



## Lancashire SEND Partnership Improvement Board

2 March 2026 – 13.00-16.00

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.

**Jane Scattergood**, Interim Chief Nursing Officer, NHS Lancashire and South Cumbria Integrated Care Board.

**Vanessa Wilson**, Director of Children, Young People and Maternity, 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.

**Peter Chapman**, Interim Associate Director for SEND & Complexities, NHS Lancashire and South Cumbria Integrated Care Board.

**Paula Green**, Head of SEND and Inclusion, Lancashire County Council.

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

**Miranda Hyman**, Co-Chair, Lancashire Parent Carer Forum.

**Oliver Moores**, SEND Young Advisor.

**Philippa Perks**, Early Years Private, Voluntary and Independent Sector representative.

**Jenny Birkin**, Primary Heads in Lancashire representative.

**Christopher Beard**, Lancashire Secondary Schools Headteacher Representative.

**Fran Clayton**, Lancashire Special Schools Headteacher Representative.

**Marie Haworth**, Further Education representative.

**Diane Booth**, Blackpool Teaching Hospitals Trust representative.

**Stephen Morton**, Consultant in Public Health, Lancashire County Council.

#### External Attendees

**Deanne Brownley**, Department for Education (DfE) SEND Case Lead.

**Cath Hitchen**, Department for Education (DfE) Appointed SEND Advisor.

**Lindsey Marlton**, National Health Service England (NHSE) Advisor.

#### In attendance

**Jennifer Ashton**, Manager of the SEND Partnership, Lancashire County Council.

**Kathy Ashworth**, Head of Early Help, Lancashire County Council.

**Colette Gollcher**, Lead for LSC PINS, Lancashire and South Cumbria NHS Foundation Trust

**Helen Keaveny**, Lancashire and South Cumbria NHS Foundation Trust representative.

**Amber Burton**, SEND Consultant, Lancashire County Council.

**Grace Westwood**, SEND Senior Manager, Lancashire County Council.

**Lisa Taylor**, Senior Commissioning Manager, Lancashire County Council.

**Natalie Stornelli**, Service Manager, LD&A, Lancashire County Council.

**Suliman Hussain**, Participation and Co-production Worker, Lancashire County Council.

### Apologies

**Cllr. Simon Evans**, Deputy Leader & Cabinet Member for Children and Families, Lancashire County Council.

**Cllr. Samara Barnes**, Shadow Cabinet Lead for Education & Skills, Lancashire County Council.

**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.

**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.

**Helen Dunbavin**, Special School Headteacher Representative.

**Clare Smith**, Strategic Lead for Participation and Co-production, Lancashire County Council.

Agenda Item	Minutes:
<p><b>1. Welcome,</b> Introductions and Apologies</p>	<p>Kathryn Boulton, Independent Chair welcomed members to the meeting. Introductions were taken from those present both in the room and virtually, reflecting representation from education, health, social care, parent carers and partner agencies. The Chair explained that the session would begin with a focused discussion on the White Paper and the emerging SEND Reform agenda, before moving into the standing Improvement Board business.</p> <p>Apologies were formally noted from those unable to attend.</p>
<p>SEND Reform Plan</p>	<p>Reports and presentation regarding the White Paper, and actions taken by the partnership to assess current maturity in the matrix assessment, were shared with members before the board for their scrutiny.</p> <p>Amber Burton explained that the local area had not started from scratch in responding to reform. It was highlighted that much of the work undertaken over the past 12–18 months through the Priority Action Plan, SEND strategy development and partnership strengthening had been done with an awareness that reform was coming. As a result, many of the principles within the White Paper, such as early identification, inclusive mainstream practice, stronger partnership working and clearer accountability, were already aligned with the direction of travel locally.</p> <p>The presentation set out how the Lancashire SEND Local Area Partnership is preparing for proposed national SEND reforms arising from the Schools White Paper “Every Child Achieving and Thriving” and the accompanying SEND consultation published in February 2026. It was made clear that the White Paper remained a consultation document and that significant detail was still missing or changing, creating uncertainty for local systems. Members</p>

were cautioned against assuming that all elements would be implemented exactly as described, and it was stressed that a measured and realistic approach was needed. The Board was encouraged to focus on understanding the implications, risks and opportunities, rather than reacting prematurely to incomplete information. Members were reminded that the current Code of Practice remained in force, inspections and improvement expectations continued, and families' needs could not be paused while reforms were debated.

