

Minutes

SEND Improvement & Assurance Board Meeting 25th September 2024

1	INTRODUCTIONS & MINUTES The Chair welcomed everyone to the SEND Improvement and Assurance Board. Introductions were made. Apologies noted above. The Chair reiterated the expectations that everyone in attendance read all the agenda papers prior to the meeting. The minutes from August SIAB were accepted as a correct record.	
2.	ACTIONS & DECISION LOG The action log was reviewed and updated. <ul style="list-style-type: none">• Action 4- Refresh the Joint Strategic Needs Assessment (JSNA) by September's Board.• Action 8-Create a short piece following a SIAB meeting - podcast/blog.• Action 9- Share Risk contribution.• Action 15- SIAB Board Members to check availability to attend Youth Voice Network meetings and let Youth Ambassador know by September SIAB.• Action 16- the Chair to meet with Chief Nurse.• Action 17- Youth Ambassador to link in with Bury2Gether around demographic breakdown of parents involved.• Action 18- SIAB Members to consider how to assess the approach and language being used by professionals/teams in relation to expectations of needing an EHCP to access services.	

- Action 19- SIAB Members to continue updating and reporting risks so once there is a project manager, the risks can be collated and added to the risk register.
- Action 19- Re-circulate letter regarding escalation to members
- Action 21- SIAB members to make a portrait by the next board meeting. Example template can be found in SIAB youth presentation.
- Action 22- Chair and Youth Ambassador to update the Terms of Reference to reflect the young people.
- Action 23- DCS and Director of Education and Skills to implement in the Terms of Reference.
- Action 24- All members to send relevant information and updates from related meetings for circulation to SIAB members.
- Action 25- Youth Ambassador to Contact schools in September and start visiting them from October onwards.
- Action 26- All Leads must report from October onwards on KPI's and qualitative data embedded in reports even if it is still in progress
- Action 27- Director of Education and Skills to confirm venue for November

A report on JSNA and KPIs was circulated for Board members providing data analysis on currently available KPIs, what that analysis shows, the limitations of the proposed dataset; and which of the KPIs may be most relevant in measuring the system change that needs to take place in Bury over the next 12 months and longer.

A SEND newsletter with a contribution from the SIAB Chair is in progress to be distributed.

Action- Head of Service - SEND and Inclusion and Programme Manager, NHS Greater Manchester to co-ordinate and to finalise and distribute the newsletter for the first week of October.

The project management update is in the final process to be signed off. PPL have been awarded the contract to support SIAB attending the first meeting today.

Action- PPL to provide risk register for the October SIAB Board.

The date of the stock take has been confirmed for 10th December.

Action- DfE SEND Case Lead and Children's Improvement Delivery Officer to co-ordinate invitations on meetings ahead of the stock take.

SIAB members have started to attend the SIAB young people's working group and Youth Voice Network as per the young people's request in the August Board. All Board members are requested to attend one of the young people's meetings within the next year.

	<p>The Chair emphasised the need to identify a lead for addressing the use of language and approaches. The graduated approach will be included in upcoming training and embedded across all service areas.</p> <p>Action- Local Authority Head of SEND to collaborate with previous lead for development of graduated approach and toolkit.</p> <p>SEND Delivery Group terms of reference to be developed.</p> <p>Action- The Chair and Director of Education and Skills and Skills to co-ordinate this.</p> <p>Board Members have shared relevant information with Children's Improvement Delivery Officer.</p> <p>Youth Ambassador Stirling has begun arrangement of school visits for autumn.</p> <p>KPI's and quality of data has been embedded in the reports this time. An upcoming challenge will be to get realistic and aspirational targets identified and reported.</p> <p>Action- Reports to include the impact milestones identified with support from PPL.</p> <p>Board venue to be held at Unsworth Academy is still in progress and will include young people.</p> <p>Action- Head of Unsworth Academy/Director of Education and Skills to confirm date and time for January Board</p>	
3	<p>Contributions from, and engagement with, Children and Young People</p>	
	<p><u>Presented by Youth Ambassador</u></p> <p>Highlights from the presentation were:</p> <p>The Young People's Working Group was held pre-SIAB with Executive Director of Strategy & Transformation attending as the SIAB representative. They have requested for the Chair to attend all working group meetings if possible and the Chair attended virtually.</p> <p>The Young People's Working group read through PIP report 4 and 6. The feedback identified the use of language such as acronyms causing difficulty in understanding the reports. They felt there were too many technical terms particularly around NHS. The young people requested a glossary in reports to help them identify what is being talked about.</p> <p>One of the young people was interested in the statistics within one of the reports but could not understand it due the lack of context.</p>	

The feedback from the Young People's Working Group found that the statistics discussed were not being correlated with young people, despite each statistic representing a real young person. There was a strong enthusiasm and interest in understanding the issues, but the challenge lies with the information being presented in a meaningful way.

