

Integrated Care Board

Date of meeting	19 March 2025
Title of paper	Special Educational Needs and/or Disabilities Position Statement
Presented by	Professor Sarah O'Brien, Chief Nursing Officer
Author	Peter Chapman – Associate Director, SEND
Agenda item	16
Confidential	No

Executive summary

The SEND agenda is a national challenge as demand continues to grow at a significant rate year on year. The ICB is currently not fulfilling a range of its statutory duties in relation to SEND. This is evidenced by 3 recent activities – inspection activity (Lancashire and Westmorland and Furness), Piloting of the new SEND NHSE Assurance Framework and Provider Benchmarking.

Demand currently grows at a rate of 14% a year and has shown total growth of 204% since 2017. The associated resource and infrastructure have not grown at the same pace and as a result the ICB SEND team has been in business continuity since November 2024 and is unable to discharge its statutory responsibilities in relation to co-ordination and sending out of EHCP plans for the health system or responding to tribunal requests.

Recent regulatory inspection activity has resulted in Lancashire SEND partnership being found to be systemically failing children and young people with SEND, resulting in a requirement for an independently chaired improvement board and the development and delivery of a Priority Action Plan.

A new ICB Quality Assurance framework launched by NHSE shows a total level of compliance of the ICB as being at only 24%.

A provider benchmarking exercise undertaken by the ICB showed significant gaps and very limited assurance around SEND compliance in all our main NHS providers.

This paper sets out the ICB statutory responsibilities, current challenges and some of the mitigations we are putting in place but notes the need for more resource to respond to the Lancashire Improvement notice and within the ICB SEND team to ensure delivery on our statutory responsibilities.

Recommendations

1.1. The Board is requested to:

1. Note the contents of the report including the national and local challenges in meeting the statutory requirements for ICBs and wider health providers of the SEND Code of Practice given the exponential rise in demand.
2. Note the systemic failings judgement from the recent Lancashire SEND partnership inspection and the associated implications for the ICB and health provision.

3. Note the areas for priority action and improvement required because of the area SEND inspections and the pilot NHSE quality assurance framework outcomes. 4. Approve a proposal for Executive SEND lead to agree the final Priority Action Plan and that delivery of the plan will be monitored through the ICB Quality Committee alongside the Partnership Improvement Board. 5. Recognise the need to allocate resources to the SEND agenda to respond to the inspection findings and subsequent improvement notice and approve for the Executive Team to determine how to do this as part of planning for 25/26.				
Which Strategic Objective/s does the report relate to:				Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience			✓
SO2	To equalise opportunities and clinical outcomes across the area			✓
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees			
SO4	Meet financial targets and deliver improved productivity			✓
SO5	Meet national and locally determined performance standards and targets			✓
SO6	To develop and implement ambitious, deliverable strategies			✓
Implications				
	Yes	No	N/A	Comments
Associated risks	✓			Multiple risks documented in Appendix 7
Are associated risks detailed on the ICB Risk Register?	✓			Risk of non-compliance with statutory requirements
Financial Implications	✓			Significant financial risks linked to Right to Choose
Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	Date			Outcomes
N/A				
Conflicts of interest associated with this report				
N/A				
Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	
Report authorised by: Professor Sarah O'Brien, Chief Nursing Officer				

Integrated Care Board – 19 March 2025

Special Educational Needs and/or Disabilities Position Statement

1. Introduction

- 1.1. The purpose of this report is to provide the ICB Board with an overview of the current position of the ICB and wider health system in meeting statutory requirements to support children and young people aged 0-25 years with Special Educational Needs and Disabilities (SEND) across Lancashire and South Cumbria.
- 1.2. Recent national and local interest in the SEND system has deemed the system to be in crisis. A National Audit Office report in October 2024 found that the system is failing to deliver better outcomes for children and young people. The report concludes that the SEND system is financially unsustainable and in urgent need of reform. A further report of the Public Accounts Committee published in January 2025 found widespread variation in a system failing to meet needs to such a degree, it will create a “lost generation” of children. The report reflects on the limited focus on SEND amidst the competing priorities across the NHS.
- 1.3. SEND is an area experiencing exponential growth. Nationally, demand for Education, Health and Care Plans (EHCP) has soared by 140% since 2015 and this reflects the level of demand locally. The local demand is demonstrating a year-on-year growth, and the reasons for this are multifaceted. Health services have a critical role to play in undertaking assessments of children and young people to identify needs and in meeting those needs. This is a significant challenge, with extremely lengthy waiting times to access some key health services.
- 1.4. This report identifies several risks in delivering the statutory requirements for SEND across the health system in Lancashire and South Cumbria. The report captures the significant concerns identified in recent inspection activity and the outcome of the first Quality Assurance Framework review of the ICB.

2. Background

- 2.1. The SEND Code of Practice (2015) sets out the legal requirements and statutory guidance that the ICB and wider health services have a duty to follow for children and young people with special educational needs and/or disabilities. The statutory requirements are as follows:

Work together across education, health and care for joint outcomes
Jointly commission with local authorities
Cooperate with the local authorities in developing/reviewing the local offer
Provision of health in early years including notification to local authorities of children who may have SEND
Cooperate with the Education Health and Care Plan (EHCP) process

Offer Personal Health Budgets
Support seamless transitions from children's to adult services
Notification of children with an EHCP transferring in and out of area
Disagreement resolutions
Cooperate in tribunal processes
Consideration of vulnerable children such as children in care and children in youth custody
Ensure there are Designated Medical/Clinical Officers (DCO) to support the activities above

- 2.2. The Health and Care Act (2022) sets out the requirement for each ICB to have a board-level executive lead for children and young people with SEND to lead on supporting the chief executive and the board to ensure that the ICB performs its functions effectively in the interests of children and young people with SEND (0-25). For LSC ICB, as with other ICBs nationally, this role is held by the Chief Nursing Officer.
- 2.3. In 2024, a new inspection framework and handbook were published for joint SEND inspections of local areas, on a local authority footprint, by Ofsted and Care Quality Committee (CQC). Inspections assess the extent to which local partners comply with the legal duties for children and young people with SEND.

3. Increase in demand / activity

- 3.1. In line with the national picture, there has been continued growth across LSC in demand for services to assess and support children and young people with SEND within all four local authority areas across.
- 3.2. For Education, Health and Care Plans (EHCP's), the total number of active plans has increased across the ICB footprint every year and continues to grow at a concerning rate of 14% (2023-24), with a 204% increase since the DCO team was established.
- 3.3. The total number of EHCP's for each LA is set out below for the period 2017 to 2024.

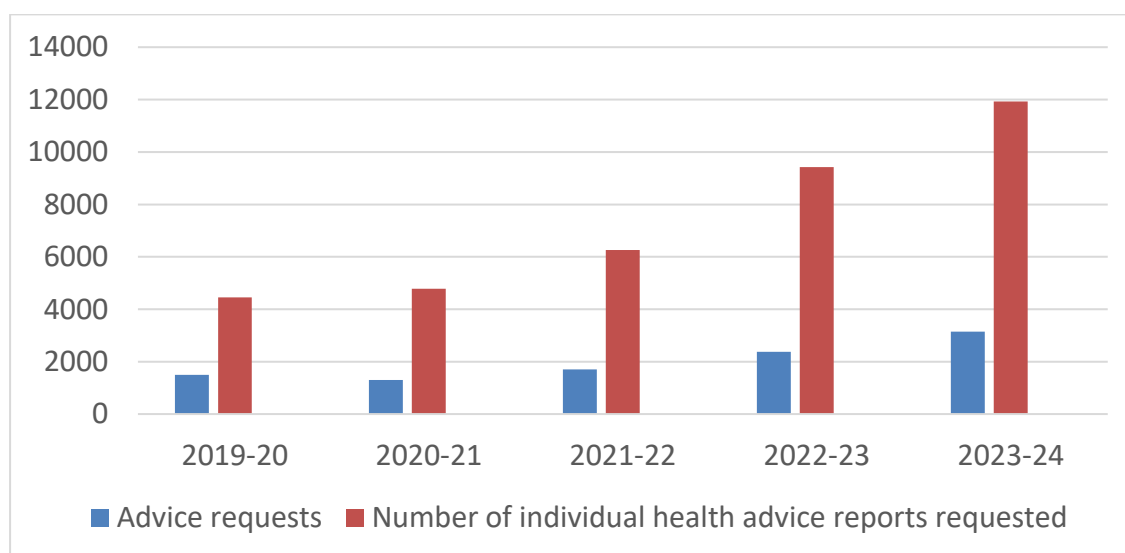
	2017	2018	2019	2020	2021	2022	2023	2024
Blackburn with Darwen	529	752	821	895	992	1,054	1,174	1,322
Blackpool	553	720	858	1,021	1,206	1,249	1,312	1,462
Lancashire	3,358	5,724	7,042	7,287	8,085	8,691	9,803	11,258
Total	4620	7196	8721	9203	10283	10994	12289	14042
*Westmorland and Furness	no data	no data	no data	no data	no data	no data	no data	2,196

* data was not collected in W&F due to different commissioning arrangements

- 3.4. The health response for each new request for an Education Health and Care Needs Assessment (EHCNA) is coordinated by the DCO administration team. Complex children can be known to multiple health teams across several provider

organisations. Clinicians from provider organisations complete their advice and return to the DCO Admin. There is limited internal coordination within providers to produce joined up advice and monitor return compliance. The ICB led coordination process is not in place in South Cumbria. In this case, providers liaise directly with the local authority to submit their advice.

- 3.5. The total number of individual health advice requests generated, compared to the total number of new EHCNA is shown below.



- 3.6. In 2021, the Department for Education confirmed that the trial to extend the powers of the SEND tribunal to hear appeals and make non-binding recommendations about health and social care aspects of Education, Health and Care (EHC) plans, provided those appeals also include education elements would be formalised. The DCO service are often the first point of contact for families, responding to queries, complaints and tribunals which can sometimes be aggressive and threatening. Some local areas have higher numbers of complaints and tribunals than others. Lancashire has a particularly high number of complaints and tribunals which can take a considerable amount of time to respond to.
- 3.7. The number of appeals against SEND decisions nationally have risen from 6,000 in 2018 to 15,600 in 2023, with 98% found in favour of parents. The use of mediation and tribunals has also increased. Data for 2024 has not been released yet, but anecdotal evidence indicates this rate of growth has continued.

