

West Northamptonshire Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Partnership Improvement Board Summary

27 February 2025

Item 1: Minutes and action log

The minutes from the previous meeting on 27 January 2025 were approved without changes. The action log was updated. There was a discussion about the importance and urgency of restoring the primary age Autism Spectrum Disorder (ASD)/Attention Deficit Hyperactivity Disorder (ADHD) pathway. Health representatives reported that provision had been found for those children and young people (CYP) whose cases were in progress. The Integrated Care Board (ICB) is also conducting a community services review to look at wider provision. The board requested an update be brought to the next meeting.

Item 2: Review of key performance indicators (KPIs)

The review emphasised metrics reflecting impact on families and children. High demand for assessments (130+ requests/month and 4,263 Education, Health and Care Plans (EHCPs) issued) was noted. Early help and family support were suggested to manage demand. Gaps in data and the need for better communication with parents were highlighted. Building parental confidence in mainstream provision and increasing early help and teacher training were identified as crucial steps.

Item 3: Update from West Northants Voices in Partnership (WNVP)

Parental voices were shared, including parental Padlet voices. Issues in social care, education, and health were highlighted. Social care concerns include inconsistent adult transition assessments and a lack of coordination between the different teams within Northamptonshire Children's Trust (NCT) to be able to support young people with SEND and safeguarding needs holistically. Education issues involve delays in the Education, Health and Care (EHC) team and suitable school place availability. Health concerns include availability of Speech and Language Therapy (SALT), ASD/ADHD

pathway, Occupational Therapy (OT) sensory assessments, and service inequalities. The board discussed the principle that parental “demand” for EHCPs should be regarded as an expression of the needs of CYP and families. The need to be careful not to have a culture of parent blaming was addressed. All parties took an action to communicate this to all members of staff.

Item 4: Review of workstreams

Partnership and Leadership

Some actions are overdue. The data sharing protocol is in draft. The balance system report's first draft is due in February. Updates on the joint commissioning strategy and JSNA are expected in April and May. Overdue actions will have revised due dates.

Right Support, Right Place, Right Time

The health dashboard is live, showing the status of Child and Adolescent Mental Health Service (CAMHS), SALT, ASD, ADHD, and Community paediatrics. SALT waiting numbers decreased. ASD, ADHD, and Community paediatrics waiting times increased. CAMHS secondary waits improved. The early help strategy is in draft, and the family information service is operational. Trauma-informed practice is being considered. Recruitment for EHCP part F for SALT is ongoing. The Partnership for Inclusion of Neurodiversity in Schools (PINS) program has been recommissioned.

Timeliness, Quality of Assessment, and EHCP

Significant actions have been taken to improve the 20-week process, focusing on multi-agency timeliness. A robust partnership procedure is needed, with proposed 10-week meetings to review out-of-timeline cases. Action plan was refreshed. Quality Assurance (QA) needs improvement, with a draft framework and quarterly reports in development. Further data development, including a child and young person's voice survey, is needed.

Transition and Preparation for Adulthood

Ongoing actions are on track, with a focus on engaging employers and young people. Several engagement events to take place. Ongoing work on reintegration

and linking to Youth Ambassador to ensure the voices children and young people are heard.

Item 5: Deliverables

20-week process – Actions include updating the workforce plan, changing data collection, and weekly performance meetings. JADU system aims to fix inefficiencies. Stress points and behavioural issues are being resolved with better systems and processes. The draft Joint Strategic Needs Assessment (JSNA) – in progress as on track, with key sections such as population and health data still being worked on. Completion is aimed for April. The draft Joint Commissioning plan – now has a June timeline. Focus areas include future projections, best practices, partner governance, and consultation.

Item 6: Family help strategy development

Family help strategy aligns with the new children's bill, focusing on child safety and family support. It merges targeted early help with section 17, establishes family lead practitioner roles, and reforms front door practices. Family hubs are confirmed in Towcester, Daventry, and Northampton. Dashboards and a chatbot are being developed. The strategy emphasises local delivery, accessible services, and improving the local offer. Workshops and meetings in March and April to finalise the delivery plan.

Item 7: ICB Planning

Financial challenges include a significant deficit. Focus is on addressing data gaps, improving data usage, early help, and accurately representing local populations in the JSNA. Despite financial pressures, the priority is effectively supporting children and young people.

Item 8: Summary

The need to strengthen early help and intervention was highlighted. Workforce development, waiting lists, funding, communication and data were suggested for future agendas. Early help was identified as a key theme, with a proposed deep dive by the Department for Education (DfE) and National Health Service England (NHSE) in April. The importance of defining the scope of any deep dive and focusing on assurance was emphasised.