

Decision Maker: **Executive**
For Pre-decision Scrutiny by the Children, Education and Families PDS Committee on 9th July 2019

Date: **10 July 2019**

Decision Type: Non-Urgent Executive Non-Key

Title: **CHILDREN'S SPEECH AND LANGUAGE THERAPY: BETTER CARE FUND AND FUTURE FUNDING STRATEGY**

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Ward: All

1. REASON FOR REPORT

- 1.1 Speech and Language Therapy (SLT) for children and young people in Bromley is primarily provided by Bromley Healthcare (BHC) through a contract held by NHS Bromley Clinical Commissioning Group (BCCG), jointly commissioned with the Council.
 - 1.2 On 12th September 2018 an Executive report was agreed by Members requesting additional 'one-off' funding from the Better Care Fund for the SLT service. Subsequently, commissioners from the London Borough of Bromley (LBB) and NHS Bromley Clinical Commissioning Group (BCCG) have conducted a review of the service. This report presents the outcome of the review including the implications of the recent Speech, Language and Communication Needs (SLCN) analysis undertaken by Public Health and recommendations for a re-designed and sustainable service.
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2. RECOMMENDATION(S)

- 2.1 That Members note the contents of this report when considering the recommendations in the Part Two report 'Children's Speech and Language: Better Care Fund and Future Funding Strategy'. This includes agreeing the funding allocation and that it will be managed through the joint funding arrangement with BCCG under Section 75 of the NHS Act 2006. The value of the funding allocation is included in Part Two of the report due to the contract price being commercially sensitive information.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Increasing the overall budget for services for children with SLCN and working to develop a 'whole system approach' with a range of partners will enable schools and other settings to advance the therapeutic response and to be more inclusive of the range of SLCN in Bromley.

Corporate Policy

1. Policy Status: N/A
 2. LBB Priority: Children and Young People.
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Financial

1. Cost of proposal: Detailed in Part 2 report for the remainder of the contract: years 2019/20, 2020/21 and 2021/22
 2. Ongoing costs: Recurring Cost None
 3. Budget head/performance centre: BCF codes
 4. Total current budget for this head: Detailed in Part 2 report
 5. Source of funding: Detailed in Part 2 report
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Staff

1. Number of staff (current and additional):
 2. If from existing staff resources, number of staff hours:
-

Legal

1. Legal Requirement: <please select>
 2. Call-in: <please select>
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 6,500
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A.
2. Summary of Ward Councillors comments:

3. COMMENTARY

- 3.1 The 2019-20 academic year provides a chance to strengthen the service with a revised specification to meet the needs of all CYP with SLCN aged 0-25. This will enable Bromley’s children and young people to have access to a range of flexible options including information and guidance, early intervention as well as specialist support where required.
- 3.2 This report presents a number of proposed changes to the service, the overall system for delivering support to CYP with SLCN in Bromley and details the service improvements anticipated for the remainder of the contract.

4. SUMMARY OF THE BUSINESS CASE

- 4.1 There is evidence of a considerable local rise in demand for SLT since the introduction of the reforms set out in the Children and Families Act 2014 and the publication of the SEND Code of Practice 2015 which, along with the introduction of Education, Health and Care Plans (EHCPs), details ‘Communication and Interaction’ as one of the four specific areas of special education need (SEND Code Section: 6.28) This placed a new duty on local authorities and CCGs in terms of the joint commissioning of, and statutory duty to provide, services to meet the needs of children and young people with SLCN.
- 4.2 Bromley has a higher than average number of EHCPs per head of the population. The number of EHCPs in Bromley as of 5th April 2019 stands at **2,232**. SLCN appears as the primary diagnosis in around **43%** of these and around 70% of all EHCPs in Bromley now include provision for SLCN. This unanticipated increase in demand for SLT has placed existing services under considerable pressure.
- 4.3 Bromley has the highest level of SLCN when compared with statistical neighbours. This is below the London average and slightly above the England average (see [Figure 1](#) below). This may be in part due to lower levels of reassessment of SLCN need as children progress through school than may be seen in other areas. Regular assessment can often lead to the re-categorisation of primary need into SEN diagnoses such as ASD and LD, which tend to share a high level of co-morbidity with SLCN.

