

York Joint SEND Commissioning Strategy 2026–2029

Our ambition is clear: for every child and young person in York to grow up feeling they are safe, that they are known and that they matter.

Parent Carer Forum York

We Care
We Connect
We Innovate

NHS
Humber and North Yorkshire
Integrated Care Board (ICB)

CITY OF YORK COUNCIL

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Introduction and background

This Joint SEND Commissioning Strategy sets out how partners in York will work together to plan, commission, and improve Education, Health and Social Care services for children and young people aged 0–25 with Special Educational Needs and Disabilities (SEND). It represents a shift from reactive service commissioning towards proactive, preventative and integrated models of support for children and young people (CYP) with SEND in York.

Produced jointly by City of York Council (CYC) and Humber and North Yorkshire Integrated Care Board (HNY ICB), working with Families and Education, Health and Care and Voluntary Sector Partners.

The SEND reforms are designed to make sure that education, health and social care services work closely together to support children and young people with SEND. This strategy is created at the beginning of the reform journey and will align with the vision in York to understand needs and to plan effectively together to improve outcomes for our children and young people.

Skilling up an effective workforce across Education, Health and Care will be a key part of this joint commissioning work.

It sits within the context of increasing demand, rising complexity of need and sustained pressure on services. In recent years, York has experienced growth in SEND demand, particularly in relation to neurodevelopmental needs, alongside wider system, and workforce pressures. In response, partners have focused on strengthening governance, partnership working and early intervention, creating a stronger foundation for coordinated commissioning across education, health, and care.



This Strategy is informed by, and aligns with, the following key national and local documents:

- School's White Paper, Every Child Achieving and Thriving, 2026.
- York Joint Health and Wellbeing Strategy 2022-2032.
- York's Inclusion and Belonging: SEND and Alternative Provision Strategy 2025–2030, which sets the overarching vision and outcomes for children and young people with SEND in York.
- York Health and Care Partnership (YHCP) Children and Young People's Priorities and Workplan 2025–2028, which provides the wider system context and agreed delivery priorities for children and young people.
- The City of York Joint Strategic Needs Assessment (JSNA) and relevant SEND-related Health Needs. Assessments, including the Children and Young People with SEND Health Needs Assessment (2024) and the Autism and ADHD Health Needs Assessment.
- York's SEND Sufficiency Strategy for Children and Young People and families in York 2024-2030.
- York SEND Self-Evaluation and SEND Improvement activity, which identify areas of strength, challenge, and priority for system improvement.
- The Children and Families Act 2014, the SEND Code of Practice, and the Health and Care Act 2022, which set out statutory duties and expectations for joint commissioning across education, health, and care.

Together, these documents provide the strategic, statutory and evidence base for the joint commissioning approach set out in this Strategy.

What is Joint Commissioning?

Joint commissioning is the process by which Education, Health and Care partners work together to understand need, plan services, allocate resources and monitor impact to improve outcomes for children and young people with SEND.

In York, joint commissioning goes beyond pooled budgets. It includes:

- shared understanding of need and priorities
- coordinated planning and service design
- alignment of resources and incentives
- collective accountability for outcomes.

Joint commissioning follows a continuous cycle of (Fig 1):

- jointly understanding need, using data, lived experience and system intelligence
- jointly planning and designing services to respond to that need
- jointly commissioning and delivering provision, including working with providers and the wider market
- jointly reviewing impact and outcomes, to inform future decisions.

This approach supports more joined-up pathways, reduces fragmentation, and improves the experience of children, young people, and families. In York, joint commissioning is increasingly focussed on enabling integrated, place-based models of support for children and young people.

Fig 1:



Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

Understanding need in York

Evidence base

The City of York Joint Strategic Needs Assessment (JSNA) provides the statutory evidence base for understanding health and wellbeing needs across the population.

SEND-related need is evidenced through:

- the wider JSNA life-course themes, particularly Starting and Growing Well
- SEND-relevant Health Needs Assessments, including the Children and Young People with SEND Health Needs Assessment (2024) and the Autism and ADHD Health Needs Assessment.

Together, these highlight sustained growth in SEND demand, increasing complexity of neurodevelopmental and mental health needs, pressure on assessment and intervention pathways, and variation in experience and outcomes linked to deprivation and wider inequalities.

In line with national trends, the number of children and young people identified with SEND in York has increased over the past decade, with a growing proportion of Education, Health and Care Plans relating to neurodevelopmental needs, particularly autism. These trends reinforce the importance of earlier intervention, coordinated pathways, and sustained joint commissioning approaches across Education, Health, and Care.

Over the past decade, York has experienced sustained growth in Education, Health, and Care Plans (EHCPs), alongside increasing complexity of neurodevelopmental and mental health presentations. This growth places pressure on statutory processes, therapy capacity, and specialist provision, including high-cost placements. Without continued reform towards earlier intervention, integrated pathways and shared accountability, current models are unlikely to remain sustainable. Joint commissioning therefore provides a mechanism not only to respond to demand, but to reshape the system towards needs-led sufficiency and improved long-term outcomes.

Local data demonstrates sustained waiting time pressures across key pathways:

- Speech and Language Therapy: average wait of 67 weeks, with 719 children waiting, including 434 waiting over 52 weeks.
- Occupational Therapy: average wait of 19 weeks, with 136 children on the waiting list.
- Neurodevelopmental assessment (Autism/ADHD): average wait of 12 months from referral to diagnosis (March, 2026).

Demand for neurodevelopmental assessment has increased by 89% over the past 31 months, with a corresponding increase in complexity of need. Referral patterns are influenced by multiple factors including population change, awareness, access routes and thresholds.

