ST HELENS
BOROUGH COUNCIL

NHS
Cheshire and Merseyside

St Helens SEND Partnership

Priority Action Plan

2026

Introduction

St Helens Vision for Children and Young People

Working together with our children and young people to ensure they all have a positive start in life.

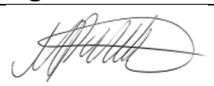
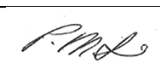
Children and young people with special educational needs and/or disabilities (SEND) in St Helens have told us that they want to feel visible, valued and included. They want services that listen to them, understand their needs and work together to help them achieve positive outcomes and prepare successfully for adulthood.

This SEND Partnership Priority Action Plan sets out the commitment of St Helens Borough Council, NHS Cheshire and Merseyside Integrated Care Board and our wider partnership to improve experiences and outcomes for children and young people with SEND and their families. It describes how we will address the findings of the Area SEND Inspection undertaken by Ofsted and the Care Quality Commission (CQC) in February 2026.

The inspection identified widespread and systemic weaknesses that are leading to significant concerns about the experiences and outcomes of children and young people with SEND and highlighted two priority actions for the partnership to address urgently. Inspectors found that too many children and young people do not receive the right help at the right time and that leaders need a stronger understanding of performance and outcomes through the effective collection, analysis and use of SEND data. The inspection also identified the need to improve mental health and neurodevelopmental pathways so that children and young people can access the right support at the earliest opportunity.

The inspection also recognised important strengths across St Helens, including committed staff and leaders, effective early help services, strong multi-agency working in some areas, positive support provided through TESSA (Triage for all Education Support and Specialist Advice), and timely access to a range of therapy services. These strengths provide a firm foundation on which to build sustainable improvement.

This Priority Action Plan has been signed off by St Helens Council CEO Mark Palethorpe, Integrated Care Board CEO Liz Bishop, Exec. Director People's Services / Senior Responsible Officer, (SRO) Jamaila Hussain, Director of Children's Services Paula Swindlehurst.

Lead Signatories	**Name**	**Signature**	**Date**
Local Authority CEO	Mark Palethorpe		07/08/2026
Integrated Care Board CEO	Dr Liz Bishop		07/08/2026
Exec. Director People's Service	Jamaila Hussain		07/08/2026
Director Children's Services	Paula Swindlehurst		07/08/2026

Priority Action Plan

This Priority Action Plan has been developed collaboratively with children and young people, parents and carers, education settings, health partners, social care services and wider stakeholders. It sets out our shared priorities, the actions we will take, how we will measure success, impact and outcomes we expect to see for children, young people and families.

Our ambition is clear: every child and young person with SEND in St Helens will receive the right support, at the right time, from the right service. Through strong leadership, effective partnership working, meaningful co-production and a relentless focus on outcomes, we will ensure that children and young people with SEND are visible, valued, included and able to achieve their full potential. We have a strong commitment to early intervention and prevention and our SEND maturity matrix that has been sent to DfE clearly sets out our vision to support children and young people much earlier on in their journey as data and evidence shows this achieves the best outcomes for children and young people.

Governance and Accountability

This SEND Priority Action Plan is jointly owned by St Helens Borough Council and NHS Cheshire and Merseyside Integrated Care Board and sets out the partnership's collective response to the findings of the Area SEND Inspection. The plan reflects our shared commitment to securing rapid and sustainable improvement for children and young people with SEND and their families.

The updated governance structure below, provides the oversight, delivery and assurance of the Special Educational Needs and Disabilities (SEND) delivery. The governance structure is designed to:

- Provide clear leadership, direction and oversight at all levels, including Overview and Scrutiny as well as Cabinet members
- Provide clear accountability across education, health and care partners.
- Strengthen executive oversight of SEND improvement activity.
- Embed co-production as a core principle.
- Ensure robust scrutiny of performance, quality and outcomes.
- Support the delivery of the SEND improvement action plan in line with the updated SEND Strategy.
- Support readiness for future Ofsted and CQC inspections and assurance sessions.
- Enable escalation of risks and delivery concerns through agreed governance routes.

As a system, we have agreed on key governance principles, and these will be incorporated in the updated ToRs of the SEND Strategic Partnership Board.

- **Children and young people first** – improving outcomes remains the central focus.
- **Joint accountability** – the Local Authority and Integrated Care Board share responsibility for outcomes.
- **Co-production** – parent carers and young people play a formal role within governance arrangements.
- **Data-led decision making** – performance intelligence drives improvement activity.
- **Transparency and challenge** – risks and barriers are openly identified and escalated.
- **Assurance and oversight** – executive leaders receive timely information to inform decision making