The young people would like more general information on Preparing for Adulthood (PfA) and enjoyed reading about the internships.

The young people suggested the use of social media, specifically Instagram to connect with other young people outside of the groups. They recommended a visual representation with bite size information of updates from SIAB which will be easier to understand and more accessible for the demographic. They also want the Youth Ambassador to use this as a tool of communication on information about the meetings and the work that is being done. They would still like video summaries of the SIAB meetings.

The Health and Wellbeing survey update from the young people showed their feelings around preparedness for adulthood has decreased since May, feeling supported has decreased since May, those who felt like they could cope with mental health has decreased and those who could not cope with mental health has increased since May, and feeling listened to has decreased since May. This was the second survey completed with young people.

The Youth Ambassador has started planning the co-production of the SEND strategy by visiting schools during the Autumn and completing work with young people.

The young people would like to attend 2 SIAB meetings per year.

The dress code was addressed by the young people, and they decided dressing smart casual will be the best for all SIAB members.

Discussion

- The Board raised questions around the different needs of the young people and the representation. The Chair and Youth Ambassador confirmed there is broad range of needs and complexities which provides a satisfactory representation across the board.
- The Chair suggested that a more helpful approach is needed in terms of how we engage and seek the feed back from children and young people. What is the best way to present the information?
- The Board agreed that the terminology and presentation of the reports is complex for the young people and

accepted the feedback of the statistics not reflecting young people. Is the impact on young people recognised? The Board suggested a synopsis of the meeting to make it easier for the young people to understand and to avoid repetition of the same report which will be supported by PPL. The Board have agreed to avoid using short form, when possible, if there is something new then it must be written in full.

Action- Youth Ambassador to consult with young people on how they want the information presented and if the synopsis is suitable.

- The decline in the Health and Wellbeing survey could be due to the new academic year and the young people starting school and college. As this is the second survey completed, there is also the factor of some young people completing this for the first time. The survey will be introduced to the SIAB Young People's Working Group as well as the Youth Voice Network to feed directly in the SIAB board.

Action- Executive Director, Health and Adult Care - Bury Council and Deputy Place Lead - NHS GM (Bury) to support Youth Ambassador Stirling in presenting survey data

- The Board recommended putting the co-production of the strategy on the Local Offer for those who may not want to be a member of SIAB but would like to be consulted with.
- 14 SIAB members have made portraits of themselves as requested by the young people so they can identify each member. The young people are also creating their own portraits.
- The Youth Ambassador has started arranging visits to schools and colleges as part of the co-production of the SEND strategy.

Actions

-Board members to submit questions for young people by 4th October.

-Director of Education and Skills to support the Youth Ambassador with arranging visits to schools.

- Members have been reminded to attend the SIAB Young Peoples Working group or the Youth Voice Network but are welcome to attend both.

Action- The Chair and Youth Ambassador to co-ordinate a date for the January SIAB Young People's Working Group.

SIAB Young People's Working Group Dates:

- 14th October 2024
- 25th November 2024

Youth Voice Network Dates:

