TORBAY COUNCIL

Wednesday, 25 November 2026

OVERVIEW AND SCRUTINY BOARD

A meeting of **Overview and Scrutiny Board** will be held on

Thursday, 3 December 2026

commencing at **5.30 pm**

The meeting will be held in the Banking Hall, Castle Circus entrance on the left corner of the Town Hall, Castle Circus, Torquay, TQ1 3DR

Members of the Committee

Councillor Long (Chair)

Councillor Bryant

Councillor Cowell

Councillor Douglas-Dunbar

Councillor Fellows

Councillor Johns

Councillor Law

Councillor Spacagna (Vice-Chair)

Councillor Stevens

Councillor Tolchard

A Healthy, Happy and Prosperous Torbay

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Town Hall, Castle Circus, Torquay, TQ1 3DR

Email: governance.support@torbay.gov.uk - www.torbay.gov.uk

OVERVIEW AND SCRUTINY BOARD AGENDA

1. Apologies

To receive apologies for absence, including notifications of any changes to the membership of the Board.

2. Declarations of Interest

a) To receive declarations of non pecuniary interests in respect of items on this agenda

For reference: Having declared their non pecuniary interest members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda

For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)

3. Urgent Items

To consider any other items that the Chair decides are urgent.

4. Final Report from Special Educational Needs and Disabilities (SEND) Task and Finish Group (Pages 5 - 14)

To receive and approve the final report from the SEND Task and Finish Group.

5. Special Educational Needs and Disabilities (SEND) Progress Report (Pages 15 - 20)

To receive an update on the Special Educational Needs and Disabilities (SEND) Local Area Strategy following stock take.

6. Annual Review of Operation Brighter Bay and Operation Town Centres (To Follow)

To review the implementation of Operation Brighter Bay and Operation Town Centres projects and make recommendations to the Cabinet.

7. Local Government Reorganisation Verbal Update

To receive a verbal update on the progress of Local Government Reorganisation.

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TORBAY COUNCIL

Special Educational Needs and Disabilities (SEND) Improvement Task and Finish Group – Report of the Overview and Scrutiny Board

Report to Cabinet on

Background

1. On 6 May 2026, the Overview and Scrutiny Board established the Special Educational Needs and Disabilities (SEND) Improvement Task and Finish Group following its consideration of an update on SEND improvement activity.

2. The purpose of the Task and Finish Group review was to:

   a. review the implementation of the Priority Impact Plan focussing on 1 to 2 priority areas per meeting, including a consistent set of measures of impact (timeliness, quality, experience and outcomes);

   b. seek assurance on Education, Health and Care Plan (EHCP) quality and timeliness improvement by requesting quarterly reporting of audit outcomes (including social care and health advice quality), learning actions taken, and feedback from families and settings about whether plans are usable and outcome-focused;

   c. request a deep dive update on Special Educational Needs (SEN) Support and inclusion, including what is changing for children without EHCPs and how the Partnership is addressing persistent challenges such as attendance, suspensions and exclusions;

   d. request assurance on health waiting times and the ‘support while waiting’ offer, including how families are informed, what interim provision is available, and how equity of access is monitored;

   e. request assurance on preparation for adulthood: transitions governance, pathways into employment/training, and how gaps in referral routes and tracking are being closed; and

   f. request evidence of strengthened co-production and improved communication with families (including what has changed as a result of feedback as well as the voice of the young people, their families and carers) and how this is being measured.

3. The Review Panel comprised Councillors Douglas-Dunbar, Fellows, Law, Tolchard and Twelves and was chaired by Councillor Law.

4. The SEND Improvement Task and Finish Group met on 7 September, 6 October and 2 November 2026 to consider evidence, including feedback from the March 2026 stocktake and the Department for Education (DfE) feedback on the July 2026 Deep Dive into PA3 Multi-Agency Working.

