

# Schools' Forum

Item No..7...

<b>Report title:</b>	<b>Service improvement update regarding the Norfolk speech and language therapy service (SLT):</b> service improvement update and proposed additional funding within primary schools  <i>For information</i>
<b>Date of meeting:</b>	<b>19 March 2020</b>

## Executive summary

Within the High Needs Block there are a number of joint commissioning commitments between the LA and Norfolk's health system via the Clinical Commissioning Groups (CCGs). Active joint commissioning for SEND between LA's and CCG's is a requirement of the Children & Families Act 2014, SEND reforms.

The largest funding element for joint commissioning within the High Needs Block is for the Speech and Language Therapy Service (SLT) and this has been commissioned on this basis since 2015. The current total funding contribution from the HNB is £1.004 million.

During 2017, concerns were raised about the quality of the SLT service, jointly commissioned by NCC and the Norfolk Clinical Commissioning Groups (CCG) (excluding GYW CCG) and delivered by the health provider East Coast Community Healthcare. As a result, during summer 2018, an Independent Review of the Integrated Speech and Language Therapy contract for Norfolk (SLT) was commissioned to evaluate the service model.

The review concluded the following headlines (this list is not exhaustive):

- There was insufficient resource to provide the level of provision as set out in the service specification
- Access to speech and language therapy is complicated and frustrating. This is found to be a barrier to children and families getting the help that they need in a timely manner.
- The staffing model, determined by the service provider (East Coast Community Healthcare) was over-reliant on support staff and had insufficient qualified staff to undertake assessments, plan and deliver specialist interventions.
- There is a need to engage with schools and parents as facilitators of speech and language learning to equip them with the skills and tools to support children. However there is not the capacity within the current service to support this approach.
- A widely reported concern from all stakeholders, parents, therapists and other professionals, was that the service model was driven by focusing on key performance indicators. The focus on input rather than outcomes does not meet the needs of service users.
- Schools and settings (such as nurseries) need to be key partners in supporting and delivering targeted interventions to improve impact and outcomes. This is not currently possible within the core offer.

- Parents also need to be key partners and enabled to be communicative partners for their child.

Over the last eighteen months a project/stakeholder group has worked through the recommendations of the review.

This paper provides an update on that work and the next steps for the change improvement programme, including a consideration of options for further investment within speech and language therapy.

### **For Information ahead of NCC decision making**

- **To consider supporting further financial contribution for the speech and language therapy service, for the current service and possible revised service from September 2021**
- **Targeted financial contribution to support 'Speech Link' subscriptions for Primary Phase Schools; HNB funding for initial set up year and with ongoing subscription funding at individual school level**
- **Proposed survey to Primary Phase Schools before Easter break to determine likely take-up of 'Speech Link' following initial funded year**
- **Decision by NCC in line with next Health Overview & Scrutiny Committee in May 2020**

### **Year 1 High Needs Block set up and annual subscription costs:**

- Infant Language Link Costs: annual subscription of £275+VAT with first year set up (discounted rate) cost £120+VAT
- Primary School Phase Speech Link Costs: annual subscription £180+VAT with first year set up (discounted rate) cost £120+VAT.
- Total primary phase schools = 332 schools
- Total Language Link and Speech Link costs = £231,000

## **1. Background Information**

During 2017, concerns were raised about the quality of the SLT service commissioned jointly by NCC and the N&W CCGs (excluding GYW CCG). As a result, during summer 2018, an Independent Review of the Integrated Speech and Language Therapy contract for Norfolk (SLT) was commissioned to evaluate the service model introduced in 2016.

The review concluded the following headlines (this list is not exhaustive):

1. There was insufficient resource to provide the level of provision as set out in the service specification
2. Access to speech and language therapy is complicated and frustrating. This is found to be a barrier to children and families getting the help that they need in a timely manner.
3. The staffing model was over-reliant on support staff and had insufficient qualified staff to undertake assessments, plan and deliver specialist interventions.

