



DRAFT Joint
Commissioning Strategy for Speech and
Language Therapy Services for Children
and Young People in Surrey
2014 - 2017 V12



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Executive Summary

Up to 50% of children are starting school with speech, language and communication skills below the normal expected level. Of these, up to 10% are likely to have complex or persistent speech, language or communication difficulties.

The Children and Families Act 2014 requires education, health and social care to work together to commission support for children and young people with SEND. The Act states that there should be a clear approach to identifying and responding to the needs of children in the Early Years Foundation. The Act specifies that Speech and Language Therapy should be regarded as an educational provision as communication is so fundamental in accessing the curriculum.

Speech and Language therapy services across Surrey have always been commissioned separately by the Clinical Commissioning Groups and Local Authority. The total spend on Speech and Therapy services is estimated to be £4.1m, with Surrey County Council (SCC) spending £2.4m and CCG's £1.7m.

SCC commissioned a Speech, Language and Communication Needs Analysis which was completed in January 2013. This identified a rising population in the 0-19 year age range, particularly in early year which has seen an increase of 13.5% between 2001 and 2011 and now makes up 6.3% of the total Surrey population. As part of the Needs Analysis, feedback was gathered from 358 families and professionals which highlighted that strengths of the service included: professionalism, expertise and knowledge of Speech and Language Therapy; having the same dedicated SLT attached to school; positive parental involvement and Every Child a Talker (ECAT)

The consultation also highlighted challenges within the service, which included: waiting times; lack of early identification and intervention; need for further workforce development; transition between early years and school.

The Health and Wellbeing Children's group in Surrey identified Paediatric Therapies as a key priority and this strategy reflects national legislation regarding collaboration between agencies and commissioning responsibilities

A therapy forum set up in February 2014 with representation from families, schools, early years, post-16, commissioners and health providers proposed five key commissioning principles: the right support at the right time; an open and transparent service; seeing the bigger picture; therapy for children and young people is everybody's business and an outcome focused approach.



The proposed commissioning responsibilities reflect the recent legislation and the locally agreed principles:

Surrey County Council becomes responsible for commissioning an specialist level of speech and language therapy for school age children which will enable them to progress in their learning and as they get older to be well prepared for adulthood.

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The focus of CCG commissioned services will be the early year's population working alongside SCC's early year's team and those with specific clinical, health related issues such as dysphagia or brain injury

Education settings will be supported to meet the universal and sometimes targeted Speech, Language and Communication Needs of children and young people.

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1. Purpose

This paper outlines the proposals for a three year joint commissioning strategy for the delivery of Speech and Language therapy (SLT) provision for 0-19year olds (19-25 with SEND) living in Surrey. The strategy sets out to realign provision to meet the commissioning responsibilities and intentions of Surrey's NHS Clinical Commissioning Groups (CCG), Surrey County Council (SCC) and other partners who may wish to procure services to meet the speech, language and communication needs (SLCN) of children in Surrey. The specific focus on this paper is on Speech and Language Therapy services as a specialist resource within this context.