5. The background papers, including the detailed Scope for the Review can be found at:

Agenda for SEND Improvement Task and Finish Group on Monday, 7 September 2026, 1.00 pm

Agenda for SEND Improvement Task and Finish Group on Tuesday, 6 October 2026, 2.00 pm

Agenda for SEND Improvement Task and Finish Group on Monday, 2 November 2026, 1.00 pm

(Public Pack)Priority Impact Area 4 and 5 reports Agenda Supplement for SEND Improvement Task and Finish Group, 02/11/2026 13:00

6. Key evidence considered by the Panel included:

- Progress Update following Inspection letter from the Department for Education dated 8 July 2026 Torbay LAP_ Stocktake Review Feeback Letter_Mar 23_July2026.pdf;
- Torbay Deep Dive Final Feedback letter from the Department for Education dated 25 August 2026 DfE letter;
- Torbay SEND Improvement Priority Action 1: Governance, co-production, communication and parent/carer relationships PA1 Delivery and Impact: Overview and Scrutiny Task and Finish Group;
- Torbay SEND Improvement Priority Action 2: Commissioning arrangements, sufficiency and access to support Torbay SEND Improvement Priority Action 2: Delivery and Impact;
- Verbal update on Priority Action 3: Multi-Agency Working
- Torbay SEND Improvement Priority Action 4: Waiting Times and Support PA4 Waiting Times: Overview and Scrutiny Task and Finish Group
- Torbay SEND Improvement Priority Action 5: Preparing for Adulthood PA5 Preparing for Adulthood: Overview and Scrutiny Task and Finish Group

7. Key Findings

7.1 The review found evidence that significant progress had been made across all five Priority Impact Areas since the 2025 Local Area SEND Inspection. Improvements in governance, partnership working and service delivery had been demonstrated across education, health and social care. Whilst recognising these achievements, Members also identified a number of areas where further work would be required to sustain progress and improve outcomes for children and young people with SEND, and their families and carers.

Priority Improvement Area 1 - Governance, Leadership and Communication

7.2 Evidence presented demonstrated that governance arrangements across the SEND Local Area Partnership had strengthened significantly since the 2025 inspection. The appointment of an independent Chair and enhanced governance structures had improved oversight, accountability and partnership working across education, health and social care. The Partnership was reported to be operating more strategically, supported by improved performance monitoring and a greater focus on evidencing the impact of improvement activity.

7.3 Members heard that stronger leadership and accountability arrangements had contributed to a more integrated approach to SEND improvement across education, health, children's services and adult services. Improved partnership working, supported through the SEND Local Area Improvement Partnership Board and wider locality arrangements, had strengthened shared ownership of priorities, commissioning decisions and service development. Members also noted the positive contribution of collaborative forums, including headteacher networks and locality-based approaches, in promoting inclusion and supporting schools and partner agencies to work together more effectively to meet the needs of children and young people with SEND.

7.4 Communication and engagement with children, young people and families remained a key priority. Whilst recognising progress, Members sought assurance that engagement activity was translating into increased confidence amongst families. Particular emphasis was placed on demonstrating how feedback was influencing decision-making and driving service improvement.

7.5 A range of initiatives had been introduced to strengthen communication and co-production, including the refresh of the Local Offer, improved signposting and information, the development of a "Your Voice in Action" framework to ensure improvements were communicated effectively to parent carers, and the further development and co-production of the Co-production Charter and launch of the SEND Pledge. Members heard that membership of, and engagement with, the SEND Family Voice Torbay Parent Carer Forum had increased, alongside the appointment of a SEND Family Liaison Worker to strengthen engagement with families and support wider participation. Further information can be found on their website: https://www.familyvoicetorbay.org/.

7.6 Increased emphasis had also been placed on capturing the voice of the child, with work underway to involve younger children more directly in service design, engagement and improvement activities. For example, more than 30 children and young people designed the SEND Pledge, and the Torbay Youth Forum had supported the development of five goals for the Torbay SEND Reform Plan.

