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**REPORT TO SCHOOLS FORUM ON THE RE-COMMISSIONING OF
SPEECH AND LANGUAGE THERAPY SERVICES**

Report of the Operations Director, Education

Author Oliver Barnes
 Senior Commissioning Manager, 0-25 SEND Commissioning Team,
 Children's Services
Tel 01992 556309

1. Purpose

- 1.1 This report provides an update to the Schools Forum on the re-commissioning of Speech and Language Therapy (SALT) services for children and young people and asks for approval to proceed.
- 1.2 The report follows on from an update paper presented to the Schools Forum on 20 September 2017.

2. Recommendations

- 2.1 The Schools Forum is asked to support the proposed model and approve the budgetary contribution of £1,693,850 for 2018/19 from the Dedicated Schools Grant (DSG).
- 2.2 Schools Forum are asked to nominate one or two representatives to join future SALT contract management meetings.
- 2.3 Schools Forum are asked to approve in principle that the savings from the DSG of £89,150 arising from this contract are re-invested into the system of support for children and young people with speech, language and communication needs (SLCN). Specific proposals will be brought back to the Schools Forum following consultation.

3. Background

- 3.1 Speech and language therapy for children and young people in Hertfordshire is currently commissioned separately by Hertfordshire County Council (on behalf of the Schools Forum), East and North Herts CCG and Herts Valley CCG. Hertfordshire Community NHS Trust (HCT) is the single provider which links all partners. Around £5m is spent by all partners in total per year on speech and language therapy services, including around £1.7m of DSG funding.
- 3.2 The current contracts have been in place since 2013. Since then, commissioners from HCC and the CCGs have worked with HCT to gradually develop the current model of delivery. Consequently, the current service delivery model does not reflect the existing service specification.
- 3.3 The short-term objective of health and education commissioners is to introduce an integrated contracting arrangement for SALT, which will include a service specification reflective of current practice.
- 3.4 In the longer term commissioners intend to develop a fully integrated service model which includes SALT, Occupational Therapy, and Physiotherapy.

4. Proposed Contracting Arrangements

- 4.1 Commissioners want to update the SALT service specification so that it accurately reflects the current service model. During 2017 commissioners have jointly drafted this revised service specification document.
- 4.2 The benefit of a joint approach between education and health is that there is a holistic offer for children and young people, and that commissioners are better able to monitor the quality and quantity of provision.
- 4.3 In order to achieve the objective of having one contract, commissioners need to align the existing separate health and education contracts. HCC's contract for SALT covers education related support, and this terminates in April 2018. The CCG contracts which cover health related support terminate in April 2019. To achieve alignment, it is proposed to extend HCC's contract through to April 2019.
- 4.4 At the same time as extending HCC's contract, it is proposed that all commissioners will introduce the revised service specification, which reflects the current model. This will enable full alignment in one integrated contract in April 2019.
- 4.5 The new specification will take effect from April 2018 and Hertfordshire Community Trust (HCT) will continue to be the provider.
- 4.6 Since the Schools Forum was briefed in September a number of stakeholder consultation activities have been undertaken as part of the work to revise the specification document. The purpose of this consultation was to ensure that stakeholders were content with the service model, and to identify potential improvements. The following consultation events have taken place:

- A headteachers focus group
- A post-16 focus group
- A discussion with the Childminder's consultative group
- A discussion with the Private and Voluntary Sector consultative group
- Briefings with the SCLN Review Implementation Group (at which the education sector is represented as are the parent carer representative group).

- 4.7 The activity provides a good level of assurance that stakeholder views have been captured
- 4.8 The integrated model for delivery by April 2019 will include not just SALT, but also Occupational Therapy, and Physiotherapy. This will be subject to a formal procurement exercise. The revised SALT specification will be included in this wider therapies model.

5. Financial Envelope

- 5.1 Commissioners have agreed to a 5% saving from all contributions to SALT from the financial year 2018/19. This was specifically requested by CCG Commissioners.

	Funding model 2017/18	Funding model 2018/19 (5% reduction from each contribution)	Reduction in Contribution
HV CCG	£1,600,000	£1,520,000	£80,000
ENH CCG	£1,650,095	£1,567,590	£82,505
Total Health	£3,250,095	£3,087,590	£162,505
HCC	£1,783,000	£1,693,850	£89,150
Total	£5,033,095	£4,781,440	£251,655

Table 1: the financial envelope for SALT in 2017/18 and 2018/19

- 5.2 Under this model, 5% is allocated to be saved from the DSG contribution to the SALT contract. This amounts to £89,150. The High Needs funding sub group of the Schools Forum have confirmed that this 5% saving may be considered for reinvestment into the system of Speech Language and Communication Needs (SLCN) support. Consultation to date has indicated that this money can be used to address practitioner training needs in the school and/or early years sector. Specific proposals will be developed during the implementation period in partnership with key stakeholders.

