Lancashire SEND Partnership Improvement Board

15 October 2026 – 13.00-15.00
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.
Dave Carr, Director of Policy, Commissioning and Children's Health, Lancashire County Council.
Paula Green, Head of SEND, Lancashire County Council.
Miranda Hyman, Co-Chair, Lancashire Parent Carer Forum.
Michelle Pye, Co-Chair, Lancashire Parent Carer Forum.
Clare Smith, Strategic Lead for Participation and Co-production, Lancashire County Council.
Oliver Moores, SEND Young Advisor.
Mairead Gill-Mullarkey, Director of Adults Community Social Care, Lancashire County Council.
Diane Booth, Blackpool Teaching Hospitals Trust representative.
Chris Hargreaves, East Lancashire Hospitals NHS Trust representative.
Philippa Perks, Early Years Private, Voluntary and Independent Sector representative.
Tara Entwistle, Early Years Federation group representative.
Christopher Beard, Lancashire Secondary 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.
Lindsey Marlton, National Health Service England (NHSE) Advisor.
In attendance
Jennifer Ashton, Manager of the SEND Partnership, Lancashire County Council.
Helen Keaveny, Lancashire and South Cumbria NHS Foundation Trust representative.
Apologies
Jane Scattergood, Interim Chief Nursing Officer, NHS Lancashire and South Cumbria Integrated Care Board.
Louise Anderson, Director of Children's Services, Lancashire County Council.
Sapphire Murray, Head of Inclusion, Lancashire County Council.
Jenny Birkin, Primary Heads in Lancashire representative.
Claire Thompson, Lancashire Special Schools Headteacher Representative.
Stephen Morton, Consultant in Public Health, Lancashire County Council.

Laura Gibney, DCO, NHS Lancashire and South Cumbria Integrated Care Board. **Rachel Lomax,** University Hospitals of Morecambe Bay Trust representative. **Paul Jebb**, Lancashire and South Cumbria NHS Foundation Trust representative. **Andrea Hardyman,** Lancashire Teaching Hospitals Trust representative.	
Agenda Item	**Minutes:**
1. Welcome, Introductions and Apologies	Kathryn Boulton, Independent Chair welcomed members to the October meeting and noted that the meeting was being held primarily in person, with virtual access available for colleagues unable to attend. Apologies were noted. No additional substantive items of other business were raised at the beginning of the meeting, although Terms of Reference would be reviewed and agreed.
2. Minutes from the previous meeting	The minutes of the meeting held on 18 September 2026 were reviewed page by page. No amendments or additional matters arising were identified. **Decision:** The Board approved the minutes as an accurate record.
3. Action Log	The action log was reviewed. Members were advised that all existing actions were in hand and had been reviewed. Actions recorded under Paula Green would return to the next Board meeting. No further challenge or assurance requests were raised. **Decision:** The action log was accepted.
4. SEND Reform Plan and Experts at Hand.	The Board welcomed the approval and sign-off of the SEND Reform Plan. It was emphasised that this represented a strong starting point. Delivery would continue to be monitored by the Department for Education and needed to support the wider improvement journey, including discharge of the improvement notice, readiness for monitoring activity and the eventual transition of improvement arrangements into business-as-usual partnership working. Quarterly monitoring information was being assembled for submission at the end of October, supported by business intelligence colleagues. The Board discussed the need for clearer alignment between the SEND Reform Plan, the Priority Action Plan, transformation activity and the Improvement Board. The proposed governance structure had been included with the revised Terms of Reference, although members recognised that further discussion outside the meeting would be needed. Existing workstreams and time-limited task-and-finish groups would take responsibility for relevant Reform Plan activity, avoiding the creation of duplicate governance arrangements. The Experts at Hand workshop had brought together specialist services and providers to consider the operational model, including locality clusters, geographical footprints, workforce requirements and access arrangements. The emerging approach was described as an integrated, hub-based, multi-agency offer that would expand existing services rather than create a separate pathway. Clusters of schools and settings would identify their needs, with this intelligence informing coordinated planning and deployment of support. Providers had agreed to develop detailed workforce responses, including role and banding requirements,