7.7 Members found that significant progress had been made in strengthening governance, partnership working and stakeholder engagement. However, continued focus would be required to rebuild confidence amongst families and to demonstrate the impact of co-production and engagement on service improvement.

Priority Improvement Area 2 - Commissioning, Sufficiency and Provision

7.8 Evidence presented demonstrated improvements in the strategic planning and commissioning of SEND services. The refreshed Joint Strategic Needs Assessment (JSNA) was being used more effectively to identify current and future needs, gaps in provision and commissioning priorities. The establishment of a multi-agency Commissioning Oversight Group was welcomed as a means of strengthening joint planning across partners.

7.9 A range of initiatives had been implemented to increase local SEND provision and reduce reliance on out-of-area placements. These included the expansion of autism provision at Mayfield School, the establishment of additional specialist and support base provision within mainstream schools, enhanced post-16 education and employment opportunities, and strengthened pathways for children and young people with SEND. Members of the Task and Finish Group had previously visited Mayfield School and Combe Pafford School, gaining first-hand insight into local SEND provision and the support available to children and young people with additional needs.

7.10 Encouraging progress was also noted in creating more inclusive mainstream settings, supported by increased collaboration through locality arrangements and the Torbay Together Headteachers Forum.

7.11 Members were satisfied that the expansion of local provision represented a positive step towards meeting the needs of children and young people closer to home.

7.12 Demand for SEND support continued to increase and remained a key challenge. Members sought assurance that increasing demand would be reflected within future commissioning and sufficiency planning arrangements. Evidence was provided that work was underway to improve forecasting and planning through enhanced data analysis and modelling, enabling future demand to be better understood and planned for.

7.13 The proposed creation of specialist children's homes within Torbay was also welcomed. These would help reduce the need for out-of-area placements and enable more children and young people to remain closer to their families and communities.

7.14 Members considered that long-term sufficiency planning would be critical to ensuring future demand could be met in a sustainable way.

Priority Improvement Area 3: Multi-agency working - Assessment, Inclusion and Education Outcomes

7.15 Evidence presented demonstrated substantial progress in improving the quality and consistency of EHCPs and strengthening multi-agency working throughout the assessment process. Improvements had been identified in the quality of plans, quality assurance arrangements and collaboration between services, whilst schools had increasingly engaged with the graduated response and received enhanced support to meet the needs of children and young people with SEND.

7.16 Assessment timeliness was examined in detail. Whilst performance had improved and was comparable with, or above, national averages, increasing demand had continued to place pressure on the system. Educational Psychologist capacity was identified as a critical challenge, reflecting national workforce shortages. Members also heard that the Government's newly introduced 'Experts at Hand' model had placed additional pressure on the system. Reassurance was provided that additional resources had been secured locally, long-standing cases had been allocated, and assessment backlogs had reduced significantly.

7.17 The evidence presented demonstrated improvements in assessment processes and plan quality, although increasing demand continued to present a significant challenge.

7.18 Questions were raised regarding the sustainability of recent improvements and the impact that future increases in demand may have on performance. Whilst the improvement actions implemented were welcomed, workforce capacity was recognised as an ongoing risk.

7.19 Members considered evidence on exclusions, suspensions and attendance. Exclusions and suspensions had reduced in schools receiving targeted support, alongside improved collaboration between mainstream and specialist settings. However, exclusion rates for children and young people with SEND remained a concern locally as well as nationally. Members supported the ongoing improvement activity, including an independent review of exclusion practice.

7.20 Members recognised that the development of inclusive practice within mainstream schools would remain fundamental to improving outcomes for children and young people with SEND.

Priority Improvement Area 4: Health Services and Waiting Times

7.21 Progress had been made in reducing waiting times across a number of SEND-related health pathways and in strengthening the support available whilst children and young people awaited assessment or treatment. Improvements had been reported across Mood, Emotions and Relationships Service (MERS) (formerly Child and Adolescent Mental Health Services (CAMHS)), speech and language therapy, and neurodiversity services. However, Members noted ongoing pressures within occupational therapy and community paediatric services, where waiting lists and demand for support remained high.