These pressures reinforce the need for earlier intervention, clearer pathways and more integrated delivery models. Baseline data and agreed improvement trajectories will be monitored through SEND partnership governance.

Understanding need in York is informed by triangulating quantitative data, service insight, provider intelligence and lived experience, including intelligence drawn from SEND and alternative provision strategic analysis, SEND health needs assessments, public health profiles (including CORE20PLUS5), and Director of Public Health reporting.

This evidence base is complemented by lived experience insight, which is set out in the next section:

Children and young people in York:
44,705

Total population of York:
21.4%

Percentage of girls:
49%

Black and ethnic minority*:
11.3%

Children in care*:
240

Percentage of boys*:
51%

How many children are EHE with an EHC plan:
16

Number of EHC plans:
1776

Number of EHC plans issued within 20 weeks (24/25):
85%

Percentage of all school pupils with SEND Support:
11.4%

Number of new EHC needs assessments:
317
total requests in the last year (24/25).

*Source: January 2025 census

Children in Reception recorded as being overweight

22.8%

Children in Year 6 recorded as being overweight

33.5%

The Secondary School Health and Wellbeing survey ran from November to January 2024. Children in years 8, 10 and 12 across 10 secondary schools responded that:

51.9%
eat breakfast every day

65.6%
have tried alcohol

19.7%
were active for one hour or more in the last 7 days

11.6%
have been offered cannabis

20%
use or have tried an e-cigarette or vape

5.1%
have taken cannabis

While much of the current commissioning landscape has developed around 0–18 provision, partners recognise the need to strengthen the strengthen the 16–25 transition phase within the 0–25 SEND system in line with Preparation for Adulthood expectations. This includes ensuring continuity of support, improving access to therapies and specialist provision post-18, and developing a more consistent and coordinated joint commissioning approach across further education, training and employment pathways.

Engagement and co-production with parents and carers

Engagement and co-production are central to York's SEND partnership and reflect statutory duties under the Children and Families Act 2014.

Co-production will continue across the full commissioning cycle, including service design, delivery, monitoring and evaluation. York Parent Carer Voice, children and young people, and Voluntary, Community and Social Enterprise (VCSE) partners will have an ongoing role in shaping and reviewing commissioned provision.

Lived experience will be embedded within governance and assurance processes, ensuring that feedback directly informs service improvement and redesign over time.

Engagement with parents and carers has been undertaken through a Joint SEND Commissioning Strategy workshop facilitated by York Parent Carer Voice. Insight gathered through this engagement has directly informed the development of this strategy and the emerging joint commissioning priorities.

This is complemented by ongoing engagement with children and young people and a range of VCSE partners, including organisations such as York Inspirational Kids (YIKS), Shine 21 and York Mind. These partnerships ensure that a breadth of lived experience, including that of neurodivergent children and young people and those with learning disabilities and mental health needs, informs service design and commissioning decisions.

The partnership recognises the importance of continuing to strengthen co-production, particularly in demonstrating how feedback leads to visible and meaningful change. This includes ensuring that engagement is not a one-off activity, but an ongoing process that informs planning, delivery and review.

Future delivery plans will set out how parents, carers, children and young people will remain actively involved in shaping, reviewing and evaluating commissioned provision, and how the impact of their involvement will be fed back through SEND CENTRAL, Parent Carer Voice and the Local Offer.

Insight gathered through co-production has directly shaped changes within the system, including:

You said	We did
The values and principles we work to need to be meaningful and realistic	We changed the values and principles in this strategy in line with your feedback.
There needs to be more clarity on post-16 options	A rapid review of the post-16 area with a focus on preparation for adulthood, this includes an updated vision and strategy and plan and a focussed team at SEND CENTRAL.
Communication and getting back to families in a timely way and informing families of the progress of work needs to improve	Ensure that there are increased opportunities to feedback to families on the impact of work, through SEND CENTRAL, Parent Carer Forum (PCF) and Local Offer.
Families need support while waiting for Neurodiversity assessment	• Early support while waiting (Neurodiversity Pathways): Families can access practical early support before assessment, including advice, strategies, signposting, and reasonable adjustments based on need rather than diagnosis. This is accessed through local neurodiversity pathways, schools, GPs, and wider professional referral routes. • The Go-To Neuro site (planned launch): A new all-age digital information and support hub is planned to launch soon, providing one trusted place for families to find local services, self-help resources, support while waiting, and support options while awaiting assessment. • Peer support offer (18–25): A dedicated peer support offer for young adults aged 18–25 is being developed to provide connection, shared lived experience, and practical coping support, helping reduce isolation and improve confidence while people wait for formal pathways.
Transitions post-16 are unclear	Developed a 14–25 transitions pathway and strengthened SEND CENTRAL offer.

This approach ensures that feedback from children, young people and families leads to visible and measurable system change.

The partnership is committed to ensuring that the impact of co-production is visible to families. This includes strengthening "You said, we did" approaches through SEND CENTRAL, the Local Offer and Parent Carer Voice, demonstrating how feedback has informed decisions, service design and improvement over time.

What has changed and what we have learned

To build on the existing SEND Joint Commissioning work we have taken forward SEND CENTRAL as a key joint commitment across our partnership to support our children and young people and their families.

SEND CENTRAL launched on 20 September 2025. It provides targeted support for families in York who have children with Special Educational Needs (SEN) or who are disabled, aged 0-25 years.

The hub is open 5 days a week from 9.30-16.00pm and it is accessible to everyone for telephone, email or in person advice. Since opening, SEND CENTRAL has supported:

- 701 families overall
- 336 accessed signposting
- 365 families accessed sessions

This is what some of our families have said about the fantastic service:

"I am grateful for a safe space to be able to speak with someone who has listened and signposted me to the appropriate services."