6. Current and proposed activity

- 6.1 Activity data for the delivery of SALT services for the financial year 2016/17 is set out in Appendix 1 of this report. This provides a baseline against which activity under the new contractual arrangements can be compared. The revised specification will state that from April 2018 to April 2019 there is not expected to be any change in the current quantity or quality of provision, nor should there be any change in the distribution between statutory and non-statutory provision. This will be subject to continuous monitoring.
- 6.2 It is anticipated that contract management costs will be reduced once the revised specification introduced; and that the requirement for clear goal setting and discharge planning from the outset will assist in increasing access to therapy by making more efficient use of therapist time.
- 6.3 The service in 2016/17 was staffed by approximately 125 full time equivalent speech and language therapists; there will be a skills mix approach in which 80% of the staffing establishment will be speech and language therapists, and 20% by speech and language therapy assistants. It is expected that the staffing establishment will remain at current levels for 2018/19. Any significant variation in staffing levels will need to be discussed and agreed at contract management meetings.
- 6.4 In 2016/17, approximately 70% of referrals for SALT were for children and young people without an EHCP and 30% for children and young people with an EHCP. It is expected that the balance of activity across EHCP and non-EHCP related work will be maintained under the new specification and any significant variation will need to be discussed and agreed at contract management meetings.
- 6.5 Under the new arrangements, all schools, colleges and Family Centres will have a named link therapist and the nature of involvement and respective roles and responsibilities of the therapist and the setting will be agreed.
- 6.6 The SALT service will continue to contribute to training as part of a co-ordinated SLCN training plan and in response to the identified needs of the school or setting.
- 6.7 Drop-in sessions for families in the early years will continue to be provided as part of the early intervention strategy.
- 6.8 Key performance indicators will include:
- Service satisfaction measures from schools, settings, parents and children and young people;
 - Response times from referral to initial contract;
 - Training evaluation data;
 - Children and young people's achievement of agreed programme outcomes;
 - Compliance with EHCP requirements and contribution to EHCP processes within defined timescales;

- Balance of activity between universal, targeted and specialist support;

7. Key elements of the revised SALT specification

7.1 The revised service specification for speech and language therapy will be in line the current service model and will include the best-practice principles identified by the SLCN workstream as part of the HCC SEND strategy review:

- The development of speech, language and communication skills is 'everybody's business' and requires a partnership approach between parents and carers, education settings and specialist staff;
- Interventions should be high quality, person-centred, evidence-based and timely;
- Effective early intervention is critical, with a particular focus on engaging with early years service providers to enable early intervention;
- Access to support and services should be 'needs-led' rather than 'diagnosis-led';
- Improving the skills and confidence of staff in educational settings, parents and carers and the wider workforce should form an essential part of service delivery;
- The three- tier model (universal /targeted/specialist) should be used as the framework for planning and delivering services in Hertfordshire.

7.2 The future specification will continue many features of the current service which have been identified as being effective:

- The three tier model will be retained;
- The current split between EHCP and non-EHCP provision will be maintained;
- At the universal level, HCT will continue to deliver training to professionals on SLCN strategies. HCT will continue to use ELKLAN as the preferred approach to SLCN training;
- Schools will continue to have link therapists;
- HCT will continue to deliver drop-in sessions for families to receive initial advice.

7.3 Through the consultation outlined above commissioners have identified some amendments to the current operating model, which will enhance the service offer. These amendments include:

Amendment	Proposed Benefit
<p>That HCT will be expected to increase their discharge planning activity when direct therapy input is required.</p> <p>When therapy begins, HCT will be expected to co-create the goals to be achieved with the child, and will communicate these goals to the professionals and family around the child. When these goals are achieved, therapy will be complete. It is essential that HCT more effectively manage expectations about what therapy can achieve.</p>	<p>This is to ensure that available therapist capacity is used as efficiently as possible, and to increase the number of children and young people who can be supported.</p>
<p>That schools will have an agreement document with their link therapist which will outline the roles and responsibilities of both parties in delivering interventions</p>	<p>This is to give schools assurance about the level of support they can expect to receive from their link therapist; and to ensure that if a link therapist changes, there is consistency in the way service experience.</p>
<p>HCT will enhance the early intervention offer</p> <p>Therapy resource will be focused on addressing SLCNs at the earliest opportunity and preventing their escalation. This will be done by ensuring that resources are more available to primary schools and early years settings.</p>	<p>This is to effectively address SLCNs earlier in a child's life course, in order to reduce the impact on their access to education and independence.</p> <p>This is intended to reduce the level of support required when children reach school age.</p>
<p>That Family Centres will have 'link therapists' so that there will be clear access to SALT advice in the early years.</p>	<p>This is to strengthen the early years offer. Children's Centres currently have link therapists, who provide advice to staff. It is proposed to formalise these arrangements, and ensure that their role is well known.</p>
<p>HCT will be required to support SEN tribunal processes.</p>	<p>This is to address concerns that tribunals are being lost because of lack of SALT input to the process. HCT and HCC have undertaken workshops to identify how this can be achieved without impacting on service delivery.</p>

7.4 The service offer at the universal, targeted, and specialist levels is included as Appendix 2.

8. Next steps

8.1 Subject to the approval of the Schools Forum to the recommendations in this report, implementation of the proposals will proceed. Commissioners will continue to work alongside key stakeholders to finalise the service specification and fully embed the principles. The new specification will come into place from April 2018.