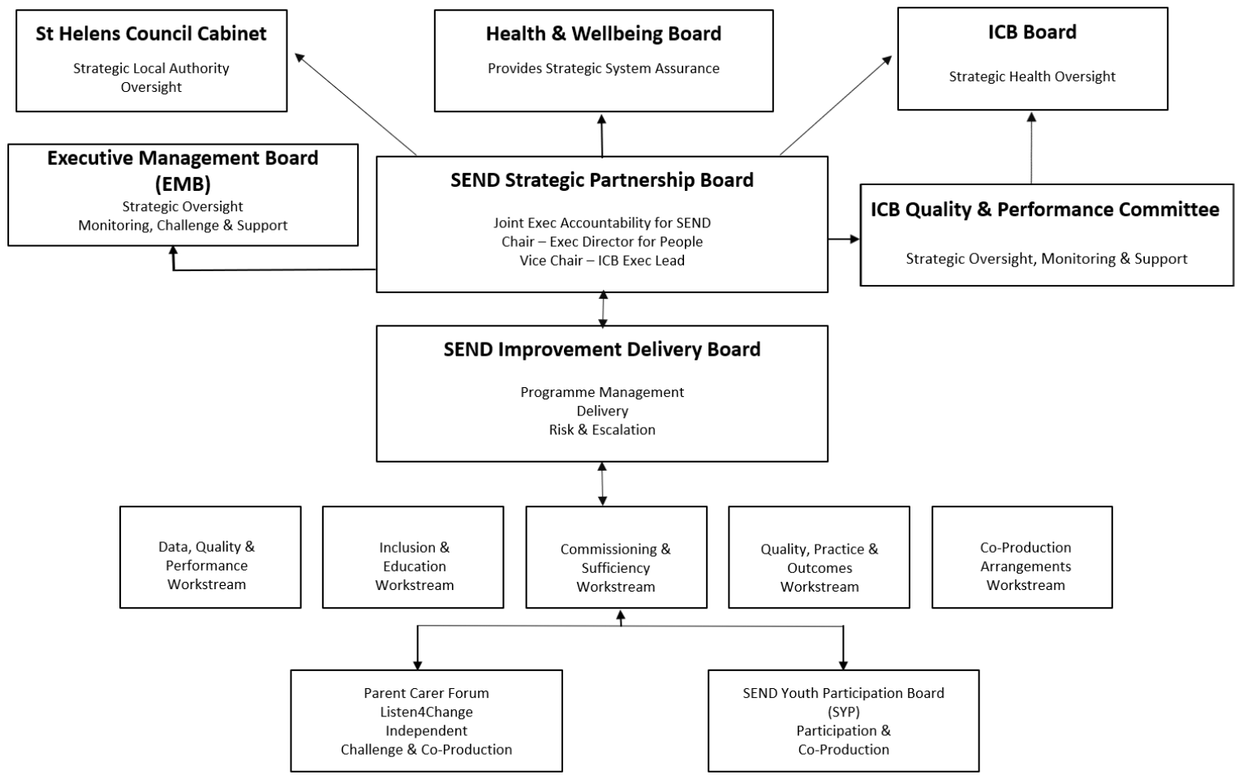
Delivery of the plan will be overseen through five subgroups, with clearly identified senior responsible leads and representation from education, health, social care, parent carers, children and young people, and other key partners.

The SEND Strategic Partnership Board will provide strategic leadership, oversight and accountability for the delivery of the plan. Progress against actions, milestones, risks and outcomes will be reviewed at every meeting, with partners held collectively accountable for delivery. Any barriers, delays or emerging risks will be escalated through the governance structure and addressed at pace. Please see attached paper that further clarifies governance and purpose.

Communication

The partnership recognises that effective communication and meaningful co-production are essential to successful improvement. Throughout delivery of this plan, children, young people and families will receive regular updates regarding progress, changes to services and opportunities to influence development. Quarterly "You Said, We Did" communications will demonstrate how feedback from children, young people and families has informed partnership decisions and service improvements. Listen4Change, the SEND Youth Partnership Board and key stakeholder groups will play a central role in supporting communication, engagement and co-production activity.

Governance Structure



Outcomes St Helens SEND Partnership is working towards:

Ref.	Area	Outcome We Want
1 - 1.11	Priority Action 1	High-quality SEND intelligence used to strengthen joint commissioning services and arrangements to improve outcomes for children and families
2 - 2.9	Priority Action 2	Children access the right pathway at the right time
3 - 3.10	Area for Improvement 1	Effective graduated response
4 - 4.13	Area for Improvement 2	Timely and high-quality EHC plans
5 – 5.11	Area for Improvement 3	Improved short breaks offer for children and young people
6 – 6.7	Area for Improvement 4	Equitable health services
7 – 7.10	Area for Improvement 5	Reduced waiting times

Priority Action 1

Inspection Finding

Leaders must urgently improve how the partnership collects, checks and uses SEND data across education, health and social care so that leaders can plan services effectively, identify inequities and understand the impact of their work.

Strengths	Areas for Development
Established SEND Partnership Board and governance arrangements.	Continue to develop the single agreed multi-agency SEND dataset.
Partners collect SEND data across education, health and social care.	Inconsistent data quality, definitions and reporting arrangements.
Existing performance reporting arrangements are in place.	Leaders do not have a sufficiently robust shared understanding of need, outcomes and inequalities.
Strong commitment across partners to improve SEND services.	Data is not consistently used to evaluate impact or inform commissioning decisions.

Baseline and improvement metrics

Measure	Baseline	DoT	KPI	Oversight and monitoring
Partners submitting agreed SEND dataset	80%	↑	100%	Strategic SEND Board
Data returns submitted on time	65%	↑	100%	Strategic SEND Board
Agreed multi-agency SEND KPIs reported	Current MA SEND Dashboard	↑	Full multi-agency dashboard in place	Strategic SEND Board
Commissioning decisions informed by data intelligence	75%	↑	100% of all commissioning decisions reference SEND JSNA & multi-agency data	Strategic SEND Board

Improvement Objective

To establish a robust multi-agency, SEND intelligence framework that provides accurate, timely and meaningful data to support strategic decision-making, identify inequalities, monitor outcomes and improve experiences for children and young people with SEND