- Tuesday 12th November 2024
9.30-11.30am
- Monday 3rd March 2025
9.30-11.30am

	<ul style="list-style-type: none"> Tuesday 24th June 2025 9.30-11.30am 	
4	<p>GOVERNANCE</p> <p><u>ToR - Chair</u></p> <p>The terms of reference has been updated and 6.4 has a section about the Young People's Working Group to say it's been established as part of the Board's structure, which will meet monthly and the commitment from the Board members. They will each attend the young person's working group once a year.</p> <p>Board members have accepted the update, and the Terms of Reference will be reviewed in 6 months.</p> <p><u>Joint Strategic Needs Assessment – Head of Strategy, Assurance and Reform</u></p> <p>The JSNA analysis is data from the SEN2 return and School Census from January 2024.</p> <p>The scaling SEND data against the population aged 4 to 19 represents the majority of those with Education, Health and Care plans (EHCPs). This approach helps clarify Bury's relative position compared to national data.</p> <p>As of January 2024, Bury consistently tracks above national rates for EHCPs across all age bands (under 5s, 5-10, 11-15, 16-19, and 20-25). The gap to the national average grew to 28% above the national rate in 2023 There was a significant surge in new EHCPs issued in Bury during 2022 and 2023. The volume has peaked and is now slightly declining. The Northwest region is also showing an upward trend, moving closer to Bury's rates.</p> <p>Age Band Analysis:</p> <p>Bury's rate of new EHCPs for under 5s is becoming more aligned with national trends.</p> <p>5-10s: Similar trend with the rest of the country moving closer to Bury's rates.</p> <p>11-15s: Bury stands out with a significantly higher rate of new EHCPs compared to other regions.</p> <p>16-19s: Slightly lower rates, reflecting high numbers issued in previous years.</p> <p>A large proportion of new EHCPs in Bury are for children attending mainstream primary and secondary schools. This is higher compared to other areas, where more children with EHCPs are in resource provisions or SEN units.</p> <p>The data shows that Bury has a higher rate of EHCPs in mainstream schools compared to national and regional averages. The proportion of children in mainstream schools without additional resource provisions is notably higher.</p>	

This analysis highlights the unique position of Bury in terms of EHCP issuance and the educational settings of children with EHCPs. It also underscores the importance of scaling data to understand relative positions and trends.

A significant proportion of children with EHCPs in Bury are educated outside the maintained sector. This includes independent schools, non-maintained early years settings, elective home education, alternative provision, and pupil referral units. This situation might indicate systemic distress within Bury's educational system.

The Department for Education provides SEND data through the School Census, which is conducted every January. This data links primary needs to EHCPs, unlike the SEN2 Return, which only provides the number of EHCPs without specifying the needs.

When scaling the School Census data per head of population, Bury shows higher rates for all primary needs compared to national averages. The main needs include Autism, Social, Emotional, and Mental Health (SEMH) and Speech, Language, and Communication Needs (SLCN). Speech, Language, and Communication needs have had a growth in line with national trends over the past six years.

Autism is slightly above national growth rates. SEMH is substantially above national growth rates.

The growth in EHCPs in mainstream schools, particularly in secondary education, and the increase in SEMH needs suggest a possible interrelation between these factors.

This analysis underscores the complexity and interconnectedness of the factors influencing the distribution and needs of children with EHCPs in Bury. It also highlights the importance of considering both maintained and non-maintained sectors to get a comprehensive understanding of the local education.

Data Set – Head of Strategy, Assurance and Reform

The 59 indicators in the PIP are divided into four types:

Comparative Data: Indicators with available comparative information (e.g., how Bury compares with the Northwest).

Objective Data without Comparatives: Focused on transition, alternative provision (AP), early identification, and other areas.

Quality Assurance (QA) Data: Drawn from QA activities.

Parent and Child Opinion Surveys: Based on feedback from parents and children.

Bury's outcome indicators for children with SEND or EHCPs are in line with or slightly better than national averages. However,

