



Lancashire SEND Partnership Improvement Board

7 May 2026 – 10.00-12.00

Hybrid 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>Peter Chapman, Interim Associate Director for SEND & Complexities, NHS Lancashire and South Cumbria Integrated Care Board.</p> <p>Paula Green, Head of SEND and Inclusion, Lancashire County Council.</p> <p>Michelle Pye, Co-Chair, 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>Diane Booth, Blackpool Teaching Hospitals Trust representative.</p> <p>Stephen Morton, Consultant in Public Health, Lancashire County Council.</p>
External Attendees
<p>Deanne Brownley, Department for Education (DfE) SEND Case Lead.</p> <p>Cath Hitchen, Department for Education (DfE) Appointed SEND Advisor.</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>Grace Westwood, SEND Senior Manager, Lancashire County Council.</p> <p>Sapphire Murray, STS Senior Manager, Lancashire County Council.</p> <p>Giles Storch, Primary Heads in Lancashire representative.</p> <p>Hayley Smith, SEND Auditor, Lancashire County Council.</p>
Apologies
<p>Jacqui Old, Executive Director of Education and Children's Services, Lancashire County Council.</p> <p>Jane Scattergood, Interim Chief Nursing Officer, NHS Lancashire and South Cumbria Integrated Care Board.</p> <p>Dave Carr, Director of Policy, Commissioning and Children's Health, Lancashire County Council.</p> <p>Louise Anderson, Director of Children's Services, Lancashire County Council.</p> <p>Sakthi Karunanithi, Director of Public Health and Wellbeing, Lancashire County Council.</p> <p>Mairead Gill-Mullarkey, Director of Adults Community Social Care, Lancashire County Council.</p> <p>Rachel Lomax, University Hospitals of Morecambe Bay Trust representative.</p> <p>Paul Jebb, Lancashire and South Cumbria NHS Foundation Trust representative.</p>

Victoria Hampson, East Lancashire Hospitals NHS Trust representative.

Louise Swarbrick, Lancashire Teaching Hospitals Trust representative.

Natalie Sinclair, Early Years Federation group representative.

Jenny Birkin, Primary Heads in Lancashire representative.

Helen Dunbavin, Special School Headteacher Representative.

Fran Clayton, Lancashire Special Schools Headteacher Representative.

Marie Haworth, Further Education representative.

Amber Burton, SEND Consultant, Lancashire County Council.

Agenda Item	Minutes:
<p>1. Welcome, Introductions and Apologies</p>	<p>Kathryn Boulton, Independent Chair opened the meeting, welcomed members and outlined the role of the SEND Improvement Board as an assurance, scrutiny and accountability forum rather than an operational problem-solving group. Members were reminded of the importance of using the Board to identify where issues need to be progressed through the appropriate governance routes.</p> <p>Apologies were noted as listed on the agenda. No additional items were raised for Any Other Business.</p>
<p>2. Minutes from the previous meeting</p>	<p>The Board reviewed the minutes of the previous meeting held on 13 April 2026 for accuracy. Members confirmed that the minutes were an accurate record of the discussion, with no matters arising that were not already captured on the current agenda. The minutes were formally agreed.</p>
<p>3. Action Log</p>	<p>The action log was presented, noting that detailed monitoring takes place through the SEND Operations Board. The Chair highlighted that actions related to the Neurodevelopmental (ND) Pathway remain a key area of focus and would be explored in depth under the dedicated agenda item.</p> <p>Challenge: It was agreed that clearer tracking was required when actions are escalated between groups, to ensure transparency of the journey from Improvement Groups through Operations Board and back to SEND Improvement Board.</p> <p>Action 1: Jenny Ashton to ensure escalation actions clearly show the governance route taken (Improvement Group → Operations Board → SEND Improvement Board) on the action log.</p>
<p>4. Overview, Escalations and SEND Reform Plan</p>	<p>The Board report provided an integrated overview of SEND system performance, quality assurance activity and lived experience feedback. It brought together statutory performance data, Priority Action Plan (PAP) progress, EHCP audit findings, and the views of children, young people and parent carers to assess progress, impact and remaining risk across the local SEND system.</p> <p>The Board noted improved milestone performance, with 79 out of 95 Priority Action Plan milestones (83%) either completed or on track, and a reduction in</p>

off-track milestones compared to March 2026. A smaller number of milestones remain delayed or off track, largely linked to data automation, digital dependencies, SEND reform delivery and multi-agency capacity pressures.