SRO: Head of SEND ICB

Ref	Action	By 0-3 Months	By 3-6 Months	By 6-12 Months	Success Measure
1.1	Establish Multi-Agency SEND Data & Performance Group	Terms of Reference agreed, and membership established	Reporting cycle embedded	Group provides assurance to SEND Partnership Board	Regular attendance and performance reporting in place
1.2	Establish SEND baseline and outcomes framework	Baseline report produced	Outcome measures routinely tracked	Trends and impact analysis reported annually	Leaders have a clear understanding of performance and outcomes
1.3	Further enhance a core SEND dataset across education, health and social care as part of our multi-agency dashboard	Dataset, KPI framework and data dictionary agreed	All partners submitting agreed data	Dataset reviewed annually	100% partner compliance with agreed dataset
1.4	Refresh data governance arrangements and accountability framework	Named leads identified and governance framework refreshed	Quarterly compliance reporting established	Governance arrangements reviewed and embedded	Clear ownership and accountability demonstrated
1.5	Implement a programme of lived experience audits incorporating feedback from parent carers and CYP to understand the impact of services and identify areas for improvement	Audit methodology agreed with Listen4Change and CYP representatives	Audit findings routinely reported through governance arrangements	Findings inform commissioning, service improvement and performance reporting	Evidence that feedback influences decisions and improvements. Quarterly "You Said, We Did" reporting in place
1.6	Introduce data quality standards and quarterly multi-agency audits with partners and parent carers	Audit framework implemented	Quarterly audits evidence improvement	Sustained data quality standards achieved	Consistent data output to inform future commissioning
1.7	Use SEND data to identify inequalities and target improvement activity	Priority cohorts identified	Improvement actions implemented	Impact of interventions evaluated	Evidence of reduced inequalities and improved access to services.
1.8	Use intelligence to inform commissioning and service planning	Data informs annual planning cycle	Joint commissioning priorities reviewed using SEND intelligence	Service redesign and investment decisions supported by evidence	Commissioning decisions are based on the data and intelligence gathered
1.9	Embed parent carer and CYP feedback within SEND performance reporting and improvement activity	Feedback framework agreed	Feedback routinely reported to SEND Partnership Board	Evidence of service improvements resulting from feedback	Quarterly reporting demonstrates how parent/carer and CYP feedback has informed decisions and improvements.

Impact on Children, Young People and Families

What will be different?

- Children and young people receive support that is better planned around identified need.
- Services can identify emerging issues and respond more quickly.
- Inequalities in access, experience and outcomes are identified and addressed.
- Leaders can evaluate whether services are making a difference.
- Commissioning decisions are informed by data, evidence and outcomes.
- Children, young people and families experience more timely, coordinated and effective support

Outcome

The partnership has a single, trusted source of SEND intelligence across education, health and social care. Leaders routinely use high-quality data to better identify and understand children's needs, identify inequalities, evaluate impact and make informed decisions that improve outcomes and experiences for children and young people with SEND and their families

Priority Action 2

Inspection Finding:

Leaders must urgently review the referral criteria, and pathways, for children and young people with SEND accessing mental health services and neurodevelopmental assessment and support. The partnership must ensure that children and young people with SEND access the right support for their needs at the earliest opportunity, on the most appropriate assessment and treatment pathway.

Strengths	Areas for Development
Strong partnership commitment to improving mental health and neurodevelopmental services.	Children and young people experience delays in accessing mental health and neurodevelopmental pathways.
Some children with complex needs benefit from Dynamic Support Register and Transforming Care arrangements.	Referral pathways are complex and not consistently understood.
Mental Health Support Teams continue to expand across St Helens schools.	Children and families are sometimes redirected between services multiple times before receiving support.
Good examples of multi-agency working exist across some services.	Thresholds for support are not consistently understood by professionals or families.
Existing Thrive model provides a framework for service delivery.	Delays in autism and ADHD assessment pathways contribute to escalation of need and family distress.
	Access to medication pathways can be delayed and inconsistent.
	Children and young people do not always receive the right support while waiting for assessment or treatment.

Baseline and Improvement Metric

Measure	Baseline	DoT	KPI	Oversight & Monitoring
NDP – Average time (days) from referral to discharge.	903 days	↓	100% within 365 days	Strategic SEND Board
NDP - % of referrals not accepted	>35%	↓	<15%	Strategic SEND Board
CYP MHS – Average wait (weeks) to first contact (assessment) within Thrive Services for CYP with SEND	<4 weeks	≤	Maintain and lower where possible	Strategic SEND Board
CYP MHS – % of re-referrals within a 12-month period to Thrive Services (NEW Metric to be introduced for routine monitoring in 26/27 to all Thrive Services)	TBC	↓	TBC	Strategic SEND Board
Percentage of schools with access to MHST	<60%	↑	100% schools	Strategic SEND Board

Number / rate of Hospital Admissions due to MH in CYP per annum	45 (0.22 per 1,000)	↓	0.12 per 1,000	Strategic SEND Board

Improvement Objective

To establish clear, accessible and effective mental health and neurodevelopmental pathways that ensure children and young people with SEND receive the right support, at the right time, through the most appropriate assessment and treatment route.

SRO: ICB Commissioning Lead

Ref	Action	By 0-3 Months	By 3-6 Months	By 6-12 Months	Success Measure
2.1	Review mental health and neurodevelopmental pathways for children and young people with SEND	Recommendations produced, reviewed and agreed	Implement actions to support streamlined Pathways	Children and young people access the right services at the right time	Increased reports of CYP and Carer satisfaction identified within the St Helens SEND Annual Survey
2.2	Produce a user-friendly mental health and emotional wellbeing resource for public consumption	Map support and simplify information about access	Communication programme delivered for families and professionals. Annual survey undertaken October 2026.	Evaluation of changes made, and impact shared with children and families.	Pathway communications agreed and promoted across the partnership also included in You Said We Did
2.3	Strengthen triage, referral and signposting arrangements	Enhanced duty and triage model implemented for CYPMHS and CYPMHS & NDP MDT implemented	Audit / evaluation of Mersey Care practice and external partner action implementation	Evaluation of changes made, and impact shared with children and families.	Increased proportion of children accessing the correct pathway first time
2.4	Improve support available whilst children and young people wait for assessment or treatment	Waiting survey developed and issued to providers	Responses reviewed and actions added to this plan and implemented	Impact evaluated through feedback and outcome measures	Families report improved support during waiting periods
2.5	Completion of MHST rollout to strengthen school-based mental health support	Governance arrangements established	Further schools enrolled - 75% coverage achieved Jan 2027	Full rollout achieved within 2028 – 100% coverage	100% of schools have access to MHST support