<p>outcome measures alone are not sufficient to diagnose or measure progress.</p> <p>The data reveals signs of systemic stress, dysfunction, and dissatisfaction:</p> <p>There is a significant increase in EHCPs in mainstream schools, particularly related to SEMH issues.</p> <p>There is a lack of growth in the proportion of secondary school students identified as needing SEN support.</p> <p>The data identified heavy reliance on independent schools and non-maintained special schools. Pupil Referral Units (PRUs) are being used almost as special schools for children with EHCPs.</p> <p>High levels of parental dissatisfaction, leading to alternative arrangements such as elective home education and Education other than at school (EOTAS) packages.</p> <p>The complexity of classifying SEMH (Social, Emotional, and Mental Health) needs in relation to autism, noting that children can have overlapping needs.</p> <p>There is difficulty setting numerical targets due to the rapidly changing national data around SEND.</p> <p>The saturation of specialist provision, school budgets, and changes in financial aspects of the SEN system may have led to a push towards EHC plans, contributing to a spike in demand.</p> <p>The most important KPIs in the PIP are those that reflect positive shifts in parental and stakeholder perceptions of the system's effectiveness. These indicators are crucial for understanding and addressing the deeper issues within the system. There is often a lag between improvements in the system and the recognition of these improvements by parents and stakeholders. This lag can complicate the assessment of progress during inspections.</p> <p>The analysis highlights the complexity of measuring progress and the importance of addressing both quantitative data and qualitative perceptions to improve the SEND system in Bury.</p> <p>The pressures and stresses within the SEND system is linked to the ongoing Project Safety Valve (PSV) work. A session is being organised to map out current mainstream provisions, specialist resource provisions (SRPs), and SEN units needed, considering the impact of new special schools opening in 2026 and 2027. This task is urgent for PSV and will involve a dedicated group. The goal is to ensure children are placed in the right provisions, and updates will be provided to the SEND delivery group.</p> <p>The Board suggested linking with other Local Areas to look at the successes of their work.</p>	
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5	<p>PRIORITY IMPACT PLAN 4 (PIP)</p> <p><u>Head of Service - SEND and Inclusion updated on Priority Impact Plan 4</u></p> <p>Progress in preparing children and young people with SEND for adulthood has been slower compared to other priority areas. As part of the monitoring visit, a deep dive will be conducted on October 23rd, with preparatory activities starting on October 3rd. This will involve gathering all relevant information and mapping out a plan to present to the Department for Education (DfE). The aim is to establish a baseline and seek further advice and support from DfE partners, leading to a more detailed plan in future SIAB reports.</p> <p>The co-production consultation involves close collaboration with health and social care partners and the National Development Team for Inclusion (NDTi). NDTi is a non-profit organisation focused on inclusion, partnership, co-production, and shared learning. They are instrumental in developing PFA (Preparing for Adulthood) pathways and outcomes for children and young people with SEND. The report highlights progress on five actions aimed at achieving desired outcomes in this area, emphasizing the importance of keeping children and young people at the centre of these efforts.</p> <p>In relation to Priority Impact 1, the partnership across Education, Health, and Care aims to clearly map local provisions and pathways for preparing for adulthood. The delivery lead, and the SEND Delivery Group have identified the need to develop supported internship pathways, with work planned for October. Although the PFA information on the Local Offer has been updated, significant development is still required.</p> <p>The focus is on mapping pathways from year 9 onwards and ensuring accessible resources for children and young people. Good practice guides from other local authorities will be used to develop fact sheets that define and support these pathways.</p> <p>81.5% of 16-17 year olds with EHCPs and 78.1% of those with SEN support in Bury are in education and training, which is lower than the general cohort. As of March 2024, 41% of the SEN cohort are not in education, employment, or training (NEET), creating pressure on the system. Efforts are being made to increase apprenticeship and training opportunities using the UK Shared Prosperity Fund. Further analysis is needed to understand why many are going straight into employment instead of continuing education.</p> <p>Bury exceeded national and North-West averages for attaining Level 2 qualifications by age 19, including both EHCP and SEN</p>	

support cohorts. Bury is also in line with national figures for English and maths attainment by age 19. Progress on action area 4.1 is slightly off track. There's a need to map PFA pathways and engage with young people, parents, and carers to identify gaps and inform future priorities. This will be a focus before the deep dive on October 3rd.

The Local Offer for Higher Education opportunities has been revised but is not fully populated due to capacity issues. Efforts are underway to recruit a communications engagement officer to support this work, but capacity and recruitment remain potential risks.

Co-production events around the Graduated Toolkit took place in the Summer term, focusing on EHC plans. An Ofsted inspection highlighted the need to improve preparing for adulthood (PFA), especially from year 9 onwards. A working group is developing templates to ensure consistent practice in education, health, and care plans, assessing PFA needs during statutory assessments and annual reviews.

Currently, there's a lack of coordination in notifying colleagues about Annual Reviews, affecting the quality of PFA assessments. Efforts are underway to improve this, aiming to make PFA considerations a standard practice from early years, not just from year 9.

Discussion

- The Board's report focuses on opportunities for further education and employment, highlighting the importance of person-centred planning and positive educational outcomes. Moving forward, the report will focus on the four pillars of transition planning: education and employment, independent living, community connections, and health. Emphasis is placed on fostering independent living, community involvement, and holistic health outcomes for young people transitioning to adulthood. The report also acknowledges the challenge of capturing all achievements and stresses the importance of ongoing engagement with the Council for Disabled Children.
- Executive Director of Health and Adult Care confirmed that the Assistant Director of Adult Care is working on the steps identified in the report. Two forums are currently addressing the transition from childhood to adulthood for those likely to be Care Act eligible: a pre-existing committee and an assurance meeting. These forums focus on improvement plans, dedicated capacity, and regular reviews. Additionally, the newly established Prepared Federal Board, which includes the Assistant Director of Adult Care, aims to enhance these efforts.