	and the Lancashire Therapies Board was considering joint job descriptions and coordinated workforce planning. School representatives expressed concern that engagement had not yet been sufficiently extensive. Members noted that national expectations about the amount of expert support available could be interpreted differently and would need to be reconciled with available resources and actual local need. It was agreed that consultation should make use of existing primary, secondary and special-school district meetings, while recognising that the needs of individual settings could differ significantly within the same district. The model presented at the forthcoming launch would remain provisional so that district feedback could influence its final form. Concern was also raised that communications about the launch had been issued with limited notice and were difficult to locate within existing newsletters. The Board agreed that information should be recirculated through additional channels and reinforced through district meetings. Members also stressed the need to maintain collaborative provider engagement as the model moved into contracting and delivery, particularly because the work was proceeding to a tight timetable without a procurement exercise. The Board recognised that meaningful transformation would take time. A clear description was needed of the tangible differences schools, children, young people and families should expect over the next six to twelve months. Previous co-production undertaken for the SEND Strategy provided a useful evidence base because its themes closely aligned with those in the Reform Plan. **Decisions:** • Existing workstreams and task-and-finish groups will absorb relevant Reform Plan activity rather than duplicate governance. • Experts at Hand will be developed through an integrated, locality-based model with a consistent Lancashire-wide core offer and flexibility to respond to local need. • Existing district structures will be used to strengthen school and setting engagement. • Reform governance, ownership, reporting routes and decision-making responsibilities require further clarification through the Terms of Reference.
5. Priority 1 – Leadership, Performance, Governance and Joint Commissioning.	The Board noted that the formal Priority 1 actions were recorded as complete, but members agreed that governance should continue to mature rather than be treated as finished. The partnership had improved its oversight and understanding of delivery, with stronger visibility of where progress had been made and where further intervention was required.

	Time-limited task-and-finish groups had been established to address the remaining milestones. The expectation was that most off track milestones would be completed, or close to completion, by the reporting point after Christmas. The Board requested a clearer line of sight from each red milestone to its responsible group, delivery timescale, reporting route and evidence of completion. Updates would flow through the Operations Board before coming to the Improvement Board for assurance. **Decisions:** • Governance will remain under active review despite the completion of the original Priority 1 actions. • Task-and-finish groups will be used to discharge the remaining red milestones by Christmas and progress the remaining milestones. **Action 1:** Jenny Ashton to finalise and share the governance map showing how reform, transformation, the Priority Action Plan, Operations Board and Improvement Board fit together.
6. Priority 2 – EHCP Improvement	The Board received an update on EHCP performance, data quality, annual reviews and the findings of the recent end-to-end deep dive. Weekly data sprints were continuing to improve the accuracy of information held in EHM and would remain in place until the partnership could be confident that reporting reflected the correct position. The deep dive identified delays between the decision to assess and decision-to-issue panels, workforce and capacity pressures associated with agency turnover, inconsistent recording of children undergoing assessment during tribunals or appeals, and administrative burdens on EHCP officers. Recurring issues were also identified in the availability and timing of educational psychology and health advice. Members heard that permanent recruitment, improved panel representation, digital consultation and a fit-for-purpose portal were expected to support improvement. A twelve-month recovery and sustainability plan had been developed for new assessments and annual reviews. The immediate priority was to address deep-dive findings, stabilise systems and processes, improve timeliness and eliminate cases exceeding 20 weeks. Members were advised that the direction of travel was positive, but progress remained variable and further stabilisation was needed before improvement could be considered sustainable. Annual-review measures had been revised to provide clearer assurance, including decisions issued within four weeks and amendments completed within twelve weeks. Workforce planning anticipated 100 EHCP officers by Christmas, with productivity expectations incorporated into the recovery model.