7.22 Evidence presented indicated that mental health waiting times had reduced significantly through enhanced triage arrangements and the expansion of Mental Health Support Teams within schools. The benefits of providing earlier support and intervention were recognised, particularly in helping to prevent the escalation of need.

7.23 Members heard that the expansion of Mental Health Support Teams to all Torbay schools and the introduction of enhanced triage arrangements had enabled many children and young people to access advice and support significantly earlier than before. Evidence was provided that families referred

from September 2026 were generally receiving an initial telephone assessment within around one week, helping ensure that children and young people were directed to the most appropriate support at an earlier stage.

7.24 The evidence indicated that encouraging progress had been made in reducing waiting times across a number of health pathways, although further improvement was required in areas where families continued to experience lengthy delays, particularly within neurodiversity and Attention-Deficit/Hyperactivity Disorder (ADHD) assessment pathways.

7.25 Assurance was sought regarding how improvements would be sustained beyond current recovery programmes. Particular emphasis was placed on ensuring children and young people could continue to access appropriate support whilst awaiting assessment or diagnosis.

7.26 Evidence was also provided that neurodiversity waiting lists had reduced through targeted recovery activity and increased assessment capacity. Whilst welcomed, Members recognised that lengthy waits for assessment continued to have a significant impact on children, young people and their families.

7.27 Improvements had been reported within occupational therapy and community paediatric services; however, demand for support remained high. Members also discussed continuing pressures within occupational therapy and home adaptation services, where workforce capacity, statutory demand and delays in adaptations continued to present challenges.

7.28 A wide range of support was available whilst families awaited assessment, including digital resources, workshops, advice services, school-based interventions and wider mental health support. This was welcomed by Members, who considered it important that children, young people and families were able to access support before formal assessment or diagnosis.

7.29 Members also heard examples of children, young people and families directly influencing service improvements. This included the co-production of a Communication Passport to reduce the need for families to repeatedly explain their circumstances to different professionals, and work with families and young people to review autism assessment reports to ensure language was more positive, accessible and neuro-affirming. These examples were welcomed as evidence of services responding to lived experience and shaping provision in a way that better met the needs of children, young people and their families.

7.30 Members welcomed a number of practical initiatives designed to provide support whilst families awaited assessment or treatment. These included the introduction of the Occupational Therapy Advice Line, which received very positive feedback from families, regular workshops delivered in partnership with SEND Family Voice Torbay, digital resources such as Super Penguin and SilverCloud, and fortnightly drop-in sessions provided through the 0-19 Public Health Service in schools. Members considered these initiatives to be important examples of support being available based on need rather than diagnosis.

7.31 Members considered that maintaining access to support whilst children and young people awaited assessment or treatment was essential in reducing the impact of delays on families.

Priority Improvement Area 5 - Preparing for Adulthood and Transitions

7.32 Significant improvements were reported in support for young people with SEND preparing for adulthood. Closer collaboration between Children's Services, Adult Social Care, health partners and education providers had strengthened transition planning, underpinned by stronger governance and partnership oversight.

7.33 Revised EHCP processes placed greater emphasis on earlier preparation for adulthood, focusing on employment, education, independent living and community participation. Positive developments in post-16 education and employment opportunities included the Extended Provision Pathway at South Devon College and strengthened partnership working with education providers. Members of the Task and Finish Group had visited Mayfield School and Combe Pafford School, gaining first-hand insight into the support available to young people as they prepared for adulthood, further education and employment.

7.34 Members found evidence that preparation for adulthood was becoming more embedded across services and that earlier planning was helping to improve transition arrangements for young people with SEND.

7.35 Evidence relating to young people with SEND who were Not in Education, Employment or Training (NEET) indicated continued improvement. Earlier identification of risk, improved tracking arrangements and stronger partnership working had enabled more effective intervention before disengagement occurred.

7.36 The evidence presented suggested that reductions in NEET levels reflected the benefits of stronger partnership working and earlier intervention.