Local Area	Number of mediation cases/tribunals	2022	2023
Blackburn with Darwen	Number of mediation cases that have been held	8	17
	Total tribunals	4	3
Blackpool	Number of mediation cases that have been held	5	31
	Total tribunals	3	5
Lancashire	Number of mediation cases that have been held	52	156

	Total tribunals	58	88
	Number of mediation cases that have been held	no data	11
Westmorland and Furness	Total tribunals	no data	1

- 3.8. An internal process has been drafted to support the management of tribunals including appropriate legal input. This will be developed further with the local authorities to improve communication and robust decision making.

4. ICB delivery of its statutory arrangements

- 4.1. Delivery of the SEND agenda aligns with each of the local authority footprints.
- 4.2. The ICB established an internal SEND Assurance Group in January 2024 to monitor progress in meeting its statutory requirements. The group has escalated risks and challenges internally to the ICB Quality Committee. The ICB inability to meet statutory requirements is logged on the ICB corporate risk register as high risk.
- 4.3. To support ICB assurance of compliance with SEND requirements, NHSE have developed a new Quality Assurance Framework (QAF). The ICB has been the Northwest pilot site for the new framework and completed an audit on each local authority footprint in November 2024.
- 4.4. The QA framework has five domains:
1. Leadership and partnership – governance, strategy, action planning, oversight and reporting arrangements
 2. Performance and impact – data, complaints, EHCP processes
 3. Coproduction – involvement of children, young people, parent carers, local offer
 4. Joint commissioning/Commissioning – joint commissioning arrangements, review of arrangements, commissioning for complex needs, continuing care and PHBs, transition
 5. Workforce, delivery and integration – ICB capacity and governance as well as primary care and provider workforce planning, governance and escalation routes
- 4.5. In accordance with the assessment criteria across the five domains, **the ICB is only 24% compliant overall** in delivering on our responsibilities. The average compliance rating of the ICB is scored at amber, the second lowest rating; some progress made but no impact demonstrated.
- 4.6. An overview of compliance split by local authority area, reflects this same picture, with all local areas primarily scoring amber.
- 4.7. When reviewing each domain separately across the ICB, there is a varying picture of compliance with leadership and partnership scoring the highest grade.

However, both performance and co-production are the weakest areas. Whilst 57% of performance and impact is scored at 82%, by far the most significant area for improvement is coproduction, with 82% of criteria scoring amber. Although both joint commissioning/commissioning and workforce domains score an average amber rating, it is worth noting that 30% of workforce is graded red, and commissioning, 36% amber.

Compliance Level by Domain	Red	Amber	Yellow	Green	Blue
Leadership & Partnership (68)	1 (2%)	10 (15%)	11 (16%)	20 (29%)	26 (38%)
Performance & Impact (72)	13 (18%)	41 (57%)	11 (15%)	3 (4%)	4 (6%)
Co-production (44)	0	36 (82%)	8 (18%)	0	0
Joint Commissioning & Commissioning (60)	0	22 (36%)	28 (47%)	6 (10%)	4 (7%)
Workforce, Delivery & Integration (40)	12 (30%)	8 (20%)	16 (40%)	4 (10%)	0

5. System assurance

5.1. In July 2024, the SEND Team conducted a benchmarking process with providers to understand the SEND landscape, identify good practice and focus future developments. Key lines of enquiry were based on the requirements within the Code of Practice (2015) and the SEND inspection framework (2024) across the following themes:

- Governance, delivery and communication including the local offer
- Identification of SEND
- Education health and care plan processes
- SEND appeals
- Children transferring in and out of area
- Transition to adults
- Workforce development
- Data
- Inspection readiness

5.2. An overview of the benchmarking results is presented in Appendix 2. The findings are echoed in recent SEND inspection feedback and within the Quality Assurance Framework:

5.2.1. Governance arrangements are variable, and leadership and reporting are inconsistent.

- 5.2.2. Identification of SEND is a priority however the different Electronic Patient Record (EPR) systems do not support this impacting on ability to make reasonable adjustments.
 - 5.2.3. Processes are in place via the DCO Service for the submission of health advices, however quality assurance of advices, involvement in annual reviews and use of the early notification process requires improvement.
 - 5.2.4. Transitions pathways and policies are inconsistent and there is a gap in processes for children and young people transferring in and out of area.
 - 5.2.5. There is a lack of awareness of the legal requirements around SEND appeals and a gap in processes to support.
 - 5.2.6. SEND training and awareness is often limited to staff regularly involved in the statutory processes.
 - 5.2.7. Regularly reported data at a local authority level is not consistently available.
- 5.3. A specific and recurring challenge is a lack of dedicated SEND resource within providers resulting in limited ability to deliver on the agenda. This is most visible in the EHCP process which consistently identified that a lack of simple SEND infrastructure is significantly impacting the process.
- 5.4. It is recognised that there is a gap in relation to the understanding of the compliance with SEND requirements across primary care. The areas for development identified form part of the ICB SEND improvement plan. The ICB will be implementing a SEND service specification to formalise the expectations of commissioned providers.
- 5.5. To further strengthen the ICB assurance of compliance across the health economy, the aforementioned SEND Assurance Group is evolving into a system-wide SEND Oversight Group. Expanding the membership to include provider leads will aim to bring about a system partnership group to set strategy, assure and scrutinise health partners statutory delivery of SEND. The group will provide a unified and consistent health voice into the Local SEND Partnership Boards and joint commissioning forums.

6. Regulatory activity

- 6.1. The new Area SEND Inspection Framework (see Appendix 3) was jointly devised by Ofsted and the CQC and came into force on 5th April 2024.
- 6.2. There are 3 possible inspection outcomes, leading to different subsequent inspection activity:

The local area partnership's SEND arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership is taking action where improvements are needed.
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The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with SEND. The local area partnership must work jointly to make improvements.

There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with SEND, which the local area partnership must address urgently.

6.3. Lancashire SEND inspection December 2024

- 6.4. The Lancashire SEND Partnership was previously inspected in November 2017, where they were judged to have significant weaknesses in twelve areas and were required to produce a *Written Statement of Action* to address them. A further inspection was carried out in March 2020 to determine the response since the previous inspection. It was determined that the partnership had made sufficient steps in addressing seven of the twelve significant weaknesses but had not made sufficient progress in addressing the other five. An Accelerated Programme Plan was put into place and quarterly monitoring visits were conducted by the Department for Education (DfE). This was signed off in September 2021 with the DfE assessing that sufficient progress had been made against the five areas.
- 6.5. Lancashire Area SEND Partnership was inspected by Ofsted and CQC under the new framework in December 2024. Inspectors determined that there are **widespread and/or systemic failings**, and a Priority Action Plan (PAP) is therefore required alongside an Improvement Board, with an independent chair, to address these. The full report is published on the ICB website.
- 6.6. The inspection report sights 3 priority actions and 2 areas of improvement for the partnership to address.

6.7. Areas for Priority Action

- Leaders from the local authority and ICB should urgently work together to improve their shared strategic governance, oversight, commissioning, support, challenge and planning of services for children and young people with SEND. They should implement and monitor effective strategies to improve the experiences for children and young people with SEND in education, health and social care across Lancashire.
- Leaders from the local authority and ICB should significantly improve the process, timeliness, quality and oversight of EHC plans and annual reviews.
- Leaders from the ICB and local authority should continue to work together with urgency to address the delays and gaps in service provision within the current neurodivergent pathway. This is to meet the full range of needs of children and young people with SEND across Lancashire.

6.8. Areas for Improvement

- Leaders across the partnership should continue to improve their communication strategies at all levels. This includes communicating with children and young people with SEND and their families so that they are kept better informed about the support that they receive, plans in place to improve their outcomes and where to access support and guidance while waiting for assessment.

- Leaders across the partnership should continue to work collaboratively to ensure that young people with SEND from across the whole of Lancashire are well prepared for adulthood and transition.
- 6.9. The deadline for submission of the PAP to Ofsted and CQC is 25th March 2025 (Current draft attached as Appendix 6).
- 6.10. A monitoring visit is expected within 18 months followed by a full re-inspection within 3 years. If there is not the required progress on the Priority actions then an independent SEND commissioner may be appointed to ensure improvement.
- 6.11. Common themes for improvement across all local area partnerships**
- 6.12. In addition to the inspection of the Lancashire area, two other local area partnerships have been inspected recently; Blackpool in May 2024 resulting in a grading of inconsistent experiences and outcomes for children and young people with SEND. The outcome of the Westmorland and Furness inspection during February 2025 is awaiting publication however the ICB is aware that challenges around the Neurodevelopment pathway and health input into EHCP's are likely to feature in any recommendations. Inspections of Blackburn with Darwen and Cumberland local areas are expected this year.
- 6.13. There were common themes from a health perspective across all three of the inspections and it is highly likely that they will also likely be apparent in the Blackburn with Darwen inspection:
1. The neurodevelopmental (ND) pathway
Whilst the ND pathway was considered good in Blackpool at inspection, recent withdrawal of internal waiting list initiative funding has resulted in a significant decrease in performance and increase in waiting times.
 2. Education, Health and care Plans (EHCPs)
In all three areas EHCPs were identified as a weakness in particular the lack of health input into annual reviews, inconsistent health advice being supplied in both quality and timeliness and health professionals having access to the latest EHCP.
 3. Waiting times in Community Paediatrics and therapy services
 4. Multi-agency and partnership working and communication
 5. Transition and preparation for adulthood
 6. Lack of information and signposting on rejected referrals, particularly ND and CAMHS referrals
 7. Access to equipment
 8. Sharing of information with primary care e.g. EHCPs and notification of learning disability (LD) diagnosis
 9. Inequity of service offer dependant on locality
 10. Inability to provide granular level Data or create single joint data dashboards
- 6.14. The inspection process, preparatory work and improvement programmes resulting from inspections place a considerable burden on the ICB SEND Team and providers. There is a need to review opportunities to share resource across the ICB to minimise the impact on individual teams.