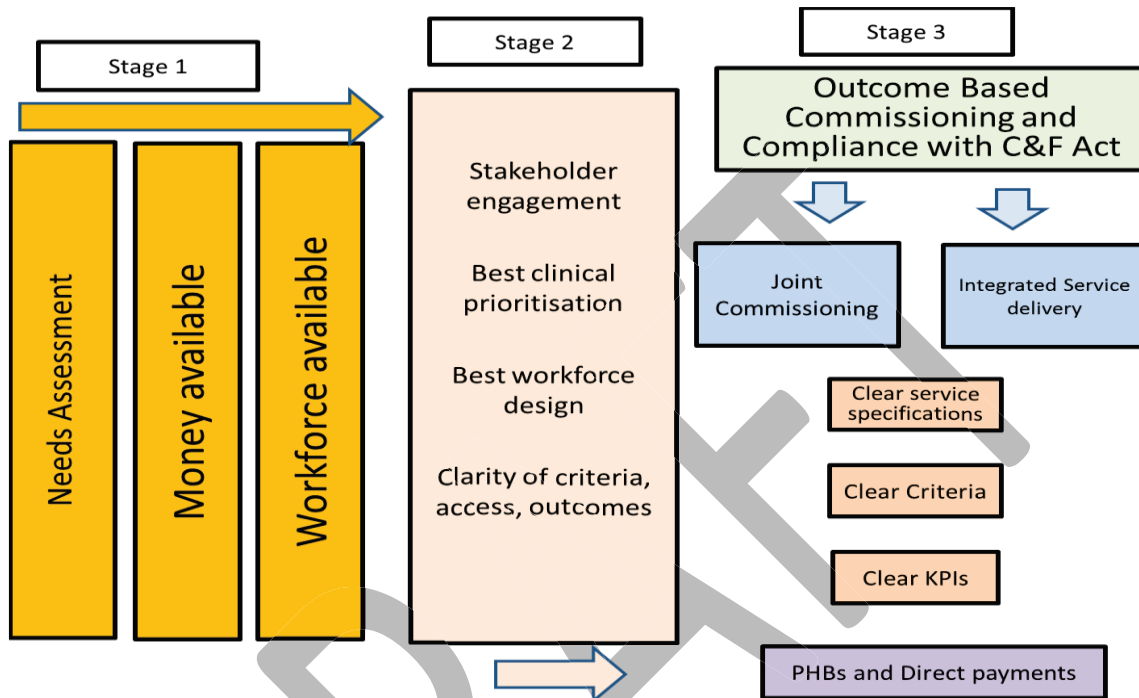
2. Commissioning Intentions

The commissioning intentions describe how we aim to develop a more joined up child centred approach to commissioning. Our intentions for collaborative commissioning are

- Putting children and families at the centre of our service to ensure best outcomes for children and young people are achieved.
- A shared vision of what a speech and language therapy service spanning 0-25 years should look like in Surrey in line with the Children and Families Act 2014.
- A shared vision of Early Help to support early intervention, diagnosis and prevention escalation of negative behaviours or avoidable impact on learning.
- Agreement and transparency of commissioning responsibilities, providing clarity for providers and service users over who commissions different areas of the SLT service and performance indicators and outcomes expected.
- To ensure that families and other key partners have a clear understanding of commissioning arrangements
- To empower families to have greater control than they had previously with traditional models of commissioning.
- Make effective use of resources across the system
- Shared responsibility in up skilling the wider workforce, including families, early years settings, schools, colleges and other professionals
- A single, outcome focused and evidence based service delivery model that achieves equity across Surrey
- Shared monitoring and quality assurance arrangements

3. Commissioning Outcomes

Following stakeholder engagement and commissioning reviews in 2013 and 2014; the CCGs and Local Authority established a therapy forum (February 2014) with provider and service user representation to further inform strategic commissioning and shift to an outcome based model of commissioning:



The following five commissioning principles were co-produced in collaboration with the group¹.

1) The right support at the right time

All children and young people in Surrey access the right support at the right time to meet their needs

- Agreement of criteria thresholds – no gaps across the county
- Equity across Surrey in access and quality
- Consistency in service specification
- Clarity regarding responsibilities for commissioning to allow seamless services

2) An open and transparent service

The local offer informs families of what help, information and services are available and how to access them

¹ It should be noted that family representatives were keen that the principles should be written in plain English to ensure that they were understood by families and all professionals.



- Common agreement of priorities
- Joint decision making leading to agreement of targets
- Health or Education personal budgets are available to families where possible

3) Seeing the bigger picture

Families and professionals work together to help and support a child to achieve their long term outcomes

- A team around the child approach with integrated team working
- Embedding intervention into the home, school and community environment, so that everyone understands the role they can play.

4) Therapy for children and young people is everyone's business

Families and professionals are equipped with the right skills and resources to help children and young people achieve their long term outcomes

- Up skilling the wider workforce
- Quality assurance
- Joint monitoring of performance and quality assurance of the service

5) An outcome focused approach

Therapy provision is focused on helping children and young people achieve realistic outcomes that will help them to fulfil their life-time aspirations

- Outcome focused – managing expectations but recognising aspiration
- Therapy provision achieves value for money
- Provision is linked to progress towards agreed outcomes
- Evidence based and audited

4. Commissioning Responsibilities

Based on the principles of both Early Help (early intervention) and the Children and Families Act 2014 with associated revised SEN Code of Practice, the strategy proposes that the:

1. Surrey County Council becomes responsible for commissioning an specialist level of speech and language therapy for school age children which will enable them to progress in their learning and as they get older to be well prepared for adulthood². Provision will be delivered in an education setting and focused on enabling children and young people to access the curriculum. These needs will be met in an educational setting during term-time.

