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5 March 2026

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Integrated Care Board (ICB)

Area SEND monitoring inspection to Halton Partnership

Between 26 January 2026 and 28 January 2026, Ofsted and the Care Quality Commission (CQC) revisited Halton, to decide whether effective action has been made in relation to each of the areas for priority action detailed in the inspection report published on 26 January 2024. The inspection was conducted under section 20 of the Children Act 2004.

I write on behalf of His Majesty's Chief Inspector (HMCI) of Education, Children's Services and Skills and the Chief Inspector of Primary Medical Services and the Chief Inspector of Primary Care and Community Services of CQC.

As a result of the findings of the initial inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, HMCI required the local area partnership to prepare and submit a priority action plan (area SEND) to address the 5 identified areas for priority action.

The local area partnership has taken effective action to address four of the areas for priority action identified at the initial inspection. The local area partnership has taken ineffective action to address one of the areas for priority action identified at the initial inspection. This letter outlines our findings from the monitoring inspection.

The inspection was led by one of His Majesty's Inspectors (HMI) from Ofsted, accompanied by an HMI from social care; and two Children's Services Inspectors from CQC.

During the inspection, we spoke to local area leaders, parents and carers of children and young people with special educational needs and/or disabilities (SEND), and education, health and social care professionals. We also met with representatives of the parent carer forum (PCF), the Department for Education (DfE) and regional NHS England. We examined relevant documents and correspondence about the performance of the area in addressing the areas for priority action identified at the initial inspection, including the area's priority action plan and self-evaluation.

Findings

Area for priority action 1:

Leaders at Halton local authority and the NHS Cheshire and Merseyside ICB should cooperate at pace to improve the shared strategic oversight, governance, support and challenge to drive improvements to meet the needs of children and young people with SEND in Halton.

Outcome: Effective action

Since the previous inspection, the partnership has strengthened its governance arrangements and refreshed its strategic approach to improving services for children and young people with SEND across education, health and social care. The partnership has taken deliberate action to stabilise the system, clarify roles and improve the way that they work together. New leadership positions, clearer workflows and more consistent engagement from key agencies are giving leaders a better understanding of children and young people's needs and enabling more stable planning. The system is now focused on sustainable change rather than short-term fixes.

Leaders are successfully changing the partnership culture to one of purposeful professional challenge. They now use governance forums to scrutinise evidence, interrogate performance and hold one another to account. This more open and challenging approach is strengthening alignment in decision-making across education, health and social care and is beginning to drive clearer accountability across the partnership.

The PCF is a respected and influential partner. Its representatives contribute meaningfully to key workstreams within the SEND improvement programme, and the strengthened scrutiny provided through the SEND partnership improvement board has sharpened accountability further. PCF representatives now have clearer routes to raise concerns with leaders and report that leaders increasingly listen and take action. This is helping families feel more able to share their experiences.

These strategic developments have not translated into consistently improved experiences for children and young people with SEND and their families. Some parents describe progress as slow and inconsistent, such as the early identification of their child's needs and the reliability of statutory processes. They continue to report frustration with communication with professionals. Long waits for children and young people to access speech and language therapy and neurodevelopmental pathways continue to limit the partnership's ability to deliver timely support.

Overall, the local area partnership has strengthened the shared strategic oversight, challenge and governance. These improvements are beginning to take effect but remain at a relatively early stage. Leaders understand that significant work is still required to ensure that these developments lead to consistently improved experiences and outcomes for children and young people with SEND in Halton.

Area for priority action 2:

Leaders in the local authority, ICB and education, health and social care providers should improve the efficiency and quality of their information-gathering and -sharing processes to ensure that children's and young people's needs are understood accurately and met more swiftly and effectively through coordinated approaches.

Outcome: Effective action

The partnership has taken meaningful steps to strengthen how information is gathered and shared across education, health and social care. The 2024 joint strategic needs assessment provides a clearer picture of local need and gives leaders a firmer basis for planning. Leaders are using a wider range of data more effectively. Tools to support the monitoring of education, health and care (EHC) plan quality, and the developing data dashboard, brings ICB and local authority information together. Leaders now hold a more refined dataset to allocate provisions and are working to integrate this into a scorecard so that governance and quality assurance can be further strengthened.

Waiting times across autism, paediatrics and speech and language therapy pathways remain extremely long. Leaders now have a more detailed understanding of these pressures through improved waiting-time analysis. Work is underway to ensure that this information is reflected more accurately in performance reporting through the partnership's data scorecard.