2.6	Implement early identification and escalation processes for children at greatest risk	MDT arrangements reviewed and strengthened	Shared risk identification processes implemented	Partnership evaluation completed	Reduction in crisis presentations and escalation of need
2.7	Review ADHD and CYPMH medication pathways	Pathway review completed	Agreed improvements implemented	Ongoing monitoring of access and timeliness	Increase clarity on how to request to be considered for medication measured via SEND Annual Survey. Prescribers MDT in place (Psychiatry, Paediatrician & Pharmacist).
2.8	Use performance data to monitor demand, waiting times and outcomes across pathways	Baseline established	Regular reporting to SEND Partnership Board	Data used to inform commissioning decisions	Leaders routinely monitor access, waits and outcomes
2.9	Strengthen communication and information sharing with families regarding SEND, mental health and neurodevelopmental pathways	Communication plan developed with Listen4Change, IASS, St Helens Carers Centre and partners. SEND Information Hub reviewed and updated with available support offers and referral information.	Regular communication campaign implemented. Quarterly SEND newsletters and pathway updates shared with families and professionals. Information routinely promoted through partner organisations.	Communication approach embedded and reviewed through feedback from families and partners.	Increased family awareness of available support. Increased use of SEND Information Hub resources. Improved parent/carer satisfaction with communication. Evidence that families understand available pathways and routes of access.

Impact on Children, Young People and Families

What will be different?

- Children and young people receive timely assessment and treatment through earlier intervention and prevention.
- Families have a clearer understanding of available services and how to access them.
- Fewer children are passed between services before receiving support.
- Waiting periods are reduced and supported through coordinated multi-agency interventions.
- Children and young people experience fewer crises and reduced escalation of need.
- Educational attendance, participation and wellbeing improve.

Outcome

Children and young people with SEND access timely, coordinated mental health and neurodevelopmental support through clear and effective pathways. Families understand how services can help, professionals work consistently across agencies, and children receive the right support at the earliest opportunity, reducing delays, escalation and poor outcomes

AREA for Improvement 1

Inspection Finding:
The local area partnership should strengthen the effectiveness and consistency of the graduated approach across education, health and care so that children's and young people's needs are identified and met earlier and escalation to crisis, exclusion or alternative provision is reduced.

Strengths	Areas for Development
Strong commitment across partners to improving inclusion and SEND outcomes.	Children and young people do not consistently receive support at the earliest opportunity.
TESSA provides valued multi-agency advice and support to schools and families.	Understanding and implementation of the graduated approach varies across settings and services.
Effective examples of multi-agency support exist through attendance panels, Fair Access and early help arrangements.	Some needs escalate before appropriate support is in place.
Early years practitioners demonstrate strong SEND identification and referral practice.	Reliance on statutory processes can occur where earlier intervention may have prevented escalation.
Emerging SEND Reform and Inclusion work provides a strong foundation for improvement.	Variability exists in confidence, knowledge and application of SEND processes across the partnership.
	Too many children with SEND experience exclusion, attendance difficulties or placement instability before support is fully established.

Baseline and Improvement metrics

Measure	Baseline			DoT	KPI	Reporting
	Total No. of CYP	SEN Support	EHC			
Number of CYP supported through SEN Support	-	4,760	-	⇧	+20%	SEND Improvement Board
Reduced reliance on independent specialist provision	312	-	312	⇩	-10%	SEND Improvement Board

SEND persistent absence rate	2,369	25.6%	33.6%	⬇	10% reduction	SEND Improvement Board
SEND severe absence rate	433	4.7%	8.8%	⬇	10% reduction	SEND Improvement Board
SEND suspension rate (DfE Fig. 2024/2025)	-	25	29	⬇	15% reduction	SEND Improvement Board
SEND permanent exclusion rate (DfE Fig. 2024/2025)	-	0.24	0.37	⬇	20% reduction	SEND Improvement Board
% of children achieving Good Level of Development (SEN Support)	69	35%	4.5%	⬆	100% combined increase	SEND Improvement Board
Year 1 phonics check	187	58%	24%	⬆	1.5% combined increase	SEND Improvement Board
KS2 SATS RWM Combined	196	37%	15%	⬆	2% increase	SEND Improvement Board
Successful reintegration's from AP to mainstream provision	54	19.5%	15%-	⬆	20% increase year 1 50% year 2 80% year 3	SEND Improvement Board

Improvement Objective

To ensure that all partners consistently apply an effective graduated approach so that children and young people with SEND are identified early, receive appropriate support through ordinarily available provision, and experience improved inclusion, participation and outcomes.