Key proposals include Individual Support Plans for all children with SEND, providing a guaranteed baseline of support. A three-tier support model, with offers at universal, targeted and specialist support via "Experts at hand". £4bn national investment in SEND reform, including £1.6bn for mainstream schools and £1.8bn for specialist provision.

Timeline includes Phase 1 (2026–2028) workforce training, inclusive mainstream funding, Experts at Hand, national inclusion standards, Phase 2 (2028–2029) continued investment with new legislation expected from September 2029, and Phase 3 (2029/30 onwards) first assessments under the new system, ISP and inclusion standards legislation enacted and significant increase in specialist places.

**Challenge:** There was challenge that reform could bring increased demand and pressure, particularly around statutory assessment requests, workforce capacity and funding arrangements. LPCF representatives challenged the White Paper primarily on the issue of capacity and realism around co-production expectations. They highlighted that while the White Paper places strong emphasis on parent carers and children and young people being actively involved in co-designing and shaping future SEND systems, it underestimates the practical capacity constraints faced by parent carer forums. LPCF also challenged the assumption that engagement could simply be expanded without additional support, clarity or prioritisation.

**Response:** While recognising uncertainty and risk, the discussion also framed reform as an opportunity to embed inclusive practice, strengthen early support and redesign systems in a more sustainable way, provided that risks were openly acknowledged, capacity was realistically assessed, and the partnership continued to work transparently and collaboratively.

**Challenge:** The Board identified a number of additional risks associated with partnership capacity, Individual Support Plans (ISPs) and the proposed "experts at hand" model. Members noted that the cumulative demands of SEND reform, alongside ongoing improvement activity and business-as-usual pressures, risk stretching partnership capacity beyond sustainable levels, particularly given workforce shortages and organisational change. There