7. Response and Risks to Inspection findings and Quality Assurance shortfalls

- 7.1. There is a significant amount of work already underway to address the priorities and gaps identified through the QAF and inspection feedback. Transformation programmes are in progress in relation to commissioning: neurodevelopmental pathway transformation, community paediatrics review, equipment review and speech and language therapy redesign. Learning from best practice in other areas including the use of position statements to support decision making across the partnership.
- 7.2. A working group is in place to develop a transitions framework for health for Lancashire and South Cumbria.
- 7.3. The ICB have signed up to the Lundy model of coproduction and an annual engagement piece is being piloted to gather feedback from children, young people and parent carers.
- 7.4. Improvements in provision of integrated data are being driven through the partnerships. A quarterly high level ICB audit is taking place of the health information on the local offer.
- 7.5. A system wide review engaging with local authorities and providers, is required to streamline the EHCP process, considering how we maximise digital opportunities.
- 7.6. Development and implementation of a SEND service Specification is a key Commissioning Intention for 2025/26. The intention is to set out delivery of SEND responsibilities for providers through a SEND service specification to hold providers to account through the newly formed SEND Oversight Group.
- 7.7. There are a large number of risks across the system in relation to meeting the statutory responsibilities for SEND for health. These are set out in appendix 7 and include a mix of reputational risk, financial risk, patient harm and regulatory failings. Some key ICB risks are outlined below
- 7.7.1. Lack of DCO resource has been a risk on the CYP risk register since 2022 sitting over two key areas, DCO workload and DCO administration, impacting on delivery of statutory functions for the ICB. During this time, the level of demand has significantly increased (as set out earlier in this report) as well as the complexity of the work undertaken.
- 7.7.2. The increased demand of the EHCP process and requirement to respond to the appeals means there is currently limited capacity for the team to robustly deliver the full service offer across the whole ICB footprint. The team is currently in Business Continuity and is unable to share final EHCP plans with health providers which will only cause a further deterioration of the current position on compliance.
- 7.7.3. The lack of team capacity also prevents the team from undertaking a strategic role in ensuring health services are meeting their statutory duties for SEND, delivering on multi-agency audits and assurance, multi-agency

training, working collaboratively with parent carers and jointly with local authority and ICB commissioners for effective provision.

8. Recommendations

8.1. The Board is requested to

1. Note the contents of the report including the national and local challenges in meeting the statutory requirements for ICBs and wider health providers of the SEND Code of Practice given the exponential rise in demand.
2. Note the systemic failings judgement from the recent Lancashire SEND partnership inspection and the associated implications for the ICB and health provision.
3. Note the areas for priority action and improvement required because of the area SEND inspections and the pilot NHSE quality assurance framework outcomes.
4. Approve a proposal for Executive SEND lead to agree the final Priority Action Plan and that delivery of the plan will be monitored through the ICB Quality Committee alongside the Partnership Improvement Board.
5. Recognise the need to allocate resources to the SEND agenda to respond to the inspection findings and subsequent improvement notice and approve for the Executive Team to determine how to do this as part of planning for 25/26.

Appendix 1: NHSE Quality Assurance Framework Scoring Criteria

BRAG rating criteria

RED	No progress has been made in terms of actions therefore no impact of progress
AMBER	Some progress has been made in terms of actions, however no impact of progress
YELLOW	Progress has been made in terms of actions and there is emerging impact of progress
GREEN	All actions completed, and some limited impact evidenced
BLUE	Actions have been completed and clear impact of progress

Appendix 2: Provider benchmarking findings July 2024

Theme	Successes	Gaps
Provider governance arrangements, delivery and communication around SEND	SEND Exec leads in place in all providers with the exception of MWL. SEND Champions are in place across all providers. Escalation routes in place and most trusts include SEND in reporting through the organisation. Some trusts have SEND policies setting out expectations.	Provider governance is variable. Inconsistency in SEND leads and champion roles within trusts, capacity dedicated to SEND. Robustness in reporting and visibility across the organisation unclear. There is a lack of awareness outside of children's services in some providers. Published provider information specific to SEND is not yet available.
Identification of SEND	Providers are working towards being able to identify children with SEND at point of referral and in records. ICB have stipulated this as a commissioning intention.	Many different record systems within a provider will impact on consistency and access to any flag, for example community records may not be available in ED. Providers need to put in place clear, consistent arrangements for reasonable adjustments
EHCP processes	Majority of providers have a clear process for receiving and submitting EHCNA	Early notification process Further support for good quality advice QA of advices Invitations and attendance at annual reviews

Transitions	All providers identify transitions as a priority. Progress made in developing transitions protocols and examples of good practice.	A process for transfers in from out of area is not in place. Process/pathways for transitions are inconsistent.
Appeals	Some moves towards processes for appeals. Key staff have expertise to share within trusts.	Lack of awareness of wider staff around legal process and requirements
Workforce	Staff regularly involved in SEND processes have received training	Training and awareness of wider workforce including senior leaders.
Inspection readiness	Key contacts in place across most providers. Arrangements either firmly or partially in place for cascading of information	Some work to do to embed cascade of information and collation of evidence.
Data	Further clarity required to understand availability of information, reporting routes and escalations within providers	

Appendix 3: Area SEND inspection framework and handbook (2024) link

[Area SEND inspections: framework and handbook - GOV.UK](#)

Appendix 4: Previous Inspection Activity in Lancashire

The Lancashire SEND Partnership was previously inspected in November 2017, where they were judged to have significant weaknesses in twelve areas and were required to produce a Written Statement of Action to address. Areas for improvement at this time were:

1. The lack of strategic vision across the partnership
2. Leaders' inaccurate understand of the local area
3. Weak joint commissioning arrangements that are not well developed or evaluated
4. The failure to engage effectively with parents and carers
5. The confusing, complicated and arbitrary systems and processes of identification
6. The endemic weaknesses in the quality of EHC plans
7. The absence of effective diagnostic pathways for ASD across the local area, and no diagnostic pathway in the north of the area
8. No effective strategy to improve the outcomes of children and young people who have SEN and/or disabilities
9. Poor transition arrangements in 0-25 healthcare services
10. The disconcerting proportion of children and young people who have an EHC plan or statement of SEN who are permanently excluded from school
11. The inequalities in provision based on location
12. The lack of accessibility and quality of information on the local offer

A further inspection was carried out in March 2020 to determine the response since the previous inspection. It was determined that the partnership had made sufficient steps in addressing seven of the twelve significant weaknesses but had not made sufficient progress in addressing the other five. These were:

1. Leaders had an inaccurate understanding of the local area
2. There were weak joint commissioning arrangements that were not well developed or evaluated
3. There was an absence of effective diagnostic pathways for autism spectrum disorders (ASD) across the local area and no diagnostic pathway in the north of the area
4. Transition arrangements in 0 to 25 healthcare services were poor
5. The local offer was inaccessible, and the quality of information published was poor

An Accelerated Programme Plan was put into place and quarterly monitoring visits were conducted by the Department for Education (DfE). This was signed off in September 2021 with the DfE assessing that sufficient progress had been made against the five areas.

Appendix 5: Inspection Report links

[Blackpool SEND Inspection Report](#)

[Lancashire SEND Inspection Report](#)

Appendix 6: Draft Lancashire Inspection Priority Action Plan



Priority Action Plan

For children and young people with special educational needs and disabilities (SEND)

V4 5.3.25



Introduction

The local area partnership is required to prepare and publish a Priority Action Plan (PAP) by the 25 March 2025 to address concerns identified following the recent Ofsted Inspection (25 November – 13 December 2024). The partnership is committed to working collaboratively to improve the lived experiences and outcomes of our children and young people with SEND, and their families

We recognise the need to reset and refresh the way we work with each other and are committed to ensuring SEND is a key priority in Lancashire. The partnership is collectively ambitious for children and young people with SEND and their families. We are committed to continuous improvement to deliver the best outcomes for children and young people with SEND, and we strive to establish a new culture of transparency, building trust.

Our shared ambition is for all children and young people with special educational needs and disabilities to be included and supported to thrive from early years into adulthood, where they will be safe, happy and healthy, achieving their potential, and receiving the right support at the right time to achieve their aspirations.

This Priority Action Plan sets out our commitment and the steps we will take, detailing the 3 priority areas and 2 areas for improvement identified during the inspection. It also details the expected impact of actions, the key indicators of what success looks like, and the measures we will take to monitor and evidence sufficient progress.

The partnership is committed to listening to the voices of professionals, children, young people and their families, to shape and deliver the plan. We will ensure we fully engage and communicate at all stages to ensure we achieve our ambition. We know that we have much work to do but we are confident that working together we will improve the lives of children and young people with SEND.

Together we aim to achieve positive outcomes for children and young people with SEND by working through our five priorities:

1. Leaders from the local authority and ICB should urgently work together to improve their shared strategic governance, oversight, commissioning, support, challenge and planning of services for children and young people with SEND. They should implement and monitor effective strategies to improve the experiences for children and young people with SEND in education, health and social care across Lancashire.
2. Leaders from the local authority and ICB should significantly improve the process, timeliness, quality and oversight of EHC plans and annual reviews.
3. Leaders from the ICB and local authority should continue to work together with urgency to address the delays and gaps in service provision within

the current neurodivergent pathway. This is to meet the full range of needs of children and young people with SEND across Lancashire.

4. Leaders across the partnership should continue to improve their communication strategies at all levels. This includes communicating with children and young people with SEND and their families so that they are kept better informed about the support that they receive, plans in place to improve their outcomes and where to access support and guidance while waiting for assessment.
5. Leaders across the partnership should continue to work collaboratively to ensure that young people with SEND from across the whole of Lancashire are well prepared for adulthood and transition.

Our partnership

The local area partnership is made up of:

- Lancashire County Council,
- Lancashire and South Cumbria Integrated Care Board,
- Health providers,
- Education providers,
- Lancashire Parent Carer Forum
- POWAR (SEND Forum for children and young people).

[The Lancashire SEND Partnership](#) brings together all the agencies in Lancashire which provide services to Children and Young People with special educational needs and disabilities (SEND) and their parents and carers, with representatives from those who use our services. The Partnership continues to develop and evolve, with the aspiration to become a partnership which is strong and built on mutual respect, collaboration, and constructive challenge, working to drive continuous improvement in the lived experiences and outcomes of Children and Young People with SEND.

Strategic Vision

The Lancashire SEND partnerships vision is that children and young people with SEND in Lancashire will have the opportunities to achieve their potential and ambitions, reaching their best outcomes. They will access local schools or provisions that foster friendships and be valued community members. With good social, emotional, and physical health, they will be well-prepared for a fulfilling adult life. Early identification and timely support will be offered by partners who share responsibility to ensure child-centred, accessible, and responsive services.