² The SEND Code of Practice, paragraph 9.64 states EHC plans should be focused on education, training, health and care outcomes that will enable children and young people to progress in their learning and, as they get older, to be well prepared for adulthood.....Outcomes should always enable children and young people to move towards the long-term aspirations of employment or higher education, independent living and community participation”.

2. CCGs are responsible for commissioning services to meet health needs (2006 NHS Act: 2014 Mandate and 2014 NHS Outcomes). The focus of CCG commissioned services will be the early year's population working alongside SCC's early year's team and those with specific clinical, health related issues such as dysphagia. These services could be successfully delivered in a non-educational environment and throughout the calendar year
3. Early years settings, schools, academies and colleges will be supported to meet the universal and sometimes targeted Speech, Language and Communication Needs of children and young people who require support in order to progress with their learning and access the curriculum.

Further detail in regard to this is included below:

CCGs will be the lead commissioner for speech and language therapy that provides³ –

- Initial assessments and differential diagnosis of children not yet in full time education (early years)
- Early Years interventions where a specific therapy need is identified that is above the threshold that might reasonably be expected to be met by universal early years services
 - Speech and language Impairment
 - Moderate / severe speech and language delay
 - Phonological or articulation difficulties
 - Social Communication difficulties
 - All conditions listed below in school aged list
- Interventions for school aged children when there is a defined health need:
 - Traumatic brain injury
 - Degenerative neurological conditions
 - Cancer
 - Tracheostomy
 - Hearing impairment
 - Dysfluency (stammering)
 - Dysphagia (eating and drinking disorders)
 - Voice problems (e.g: vocal nodules)
 - Cleft palate
 - Complex medical conditions requiring high levels of liaison with tertiary hospitals
 - Selective mutism

³ This links to NHS outcomes that are in response to 2006 NHS Act: Section 3A "Each CCG has the power to arrange for the provision of such services or facilities as it considers appropriate for the purposes of the health service that relate to securing improvement in – a) the physical and mental health of persons for whom it has responsibility or b) the prevention, diagnosis and treatment of illness in those persons.



- SCC will be the lead commissioner for school aged children where a specific therapy need is identified that is above the threshold that might reasonably be expected to be met by universal services and will enable children and young people to progress in their learning. Speech and Language therapy in this context may either be directly with the child or advice/guidance on whole class or school communication environments. This may include:
 - Speech and language Impairment
 - Moderate / severe speech and language delay
 - Phonological or articulation difficulties
 - Social Communication difficulties
 - Learning difficulties where there is a discrepancy between cognitive and functional communication levels

It is proposed that joint funding should be provided in the instances listed below:-

- Initial assessments for school/college-aged children and young people
- Intervention to children in nursery/reception year
- Training and advice to education settings for providing universal and targeted offer
- Children who require both Health and Educational related Speech and Language Therapy: commissioned seamlessly (i.e.: children with severe or profound learning disabilities).

5. National and Local Context

In some parts of the UK, particularly in areas of social disadvantage, up to 50% of children are starting school with speech, language and communication skills below the normal expected level. Of these, 10% have complex or persistent SLCN. 7% of children have SLCN as part of another problem/diagnosis such as Autism or learning difficulties. 3% have SLCN as their main or primary difficulty also referred to as specific language impairment (SLI), of which an estimated 1% of these children have the most severe and complex SLI¹.

In Surrey, SLCN is the second most prevalent primary need, (after autism) with 23% (951) of children with Statements of Special Educational Needs (SEN) listing SLCN as their primary need in January 2013. The proportion of young people who have SEN because of SLCN needs is significantly higher in Surrey than nationally – 22% compared to 14%. There are a higher proportion of children with SEN in National Curriculum years 0-4 ie 5-9 year olds that have SCLN in comparison to other primary needs.

