

West Northamptonshire Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Partnership Improvement Board Summary 17 July 2025

Item 1: Minutes and action log

The minutes from the previous meeting was approved without changes. The action log was updated.

Key discussions included the collaborative commissioning of children's community services with a target completion date of Q1 2025-26, and a discussion about a workshop to help understand the range of non specialist support available for families.

Social care criteria is available on Local Offer and WNC website. School transport safety was addressed.

Item 2: Update from West Northants Voices in Partnership (WNVP)

WNVP addressed ongoing concerns about Autism Spectrum Disorder (ASD)/Attention Deficit Hyperactivity Disorder (ADHD) medication delays and medication change under Northampton General Hospital (NGH) paediatric care. The board asked to be updated on alternative models, such as involving qualified nurse practitioners in medication reviews and agreed to improve communication, accessibility, and service responsiveness.

There has been a notable improvement in perceptions of the Holidays and Food (HAF) booking system, and transport services have received particularly positive feedback, reflecting substantial progress over the past two years.

The board were urged to promote the children and young people's (CYP) survey more actively with the suggestions to use summer activities, youth groups, the CYP Board, and young ambassadors to boost engagement.

Item 3: Review of workstreams

Partnership and Leadership

The board acknowledged key milestones including the approval of the Joint Strategic Needs Assessment (JSNA) and Joint Commissioning Strategy. Three change requests in priority action plan by adjusting timelines for Key Performance Indicators (KPIs), accessibility, and Self Evaluation Framework (SEF) actions were endorsed. Data sharing protocol was discussed. The first meeting of the Joint Commissioning group to take place to develop a detailed action plan for September.

Right Support, Right Place, Right Time

The board noted the progress in reducing waiting times for Speech and Language Therapy (SALT) and Child and Adolescent Mental Health Services (CAMHS). Concerns around data sharing, alternative provision, and prioritisation processes were discussed, with actions agreed to improve school representation, and develop a documented approach to ensure equitable access and timely support for children awaiting diagnosis or treatment.

Timeliness and Quality of Assessment and Education, Health and Care Plans (EHCPs)

The board was updated on the transition from JADU to Liquid Logic for EHCPs, with a detailed implementation plan and quality assurance measures in place. The use of AI-assisted plan drafting, improved plan output, a revised approach to Targeted SEND Funding, and ongoing efforts to enhance social care input were addressed. The updated trajectories and Education otherwise than at School (EOTAS) thematic analysis findings will be shared in the next board meeting.

Transition and Preparation for Adulthood (PfA)

The workstream has been restructured into two focused areas (transitions and PfA) with new stakeholders such as employers and providers to attend future meeting. Efforts are underway to strengthen the 16–25 pathway through partnerships and a local summit. There is an action to define key metrics, identify data gaps, and coordinate a unified approach for this workstream.

Item 4: Items for board consideration

ISF grant application – The board formally approved the Inclusion Support Fund (ISF) grant application, which had already been submitted in practice and aligns with the priority action plan, focusing on five priority areas identified in the ISOS report to ensure governance transparency.

PBSS update – The item was deferred, with a commitment that it will be presented along with an update on the DFG process at the next board meeting.

Bridging the Gap seminar feedback – Feedback from the seminar highlighted national challenges in supporting children with complex health needs in educational settings, illustrated by a local case study evidencing funding shortfalls and unclear responsibilities. It was agreed to track the issue and progress via the Partnership and Leadership workstream.