4. There is a need to engage with schools and parents as facilitators of speech and language learning to equip them with the skills and tools to support children. However, there is not the capacity within the current service to support this approach.
5. A widely reported concern from all stakeholders, parents, therapists and other professionals, was that the service model was driven by focusing on key performance indicators. The focus on input rather than outcomes does not meet the needs of service users.
6. Schools and settings (such as nurseries) need to be key partners in supporting and delivering targeted interventions to improve impact and outcomes. This is not currently possible within the core offer.
7. Parents also need to be key partners and enabled to be communicative partners for their child.

The progress of the service improvement work has been monitored through monthly meetings between the commissioners and provider (East Coast Community Healthcare) and regular scrutiny meetings with the Norfolk Health and Overview Scrutiny Committee (HOSC); a public meeting of county and district councillors with a scrutiny remit across both the LA and CCGs.

## **2. Phase one of service improvement**

Significant work was necessary to improve the core offer available to families. This included workforce training across schools and early years educational settings, a fundamental shift in measuring services in terms of outcomes achieved and working with schools, academies and families to equip the wider workforce to support children with speech, language and communication need. The review was clear that need in Norfolk is higher than national averages.

During the autumn of 2018, the commissioners of the contract (Local Authority and NHS) were asked to consider an uplift in recurrent funding to the core contract value. This was approved in January 2019 and from April that same year, the provider received an additional £500,000 per annum (from both NCC and CCGs) taking the total HNB annual commitment to £1.004 million

Following a meeting of the Norfolk HOSC in February 2019, it was clear that there was a perceived disregard for a cohort of parents who did not feel heard. Parallel to this, and with the proposed changes to the commissioned service provided by East Coast Community Healthcare (ECCH), there was an urgency in building similar relationships with the education sector across Norfolk. These two areas; engagement with parents and alignment with education, alongside reviewing the clinical pathways for particular groups of young people are the priorities for the next six months (March to September 2020).

The list below reflects what was captured at the HOSC meeting and during parent engagement sessions and the subsequent actions undertaken to address them;

### **You said:**

1. Waiting times to commence treatment was taking too long
2. You expected more intensive therapy for your children

3. Our service offer for children with autistic spectrum disorder (ASD) and Down's syndrome was insufficient
4. We were not listening and/or responding to the concerns raised by parents
5. Support in schools was not as you expected
6. The language and terminology that the provider used was not helpful
7. The referral process and drop in sessions were too complicated
8. You did not always understand what the short and long term goals and outcomes were and how you can support your child to reach them
9. You did not understand why a service was not offered for your child
10. It took too long to re-assess your child after he/she had been discharged
11. The pathways for the neuro-developmental and speech and language pathways are complicated
12. Commissioners did not appear to understand the concern of parents represented at the meeting

### **What we did:**

1. Combined three waiting lists into one to ensure those with an identified need would be seen quicker. This will result in a longer (albeit temporary) delay for new referrals to be assessed but will ensure that those children with an assessed need, will be seen sooner. See section 2.1 for more information
2. Reviewed the resources and support available in education to provide universal and targeted support for your child and formulated a response, this is outlined in section 1.1
3. Liaised with the Royal College of Speech and Language Therapy, Norfolk Community Health & Care (NCHC), East Coast Community Healthcare and Worcestershire Community Trust to understand best practice and developed an improvement programme for pathways (section 1.1)
4. Arranged and attended coffee morning and stakeholder sessions with SENSational Families, Family Voice, SENDIASS, Helping Hands and Autism Anglia. Conducted a separate Single Point of Contact questionnaire to understand patient experience. Tracked patient journeys to identify gaps in provision across the neuro developmental service and speech and language therapy service and followed up on progress with providers.
5. Attended all primary and secondary EDUCATENORFOLK locality briefings to work on improving resource and support in education. Conducted school surveys to undertake mapping exercise across Norfolk (section 1.1).
6. Changed the terminology in a co-production exercise with SENSational families. The word discharge will no longer be used and will be replaced with 'transfer of care'
7. ECCH have simplified the referral process and are working with Action 4 Children, the new early childhood and family service to enable better identification and prevention to families of children under five. We will continue to review the format of drop-ins and make best use of the wider workforce supporting children who are younger than five.
8. Following the co-production exercise with members of SENSational Families, the provider will change what is communicated to parents. This includes; describing the short and long term goals and outcomes, describing who will undertake the work, describing what the input looks like, next steps, information about link

therapists and who to raise concerns with. Education partners have engaged in discussion and acknowledged the importance of their role in ensuring children with SCLN reach optimal outcomes.

