OPAL and guidance	Optimise	By July 2025
8.2	Deliver training on primary areas of need across our early years system	New	By July 2025
8.3	Continue to promote Dingley's Promise Inclusion project.	Optimise	Ongoing
8.4	Early Years Inclusion Advisors will review a comprehensive training package.	New	By July 2025
9 - Change the conversation around ceasing			
Impact: Increase the rate of plans ceased.			
9.1	Change the language and story we use around ceasing.	New	By Feb 2025
9.2	Support schools to have conversations about ceasing.	New	By Sept 2025

9.3	Change the paperwork to ensure that ceasing is discussed from the start of an EHCP process.	New	By Sept 2025
10 - Prioritise Annual Reviews to enable pre-16 ceasing			
Impact: Increase the rate of plans ceased.			
10.1	EHCPs to focus on celebrating success, progress, and how the child or young person can move forward.	New	By Sept 2025
10.2	Roll out training on annual reviews to ensure consistency.	Accelerate	By Jun 2025
10.3	Ensure planning for annual reviews is cohesive and includes well-crafted outcomes.	Optimise	By Jun 2025
10.4	Support and training for parent carers around their rights without an EHCP in place	New	By Sept 2025
11 – Improve confidence in the options post-16			
Impact: Increase the rate of plans ceased.			
11.1	Produce clearly mapped pathways for young people with SEND.	Accelerate	By Jan 2025
11.2	Support PfA pathway with case-studies, resources, and link to universal services.	Accelerate	By Mar 2025
11.3	Develop and raise awareness of health, social care and education offer to young people	Optimise	By June 2025
11.4	Understand options to incrementally transition support instead of a cliff-edge.	New	By July 2025
11.5	Drop-in surgeries about PfA Pathways on regular basis for young people and parent carers.	New	By Sept 2025
11.6	Increase the number of young people accessing employment and volunteering.	Optimise	Ongoing
11.7	Co-produce One-Page "How to plan for my future" template underpinned by e-learning.	New	By July 2026
11.8	Review opportunity gaps for SEMH and complex learners.	Accelerate	By Jan 2026
11.9	Seek out opportunities to develop independence skills in local communities.	Accelerate	By July 2026
12 - Deliver the capacity we need in Wiltshire			
Impact: Reduce the number of INMSS placements.			
12.1	Deliver more special school places	Accelerate	Ongoing
12.2	Deliver more Secondary Resource Base places – especially in SEMH, C&I and C&L	Optimise	Ongoing
12.3	Deliver more Primary Resource Base places	Accelerate	Ongoing
12.4	Improve the AP offer in schools ensuring equitable geographical spread	Accelerate	Ongoing
12.5	Explore Special School Satellite provision	Accelerate	By July 2026
13 – Strategically review our commissioning intent			
Impact: Reduce the number of INMSS placements.			

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13.1	Use outcomes from DaD2 and DaD4 to inform provision	New	Ongoing with an initial review in March 2025
13.2	Ensure place-planning forecasts are triangulated with key data sets	Accelerate	Ongoing
13.3	Engage an external consultancy to conduct a gap analysis for our specialist provision.	New	By Jun 2025
13.4	Change commissioning narrative to ensure expectations are clear.	New	By Jun 2025
13.5	Review of ELP to understand good practice and how to spread that.	Accelerate	By July 2025
14 – Ensure guidance and approach supports 'downward pressure'			
Impact: Reduce the number of INMSS placements			
14.1	Refresh our guidance to schools and signpost support.	Optimise	By July 2025
14.2	Ensure the EHCP top-up review feeds into the strategic approach.	New	By Feb 2025
14.3	Implement a range of guidance and support around "waiting well" – including waiting for Special School placement.	New	By Jun 2025
14.4	Communicate a counter-narrative to the assumption that INMSS is the best option.	New	By July 2025