The 2011 Surrey Census figures show an increase in the birth rate since 2001 which is reflected in an increased number of under 5's. The population aged 0-4 has increased by 13.5% in the 10 year period 2001-2011 and now makes up 6.3% of Surrey's population. Office of National Statistics population projections indicate a growth in the under five population within Surrey. Numbers will



peak at 73,600 in 2020, falling to 71,600 in 2030. Between 2011 and 2023 the population aged 5 to 24 is forecast to grow by 10%, from 272,389 to 300,800.

The Speech and Language Therapy (SLT) provision in Surrey was identified as a priority area by the Health and Wellbeing Children's Group.

6. User Engagement: Review of Speech and Language Therapy

July 2013: Rapid Improvement Event

During July 2013 a week-long Rapid Improvement Event took place which was jointly sponsored by Surrey County Council (SCC) and health commissioners. Participants comprised families, schools areas teams, health providers and commissioners. The parents/carers and professionals (including schools, Family Voice, therapists and area education teams) were consulted about which aspects of SLCN worked well in Surrey and what areas needed improvement. All partners were united in their praise for the professionalism, expertise and knowledge of individual speech and language therapists. Schools praised the role that SLTs have had in training staff to recognise SLCN.

In terms of what was not working so well the overriding issue raised by parents was a lack of resource and shortage of trained therapists. This manifested in complaints about long waiting times and delays in planned treatment when the allocated therapist leaves or goes on maternity leave.

Practitioners highlighted the need for more speech and language therapists to deliver therapy to all children who need it. There were also issues raised by practitioners about 'the system', whereby pupils who transfer from pre-school without a statement are required to wait a term before referral can be made. Improved communication between therapists, schools and parents emerged as a theme amongst all stakeholders.

Key recommendations included

- establishing a system that would meet the individual needs of each individual child to achieve the best outcome, whilst ensuring equity of provision across the county
- establishing a whole workforce competent in developing speech, language and communication skills of children

January - March 2014: CCG Review of Speech and Language Therapy across Surrey

A qualitative review of children's community Speech and Language Therapy services commissioned by Surrey CCG collaborative was undertaken at the end of 2013/14 (final report 2014) with the purpose of

- identifying areas of strength, innovation, risk and challenge
- gaining clarity regarding funding, allocation of resources, service access, waiting and prioritisation criteria.



- making recommendations regarding service specifications and key performance indicators which have the potential to support practical and sustainable delivery of equitable therapy across Surrey.

Mirroring responses from the July 2013 Rapid Improvement Event, user feedback regarding the quality of the SLT service once accessed was positive but issues of long waiting times, inequitable access across Surrey, delays to treatment and perceptions of insufficient levels of input were key findings.

In addition to a review and analysis of local documentation and data the review included interviews and focus groups using a qualitative questions framework. Nine sessions were held and those consulted included service commissioners from health and the local authority, contract managers, heads of therapy services and professional therapy service leads, GP lead for children and head teacher of a special school

Alongside the review, a needs analysis was commissioned by SCC.

January 2014: Speech, Language and Communication Needs, Needs Analysis

A needs analysis was commissioned SCC with the purpose of gaining an understanding of the needs of children and young people with speech, language and communication needs across Surrey. It will help us estimate the nature and extent of the needs of our local population, so that services can be planned accordingly and so we can focus effort and resources where they are needed most. This analysis can be used by commissioners, providers or professionals, communities and users (including parents, children and young people). Below are the headline findings -

- SLCN is the second most prevalent primary need, with 23% of children in Surrey with statements of special education need (951) listing speech, language and communication needs as their primary need in January 2013.
- The proportion of young people who have statements of special educational needs because of speech, language and communication needs is significantly higher in Surrey than nationally – 22% compared to 14%
- There are a higher proportion of children with statements of SEN in Reception year to year 4 that have speech, language and communication needs in comparison to other primary needs.
- There are a higher proportion of children and young people with speech, language and communication needs as a primary need in their statement of SEN who are in Surrey mainstream schools than there are in Surrey special schools.
- Those pupils identified with moderate learning difficulties as a primary need make up the highest proportion of pupils identified with speech, language and communication needs as a secondary



need, making up 40% of the total cohort of pupils with speech, language and communication needs (SLCN) as a secondary need.

