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Report on Speech and Language Therapy Contract as part of the Speech and Language and Communication Needs Workstream (SEND strategy)

Report of the Director of Children's Services

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1. Purpose

To seek Forum's agreement to the development of a joint arrangement between education and health for an integrated speech and language contract from April 2018.

2. Summary

- 2.1 A report was received by Forum on 13 July 2016 seeking agreement to a 'roadmap' towards multi agency integrated commissioning of speech and language therapy for children and young people aged 0-25.
- 2.2 Forum wished to ensure that speech and language therapy services, when procured, were in line with the emerging findings of the SEND Strategy review of speech and language communication needs (SLCN).
- 2.3 The options for future commissioning arrangements have now been considered by the SLCN workstream through a specific meeting held on 2 November 2016 with representation from schools, parents and specialist services.
- 2.4 The recommendations based on a consensus view of workstream members were presented and agreed at the SEND Executive Board on 10 November 2016.

3. Recommendations

- 3.1 Forum is asked to agree to the development of integrated commissioning of speech and language therapy for children and young people 0-25 across education and health (Option 2 in Paragraph 5.1.3). This would come into effect from April 2018 and replace the current separate contracting arrangements with Hertfordshire County Council (on behalf of Forum) and the Clinical Commissioning Groups (CCGs).
- 3.2 Forum is further asked to agree the following provisos before entering into a joint contractual arrangement:
- That the service delivery model and outcomes to be achieved specified in the contract are in line with the findings of the SEND workstream on SLCN and the features of an effective system (See Appendix 1)
 - That existing elements and the level of needs that are met by the current contract are safeguarded in any future arrangements.
 - That financial modelling takes place in order to re-assess the value of the contract and the DSG (High Needs) contribution.
 - That the high needs spending through DSG is specifically accounted for within the framework of the joint contract.

4. Background

- 4.1 The report to Forum of 13 July 2016 set out the background to the current contractual arrangements for speech and language therapy. It also set out the current funding and commissioning arrangements and proposed that Forum begin to consider options around the procurement and delivery of services to be in place by April 2015. The timeline in the paper indicated that the SLCN workstream would make a draft proposal by November 2016.

5. Speech, Language and Communication Workstream Proposal

- 5.1 The workstream held a specific meeting on 2 November 2016 to consider and evaluate the two options:
- Option 1- continuing with the current arrangements
 - Option 2 – moving to single integrated commissioning model.
- i) Current arrangements (Option 1)
- £5million contract (approx.) with £1.7m education funding (from DSG), £1.6m funding from Herts Valley CCG and £1.65m funding from East and North Herts CCG
 - Herts Community NHS Trust is the single provider
 - Contract management is undertaken separately with each partner

- CCG contracts for children's speech and language therapy is one component of a larger contract which includes community services for older people
- The end date for the contract with HCC (on behalf of the Schools Forum) is 31st March 2018

ii) Option 1 evaluation

- Education funding through the Schools Forum is managed through a discrete contract which may lead to more straightforward monitoring and accountability arrangements for high level needs service delivery and expenditure
- The current separate contracting arrangements between education and health may lead to disjointed arrangements, with no common agreement on outcomes to be achieved or the service delivery model to be used
- The contract value for education is calculated on the basis of speech and language therapy provision specified on Education, Health and Care (EHC) plans. Continuation of separate contractual arrangements could potentially lead to a situation where a child or young person would need an EHC plan in order to access school-based speech and language therapy.
- Having three contracts to manage separately, with separate data requirements, monitoring meetings etc. may not represent best value for money in terms of administration costs.
- As children's speech and language therapy is currently part of a wider contract including adult community services within CCGs, it may be difficult to keep specific focus on provision for children and young people in contract monitoring discussions.

iii) Proposed arrangements (Option 2)

- Move to a single integrated commissioning model across education and health for speech and language therapy for children and young people aged 0-25 from April 2018, subject to agreement with the CCGs and the Schools Forum
- This would involve specifying outcomes to be achieved through the contract for all children and young people aged 0-25 receiving speech and language therapy and a common approach across education and health to contract management and monitoring
- The service specification would be co-produced with all key stakeholders and a Project Board would be established to take the work forward.

iv) Option 2 evaluation

- This is a collaborative model requiring agreement on core principles and expected outcomes across education and health which may be challenging to achieve in practice

- It brings together speech and language therapy services for children and young people aged 0-25 which may lead to the development and delivery of a more 'seamless' service
- The model is more in line with the principles underlying the national SEND framework which promotes multi-agency working and development of jointly commissioned services
- As part of an integrated contract with health, it may be more difficult to specifically account for high level needs spending through the DSG.

5.2 Other issues

The workstream and the SEND Executive also took into account the following issues:

- Many of the emerging recommendations from the SLCN review (e.g improved local offer, greater collaborative working across schools, parents and therapists, developing a trained and skilled workforce, more outcome-based commissioning and tighter monitoring arrangements) can be taken forward under either of these options
- An integrated contract across education and health does not necessarily imply a pooled budget and there can be accountability mechanisms put in place to help the Schools Forum to evaluate the impact of education spend.
- There are forthcoming changes to the allocation of High Needs DSG and uncertainty about the level of funding Hertfordshire will be allocated in the future.

6. Conclusion

The consensus of the SLCN workstream and the SEND Executive was that an integrated commissioning arrangement between education and health should be recommended to Forum.

Forum is therefore asked to endorse the recommendation set out in 3.1 subject to the provisos in 3.2.

Features of an effective system for improving speech, language and communication outcomes

1. Development and implementation of a whole system service delivery model encompassing universal, targeted and specialist services.
2. Development of a trained and skilled workforce in all settings to provide a communication rich environment, effective teaching and learning strategies and targeted interventions.
3. Delivery of evidence-based training packages equitably across all areas of the county.
4. Awareness of the critical importance of early identification and intervention and provision of advice and information for parents from the early years onwards.
5. A clearly communicated local offer of what services and provision are available at the universal, targeted and specialist level.
6. Delivery of targeted and specialist services, when required, in a timely fashion.
7. Service planning should take account of CYP who have complex and multiple needs incorporating SLCN, to ensure there are no gaps in provision.
8. Development of a collaborative model of working across schools/education providers, parents and specialist staff/therapists so that appropriate activities and programmes can be implemented at school and at home.
9. Clear service specifications for each SLCN provider with monitoring against agreed outcomes so that service effectiveness can be evaluated.
10. Ensure statutory requirements are met including support requirements for SLCN specified in EHC plans.
11. Development and implementation of clear protocols at key transition points (e.g. on entry to school, changes in phase of education, transition to adult services)