8.2 Key engagement activities include:

- Reconvening the headteacher focus group to co-produce the agreement document between schools and the SALT service;
- Continued engagement with the SLCN Workstream (renamed the Implementation Group) in order to define the wider SLCN offer in Hertfordshire;
- Engagement with parent carer representative groups in order to improve communication with families about SLCN support.

8.3 Furthermore, an integrated specification means that a more robust approach to contract management can be introduced. Specifically, this means introducing one contract management meeting for health and education commissioners, to holistically review the performance of the service across the system. Schools Forum is being asked to nominate one or two representatives to join termly contract management meetings.

8.4 In the longer term, commissioners will begin to work with partners to scope and design what a future integrated therapies model might look like. The design of this future model will be guided by a thorough needs analysis. There will be a tendering process for the integrated therapies service with a start date of April 2019.

9. Conclusion

9.1 The revised service specification is intended to target SLT resource where it is needed most, and to further develop an early intervention approach. This will make the therapy offer more focused on the individual needs of children and young people whilst making best use of resource. The effectiveness of this model will be monitored over the 12 month period to April 2019. This model will then be incorporated into a more holistic integrated therapies service offer.

Appendix 1: Baseline SALT Delivery Data

Activity data from the financial year 2016/17 is used in this report as a baseline for future activity:

In 2016/17 the service was delivered by:

- 125 full time equivalent SLTs.
- The unit cost of each hour of delivery was £85.

Overall activity data was as follows:

- The service received an average of 440 referrals a month, of which 77 came from education settings.
- By comparison 180 referrals a month were self-referrals, which means families attending drop-in clinics.
- There was an average of 5,000 contacts (individual sessions with a child or young person at any level). Of this an average of 2,000 contacts per month were funded through the education contract.

At the universal level of support:

- 1,232 universal level support sessions were delivered by SLTs, an average of 103 per month (these include liaison meetings with teachers and parents, Elklan and Wellcomm training, and all other types of training).

At the targeted and specialist levels of support:

- The total number of hours of SLT delivered was 53,497
- Support for education needs accounted for 39% of activity. This means that approximately 20,800 hours of support were provided to children and young people with education needs.
- In 2016/17 the average monthly caseload size was as follows:
 - ENCCG area: 2,800 cases
 - HVCCG area: 2,400

In 2016/17 70% of referrals for support were for children and young people without an EHCP; therefore 30% of referrals were for children and young people with an EHCP.

The number of EHCP and SEN support packages year-on-year is as follows:

CYP with SLCN as a Primary Presenting Need - EHCPs				
2012	2013	2014	2015	2016
563	553	571	614	680

CYP with SLCN as a Primary Presenting Need- SEN Support				
2012	2013	2014	2015	2016
2,160	2,325	2,374	3,431	3,967

Appendix 2: the SALT Service Offer

Universal service offer

- Provide information, advice and guidance to parents and carers, schools, early years settings and other education settings. The provider must support the development of knowledge and understanding of speech, language and communication needs and interventions
- Work directly with parents and carers to assist in developing awareness, skills and confidence in identifying and meeting speech, language and communication needs
- Communicate a clear service offer, detailing the support available from the Speech and Language Therapy service, access to the service and pathways at all levels of need
- Signpost to specialist services, as required
- Contribute to training and development opportunities for the wider workforce to assist in identifying and meeting the speech, language and communication needs of children and young people

Targeted service offer

- Provide drop-in sessions for parents and carers and early years workers in a range of accessible settings across the County. Drop in sessions can be used for both universal advice and initial screening at the pre-referral stage of the early years pathway
- Allocate a named speech and language therapist for each maintained mainstream, special school, Family Centre and college in the County. Attend liaison meetings a minimum of one a term in order to identify children and young people for whom there are concerns regarding speech, language and communication development. Identify and deliver actions to address needs in collaboration with the school or setting.
- Provide information and guidance to enable parents to support targeted interventions
- Provide support and training for professionals in the delivery of targeted interventions
- Co-run interventions with school and settings based staff and deliver informal training and coaching to build skills and confidence.

Specialist service offer

- Assess children referred for specialist support within agreed timescales, including meeting deadlines for statutory advice under the Education Act 1996.
- Ensure that interventions are evidence based and that appropriate outcome measures are agreed at the outset
- Contribute to multi-agency planning and progress reviews, as required.
- Ensure that timely and appropriate feedback is provided to children and young people and their family as well as others involved in providing support so all involved can support the intervention and evaluation of progress
- Where required according to the specific needs of a child or young person, provide support from a highly specialised therapist to work in conjunction with the link therapist
- Provide information, advice, training and coaching, as required, to enable others to support specialist interventions.