



Lancashire SEND Partnership Improvement Board

18 September 2026 – 14.00-16.00

Hybrid Meeting

Meeting Minutes

Board Members Present
Kathryn Boulton, Independent Chair. Cllr. Matthew Salter, Cabinet Member for Education and Skills, Lancashire County Council. Jacqui Old, Executive Director of Education and Children's Services, Lancashire County Council. Peter Chapman, Interim Associate Director for SEND & Complexities, NHS Lancashire and South Cumbria Integrated Care Board. Paul Turner, Director of Education and Inclusion, Lancashire County Council. Louise Anderson, Director of Children's Services, Lancashire County Council. Paula Green, Head of SEND, Lancashire County Council. Sapphire Murray, Head of Inclusion, Lancashire County Council. Miranda Hyman, Co-Chair, Lancashire Parent Carer Forum. Clare Smith, Strategic Lead for Participation and Co-production, Lancashire County Council. Oliver Moores, SEND Young Advisor. Diane Booth, Blackpool Teaching Hospitals Trust representative. Philippa Perks, Early Years Private, Voluntary and Independent Sector representative. Tara Entwistle, Early Years Federation group representative. Jenny Birkin, Primary Heads in Lancashire representative. Claire Thompson, Lancashire Special Schools Headteacher Representative. Marie Haworth, Further Education representative.
External Attendees
Deanne Brownley, Department for Education (DfE) SEND Case Lead. Cath Hitchen, Department for Education (DfE) Appointed SEND Advisor.
In attendance
Jennifer Ashton, Manager of the SEND Partnership, Lancashire County Council. Stephen Morton, Consultant in Public Health, Lancashire County Council. Hayley Smith, Senior SEND Auditor, Lancashire County Council. Helen Keaveny, Lancashire and South Cumbria NHS Foundation Trust representative. Laura Gibney, DCO, NHS Lancashire and South Cumbria Integrated Care Board. Helen Campbell, East Lancashire Hospitals NHS Trust representative.
Apologies
Lindsey Marlton, National Health Service England (NHSE) Advisor. Jane Scattergood, Interim Chief Nursing Officer, NHS Lancashire and South Cumbria Integrated Care Board. Dave Carr, Director of Policy, Commissioning and Children's Health, Lancashire County Council. Sakthi Karunanithi, Director of Public Health and Wellbeing, Lancashire County Council.

Mairead Gill-Mullarkey, Director of Adults Community Social Care, Lancashire County Council.

Michelle Pye, Co-Chair, Lancashire Parent Carer Forum.

Rachel Lomax, University Hospitals of Morecambe Bay Trust representative.

Paul Jebb, Lancashire and South Cumbria NHS Foundation Trust representative.

Victoria Hampson, East Lancashire Hospitals NHS Trust representative.

Louise Swarbrick, Lancashire Teaching Hospitals Trust representative.

Christopher Beard, Lancashire Secondary Schools Headteacher Representative.

Agenda Item	Minutes:
1. Welcome, Introductions and Apologies	Kathryn Boulton, Independent Chair welcomed members and reiterated that the Board's purpose was to provide scrutiny, challenge and assurance. Introductions were completed and apologies were noted. Jennifer Ashton requested that the Board's Terms of Reference and membership be reviewed in AOB. Cath Hitchin referred to attendance from the Department for Education and NHS England.
2. Minutes from the previous meeting	The previous minutes were reviewed and agreed as an accurate record. No additional matters arising were identified outside the agenda and action log.
3. Action Log	The action log was reviewed. Particular attention was given to the outstanding action concerning the specification for the neurodevelopmental pathway. Peter Chapman advised that the matter was due to be finalised by the ND Board. The Board agreed that actions should continue to show the route from Board challenge through the operational governance arrangements to completed action and demonstrable impact.
4. SEND Reform Plan and Experts at Hand.	Paula Green provided an update on the SEND Reform Plan and Experts at Hand. The programme had moved into implementation and was being developed through programme workstreams and ICB arrangements. The education model had been agreed and was structured around universal, targeted and specialist levels of support. Expressions of interest had been invited for inclusion bases, with submissions requested from schools and settings by October half-term. Further consultation was planned with colleges and education partners, organised around district footprints. The Parent Carer Forum and SENDIAS had also been involved in discussions. Health partners have arranged a workshop for 1 October to examine the workforce required in different areas and the management arrangements needed to support delivery. The Advanced Practitioner speech and language therapy post had been advertised, interviews completed and an appointment had been made. Members discussed the scale of change for schools, highlighting a risk of fragmented activity if new arrangements were not aligned with existing work. Concerns were also raised about funding pressures experienced by private, voluntary and independent nurseries, although it was reported that a new consultation process was underway.