	<ul style="list-style-type: none"> The DfE Case Lead highlighted a recent thematic approach by Ofsted and CQC, with a report published in August covering strategic planning, employment, independent living, community inclusion, and health in preparation for adulthood. This report is useful for understanding what other local authorities are doing and what Ofsted and CQC look for during inspections and monitoring visits. <p>Action- DfE Case Lead to send the link to the Ofsted and CQC report to the board for distribution with the minutes.</p> <ul style="list-style-type: none"> The Head of Special School raised concerns about the impact of changes to the transport policy for post-16 provisions on students with PMLD (Profound and Multiple Learning Disabilities). These students, who use wheelchairs and are non-ambulant, will receive a mileage budget or cost contribution instead of transport, potentially affecting their access to education. This issue highlights the need to address gaps in support for vulnerable students. <p>Action: The Youth Ambassador to conduct work with young people to understand their objectives and needs regarding the good health offer, ensuring their voices are heard and their needs are met.</p>	
6	<p>PRIORITY IMPACT PLAN 5 (PIP)</p> <p><u>Director of Education and Skills and Executive Director for Health and Adult Care updated on Priority Impact 5</u></p> <p>Priority Impact 5 focuses on improving transitions, particularly from Year 6 to Year 7, using the "6 into 7" product. This initiative saw 86% of schools successfully adopting the product, though some faced challenges due to leadership changes or access issues. Feedback indicates the technology was useful, but a late rollout led to some schools using both digital and paper systems. Future plans include earlier rollouts and piloting the product for early years transitions. The SEND Delivery Group will explore other transition areas, such as further education and employment, while task and finish groups will evaluate the success of transitions and gather feedback from Year 7 students to improve future processes.</p> <p>The current report doesn't fully reflect the work done by the Northern Care Alliance colleagues. The plan is to continue developing the report to capture recent steps accurately and reissue it. Key developments include creating transition pathways from SEND health visits to school nursing, implementing a standardised operating protocol, and starting similar protocols for school nursing, physiotherapy, occupational therapy, and speech and language therapy. Multidisciplinary team meetings for complex care cases are in early stages. However, audits to assess transition recognition in files have not yet progressed.</p>	

	<p>The transitions framework from NHS England is expected soon and will be useful for regional forums, especially for priority areas 5.1 E and 5.1 F. It's important to integrate medical and health transitions into a holistic approach, linking them with other priority impact plans, continuing care, and Care Act eligibility.</p> <p><u>Discussion</u></p> <ul style="list-style-type: none"> • The Chair has requested updates from sections that haven't been provided this month for the next Board meeting to ensure everyone is informed and assured. • The Chair has requested an update for the next board meeting, incorporating the transition framework from NHS if available. • Chair of BURY2GETHER raised a few concerns on the report. BURY2GETHER is eager to co-produce information for parents but needs clarification on the specifics. There is concern about the reliance on PADLETs for communication, as it can be overwhelming for parents. Alternative forms of communication should be considered. Additionally, the term "resilience" is requested to be avoided in the report, as it can be upsetting for parents and young people. <p>Actions</p> <ul style="list-style-type: none"> - Director of Education and Skills to amend the word 'resilient' in this report. - The SEND Delivery Group to develop impact measures for all Priority Impact areas and cross reference data with Head of Strategy, Assurance and Reform. 	
7	<p>PRIORITY IMPACT PLAN 6 (PIP)</p> <p><u>Head of Service - SEND and Inclusion updated on Priority Impact Plan 6</u></p> <p>Priority Impact 6 focuses on Education, Health, and Care Plans (EHCPs). The monthly scorecard as of September 1st shows 2,843 EHCPs are maintained, with promising performance in issuing them. However, Annual Reviews need improvement as only 50% were completed and 21% of those were completed within time frame. A review of customer service, communication, and overall quality of service has been conducted to address these issues.</p> <p>An Annual Review Recovery Plan is being developed, prioritising key stage transfers and setting up a triage panel that will meet fortnightly. Over the summer, 513 annual review responses were completed, compared to 395 in the spring. Efforts are aligned with Project Safety Valve activities, aiming to improve data accuracy and establish KPIs across a wider scale. The paper was presented to the cabinet in relation to the Local Area response following the OFSTED and CQC inspection, securing</p>	

significant investment for capacity building within the team over the next 2 years.