	<p>were concerns that ISPs could add complexity rather than reduce it if roles, thresholds and accountability are not clearly defined, and that parents may lack confidence in non-statutory plans, potentially driving continued demand for EHCPs. The “experts at hand” proposals were recognised as particularly high-risk due to limited detail, unrealistic expectations given current workforce constraints, uncertainty over whether this represents new investment, and the potential for inequitable access.</p> <p><b>Response:</b> Overall, the Board agreed there was a risk that reform ambition could outpace system capacity, leading to increased pressure and dissatisfaction if not carefully managed. It was acknowledged that there was a requirement to expand current support free at the point of delivery, for speech and language drop ins to be broadened in Family Hubs, ICB Core offer across all in hub and spoke model and for schools to become commissioners of support.</p> <p><b>Recommendations</b> for the board were discussed and agreed, which Amber will lead on, including</p> <ol style="list-style-type: none"> <li>1. Note the likely impact of SEND reforms with activity be taken forward in a planned, proportionate and system-wide manner.</li> <li>2. Endorse work already underway considering SEND Reform and Schools White Papers together, mapping implications across the SEND strategy, Priority Action Plan and wider inclusion work, so that current improvement activity can be adapted rather than duplicated.</li> <li>3. Support shared key messages across partners with targeted workshops delivered via Teams to capture child, youth and parent carer voice.</li> <li>4. Agree a local response to the national consultation.</li> <li>5. Confirm priority actions toward the forthcoming Local Area SEND Reform Plan due by autumn 2026.</li> </ol>
<p><b>2.</b> Minutes from the previous meeting</p>	<p>The minutes of the previous meeting were reviewed for accuracy. Members agreed that the record reflected the discussion and decisions taken.</p> <p>One specific point of clarification was raised regarding references in the previous minutes to “N/A” entries in EHCP audits for health and social care sections. It was challenged that this could be misinterpreted as non-compliance, when in some cases it reflected the absence of assessed need rather than omission. The Chair agreed that this required clarification to avoid misrepresentation, particularly in the context of inspection scrutiny.</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><b>Action 1:</b> Jenny Ashton to review wording in the previous minutes and associated reporting to ensure clarity on the use of “N/A” within EHCPs and whether this reflects assessed need or compliance issues.</p>
<p><b>3. Action Log</b></p>	<p>The Action Log was presented and reviewed. Updates were provided on actions carried forward from previous meetings. Several actions were confirmed as completed, including work relating to volunteering opportunities, performance reporting development and inspection readiness. Other actions were noted as ongoing but progressing, particularly where dependencies remained with partner organisations or national processes.</p> <p>The Board sought assurance that actions were not simply being rolled forward without resolution and that learning was being embedded.</p>
<p><b>4. Children and Young People's input and update</b></p>	<p>The Board received an update on engagement and impact activity with children and young people. Positive examples were shared, including Leon's participation in the National Youth Voice Matters conference, in addition to coming third in the High Sheriff's Award, demonstrating the value and confidence gained by young people through involvement.</p> <p>The board agreed to formally congratulate Leon for his achievements.</p> <p><b>Action 2:</b> Jenny Ashton to arrange a letter on behalf of the Board congratulating Leon on his achievements.</p> <p>Proposals were brought forward for:</p> <ul style="list-style-type: none"> <li>• A SEND “Takeover Day” with the request to consider the July board to be used for this.</li> <li>• A revised shorter, more accessible and appealing SEND survey,</li> <li>• A standardised case study template to capture lived experience and impact, which would be collated centrally and used to inform both assurance and service improvement.</li> </ul> <p><b>Challenge:</b> There was challenge around ensuring that Takeover Day activity led to tangible outcomes rather than symbolic engagement. POWAR also invited Paula as the new Head of SEND and Inclusion to attend a POWAR meeting. Partners are also required to provide commitment to completing and sharing case studies to evidence impact made for children and young people with SEND.</p> <p><b>Response:</b> Members welcomed the ambition to move beyond consultation to genuine influence, together with the removal of unnecessary or potentially sensitive questions and the shortening of the survey to improve accessibility and completion rates. A meeting was scheduled to explore how to capture the voice of children in the Early Years. The case study template was discussed as a key mechanism for evidencing impact for inspection and</p>

	<p>improvement, with emphasis placed on anonymisation, consistency and partner contribution.</p> <p><b>Decision:</b> Members approved the plans for the Take Over Day, SEND survey launch and the case study template.</p> <p><b>Action 3:</b> The SEND Operations Group, led by Paul Turner and Peter Chapman to agree expectations for partner contributions to case studies and confirm governance arrangements, including date of the Takeover Day.</p>
<p><b>5. Lancashire Parent Carer Forum (LPCF) update</b></p>	<p>Michelle Pye and Miranda Hyman provided a verbal update to the board. An update was provided on recent engagement with parent carers, including early findings from a short survey exercise. Parent Carer Forum representatives reported that the survey had received 35 responses at the time of the meeting, and although response numbers were relatively low, the feedback was considered valuable in highlighting areas of perceived improvement and continued challenge.</p> <ul style="list-style-type: none"> <li>• When parents were asked about whether things had improved overall: 14% of respondents felt things had improved and 37% felt things had worsened.</li> <li>• In relation to education support: 43% of respondents reported that their experience had improved, 28% felt things had worsened, and 29% reported no change.</li> <li>• Feedback relating to health services: 48% of respondents reported that health support had worsened, 26% responses were marked “not applicable”, reflecting that not all families were currently engaged with health services.</li> <li>• Responses relating to social care showed: Nearly half of respondents selecting “not applicable” and of those who did respond 26% reported that their experience had worsened.</li> <li>• The survey included questions about family hubs and early help services: 72% of respondents described family hubs as useful, parents generally reported feeling welcomed when accessing family hubs, whilst 17% stated they were “not helpful at all”.</li> <li>• Although full thematic analysis had not yet been completed, Parent Carer Forum representatives highlighted that free-text comments echoed familiar issues, including: <ul style="list-style-type: none"> <li>○ Long waiting times for assessment and services</li> <li>○ Communication difficulties and lack of clarity</li> <li>○ Frustration with navigating pathways</li> <li>○ Appreciation where staff were responsive and supportive</li> </ul> </li> </ul> <p><b>Challenge:</b> The Board recognised the survey findings align with other intelligence sources, including SEND Survey results. The results reinforce the</p>