Challenge: The evidence consistently shows that improvements in process and compliance are not yet translating evenly into improved day-to-day experiences for children and families, particularly in education, mental health support, waiting periods and transitions.

Response: The Operations Board escalated a small number of high-priority risks for continued oversight, including health advice capacity and timeliness, annual review backlogs and system flow, SEND reform deliverability, and neurodevelopmental pathway instability. These risks align closely with themes emerging from audit and lived experience data, strengthening confidence that the right system risks are being tracked and challenged.

Overall, the partnership continues to stabilise statutory processes and strengthen governance, with clear progress in EHCP timeliness, audit coverage and performance oversight.

An update on the SEND Reform Plan was provided. Extensive engagement has taken place with schools, settings, health partners, parent carers and representative groups. Feedback has informed the developing approach to mainstream inclusion, Inclusion Hubs and Experts at Hand. A final theory of change engagement session is scheduled, with a draft plan to be reviewed with the DfE Advisor before submission to Cabinet in June.

Challenge: Not all partners have been consulted with or given appropriate notice, most notably Private, Voluntary, and Independent Early Years providers.

Response: It was recognised that communication and funding streams with PVI settings need to improve, with an action to discuss at the Early Years Forum.

Action 2: Paula Green to discuss Early Years funding and support as part of the SEND Reform Plan at the next Early Years Forum meeting.

Challenge: Board members emphasised the importance of early visibility of the draft SEND Reform Plan to ensure governance oversight, scrutiny and confidence before final sign-off.

	<p>Response: It was agreed that the draft would be shared with Board members following the upcoming assurance meeting next Monday 11 May 2026.</p> <p>Action 3: Paula Green to circulate the draft SEND Reform Plan to Board members following assurance review, prior to Cabinet submission.</p>
<p>5. Priority 1 – Leadership, Performance and Governance</p>	<p>The Board scrutinised progress against Priority 1, focusing on leadership, governance arrangements and performance oversight. Members welcomed the strengthening of governance arrangements and the increasing use of data triangulated with lived experience.</p> <p>Challenge: Concern was raised about the continued gap between improving headline performance indicators and the lived experience reported by families, particularly around communication and consistency at the frontline.</p> <p>Response: The Performance Analysis Group was noted as a positive development, bringing together business intelligence, SEND, health partners and parent carer forum representatives to improve analysis, data quality and consistency. The new ways of working ensure more robust processes with link officers in place, including the vulnerable and specialist team for children not in school and the correspondence and complaints team.</p> <p>Challenge: While members acknowledged that full automation of dashboards may not be realistic in the short term, the Board emphasised the need for clear, regular and challengeable performance reporting. Support was requested from external advisors to ensure this.</p> <p>Response: The board acknowledged that analysis was starting to work, although it wasn't presented clearly on the data dashboard in a systematic way. Data is being monitored more robustly and accuracy has improved. It was agreed that the current data dashboard milestone wording would be reviewed to ensure it reflects effective use and flow of data rather than full automation and external support would be explored through the DfE packages of support.</p> <p>Action 4: Performance Analysis Group, led by Paula Green to review the current data dashboard milestone wording to ensure it reflects effective use and flow of data rather than full automation.</p> <p>Action 5: Deanne Brownley will follow up data performance support available with Cath Hitchen and Lyndsey Marilton.</p>
<p>6. Priority 2 – EHCP data, audits and children not in school update</p>	<p>The Board received a detailed update on EHCP timeliness and quality.</p> <p>Paula Green provided an update on the off track milestones and quarterly data. EHCP demand continues to rise. By the end of Quarter 4, the total number of EHCPs increased to 16,018, up from 13,399 last year. Quarter 4</p>

also saw the highest volume of new assessment requests received during the year. Despite growing demand, the system has made significant recovery progress. The overall EHCNA waiting list reduced, with a substantial reduction in cases waiting over 20 weeks.

