

**Health Overview and Scrutiny Panel - Update Report for 12<sup>th</sup> July 2018 for:**

- **Norfolk's Integrated Children and Young People Speech and Language Therapy Service**
- **Children and Young People Speech and Language Therapy Health Service commissioned by Great Yarmouth and Waveney CCG (Appendix 4)**

**Purpose of the paper, to:**

1. Provide an overview on the outcome, findings and recommendations of the independent review of current need and provision for children and young people with speech, language and communication needs in Norfolk including summary of engagement undertaken with service users' views on the Integrated Service.
2. Follow up on the status report to HOSC on 5<sup>th</sup> April 2018
3. Provide a service update following the HOSC meeting on 7<sup>th</sup> September 2017.
4. Provide an update on the Children and Young People Speech and Language Therapy Health Service commissioned by Great Yarmouth and Waveney CCG

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## **1. Outcomes of the independent review of current need and provision for children and young people with speech, language and communication needs in Norfolk**

The review commenced in March 2018 and concluded early June 2018. Please see Appendix 1 for the methodology of the independent review. An executive summary of the review findings was presented to commissioners and ECCH on 20<sup>th</sup> June. The Full Final Report will be produced for commissioners by the end of July.

### **Scope of the independent review**

The County Council and NHS Norfolk Clinical Commissioning Groups have commissioned an independent review of current need and provision for children and young people with speech, language and communication needs in Norfolk led by [Better Communication CIC](#), a not-for-profit community interest company. They support change for children and young people with speech, language and communication needs.

Both commissioners and East Coast Community Healthcare want to ensure the best service possible for Norfolk for the funding available. The scope of the independent review is to identify:

- *Have we the right delivery model in place to meet the needs?  
a) of the current population?*

- b) of the predicted population for the remaining duration of the contract?*
- *Have we the right workforce; with the right skill mix and full-time equivalents (FTE) in place to meet needs?*
- *Is the resource envelope sufficient?*
- *If not, what are the recommendations:*
  - a) to meet needs?*
  - b) to re-prioritise resource accordingly?*
- *Have we the right performance measures in place to provide assurance for quality and improve patient outcomes. If not, how might this be measured?*
- *Recommendations for future service delivery and or amendments to existing service, if necessary.*

Stakeholder Engagement was undertaken as part of the independent review, please see Appendix 2 for further details.

### **Emerging Themes from the independent review**

#### **What are the needs of the population?**

The greatest need identified through triangulation of population, demographic data with the evidence based identifies significant speech, language and communication need in Norfolk with the greatest need in Norwich, King's Lynn and West Norfolk and Great Yarmouth. Demand patterns show higher levels of demand from South Norfolk than might be predicted.

#### **Have we the right delivery model in place to meet the needs?**

The service specification was ambitious in attempting to provide a whole system approach for SLT in Norfolk. Challenges in terms of service funding, resources and the allocation of resources outside of this contract have led to a series of unintended consequences.

#### **Have we got the right workforce?**

The view of the independent review is the workforce has been skill mixed to an extent that the rate of change required on the ground cannot be delivered and sustained. The current staffing model is over-reliant on support staff and the ring-fencing of specialist posts to some low incidence specialisms should be reviewed.

#### **Is the resource envelope sufficient?**

The resource to meet need has been analysed in several ways, including a 'bottom-up' analysis based on allocating resource across schools and settings. The financial modelling indicated that there were no efficiencies to be made in the current staffing model. The clear conclusion is that, as a whole system, there is not sufficient resource to provide the desired level of provision to children and young people with speech, language and communication needs in Norfolk.

#### **Have we got the right performance measures?**

The KPIs need to be adjusted to reflect a range of measures across the system, measuring at universal, targeted and specialist levels but most importantly going beyond the traditional input measures of activity data. Activity data do not provide any assurance of outcomes.