	<p>importance of triangulating Survey feedback with complaints and tribunal data and case studies and lived experience. There was agreement that the value of the survey lay less in headline percentages and more in its role as one part of a wider feedback system.</p> <p><b>Response:</b> As a result of the survey findings, it was agreed that the results would be systematically routed into the relevant operational and communication groups to ensure they informed service-level discussion and response. The emerging themes would be considered alongside performance data, complaints intelligence and other sources of assurance, enabling a more rounded understanding of families’ experiences. Members agreed that future analysis should prioritise identifying patterns and lived experience over reliance on isolated metrics, and that current engagement approaches should be reviewed to address participation fatigue and improve accessibility for parent carers.</p> <p><b>Challenge:</b> Parent Carer Forum representatives were open that capacity was becoming increasingly stretched, particularly given the volume of meetings, consultations and engagement activity, much of which was taking place outside normal working hours. Members recognised that this risked participation fatigue and could undermine meaningful co-production if not addressed.</p> <p><b>Response:</b> The Board discussed that this was not solely a funding issue, but also about clarity of expectations, prioritisation, and ensuring parent carers felt valued and able to contribute safely and sustainably. There was acknowledgement that while some investment had been secured to support parent carer engagement, this was unlikely to be sufficient and that further consideration was needed around practical support, recognition of time and contribution. The importance of avoiding reliance on the same parent carers repeatedly, and of broadening engagement while maintaining depth and quality, was emphasised, with thanks given to Michelle and Miranda for their continued hard work and dedication, particularly regarding the recent ND Pathway challenges and co-production for short breaks.</p>
<p>6. ICB Update</p>	<p>The Board received an update from Jane Scattergood on significant organisational change within the ICB, including mandated reductions in running costs and resulting uncertainty about structures and capacity. Members were advised that these changes were already impacting attendance at meetings and the availability of staff for partnership activity, including admin for advices. ICB requested that patience be given during this challenging time. An update was also provided on neurodevelopmental pathway pressures, including paused and un-paused referrals until the end of March 2026, to mitigate commissioning options and actively work with providers to develop a revised model. Assurance was given that no child</p>

	<p>would be discharged from the LSCFT ND Pathway without an alternative pathway and that continuity of support was a core principle.</p> <p><b>Challenge:</b> The Board challenged the lack of clarity and timescales, particularly given the impact on families and schools.</p> <p><b>Response:</b> ICB representatives confirmed that a clearer plan with milestones was expected imminently and would be shared once agreed. This was acknowledged as a risk to system delivery and assurance given that a plan would be agreed by the end of the week, 6 March 2026.</p> <p><b>Action 4:</b> Peter Chapman to share ND pathway recovery proposals and timelines with the Board at April's board meeting.</p>
<p>7. Priority Action Plan escalation report</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. Discussion focused on the extent to which improving performance data was aligning with the lived experience of children, young people and their families, as discussed at the performance analysis group on 24 February 2026. Group members noted that while quantitative indicators such as throughput, reduction in delays and average waiting times were beginning to show improvement in some areas, this was not consistently reflected in parent and carer perceptions, as evidenced through survey feedback, complaints and tribunal activity.</p> <p><b>Challenge:</b> The Board explored the risk that system success was being measured predominantly through numerical performance, without sufficient assurance that families were experiencing tangible improvements in communication, clarity, timeliness and support. A particular concern was whether the system was effectively capturing qualitative intelligence in a structured and meaningful way, and whether opportunities to learn from complaints, tribunal themes and engagement feedback were being fully utilised. Members highlighted that communication failures — including unclear messaging, inconsistent updates and lack of visibility of progress — were likely exacerbating dissatisfaction, even where operational improvements were underway. There was recognition that poor communication could undermine confidence, amplify frustration and contribute to escalation, masking genuine areas of progress within the system.</p> <p><b>Response:</b> The Board agreed that these issues required a more focused and structured approach, rather than being addressed piecemeal within individual services. It was agreed that a thematic review would be</p>

