



Lancashire SEND Partnership Improvement Board

9 February 2026 – 13.00-16.00

In person Meeting

Meeting Minutes

Board Members Present
<p>Kathryn Boulton, Independent Chair.</p> <p>Cllr. Matthew Salter, Cabinet Member for Education and Skills, Lancashire County Council.</p> <p>Paul Turner, Director of Education and Inclusion, Lancashire County Council.</p> <p>Dave Carr, Director of Policy, Commissioning and Children's Health, Lancashire County Council.</p> <p>Peter Chapman, Interim Associate Director for SEND & Complexities, NHS Lancashire and South Cumbria Integrated Care Board.</p> <p>Laura Evans, Parent Participation Lead, Lancashire Parent Carer Forum.</p> <p>Miranda Hyman, Co-Chair, Lancashire Parent Carer Forum.</p> <p>Clare Smith, Strategic Lead for Participation and Co-production, Lancashire County Council.</p> <p>Oliver Moores, SEND Young Advisor.</p> <p>Philippa Perks, Early Years Private, Voluntary and Independent Sector representative.</p> <p>Christopher Beard, Lancashire Secondary Schools Headteacher Representative.</p> <p>Fran Clayton, Lancashire Special Schools Headteacher Representative.</p> <p>Marie Haworth, Further Education representative.</p> <p>Diane Booth, Blackpool Teaching Hospitals Trust representative.</p>
External Attendees
<p>Deanne Brownley, Department for Education (DfE) SEND Case Lead.</p> <p>Lindsey Marlton, National Health Service England (NHSE) Advisor.</p>
In attendance
<p>Jennifer Ashton, Manager of the SEND Partnership, Lancashire County Council.</p> <p>Andrea Riley, Interim Head of SEND, Lancashire County Council.</p> <p>Sapphire Murray, Interim Head of Inclusion, Lancashire County Council.</p> <p>Amber Burton, SEND Consultant, Lancashire County Council.</p> <p>Grace Westwood, SEND Senior Manager, Lancashire County Council.</p> <p>Fiona Harris-Hilton, Senior Manager, Children with Disabilities Team, Lancashire County Council.</p>
Apologies
<p>Cllr. Simon Evans, Deputy Leader & Cabinet Member for Children and Families, Lancashire County Council.</p> <p>Cllr. Samara Barnes, Shadow Cabinet Lead for Education & Skills, Lancashire County Council.</p> <p>Jacqui Old, Executive Director of Education and Children's Services, Lancashire County Council.</p> <p>Vanessa Wilson, Director of Children, Young People and Maternity, NHS Lancashire and South Cumbria Integrated Care Board.</p> <p>Sakthi Karunanithi, Director of Public Health and Wellbeing, Lancashire County Council.</p> <p>Louise Anderson, Director of Children's Services, Lancashire County Council.</p>

Mairead Gill-Mullarkey, Director of Adults Community Social Care, Lancashire County Council.
Rachel Lomax, University Hospitals of Morecambe Bay Trust representative.
Paul Jebb, Lancashire and South Cumbria NHS Foundation Trust representative.
Louise Swarbrick, Lancashire Teaching Hospitals Trust representative.
Victoria Hampson, East Lancashire Hospitals NHS Trust representative.
Natalie Sinclair, Early Years Federation group representative.
Jenny Birkin, Primary Heads in Lancashire representative.
Helen Dunbavin, Special School Headteacher Representative.
Cath Hitchen, Department for Education (DfE) Appointed SEND Advisor.
Stephen Morton, Consultant in Public Health, Lancashire County Council.