- In Surrey, 60-70% of children with SLCN are statemented between 0 and five years of age, 5-10% receives their statement after the age of 10.
- At least one third of young people with special educational needs at general further education colleges in Surrey had speech, language and communication needs identified whilst they were at school.

As part of the Needs Analysis, feedback was gathered from 358 families and professionals which highlighted that strengths of the service included: professionalism, expertise and knowledge of Speech and Language Therapy; having the same dedicated SLT attached to school; positive parental involvement and Every Child a Talker (ECAT).

The consultation also highlighted challenges within the service, which included: waiting times; lack of early identification and intervention; need for further workforce development; transition between early years and school.

February 2014: Paediatric Therapy Forum Established

It was evident from the engagement of commissioners in these reviews and the needs assessment that, despite positive attempts to address the concerns, there was no clear strategic commissioning agreement between Surrey County Council and CCG Commissioners regarding how to meet the needs of all children with Speech and Language Therapy difficulties. This had resulted in some confusion of commissioning responsibilities and how to work collaboratively to successfully resolve some issues highlighted in the reviews.

A multi agency and parent representatives Therapy Forum was established in January 2014 with the remit of reviewing current service delivery and commissioning arrangements, and advising on changes that would support compliance with the Children and Families Act. Members act as both a communication forum and advisory group focussed upon understanding current service models, gaps, challenges and opportunities with regard to the commissioning and delivery of therapy services to children. The Therapy Forum has representation from parents from 'Family Voice' at each monthly forum.

Parent Empowerment Workshops: August 2014

In addition to engagement with families of children with long term speech, language and communication needs 30 families of children newly referred to the service were asked about Speech and Language Therapy services, including aspects of access, waiting times, quality and self help. Families were also asked to consider ways in which they felt services could be improved. These



consultations took place following workshops which parents are invited to attend when their child is referred to the Speech and Language Therapy Service.

Legislation

The Children and Families Act 2014 and more specifically the Special Educational Needs (SEN) Code of Practice has provided new guidance and clarity regarding expectations about commissioning arrangements for children with special educational needs and disabilities. Section 5.4 of the Code of Practice states that there should be a clear approach to identifying and responding to the needs of children in the Early Years Foundation Stage (0-5 years) who have special educational needs. *Commissioning should ensure there is collaboration between early years providers and health providers to ensure early identification of difficulties leads to early assessment, diagnosis and intervention in line with evidence based practice.*

Section 9.74 states that ‘Speech and Language therapy and other therapy provision can be regarded as either education or health care provision, or both. It could therefore be included in the EHC plan as educational or health provision. However, since communication is so fundamental in education, addressing speech and language impairment should normally be recorded as special educational provision unless there are exceptional reasons for not doing so’.

Section 9.76 states that “In cases where health care provision or social care provision is to be treated as special educational provision, ultimate responsibility for ensuring that the provision is made rests with the local authority”.

Governance

The Health and Wellbeing Strategy is the key partnership document underpinning this work and the Health and Wellbeing Board will be the lead partnership forum responsible for this strategy. However, governance approval and sign off for this strategy will be agreed via SCC’s Directorate Leadership Team and each Surrey CCG Governing Body. It is anticipated that this will be achieved by April 2016 alongside new service specifications and performance metrics. Oversight and development of the joint commissioning strategy occurs through the following forums:

- Joint agency
 - Health and Wellbeing Board
 - SEND Governance Board
 - Children’s Health and Wellbeing Group
 - Children’s Strategic Partnership
- Surrey County Council
 - Children and Education select committee
 - Cabinet
- Clinical Commissioning Groups



- Children’s CCG Leads meeting
- Strategic Collaborative
- Each Governing Body

The strategy will be presented at the Therapy Forum, Early Help Commissioning group, Schools and Learning committee, and to lead members between September 2014 and December 2014.