## Recommendations

1. Joint commissioners will develop a strategy for improving Speech, Language and Communication (SLC) across Norfolk (and/or the Sustainability and Transformation Plan (STP)) including Speech, Language and Communication Needs (SLCN) but also recognising the centrality of speech, language and communication for all children and young people
2. Joint commissioners will develop a strong communications plan together with the provider
3. Whilst recognising challenge to budgets from every quarter joint commissioners will consider whether *any* additional resource can be identified within a range of competing priorities
4. Within the ongoing review of funding across the Schools Block (direct funding to individual schools) and the High Needs Block (education funding commissioned by the LA) consideration will be given to how delegated and 'top-up' funding can be used to enhance a 'whole service offer'
5. KPIs should be revised to include impact measures and to drive delivery at a targeted level. This may have an initial impact on initial access times but until there is a strong targeted offer the pressure is unlikely to change
6. Commissioners will consider change management support across the system to deliver the proposed strategy
7. Commissioners will consider a confidence building strategy with stakeholders
8. The route into the service should be simplified. Drop-ins received the most positive feedback therefore it is suggested to consider how these might work better
9. The link therapist model should be reviewed in order to ensure it is what it should be:
  - children with a given school / cluster of settings / locality should expect to see the same person who potentially would also deliver training etc
  - this consolidation of time deals with anxieties expressed around
    - consistency
    - travel time
    - relationship and capacity building
10. Specialists need to be used to ensure that specialist expertise is available when needed as part of a child or young person's journey – it will rarely be the whole story and the place where the child or young person spends most time functionally should be central other than where individual choice suggests otherwise

## Key elements for change could include

- Rationalise the access routes to the service
- Consolidate personnel with local areas of the system in such a way as to build local communities of practice
- Increase targeted level interventions
- Increase work on environments
- Strengthen family support

## What will happen next?

Recommendations from the review will be discussed between commissioners (NCC and CCGs) and ECCH to agree the scope of any proposed amendments to service provision.

## **2. Update on agreed actions from Norfolk Health Overview and Scrutiny Panel (NHOSC) on 7<sup>th</sup> September 2017:**

**Action:** To address the development of a Stakeholder Group

**Update:** New governance arrangements have been established since Rebecca Hulme, Chief Nurse / Director of Children, Young People and Maternity came into post in July 2017 and with Melanie Craig, Chief Officer at Great Yarmouth and Waveney CCG undertaking a lead for children's commissioning across NHS Norfolk and Waveney CCGs.

The new **Area** SEND Leadership Board has been established and will provide system-wide governance across all areas of SEND including Speech Language and Communication Needs.

A children's integrated commissioning group is in the process of being established and this will include an independent chair and directors/assistant directors for the local authority including education and social care as well as health. This will provide the governance structure for joint commissioning. A stakeholder group for SLT will be set up in the autumn chaired by health. Membership of this group will be determined after the review has concluded.

Additionally, the Norfolk Area SEND Multi Agency (NASMA) Steering Group will provide an established mechanism to ensure the work of the stakeholder group is aligned into the Area SEND Leadership Board

Therefore, SLT service improvement will be overseen in three ways:

- Operational / commissioning performance monitoring discussions
- Reporting to NASMA to update and inform partners and stakeholders on SLT performance improvement / challenges and issues etc
- Escalation to Area SEND Leadership Board where decision making is required regarding overall commission of service

**Action:** Creation of a Local Offer Task & Finish Group, to include Family Voice Norfolk, to update the front-page information for the ECCH SLT Local Offer and links to the ECCH SLT website.

**Update:** The Local Offer team have worked with East Coast Community Healthcare and Family Voice Norfolk to improve the information about speech and language on the Local Offer.

The new and improved webpages provide information to support parents and carers who are concerned that their child may have SLCN. These are:

- Children's speech language and communication needs
- Children's speech language and communication support
- Speech and language resources
- Children's speech and language therapy service
- Speech and language therapist

- Independent speech and language therapy

The link to the pages is <https://www.norfolk.gov.uk/children-and-families/send-local-offer/health/health-services-in-norfolk/speech-and-language>

Communications have also been issued via a range of methods including the newsletters produced by the Local Offer, Family Voice and SENDIASS (Norfolk SEND Partnership, Information Advice & Support Service), targeted communications to early years settings via early year's networks and to schools via the 'e-courier' management information system.