Governance

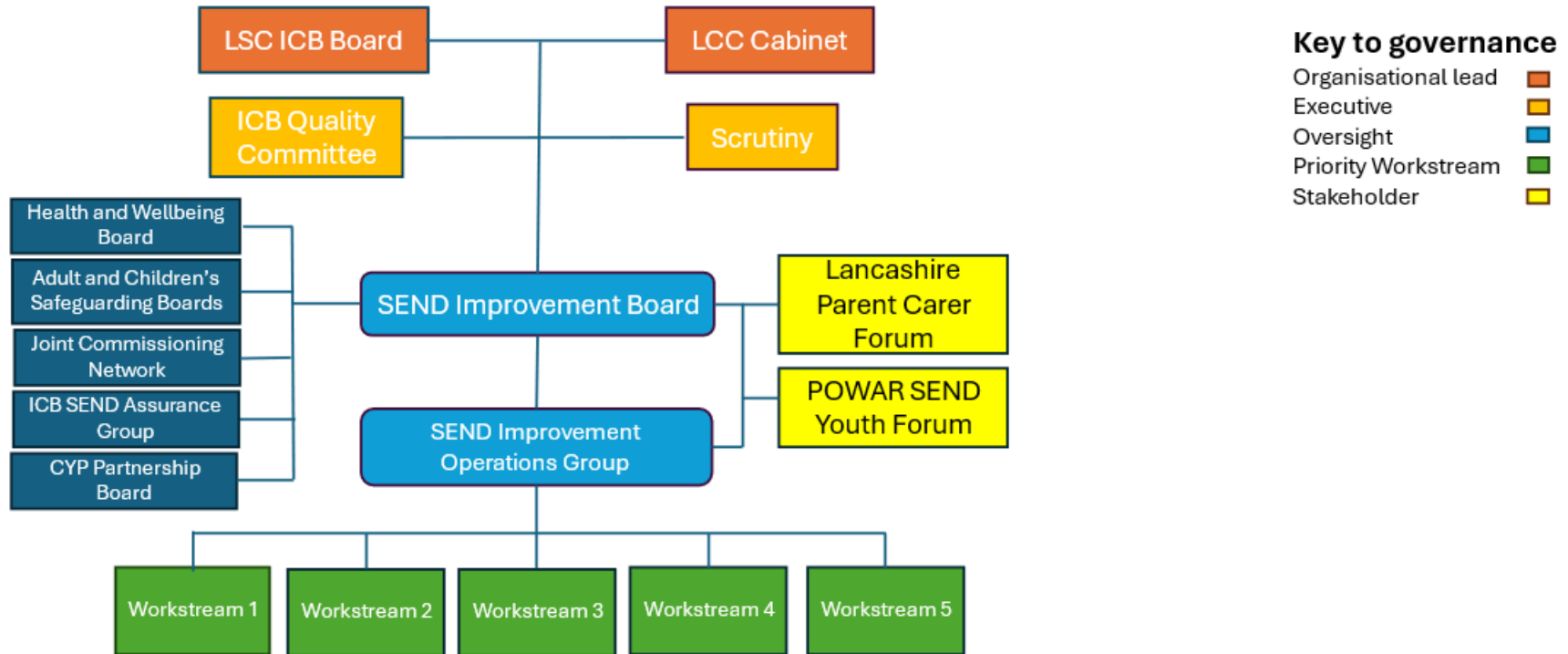
Since the SEND inspection we have reviewed our governance arrangements accountability structures and processes. Oversight and assurance of the Priority Action Plan (PAP) will be through the Lancashire SEND Improvement and Assurance Board (SIAB). The Lancashire SEND Improvement and Assurance Board will be chaired by TBC. The Board will provide both high support and high challenge across the partnership, facilitating solution-focussed practice to resolve issues and barriers that impact on the timely delivery of actions. The SEND Improvement and Assurance Board will be time-limited for the lifetime of the Improvement Programme, or until it can be transitioned into business-as-usual partnership governance arrangements. The board will report into existing governance structures to ensure clear lines of accountability and oversight by local councilors and the Integrated Care Board (ICB) governing body. Members of this board will be identified based upon their leadership roles and responsibilities, to drive delivery on the priority areas for action and improvement from across the Social Care, Health and Education and crucially will include the Lancashire Parent carer Forum and POWAR. (See Appendix 1)

The SEND Partnership Improvement Operations Group (SPIOG) will provide strategic oversight of operations activity with a specific focus on progress and impact. It will regularly review and analyse data as well as engage and communicate with all partners, specifically parent carers, children, and young people, through the Lancashire Parent Carer Forum and POWAR youth participation group. The group will also be responsible for co-ordinating the mapping, tracking and planning of partnership actions. Members will provide oversight and scrutiny of progress on SEND actions, identify themes and issues to be raised with leads and /or SEND Improvement and Action Board and provide monthly updates on current activity and progress. The SPIOG will be co-chaired by the Head of SEND and Inclusion for LCC and the Associate Director for SEND and Complexities, LSC Integrated Care Board.

Co-production is at the heart of how we deliver for Children with Special Educational Needs and or Disabilities and their families. Partners across the Local Area recognise the essential role that children and young people play in the development and improvement of services and have worked to ensure these voices are heard in key strategic governance groups, to steer, advise and meaningfully influence service improvement and decision making. To ensure we place children, young people and families at the centre of what we do, regardless of which organisation or team. we have co-produced a Working Together document ([Lancashire SEND Partnership Working Together Strategy 2023-2025 - Lancashire County Council](#)). This will be reviewed annually as part of the ongoing co-production across the partnership.

This Priority Action Plan has been co-produced with all our partners through a variety of engagement events, feedback through the local offer, including wider views of parent carers via Lancashire Parent Carer Forum and children and young people via POWAR.

Governance Structure



Delivery of the SEND Priority Action Plan – Workstreams

	Workstream	Lead	Area of focus
1	Leadership, partnership and Joint Commissioning	TBC Dave Carr Kirsty Hamer	<ol style="list-style-type: none"> 1. Strategy and vision 2. Integrated Commissioning 3. Integrated Intelligence (outcome monitoring, quality assurance, performance management) 4. Finance 5. JSNA <p>Note: Leadership and partnership will be the 'golden thread' that will cut across each workstream</p>
2	EHCPs / Annual Reviews	TBC Cerys Townend Laura Gibney Richard Johnson	<ol style="list-style-type: none"> 1. Identification of children and young people who would require an Education, Health, and Care Needs Assessment 2. Assessment timeliness 3. Service provision 4. Quality assurance and management oversight across the partnership 5. SEND workforce development
3	Neuro-divergent (ND) Pathway (Standing ICB Group)	TBC Peter Chapman Cerys Townend	<ol style="list-style-type: none"> 1. Commissioning of consistent support offer for ADHD and ASD across Lancashire 2. Provision of a NICE compliant pathway 3. Delivery of a streamlined referral system 4. Reduce average waiting times and level of variance in waiting times 5. Improved communication with CYP, families and professionals (Health, Education and Social Care) on the pathway and available support services
4	Working Together	TBC David Rogers Paul Turner Sam Jones	<ol style="list-style-type: none"> 1. Views and influence of children, young people, and families 2. Communication, collaboration and co-production 3. Engagement and participation 4. Partnership workforce development
5	Transitions and Preparation for Adulthood	TBC Louise Anderson Lauren Jackson	<ol style="list-style-type: none"> 1. Transition points in the journey of the child from nursery to FE / Employment 2. Transition points in the journey of the young person – education, health and social care 3. Housing 4. Employment

Priority Action Plan Actions

The lead for each workstream will provide professional expertise and challenge for their areas, including leading assurance reporting and working with responsible officers for individual actions.

For each priority action / area for improvement the plan identifies:

- Sub-themes
- Actions
- Timescales
- Evidence of impact for CYP and their families
- Key Performance Indicators (KPI's)

We will use RAG ratings to demonstrate progress on the action and impact:

Red		Actions delayed and not on track
Amber		Actions on track
Green		Actions completed

Unless specified timescale dates will be the end of the month.

1. Leaders from the local authority and ICB should urgently work together to improve their shared strategic governance, oversight, commissioning, support, challenge and planning of services for children and young people with SEND. They should implement and monitor effective strategies to improve the experiences for children and young people with SEND in education, health and social care across Lancashire.				
Leadership, partnership and joint commissioning				
1.1	Outcome: The Local Area Partnership has clear governance, oversees and rapidly drives forward the required improvement, it develops a shared partnership's framework for intelligence and insight to ensure oversight across education, health and social care. High level investment and accountability is evident across the partnership.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
1.1.1	Create a Local Area SEND Improvement Board to ensure high level accountability and challenge	Leadership and partnership	March 2025	<p>An Independent Chair appointed who has extensive SEND System experience.</p> <p>Terms of reference and membership agreed.</p> <p>Partners understand their roles and responsibilities.</p> <p>Ensure senior leadership representation from across the partnership.</p>
1.2	Outcome: There is confidence across the local area partnership that improvements are high on the agenda and actions will support CYP and their families. Joint governance structures ensure decisions are made collaboratively, enabling all stakeholders to have their voice heard. All relevant boards are sighted on and invested in the SEND priorities.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
1.2.1	Review and agree the governance structure to ensure appropriate level of support and challenge at all levels	Leadership and partnership	April 2025	<p>Governance structure chart complete and approved.</p> <p>Governance system is agreed by key partners and in place</p>

1.3	Outcome: Regular oversight from strategic decision makers lead to actions that improve experiences for CYP across education, health and social care systems			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
1.3.1	Implement process for each workstream to report progress through “highlight reports” for the Operations Group and Improvement Board, to enable challenge, decision making and to monitor impact against KPIs.	Leadership and partnership	June 2025	<p>Risk register and highlight report template agreed and in place for operations and Board meetings.</p> <p>Operational plan developed and agreed for each workstream.</p>
1.4	Outcomes: There is transparency in reporting outcomes and progress to stakeholders, including families and the community. Data reporting is joined up across the partnership. Data is available at a district level to support understanding of the variation in opportunities across education, health and care and will lead to mitigating actions. Progress in achieving the anticipated impact is regularly reviewed.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
1.4.1	Develop and agree outcome measures framework and quality assurance measures for the partnership, developing protocols for data reporting and use of the data dashboard to provide monthly reports.	Leadership and partnership	May 2025	<p>Data sharing protocol developed with shared outcome and quality assurance measures.</p> <p>An outcome framework for CYP is agreed, driving performance and leading to better experiences.</p> <p>KPIs from services are aligned to outcomes framework, shared and reviewed.</p>

1.4.2	Co-produce a prototype of a refreshed dashboard for the Improvement Board enabling data to be shared and analysed across the partnership as standard practice, so that the partnership can respond to changes in needs, as joint commissioners.	Leadership and partnership	May 2025	Data dashboard is established with a regular flow of data. Monthly reporting system with quarterly review in line with partnership priorities.
1.5	Outcome: There is ownership of the SEND strategy across all partners including schools and health providers. Implementation of the SEND strategy is overseen by the SEND Improvement board and there is evidence of positive impact on children, young people and their families.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
1.5.1	Develop and publish the SEND Strategy, a SEND Strategy on a page and local Priority Action Plan, developing long-term strategies that focus on sustainability and continuous improvement of SEND services.	Leadership and partnership	September 2025	Approval of the Priority Action Plan by SEND Improvement Board / ICB Board and published on the Local Offer. Formal consultation on the SEND strategy. Approval of the SEND Strategy at SEND Improvement Board and relevant partner governance. SEND Strategy, SEND Strategy on a page agreed and published on the Local Offer.