7. Current Commissioning Arrangements in Surrey

The council currently commissions speech and language therapy (SLT) for children and young people who have SLT named on Part 3 of their Statement of Special Educational Needs (SEN). It also commissions some of the speech and language at Surrey’s maintained special schools and specialist centres. In 2013/14 the Council’s budget for SLT was approximately £2.4m.

The NHS commission SLT for children and young people in Surrey for children who have not reached school age and those children and young people who do not hold a SEN. The NHS commissions all speech and language therapy in Surrey’s maintained schools for pupils with severe learning difficulties (SLD) and shares the commissioning responsibility with the council for SLT in other maintained special schools in Surrey.

SCC has had an increase in spend of 71% from 2009 to 2014, see table below:

Figure 1: Table to Show Increase in Surrey County Council Spend on Speech and Language Therapy

Therapy	2009-10	2010-12	2011-12	2012-13	2013-14
Speech and Language Therapy	£1.4m	£1.6m	£1.7m	£1.8m	£2.4m

The estimated spend on Speech & Language Therapy in 2013/14 is shown in the table below :

Figure 2: Table to Show Annual Spend in 2013/14 on Speech and Language Therapy

Organisation	2013/14 Spend
NHS CCG	£1.7m
Surrey County Council	£2.4m
Total	£4.1m

The Health spend can be further subdivided by CCG, applying the formula used when Surrey PCT was dissolved. VCSL provide the majority of the services to each CCG except Surrey Downs where CSH provide the majority. It should be noted that the CSH budget of £469,500 is spent on Surrey Downs CCG, and the budget for VCSL is £1,226,100, and this is divided across the other 5 CCGs.

Figure 3: Table to show estimated allocation of NHS CCG funding of Speech and Language Therapy within block contracts, broken down by CCG (2013/14).



Clinical Commissioning Group	Percentage	Actual funding
North West Surrey CCG	40.47	496,203
Guildford & Waverley CCG	24.23	297,084
Surrey Heath CCG	9.41	115,376
North East Hants & Farnham CCG	5.35	65,596
East Surrey CCG	20.53	251,718
Surrey Downs CCG <i>NB CSH Funded</i>	0	469,500
TOTAL		£1,695,477

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The current commissioning arrangements for the delivery of Speech and Language Therapy in Surrey mean that there is inequity of provision across the county. Those with the highest need are not always able to access the right level of support in a timely way.

This strategy seeks to establish a service which achieves value for money by focusing on achieving outcomes, developing functional skills and providing a skill-mix service able to provide different grades of Therapy staff to ensure the best use of funding.

8. Action Plan for Fulfilling Commissioning Intentions

Commissioning Outcome	Actions	Leads	Timescale
All children and young people in Surrey access the right support at the right time to meet their needs	<ul style="list-style-type: none"> Establish criteria of thresholds Design single service specification for all providers Make boundaries between commissioning transparent Scope role of schools in commissioning SLT services directly 	Schools and Learning and CCG	April 15
The SEND local offer informs families of what help, information and services are available and how to access them	<ul style="list-style-type: none"> Consultation with families to ensure local offer provides information, resources and services which meet their needs Local Offer includes services available to support children with SLCN 	Schools and Learning and CCG	April 15
Families and professionals work together to help and support a child to achieve their long term outcomes	<ul style="list-style-type: none"> Implement a new person centred assessment process Key communication partners (eg parents and teachers) embed strategies into children's everyday life 	Service providers with families	Dec 14 April 16



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<p>Families and professionals are equipped with the right skills and resources to help children achieve their long term outcomes</p>	<ul style="list-style-type: none"> • Gain an understanding of skills of the workforce through online audit • Provide training to address gaps in skills and knowledge 	<p>Schools and Learning and CCG</p>	<p>April 15 April 17</p>
<p>Therapy provision is focused on helping children and young people achieve realistic outcomes that will help them to fulfil their life-time aspirations</p>	<ul style="list-style-type: none"> • Therapy will be evidence based and focused on outcomes • Key communication partners involved with the child to be aware of the identified outcomes and how they may support them 	<p>Service providers with families</p>	<p>April 16 April 17</p>

ⁱ Hartstone, M. (2009) The Cost to the Nation of Children’s Poor Communication

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