The ECCH website is now aligned to the Local Offer information to help ensure that there is "no wrong door" for any parent or professional wishing to find out more information about the services available and how to access them.

## Appendix 1: Methodology of the Independent Review

<b>Task</b>
1. Project liaison
2. Project familiarisation  Desktop review of information gathered to date by commissioners, review of specification and sample contract monitoring reports + any other relevant and appropriate documentation
3. Needs assessment - quantitative <ul style="list-style-type: none"> <li>a. Analysis of population and deprivation data and predicted need</li> <li>b. Triangulation with caseload and SEND data</li> <li>c. Triangulation with workforce, finance and performance data</li> </ul>
4. Needs assessment - qualitative  Qualitative mapping and analysis of current offer for children and young people
5. Stakeholder engagement: <ul style="list-style-type: none"> <li>a. telephone interviews with key strategic stakeholders</li> <li>b. Online focus groups for parents building on existing parent survey but also aiming to capture views of parents of children without complex need</li> <li>c. confidential survey for therapy staff to contribute as individuals</li> </ul>
6. Meetings with SLT service leads to elicit evidence of impact and clarify service processes
7. Analysis and triangulation of data
8. Interim report summarising needs analysis and current service provision and recommendations
9. Recommendation of KPIs to deliver desired outcomes for children and young people
10. Final feedback, report, presentation as appropriate

## **Appendix 2: Stakeholder Engagement undertaken through the Independent Review**

### **Stakeholder engagement design:**

Stakeholder feedback was invited via a number of different routes and methodologies:

- 1.1. Norfolk County Council made available two online surveys on behalf of the joint commissioners, one for parents and carers and another for professionals in schools and settings and the wider community.
- 1.2. Better Communication CIC conducted an online survey for all members of the speech and language therapy service
- 1.3. Two online 'webinars' were offered by Better Communication CIC focused on Early Years and Schools
- 1.4. Video, online and phone conferencing was used to interview both individuals and groups including representatives from Family Voice and Sensational Families as well as special school head teachers/SENCOs; representatives for the additionally resourced provisions for speech, language and communication and hearing impairment, paediatricians, SEND officers, Designated Clinical/Medical Officer, Commissioners with responsibility for all the areas involved and with wider and specific responsibilities including early years. The Royal College of Speech and Language Therapists was also included as a stakeholder
- 1.5. Previous reports of stakeholder engagement activities both by commissioners and parent led organisations were also provided to the review team

### **Stakeholder engagement methodology:**

Promotion of the independent review featuring the various opportunities for stakeholders to participate in engagement were promoted through a variety of communication channels and networks including:

- The Local Offer
- Family Information Service
- Norfolk County Council corporate communications
- Family Voice Norfolk and SEND Newsletters
- Partner websites and social media
- Email and face to face sessions with schools and early years through existing networks

The following points should also be noted in relation to engagement during the independent review:

- A full communications plan was implemented during the review. The number of responses received were considered to be an appropriate number given the size and scale of this service/population and comparably higher than recent Norfolk-wide surveys relating to SEND
- Concerns were raised during the review by SENsational Families regarding a perception that the surveys were not promoted fully to families and with a view that this impacted on the number of responses

The survey was open via the Local Offer over a 7-week period initially and then a further extension of 10 days to maximise the opportunity for completion and feedback to be received. Online surveys resulting in participation from:

- 144 parents/carers
- 131 professionals
- The deadlines for the surveys were extended to maximise the number of responses over the half term period. Commissioners are grateful to SENSational Families for removing their own SLT survey, to avoid families being surveyed twice in relation to SLT and would like to thank this key stakeholder group for their contribution to the review along with all other individual/groups that took part.