1.6	Outcomes: Improved data and intelligence inform and influence joint commissioning and ensures gaps in provision are targeted. CYP and families have good experiences, accessing support and provision at the right time in all districts. The needs of children and families with SEND are clearly understood so that immediate and long-term changes to provision can be made through effective joint commissioning.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
1.6.1	Services are mapped across districts, against the needs of families.	Leadership and partnership	April 2025	Gaps in commissioning are easily identified.
1.6.2	Develop key priority areas and recommendations to address gaps.	Leadership and partnership	May 2025	Improved joint commissioning and decision making.
1.6.3	Develop Joint Commissioning arrangements supported by data, intelligence and insight to identify priorities.	Leadership and partnership	June 2025	Aligned structure for performance metrics related to service delivery. SEND dashboard incorporates joint commissioning priorities.
1.6.4	Revisit the Joint commissioning Strategy, action plan and JSNA to ensure progress is being made against recommendations.	Leadership and partnership	June 2025	Joint Commissioning Strategy embedded, and progress made against actions.
1.6.5	Further develop the SEND System Dashboard to inform reporting, service development and improvement activities.	Leadership and partnership	June 2025	Partnership dashboard with regular flow of data. SEND data dashboard monthly / quarterly review of progress.

	How we will evidence impact	What difference this make to CYP
	<ul style="list-style-type: none"> • Terms of Reference / Membership list • SEND Improvement Board agendas • Action tracker / Risk register • Minutes detailing check and challenge, support and approval • Evidence of use of the data dashboard, in board and subgroup minutes • Highlight reports • Quality assurance measures / compliance data • Data sharing protocol • Commissioning data dashboard / Procurement dashboard • Evidence of commissioning • Improved specifications • SEND strategy 2025-2028 • Parent Carer and CYP SEND Survey • Consultation records / documentation • Personal stories / Interviews / Focus groups • Customer satisfaction score (CSAT) • Net Promoter Score (NPS) • Targeted / general questionnaires using Likert scales 	<ul style="list-style-type: none"> • Joint governance structures ensure decisions are made collaboratively, enabling all stakeholders to have their voice heard. • Data is shared and analysed across the partnership as standard practice, to pre-empt concerns such as lengthening wait times and responds to changes in needs. • Right provision is commissioned at the right time. • The needs of children and families with SEND are clearly understood so that immediate and long-term changes to provision can be made through effective joint commissioning. • A shared vision and clear, measurable goals for the SEND partnership that align with the needs of children and young people and their families. • CYP and their families report benefits from improved services. • Children with SEND are happier, more successful and in school more regularly. • Long-term strategies focus on sustainability and continuous improvement of SEND services. • A culture of constructive feedback and continuous improvement is developed, where challenges are addressed proactively. • Transparency in reporting outcomes and progress to stakeholders, including families and the community.

2. Leaders from the local authority and ICB should significantly improve the process, timeliness, quality and oversight of EHC plans and annual reviews.				
EHCPs / Annual Reviews				
2.1	Outcome: Children and young people have timely access to assessment and where an EHCP is required that these are of a high quality and reviewed annually resulting in improved outcomes.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
2.1.1	Improve timely assessment through significant increased capacity across key roles in the EHCP Process, utilising increased funding (£5m recurrent)	EHCPs / Annual Reviews	Feb 26	Fewer vacancies and staff absences. Increased establishment within Inclusion Service. Improved timeliness of EHCP and annual reviews
2.1.2	Phased onboarding of frontline staff providing operational delivery, including: 4 Team managers 30 Assistant casework managers 7 caseworkers Tribunal manager 4 Tribunal officers 5 Educational psychologists 6 SENDIAS officers	EHCPs / Annual Reviews	February 2026	All new staff are onboarded
2.1.3	Produce a recovery plan to improve statutory compliance.	EHCPs / Annual Reviews	January 2026	Recovery plan completed and shared with stakeholders Increased number of annual reviews processed and completed to conclusion with either a no amend notice, or an amended final plan. EHCP backlog is reduced
2.1.4	Develop the progress tracking dashboard to monitor progress towards recovery and key performance indicators.	EHCPs / Annual Reviews	September 2025	Score card updated monthly and showing improved timeliness. Data dashboard developed to provide live data for tracking and monitoring key performance indicators.

2.1.5	Undertake procurement activity to commission an additional 1200 assessments via and investment in “locum” and private Educational Psychologist capacity, with a minimum of two providers	EHCPs / Annual Reviews	September 2025	Procurement completed to complete 300 assessments per month undertaken by agency EP Recovery plan adhered to and reduction in remedy spend for delays.
2.2	Outcome: Improved experience of the EHCP process for children, young people, families and schools. Families feel supported and well informed throughout the process.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
2.2.1	Reconfiguration of the SEND statutory service to a relation model of practice delivery, including “link workers”.	EHCPs / Annual Reviews	December 2025	Service re-designed mapping completed. HR processes completed. New team model is in place. New service implemented. Positive feedback received from stakeholders. Reduction in complaints.

2.3	Outcome: Create a more efficient, accurate and responsive system that better meets the needs of children and families, where communication, with parents and their experience is improved.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
2.3.1	Improve process and embrace digital solutions to increase consistency and efficiency>	EHCPs / Annual Reviews	December 2026	<p>Focused review of the EHCP process to streamline systems.</p> <p>Report and recommendations in place.</p> <p>Development and implementation of improvements identified through the focused review.</p>
2.3.2	Implement EHCP portal for new assessments to streamline communication with parents, children, young adults and agencies.	EHCPs / Annual Reviews	January 2027	<p>Design and testing complete.</p> <p>Pilot undertaken and lessons learnt.</p> <p>Implementation commences for new assessments.</p> <p>All existing assessments transferred across via annual review. Processes streamlined and new EHCP portal in place.</p> <p>Improved customer journey (schools/families/advice givers)</p>
2.4	Outcome: EHCP are of high quality resulting in improved outcomes. Children and young people with SEND receive robust and consistent support through their EHCP and have the right support at the right time and from the right place.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
2.4.1	Implement Invision 360 audit tool to improve the quality assurance of EHCP, including:	EHCPs / Annual Reviews	July 2025	<p>Training for all auditors to commence.</p> <p>Audit escalation policy to ensure sufficient audits are being completed.</p> <p>Commence auditing using Invision 360.</p>

				<p>Multi-agency Audit schedule completed which details the audits planned for the financial year and agreed by Improvement Board.</p> <p>Assurance mechanism in place to quality assure EHCP as part of routine system and processes.</p> <p>Audits include focus on quality of advice from all partners and voice of the child.</p> <p>Learning from audits shared quarterly.</p>
2.4.2	Develop a skilled workforce that are proud of their achievements and making a positive difference for children and families, through EHCPs that are of high quality, resulting in improved outcomes.	EHCPs / Annual Reviews	April 2026	<p>SEND Academy training upskills existing and new staff to deliver high quality EHC needs assessments and review as part of usual practice.</p> <p>All existing staff complete a skills audit and receive foundation training.</p> <p>All newly recruited staff have received induction training, with a rolling programme of training for new staff is in place.</p> <p>Foundations training for existing staff.</p> <p>SEND Academy fully operational and CPD programme is in place.</p> <p>Feedback on the programme is positive and informs training and development.</p> <p>Staff who support CYP are well trained and equipped to deliver high quality practice.</p>

2.5	Outcome: Children & young people have better quality, better informed, more focused Education Health and Care information within their EHCP that supports their improved outcomes. There is improved communication and awareness of SEND within social care and across health partners to ensure quality timely advice to inform EHCPs and Annual Reviews.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
2.5.1	Improve communication and awareness of SEND within social care and across health partners to ensure quality timely advice to inform EHCPs and Annual Reviews.	EHCPs / Annual Reviews	March 2025	Awareness raising developed and shared across health and social care. Process for sharing plans developed and implemented. Raised profile of SEND across health and social care providers/teams.
2.5.2	Redesign the current pathway for obtaining advice to improve the efficiency and effectiveness of the process and develop a training programme for social care and health partners as part of the SEND Academy developments.	EHCPs / Annual Reviews	June 2025	Pathway for obtaining advice developed and communicated widely. Multi-agency training programme developed and in place. Feedback from the training demonstrates increased confidence and understanding.
2.5.3	The ICB designated Clinical Officers and DSCO to work with health and social care partners through training and service specification development to improve timeliness and quality of health advice.	EHCPs / Annual Reviews	September 2025	Service specifications developed and in place.
2.5.3	Development of process to ensure social care and health professionals can access a copy of the EHCP for new assessments and amended EHCPs following Annual Review.	EHCPs / Annual Reviews	September 2025	Process for sharing plans evidenced and used in practice. All EHCPs available to social care and health colleagues. Health and social care professionals routinely report that they have access to the EHCP for children known to them.

2.6	Outcome: There are sufficient suitable educational places to meet the needs of children and young people with SEND in Lancashire. Children and young people's needs are met in the most appropriate local provision and children receive the right support, in the right place at the right time. Financial decisions are made in a timely way and comply with the relevant laws, regulations and policies.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
2.6.1	Undertake a sufficiency activity and mapping to identify gaps in provision.	EHCP / Annual Review	April 2025	SEND sufficiency mapping completed and a plan in place with a detailed programme of work, for the next 5 years.
2.6.2	Audit financial decision making and delegations for SEND, implementing the new, more flexible banding system and developing clear lines of delegation to improve timeliness and effective decision making.	EHCP's / Annual Reviews	August 2025	Audit report complete with recommendations. Implementation of recommendations from the financial audit. Completion of Banding document All financial decisions and delegations are thoroughly documented.
2.6.3	Develop and publish a Capital plan to ensure sufficiency of suitable educational places to meet the needs of children and young people with SEND in Lancashire.	Leadership and Partnership	September 2025	SEND capital plan agreed by Cabinet. Formal consultation and approval of the programme completed each year and published. Implementation of annual programme of work.
2.7	Outcome: Children and young people who are not accessing suitable education are supported to access provision that meets their needs, receive a suitable education and are supported to reintegrate into a school or setting as appropriate.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
2.7.1	Publish a Section 19 and a section 61 protocol providing operational guidance for LA staff and monitor outcomes through a new panel and dashboard.	EHCP's / Annual Reviews	June 2025	S19 and S61 protocol published. Improved oversight of children without a school roll and who are not accessing suitable education.