7.37 Arrangements to capture the views and experiences of young people through engagement activity and quality assurance processes were welcomed. However, further work was considered necessary to strengthen the evidence base relating to lived experience and long-term outcomes.

7.38 Consideration was also given to the challenges associated with transitions between Children's Services and Adult Social Care, including differing legal frameworks and the application of Deprivation of Liberty Safeguards. Whilst significant progress had been made, continued focus would be required to ensure transitions were planned sufficiently early and that young people did not experience gaps in support. Members sought assurance that strengthened transition arrangements were delivering improved experiences and outcomes for young people moving into adult services.

7.39 Housing and accommodation for young people with complex needs was identified as an area requiring continued strategic focus. Improved partnership working between Housing, Commissioning and Adult Social Care Services was welcomed, although the importance of ensuring sufficient

specialist accommodation and support options remained clear. Attention was also drawn to work underway to strengthen support for young people aged 18 to 24 who did not meet Adult Social Care eligibility criteria, but who continued to require support.

7.40 On balance, Members considered that, whilst significant progress had been made, further work was required to evidence long-term outcomes and ensure all young people experienced successful transitions into adulthood.

8. Conclusion

8.1 The review considered a wide range of evidence relating to the SEND Priority Improvement Plan and found clear evidence of improvement since the 2025 Local Area SEND Inspection. Governance arrangements, partnership working and oversight across the Local Area Partnership had strengthened, supported by a shared commitment to improving outcomes for children and young people with SEND.

8.2 Encouraging progress had been demonstrated across all five Priority Impact Areas. Improvements had been identified in the quality of Education, Health and Care Plans, the expansion of local provision, reductions in waiting times across a number of health pathways, strengthened preparation for adulthood arrangements and an increased focus on inclusion within mainstream education settings. The commitment demonstrated by partners across education, health and social care to working collaboratively to deliver sustainable improvement was also welcomed.

8.3 Whilst recognising these achievements, a number of challenges remained. These included reducing waiting times within some specialist health services, addressing workforce and capacity pressures, strengthening evidence of lived experience and long-term outcomes, ensuring sufficient provision and accommodation to meet future demand and continuing to rebuild confidence amongst children, young people and their families. Members recognised that sustaining momentum and demonstrating the impact of improvements on the experiences and outcomes of children and young people with SEND would be critical to future success.

8.4 Overall, Members were satisfied that substantial progress had been made in delivering the SEND Improvement Programme and that the Local Area Partnership had responded positively at pace to the findings of the 2025 inspection. Whilst strong foundations had been established to support sustained improvement, Members also recognised that sustained effort would be required to ensure improvements were embedded and translated into consistently positive experiences and outcomes for children, young people and their families.

8.5 The following recommendations were therefore made to support the next phase of improvement activity and help ensure that the progress achieved to date was sustained and built upon. On being put to the vote, the motion was declared carried unanimously (to be updated after the Overview and Scrutiny Board on 3 December 2026).

9. Recommendations

9.1 That the Cabinet note that Torbay's SEND improvement journey is a continuous process, underpinned by partners shared and ongoing commitment to improving experiences and outcomes for children, young people and their families. Further progress has been made since the Task and Finish Group meetings, and work continues to build on these improvements. This report reflects the evidence considered at those meetings within the context of that continuing commitment.

9.2 That the Cabinet be recommended that:

a. the Director of Children's Services, on behalf of the SEND Local Area Partnership, provide a progress update to the Overview and Scrutiny Board within 12 months on the delivery of the SEND Priority Impact Plan and the recommendations contained within this report;

b. the Director of Children's Services and SEND Local Area Partnership continue to strengthen co-production and engagement with children, young people and families, including demonstrating how feedback informs service improvements and the implementation of the SEND Reform Plan;

c. the Director of Children's Services, education providers and partner organisations continue to strengthen inclusive practice across schools and monitor the impact of inclusion strategies on attendance, exclusions, suspensions and outcomes for children and young people with SEND;