"Get a friendly warm welcome and a ton of useful advice."

"Nice, calm, welcoming environment, didn't feel judged, felt heard."

"Thank you for your compassionate, practical and useful support and signposting."

"I am so glad I decided to visit the centre today. The navigator is so good at what she does. She listened to my rants without judgement, she gave me some information I never knew existed e.g. Police Passport, Autism support, mental health support etc. She promised to email me a lot more information regarding next steps and the right questions to ask the school and social services. Thank you for SEND local offer. Thank you."

Key developments in partnership and system working

Over recent years, the SEND partnership in York has focused on strengthening system working, governance and collaboration across education, health, and care. This has included clearer partnership arrangements, more consistent oversight, and stronger alignment between SEND, health, and inclusion agendas.

A key area of development has been the shift towards earlier intervention and prevention. Partners have invested in and built on system assets such as SEND CENTRAL, Family Hubs, Early Talk for York, and the Learning Support Hub, improving access to advice, support and workforce development across schools and services.

The partnership has also progressed place-based and neighbourhood approaches, including Team Around the School models, supporting children and young people closer to home, and reducing reliance on specialist services where needs can be met earlier.

Partners recognise that delivery of this strategy is dependent on workforce capacity across therapies, mental health and specialist provision. Joint commissioning will include consideration of workforce modelling, training, recruitment and retention to ensure services are sustainable and able to meet demand.

This includes maintaining quality and consistency in Education Health Care Plan (EHCP)-mandated provision, addressing workforce pressures and supporting market sustainability across commissioned services.

Key successes in 2024/25: partnership and multi-agency working

York Health and Care Partnership (YHCP) has established an ambitious set of partnership priorities and a delivery workplan for 2025–2028, informed by engagement with children and young people living in York.



These priorities support children with SEND across the system and include:

- development of the Early Talk for York integrated Speech Language Communication Needs (SLCN) offer in York supporting service redesign from health partners including; request for helpline, impact led triage model and targeted, episodic group work.
- the development of a jointly commissioned sensory processing pathway, including the Let's Make Sense Together (LMST) universal offer and specialist provision, building on existing local assets and strengthening support available across education, health and care.
- the development of Neighbourhood Health models, building on strong local assets such as SEND CENTRAL and Family Hubs.
- Stronger joint working between education, health and schools has supported development of a more integrated school-based mental health offer, with a clearer pathway for early identification, advice, and support in education settings.
- Progress has been made in strengthening pathways between SEND and mental health services, helping children and young people move more smoothly between support offers where needs overlap, particularly for neurodivergent young people.
- Delivery has been strengthened through closer partnership working across education, health and VCSE partners, including support while waiting initiatives, family support offers, and shared approaches to reasonable adjustments.
- A key development is the planned expansion of Mental Health Support Teams, with rollout beginning from October. Current plans include 1 additional team in 2026/27, 1 further team in 2027/28, and 0.5 team in 2028/29, increasing school-based early intervention capacity over the next three years.

In addition, partners have begun the co-development of an integrated mental health support offer in schools, bringing together existing teams from health, social care, and education to improve value and outcomes through more joined-up delivery.

Learning from this period has shaped the approach set out in this commissioning strategy and provides the platform for the joint commissioning priorities described in Section 8.

Joint Commissioning values

Our values

- My experiences are central to planning and decision making.
- The SEND partnership is honest and realistic with me about what can be achieved.
- Language is clear, simple, and accessible.
- I can see and feel that changes are being made.

Why these values matter

- The culture around SEND care and support is open, honest, and transparent.
- Health and care outcomes are improving.
- Local services work well together.

What this means in practice

- Planning is grounded in robust evidence and good quality information.
- Families know about action plans and are involved in improvement.
- Good practice is built upon and expanded.
- Communication across the SEND system continues to improve.

These values are consistent with those set out in the YHCP Children and Young People's Priorities and Workplan 2025–2028, particularly the emphasis on prevention, reducing inequalities, and designing services around lived experience.

Governance, assurance and review

Joint commissioning for SEND in York operates within established partnership governance arrangements, including:

- Health and Wellbeing Board
- SEND and Alternative Provision Strategic Partnership Board
- Health Joint Commissioning Forum.

These arrangements provide oversight, assurance and accountability for joint commissioning decisions, delivery, and impact, with clear routes for escalation and challenge. The SEND and Alternative Provision Strategic Partnership Board provides overall system oversight and is responsible for strategic direction, performance and risk. The Health Joint Commissioning Forum oversees commissioning alignment, resource decisions and delivery against agreed priorities.

Budgetary responsibility remains with individual partners; however, joint commissioning decisions are made through agreed governance arrangements, including the use of aligned and pooled budgets, such as Section 75 agreements where appropriate.

Clear routes are in place for scrutiny, risk escalation and challenge, including where priorities across education, health and care diverge.

Progress and impact will be monitored through shared data, performance intelligence and lived experience feedback, with intelligence reviewed regularly through partnership governance. This includes insight gathered through co-production with parents, carers, children and young people, and ongoing engagement with VCSE partners such as York Inspirational Kids (YIKS), Shine 21 and York Mind, ensuring lived experience is embedded within governance, assurance and decision-making. This ensures the strategy remains a live document, responsive to emerging need and system learning.

Partners recognise the risk that financial pressures and rising demand can drive reactive, crisis-led commissioning. To mitigate this, joint commissioning will be underpinned by shared investment principles, including prioritising early intervention, protecting preventative approaches where possible, and aligning resources to support sustainable system change.