				<p>Children are supported to access provision that meets their needs and are supported if they can be in a school.</p> <p>Children and young people that do not have a school place are known and interim provision is put in place.</p>
2.7.2	Develop dashboard to track and monitor children not receiving a suitable education.	EHCP's / Annual Reviews	September 2025	S19 / S61 dashboard developed and used to track pupils back into education.
2.7.3	Produce an Attendance strategy and increase scrutiny of attendance for CYP with SEND, through the Team around the School meetings.	EHCP's / Annual Reviews	September 2025	Attendance strategy published. All stakeholders are aware of their roles and responsibilities.
How will we evidence impact				What difference does this make to CYP
	<ul style="list-style-type: none"> Decreased vacancy and absence rates Improved retention rates / HR data Increase in compliments into the service Reduction in complaints received into the service Parent carer feedback through SEND survey Timeliness of EHCPs finalised at 20 weeks will improve Backlog of new assessments will reduce Reduce the length of time it takes to produce an EHCP Increased number of phased transfer reviews completed by the statutory deadlines for Y6 and Y11 Increased number of amended EHCPs are issued within 12 weeks of the Annual Review Decreased number of EHCP requests Progress tracking dashboard with score card in place Reduced response time to customer enquiries Customer satisfaction score (CSAT) Net Promoter Score (NPS) Increase in the number of new and amended EHC plans audited to 5% of all EHCP, and ensure 40% of audited plans 			<ul style="list-style-type: none"> Children and young people have timely access to assessment and where an EHCP is required that these are of a high quality resulting in improved outcomes. Children have high-quality, timely plans that drive multi- agency work to ensure they achieve identified outcomes. Parents and carers feel supported throughout the process Children and young people with SEND receive robust and consistent support through their EHCP and have the right support at the right time and from the right place. Improved educational outcomes for Children out of school. Accountability is evident among partners and decision- making is based on evidence and is continuously monitored for progress to identify areas for improvement. Improved customer journey with an increase in positive feedback. Financial decisions aligned with the needs of children and young people with SEND, and resources are allocated equitably and

	<p>are good or better line with National figure benchmarked by Invision 360</p> <ul style="list-style-type: none"> • Increase multi agency involvement in EHCP audits • Audit Report demonstrates improvement in quality of EHCPs • 95% of statutory service staff complete the SEND academy induction/foundation training • Increased staff satisfaction ratings in Staff survey • Audited EHCP demonstrate that EHCP have improved social care, health outcomes and provision in EHCPs • Raised profile of SEND in the Social care team meetings • Increased confidence in health and social care providers and a better understanding of what is required within advice is reported • Number of health and social care professionals trained • Increased involvement from health and care partners in annual reviews • 265 additional school places created in 2025 for CYP with an EHCP • Reduced complaints and increased compliments • School place planning data • Financial information and decision-making records • Reduction in reliance on the independent sector and decreased number of new INMSS places commissioned • Improved educational outcomes for Children out of school • Improved timeliness for processing cases where children are out of education • Reduced number of children are EHE / CME • Reduced number of children require EOTAS • Attendance of children with SEND at SEN support increases • Targeted questionnaires • Focus groups 	<p>effectively to improve outcomes for children and young people.</p> <ul style="list-style-type: none"> • Parents report they are informed in a timely manner of decisions, that relate to their child or young person. • Children and young people unable to attend school will have improved outcomes. • More children and young people are receiving suitable education and reintegrating into an appropriate school or setting.
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3. Leaders from the ICB and local authority should continue to work together with urgency to address the delays and gaps in service provision within the current neurodivergent pathway. This is to meet the full range of needs of children and young people with SEND across Lancashire.				
ND Pathway				
3.1	Outcomes: Parent carers and CYP report increased understanding of the pathway, the wait times for each stage, and the NHS standards. Improved access to timely assessment and information.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
3.1.1	Delivery of a streamlined referral system, commissioning development of a digital front door and launching a single point of access.	ND Pathway	March 2026	Streamlines referral system, with digital front door and single point of access in place. Single referral form is in place for all NHS providers and easily accessible. Referral is easy to access and delivers feedback to referrers.
3.1.2	Training and support delivered to wider partners.	ND Pathway	October 2025	All partners will have accessed training on how to refer increasing knowledge and confidence of how to access assessment and support. Training programme in place.
3.2	Outcomes: There is a clear list of compliant providers, including private providers (where appropriate) who we are assured are delivering compliant processes. All professionals, families and CYP understand what makes a valid diagnosis.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
3.2.1	Provision of a NICE compliant pathway	ND Pathway	March 2026	NICE compliant pathway in place. Published position statement on agreed standards. Published list of accredited providers. Accreditation of compliant providers including private providers where appropriate.

3.3	Outcomes: Improved data systems to better understand capacity challenges and waiting times, early identification and signposting, with CYP able to access the same services, irrespective of where they live in Lancashire.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
3.3.1	Reduce average waiting times and level of variance in waiting times	ND Pathway	March 2026	Single point of access for information, support and signposting. Average wait time across Lancashire reduced. Total longest wait is reduced.
3.3.2	Develop new framework for ND assessment, with agreement of a single, consistent pathway model for all providers.	ND Pathway	March 2026	New framework for ND assessment in place by. Support accessible pre and post diagnosis. Improved capacity of services due to digital solutions and reduction in inappropriate referral.
3.4	Outcomes: Children and young people's needs are consistently identified and assessed in a timely and effective manner. Children, young people and their families have access to the right support at the right time by removing diagnosis barriers across services. Commissioning of additional support to meet identified gaps. Children and young people have their needs met without the need for EHCP/ ND Assessment			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
3.4.1	Review and bring together all support offers, identifying opportunities to strengthen early identification and implementation of SEN Support offer in schools and settings.	ND Pathway	August 2025	Consistent support offer in place. More children have their needs met at SEN Support with consistent application of the graduated approach and reasonable adjustments.
3.4.2	Provide early help and understand family issues promptly, commissioning a consistent support offer for ADHD and ASD across Lancashire and commissioning of additional support to meet identified gaps.	Leadership and partnership	August 2025	Readily accessible and known about pathways in place to access support. Increased number of people accessing support pre-diagnostics.

3.4.3	Provide training for partners on the graduated response.	ND Pathway	October 2025	Graduated response training in place by and attended.
3.5	Outcomes: Children, young people and their families report that they can find information to help them access the right support at the right time. Practitioners will be confident and knowledgeable about support available. CYP and their families report that they are more able to access effective early support in a timely manner.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
3.5.1	Improve communication with CYP, families and professionals (Health, Education and Social Care) on the pathway and available support services.	Working Together	March 2026	All health, education and care practitioners across the partnership undergo regular training and have opportunities to develop appropriate to their role. All key professional partners confident in identifying needs and feedback gathered through regular survey. Launch event and widespread communication of new pathway.
3.5.2	Improve visibility and accessibility of support through the local offer and other channels, such as provider websites.	Working Together	October 2025	CYP and their families report that they are more able to access effective early support in a timely manner.
3.5.3	Launch of new Pathway across all relevant stakeholder groups.	Working Together	March 2026	New pathway launched.
3.6	Outcomes: Parent carers feel supported, listened to and have a clear understanding of what to expect for their child / young person. Families are aware of how to access support.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
3.6.1	Develop and embed a culture of inclusion meeting needs of CYP with SEND.	ND Pathway	October 2025	Multiple stakeholder events and dedicated update sessions with CYP and families. Family experiences shared at ND Programme Board.
3.6.2	Complete a multi-agency deep dive to improve inclusive practice	ND Pathway	July 2025	Multi agency deep dive completed.

3.6.3	Enhanced training offer across Health, Social Care and Education	ND Pathway	October 2025	ADOS training embedded for clinical staff that are part of the ND pathway. Awareness training delivered to relevant staff groups.
3.6.4	Review implementation of quality first teaching across the local area partnership	EHCP/Annual Reviews	September 2026	Review of quality first teaching completed.
3.6.5	Increase understanding of Neurodiversity in the workplace through delivery of 2 training sessions for employers.	ND Pathway	October 2025	Awareness training delivered to relevant staff groups.
How will we evidence impact				What difference does this make to CYP
	<ul style="list-style-type: none"> • 90% of referrals made via a digital tool • Data collection • Reduced variation in wait times • Service feedback built into the new digital front door • Feedback through engagement workshops • Quality audit of diagnostic pathways • Decreased number of CYP waiting for ND assessment • Decreased length of wait for ND assessment. • Reduction in inappropriate referrals 			<ul style="list-style-type: none"> • A single point of access • Clearer understanding of referral processes, better access to help, and reduced need for diagnosis to access support • NICE compliance and alignment to the national framework to deliver improved outcomes in all-age autism assessment pathways (2023) • Effective and streamlined assessment processes • Needs-led support at the earliest opportunity <p>Improved communication with parents, referrers and other professionals to improve the understanding of the assessment</p>

	<ul style="list-style-type: none"> • Quality compliance data • Number / % of children identified as having SEN support • Number / % of children with an EHCP • Number/% of children having needs met in mainstream school setting. • Number of children accessing AP • Number of CYP open to CFW • CYP and their families report feeling supported and able to access the right support when they need it in the SEND survey • Decreased waiting times for ND assessment • Decreased number of CYP waiting for ND assessment • Training logs / registers • Increased number of website visitors to OAP toolkit • General and targeted questionnaires using Likert scales • Improved parent carers and CYP feedback in the SEND survey. • Local offer usage data • SEND audit data • 75% of attendees feel better informed to support neurodiverse employees. 	<p>pathway and support available</p>
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4. Leaders across the partnership should continue to improve their communication strategies at all levels. This includes communicating with children and young people with SEND and their families so that they are kept better informed about the support that they receive, plans in place to improve their outcomes and where to access support and guidance while waiting for assessment.				
Working Together				
4.1	Outcomes: All communications are delivered with kindness and understanding, promoting strength-based approaches and inclusive language. Mechanisms are in place to capture the voice of CYP and their families. CYP and their families report feeling supported and able to access the right support when they need it.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
4.1.1	Produce a partnership communication and engagement strategy for all stakeholders, professionals, children and families, that sets out our approach to improving communication and engagement with our audiences about the SEND services in.	Working Together	August 2025	Partnership Communication and Engagement Strategy approved by the Board and published on the local offer detailing what is meant to happen and by when.
4.1.2	Gather feedback from children and families annually through the SEND survey and use this lived experience and use it to inform the Board's analysis of progress.	Working Together	August 2025	CYP feel happy, healthy, safe, included, able to develop independence and achieve their potential. Feedback used to identify gaps in services.
4.2	Outcomes: Complaints analysis shows they are being addressed at an early stage and with positive results. Increased positive feedback from parent carers and CYP.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
4.2.1	Share learning from complaints and from audits on a quarterly basis with frontline managers and discuss how to address any learning needs.	Leadership and partnership	Sept 2025	Key lessons learned document is rolled out. Common themes identified feed into service development. Training of common themes is delivered quarterly.