d. the Director of Children's Services and SEND Local Area Partnership continue to review the sufficiency of SEND provision and identify opportunities to increase local specialist and post-16 provision to meet current and future demand;

e. NHS Devon Integrated Care Board, Torbay and South Devon NHS Foundation Trust and the SEND Local Area Partnership continue to focus on reducing waiting times for SEND-related assessments and support services, particularly within neurodiversity, speech and language therapy post age 5, and occupational therapy pathways, and ensure families can access appropriate support whilst awaiting assessment or treatment;

f. the Director of Children's Services, Divisional Director of Adult Social Care and SEND Local Area Partnership continue to strengthen preparing for adulthood arrangements, including transition planning, employment and education opportunities, independent living support and pathways between children's and adult services;

g. the Director of Children's Services, Divisional Director of Adult Social Care and SEND Local Area Partnership continue to review the sufficiency of support available for young people aged 18 to 24 with SEND who are not eligible for Adult Social Care services and identify opportunities to strengthen community-based support and improve outcomes; and

h. the Director of Children's Services, on behalf of the SEND Local Area Partnership, continue to monitor workforce capacity across key SEND services, particularly Educational Psychology and other specialist assessment services, and develop workforce planning arrangements to mitigate the impact of increasing demand and support the sustainability of recent improvements in SEND performance.

Overview and Scrutiny Board

3 December 2026

Special Educational Needs and Disabilities (SEND) Progress Report

1. Purpose of report

This report sets out the improvements recognised across the Torbay SEND Local Area Partnership and the areas requiring continued focus as the partnership prepares for the SEND monitoring inspection. It updates the Board on progress since the September 2026 report, drawing together the outcome of the Overview and Scrutiny SEND Improvement Task and Finish Group, the November 2026 Department for Education (DfE) and NHS England stocktake, development of the new SEND Strategy, and the SEND Conference held on 18 November 2026.

2. Recommendations

- To note the progress made across the five SEND Priority Impact Areas and the positive assessment received through the November DfE/NHS England stocktake.
- To note the findings and recommendations of the SEND Improvement Task and Finish Group and the arrangements for monitoring the partnership response.
- To note the progress in developing the Torbay SEND Strategy and the engagement undertaken with children, young people, parent carers and education partners.
- To note the strong participation and positive feedback from the SEND Conference on 18 November 2026, and the partnership's continuing focus on embedding improvement, developing Inclusion and Co-production further and demonstrating impact.

3. Background

Following the March 2025 Area SEND Inspection, Torbay's Local Area Partnership was issued with a Notice to Improve. The partnership subsequently developed a co-produced Priority Impact Plan covering governance and co-production, commissioning, multi-agency support, health waiting times and support while waiting, and preparation for adulthood. The September update reported stronger foundations across these areas, while recognising the need to demonstrate that system changes were improving families' lived experiences consistently.

Since September, the partnership has been subject to further public scrutiny and external challenge. This has included completion of the Overview and Scrutiny Task and Finish Group review, a two-day DfE/NHS England stocktake on 10 and 11 November, and wider engagement with education settings, parent carers and other stakeholders through the SEND Conference on 18 November.

4. Overview and Scrutiny SEND Improvement Task and Finish Group

The Overview and Scrutiny Board established the Task and Finish Group on 6 May 2026. It met on 7 September, 6 October and 2 November, reviewing delivery and impact across all five priority areas. The review considered timeliness, quality, experience and outcomes, and sought assurance on EHCP quality, inclusion, health waiting times, preparation for adulthood, co-production and communication.

The Group concluded that there was clear evidence of significant improvement since the 2025 inspection. It recognised stronger governance and partnership working, improving EHCP quality, expansion of local provision, reduced waiting times in a number of health pathways, stronger preparation for adulthood arrangements and a greater focus on inclusion in mainstream education.