SRO: Director of Public Health

Ref	Action	By 0-3 Months	By 3-6 Months	By 6-12 Months	Success Measure
3.1	Review and relaunch the St Helens Graduated Approach across education, health and care	Review completed and gaps identified	Revised framework launched Consistent approach across all settings.	Impact evaluation completed.	Graduated Approach review completed and launched. and launched. Rate of SEND persistent/severe absence, suspensions/Permanent Exclusions reduced.
3.2	Promote use of TESSA and strengthen early intervention pathways such as Experts at Hand and the graduated offer	Awareness programme delivered	Increased referrals through graduated pathways	Pathways embedded and evaluated	Increase in children supported without requiring statutory assessment
3.3	Improve early years identification and school readiness arrangements	School readiness review completed	Earlier intervention pathways embedded.	Improvement demonstrated through outcomes data	Increased proportion of children achieving developmental milestones. Good level of development % increases to meet the DFE target 75% by 2028.

3.4	Deliver a multi-agency SEND workforce development programme	Training needs analysis completed	Multi-agency training programme implemented	Evaluation demonstrates impact	Increased workforce confidence and consistency of practice
3.5	Develop Communities of Practice and Inclusion Networks	Network established	Regular delivery and shared learning	Model embedded across partnership	Increase in children with SEND reaching a good level of development, Yr1 phonics check and KS2 SATS, reduction in the number of EHCP requests and reduction in the reliance on independent specialist placements.
3.6	Strengthen preventative support for children at risk of exclusion	Reducing Exclusions Working Group established	Targeted support pathways implemented	Exclusion reduction programme evaluated	Reduction in suspensions and permanent exclusions
3.7	Review and strengthen Alternative Provision strategy and reintegration arrangements	AP review completed	Revised strategy approved	Reintegration outcomes monitored	Increased successful reintegration to mainstream provision and reduced reliance on independent specialist provision
3.8	Use partnership data to identify children at risk of escalation and intervene earlier	Risk indicators agreed	Cohort tracking established	Early intervention framework evaluated	Reduction in crisis intervention and escalation of need
3.9	Strengthen attendance support for children and young people with SEND through earlier identification and intervention	Review attendance patterns of CYP with SEND and identify priority cohorts. Develop graduated attendance guidance and toolkit for schools.	Multi-agency attendance panels routinely review CYP with SEND. Early intervention pathways embedded for persistent absence and EBSA.	Impact evaluation completed and practice embedded across all schools and settings.	Reduction in persistent absence among CYP with SEND. Improved attendance of vulnerable cohorts, reduction in exclusions, inappropriate use of PRU as a form of crisis intervention, reduction in requests for statutory assessments.

Impact on Children, Young People and Families

What will be different?

- Children & young people will have their needs recognised and responded to earlier, therefor reducing crisis intervention.
- Families will have a clearer understanding of available support and intervention pathways resulting in better outcomes.
- Schools and practitioners will be more confident in meeting needs through ordinarily available provision.
- More children and young people will remain successfully included in their local community and school.
- Reduced exclusions, reduced reliance on Alternative Provision and improved educational outcomes.
- Children and young people will feel better supported to achieve their potential.
- Children and young people with SEND attend school more regularly and remain engaged in learning.
- Families receive support earlier when attendance concerns emerge.
- Schools respond consistently to attendance difficulties through a graduated and inclusive approach.
- Fewer children experience escalation to emotionally based school avoidance (EBSA), exclusion, alternative provision or crisis intervention.

Outcome

Children and young people with SEND are identified earlier and receive timely, coordinated support through a consistently applied graduated approach. Education, health and care partners work effectively together to prevent escalation of need, improve inclusion, reduce exclusions and ensure children and young people achieve positive outcomes within their local communities

AREA for Improvement 2

Inspection Finding:
The local area partnership should improve the timeliness, quality and oversight of EHC plans which are updated as part of the annual review process. This should ensure that plans are up to date, reflect children's and young people's current needs and aspirations, include clear and measurable outcomes, and are shared with all relevant practitioners.

Strengths	Areas for Development
Recent EHC plans are showing improvement in structure and clarity.	Timeliness of EHC plan completion and annual reviews remains inconsistent.
Established quality assurance arrangements exist.	Plans do not consistently contain specific and measurable outcomes.
Multi-agency partners contribute advice to statutory processes.	Professional advice is not consistently reflected in final plans.
Strong commitment across the partnership to improve quality and compliance.	Final plans are not always shared with relevant practitioners in a timely way.
	Oversight and performance monitoring require strengthening.

Baseline and Improvement Metrics

Measure	Baseline	DoT	KPI	Reporting
% EHC plans issued within 20 weeks	50%	↑	60%+ by year end (3/27)	Strategic SEND Board
Number of open assessment cases	263	↓	10%	Strategic SEND Board
Annual reviews completed on time	60%	↑	90%	Strategic SEND Board
% audited plans rated Secure or Exemplary	83%	↑	90%	Strategic SEND Board

Parent/carer satisfaction with EHC process (measured via Parent/Carer EHCP Survey)	94% (2025 Calendar Yr)	↑	95%	Strategic SEND Board
Number of SENDIST Appeals	46	↓	Reduction of 15%	Strategic SEND Board
Number of complaints relating to EHC plans	31 (25/26)	↓	Reduction of 20%	Strategic SEND Board

Improvement Objective

To ensure all children and young people receive timely, high-quality Education, Health and Care Plans that accurately reflect their needs and aspirations, are underpinned by effective multi-agency contributions, and drive improved outcomes.