Decisions that impact on preventative services will be considered through partnership governance, with explicit consideration of long-term outcomes, demand reduction and value for money. This approach supports a shift towards prevention while maintaining statutory duties and ensuring services remain financially sustainable over the life of this strategy.

An annual progress summary will be presented through SEND Partnership governance and, where appropriate, through Health and Wellbeing Board oversight. Performance intelligence, including demand, waiting times, sufficiency and outcomes data, will be

reviewed at regular intervals to support scrutiny, continuous improvement, and shared accountability across partners.

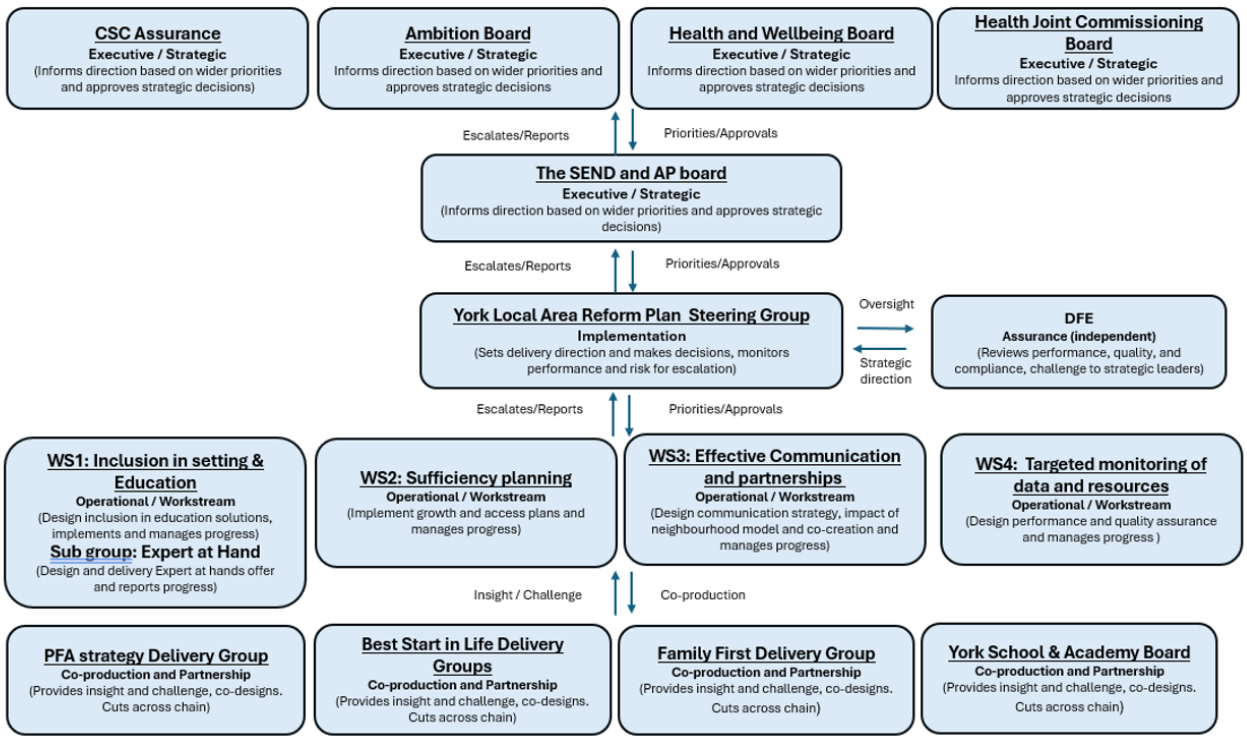
These arrangements reflect the different statutory responsibilities of partners, while providing a shared forum for oversight, alignment and constructive challenge.

Detailed delivery governance, named leads and reporting arrangements are set out in the YHCP Children and Young People's Priorities and Workplan 2025–2028. This Joint SEND Commissioning Strategy provides the overarching framework for commissioning decisions, while delivery plans provide operational detail and assurance.

Where performance falls below agreed trajectories, partners will implement recovery actions through SEND Partnership governance, with escalation where required. Risk registers will include all relevant ICB and SEND and AP Board risks and will be reviewed every six weeks.

Partners will use this governance framework to actively challenge variation in performance, address areas of risk and ensure that commissioning decisions are consistently aligned to agreed outcomes and priorities.

York SEND Reform Strategic Governance



Each partnership forum has clearly defined delegated responsibilities. These arrangements ensure that commissioning decisions are transparent, accountable and aligned to agreed system priorities.

Delivery of the Joint SEND Commissioning Strategy will be monitored through a Joint Commissioning Delivery Plan.

York Joint Commissioning outcomes and priorities

To ensure joint commissioning delivers meaningful and measurable change, partners have agreed a small number of system-wide outcomes that will be used to assess impact over time. These outcomes will be supported by baseline data, trajectories and regular reporting through partnership governance they align to our Local SEND reform plan.

The core outcomes, shaped by our children and families are:

- Children and young people with SEND receive support earlier, including improved access to advice, assessment and intervention, and a reduction in waiting times
- More children and young people with SEND have their needs met in mainstream settings, reducing reliance on specialist and out of area provision
- Children and young people with SEND experience improved emotional wellbeing, attendance and participation in education
- Families report improved experience of and confidence in navigating services, including clearer communication and more joined-up support
- Inequalities in access, experience and outcomes are reduced, particularly for those identified through Core20PLUS5

Progress against these outcomes will be monitored through a combination of quantitative and qualitative measures, including service data, performance reporting and lived experience feedback, with trajectories developed and refined over time. Outcomes progress will be reported regularly through SEND partnership governance and shared with partners and families, including through accessible 'You said, we did' updates."