The Group also recognised the continuing focus on workforce and capacity pressures; reducing waits in some specialist pathways; sufficiency of provision and accommodation; consistent family experience; and stronger evidence of lived experience and longer-term outcomes.

The recommendations to Cabinet include continued action to strengthen co-production, inclusive practice, local sufficiency, health waiting times and preparation for adulthood; improved support for young people aged 18 to 24 who do not meet Adult Social Care thresholds; clearer measures of impact; and continued workforce planning, particularly for Educational Psychology and specialist assessment services.

5. November 2026 DfE and NHS England stocktake

Feedback received to date from the stocktake is positive. It indicates that the Local Area Partnership remains well placed to demonstrate effective action across all Priority Actions, supported by strong commitment, increasing collective ownership and a more joined-up approach. The stocktake reviewed the Priority Actions and related Areas for Improvement; reviewers also recognised better use of data, quality assurance, audit and lived experience to understand progress and gaps.

Family experience remains variable. Reviewers advised the partnership to ensure that its positive improvement narrative does not obscure families who are not yet experiencing change. The next phase must therefore focus on embedding improvements and demonstrating consistent impact. Reviewers also highlighted the importance of managing the capacity of the Parent Carer Forum alongside SEND reform, strategy development and other major workstreams.

Key improvements and areas for development

Key improvements since the Inspection	Areas for continued development
Stronger collaboration across education, health, social care, education settings, parent carers, children and young people. Governance is providing more effective scrutiny, challenge and escalation, with the Independent Chair contributing to accountability and pace.	Explain more clearly how governance is changing frontline practice and improving outcomes. Strengthen the systematic use of children's and families' experiences, communication impact and access to impartial information. Embed partnership-wide ownership of the refreshed SEND Pledge.
A dynamic SEND JSNA and stronger joint commissioning oversight are informing action on specialist places, Alternative Provision/EOTAS, health pathways, outreach and local residential provision.	Make the connection between the JSNA, commissioning priorities, SEND Strategy and reform plan clearer. Strengthen the Learning Disability and Autism pathway narrative, evidence the impact of joint resources, and complete the 0-5 sufficiency story.
Clear improvement in EHCP timeliness and quality, stronger pipeline management, progress with the graduated response/OAIP, and more data-led work on attendance, suspensions, exclusions and children missing education.	Sustain engagement with all schools, particularly settings not yet fully engaged in OAIP and graduated response work. Continue to strengthen EHCP consistency, Educational Psychology capacity and evidence from case studies and child-level outcomes.
Health waiting-time recovery is well evidenced in several pathways. Mental health support, Speech	Occupational Therapy waits remain a challenge. The partnership needs a clearer account of

and Language Therapy and support while waiting were recognised as strengths, alongside safer support in neurodiversity pathways.	Community Paediatrics waits, distinctions between ADHD and autism pathways, and consistent outcome and experience evidence across all health pathways.
Stronger oversight and joint working for preparation for adulthood, including earlier planning, improved transitions to Adult Social Care and health, and stronger post-16 education and employment pathways.	Demonstrate impact through outcomes and lived experience, especially across health transitions. Clarify how young people below Adult Social Care eligibility thresholds are identified, supported and enabled to develop independence.

6. Progress across the five priority areas

Priority Area 1: Governance, co-production and relationships

Governance arrangements continue to mature, with stronger oversight through SLAIP, Data and Quality Assurance, commissioning and communication sub-groups. Co-production is increasingly embedded. The refreshed SEND Pledge was designed with more than 30 children and young people, and the new Your Voice in Action framework is strengthening how the partnership explains what has changed in response to feedback. The next focus is consistent application, reach and evidence that families experience the difference.

Priority Area 2: Commissioning and sufficiency

Forty additional autism places were created for September 2026. Alongside this increase in provision, the partnership can evidence stronger needs-led commissioning and joint oversight. The SEND JSNA is now used as a live source of intelligence to support decisions on specialist provision, outreach, EOTAS, post-16 pathways and residential sufficiency. The stocktake recognised this stronger position but asked for a clearer explanation of how identified need and deployed resources translate into measurable outcomes.