4.3	Outcomes: Co-production is seen as a cyclical process and not a one-off event. The voice of children and young people and their families is heard through various means. Improved communication with families, providing impartial information, and enhancing co-production.			
4.3.1	Produce and embed a partnership communications protocol / charter for all communication, based on the Four Cornerstones model of co-production.	Working Together	April 2025	<p>Protocol / charter in place and understood by all stakeholders.</p> <p>Co-production is seen as a cyclical process and not a one-off event.</p> <p>Embed co-production across the partnership with parent carers and CYP.</p>
4.3.2	Provide support to LPCF to grow the reach of the parent carer forum, to ensure they capture the voice of a broader range of parents and carers and that this influences strategic decisions and improves their outcomes and experiences	Leadership and Partnership	April 2026	<p>Memorandum of Understanding agreed and implemented.</p> <p>Parent carers report improved communication, feeling heard and valued and report a positive difference.</p>
4.3.3	Develop a termly programme of 'Let's talk' sessions in conjunction with Lancashire Parent Carer Forum, that aligns with parents' requirements across the partnership to provide opportunities for increased engagement with families and promote the sharing of information.	Working Together	September 2025	<p>Communications protocol / charter is co-produced and available.</p> <p>Let's talk sessions delivered quarterly.</p> <p>Families report improved communication with practitioners.</p> <p>Voice of children and young people as well as parents and carers heard through various means.</p>
4.3.4	Format of sessions, delivery methods and co- production schedule developed, ensuring parent carers understand all relevant policies.	Working Together	Sept 2025	<p>Sessions co-produced and implemented.</p> <p>Communicate policies clearly, including the Transport Policy.</p>

4.4	Outcomes: There is improved communication with families, they are empowered and their experiences are positive, they can easily access information and support.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
4.4.1	Develop staff training as part of the SEND Academy in the importance of effective and empathic communications, including listening and engaging CYP in assessment. Parent carers and CYP to co-produce workforce training.	Working Together	Sept 2025	Improved satisfaction and experiences reported by families Increased compliments and reduced complaints.
4.4.2	Review the SEND helpline and approach to managing SEND enquiries and improve information to triage based on data and timescales to allow them to better support parents and carers when they call.	Working Together	Sept 2025	SEND helpline reviewed. Better-informed choices and empowering of families through answering questions quickly and ensuring families can easily access information and support.
4.4.3	Map current training offer across the partnership in relation to co-production identifying and meeting needs of CYP with SEND and their families, review training offer for SENDCOs and partners to address gaps and improve workforce development.	Working Together	Sept 2025	Training offer mapped across the partnership and SEND Academy modules available. Workforce training co-produced.

4.5	Outcomes: Parent carers and young people provide positive feedback on the local offer via the SEND survey and through the local offer itself. Children, families and other stakeholders understand what support is available in Lancashire.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
4.5.1	Improve the accessibility of the local offer website and ensure it is user-friendly for parents, carers, children and young people.	Working Together	May 2025	Local offer website reviewed. Local offer development group to consider enhancements in place. Local offer is updated reflect suggested changes.
4.6	Outcome: POWAR has sufficiently grown to represent CYP across all districts. All CYP have mechanisms in place to have their voice heard. Children with SEND are happier, more successful, and in school more regularly.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
4.6.1	Develop and implement a clear plan for children and young people's participation involving - supporting the growth of POWAR as the SEND Forum.	Working Together	June 2025	A clear plan is in place for Children and young people's participation.
4.6.2	Develop wider engagement with a range of partners including schools and education settings of all kinds, youth groups, family provision, Break Time providers to grow POWAR.	Working Together	June 2025	Participation and engagement plan is developed and implemented.
4.6.3	Actively reach out to those seldom heard including those who are NEET, educated at home, in other settings or less likely to attend those more accessible settings.	Working Together	January 2026	Focus groups are established.
4.6.4	Establish a shared vision and clear, measurable goals for SEND services that align with the needs of children and young people.	Leadership and Partnership	Sept 2025	The SEND strategy with a clear vision and measurable goals is published on the Local Offer.

4.7	Outcome: CYP are happy that the SEND survey is effective and captures their feelings and experiences. The SEND survey influences key decisions and commissioning.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
4.7.1	Work with children and young people to revise the current SEND Survey, co-producing a revised version that captures CYP priorities, but also their feelings and experiences of how things are for them now.	Working Together	June 2025	Revised co-produced CYP SEND survey is approved.
4.7.2	Foster a culture of constructive feedback and continuous improvement, where challenges are addressed proactively	Working Together	Sept 2025	New co-produced CYP SEND survey is live.

	How will we evidence impact	What difference does this make to CYP
	<ul style="list-style-type: none"> • Reduction in complaints relating to communication, with SEND staff communicating regularly and effectively with children, young people and families • Reduction in correspondence because families and other stakeholders have access to the information they require • Targeted questionnaires using Likert scales • CYP SEND survey feedback. • Increased parental satisfaction and voice measures compared to baseline as evidenced by the annual parent carer SEND survey • Increased number of compliments • Number of partners signed up to co-production charter • Increased membership of LPCF • Targeted questionnaires using Likert scales • Minutes of meetings • % of EHCP's and annual reviews informed by the views of children, young people and their families. • SEND helpline data • Workforce training data including number of attendees • Increased number of members on Local Offer Facebook page • Local Offer survey feedback • Number of pages accessed on the local offer website • Participation and engagement plan • Increased POWAR membership • Questionnaire responses • Personal stories / Interviews / Focus groups • General questionnaires 	<ul style="list-style-type: none"> • Better communication and support for families • Parent carers and CYP reporting increased confidence • Families report they feel better informed, that we have improved feedback loops, listened effectively to each other, and captured pupil voice, knowing children personally • Co-production mechanism in place to gather regular feedback from parent carers and CYP • CYP and families report that they feel listened to and valued, with a reduction in complaints and an increase in positive feedback • Improve parent communication, experience and expectations around SEND enquiry handling including EHCPs and waiting times • Better informed families, reduced frustration, and improved service delivery • More joint working and communication between different agencies and services • Regular training and development for staff to improve understanding and support for children with SEND.

5. Leaders across the partnership should continue to work collaboratively to ensure that young people with SEND from across the whole of Lancashire are well prepared for adulthood and transition.				
Transitions and Preparation for Adulthood				
5.1	Outcomes: Shared understanding of provision in all districts and how this is meeting needs of children, young people and their families. Commissioning decisions informed by needs analysis. Greater understanding of young people's needs age 14+. Children and young people with SEND are well prepared for adulthood.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
5.1.1	Complete a needs analysis in relation to preparation for adulthood and map local provision and quality, consulting with young people, and parent carers to identify gaps and inform future commissioning.	Leadership and partnership	June 2025	Needs analysis completed utilising the CDC audit Commissioning implemented to meet gaps in provision.
5.2	Outcomes: Preparation for adulthood is embedded across the partnership. There is graduated response to support at all ages and stages of transition agreed across education, health and care partners. CYP report positive experiences of moving between settings and providers. All partners are involved in the process and consulted with widely.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
5.2.1	Implement a clear framework for education, health and care transitions at all ages and stages, from birth through to adulthood	Transitions	Dec 2025	Framework developed and agreed by all stakeholders
5.2.2	Develop a shared understanding of provision available post statutory school age and how this is meeting the needs of CYP and their families.	Transitions	Dec 2025	Provision mapped and communicated with families

5.3	Outcomes: Families report that they find the local offer informative and helpful. Local offer includes guidance on all aspects of preparation for adulthood. Increased number of families find the local offer PfA pages useful			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
5.3.1	Review and improve the Local offer information on preparation for adulthood.	Working Together	June 2025	Local offer PFA information reviewed and revised.
5.4	Outcomes: Improve engagement with colleges and placement providers. Develop and pilot a pre-supported internships programme with a cohort of young people to support preparation for adulthood. Reduction in the number of young people who are NEET.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
5.4.1	Further develop the range of opportunities and choices in relation to post 16 opportunities, including work experience and volunteering to build the necessary skills to gain meaningful and rewarding jobs in adulthood. Ensure sufficient capacity and specialist resources in post-16 settings.	Transitions	March 2026	Post 16 opportunities increased. Guidance available for education and career planning. Increased capacity and specialist resources available.
5.5	Outcomes: More young people with SEND are in employment as adults. CYP report they are being treated fairly and having equal opportunities in education, employment, and community participation.			
5.5.1	Further develop partnerships with employers and enterprise forums to ensure the skills and talents of young people with SEND are promoted and opportunities for work experience. Increase the number of Supported Internships, Supported Employment and Apprenticeships available for children and	Transitions	March 2026	Increased number of supported internships, apprenticeships and supported employment opportunities. Practical help with independence skills available.

	young people with SEND.			
5.6	Outcomes: All health providers will develop conversations with CYP age 14+ about transition to adult health services. MDT meetings for CYP will improve the transition process. CYP have their health needs met from the earliest years through to adulthood.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
5.6.1	Ready, Steady, Go NHS PFA pathway to be adopted by NHS Providers.	Transitions	July 2025	Pathways adopted.
5.7	Outcomes: Young people are identified who need transitional support from children to adult's service and transition pathways are clear. More parent carers can access clear information and advice to help them to support their children and young people to make decisions about their future. CYP have their care needs met as they transition into adulthood.			
5.7.1	Develop consistent pathways across care services for young people moving from child to adult services.	Transitions	April 2026	Evidence of PfA in care plans Pathway developed. Pathway approved.
5.7.2	Ensure young people are ready to live independently where possible or can access supported living.	Transitions	April 2025	Children and young people have access to aids and adaptations that enable them to develop independence skills. Young people and their families experience smoother transitions into supported living.
5.7.3	Provide children with opportunities to develop skills in independence from the early years, through to adulthood, such as learning to dress themselves, and prepare their own snacks.	Transitions	April 2025	Children and young people with SEND are supported to develop independence and life skills that enable them to make choices in, and have control over, their lives.