	Members noted that the programme would increase access to support and opportunities but would also introduce a different way of working. Members discussed how Experts at Hand would operate across local authority and health boundaries. District-based delivery models would continue, while commissioning arrangements would need to recognise providers operating across Lancashire. Risks noted include recruitment and retention of staff, particularly speech and language therapists and educational psychologists.
5. Priority 1 – Leadership, Performance, Governance and Joint Commissioning.	Paul Turner provided an update on Priority 1. It was noted that all milestones were completed. The discussion focused on how the partnership would maintain delivery grip and move forward actions that remained. Paul Turner proposed the use of focused task and finish groups to address specific actions. These groups would be time-limited, provide clear recommendations or decisions and stand down once their purpose had been achieved. Partnership development days were considered helpful in resolving barriers where an issue required collective discussion and timely decision-making. The sharper focus on action and impact was recognised and the visible improvement in partnership working noted. However, members emphasised that completed milestones must translate into improved delivery and outcomes. Action 1: Jennifer Ashton to establish time-limited task and finish arrangements for priority actions that remain, with partnership development sessions to be arranged where a focused multi-agency decision is required. Members also discussed local government reorganisation (LGR). The pause in LGR activity was considered to have created some additional space to develop joint commissioning and Experts at Hand, although the partnership would still need to consider future implications in more detail. Action 2: The partnership to consider the implications of local government reorganisation for governance, commissioning and pan-Lancashire delivery and add updates to the risk register.
6. Priority 2 – EHCP Improvement	Paula Green provided an update on the off track milestones in Priority 2. Work on the implementation of the annual review portal was considering user feedback, training requirements and the System C review. Paula Green advised that the new-assessment process needed to be working effectively before the partnership moved fully into changes to the annual review process. Current annual review data was not considered sufficiently reliable or easily understood. A recovery plan covering 1,500 education, health and plans (EHCP) was in place. Plans were being RAG-rated and triaged to support progress. The Board welcomed the recovery activity but could not yet take full assurance from the annual review data. Members requested a clear and credible recovery trajectory, including the relationship between the previous and revised recovery arrangements.

Action 3: Paula Green and Samuel Stocker to complete the detailed analysis of EHCP recovery process and report to the October Board.

The sharing of EHCPs across the system had progressed with Helen Keaveny reporting that health access to EHCPs through EHM was being tested. Feedback would be provided to the EHCP group and at health meetings before any wider expansion was considered. The Board welcomed the testing but noted the technical, performance and equity risks. Further expansion would need to be based on evidence from the test and clarity about access across different providers.

The Board discussed a reduction in EHC needs assessment timeliness, attributed in part to holidays and other operational issues. Health advice performance had improved following interim arrangements. Digital solutions were supporting health advice to be uploaded as it arrived, rather than being collated only in batches. New and additional staff were being trained to help clear the delayed advice. District-level performance information was now available through the dashboard. It was noted all reasonable mitigating action was being taken and the Board needed to consider that monthly performance might fluctuate. Additional mitigations were expected to produce further improvement in EHCP timeliness by October.

The Board acknowledged improvements in the recruitment of permanent staff but considered workforce instability to be a partnership risk. Assurance would require evidence about turnover, recruitment sources, retention, training continuity and the effect on schools and other services.

Action 4: Paula Green to ensure the workforce plan analyses vacancies, turnover, recruitment sources, retention and the effect of recruitment on schools and partner services through the SEND Operations Board.

Hayley Smith presented the EHCP audit report. The partnership had met its audit coverage target, of 5.08% of EHCPs. However, the number of audited plans in Quarter 1 graded Silver or Gold against the local target of 40% had declined. Health and social care compliance was a significant factor in lower outcomes. In some cases, standard wording had been used without the evidence needed to support a “not applicable” judgement. Core Sections A, B, E and F were also frequently graded Bronze. The June Quality Assurance Forum had examined Sections E and F and considered possible improvements and Paula Green advised that a task and finish group was being established to address compliance issues, reporting accuracy and updates. Four Invision 360 workshops were examining consistency in auditing, and the EHCP Improvement Plan was being used to monitor progress, including lived-experience evidence. A quality assurance session on the one-page profile had been undertaken with young people. Olly Moores reported that the young people valued and enjoyed the process and wanted to continue working