Agenda Item	Minutes:
<p>1. Welcome, Introductions and Apologies</p>	<p>Kathryn Boulton, Independent Chair welcomed attendees, highlighted the hybrid format, and reiterated the Board’s purpose of joint accountability and driving pace in the SEND improvement journey. Kathryn emphasised the expectation that board members read papers before the meeting.</p> <p>Formal apologies were noted as listed on the agenda.</p>
<p>2. Minutes from the previous meeting</p>	<p>Board members reviewed the previous minutes for accuracy. One attendee noted their name had been omitted. Corrections to be made before the approved minutes are published on the SEND Improvement Board webpage.</p> <p>Members were asked if there were any matters arising or AOB to discuss at the end of the meeting. None were raised.</p>
<p>3. Action Log</p>	<p>The action log was reviewed and actions confirmed as progressing in line with expected timescales. No concerns were raised about any specific action.</p>
<p>4. Children and Young People's input and update</p>	<p>Clare Smith and Olly Moores shared an update regarding POWAR SEND youth forum achievements since the last board meeting. Clare introduced a young person, who was working with the team on a work experience placement.</p> <p>The Children and Young People’s SEND Survey review is nearing completion by POWAR members, with a proposed version due to be presented to the Communication and Engagement sub-group later this week, including both an online QR-code option and a visual, symbol-supported format. Leon from POWAR will represent the group at the SEND Youth Voice Conference for Lancashire on 17 February, while POWAR members and the Participation and Co-production Team continue to develop plans for a Takeover Event, with a proposal scheduled for the Operations and Improvement Board in March ahead of an event in July. Schools engagement work is progressing at Morecambe Bay Academy, with further schools expressing interest as the purpose and structure of the work are refined. In addition, an overview of Children and Young People’s Participation across the Partnership has been drafted and shared with members of the board for comments.</p>

	<p>Challenge: Board members welcomed the symbol-supported survey, and the chair emphasised it was good to see the progress that is being made. Chair asked what the plan was regarding the analysis of the survey and emphasised participation is a system requirement, not a series of projects, urging leaders to evidence co-production at the outset of programmes, and to judge partnership maturity in the self-evaluation (SEF) and the new maturity assessment.</p> <p>Response: There is rolling availability of the SEND Survey with termly promotion and analysis. The SEND survey will be finalised and brought to the Communication and Engagement Group for approval before it is reported via March board update. Maturity of co-production remains variable across services, with success depending on early involvement and feedback loops back to young people. The participation team can realistically support one to two in-depth projects per term, so services must themselves embed participation or draw on existing local groups (e.g., school councils, youth groups) to scale activity without overloading the central team. Members explored how school-to-school sharing of inclusive practice will route via the Education Improvement Board and sector groups, aligning capital/inclusion bids with young people’s priorities to ensure on-the-ground changes reflect lived experience rather than adult assumptions.</p> <p>Action 1: Clare and Olly to bring an update to March board including the new SEND Survey, proposal for Board Takeover, and case study example for Morecambe Bay Academy project work for other partners to evidence co-production with children and young people.</p>
<p>5. Lancashire Parent Carer Forum (LPCF) update</p>	<p>Miranda Hyman and Laura Evans provided a verbal update to the board.</p> <p>LPCF reported strong growth in engagement, with eight drop-ins a month now running, and increasing recognition of the sessions among families and practitioners. The Forum shared insights from a recent national conference, including engagement by a minister, and described a development day to sense check the graffiti wall themes into priority strands, aligning to their values and grants, with a stronger impact measurement approach. The LPCF plan to create a bus journey to take families and partners on a journey together.</p> <p>Challenge: The Chair noted that some positive evidence was emerging, but the challenge was to understand whether these cultural foundations are strong enough to create sustained system-wide change, not just pockets of improvement.</p> <p>Response: Families who eventually secure the right support report marked improvements in wellbeing, though most who engage with LPCF do so because their needs remain unmet, often across multiple children in the</p>