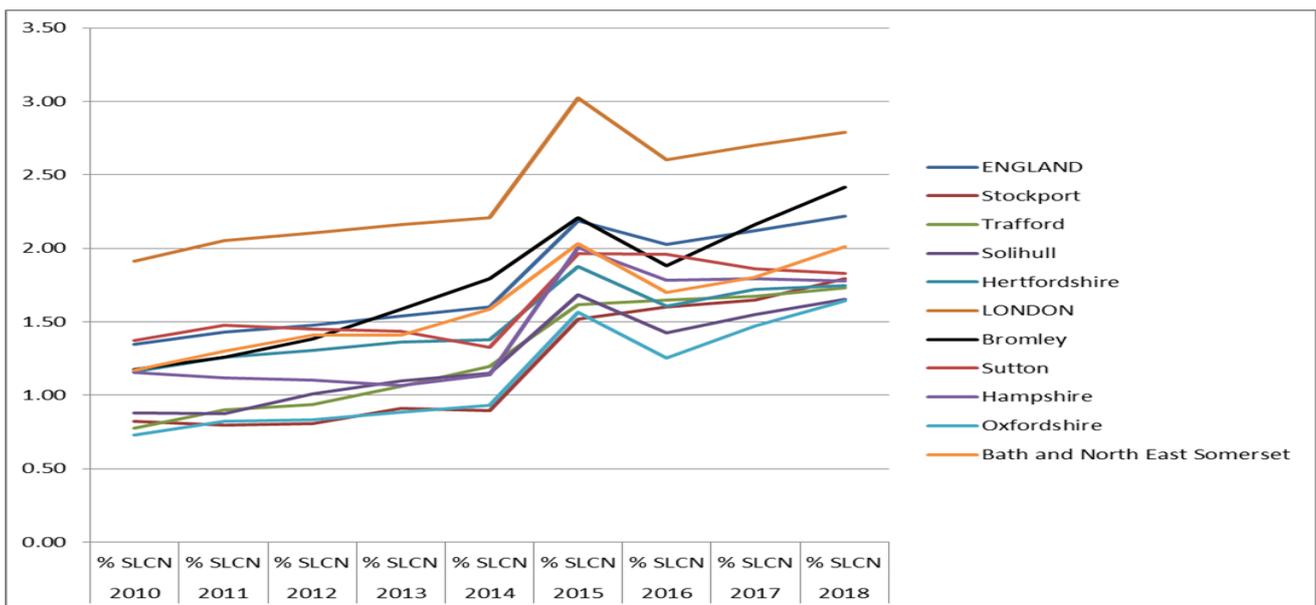


Figure 1: Trends in SLCN as a proportion of the child population, Bromley compared to statistical neighbours, 2010 - 2018.

- 4.4 The current SaLT service provides various interventions including:

- **Universal:** Early identification of needs via drop-in services and parent groups; training for parents and pre-school settings; contributions to SEN support plans; age appropriate training for teachers and support staff in identification of SLCN, classroom support strategies and guidance in delivering packages of intervention for school age children; drop-ins for families and education professionals.
- **Targeted:** Pre-school children and school-age children with identified health needs will receive a minimum of one intervention per term (parent training group, one to one sessions, or set of group sessions with parents and pre-school staff). Assessment, diagnosis, advice, guidance, training and support are available via drop-ins, clinics and sessions in community settings.
- **Specialist:** Pre-school children will receive intervention as per their assessed need. Specialist support for CYP (with an identified health need where the Local Authority does not have the duty to provide) with EHC Plan or Continuing Care may include: Individual or multi-disciplinary assessment; diagnosis and interventions; blocks of 1:1 or small group work; monitoring of support (1:1 or group); attendance and input into the child's annual reviews and support for vulnerable groups such as CLA and YOS delivered in appropriate settings.