This strategy is intended to deliver tangible improvements for children, young people and families. This includes earlier access to support, clearer and more consistent pathways, improved experience of services, and better outcomes in education, health and wellbeing. Progress will be evidenced through agreed outcome measures, performance data and feedback from children, young people and families.

This strategy sets out the framework for joint commissioning across education, health and care for children and young people with SEND in York. The priorities set out below reflect current partnership agreement and will be subject to formal endorsement through SEND Partnership governance.

Evidence from the JSNA, SEND Health Needs Assessments, insight from parents and carers via York Parent Carer Voice, the Inclusion and Belonging SEND, the Alternative Provision Strategy, and the YHCP Children and Young People's Priorities and Workplan indicates a small number of areas where joint commissioning is likely to have the greatest impact.

This Strategy will actively inform investment decisions, service redesign, and market development. Where appropriate, partners will use Section 75 agreements, aligned contracts and pooled or aligned budgets to reduce duplication and shift resource towards prevention and earlier intervention. Commissioning decisions will be informed by transparent analysis of spend, demand and outcomes.

Joint commissioning will include active market shaping to ensure sufficient, high-quality provision across education, health and care, including specialist therapy and community-based support. This includes working with providers to improve sustainability, workforce development, and consistency of delivery.

Partners recognise their shared responsibility to ensure sufficiency of provision across universal, targeted and specialist tiers, in line with statutory duties. Joint commissioning will include ongoing review of capacity, quality, demand, and value for money to ensure services remain responsive, equitable and financially sustainable.

Partners will use joint commissioning to ensure that available resources are deployed transparently and sustainably, including reviewing patterns of spend against outcomes. This will support a gradual shift towards prevention and earlier intervention, while maintaining statutory duties and ensuring sufficiency of specialist provision where required.



Across all priorities, partners commit to:

- Preparation for Adulthood (14–25) Partners commit to strengthening joint commissioning arrangements for young people aged 14–25, including transitions to adult health, social care, further education, employment and community participation. Joint commissioning will ensure greater continuity of provision, reduction in service gaps at 16–18, and improved outcomes in education, employment, independence and community inclusion.

This will be supported through:

- Development and implementation of a jointly commissioned 14–25 transitions pathway.
- Clearer commissioning arrangements across further education settings.
- Improved continuity of therapy and health support post-16.
- Alignment of pathways to support Preparation for Adulthood, including education, employment, independent living and community participation.
- Named leadership across partners to oversee delivery.
- Phased implementation with progress reviewed through partnership governance.
- Strengthening joint commissioning through transparent investment and alignment via Section 75 where appropriate.
- Ensuring support is available whilst children and young people are waiting for assessment or intervention.
- Embedding population health intelligence (Core20Plus5) to reduce inequalities. Commissioning decisions will explicitly target children and young people experiencing the greatest inequalities, including those living in deprivation, children in care, young carers, neurodivergent children, and those who are severely absent from education.
- Improving communication, clarity, and accessibility of information for families. Joint commissioning arrangements will be extended to further education settings to ensure consistency of support across the 16–25 age range. This includes improving access to therapies, specialist advice and multidisciplinary support within Further Education settings, and ensuring provision is aligned to identified need.

Partners will work together to ensure continuity of therapy provision beyond statutory school age, including Speech and Language Therapy, Occupational Therapy and mental health support where needs continue post-16. This will include clearer pathways, improved commissioning alignment and greater consistency of delivery across providers.

Joint commissioning will support the development of supported internships, employment pathways and preparation for adulthood programmes. This will include alignment between education providers, employers, health services and local authority partners to increase opportunities for young people with SEND to access meaningful education, training and employment.

Particular focus will be given to children and young people with complex needs transitioning into adulthood, ensuring that commissioning arrangements support continuity of provision, appropriate placement planning and access to specialist support across the 16–25 age range.

Partners will strengthen sufficiency planning across the 0–25 age range, including further education provision, specialist placements and supported employment pathways, to ensure that local provision is able to meet need and reduce reliance on out of area placements.

This approach aligns with national Preparation for Adulthood expectations, supporting improved outcomes in education, employment, independent living and community participation.

Strengthening mainstream capacity is a core strategic objective across all priorities, ensuring that more children and young people with SEND can have their needs met in inclusive, local settings.

Current patterns of spend are weighted towards specialist and reactive provision. Through joint commissioning, partners will work towards a gradual shift in investment towards earlier intervention and prevention, while maintaining statutory duties and ensuring sufficiency of specialist provision. Progress will be monitored through joint commissioning governance.



Priority area:
Speech, Language and Communication Needs (SLCN)

Why is this a joint commissioning priority?

- Increasing prevalence of SLCN and widening inequalities in early language development.
- Significant waiting time pressures in specialist Speech and Language Therapy.
- Strong evidence that early identification (0–5) reduces escalation and long-term reliance on EHCPs.
- Direct links to school readiness, attendance, attainment, and emotional wellbeing.
- Requires coordinated commissioning across early years, health, schools, and community settings building on the Early Talk for York integrated model of SLCN.

How will we know when this has been achieved?

- Embedded Experts at Hand (EaH) model through Local Area SEND reform plan.
- Reduction in average waiting time for specialist Speech and Language Therapy, with baseline established and an agreed trajectory monitored through partnership governance.
- Increase in the proportion of children identified and supported at universal and targeted levels prior to statutory assessment (baseline and trajectory to be developed).
- Improved parent and carer experience of accessing SLCN support, measured through co-production feedback and local survey data.
- Reduction in escalation to specialist and statutory services where needs can be met earlier.

What outcomes will this achieve?

- SLCN will support mainstream school delivery through an EaH model.
- Improved school readiness and communication outcomes.
- Reduced inequalities in early language development.
- More children and young people having needs met earlier without escalation.
- Improved experience for children, young people and families.