### **Stakeholder engagement themes**

The following commentary is a synthesis of the key themes which emerged from across the wide range of stakeholders accessed.

The first point to make is that there were consistent and numerous references to excellent individual speech and language therapy team members and managers who are perceived to be 'battling against the odds' to deliver support for children and young people.

Dissatisfaction reported was almost entirely with 'the system' and many examples given referred to service provision that pre-dated the current contract. In fact a consistent theme was one of disappointment that this contract had not delivered its 'early promise' as the outline of the new service was welcomed by the majority of stakeholders interviewed but few felt that it had been able to deliver its potential.

Dissatisfaction was not limited to the speech and language therapy provision. Instances of frustration directed towards Norfolk CC SEND systems were also heard.

Other key themes:

- Access
- Assessment and advice but no therapy or intervention
- Discharge with ongoing needs
- EHCP Processes
- Communication
- Working with schools
- Confusion regarding the 'core' and 'enhanced' offer



### Appendix 3: Summary Review of the Integrated SLT for the contract period April 2017 – March 2018 (Year 2)

The Integrated Speech and Language Therapy Service is jointly commissioned by NCC and 4 of Norfolk's CCGs (Norwich, North, South and West Norfolk) for children and young people to the age of 19.

**This data relates specially to children and young people whose care is funded by the Integrated Speech and Language Therapy Service contract**

Case Load Rate for the Integrated Speech and Language Therapy Service

	Year 1 April 16 to March 17	Year 2 April 17 to March 18
Referrals In	4498	5414
Number of children seen	5652	5893
Caseload snapshot at 31/03	3592	3062

Table 1

The contracted activity relates to delivery of drops-in sessions for pre-school children, early years workforce development sessions and the delivery of Early Bird courses.

KPI	Description	Commissioned Activity	Activity Delivered	Comment
1	Number of drop-in sessions delivered	150	150	
2	Early Years workforce development sessions	50	49	One session was not delivered due to ECCH staff sickness
3b	Contribute to the delivery of NCHC organised Early Bird courses	5	4	Only 4 courses were organised this year

Table 2

#### Drop- in service

The Drop-in service is available for preschool children to support the early identification children with a speech language and communication need (SLCN) and those who may be at risk of developing one. The sessions are located across the county in a variety of settings to enable children to be seen by a speech therapist on the day at a venue close to home. The drop-in service provides easy access to professionals or families who are concerned about their child's speech, language or communication. Families receive advice, information and strategies to support their child. Where appropriate a child may be referred to a more specialised element of the service.

The contract volume for this element of service in Year 2 was 150 sessions. The full contract volume was delivered and provided 1,320 appointments.

The service is planned three months in advanced and publicised via Cambridgeshire Community Services 0-19 services, ECCH and NCC websites, Children's Centres and the ECCH termly SaLT newsletter. There have been some occasions where sessions have been poorly attended and others that have been oversubscribed. If it becomes clear that the session is full then the child's parent/carer are signposted to the next session. In the very unlikely event that a person attends 2 sessions that are oversubscribed then they will be offered an appointment at home or in the child's preschool setting.

ECCH continues to review the best venues for drop-ins to ensure services are as accessible to as many people as possible. Throughout the course of Year 2 difficulties in access were identified at one of the venues in Kings Lynn. As a result of this from Year 3 Q2 an alternative venue has been secured. There is no flexibility within the contract to increase the overall number or frequency of drop-ins in a particular area due to the knock-on impact on the overall accessibility of the service across the county or lead to a reduction in another service area.

It is anticipated that place of the drop-in service within the whole service model will be subject to review following receipt of the full report from the Independent Review.