	Health advice timeliness remained a significant risk. Members heard that staffing changes had affected the coordination of advice and that requests remained outstanding. A joint solution was in place, with recovery expected during November and December. The Board agreed that this needed continued oversight. **Decisions:** • The Board accepted that the deep-dive findings had been incorporated into the recovery and sustainability plan. • Progress was moving in the right direction, but assurance would depend on evidence of sustained stability and improved timeliness. • Health advice capacity and outstanding advice remained a key risk.
7. Priority 3 – ND Pathway update	The Board was updated on three connected areas: the digital front door, pathway redesign and support while families wait. Digital tools were being developed initially in Blackpool to bring together information about needs and reasonable adjustments across home, school and local-authority services. An independent national review was expected to inform the future direction of the work. The proposed pathway redesign would move from a single Lancashire and South Cumbria footprint to five local footprints aligned with NHS acute-service areas. Each footprint would operate to a consistent service specification, digital approach and pathway, while maintaining stronger links with community paediatrics and local services. The proposal was due to be considered for ratification by the relevant pathway Board, after which a fuller update would return to the Improvement Board. The support-while-waiting offer had received positive feedback, but demand was exceptionally high. The proposed model would retain a universal offer while using activity data to target more bespoke specialist support. The significant constraint was that no existing team had sufficient capacity to deliver the full specialist offer, so alternative professional and community delivery models were being explored. Members confirmed that young people aged 16 would remain on the children's pathway until age 18 rather than being removed early and required to restart within adult services. Previous examples appeared to have resulted from communication breakdowns. At 18, transition to the adult pathway would take place, although adult waiting times remained substantially longer. Demand and prevalence information had been analysed to support future modelling. The Board discussed variation in private-provider assessments. An accreditation programme was being developed to identify providers whose assessments were considered robust. The emerging children's pathway would begin with a digital point of contact and gather information about the child's presentation at home and school. Strategies

	and reasonable adjustments would be offered early, followed where appropriate by more detailed assessment and consideration through a multidisciplinary panel involving community services, speech and language professionals and schools. Separate referrals for autism and ADHD would not be required. The Board supported the principle that the pathway should be needs-led and follow a social rather than purely medical model, with support not dependent on diagnosis. The interaction between different navigator roles was raised, family hubs SEND navigators, neurodevelopmental navigators, Neu Way Support navigators and SEND Information and Advice Service. The revised commissioning model included a more clearly defined neurodevelopmental pathway navigator role, but detailed functions, skills and measures needed to be worked through. **Decisions:** • The future model should use five local footprints with a consistent Lancashire-wide service specification with an update shared at the next board meeting for assurance. • The pathway should be integrated, multidisciplinary and needs led. • Diagnosis must not be a prerequisite for early strategies, adjustments or support. • Young people should remain on the children's pathway until age 18. • Navigator roles to operate as a coordinated system rather than separate signposting routes.
8. Area for Improvement 1 – Communication (including LPCF / POWAR)	**Parent Carer Forum update** The Board heard that a feedback model had been developed to bring together comments from social media, live engagement sessions, drop-ins and the website. Information had begun to be collected from September and could be grouped into themes to support more consistent reporting. It was recognised that immediate issues were already being addressed, but the partnership did not yet have a sufficiently clear process for showing how feedback had influenced decisions and what difference had been made. The Board discussed how feedback should move through the governance structure. Relevant routes included the Communication / Local Offer Group, the EHCP Improvement Group's lived-experience reporting, the Operations Board and then the Improvement Board. Members agreed that the Improvement Board should not review every individual issue but must be assured that feedback had reached the appropriate workstream, had been acted upon and had resulted in a closed feedback loop with families. A more formal monitoring arrangement was proposed alongside existing informal conversations. The frequency would need to reflect the nature of the feedback, as some issues required immediate action while recurring themes might be more

	appropriately considered through periodic reports. Recruitment to strengthen delivery capacity was also underway. **Decision:** A formal process will be established for capturing, routing, acting on and reporting family feedback while preserving immediate responses to urgent or individual issues. **Action 2:** Paula Green working with the Parent Carer Forum, to agree the feedback-governance process with LPCF. **Children and young people's participation and co-production** The draft Children and Young People's Participation and Co-production Strategy 2026–2029 was presented for partnership feedback. The strategy proposed use of the Lundy model and applied across education and children's services, including SEND. Young advisers had helped develop the document and challenged technical language, resulting in a glossary and an intention to maintain a single accessible version. The Board welcomed the strategy but stressed that its success must be judged by evidence of influence and impact rather than the number of engagement opportunities. Members highlighted the need to track long-running projects from what children and young people had said, through resulting decisions and actions, to the eventual difference made. The Takeover Day recommendations and participation in capital planning were cited as opportunities for organisations to demonstrate tangible responses. Members distinguished genuine co-production from consultation. Questionnaires or professional discussions alone should not be described as co-production. The partnership needed to communicate the different levels of participation more clearly and be transparent where activity was consultation rather than co-production. Dave agreed to take this issue away for further discussion. The Board also identified a gap in participation by younger children. Current arrangements were stronger for secondary-school-aged children and young adults than for early-years and primary-aged children. The child's voice should not be omitted solely because of age or communication method. School councils were discussed as a potential mechanism for strengthening participation. Practice varied significantly, from tokenistic arrangements to effective child-led councils. Members considered whether Lancashire should develop or promote a quality standard using existing research, quality marks and evidence about voice, belonging and influence, regarding what makes a good school council. Direct participation in primary and secondary headteacher events was welcomed by board members.