Priority area: Occupational Therapy (OT)

Why is this a joint commissioning priority?

- Increasing demand for OT support linked to neurodevelopmental and sensory needs.
- Fragmented commissioning across education and health.
- Opportunity to align universal, targeted and specialist OT provision.
- Variation in the consistency and delivery of therapy provision within EHCPs, impacting on experience and outcomes.

How will we know when this has been achieved?

- Embedded model of Experts at Hand (EaH) model through the Local Area SEND reform plan.
- Agreed and implemented jointly commissioned Occupational Therapy pathway across education and health.
- Reduction in duplication and variation across OT provision, measured through service mapping and pathway compliance.
- Improved consistency of OT advice and delivery within EHCP processes, evidenced through audit and feedback.
- Improved experience of therapy provision reported by families and schools.

What outcomes will this achieve?

- Increased CYP accessing mainstream school through EaH model.
- Reduced behavioural escalation linked to unmet need.
- More consistent therapy provision across services.
- Improved experience for children, young people and families.

Priority area: Neurodevelopmental needs (Autism and ADHD)

Why is this a joint commissioning priority?

- Significant growth in referral rates and diagnostic waiting times.
- High co-occurrence with mental health needs.
- Strong parental feedback around need for "support while waiting."
- Variation in experience and outcomes across settings.
- Requires coordinated commissioning across assessment, post-diagnostic support, and education.

How will we know when this has been achieved?

- Reduction in average waiting time for neurodevelopmental assessment, with transparent reporting of referral-to-diagnosis timelines and agreed trajectory.
- Increase in access to pre- and post-diagnostic support while waiting, measured through service activity data.
- Improved parent and carer experience of the pathway, measured through co-production feedback and local survey data.
- Reduction in crisis presentations and escalation linked to unmet neurodevelopmental need.

What outcomes will this achieve?

- Improved wellbeing and inclusion for neurodivergent children and young people.
- Reduced anxiety and behavioural escalation.
- More consistent support across education, health and care.
- Improved experience for families navigating the system.

Priority area:
Sensory processing differences

Why is this a joint commissioning priority?

- High prevalence of sensory processing difficulties among CYP with autism and learning needs.
- Inconsistent commissioning approaches regionally.
- Raised through local feedback.
- Opportunity to align commissioning across ICB and Local Authority.

How will we know when this has been achieved?

Agreed and implemented sensory processing pathway across education and health.

Reduction in duplication across commissioned services.

Increased access to early advice and guidance for families and schools.

Reduction in escalation to specialist assessment where needs can be met earlier.

What outcomes will this achieve?

- Improved participation and inclusion in education.
- Reduced behavioural and emotional distress linked to sensory needs.
- Stronger early intervention and prevention.
- Improved experience for children and families.

Priority area:
Mental health support for CYP with SEND

Why is this a joint commissioning priority?

- Rising prevalence of probable mental health conditions.
- High co-occurrence with neurodiversity.
- Increasing severely absent and education other than at school (EOTAS) cohorts.
- Fragmentation between school-based mental health and specialist services.
- Need for integrated community-based provision.

How will we know when this has been achieved?

- Implementation of an integrated mental health support model in schools across York.
- Increased access to mental health support for children and young people with SEND, including those awaiting assessment.
- Reduction in severe absence among children and young people with SEND.
- Reduction in avoidable crisis presentations and out-of-area placements.
- Improved experience of navigating mental health support.

What outcomes will this achieve?

- Improved emotional wellbeing.
- Improved attendance and participation in education.
- Reduced crisis and escalation.
- Improved experience for children, young people and families.
- Delivery includes the planned expansion of Mental Health Support Teams, with rollout beginning from October, including future growth into Further Education and college settings. The phased approach will see 1 team mobilised in 2026/27, a further 1 team in 2027/28, and 0.5 team in 2028/29, strengthening early intervention support across education pathways.

Priority area:
Development of an integrated sleep support pathway

Why is this a joint commissioning priority?

- Sleep difficulties significantly impact behaviour, concentration, and family resilience.
- Strong links between sleep, neurodevelopmental need, and mental health.
- Opportunity to deliver non-pharmaceutical, preventative models of support.
- Supports wider aims of early intervention and whole-family resilience.

How will we know when this has been achieved?

- Agreed and implemented integrated sleep support pathway across education and health.
- Increased access to non-pharmacological sleep interventions.
- Improved parent-reported sleep outcomes.
- Reduction in behavioural escalation linked to unmet sleep need.

What outcomes will this achieve?

- Improved concentration and educational engagement.
- Improved family wellbeing.
- Reduced reliance on medication.
- Improved daily functioning for children and young people.

Priority area:
Place-based and neighbourhood models

Why is this a joint commissioning priority?

- Growth in SEND demand requires more sustainable, localised models of support.
- Evidence supports co-location and integrated working across education, health and care.
- Opportunity to align school clusters, Family Hubs and community paediatrics to deliver earlier intervention.
- Implementation of place-based and neighbourhood SEND models aligned to national Neighbourhood Health policy and implemented through local delivery model.
- Integration of delivery across Family Hubs, school clusters and community services to support earlier intervention.
- Expansion of the Learning Support Hub and EaH offer to increase capacity within mainstream settings.
- Development of shared dashboards and metrics to support joint oversight and decision-making.

How will we know when this has been achieved?

- Implementation of integrated neighbourhood SEND models aligned to Family Hubs and school clusters by 2027.
- Increase in the proportion of support delivered in community and mainstream settings (baseline and trajectory to be established).
- Reduction in referrals to specialist services where needs can be met earlier.
- Reduction in duplication across services through integrated working.
- Improved family experience of coordination of care.