The activity for the drop-in service in Year 2 is shown below in Table 3

<b>Locality</b>	<b>Number of places available</b>	<b>Number children turned away</b>	<b>No Drop-ins held</b>	<b>No where children turned away</b>	<b>Number of venues</b>
<b>East</b>	292	19	37	7	5
<b>South</b>	367	24	43	4	9
<b>North</b>	378	27	34	7	11
<b>West</b>	347	22	36	5	12
<b>Totals</b>	1384	85	150	20	37

Table3

The response originally supplied to Cllr Brociek-Coulton regarding Angel Road Children's Centre in Norwich and an incident involving a family being turned away from a session is still applicable (see Annex 1 for response).

Other KPIs reflect the performance against standards associated with key process or throughput rather than volumes of activity i.e.

- waiting times for new referrals to receive their first intervention within 18 weeks;
- waiting times for referrals from the Neonatal Unit;
- assessments to support the completion of an EHCP;
- the setting and achievement of goals within intervention plans;
- attendance at multidisciplinary panels with the ASD assessment pathway;
- new referrals received via the single point of access that are offered a telephone assessment within two weeks.



**April 2017 – March 2018 (Year 2)**

<b>Waiting Times</b>				
KPI	Description	Performance commissioned %	Performance delivered %	Comment
9	Children and Young People receive their first intervention within 18 weeks of referral	92	93	New referrals represent % of the children actively receiving care or waiting for further review and assessment or therapy programmes
12	Referrals from neonatal unit are assessed face to face within 2 working days	95	93	The performance reflects 5 breaches that were excluded as although a referral had been made the assessment could not be carried out due to either sickness of the baby, delayed transfer from a tertiary centre or extreme prematurity
<b>Education Health and Care Plan Process</b>				
KPI	Description	Performance commissioned %	Performance delivered %	Comment
4a	Compliance with the published Mandatory Timeframe for contributing to reviews for transferring from existing Statements to EHC Needs Assessments for requests received after 4th April 2016	100		Due to agreed processes between NCC and schools for the management of this task it has not possible for this activity to be measured. This KPI will not be relevant in Year 3
4b	Compliance with the published Mandatory	100	66.8	Each EHCP assessment takes 1 day to complete.

	Timeframe for contributing to NEW EHC Needs Assessments as part of the EHCP 20 week process for requests received after 2017			<p>There has been a significant and sustained demand requests for EHCP assessment of needs – 322. This significantly outstrips the budgeted time of 96 days</p> <p>Achievement of this measure is hampered by the non-availability of children for assessment within the school setting for 12 weeks a year due to school holidays.</p>
4c	To support the EHCP process by responding to Norfolk County Council with information already held on the child or young person within 14 calendar days	100	95	There were 222 requests made.
<b>Outcomes</b>				
KPI	Description	Performance commissioned %	Performance delivered %	Comment
10	Percentage of children (where service pathway is subject to EKOS) achieving a good level of development in communication and language. Evidenced at discharge as having met the goals within their intervention plan	60	75	<p>The Numerator for KPI 10 refers to the number of children who have <b>fully</b> met their goals at discharge</p> <p>(EKOS (East Kent Outcome System) is an outcome measures system which is embedded in routine planning and closely linked to intervention. A good outcome is considered to be when 70 per cent or more of the target is achieved)</p>

11	Percentage of children (where service pathway is subject to EKOS) achieving a good level of development in communication and language. Evidenced at discharge as having met the goals within their intervention plan	90	92	<p>The Numerator for KPI 11 refers to the number of children who have <b>partially</b> (i.e. at least 50%) met their goals at discharge</p> <p>(EKOS (East Kent Outcome System) is an outcome measures system which is embedded in routine planning and closely linked to intervention. A good outcome is considered to be when 70 per cent or more of the target is achieved).</p>
<b>Attendance at multidisciplinary panels with the ASD assessment pathway</b>				
KPI	Description	Performance commissioned %	Performance delivered %	Comment
3a	Attendance at NCH&C hosted ASD assessment panels as per memorandum of understanding	100	97.5	There were 41 panels during the year. One panel was missed due to sickness.
<b>Telephone assessment</b>				
KPI	Description	Performance commissioned %	Performance delivered %	Comment
8	98% of new patient referrals via single point of access are offered telephone	98	85	Overall performance was significantly affected by very weak performance in Q3 (64%). Excluding Q3 performance which was 98%.