Developing a Whole System Approach

- 4.5 A 'whole system approach' takes a holistic view in which the acquisition of good communication, language and literacy skills are embedded throughout the curriculum and at every level of school life. Good practice examples also emphasise the need for parental involvement and senior leadership support for this to be successful.
- 4.6 There is considerable evidence for the efficacy of this approach. As the Bercow 'Ten Years On' report has highlighted nationally, there is some way to go before services for children and young people with SLCN are able to fully reduce or eradicate the disadvantages and inequalities which often result from having a condition which impairs the ability to express oneself effectively and to understand the communication of others. However, there is a growing body of academic and practical research, such as Marie Gascoigne's 'The Balanced System' model, which can help services to become both more effective and also more sustainable.
- 4.7 This model recognises that during a child's journey through the education system, they may have greater or lesser support needs at different times. Accordingly, the level of specialism of support which they require will vary, as will the required skill level of a practitioner working with them. By focusing on increasing the skills and confidence of those working with children and young people with SLCN at every level, it is anticipated that services will become more sustainable and less reliant on an over-stretched specialist workforce as the required knowledge is embedded within educational settings and elsewhere, across the full spectrum of services for children and young people throughout the 0-25 age range. A diagram which illustrates how this flexibility of support might work in practice is included below as Figure 5.

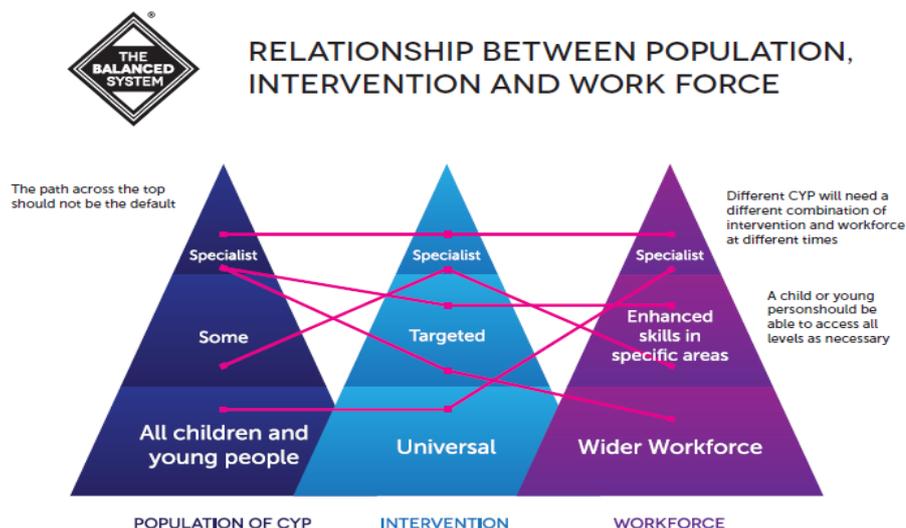


Figure 5: Support levels in 'The Balanced System'.

4.8 This approach has influenced the specific recommendations that follow in this report.

Service Improvements

4.9 With the greater understanding that commissioners now have of the high level of SLCN in Bromley and the relative under-provision of the SLT service, it is expected that the recommended increases in provision will give BHC the opportunity to perform at a more productive level than has been possible since the beginning of the current contract.

4.10 It is also proposed that the new specification will be flexible, that an updated service model will be re-issued on an annual basis and will be informed by data focusing on the prediction of levels of SLCN in a variety of settings in the coming year. For instance, SEN place planning data will be helpful in predicting which schools are expecting an increase or decrease in pupils with SLCN. Recent EHCPs may also be useful in predicting individual amounts of provision required if these are specified within the plan. This is an approach which other local authorities and CCGs with integrated therapy services have successfully taken. Going forward, the financial envelope will not change from year to year, but the allocation of resources within different settings can be flexed to meet the anticipated demand

4.11 In conjunction with an expanded service specification, a more rigorous and outcome focused performance monitoring framework is being developed in order to track the expected service improvement.