Priority Area 3: Multi-agency working and inclusion

EHCP timeliness and quality show measurable improvement, supported by stronger quality assurance and pipeline management. Earlier support and sector-led improvement are being strengthened through the Ordinarily Available Inclusive Provision (OAIP) framework, Leaders of SEND Forum, Belonging by Design and locality working. Attendance and exclusions data is also being used more actively. Continuing risks are inconsistency between settings, exclusions and workforce capacity.

Priority Area 4: Waiting times and support while waiting

The partnership presented strong evidence of improvement in mental health and Speech and Language Therapy pathways and a broader offer of support while children and families wait. The stocktake recognised the quality of this work. Continued priorities include Occupational Therapy capacity, sustained neurodiversity recovery, clearer reporting on Community Paediatrics and consistent measures of the impact of support while waiting.

Priority Area 5: Preparation for adulthood

Earlier and more coordinated transition planning is now supported by stronger governance across education, health and Adult Social Care. Post-16 oversight has improved, with stronger pathways into education and employment and a reported reduction in EHCP-related NEET. The next phase will strengthen evidence of young people's experiences, outcomes across health transitions, accommodation and support for those who do not meet statutory adult eligibility thresholds.

7. SEND Strategy development

Development of the new Torbay SEND Strategy is progressing as the long-term framework that will connect the SEND Priority Impact Plan, the Local SEND Reform Plan, the SEND JSNA and wider education, health and care strategies. The strategy is being informed by the evidence of local need, the improvement journey and co-production with parent carers, children, young people and partners.

Children and young people have contributed to the five strategic goals, and parent carers and education partners have informed the vision and priorities. The November stocktake welcomed the strategic direction but asked the partnership to articulate more clearly how the JSNA drives the strategy, commissioning and reform activity. The strategy will therefore set out a clearer line from need, to priority, to delivery, to measurable impact and lived experience.

8. SEND Conference - 18 November 2026

The partnership held its SEND Conference on 18 November 2026, attended by more than 160 delegates from across Torbay's education and SEND landscape. The event brought together schools, early years settings, further education, health, social care, parent-carer representatives and wider partners.

Conference feedback received to date had been positive, particularly on OAIP development, the partnership's co-production approach, the emerging SEND Strategy, the refreshed SEND Pledge, and the openness and evidence relating to Torbay's improvement journey since the inspection. The event provided an important opportunity to engage settings in developing OAIP and to move from awareness towards shared ownership. It also reinforced the expectation that inclusion and earlier support are collective responsibilities across the local system.

Learning and feedback from the conference will be used to refine the OAIP framework and implementation approach, strengthen the SEND Strategy and support the roll-out of the SEND Pledge through champions and partnership sign-up arrangements.

9. Overall assessment and next steps

The position in November is one of substantial and externally recognised progress. Torbay now has stronger governance, more mature partnership working, improved commissioning oversight and clearer evidence of performance improvement. The recent stocktake and Task and Finish Group provide assurance that the partnership is moving in the right direction.

The central test remains whether improvements are embedded and consistently experienced by children, young people and families. Priorities before the monitoring inspection are to:

- review the forthcoming formal DfE and NHS England stocktake feedback and use it to inform the partnership's next steps;
- complete and implement the monitoring inspection impact statement, aligned to the inspection evaluation criteria;
- demonstrate the connection between leadership decisions, frontline practice and improved outcomes;
- demonstrate a more systematic and representative evidence base on lived experience and parent-carer confidence;
- demonstrate how the OAIP and the graduated response is being embedded across all education settings;
- show that the partnership can sustain improvements in EHCP performance and health waiting times while addressing workforce risks;
- show how the SEND Strategy, JSNA, reform plan and commissioning priorities operate as a single coherent programme;
- implement the Task and Finish Group recommendations through established partnership governance and report progress through Overview and Scrutiny.

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