	with the partnership. The possibility of young people attending a future Board meeting was also raised. Members questioned whether there could be a difference between a plan making sense to the child and family and the audit tool identifying a compliance failure. The response was that compliance checks could assist plan writers to address statutory requirements, but the Board agreed that quality and accessibility for families must remain central. Action 5: Paula Green and Hayley Smith to establish the compliance task and finish group. Clear communication and guidance to be issued to auditors and plan writers on recurring compliance issues and how they can be addressed. Learning from the Invision 360 workshops to be incorporated into moderation, auditor development and the EHCP Improvement Plan. The partnership to explore opportunities for young people involved in quality assurance to contribute to a future Board session. Sapphire Murray presented an update about children not in school, specifically those Electively Home Educated (EHE) and Missing Education (CME). All families had been contacted, with a response rate of approximately 25%. Work was underway to confirm children's welfare and access to suitable education. Members discussed the movement of children from school into elective home education, from EHE into children missing education processes and, where appropriate, back into school. The need to understand why children were coming off school rolls and to raise awareness of the wider impact was emphasised. It was confirmed that the issue was already being tracked through the Education Board. Members also discussed the reliability of available information where registration was voluntary and the anticipated effect of new legislation. It was suggested that links with health visitors and other services could be strengthened where this can support identification, contact and assessment.
7. Priority 3 – ND Pathway update	Peter Chapman reported that Blackpool Teaching Hospitals NHS Foundation Trust was testing the ND profiling tool through to March and children previously within Lancashire and South Cumbria NHS Foundation Trust pathways were being triaged by Blackpool Teaching Hospitals. Neu Way Support had received positive feedback through Spring North, and work was underway to consider progression to a second stage of support. Right to Choose guidance had been published. Members asked whether children and families were still waiting for assessment only to find that the assessment did not result in a diagnosis. Peter Chapman explained that enhanced triage was now in place. Where children did not progress to diagnosis, they were signposted to support, and the profiling tool used information from home and school. Members asked how support offered following

	decisions at panel could be modelled and communicated more clearly. Members emphasised how Experts at Hand training and Mental Health Support Teams in schools should align with the ND pathway. Libraries, Family Hubs and other partners were identified as potential sources of practical digital support for those experiencing digital poverty. Action 6: Stephen Morton and Peter Chapman to explore support through libraries, Family Hubs and public-health arrangements for families experiencing digital exclusion. The Board heard that ND waiting times had reduced and health checks for people with learning disabilities and autism had increased. Wheelchair waiting figures were also considered. Board noted that the data position had improved but that challenges in sharing the necessary data with the Board remained. Commissioners were asked to update the SEND Operations Board. The Board welcomed progress with enhanced triage, the profiling tool and needs-led support, but continued to identify risks relating to waiting times, digital exclusion, pathway capacity, data sharing and the consistency of support for families who did not receive a diagnosis.
8. Area for Improvement 1 – Communication (including LPCF / POWAR)	Jennifer Ashton provided an update on the off track milestone improving accessibility of the Local Offer and shared a full audit of the Local Offer had been completed and an action plan developed. Clare Smith and Olly Moores presented the themes and questions arising from the Young People’s Takeover Day. The report identified recurring messages about belonging, reasonable adjustments, relationships, inclusive communities, accessible communication and sensory-friendly environments. Board members were asked to respond to the questions in plain English and complete the response form, using the QR code, specifically what members or their organisations would do differently and how children and young people would notice a difference. Action 7: Clare Smith and Olly Moores agreed to circulate the QR code separately for members to complete. Board members were asked to share the report within their organisations and encourage relevant colleagues to respond by 23 October 2026. The Board welcomed the presentation and accepted the challenge to demonstrate clearly how children and young people’s feedback would influence decisions and practice. The Lancashire Parent Carer Forum provided an update on its engagement activity. The Forum had participated in testing Neu Way Support and had met with relevant leads to share family feedback. Regular Family Hub drop-ins, online activity and

	Let's Talk sessions were continuing. Additional funding had been provided to support recruitment and increase Forum membership. Positive feedback was reported from the July conference. Members discussed family experience of social care thresholds, Break Time Plus, Children with Disabilities services, direct payments and assessment processes. The need for clearer and more accessible information for families was emphasised. Action 8: Cath Hitchen referred to information sheets and frequently asked questions used by another local authority and agreed that these resources would be shared with the Parent Carer Forum. The Board welcomed the Forum's continuing engagement and the additional investment in its capacity. Members recognised the importance of closing the feedback loop and producing clearer information about assessment, thresholds and access to support.
9. Area for Improvement 2 – Preparation for Adulthood (PfA)	Paula Green provided an update on PfA. Preparation for Adulthood (PfA) had 73% of milestones completed or on track. The Young Adults Team Pathway had been drafted, and consultation meetings were in progress before it was finalised and shared. A PfA roadshow for schools and settings was planned regarding the completion of Annual Reviews and advice completion. POWAR were invited to complete some PfA auditing to help improve the quality of plans. The outstanding PfA and transition milestones, including guidance, training and the health transition framework would be progressed through a Task and Finish Group.
11. Risk register	The risk register had been received by board members prior to the board meeting. Members agreed that risks should continue to be monitored through the relevant operational and partnership governance arrangements, with clear assumptions, mitigations, owners and evidence of impact.
12. Forward Plan	The forward plan was reviewed and agreed. Timings of future meetings to be confirmed.
13. AOB	Jennifer Ashton to add HCRG to the membership and invite a representative to the Improvement Board.
16. Close	The Chair thanked members for their contributions and confirmed the next meeting date for 14 October 2026, 13:00–16:00 TBC, preceded by the Deep Dive Stocktake Meeting.