4.12 A detailed expert study of the SLT system in Bromley as a whole has been commissioned by BCCG, taking account of all settings, partners and provision. Its findings will be used to improve practice and service configuration during the remaining duration of the current contract in order to ensure that the available resources are deployed in the best way to meet current and future SLCNs.

4.13 Previously, long waiting times for assessment, and intervention following assessment have been a frustration for parents. Also there has been a disconnect between the amount of sessions recommended following assessment and the amount that BHC can deliver under the current contract which has caused additional pressure on the system as a whole. The proposed increases will tackle this issue.

4.14 For the new service it will be necessary to increase the capacity of the service in order to ensure that there is sufficient provision for assessment, staff training, as well as 1:1 therapy and group therapy interventions delivered collaboratively with key staff in education settings. There is evidence to suggest that an intervention which combines 1:1 therapy with group interventions delivered alongside everyday communication partners can be very effective (in terms of both outcomes and value for money) as young people are able to practice their language and communication skills in more than one environment and context.

4.15 There are a number of specific client groups or service areas for which provision needs to be developed, increased or amended.

Universal Drop-Ins

4.13 **Children's Centres Universal Drop-Ins:** Universal SLCN drop-ins held in Bromley's six children's centres are very popular with parents and practitioners. They allow parents to receive advice more quickly than waiting for a 1:1 clinical appointment. Teachers and other practitioners are also able to learn from these sessions about how best to support the children and young people with whom they are working. *It is important to note that approximately a third of families who use the drop-ins are provided with advice and reassurance regarding their children's SLCN and do not require any further SaLT intervention or service.* The remaining families are provided with tailored targeted or specialist support. Currently, these sessions are regularly over-subscribed.

4.14 Data strongly suggests that these sessions have a beneficial effect: They enable three times as many children to be seen per session in comparison with a 1:1 clinical appointment. BHC introduced additional pre-school drop-ins to compliment those offered through children's centres in August 2018.

- 4.15 Analysis of BHC data returns from two drop-ins at Blenheim and Burnt Ash Children’s Centres shows that drop-ins are effective in absorbing self-referrals for low-level needs and operating as an informal triage system to determine which needs require further targeted or specialist therapy. Both centres had a high percentage of children who were only seen once, suggesting that they were immediately discharged with advice and reassurance. At Blenheim, from a sample of 20 pre-school children aged 0-4 seen between September 2017 and August 2018, 16 (80%) had one appointment, while the remaining 4 had a relatively small number of follow-up appointments (an average of 5 per person). At Burnt Ash, from a sample of 35 pre-school children, 17 (49%) were discharged with advice and reassurance after one appointment, with the remainder receiving between 1 and 8 follow-up appointments (an average of 3 per person).
- 4.16 There are currently 72 Universal SLCN drop-in sessions (1 per month at each of the 6 children’s centres). 48 of these sessions are funded from the EIFS budget with the remaining 24 funded session funded from the core budget..
- 4.17 Given the popularity and time-efficiency of these sessions there is evidence of sufficient need to increase the number of these sessions to 144 Sessions (2 per month at each of the 6 children’s centres).
- 4.18 This change would reduce the unmet needs observed through the over-subscription of these sessions at each of the six children’s centres. It would also contribute to a greater number of children with SLCN being identified earlier and to the reduction of waiting times for services; firstly by the increased availability of sessions and also by the expected reduction in inappropriate referrals of children with low needs to formal advice clinics.
- 4.19 **School Age Universal Drop-Ins:** These would enable many more children to be assessed, reducing waiting times and freeing up more time for targeted and specialist work to be undertaken for those who need it. Approximately 4-6 children could be assessed in a 2 hour session in this way as opposed to only one child in around 45 minutes to an hour in a formal clinic setting. Several schools have already indicated willingness to host sessions.
- 4.20 Officers have estimated that six 3 hour sessions per month would cater for the current level of demand, based on an average of 37 referrals per month (Oct-Dec 2018) with six children seen at each session.