	<p>undertaken to examine communication and complaints as whole-system issues, enabling a clearer understanding of how information flows, expectations and responses were experienced by families across education, health and social care, and identifying where improvements could have the greatest impact on trust and confidence.</p> <p><b>Action 5:</b> Amber Burton and Peter Chapman to undertake a themed review of communication and complaints across the SEND system, drawing together learning from performance data, complaints, tribunal outcomes and lived-experience feedback, and report findings, risks and recommendations back to the Board for scrutiny and assurance.</p>
<p><b>8. Report by exception on performance and data including analysis.</b></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 data report. Progress was noted in reducing average waiting times and increasing throughput, although overall statutory timeliness remained low due to historical delays. This contributed to increasing need for special school placements, with 400 children currently waiting for a place. Mitigations include creative solutions with the commissioning of independent places. However, finalisation of plans were being delayed, and tribunal rates are rising, with plans in place to address these risks.</p> <p><b>Challenge:</b> Members acknowledged the scale of work completed but stressed that sustained improvement and transparency were critical. Specific challenge was raised regarding the visibility of “yes/no to assess” and “yes/no to issue” data, risks of secondary backlogs, particularly in EP advice and tribunal volumes increasing alongside plan finalisation. Members also raised specific concerns about the absence of integrated health data within the Board’s routine performance reporting. Members emphasised that this created a gap in assurance, particularly given the central role of health services in EHCP timeliness, neurodevelopmental pathways and family experience.</p> <p><b>Response:</b> It was noted that, unlike local authority data, health data was still being manually collated, limiting both timeliness and the Board’s ability to triangulate performance effectively across education, health and social care. Peter Chapman explained that progress toward automated health data sharing had been delayed due to outstanding information governance requirements, specifically the completion and sign-off of a Data Protection Impact Assessment (DPIA). The Board was assured that the DPIA process was now being actively progressed and that health partners had indicated it should be completed within the current month, enabling automated data flows to be in place by April.</p>

	<p><b>Action 6:</b> Grace Westwood to ensure next month's data and performance report includes recovery plan trajectory, with clearer decision points at each stage and action to prevent secondary delays.</p>
<p>9. Support Whilst Waiting update.</p>	<p>Presentations including learning from PiNS project and Family Hubs had been shared with board members prior to the meeting to enable scrutiny and preparation of questions.</p> <p>Peter Chapman provided an update on initiatives designed to support children and families while awaiting assessment or diagnosis. This included the development of community-based support hubs and digital resource libraries as part of the ND Pathway transformation.</p> <p>Colette Gollcher shared how the PINs (Partnership for Inclusion of Neurodiversity in Schools) programme was an example of effective whole-school, preventative approach focused on improving inclusion and support for neurodivergent children, particularly pre-diagnosis. It was emphasised that PiNS builds on earlier Autism in Schools work and that the programme is now in its second year. Members were told that PiNS works by strengthening school-wide understanding, skills and practice, and includes staff training, environmental audits, pupil voice, parent carer involvement and ongoing reflective support. PiNS is most effective where there is clear senior leadership buy-in, as this enables consistent practice, sustainability and cultural change across schools.</p> <p>Evidence of impact was shared from participating schools, including reports of calmer learning environments, improved attendance, better engagement from pupils who previously struggled, and increased confidence among staff. Specific examples included changes to classroom environments, reduced sensory overload, consistent use of visuals and routines, and the creation of quieter lunch arrangements following direct feedback from pupils. These practical changes were often low-cost but high-impact. Parent carer forums had been integral to the delivery of PiNS, specifically Miranda, working alongside schools during visits, audits and feedback sessions.</p> <p><b>Challenge:</b> PiNS had so far only reached a limited number of schools due to its project-based funding model. The Board noted that PiNS directly addressed many of the challenges driving demand elsewhere in the system, particularly where children's needs escalate due to lack of early, inclusive support. While there was cautious optimism about continued funding, members stressed the importance of clarifying ownership and embedding PiNS principles into core local authority and health practice, rather than relying on time-limited programmes. It was stressed that PiNS is most effective where there is clear senior leadership buy-in, as this enables consistent practice, sustainability and cultural change across schools.</p>