Annual reviews remain a system pressure point. While completion activity increased significantly over the year, this has not yet resulted in sustained reductions in overdue reviews, reinforcing that reviews are a critical flow issue requiring continued operational and strategic focus.

Members noted significant improvements in EHCP timeliness, reductions in long-wait cases and stronger audit coverage. The Board recognised that delays are nearing completion, with residual delays largely related to tribunals or external dependencies.

Hayley Smith shared an overview of audit activity and quality assurance. Since April 2025, 584 EHCPs have been audited through Invision 360, representing over four per cent of all plans and a significant increase on previous audit coverage. This has provided a far clearer, more granular understanding of EHCP quality across education, health and social care sections.

Challenge: The Board noted increased audit activity through Invision 360 and complementary thematic audits, although overall EHCP quality remains below the national benchmark.

Response: Across 2025/26, 31% of audited EHCPs were graded good or better, with Bronze remaining the most common outcome. Section-level analysis shows consistent strengths in the description of children and young people's needs and in placement sections. However, variation in Section E (Outcomes) and Section F (Special Educational Provision) remains the most common factor preventing plans from achieving Silver overall. In health, Section G continues to show high levels of Significant Gaps, and in social care, sections D, H1 and H2 are inconsistent where they apply. These findings are consistent across annual and quarterly audit reports and are now being addressed through targeted workforce development, revised guidance and Quality Assurance Forums.

Challenge: A reduction in plans graded 'good or better' was noted.

Response: Comparable declines have been observed across other local authorities and decline attributed to changes in audit criteria introduced nationally.

Challenge: Members welcomed the transparency about audit findings but expressed concern that there was no single, visible quality improvement plan linking audit findings to system-wide training and practice improvement across education, health and social care. Assurance was requested that quality will improve and be triangulated with families lived experiences.

Response: Training is provided to the SEND service through the SEND Academy, the Designated Social Care Officer provides advice training to social workers, and the Designated Clinical Officer provides training to health partners. Closing the loop processes are implemented in response to individual audits.

Action 6: Hayley Smith to liaise with SEND, DSCO and DCO to develop a single, multi-agency EHCP Quality Improvement Plan clearly linking audit findings, training activity and expected impact on plan quality, reporting back to the July Board.

Action 7: Hayley Smith will share anonymised examples of 'gold' standard EHCPs and agree a process to involve parent carers and young people in quality assurance activity.

The Board received a detailed update on children not in school, covering Alternative Provision, Section 19, Elective Home Education (EHE) and Children Missing Education (CME). Sapphire Murray provided an update regarding actions taken to mitigate children who are not in school.

It was reported that recruitment is underway to significantly strengthen capacity with two Grade 9 Alternative Provision officers appointed, increasing the team from one to three. Recruitment is progressing for a further 12 Education and Inclusion Workers to support children who are excluded, accessing Section 19, or without a school roll. The EHE team currently has 5.6 staff in post, with a further 4 posts going to advert, to increase capacity to manage rising demand.

A new digital Section 19 request dashboard has been developed for parents, schools and professionals. This will provide a single, clearer route into the local authority, replacing reliance on complaints routes and reducing delay and confusion. The system is technically ready, with final wording being prepared for publication on the Local Offer.

Members welcomed the increased staffing and the move to a clearer, more transparent Section 19 request process, recognising this as a significant improvement in system response and accountability.

The Board discussed the scale and growth of Elective Home Education in detail, with the EHE team receiving between 200–300 referrals per month. Individual caseloads are already high and while new referrals are being contacted promptly, there remains a large cohort of families from whom no response has yet been received, despite letters and follow-ups.

Capacity constraints (including business support and lack of automation) mean follow-up is labour-intensive and slow, even where risk-based prioritisation is in place.

Challenge: The Board was clear that being home educated does not automatically mean a child is unsafe, and this should not be assumed. However, the lack of oversight creates a system risk, particularly where children have SEND or EHCPs and limited professional contact. The current legislative framework for EHE provides limited levers for local authorities to assure education quality unless specific concerns are identified.