5.8	Outcomes: More children with SEND will access a wider range of experiences including in the workplace, community and leisure activities.			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
5.8.1	Provide opportunities for children and young people to make friends, access activities in their community, and to learn life skills.	Working Together	April 2026	More children are accessing Breaktime activities and the family hubs. More children and young people are educated within their local community and have access to life skills and workplace experience.
5.9	Outcomes: Children and young people are well prepared for adulthood. Parents carers report that they feel able to support their children in their preparation for adulthood			
Ref	Actions – what we will do	Workstream and lead officers	Timescale	Success criteria / Key results
5.9.1	Ensure preparation of adulthood outcomes are routinely included within EHCP plans from Early years.	EHCP / Annual Review	April 2026	% of EHCP that have PFA outcomes. % of EHCP audited that capture the voice including their aspirations and include independence focused outcomes.

	How will we evidence impact	What difference does this make to CYP
	<ul style="list-style-type: none"> • CDC Audit results • Personal stories / Interviews / Focus groups • SEND survey feedback • Attendance data • % of young people with L2 or 3 qualifications by the age of 19 increases • Number of visits to preparation for adulthood pages on the local offer • Local offer audit data • Local Offer Survey results • Quality compliance data • Number / % of CYP NEET • Difference in NEET between SEND and non-SEND • % of children with SEND successfully completing Supported Internships and/or Apprenticeships • % of young people transitioning into employment and no longer requiring an EHCP • Evidence of transition / PfA in health records • Audit of Annual Reviews health advice • Targeted questionnaires • EHCP audit data • % of EHCP for children that have PFA outcomes • % of EHCP/SEN Support plans for young people from year 9 which capture the voice of CYP including their aspirations and independence focused outcomes. 	<ul style="list-style-type: none"> • Better transition planning, increased access to appropriate post-16 options, and improved long-term outcomes • More young people get the support they need to make their own decisions and to live on their own where appropriate • Joined up health, education, and care planning • Young people have a clearer understanding of what to expect and what they need to do • Increased numbers of young people with a PFA passport or similar

What our stakeholders tell us that good looks like:

- Puts the **child or young person** at the centre of what we do
- The voice of the **child or young person** is included in our work
- The voice of **parent carers** is included in our work
- Clearly explains **the child or young person's** SEND journey
- Most **children and young people** with SEND successfully attend mainstream school
- **Quality teaching**, curriculum and access meets the needs of **children and young people** with SEND whatever education or early years setting they attend
- **SEN Support** is available in all education settings for **children and young people** with needs that do not require an education, health and care plan (EHCP)
- Service provision is **consistent** across Lancashire and **meets the needs** of the **children and young people**
- Criteria for **access to services** and support are clear and communicated
- Support is delivered through **timely and responsive** service provision
- Compliant with all our **statutory duties** across all sectors
- Education, Health and Care Plans describe the **support** a child or young person needs, and the outcomes they would like to achieve
- Information is freely available on the **Lancashire SEND Local Offer** website
- Regular SEND **events and workshops** are available throughout the year
- Our **staff** in all sectors know and understand their role in supporting children and young people with SEND, and the role of others across the sectors
- **Staff** are compassionate and understanding about the experience families have on their SEND journey
- **Staff** in all sectors are skilled, motivated and effective in supporting needs, and staff turnover is low
- **Staff** are responsive to adapting pathways / services to meet the needs of the population they serve

Appendix 1:**1. Membership of SEND Partnership Improvement Board**

SEND Strategic Improvement and Assurance Board Members.		
Title	Name	Email address
Independent Chair		
Cabinet Member for Education and Skills/councilor with responsibility for Children's Services	Cllr Jayne Rear	
Executive Director for Education and Children's Services	Jacqui Old	
Chief Nursing Officer	Prof. Sarah O'Brien	
Director for Education, Culture and Skills	Paul Turner	
ICB Director Children, Young People and Maternity	Vanessa Wilson	
Director of Children's Services	Louise Anderson	
Director of Policy, Commissioning and Children's Health	Dave Carr	
Director of Public Health	Dr Sakthi Karunanithi	
Director for Adults Community Social Care	Mairead Gill-Mullarkey	
Youth Policy and Participation Lead	Clare Smith	
Chair, Parent Carer Forum	Sam Jones	
Chair, SEND Partnership Operational Board or equivalent	Cerys Townend Peter Chapman	
DfE SEND Advisor	Louise Haymer	
NHSE Advisor	Lindsey Marlton	
SEND Young Advisor / POWAR representative	Oliver Moores	
Representative(s) from the Voluntary Community and Social Enterprise Sector	TBC	
Notes: <ul style="list-style-type: none"> • A standing open invitation should be extended to Opposition Group Leads, to enhance cross-party oversight, transparency, and assurance. • A transparent arrangement which ensures children and young people can directly engage with the board should be in place, supported by the Youth Policy and Participation Lead (e.g. at the board, in advance or via other engagement means) 		

Membership of the Operations Group

Name	Role	Email Address
Cerys Townend	Head of SEND and Inclusion, Lancashire County Council	
Peter Chapman	Associate Director for SEND and Complexities, LSC Integrated Care Board	
Sam Jones	Chair of Lancashire Parent Carer Forum	
Charlotte Hammond	Head of Service for Adult Learning Disabilities and Autism, Lancashire County Council	
Kathy Ashworth	Head of Early Help, Lancashire County Council	
Kirsty Ashton / Andrea Riley	Senior SEND Managers, Lancashire County Council	
Lauren Jackson	Head of SEND, LSC Integrated Care Board	
Lesley Tiffin	Associate Director- Mental Health Planned Care, LSC Integrated Care Board	
Neil Willcocks	Senior Manager, Adults Learning Disabilities and Autism, Lancashire County Council	
Fiona Harris-Hilton	Senior Manager, CWD, Lancashire County Council	
Jo Latham	Senior Manager (North) Children and Family Wellbeing, Lancashire County Council	
Lisa Taylor	Senior Commissioning Manager, Lancashire County Council	
Helen Keaveny	Head of SEND, LSCFT	
Maria Hall	Community Paediatrician, LTH	
Philippa Perks	Early Years PVI Representative	
Natalie Sinclair	Nursery Headteacher representative	
Jane Curl	Primary Headteachers representative (PHiL)	
Oliver Handley	Secondary Headteacher Representative (LASSH)	

Marie Howarth	FE Representative	
Richard Johnson	Designated Social Care Officer, Lancashire County Council	
Laura Gibney	Designated Clinical Officer, South Area, LSC Integrated Care Board	
Leanne Dunbar	Designated Clinical Officer, East Area, LSC Integrated Care Board	
Clair Martin	Designated Clinical Officer, North Area, LSC Integrated Care Board	
Laura Morris	SEND Information, Advice and Support (IAS) Manager, Lancashire County Council	
Clare Smith,	Youth Policy Strategic Lead, Lancashire County Council	
Hannah Monaghan	SEND Employment Officer, Lancashire County Council	
Anne Cookson	Inclusion Learning and Development Officer, Children and Family Wellbeing, Lancashire County Council	
Jenny Ashton	SEND Partnership Manager, Lancashire County Council	
Anna Burkinshaw	Local Offer Development Officer, Lancashire County Council	
Hayley Smith	Special Educational Needs and Disabilities (SEND) Auditor, Lancashire County Council	
Sarah Deady	Commissioning Officer (Break Times), Lancashire County Council	
Parent Carer Reps	TBC	
CYP Reps	TBC	

1. Links to other key docs:

- SEND Partnership Strategy [Lancashire SEND Plan 2021-2025](#)
- SEND Partnership Improvement Plan Continuous Improvement Plan 2024/5



Continuous
Improvement Plan 20

- Council Plan [Council Plan 2025-2030 | Building a better Lancashire - Lancashire County Council](#)
- Lancashire CYP plan [lancashire-children-and-young-peoples-plan-2024-2028.pdf](#)

2. Consultation and engagement:

- Parent carer forum working together event / Round Table
- POWAR Youth Forum
- Professionals event 25/2/25
- SEND Partnership Development Days

3. Action Plan Timeline

- February 2025 – consultation events with professionals, parent carers and CYP
- 10 March 2025 – Share with DfE and NHSE SEND Advisors
- 17 March 2025 – Share with members of the SEND Partnership Board
- 19 March 2025 – Share with members of ICB Board
- 20 March 2025 – share with Cabinet
- 25 March 2025 – Publish finalised version

Appendix 7.

Risk / Non-compliance with statutory responsibilities
1. There is insufficient DCO capacity across Lancashire and South Cumbria. The ICB is therefore unable to engage with some asks from partnership boards, improvement workstreams, assurance and multi-agency audit functions.
2. Inability of the system to return health advices within statutory timescales; including lack of oversight, impacting on the quality of plans and effective decision making.
3. Lack of health representation on decision making panels that may impact on quality of decision making and in turn increase mediation and tribunals
4. Lack of assurance or oversight that the Early SEND notification process is robust, effective or used by local authorities to support effective commissioning.
5. No oversight/assurance or data on annual review process and very limited health input, impacting on quality of EHCPs and appeals.
6. Inconsistent process for transfers in/out area for children with EHCPs that may risk a lack of continuity of care that the ICB are responsible for.
7. There is a lack of capacity/joint process for distribution of final plans to health services impacting on services making reasonable adjustments or delivering specified requirements. This also means health professionals will not be able to access an EHCP without requesting this separately from the LA or ICB.
8. Lack of robust mediation and appeals process across the local area partnerships and health providers to response effectively and in line with legal requirements
9. Lack of good quality health data, which impacts on ability to develop integrated SEND data dashboards across local area partnerships to understand needs and effectiveness of services in delivering outcomes
10. Delays in access to health services and gaps in services including speech and language therapy, neurodevelopmental assessments and provision of wheelchairs and equipment which impacts on access to education and achieving positive outcomes.
11. Lack of robust health oversight and assurance of the published local offer of health services across all of our partnership footprints
12. Lack of an overarching strategy for transitions resulting in inconsistent experiences, poor preparation and gaps in pathways for transition from children to adult health services
13. Limited focus, data and assurance around services for 18-25 year olds once transition is complete.
14. Lack of long term strategic joint commissioning arrangements resulting in inconsistencies across the footprint with a lack of dispute resolution in place
15. Reasonable adjustments are poorly understood across the system, not robustly captured or embedded by providers, potentially escalating to legal challenge.
16. Failure to deliver on SEND inspection activity can result in an independent SEND commissioner being appointed.

17. Increase in Mediation and Tribunal activity resulting in significant resource demand on the already stretched DCO service, and potential increase in legal costs.
18. Provider compliance and understanding of SEND, including minimal training and infrastructure to response to SEND responsibilities.
19. Increased scrutiny and challenge from NHS E due to poor compliance with QA framework
20. Co-production is not always understood or embedded across all of health commissioning at a strategic level.