	<p>same household. Positive trends from the recent SEND survey termly analysis include increased awareness of services (attributed to drop-ins, Family Hubs, and Let's Talk sessions), and a 12% improvement in preparation for next steps in life, together with district-level what's working well feedback which will be shared more widely.</p> <p>Challenge: The Chair highlighted that LPCF's feedback that things feel better 'once you get through' is important, but it signals that the system is still not working early enough. The Chair linked this directly to the SEND Strategy and asked LPCF to help the partnership focus on what's working and isn't working to identify needs early and meet these needs sooner. Thematic reviews of early identification and inclusion at future board meetings will help with this.</p> <p>Response: Families' experiences of early identification and support vary. Best Start Family Hubs and early-years provision are shaping inclusive practice and Education settings are doing things differently which the partnership needs to build on. Case studies brought to future board meetings could evidence improvement in inclusive practice and if parents feel confident that needs will be identified and met early, then fewer families will reach crisis or require statutory support through EHCP processes.</p> <p>Action 2: Paul Turner / Dave Carr to bring a themed review into how Best Start & Family Hubs are essential preventative components of the SEND improvement system and contribute to SEND outcomes.</p>
<p>6. ICB Update</p>	<p>Peter Chapman explained how the ICB is undergoing significant restructuring with voluntary redundancy, resulting in material impacts on capacity, particularly 50% of CYP commissioning function leaving, changes across CYP/maternity and DCO administrator losses. Prioritisation work is underway to decide what must continue, pause, or reshape. Mitigations are in progress to streamline processes for health advice including internal redeployment and admin upskilling, but some negative impact is likely.</p> <p>Challenge: The Board voiced urgency to reduce the risk of the system grinding to a halt and if short-term funds or rapid mitigations are needed, they should be identified quickly. Risks to the partnership must be escalated and routinely reviewed. Where mitigations are proving ineffective and no further local action is possible due to national constraints the Board must explicitly articulate the remaining risk, its implications, and any potential solutions or escalations required.</p> <p>Response: Partners proposed a partnership task & finish group to review multi-agency panels and seek digital/process solutions to protect EHCP timeliness, such as shared mapping, and digitalisation. Lyndsey Marlton offered to share learning from other areas, such as joint-funded clinical</p>

	<p>coordinators for consideration. Provider solutions were also discussed, with service specifications being reviewed.</p> <p>Action 3: Peter Chapman to bring back a clear plan outlining mitigations and capacity solutions to the board next month, following the partnership task and finish group to redesign panel and meeting with Lyndsey.</p>
<p>7. Highlight Report and Priority Action Plan Tracker</p>	<p>The highlight report, summary presentation, Priority Action and Impact Plan tracker and action log were shared with members prior to the meeting for their review.</p> <p>Paul Turner shared an update of progress against the priority action plan. Overall there is an improving picture on digital development, increased capacity linked to upcoming budget decisions, and structural realignment within SEND services. However, continuing risks include the growing number of children not in education, rising elective home education and Section 19 cases, and continuing strain on the neurodevelopmental (ND) pathway. Paul emphasised that although many longstanding problems had moved forward since he first joined the system, the Board needed to shift from repeatedly describing issues to demonstrating tangible impact, using case studies and data to evidence how changes were improving children’s experiences. Overall, although progress is real, the fragility of the system means risks must be actively managed, escalated when necessary, and matched with measurable improvements in outcomes.</p> <p>Challenge: Concerns were raised regarding the reprofiling of PAP milestones and the need for a further review of PAP timelines to ensure any reprofiling is justified and visible, specifically with the data dashboard, staffing and ND Pathway. Members also highlighted the fragility of EHCP timeliness, with risks that health-related delays could worsen due to ICB workforce changes and stressed that the recovery trajectory needed to be strengthened with clearer mitigation planning.</p> <p>Response: Grace Westwood provided an explanation for the re-profiling of the data dashboard PAP milestone. Phase 1 encountered significant data-ingestion issues, particularly where information from EHM was not pulling through correctly into the live dashboard environment. She confirmed that these ingestion problems have now been resolved and that only phase-transfer data remains outstanding, with Digital Services currently addressing it. Grace reported that Phases 2 and 3 of the dashboard are complete and ready for sign-off, with most indicators already visible to the Board, except for a small number awaiting a delayed DPIA and some national mental-health datasets that are not yet available. She emphasised that, despite these gaps, Phase 3 is fully usable and will be released. It was noted</p>