Recruitment is underway, including agency staff and a designated Social Care officer to improve capacity within teams supported by core training, in house training, and external training.

While the timeliness and statutory compliance of Education, Health, and Care Plans (EHCPs) are good, the quality of these plans and annual reviews is unclear and needs improvement. 100% of the education EHCP's were issued within 20 weeks excluding exceptions.

Discussion

- BURY2GETHER expressed concerns about assuring parents on the Education, Health and Care plans issued within 20 weeks.
- A full audit cycle is needed to understand the quality of Education, Health, and Care Plans (EHCPs). The division of team capacity was imbalanced, with six officers on the new assessment team and six on the annual review team, leading to one side performing at 20%. To address this, reallocations have been made from the new Assessment team to the Annual Review team to balance performance and ensure that the needs of children and young people are continually assessed and met.
- Core Training focuses on statutory assessment processes, annual reviews, and preparing legally compliant education, health, and care plans which includes resolving disagreements (complaints, mediation, tribunal). Informed by legislation and SEND Code of Practice, using resources like the Children for Disabled Council. The training will be delivered by Head of Service - SEND and Inclusion and the SEN team manager (this has already started for existing team members).
- External Training is commissioned for Independent Provider of Special Education Advice (IPSEA) legal training (level1) as included in the Cabinet report. This includes the SEN Case Officer Award and the training is mandatory for all staff as part of the Continual Professional Development (CPD) programme.
- In-House Training: regular engagements with the SEND team every half term to address emerging issues. Pre and post-evaluation to measure impact on knowledge and understanding. Surveys, feedback, audits, and quality assurance of education, health, and care plans to determine training effectiveness.

Action- Head of Service - SEND and Inclusion to share training packages with the Board.

	<ul style="list-style-type: none"> • The issue extends beyond capacity to include the need for clear processes for conducting and processing Annual Reviews. Currently, there's no system to notify Education, Health, and Social Care colleagues about Annual Reviews, leading to inconsistent scheduling by schools and a backlog of reviews. To address this an Annual Review Triage will be held and regular team meetings to manage and oversee review activities. The goal is to ensure timely responses and better manage the Annual Review process while implementing the Annual Review Recovery Plan. • The Early Help module is not accessible to parents. <p>Action- Head of Service - SEND and Inclusion_correct typo in report on the Early Help Module for re-circulation to include 'not'.</p> <ul style="list-style-type: none"> • The report might underestimate the contributions of health partners and emphasised the involvement of the Designated Clinical Officer (DCO) from NHS Greater Manchester Bury in the programme. The Chair stressed the importance of including full partnership perspectives and addressing communication and workforce elements in the upcoming reports for October and November. • Discussed having impact stories within reports to provide evidence of why the work is taking place which the Chair agreed with. • The Chair emphasised the need for auditing EHCPs, considering strategic leads' capacities, and suggested identifying additional participants, including parents, carers, and young people. <p>Action- Head of Service - SEND and Inclusion to follow up on this by sending an email.</p> <p>The Chair re-iterated the importance of all board members reading reports prior to meetings.</p>	
10	ANY OTHER BUSINESS	
	<p>The discussion focused on the 18 month Monitoring Visits from Ofsted and CQC following inspections that identified systemic or widespread failings. The new inspection framework lacks clarity on what these visits will entail, with the first visits expected in other Local Areas in early next year. The previous framework involved a revisit 18 months after the initial inspection, focusing on the written statement of action. The current lack of guidance on the new framework's expectations was highlighted.</p> <p>The Chair added that typically, a monitoring visit would occur within 18 months, with two DfE/NHSE Stocktakes before a full report is submitted to the Minister. The possibility of lifting the Improvement Notice without a monitoring visit, if sufficient progress is made, was discussed, though clarity on what constitutes "sufficient progress" is needed.</p>	

	<p>The Chair is working nationally to establish these criteria with DfE and NHSE colleagues and with Ofsted.</p> <p>The next steps for Bury include a deep dive in October, a Stocktake take in December, and another deep dive in March.</p> <p>The next meeting will cover Priority Impact 1, 2, and 3.</p>	
11	DATE OF NEXT MEETING	
	<p>14th October at 2.00pm – 5.00pm</p> <p>27th November at 10am – 1.00pm</p> <p>10th December – Stocktake at 9.00am – 12.30pm</p>	