	Decisions: • The Board supported the overall direction of the participation and co-production strategy. • Partnership activity must distinguish clearly between consultation, participation and co-production. • Demonstrating influence and impact should be central to future reporting. • Participation arrangements should be strengthened for early-years and primary-aged children. **Action 3:** Board members to provide comments to Jenny Ashton / Clare Smith on the draft strategy ahead of its next approval stage. **Action 4:** Dave Carr to consider how understanding of the Lundy model and genuine co-production can be strengthened across the wider workforce. **Action 5:** Clare Smith to develop stronger approaches for involving younger children, including non-verbal and age-appropriate methods and explore a Lancashire quality standard or shared best-practice framework for effective school councils.
9. Area for Improvement 2 – Preparation for Adulthood (PfA)	The Board noted that there had been no significant change since the previous meeting and that Preparation for Adulthood contained several delayed or off-track actions. Task-and-finish groups were now being used to progress the young adults pathway, transition guidance, partnership training, and the transitions pathway protocol and assurance arrangements with health and social care. A Preparation for Adulthood deep dive was planned with Cath Hitchen for the week after the October half-term. This would consider the Section 14 response, transitions, adult services and joint commissioning. Although the expected monitoring inspection would focus principally on the priority actions, members agreed that Preparation for Adulthood remained an important area of risk and that the partnership needed to remain ready for a full inspection. **Decisions:** • Preparation for Adulthood will remain under active oversight. • A broader joint presentation should return to the Board following the planned deep dive. **Action 6:** Jenny Ashton to add a broader Preparation for Adulthood update to the forward plan, covering children's and adults' services, health, social care and joint commissioning.

11. Risk register	The Board considered whether any discussion during the meeting required a new risk or amendment to an existing risk. No additions or changes were proposed. **Decision:** The risk register was accepted without amendment.
12. Forward Plan	The forward plan was reviewed. **Decision:** The forward plan was accepted, subject to inclusion of the broader Preparation for Adulthood update.
13. AOB	The Board reviewed the revised Terms of Reference, focusing particularly on the governance map. Members supported the overall direction but identified further work needed to clarify how task-and-finish groups report, how delivery timescales are controlled, and how roles and responsibilities operate across the Board. The discussion highlighted the need for strategic oversight of joint commissioning, including work outside Experts at Hand, and clearer expectations for health providers, schools, settings and sector leaders. Structural changes had separated some commissioning and SEND functions in the Integrated Care Board, while the current joint commissioning group had narrowed its focus towards Experts at Hand. Members noted that other joint arrangements existed, including for health and family hubs, but there was no overarching forum immediately beneath the Board providing strategic oversight of all commissioning activity. The Board considered that joined-up oversight was required even if detailed commissioning work continued in separate groups. **Decisions:** • The Terms of Reference were agreed, subject to further discussion and strengthening in the next iteration. • Strategic oversight of joint commissioning needs to extend beyond Experts at Hand. **Action 7:** Dave Carr and Peter Chapman, working with Jenny Ashton to review the overarching governance of joint commissioning and make the minor wording and group-name amendments identified at the meeting. (Links to Action 1)
16. Close	The Chair thanked members for their contribution and recognised the substantial volume of work taking place across the partnership. The Board noted the positive direction of travel on EHCP timeliness and the closer, more collaborative working across partners, while acknowledging that significant work remained. The next meeting was scheduled for **11 November 2026, 2.00–4.00 pm**.