Response: The risk is primarily one of oversight and assurance, rather than assumed safeguarding harm, but the scale of the cohort means capacity and visibility remain concerns. Children are increasingly not in school due to unmet SEND need, particularly where schools struggle to meet needs in-advance of EHCPs or diagnoses and deteriorating mental health and Emotional Based School Avoidance (EBSA), where families feel school environments have become overwhelming for their child.

Challenge: Members noted particular concern that children may be successfully supported in early years settings (often up to 30 hours) but then experience sharply reduced education or part-time timetables on entering school. Some part-time and flexi-schooling arrangements appear to drift from short-term reintegration into longer-term reduced education.

Response: It was acknowledged that there is a need to clearly distinguish between short-term part-time timetables used for reintegration and longer-term flexi-schooling arrangements where parents take responsibility for education for part of the week.

The Board agreed that children not in school requires continued escalation and system-wide action, particularly through education and SEND governance.

Action 8:

Sapphire Murray to:

- Publish the new Section 19 digital request dashboard on the Local Offer.

	<ul style="list-style-type: none"> • Strengthen tracking of flexi-schooling and part-time timetables, separately from short-term reintegration activity. • Escalate transition-related concerns (early years → reception and primary → secondary) to the Education Board for system-wide review. • Continue targeted engagement with schools showing higher rates of EHE, exclusion or reduced timetables. <p>The board noted that capacity to respond to children not in school is improving, but demand is rising faster than the system. This remains a priority area for ongoing assurance, not a resolved issue.</p>
<p>7. Priority 3 – ND Pathway: Thematic Review of Wait Times and Recovery Plans</p>	<p>Peter Chapman provided updates on the off track milestones.</p> <p>The Board received an update on the ND Pathway. Peter confirmed that a local profiling tool aligned to the International Classification of Functioning (ICF) has now been developed. The tool has moved into testing and refinement and is being taken forward as part of the digital pilot workstreams. As a result, while the milestone is still recorded as off track against its original deadline, the Board was assured that the substance of the work is now in place and progressing through implementation rather than design.</p> <p>Peter reported that the absence of an agreed accreditation framework has limited the system’s ability to provide assured recommendations to families and GPs using Right to Choose. A formal framework and accreditation approach has been developed with contracts and commissioning colleagues and a decision-making meeting scheduled for later the same day, with the expectation that the framework would be signed off and released promptly thereafter. Once approved, this would allow the system to publish a preferred provider framework, improving clarity for families and professionals.</p> <p>Peter emphasised that ND pathways (Autism and ADHD) remain open and continue to accept referrals. The primary complexity is not withdrawal of pathways but contractual, financial and commissioning alignment, which constrains how much detail can legally be shared before decisions are finalised. He acknowledged widespread anxiety created by the uncertainty and accepted that communication risk is elevated while milestones remain formally off track.</p> <p>Challenge: Members acknowledged that pathways remain open and referrals continue to be accepted but noted ongoing uncertainty and anxiety due to delayed contractual decisions and limited communication clarity for families and professionals.</p>

	<p>Response: The Board accepted the constraints around pre-announcement communication but highlighted consistent reports from families and schools of mixed messaging about pathway status.</p> <p>Action 9: Peter Chapman agreed to reissue clear system-wide communication confirming ND pathways are open, including links for schools, GPs and families. It was requested that conflicting messages are captured by parent carer forum and referrers and escalated to the SEND Operations Board.</p>
<p>8. Area for Improvement 1 – Communication (including LPCF / POWAR)</p>	<p>Jenny Ashton shared an overview of off track milestones. The Board considered progress against the Communication AFI. It was confirmed that the SEND partnership communication protocol has been drafted and agreed through the SEND Operations Board. The protocol sets out roles and responsibilities for communication across the partnership and is intended to support more consistent and coordinated messaging to families, professionals and partners. However, it was made clear to the Board that the protocol has not yet been published, despite being agreed.</p> <p>The Board was advised that publication of the communication protocol (and other SEND content) is being constrained by the delayed launch of the new Lancashire County Council website and Local Offer platform. Jenny explained that only limited content meeting strict criteria can currently be uploaded to the existing Local Offer, and the communication protocol does not currently meet those criteria. As a result, publication has been delayed with no confirmed launch date for the new platform.</p> <p>Challenge: Concerns remained about delays to publishing key information on the Local Offer and inconsistent operational communication experienced by families. There is a risk that progress at governance and strategic level is not yet translating into visible, meaningful change for families. The Chair emphasised that communication remains one of the most significant contributors to parental dissatisfaction and stressed the importance of addressing barriers urgently.</p> <p>Response: It was agreed that the delays would be escalated further to ensure effective communication of information. Communication improvement activity is now shared across several groups, including the Communication Group, Performance Analysis Group, SEND Operations Board and SEND Improvement Board. There are established feedback routes from complaints, surveys, lived-experience work and audits.</p> <p>Action 10: Jenny Ashton to escalate barriers preventing publication of agreed communication materials on the Local Offer and confirm timescales.</p>