**Response:** The Board strongly welcomed the programme, as it aligned with the direction of travel for SEND reform, and emphasised that PiNS provided a practical example of how early, inclusive, whole-school approaches could improve outcomes for children and reduce pressure on specialist services. Members recognised that PiNS case studies offered a practical example of how lived experience could be used to evidence impact and improvement beyond headline metrics. The board acknowledged Miranda's hard work and dedication to the project.

Kathy Ashworth shared how Family Hubs delivered SEND-specific early help activity. The Board heard that Family Hubs were positioned as a key early-intervention and support mechanism for children with SEND and their families, particularly in line with the “best start in life” agenda and the direction of SEND reform. Members were told that Lancashire currently operates a growing network of 29 Family Hubs, with further expansion planned to 34, and that these hubs provide a community-based, accessible front door for families to access support without the need for formal thresholds or diagnosis. Family Hubs are increasingly being used to support families while children are waiting for assessment or diagnosis, helping to reduce escalation by offering early advice, practical support and connection to services. SEND-specific activity within Family Hubs included SEND-focused drop-ins, group work, parenting programmes, and close links to the Local Offer, short breaks and holiday provision. This was described as particularly valuable in supporting families who may otherwise feel isolated or unsure where to turn. Strong partnership working between Family Hubs and the Parent Carer Forum was noted, with hubs being used as a base for parent-led activity and engagement. A key strength highlighted was the introduction of Family Hub navigators, who act as named points of contact and help families navigate services, link with schools and health partners, and access appropriate support. Looking ahead, work is underway to introduce SEND support facilitators, providing a more structured SEND-specific function within hubs.

**Challenge:** Members emphasised the importance of continuing to evidence impact, strengthening links with schools and health services, and ensuring that Family Hubs remained inclusive, accessible and responsive to SEND families’ needs.

**Response:** Leads confirmed work underway to embed approaches into core systems and align with SEND reform expectations. The Board recognised Family Hubs as a positive and developing component of the SEND system, particularly in supporting families early, reducing reliance on crisis responses, and improving experience while children wait for formal assessment. It was emphasised the positive work being done ahead of the White Paper ensuring

	co-location of services to better support families whilst waiting for assessment.
<b>11. Risk register and governance update</b>	The risk register had been received by board members prior to the board meeting. It was suggested that the implications of the White Paper be added to the risk register. The Chair summarised that the White Paper should be treated as a dynamic risk, requiring ongoing review as consultation responses, guidance and implementation timelines developed, and that the risk register should reflect both the opportunities and the potential unintended consequences for children, families and services if reform was not carefully managed. Members agreed that current risks remained valid, particularly around capacity, timeliness and financial sustainability.
<b>12. Forward Plan</b>	The Board reviewed the forward plan, confirming standing items for the next meeting and a thematic review on communication and complaints, together with ND thematic review regarding waiting times and recovery plans.
<b>13. AOB</b>	The Chair formally acknowledged the contribution of Vanessa Wilson, as a senior colleague attending their final meeting, thanking them for their long-standing commitment to SEND improvement.
<b>16. Close</b>	The next meeting is confirmed for 13 April 2026, 13:00–16:00, in person, preceded by the one year on Stocktake meeting.