Identified Health Needs

- 4.21 The current service specification includes provision for mainstream school age children with identified health needs only. This arrangement excludes the majority of children with SLCN in mainstream schools from receiving an appropriate level of service through the core SLT contract.
- 4.22 Approximately 10% of children and young people assessed as having speech, language and communication needs can currently be defined as having ‘health needs’. Given the current service requirements, only a small proportion of mainstream school age children and young people are therefore able to access the CCG funded health service.
- 4.23 The relatively high level of need has created a situation in which the available resources are very stretched. The table below (figure 2) illustrates this pressure on service delivery, with contacts in 2017/18 down by 48% on the previous year and unique patients down by 18% due to the restrictions on eligibility.

Sep 2015 - Aug 2016	
Contacts	22,478
Unique Patients	3,774
Sep 2016 - Aug 2017	
Contacts	27,193
Unique Patients	3,987
Sep 2017 - Aug 2018	
Contacts	14,258
Unique Patients	3,281

Figure 2: BHC Activity Levels 2015 – 2018

- 4.24 The current service specification does not include Developmental Language Disorder (DLD) or Severe Speech Disorder (SSD). Excluding this vulnerable group of children from the core contract poses a significant risk in terms of unmet need and negative impact on outcomes both educationally and socially. A move to bring DLD and SSD in scope will strengthen the SLT support for this group and mitigate the risks as a result of unmet need.
- 4.25 In order to offer an appropriate level of support for all CYP with SLCN in Bromley it will be necessary to ensure that the redesigned offer for CYP without identified health needs is equitable to that of those CYP with identified health needs.

Youth Offending Service

- 4.26 In both a 2017 joint inspection of youth offending work in Bromley led by HM Inspectorate of Probation and a 2018 NHS England study of health services and pathways for young people in the justice system in Bromley, the under provision of SLT for YOS was highlighted.
- 4.27 A joint re-inspection of the YOS by HM Inspectorate of Probation during 2019 is anticipated.
- 4.28 In virtually all of the large number of studies on the links between SLCN and the Youth Justice System, samples of young people studied showed that a majority had SLCN, with a significant proportion of these having severe and complex SLCN. It can therefore be concluded that an increase in funding for this area is likely to have a significantly positive impact on this cohort.
- 4.29 It is therefore proposed that the BHC SLT service be increased to two days per week to be staffed by an experienced Band 7 Therapist. It is further proposed that this Therapist will work in close partnership with the YOS Liaison & Diversion Officer to ensure that care plans take account of any SLCN that young people known to the YOS may have.

Partnership Work

- 4.30 The LBB Specialist Support and Disability Services team has recently appointed two Specialist Advisory Teachers for SLCN. It is expected that they will work in partnership with SLTs within a remit focused on enabling and enhancing schools as 'communication supportive environments' and encouraging and enabling schools to train designated staff as communication champions and communication leads in order to embed good practice throughout schools at all levels.
- 4.31 There is a need to work with schools to ensure that existing resources and practices are best used to support an overall high standard of communication and learning in order to support any specialised SLT resources that may be accessed through the main contract, or directly commissioned.
- 4.32 The SEN team will also be working with the special schools and ARPS in receipt of devolved funds for SLT to evaluate progress and outcomes made since funds were devolved in 2017.
- 4.33 Other SLT partnerships are also being developed such as: closer working between SENCOs and SLTs; coordination of services in schools between the lead therapy provider and smaller independent providers; SLTs and health visitors with regard to aiding earlier identification of SLCN, as well as closer joint working between LBB and BCCG Commissioners.
- 4.34 Additionally, joint working between the Designated Clinical Officer for SEND, LBB, CCG and SLT provider services is ongoing to ensure statutory compliance in relation to SLCN and the SEND Code of practice.

5 SERVICE PROFILE/DATA ANALYSIS

Current and Future Commissioning Arrangements

- 5.1 The Bromley SLT service (part of the BCCG Children's Community Health Services contract) is joint commissioned but the majority of funding is provided by BCCG who lead on the procurement, management and monitoring of the service. A small amount of social care funding is provided through the early intervention team and mainstream schools further commission bespoke services through the Dedicated Schools Grant (DSG) and the High Needs Block. Special School and ARPs are also able to draw on devolved education funds which they receive

to commission SLT directly. Some schools use BHC for their SLT requirements; other schools commission these services from smaller independent providers.