Lived experience feedback from children, young people and parent carers presents a coherent and consistent picture across surveys, forum intelligence and engagement activity. Experience of the SEND system is highly inconsistent and strongly dependent on where a child or family is within the system. Delays remain a defining feature of experience, particularly for those waiting for an EHCP, diagnosis or appropriate provision.

Education is consistently identified as the main pressure point. Children and families report difficulties accessing appropriate support without a diagnosis, increased use of reduced timetables, emotional distress linked to school attendance, and variable application of inclusive practice. Children and young people frequently identify mental health as a top priority, often above education and friendships, with emotional safety described as a prerequisite for learning and participation.

Children and young people's participation activity continues to strengthen. POWAR has delivered a range of engagement and influence activities, including the SEND Takeover Day Challenge and direct engagement events with senior leaders. These activities are increasing opportunities for children and young people to influence SEND reform and service development, with clear expectations that their views result in tangible change.

Parent carer engagement has also strengthened, particularly through the Parent Carer Forum. Survey and forum intelligence is now being used more consistently to inform board discussions, performance analysis and improvement priorities. However, some mechanisms, such as family feedback linked to EHCP audits, remain underdeveloped and represent an area for improvement.

Parent Carer Forum shared that families consistently report acting as the main coordinators of support across education, health and social care, particularly while waiting for plans or diagnoses. EHCPs are seen as enabling access to support but not guaranteeing delivery or impact. Where support is present, reliable and personalised, children report feeling calmer, safer and more able to learn, highlighting that quality and consistency of support matter as much as access.

Members acknowledged improvements in engagement activity, including POWAR Takeover Day planning and strengthened Parent Carer Forum capacity. Children and young people's participation activity was welcomed, including careers engagement and short breaks co-production.

Challenge: The system is now at a point where improvement activity needs to shift decisively from recovery and compliance toward consistency, inclusion and early, needs-led support. To achieve this, continued focus is

	<p>required on translating improved plans into reliable delivery, strengthening inclusive mainstream practice, reducing reliance on diagnosis-led thresholds, and ensuring that improvement is judged by impact on daily life, not process alone. Board members requested a clearer articulation of how communication governance, feedback loops and escalation routes work together, to strengthen assurance and oversight.</p> <p>Action 11: Jenny Ashton to provide a clear, one-page overview of SEND communication governance and feedback loops for Board oversight.</p>
<p>9. Area for Improvement 2 – Preparation for Adulthood (PfA)</p>	<p>Paula Green presented an overview of off track milestones.</p> <p>The Board noted slower than expected progress on PfA actions but welcomed confirmation of renewed senior leadership capacity from June and plans to reset the work programme.</p> <p>Challenge: Members emphasised the importance of aligning PfA work across EHCPs, commissioning and transitions into adult services.</p> <p>Action 12: The PfA Group lead to present a refreshed 12-month PfA delivery plan to the next Board.</p>
<p>11. Risk register and governance update</p>	<p>The Board reviewed the risk register and agreed that it continued to reflect the key strategic risks facing the partnership. No additional risks were proposed.</p>
<p>12. Forward Plan</p>	<p>Members confirmed that structuring agendas around Priority Actions and AFIs was effective and supported meaningful scrutiny. This approach will continue.</p>
<p>13. AOB</p>	<p>No additional items were raised.</p>
<p>16. Close</p>	<p>The Chair thanked members for constructive challenge and confirmed the next meeting date for 1 June 1-4pm TBC, in person.</p>