What outcomes will this achieve?

- More support delivered closer to home.
- Improved coordination of care.
- Reduced fragmentation across services.
- Improved experience for children, young people and families.

Priority area:
Creation of York's Experts at Hand model

Why is this a joint commissioning priority?

- Enable setting to have early specialist intervention to support CYP to be in mainstream school.
- Increased multi-agency commissioning to strengthen early intervention and inclusion.
- Upskill the setting workforce to improve family confidence in settings ability to meet need.
- Improved access to specialist expertise at an earlier stage to reduce escalation to specialist provision.

How will we know when this has been achieved?

- Increase in the proportion of children and young people with SEND supported successfully within mainstream settings.
- Reduction in escalation to specialist provision and statutory assessment where needs can be met earlier.
- Improved confidence of schools and families in mainstream provision, measured through feedback.

What outcomes will this achieve?

- More children and young people supported successfully within mainstream settings.
- Reduced reliance on specialist and out-of-area provision.
- Improved inclusion, attendance and educational outcomes.
- Increased confidence in mainstream provision among schools and families.

Priority area: Inclusion bases

Why is this a joint commissioning priority?

- Expansion of Specialist places within mainstream schools to increase local capacity and support inclusion.
- Alignment of capital investment and commissioning decisions to increase secondary specialist provision.
- Enabling more children and young people to have their needs met within their local community.

How will we know when this has been achieved?

- Increase in the number of Inclusion bases within mainstream schools.
- Increase in the proportion of children and young people with SEND supported within their local community.
- Reduction in reliance on out-of-area placements.
- Improved timeliness of access to appropriate provision.
- Settings will report increased confidence in meeting the needs of their CYP.

What outcomes will this achieve?

- More children and young people with SEND supported within mainstream settings.
- Improved inclusion and participation in education.
- Reduced reliance on specialist and out-of-area provision.
- Improved experience for children, young people and families.
- Reduction in SEND-related suspensions/exclusions.
- Increase in schools accessing outreach/training.
- More CYP in mainstream settings.

Priority area:
Jointly commission with health and social care an educational intervention for children and young people with the most complex need in KS3 and KS4

Why is this a joint commissioning priority?

- Increase local access to education, health and care provision.

How will we know when this has been achieved?

- Implementation of jointly commissioned integrated provision for children and young people with complex needs in Key Stages 3 and 4.
- Increase in the number of children supported within York through models such as Applefields Plus.
- Expansion of provision such as the Applefields Plus model to enable more children to remain in York with appropriate support.
- Reduction in out-of-area placements for this cohort.
- Improved engagement and attendance for children with complex needs.

What outcomes will this achieve?

- Children and young people with complex needs receive appropriate support within their local area.
- Improved engagement, attendance and outcomes.
- Reduced reliance on out-of-area placements.
- Improved experience for children, young people and families.

Priority area:
Through its Alternative Provision (AP) commissioning plan, the local authority will continue to work proactively to intelligently commission using the three-tier process

Why is this a joint commissioning priority?

- Reduce permanent exclusions, suspensions.
- Increase attendance in secondary schools.
- Strengthening of mainstream capacity and outreach support to reduce exclusions and improve inclusion.
- Improvement of pathways to ensure children and young people receive the right support in the right setting at the right time.

How will we know when this has been achieved?

- Delivery of the Alternative Provision commissioning plan through a structured three-tier model.
- Reduction in permanent exclusions and use of unregistered provision.
- Increase in the proportion of children supported within mainstream or local provision
- Increased access to specialist advice and outreach support for mainstream schools through the Learning Support Hub and Experts at Hand (EaH) offer including an Alternative Provision (AP) specialist taskforce.
- Improved timeliness and appropriateness of placements.

What outcomes will this achieve?