Operational systems continue to strengthen. The local offer has been refreshed and is more accessible to families. The team around the school model is embedded, and new roles, clearer processes and improved access to advice services, including those delivered through family hubs, are helping some families receive more coordinated responses. The development of family hubs, including SEND-focused hubs and the new education and health hub, is enabling more efficient information-sharing through co-located multidisciplinary teams.

Leaders have introduced a joint early identification tracker to bring together information from education, health and social care and to support more timely responses. Early identification processes are becoming more consistent. The early

years notification system is now fully operational and supporting earlier identification across early years settings and schools. Early health notification is reducing duplication for some families and improving the flow of information between agencies. Together, these developments are helping professionals identify the needs of children and young people earlier and coordinate support more effectively.

A range of tools is beginning to be used more routinely across schools and settings. The 'sensory toolkit', 'ordinarily available provision' guidance, 'knowing me' profiling tool and the neurodevelopmental hub are helping practitioners build a clearer understanding of children's and young people's needs. Where these tools are in use, staff are better able to adjust practice and plan support.

The new post of designated social care officer (DSCO), introduced since the last inspection, is also raising the profile of SEND within social care, strengthening quality assurance of decision-making, and beginning to influence the quality of support children and young people with SEND receive. These developments demonstrate clearer strategic direction, better oversight and a more coherent partnership.

Progress has been slowed by the scale of the digital tool development required. Parent and professional portals designed to share EHC plan information and clarify referral timelines are nearing completion. Leaders have strengthened their data tracking of both new EHC plans issued and review timeliness, as well as the quality of multi-agency contributions. This information is being used effectively to develop the quality and timeliness of EHC plans, which has improved since the last inspection.

Despite these improvements, the longstanding ambition of a 'tell it once' approach remains unmet. Families continue to repeat their story across multiple services, which causes frustration and distress. Information-sharing is not reliable or consistently multi-agency.

Area for priority action 3:

Leaders across education, health and social care should improve the joint commissioning of services to ensure that children, young people and their families receive sufficient support to have their needs met effectively.

Outcome: Effective action

The local area has taken meaningful steps to strengthen joint commissioning arrangements so that children and young people with SEND and their families receive more coordinated and effective support. The Joint Commissioning Board is now stable, with agreed governance, regular reporting and strengthened oversight. A refreshed joint commissioning strategy and full partnership representation provide a

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26 January 2026 to 28 January 2026

more purposeful and aligned foundation. Parental influence on commissioning has strengthened through improved co-production (a way of working where children, families and those that provide the services work together to create a decision or a service that works for them all) with the PCF.

Leaders have established clearer commissioning arrangements and new processes that are beginning to support more consistent planning and improvements for children and young people, including increased local specialist provision and early moves toward more integrated pathways. These developments are generating practical benefits, such as quicker access to essential equipment. Leaders have been transparent that speech and language therapy capacity remains a challenge, but they have acted decisively by commissioning additional providers, and some schools report that this is already improving support. Despite these positive developments, the scale of unmet need and long waits means that commissioning arrangements are not yet delivering consistent, effective support for children and young people who require speech and language therapy.

Mental health support in schools is already well established across the area, and current joint commissioning arrangements are designed to extend this provision so that all schools are included. This planned expansion reflects a clear strategic commitment to ensuring that mental health support becomes a consistent offer for every child and young person. The Positive Behaviour Support Service, Mental Health in Schools Team, and implementation of programmes supporting mental health and behaviour in schools across Halton schools, are all delivering measurable positive impact, including substantial reductions in suspensions. Further investment in the Mental Health in Schools Team will see provision extended to all Halton schools. This planned expansion reflects a clear strategic commitment to ensuring that mental health support becomes a consistent offer for every child and young person.

The new education and health hub in Runcorn, co-produced with parents, is now ready to open and will provide therapeutic spaces, teaching facilities for children and young people who are educated other than at school (EOTAS) and hosts an on-site social care presence. Alongside this, SEND family hubs and their satellite sites bring together occupational therapy, physiotherapy, education teams, paediatrics and speech and language therapy within a genuinely integrated model. Transition pathways have been strengthened through joint commissioning, with therapists and occupational therapy embedded in the preparing for adulthood board.

Area for priority action 4:

Leaders across education, health and social care should urgently improve the early identification of needs and access to specialist health pathways, including the neurodevelopmental assessment pathway and speech and

language therapy and the support available, while children and young people wait.