	<p>that a new Performance Analysis Group is being established to support ongoing interpretation and reporting of the dashboard outputs.</p> <p>Peter Chapman informed the Board that LSCFT had paused accepting new referrals for ADHD across the footprint and for Autism in the Lancaster footprint from 2 February 2026, citing demand exceeding capacity. An executive round-table of providers is due Wednesday to agree interim arrangements and comms. Families on existing waiting lists and legality/equalities implications were discussed.</p> <p>Challenge: Concerns were raised regarding the consequences and inequity of closing the pathway to the families left without a pathway. Some children also face GP barriers to Right to Choose. ND identification affects education, health, and social care, with the pause may leading to compounded harm.</p> <p>Response: Peter explained that the ICB is working to create a formal, accredited list of neurodevelopmental assessment providers so that families can use 'Right to Choose' with confidence. He highlighted that at present GPs are often unsure which providers are clinically appropriate, therefore having an accredited list would remove this barrier, by giving GPs clarity about which providers meet quality standards. The ICB wants to avoid unfairness for families who have already waited years and made clear that long-waiting patients should not be pushed to the bottom of a new list if alternative providers are commissioned.</p> <p>Action 4: Peter Chapman / ICB to share outcomes from Wednesday's meeting with the Board as soon as possible and issue comms with the request for holding referrals for two weeks where appropriate.</p> <p>Action 5: Board to formally request provider Risk and Quality Impact Assessment for the pathway pause and share with all three SEND partnerships in the footprint. Jenny Ashton will draft this request with the chair for Lancashire.</p>
<p>8. Governance Review</p>	<p>The governance review paper had been shared with members before the meeting for review.</p> <p>Dave Carr shared an overview of the governance review that had been held and recommendations from this.</p> <p>The paper set out the current governance structure (monthly Improvement Board; monthly Ops Board; task & finish groups; ICB networks) and improvements achieved (strategy, participation plan, Lundy model). Areas to strengthen include attendance consistency, role clarity, performance monitoring and impact, stakeholder engagement, and conflict management.</p>

Recommendations included: considering half-termly Board meetings, clearer accountability, improved reporting with slides from all partners on impact, monthly Partnership Performance Analysis Group, local Joint Commissioning Group, EHCP Improvement Group, rationalising meeting cycles and updating TORs, a “one-year-on” report, and a targeted workshop where needed.

Challenge: Board discussed the risks associated with individuals owning milestones as it was more complex than this and so the groups should own and deliver them, with the Senior Reporting Officer reporting up to SEND Operations Board. Membership across groups was noted that the same individuals attend everything, which needs reviewing to ensure the right people are in the right forums, and tighten the reporting line from groups to SEND Operations and up to Improvement Board. The same concerns were highlighted with Annex A ownership. Evidencing the difference that has been made was highlighted and the actions taken to address concerns.

Response: Key leads should co-ordinate responses and delegate across the workforce, linking to the maturity matrix to evaluate partnership effectiveness.

Action 6: Dave Carr and Amber Burton to review key responsible owners of milestone actions and Annex A reporting.

Challenge: It was emphasised that now is not the time to reduce frequency of board meetings given the system fragility. Greater accountability is necessary to drive progress at pace and ensure senior attendance at board meetings, leading by example. Assurance needs to be provided to the board that progress is being made and that everyone is committed that SEND is everyone's business. It was emphasised that co-production doesn't just have to be at a strategic level to add value. The importance of children and young people (CYP) being meaningfully included was also emphasised. CYP need to understand how their views influence decisions and how CYP insights can be captured and reported in a way that is useful to governance. Board members could visit POWAR to capture views of CYP.

Response: Board acknowledged that SEND is a statutory function and agreed to keeping monthly meetings. It was emphasised that SEND is a top priority for the partnership with families at the heart of it with board welcoming the open challenge. CYP/PCF reporting cadence should be agreed to ensure regular voice to Board without over-burden.

Action 7: Dave Carr and Amber Burton to look at wider membership and reporting structure to provide assurance to the board, including frequency.