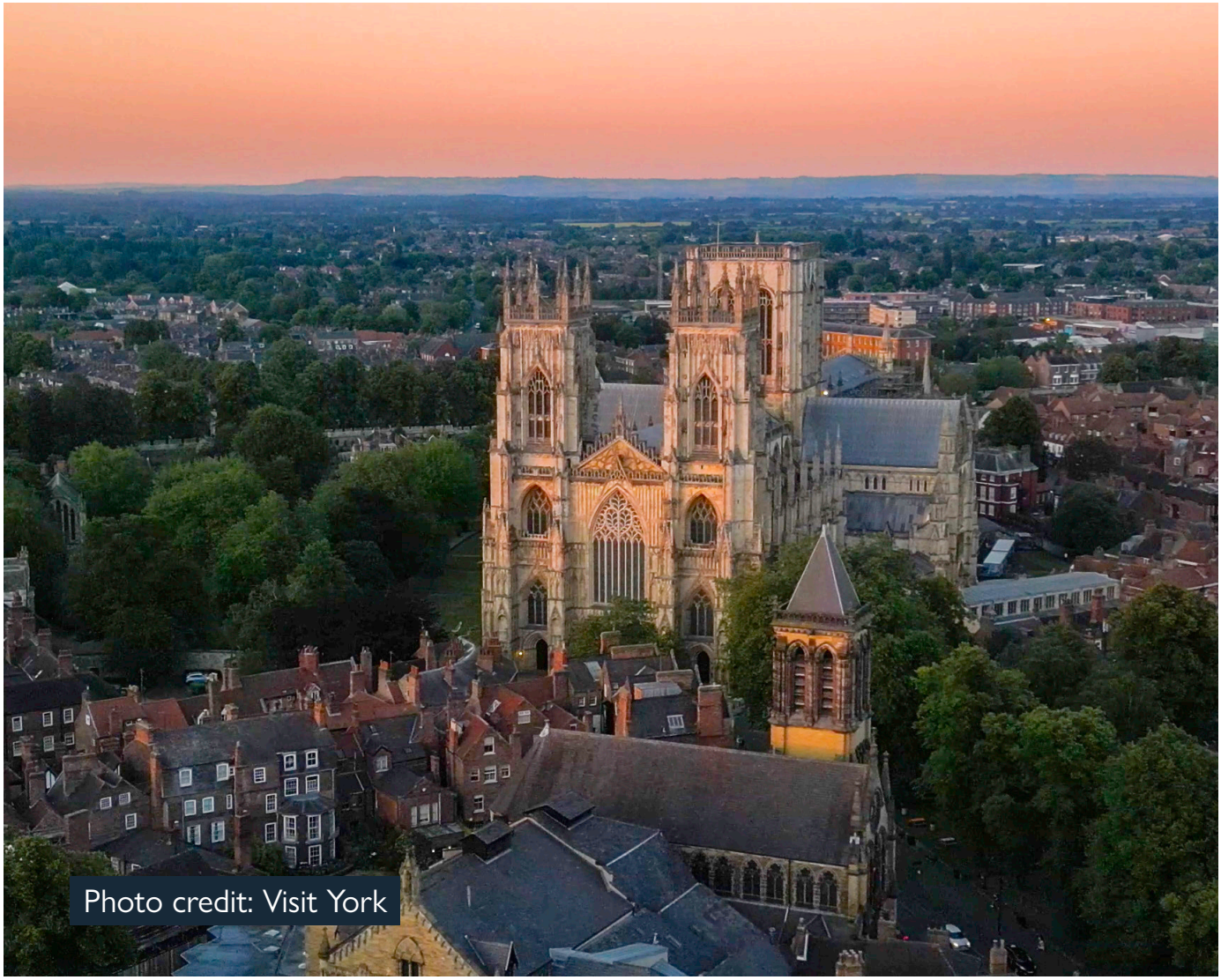
- Children and young people are supported in the right setting at the right time.
- Reduced exclusions and improved inclusion in mainstream education.
- Improved educational engagement and attendance.
- Improved experience for children, young people and families.

Baseline measures and improvement trajectories have been identified for key priority areas. For example, partners will aim to reduce average waiting times for Speech and Language Therapy, Occupational Therapy and neurodevelopmental assessment by 2027, with further improvement by 2029. These trajectories will be reviewed and refined through partnership governance.

Progress against outcomes will be communicated to children, young people and families through regular "You said, we did" updates, published via SEND CENTRAL, the Local Offer and Parent Carer Voice, ensuring transparency and strengthening trust in the system.

Acknowledgements

The partnership would like to thank parents and carers, and in particular York Parent Carer Voice, for their time, insight, and constructive challenge in helping to inform this Joint SEND Commissioning Strategy.


Photo credit: Visit York

Glossary

SEND Glossary

Alternative Provision Specialist Taskforce

A multidisciplinary team of professionals that provides targeted support, advice, and intervention for children and young people who are unable to access, or are at risk of disengaging from, mainstream education. The taskforce typically works with schools, families, local authorities, and specialist services to identify needs, coordinate support, improve attendance and engagement, and help secure appropriate alternative provision placements or pathways.

Core20PLUS5

NHS England framework designed to reduce healthcare inequalities and improve health outcomes for the most disadvantaged communities.

EHCP (Education, Health and Care Plan)

Legally binding UK document for children and young people aged 0 to 25 who have special educational needs or disabilities. It outlines an individual's specific needs and details the extra educational, health, and social support they require.

Experts at Hand

£1.8 billion government initiative that places specialists—such as speech and language therapists, occupational therapists, and educational psychologists—directly into mainstream schools, early years settings, and colleges.

Education other than at school (EOTAS)

A form of education funded by the local authority for those children or young people for whom school or college is not appropriate.

Family Hubs

Local support centres where families with children and young people aged 0-19 can access a broad and integrated range of early help.

Joint Strategic Needs Assessment (JSNA)

Localised, continuous process used by UK local authorities and NHS bodies to analyse the current and future health, care, and wellbeing needs of their population.

Neighbourhood health

UK government's flagship policy to shift health and care services out of hospitals and directly into local communities.

Parent Carer Forum York

An independent charity made up of parents and carers of children or young people with additional needs or disabilities (0-25) who live in York.

Preparation for adulthood

Involves building the independence, skills, and confidence needed to successfully navigate life after full-time education.

Section 75

Of the NHS Act 2006 enables NHS bodies and local authorities to pool budgets, integrate staff, and delegate statutory functions to one another.

Speech, Language, and Communication Needs (SLCN)

An umbrella term used to describe difficulties across one or more aspects of communication, including producing sounds, understanding what others say, expressing ideas, and interacting socially.

Voluntary, Community and Social Enterprise (VCSE)

The VCSE sector includes charities, social enterprises, community groups, and cooperatives that deliver vital public and social services.

York Health and Care Partnership (YHCP)

Includes health and care organisations from across York who are working together to improve the health of our population.

Alternative formats

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Call us: **01904 551550** and customer services will pass your request onto the Access Team.

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www.york.gov.uk/BSLInterpretingService
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我們也用您們的語言提供這個信息 **(Cantonese)**

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। **(Bengali)**

Ta informacja może być dostarczona w twoim własnym języku. **(Polish)**

Bu bilgiyi kendi dilinizde almaniz mümkündür. **(Turkish)**

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ **(Urdu)**



Parent Carer Forum York

We Care
We Connect
We Innovate

NHS
Humber and North Yorkshire
Integrated Care Board (ICB)

CITY OF YORK COUNCIL