Outcome: Ineffective action

The local area partnership has taken some initial steps to strengthen early identification and improve access to specialist health pathways. Increased early years notifications, better information-sharing and the introduction of new tools demonstrate leaders' recognition of the need to intervene earlier. For example, schools are beginning to use resources such as the sensory toolkit and the ordinarily available provision guidance, while early years settings are drawing on the speech and language toolkits to support children more consistently.

There are emerging strengths within the neurodevelopmental pathway. The 'Knowing Me' profiling tool has been introduced to enable the early identification of children's needs so that appropriate support can be put in place, irrespective of whether there is a formal diagnosis of a neurodevelopmental condition, and the neurodevelopmental hub is beginning to embed as a single point of coordination of services. The pathway has undergone recent change, with clinical risk assessments completed for all children on the waiting list and clearer roles across community paediatrics, neurodevelopmental nursing and community networks supporting families living with neurodevelopmental conditions. These developments are contributing to clearer post-diagnostic support and improved liaison between services. There are also early signs of improvement in speech, language and communication support.

Early years tools and targeted prioritisation are beginning to strengthen practice, and some additional resource has been allocated to speech and language therapy. Best-practice learning is shaping borough-wide approaches, and partnership working with early years settings and schools is becoming more evident.

These early developments sit against a backdrop of significant and persistent weaknesses. Waiting lists across neurodevelopmental pathways, speech and language therapy and paediatrics remain extremely long. Families continue to experience lengthy waits even to hear whether they have been accepted onto neurodevelopmental pathways. Progress in reducing waiting times for speech and language therapy has been minimal, leaving many children with speech, language and communication needs without timely assessment or intervention. Interim support is inconsistent, communication with families is weak, and children's needs continue to escalate while they wait. Sustained, system-wide action is required to improve timeliness, consistency and coordinated support for these children and young people.

Area for priority action 5:

Leaders across education, health and social care should improve the timeliness of new EHC plans and updates to EHC plans following the annual review process, so that, if appropriate, children and young people receive an effective EHC plan within statutory timescales.

Outcome: Effective action

The local area has taken purposeful action to improve the timeliness and quality of EHC plans from a very low starting point. Strengthened oversight, clearer leadership expectations and developing multi-agency quality assurance processes are beginning to have a positive impact. Timeliness for new EHC plans has improved markedly and is now above national figures. Schools typically report that more recent plans are issued more promptly and reflect children's needs more clearly. Leaders have reviewed the structure and capacity of the team responsible for EHC plan processes, contributing to more stable and coordinated practice and a clearer shared understanding of expectations. The quality of EHC plans is strengthening, with more plans showing detailed, personalised content and fewer containing significant gaps. Schools report greater confidence in the system.

Despite these improvements, variability remains. Multi-agency contributions to EHC plans are not yet consistently present. In particular, information from social care and therapy services varies in quality and completeness, limiting how well some EHC plans capture children's needs and the provision required to meet them. While newer plans show clearer structure and improved drafting, the information available is not always sufficiently detailed to fully inform provision. Leaders recognise this variability and are taking steps to strengthen the overall consistency and accuracy of plans.

Annual reviews are not consistently timely. Some EHC plans sampled during this inspection had not been updated for a significant period despite changes in children's and young people's needs or placements. Oversight for those with EOTAS packages is still developing. While further work is required to embed consistency across all partners, the overall trajectory is positive and increasingly sustained.

Parents describe mixed communication; some report improved contact from SEND coordinators and navigators, while others continue to experience delays and limited updates. The imminent launch of an online platform to support EHC processes is a promising development intended to improve further transparency.

Next steps

Inspectors will reach an effective action outcome if, having gathered and evaluated evidence, they find that the local area partnership has taken reasonable steps to address the area for priority action since the full inspection, based on the relevant evaluation criteria.

Effective action does not mean that the area for priority action is no longer a concern or that the local area can stop taking action to address it. Inspections are a point-in-time evaluation. Areas for priority action that receive an effective action outcome may still be identified as areas for priority action in future inspections. This can happen if the local area does not continue to take action and/or the action has not continued to have a positive impact on the experiences and outcomes for children and young people with SEND.

Ofsted and CQC ask the local area partnership to update their priority action plan (area SEND) as a result of this inspection.

I am copying this letter to DfE and regional NHS England.

Yours sincerely

Anne Maingay
His Majesty's Inspector, Ofsted, Lead inspector

Nick Bennison
His Majesty's Inspector, Ofsted

Claire Mason
Children's Services Inspector, CQC

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