SRO: Head of SEND LA

Ref	Action	By 0-3 Months	By 3-6 Months	By 6-12 Months	Success Measure
4.1	Review existing practice model of service delivery	Comprehensive review of current EHC assessment, planning, annual review & amendment processes completed. Current strengths, gaps and areas of inconsistency identified.	Improvement recommendations implemented and embedded across the SEND service and partner agencies.	Impact of revised operating model evaluated, and continuous improvement actions implemented.	Evidence of improved timeliness, quality and consistency of EHC plans and annual reviews. Reduction in process delays and increased stakeholder satisfaction. Reduction in mediation requests and in complaints relating to EHC timeliness. 60% issued within 20 weeks, 90% are of high quality demonstrated through audit
4.2	Review and strengthen the EHC quality assurance and multi-agency audit framework	Revised framework agreed and audit programme established	Themes shared and actioned	Impact evaluation completed	Increase in plans rated Good or Better Multi-agency audit programme completed annually
4.3	Improve quality of health advice.	Standards agreed	Joint audits completed	Compliance embedded	Professional advice consistently reflected in plans
4.4	Deliver workforce development on writing high-quality outcomes and provision	Training programme launched	Refresher sessions delivered	Practice embedded	Increase in plans with SMART outcomes
4.5	Reduce EHC assessment backlog and increase statutory compliance	Recovery plan implemented	Backlog reduced significantly	Compliance sustained with increase in timeliness of assessments and plans	Increase in plans issued within 20 weeks
4.6	Strengthen monitoring and oversight of annual reviews to ensure EHCPs remain responsive to any changes in need. Finalised amended plans	Revised guidance and expectations published. System to ensure final plans are shared with all relevant practitioners	Monitoring framework established	Sustained compliance. SEND Partnership Board receives quarterly performance and quality reports.	Increase in annual reviews and amended plans finalised and issued within timescales.

	distributed to contributing professionals				
4.7	Strengthen Preparing for Adulthood (PfA)outcomes within EHC plans in collaboration with adults from age 14	Revised template developed	Training delivered	Embedded in annual reviews	Increase in plans containing meaningful PfA outcomes
4.8	Establish routine collection and review of parent, carer and CYP feedback regarding EHC assessment, planning and annual review processes	Feedback mechanism developed and implemented across assessment and review processes	Feedback themes routinely reviewed through QA and SEND governance arrangements	Evidence of service improvements and policy changes informed by parent/carer and CYP feedback	Improved parent/carer satisfaction and evidence of feedback directly influencing service improvements

Impact on Children, Young People and Families

What will be different?

- **Children and young people will have timely, co-produced, up-to-date EHC plans that accurately reflect their needs and aspirations.**
- **Outcomes and support will be clearer and easier to understand.**
- **Health, education and social care professionals will work from a shared understanding of need.**
- **Children and young people will receive provision that is well coordinated, and outcomes focused.**
- **Plans will support preparation for adulthood and long-term aspirations from age 14.**
- **Reduction in complaints relating to EHC plans.**
- **Reduction in SEND Tribunal appeals relating to plan quality and provision.**
- **Improved parent/carer satisfaction with the EHC process.**
- **Improved practitioner confidence in EHC planning processes.**

Outcome

Children and young people receive high-quality, timely Education, Health and Care Plans that are co-produced, outcome-focused and informed by effective multi-agency working. Plans remain current through robust annual review processes and provide a clear framework for achieving positive outcomes and aspirations.

Area For Improvement 3

Inspection Finding:
The local area partnership should improve the availability, clarity and consistency of targeted and specialist short breaks so that families understand thresholds and routes of access, and children and young people receive the right support at the right time

Strengths	Areas for Development
Universal short breaks offer is valued by many families.	Families report confusion regarding thresholds and eligibility criteria.
A range of short break opportunities are available across St Helens.	Routes into services are not always clear or consistently understood.
Strong commitment across partners to improving the short breaks offer.	Capacity does not currently meet demand in some specialist areas.
Existing commissioning arrangements provide a foundation for development.	Waiting times exist for some targeted and overnight short break provision.
	Alternative provision is not always equivalent to assessed need.
	Leaders require a clearer understanding of demand, usage and sufficiency.

Baseline and Improvement Metrics - Baseline demand, waiting list, occupancy and satisfaction measures will be established through the Short Breaks Sufficiency Assessment during Quarter 1/2 2026/27.

Measure	Baseline	DoT	KPI	Reporting

Children accessing targeted short breaks	Baseline to be established in Q2 of newly commissioned services	↑	To be determined In Q2	SEND Improvement Board
Children accessing specialist short breaks following assessment	166	↑	To be determined as part of Commissioning Review	SEND Improvement Board
Families able to access & understand published eligibility criteria	Parent Carer Survey Results & L4C Feedback	↑	100%	SEND Improvement Board
Number of available targeted short break places	Baseline to be established in Q2 of newly commissioned services	↑	As determined by contract mobilisation	SEND Improvement Board
Number of specialist short break places	Baseline to be established following commissioning review	↑	Increase in specialist capacity	SEND Improvement Board
Parent/carer satisfaction with short break provision	Annual Parent Carer Survey 2024/25 & 25/26 results	↑	Annual parent satisfaction improvement	SEND Improvement Board
CYP satisfaction with short break provision	Baseline to be established in Q2	↑	Annual CYP satisfaction improvement	SEND Improvement Board

Improvement Objective

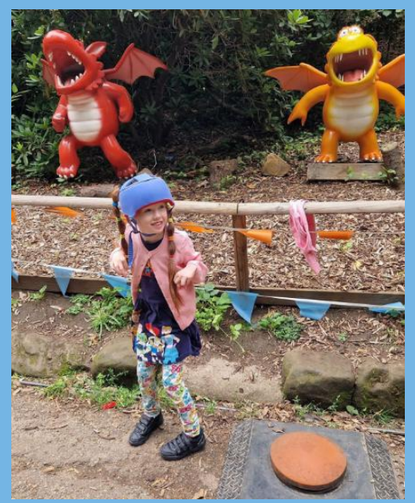
To develop a clear, equitable and sustainable short breaks offer that provides timely access to the right level of support, improves family experience and ensures sufficient provision to meet identified need.