	<p>The Board discussed the Workforce Development Strategy as part of the governance review and agreed that the strategy should be formally approved. It was noted that the strategy sets out the overarching principles for developing a confident and skilled SEND workforce across the partnership and aligns with related workstreams, including neurodiversity training, communication plans, and the four-cornerstones inclusive practice model. It was explained that the previous Workforce Development Group had been stood down because its functions were now embedded within other structures, particularly the communication and training group, which will oversee milestones, monitor impact, and support the delivery of associated training (such as SEND roadshows and Let’s Talk sessions).</p> <p>Challenge: It was asked how the partnership can mandate partners to adopt and implement the strategy. Board highlighted the importance of ensuring that the Workforce Development Strategy connects with preparation for adulthood (PFA), reflecting and aligning with the wider work happening for young adults, particularly around skills, independence and adulthood pathways.</p> <p>Response: It was acknowledged that the partnership cannot formally mandate individual organisations to adopt or implement the Workforce Development Strategy, because each partner agency has its own internal training structures. The strategy provides a shared framework and expectations, but its actual impact relies on each organisation choosing to adopt and embed the approach within their own systems.</p> <p>Action 8: Jenny Ashton to link with Lauren Hill to review the strategy for adult services workforce development.</p>
<p>8. Report by exception on performance and data including analysis.</p>	<p>Performance and data presentation was shared with members before the meeting to enable scrutiny and preparation of questions.</p> <p>Grace Westwood presented the quarterly data report. The data update highlighted that EHCP timeliness had fallen because many plans issued during the quarter were already past the 20-week deadline, largely due to earlier waits in educational psychology and managed-service delays. January’s high number of completions should improve future performance once delayed plans are issued. EP advice timeliness is improving as overdue plans reduce, while health advice timeliness has worsened and is at risk due to ICB workforce changes. Social care advice is improving through training, and health waiting-time data shows some progress in reducing total waits, though long 52-week waits persist.</p> <p>Challenge: Board members requested clearer trend graphs, intervention timelines, and more detailed health waiting-time metrics to strengthen understanding of system pressures. They also requested longest wait per</p>

	<p>pathway and finer granularity between 18 and 52 weeks. It was emphasised that slide branding needed correcting to reflect partnership not single-agency reporting. Impact of speech and language support through easy access and Welcome intervention was requested.</p> <p>Response: Monthly reporting slides include trend graphs. The ICB 90 day challenge commenced in December 2025 to reduce the longest paediatric waits. There is positive impact from the easy access speech and language support, but this is being recommissioned across the ICB footprint which will be picked up in the Joint Commissioning forum.</p> <p>Action 9: Grace Westwood to review and update the EHCP Recovery Plan assumptions and risks, showing impacts of interventions, such as EP commissioning, and managed service shifts. Future slides to include both LA and ICB logos on shared datasets.</p> <p>Action 10: Peter Chapman / ICB to add numbers not just percentages for longest waits and refine bands for community wait reporting where feasible, scheduling a provider-led deep dive on waits and recovery trajectories for March board meeting.</p>
<p>9. EHCP Quarterly Audit update</p>	<p>The quarterly audit report had been shared with board members prior to the meeting to enable scrutiny and preparation of questions.</p> <p>Hayley Smith provided an overview of the report, sharing that there had been an increase in audits completed by Invision 360 in the quarter Sept-Dec 2025, 178, up from 32 last year in the same quarter, with 3.13% of plans audited since April 2025, against a 5% aspiration by April 2026. Benchmark scores have modestly improved quarter by quarter, with Section B remaining a strength and social care sections showing improvement linked to DSCO training/clinics. From January 2026 Invision360 criteria changed, with early data showing a drop from 42% in Dec 2025 to 24% in Jan 2026, with new benchmarking expected in Q1 2026/27.</p> <p>Challenge: Board noted many EHCP audits record Not Applicable for health and social care sections, underlining the need for robust graduated response and clarity on the intended scope of EHCPs. It was emphasised the need to ensure QA findings translate into practice through the new EHCP Improvement Group and SEND Service Academy.</p> <p>Response: Board agreed to monitor impact of new Invision 360 criteria and if national benchmarks reset, to propose adjusted PAP KPI. QA forum/dip-sample recommendations will feed into the EHCP Improvement Group and practice changes reported back to Board.</p>