- 5.2 For the final two years of the BCCG held contract (**2020-2022**) it is proposed that the totality of the actual and proposed increases in this service since the beginning of the 2018-2019 academic year will be brought together as part of a section 75 agreement. See part 2 report for details.
- 5.3 The additional expenditure from both LBB and BCCG should be viewed as an 'invest to save' policy. Access to Therapy provision in general and SLT specifically are very often cited as reasons for both EHCP tribunals and costly moves to alternative school placements. It is expected that the increase in the availability of SLT will have a positive impact on these phenomena.

6 OPTIONS APPRAISAL

- 6.1 **Option 1:** Agree the increased funding envelope in order for BCCG to vary the contract with BHC, which runs until 2022 with an improved specification, improved monitoring framework and a 'whole system approach' based on partnership working. The service will be closely monitored for clear signs of success. If this is not demonstrable within the 2019-20 academic year, the service will be exposed to open market testing via a competitive tender. **This is the recommended option.**
- 6.2 **Option 2:** BCCG give notice to BHC (the notice period is one calendar year) and begin preparation for a procurement leading to a full tender for provision of the service with a new budget and service in place by September 2020. This option is unlikely to deliver the required service transformation as quickly or efficiently as Option 1 and will most likely lead to a continuation of the service disruption experienced by children, young people, parents and carers. Additionally, a number of issues regarding the provision of SLT in Bromley such as national skill shortages and the high number of EHCPs are largely beyond the current providers control and would equally be faced by any potential new provider. This option is not recommended.
- 6.3 **Option 3:** Do nothing: maintain the current level of funding with the existing provider until the scheduled end of the BCCG contract. This option is not recommended as it would ensure the continued under-funding of the service and a lack of improvement in current service levels. Over time, with the predicted rise in demand, it would actually entail a further decline in service levels.

7 PREFERRED OPTION

- 7.1 **Option 1:** This option will enable the required service transformation while maintaining stability and continuity of service. It will also facilitate flexibility of the new service enabling a more personalised approach to each young person's needs. Additionally it will enable BHC to spend more time on training non-specialist staff in SLT techniques in a variety of relevant settings to enable a more sustainable service in future.

8 MARKET CONSIDERATIONS

- 8.1 As of 1st January 2019 there were 16,529 Speech and Language Therapists (SLTs) registered with the Health and Care Professions Council (HCPC). This represents 4.5% of the total HCPC registered workforce. This equates to approximately 1 SLT per every 3,340 per head of the population of England and underlines the fact that SLTs are a specialist resource and there is a relative shortage of highly trained SLTs. In comparison, there are over five times as many Social Workers registered with HCPC.
- 8.2 BHC have reported difficulties with recruiting sufficient numbers of therapists qualified to Band 7 and above and so are considering the merits of fast-tracking existing staff to be trained up to this level while recruiting at a lower level to fill the posts that those whose qualification has reached

the required level have vacated. There has also been consideration of plans to target young people in education and training as potential future SLTs.

- 8.3 There are a significant number of independent SLTs operating in and around Bromley. Many of these are highly qualified and well respected practitioners. However, the current expectations of schools to commission SLT and their relative autonomy in undertaking this restricts the opportunity for commissioners to quality assure SLT provision commissioned by schools.
- 8.4 Other NHS trust organisations, such as Oxleas, deliver SLT in other South East London boroughs, such as Greenwich and Bexley.

9. STAKEHOLDER ENGAGEMENT

- 9.1 The SEND Governance Board have received regular updates on the progress of work to improve the SLT offer in Bromley.
- 9.2 It is proposed that some co-production work regarding the re-design of the SLT service specification will be undertaken with parents and other relevant stakeholders.

10. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS

- 10.1 There are no specific procurement actions for the Council as the service contract is held by BCCG who will vary their contract with the provider, subject to approval of the proposed funding arrangements.
- 10.2 The joint funding arrangements with BCCG via the existing Section 75 will be updated to reflect the proposed funding arrangements, subject to approval.
- 10.3 **Estimated Contract Value** – See the Part 2 report.
- 10.2 **Other Associated Costs** – See the Part 2 report.
- 10.3 **Proposed Contract Period** – Not applicable. The contract is in place until 30th November 2022, this proposal seeks to amend the joint funding arrangements and specification for the contract for its remaining term.

11. SUSTAINABILITY AND IMPACT ASSESSMENTS

- 11.1 The acquisition of speech, language, literacy and communication skills is fundamental to achieving positive life outcomes across school, employment and community. Without the ability to make oneself understood and to understand the communication of others, children, young people and adults are at a significant disadvantage. Poor or minimal abilities in these areas frequently have a direct correlation with negative life outcomes. There is considerable evidence that unmet SLCNs are observed in a majority of children and young people known to the YOS and mental health and wellbeing services. A deficiency in these skills has been noted as a risk factor in the development of poor mental health, whilst strength in these skills is conversely considered to be a protective factor. Many adults have reported that unmet SLCNs have had a very negative impact on their educational, employment and social outcomes.

12. POLICY CONSIDERATIONS

- 12.1 **National:**
- Human Rights Act 1998
 - Bercow Report 2008
 - Children and Families Act 2014

- SEND Code of Practice 2015
- Bercow 10 Years On Report 2018
- Children and Young People's Mental Health Green Paper 2018
- NHS Ten Year Plan

12.2 Local:

- Joint SEND Strategic Vision and Priorities
- LBB ECHS Business Plan
- LBB Children and Young Peoples Plan
- Local Area Transformation Plan (CAMHS)
- Bromley CCG Operating Plan

13. IT AND GDPR CONSIDERATIONS

13.1 BHC currently acts as the lead provider for referrals for SLT in Bromley, although schools do commission SLT from other organisations. All service documentation and processes were reviewed and amended (where required) when GDPR regulations were introduced. There will be a similar approach within the new service.

14. PROCUREMENT RULES

- 14.1 This contract is held by Bromley CCG, supported by joint commissioning and funding arrangements between the Council and Bromley CCG. Therefore there are no direct procurement implications or actions for the Council. Any variations required to the BHC contract to reflect the proposed amendments to funding and the specification will be managed by BCCG.
- 14.2 The mechanism for joint funding arrangements between the Council and Bromley CCG is through an existing Section 75 agreement. This will need to be updated, through the existing processes, to reflect the proposed funding arrangements.

15. FINANCIAL CONSIDERATIONS

- 15.1 Current funding of the 2018/19 academic year SALT service is funded from several sources, including the BCCG, funding delegated to schools, core LBB funding and a contribution from the BCF grant. Details of this can be seen in paragraph 5.1
- 15.2 Further need has been identified for the SALT service over the next three academic years 2019/20 to 2021/22. The costs and the funding streams are summarised in the Part 2 report.
- 15.3 It is proposed to fund the additional costs in 2019/20 by utilising Better Care Funding (BCF). BCF has supported the SALT service in previous years.
- 15.4 In the following two years the additional costs will be split between the BCCG and LBB. The Council's element will be funding from carry forward Dedicated Schools Grant (DSG). There is funding available from both the BCF and the DSG to support these arrangements.
- 15.5 These arrangements will form part of a Section 75 agreement.

16. PERSONNEL CONSIDERATIONS

16.1 N/A

17. LEGAL CONSIDERATIONS

- 17.1 A Section 75 agreement is in place that details the arrangements between the Council and Bromley CCG. The Council wishes to provide more funding for services as detailed in the report. The agreement will have to be updated to reflect these changes.

There are no procurement issues as such for the Council as detailed in Section 14.

Non-Applicable Sections:	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	ICB Report: Speech and Language Therapy In Bromley. 14 January 2019