9. Changed the content of letters to parents following a referral (ECCH), to explain what happens next
10. Worked to ensure pathway descriptions are shared – this is ongoing
11. Engaged/listened and responded over the last six months to develop and strengthen the relationship and better understand the problem.
12. We will not know the outcome of the ELKLAN bid until autumn 2019.

### **3. Phase two of service improvement**

In August 2019, the health commissioner visited an area delivery best practice for SLT, in Worcestershire, and the learning is outlined below;

- i. Worcestershire Health Trust provides a needs led service, regardless of diagnosis. All children and young people with autism are supported with the speech and communication needs to determine what intervention is necessary and appropriate. Children who are selective talkers may require psychological and/or SLT input and the provider will support individuals to implement the Maggie Johnson programme (a nationally accredited intervention for this group of young people). The focus of support for children with Down's syndrome should be the appropriateness of their educational placement and ensuring that the school or setting is able to provide targeted interventions. Developmentally, children have to be at a certain stage in order to have the functional ability to learn new linguistic skills. Better access to training, facilitated by the provider or otherwise, would better support these children.
- ii. Specialised SLT services, such as Hearing Impairment Units, do not exist in Worcestershire and any child with a SLCN would be supported within the core service offer
- iii. Worcestershire Health and Care trust has been commissioned to upskill 300 Communication Teaching Assistants (TA) in schools who screen pupils for emerging SLCN and are supported by the health provider to coordinate and deliver (where appropriate) targeted speech and language interventions for pupils.
- iv. Worcestershire Local Authority separately funded screening licences for schools for twelve months with the expectation that schools would absorb the cost for subsequent years. Approximately 70% of schools have committed to fund these licences via individual school budget.

It was always the intention for ECCH to offer training and support to schools with implementing and identifying speech, language and communication needs but the level of demand in referrals made this impossible to deliver. To fully realise the benefits of a Balanced™ \* system of support for SLCN, it is imperative that universal services, schools and settings are resourced and skilled appropriately to deliver interventions. This helps the child to embed their skills in their natural environment.

Feedback from schools highlighted the following;

1. Capacity and resource in schools is variable and largely influenced by school leadership teams and funding. This resource included examples such as dedicated SLT input, Early Talkboost packages and ELKLAN trained teachers

2. When asked what worked well about the current model, the following responses were given; drop in services, ease of referral process, efficient call back response, access to advice and liaison with named therapists
3. When asked what worked less well we heard about the challenge of long waiting lists, lack of monitoring of progress and outcomes, the re-referral process and the absence of link therapists in some areas
4. Schools would commit to protecting time for teachers and teaching assistants to access training, would be willing sign posters of services and hosts for workshops. There was a firm belief that improved resource in Early Years' services and support and resources for schools would partly solve the demand for input.

#### **4.Proposal**

The evidence from Worcestershire, combined with the outcome of the expert review of speech therapy service and the approach within Suffolk, supports a further development of the speech and language therapy offer in Norfolk.

Prior to potential recommissioning of the overall service in 2021 the next step is to ensure that primary phase schools have greater access to support, advice and guidance and can develop their own capacity to support speech, language and communication needs.

Investment in Infant Language and Speech Link by the LA, through HNB funding, prior to school level subscription, is proposed:

- Developing a Communications TA workforce across Norfolk and Waveney
- Investing in licences for schools and to screen pupils for Speech Language and Communication Needs

Investment from the High Needs Block would be for one academic year, starting in September 2020, with primary phase schools needing to provide ongoing annual subscription costs from their own budgets from September 2021 onwards.

The annual costs of subscription for each primary phase school is approximately £455.00.

The total costs to the High Needs Block to cover initial set up costs and first year of subscription for all primary phase schools is approximately £231,000.

To determine the likely take-up of annual subscription from primary phase schools, after the initial year paid for via the HNB, a school survey is proposed prior to the Easter break.

#### **Therefore, for Information ahead of NCC decision making**

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