<p>10. Children not in School update</p>	<p>The presentation had been shared with members before the meeting to enable their review.</p> <p>Sapphire Murray presented the report outlining actions taken since the board added children not in school to the risk register in November. Sapphire highlighted that January 2026 saw 222 children move to Elective Home Education (EHE), with many cases linked to unmet needs, mental-health challenges, or families feeling schools could not meet their child’s needs. Permanent exclusions also remain elevated, particularly for pupils with EHCPs and requests for Section 19 and EOTAS provision were increasing, placing pressures across the system.</p> <p>Sapphire outlined several mitigations approved through the High Needs Block including Inclusion Hubs, SEMH outreach from PRUs, strengthened transitions support, and making sensory support free at point of delivery. These now require detailed design, district-level mapping, and co-design with CYP and the Parent Carer Forum. However, it was emphasised that the full business case for a preventative model wasn't approved and was a risk.</p> <p>Challenge: The Board emphasised that the system must ensure it “knows every child” and must track who is missing from education, where they’ve come from, and what early interventions were missed. Board members also raised concerns about the insufficient funding allocated and agreed to support escalating the full amount, noting that without adequate resource the system cannot shift from reactive casework to preventative, culture-changing early help. Members requested data broken down by SEN category, key stage, and area, and emphasised the need for analysis identifying patterns, trigger points, and schools with repeated issues.</p> <p>Response: Board acknowledged the need to move from reactive case-holding to a preventative model and shared system case-holding across attendance, admissions, CME, and fair access, backed by better digital recording and oversight. There are plans to implement a new system to accurately record data from school systems including CPOMS to ensure.</p> <p>Challenge: Case studies identifying missed opportunities and how to focus efforts to address these concerns could help identify the right systems that need to be in place. Specific leads are required for the mitigations and to ensure progress is made and needs are met, which also links to ND Pathway and support whilst waiting. Children not in school is a major system-wide risk requiring greater coordinated action, investment, and strong leadership across the partnership.</p>
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	<p>Response: Children not in school has been added as a standing agenda item at senior meetings and at this board, it is also on the risk register for close monitoring.</p> <p>Action 11: Sapphire and Paul to bring back an updated paper to the High Needs Block, with the support from the Improvement Board to fully fund the business case, including named leads for mitigations to ensure accountability and assurance.</p> <p>Action 12: Sapphire to report back to the Improvement Board next term with updated data by SEN status, phase and district, together with assurance that sufficient mitigations are in place.</p>
<p>10. Inspection Readiness</p>	<p>The draft SEF had been shared with board members prior to the meeting to enable scrutiny and preparation of questions.</p> <p>Amber Burton shared an overview of preparation activities. The SEF remains live with partners asked to review and provide feedback. A maturity assessment session is planned for 23 February to align governance and evidence. The inspection re-visit will likely focus on the three priority areas and need thematic reviews detailing progress, risks and challenges for each priority action and the need to capture lived experience evidence.</p> <p>Action 13: All partners to feedback on the SEF ahead of the maturity assessment session.</p>
<p>11. Risk register and governance update</p>	<p>The risk register had been received by board members prior to the board meeting.</p> <p>Challenge: Post-mitigation ratings remain predominantly red, raising concerns about adequacy of mitigations. Several emerging risks (ND pathway pause, ICB restructure, children not in school) require updates.</p> <p>Response: Post-mitigation ratings remain red because, even after all feasible local actions have been applied, the residual level of risk remains high. This is often due to factors that the partnership cannot fully control, such as national workforce shortages, system-wide demand pressures, commissioning changes, digital limitations, and external policy decisions. The Board recognised the need for clear lines of challenge, escalation and action.</p> <p>Action 14: Paul, Dave, and Peter to review risk register to ensure mitigations are sufficiently robust. When a risk cannot be lowered further, despite all reasonable actions, the Board must continue to rate it red, clearly articulating the remaining exposure, and determine whether escalation or system-level support is required.</p>

12. Forward Plan	<p>The Board reviewed the forward plan, confirming standing items for the next meeting and a thematic review of support whilst waiting / health wait times and recovery plans.</p> <p>Future items to be added include:</p> <ul style="list-style-type: none"> • Thematic reviews – Early Identification and Inclusion / PAP-themed reviews. • CNIS deeper analysis • Governance membership/ToR update.
13. AOB	None
16. Close	The next meeting is confirmed for 2 March 2026, 13:00–16:00, in person.