Lead Officer: Assistant Director for Children's Social Care

Ref	Action	By 0-3 Months	By 3-6 Months	By 6-12 Months	Success Measure
5.1	Review short breaks eligibility, thresholds and decision-making processes with families	Review and consultation completed.	Revised framework approved & implemented	Impact evaluated. Reduction in waiting times for targeted and specialist provision.	Families report increased understanding and confidence. Increased CYP satisfaction with short break opportunities.
5.2	Develop and implement a Short Breaks Eligibility and Threshold Framework	Draft framework produced	Framework launched and workforce briefed	Compliance audit completed	Reduction in complaints and appeals. Positive outcomes evidenced through reviews and feedback.
5.3	Create a single Short Breaks Pathway across education, health and care	Pathway designed	Published through Local Offer	Pathway reviewed with families	Families understand how to access support evidenced through increased numbers and survey findings
5.4	Refresh the Local Offer and communication materials relating to short breaks	Content reviewed with parent carers	Information published	Evaluation completed	Annual Parent/Carer & CYP survey demonstrates improved understanding of thresholds and access routes by families.
5.5	Complete a full sufficiency assessment and market position statement	Demand and capacity analysis completed	Commissioning intentions agreed	Review of impact completed	Clear evidence of sufficiency planning that meets need

5.6	Increase targeted and specialist short break capacity where demand exceeds provision	Gaps identified	Additional provision commissioned	Capacity reviewed and sustained	Reduced waiting times
5.7	Establish a waiting list review and prioritisation process	Process agreed	Monthly oversight arrangements established	Reporting embedded	Waiting lists actively managed
5.8	Strengthen co-production with families and CYP regarding service development	Engagement programme established	Quarterly feedback informing service review	Co-production embedded	Evidence that family feedback has directly influenced service development with increased family satisfaction.
5.9	Develop a Short Breaks Performance and Sufficiency Dashboard	Dashboard designed	Quarterly reporting embedded	Dashboard informs commissioning decisions	Leaders routinely monitor demand and outcomes

Impact on Children, Young People and Families



What will be different?

- **Children and young people will have their needs recognised and responded to earlier**
- **Families will understand what support is available and how to access it.**
- **Children and young people will receive the right level of support at the right time.**
- **Waiting times for targeted and specialist provision will reduce.**
- **Families will experience greater consistency and transparency in decision-making.**
- **Children & young people have increased opportunities for social participation, independence & positive experiences.**
- **Family resilience and wellbeing will improve through timely access to appropriate support.**
- **Leaders will have a clearer understanding of demand, capacity and outcomes to support future planning.**

Outcome

Children and young people with SEND and their families have timely access to a clear, equitable and sufficient short breaks offer. Eligibility criteria and pathways are understood and consistently applied, services are commissioned to meet need, and children and families experience positive outcomes through the right support at the right time.

Area For Improvement 4

Inspection Finding:

The local area partnership should address the inequity of access to some health services in St Helens, including:

- enhancing the outreach of special school nurses and paediatric services in the community; and
- improving access to neurodevelopmental assessment and treatment pathways, including for ADHD.

Strengths	Areas for Development
Children benefit from timely access to speech and language therapy, occupational therapy and physiotherapy through flexible delivery models.	Access to some health services varies across St Helens.
Strong relationships exist between education and health services in some areas.	Outreach from special school nursing and paediatric services is inconsistent.
Multi-agency support is in place for some children with complex health needs.	Education settings report uncertainty regarding health service roles and routes for support.
Existing specialist services provide a foundation for improvement.	Children and families experience inequity depending on where they are educated or live.
	Neurodevelopmental pathways continue to experience lengthy waiting times and inconsistent access.

Baseline and Improvement Metrics

Measure	Baseline	DoT	KPI	Reporting
Number of community Paediatrician outreach clinics delivered in educational settings	0	↑	3 per month	SEND Improvement Board
Reduction in non-attendance at paediatric follow up appointments through a community-based approach	10%	↓	Maintain or lower year on year	SEND Improvement Board
Parent/carer satisfaction with access to health service	Parent Carer Survey Results (2025)	↑	Improvement year on year	SEND Improvement Board
Parent/carer satisfaction with communication and referral pathways	To be established in Q2	↑	Improvement year on year	SEND Improvement Board
Feedback from special schools regarding health outreach support	To be established in Q2	↑	Improvement year on year	SEND Improvement Board

Improvement Objective

To ensure that children and young people with SEND receive equitable and timely access to health services, regardless of where they are educated, through consistent outreach support, clear pathways and effective partnership working between education, health and care.

Lead Officer SRO: DCO

Ref	Action	By 0-3 Months	By 3-6 Months	By 6-12 Months	Success Measure
6.1	Review current delivery model for health support in special school and paediatric outreach	Mapping exercise completed and gaps identified.	Develop an equitable model of in-reach and outreach support	Implement a place model of in-reach and out-reach provision	Consistent clinical support with schools and particularly enhanced support for those schools with the most complex individuals that require clinical intervention
6.2	Development of the Policy for Supporting Medical Needs within settings	Policy agreed with partners and stakeholders	Implementation of the Policy within Education Settings	Service evaluation completed	Reduced variation in access between settings
6.3	Clarify roles, responsibilities, referral routes and escalation pathways between education and health services	Referral guidance published	Training and awareness delivered	Compliance audit completed	Education settings report improved understanding and confidence
6.4	Establish paediatric outreach clinics within special school settings where clinically appropriate	Integrated neighbourhood clinics established in line with Integrated Neighbourhood Teams (INTs)	Clinics embedded across specialist settings	Continuous review of INT approach	Reduction in missed appointments

6.5	Strengthen communication and engagement with families regarding available health services	Information reviewed and updated	Accessible information available through Local Offer (SEND Information Hub)	Annual family feedback survey and stakeholder engagement completed	Evidence that service improvements have been informed by family feedback

Impact on Children, Young People and Families

What will be different?

- **Children and young people within specialist settings will have equitable access to health support.**
- **Health services will be easier to access through clearer referral routes and outreach provision.**
- **Families will experience more joined-up support between health and education services.**
- **Children will spend less time away from education to access appointments and treatment.**
- **Health needs will be identified and addressed earlier, reducing escalation and improving outcomes.**
- **Children and young people with SEND will receive timely and coordinated support to meet their needs.**

Outcome

Children and young people with SEND experience equitable, timely access to health services regardless of where they are educated, resulting in improved health outcomes and family experience

Area for Improvement 5

Inspection Finding:
The local area partnership should accelerate at pace the recovery plans to reduce children's and young people's lengthy waits for neurodevelopmental assessment pathways across all ages. They should enhance the support given to children and young people and their families across education, health and care while they wait.

Strengths	Areas for Development
Strong partnership commitment to redesigning neurodevelopmental pathways.	Children and young people continue to experience lengthy waits for autism and ADHD assessment.
Recovery plans are in place across health partners.	Families report distress and uncertainty whilst waiting.
Development of the Knowing Me Profile Tool supports earlier identification of strengths and needs.	Support available whilst waiting is inconsistent.
Existing multi-agency relationships provide a strong platform for improvement.	Referral pathways and sources of support are not always well understood.
Growing focus on co-production and family engagement.	Variable access to support across education, health and care whilst awaiting assessment.
	Children and young people continue to experience lengthy waits for autism and ADHD assessment.

Baseline and Improvement Metrics (see also Priority Action 2 and Area for Improvement 1)

Measure	Baseline	DOT	KPI	Reporting
No. of schools using Knowing ME Profile Tool	0	⇧	100% Schools	SEND Improvement Board

No. of practitioners trained in Knowing ME Profile Tool	120	⇧	40% increase year on year	SEND Improvement Board
No. CYP with an outcome per month (ASD)	25	⇧	>40	SEND Improvement Board

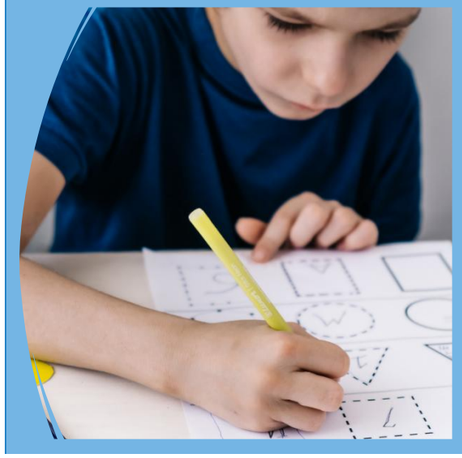
Improvement Objective

To significantly reduce waiting times across neurodevelopmental assessment pathways while ensuring children, young people and families receive timely, coordinated and meaningful support through education, health and care services whilst they wait

Lead Officer: ICB Commissioning Lead

Ref	Action	By 0-3 Months	By 3-6 Months	By 6-12 Months	Success Measure
7.1	Implement Knowing Me Profile Tool across education, health and social care	Pilot settings trained (25%). Parent carer briefing sessions established.	More settings trained (>50%). Settings start using Profile Tool	All settings trained. Profile Tool is embedded within NDP referral process.	100% of settings trained and using tool; >90% of NDP referrals include a Profile Tool & Support Plan.
7.2	Establish ND Zone within Local Offer and SEND Information Hub	Information hub developed	Usage monitored and expanded	Fully embedded	Year on year increased “visits” ND Zone information and self-help resources
7.3	Create and implement a "No Child Waits Without Support" standard	Survey launched to providers	Responses reviewed and used to develop standard.	Issued to providers. Embedded across services Compliance monitored	Standard produced. Agencies embedded and audits show consistent application of Standard. CYP & families report feeling enabled to access support even if waiting via SEND Annual Survey.
7.4	Increase throughput of ND pathways	Recovery plan reviewed	Additional capacity implemented	Waiting list reduction sustained	More CYP discharged each month. Streamlined and more efficient processes. Families report a positive experience and are discharged within 52 weeks.
7.5	Redesign referral, triage, assessment and decision-making processes	New pathway agreed	New processes embedded	Impact evaluated	
7.6	Strengthen communication with families through pathway updates, welcome meetings and regular information sharing	Communication approach between services developed	New family information offers embedded	Family offer and feedback reviewed	Improved family confidence and understanding
7.7	Implement audit process to ensure recommendations following assessment lead to support and action	Audit tool developed	Multi-agency auditing in place	Annual review of findings	Evidence recommendations are acted upon

Impact on Children, Young People and Families



What will be different?

- Children and young people will have access to timely assessment pathways.
- Support is provided according to children's needs rather than waiting for diagnosis.
- Families receive clear information and regular communication throughout the pathway.
- Schools and practitioners have greater confidence in meeting needs of children who may be waiting for a clinical diagnosis.
- Children and young people experience fewer crises and less escalation due to unmet need.
- Improved outcomes and experiences for children, young people and families.
- Children and young people will have more equitable access to health support regardless of where they attend school.

Outcome

Children and young people access timely neurodevelopmental assessment and treatment pathways, with significantly reduced waiting times and improved support whilst waiting. Families experience a clear, coordinated and responsive pathway, and children receive the right support at the right time regardless of diagnostic status.