	assessment within 2 weeks			<p>Analysis showed capacity for all referrals in Q3 to have had an appointment within timescales however it would appear that referrers who made referrals in the end of term before the Christmas holidays chose telephone appointments with a therapist at the start of the new term which was outside the 2 week standard.</p> <p>It has become clear that the speediest access is not highly valued by referrers and the provider cannot force the referrer to accept a call back appointment within a fixed time frame. As such KPI should move to a MER in Year 3.</p>
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Table4

## Waiting Lists

It was reported at the 12<sup>th</sup> September 2017 HOSC meeting that performance against KPI 9 (children and young people receive their first intervention within 18 weeks of referral) was improving. The monthly performance in Year 2 is shown below; cumulative full year performance was 93%.

KPI 9 waiting time for first intervention under 18 weeks

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
%	80.9	89.7	93.5	91.0	94.6	97.1	98.8	95.8	99.2	98.2	93.7	91.4

Table 5

Performance dipped in March due to the loss of 52 new referrals appointments as a result of severe weather. The drop-in capacity in March due to weather and the natural reduction expected in April as a result of school holidays means that it is anticipated that performance will dip further in Q1 and not recover completely until mid Q2.

Many children with speech, language and communication needs (SLCN) will need more than one package of care and may be known to a speech and language therapy service throughout their schooling. The demand arising from those children with an enduring SLCN is greater than new referral. Previously this demand was not measured or reported and therefore had not been accounted for during the procurement process.

### **Annex 1: Outline of response supplied to Cllr Brociek-Coulton regarding Angel Road Children's Centre in Norwich (16/01/18)**

Any shift in the planned arrangements from one venue to another would have an impact elsewhere for other families, so it is understood any changes would have to be based on evidence of needs and with monitoring the patterns, this should support any necessary redirection of provision to reflect the needs in the localities, both in short and long-term trends.

ECCH's data continues to show that whilst these drop in have been oversubscribe for the past couple of sessions they have not routinely been oversubscribed. However, across the whole service we find attendance varies hugely from one drop in to the next, even at the same venue.

ECCH's practice is that anyone who is turned away will be provided with alternative drop-in dates and venues by a member of ECCH's staff, advising that on the rare occasion someone is turned away more than once, a home appointment is typically offered.



#### Appendix 4: Update from NHS Great Yarmouth and Waveney Clinical Commissioning Group (GYWCCG)

**This data relates specially to children and young people whose care is funded by the NHS Great Yarmouth and Waveney Clinical Commissioning Group (GYWCCG) contract**

NHS Great Yarmouth and Waveney Clinical Commissioning Group (GYWCCG) currently commissions a SLT service from East Coast Community Healthcare (ECCH). The service covers the GYWCCG area. Currently this is Health funded. The contract is due to expire at the end of March 2019.

The main purpose of the Speech and Language Service is to provide assessment, diagnosis and therapy for young people who have SALT needs as well as practical advice and training for parents, carers, other professionals and school staff as required. The aim is to ensure children with speech, language, communication, eating and drinking needs reach their full potential.

***The following is the response to the Norfolk HOSC questions regarding the GYWCCG commissioned SLT Service***

1. current workload, & comparison between commissioned capacity & actual number of referrals:

**Case Load Rate for the GYWCCG Speech and Language Therapy Service**

	Year 1 April 16 to March 17	Year 2 April 17 to March 18
Referrals In	162	562
Number of children seen	536	1017
Caseload snapshot at 31/03	585	505

*Table 6*

*Please note the data for 2016/2017 is only taken from January – March 2017 due to a change in electronic patient systems in January 2017 (therefore data is representative of a 3 month not 12 month period)*

2. staffing – current numbers & types of vacancies;  
GYWCCG information is included with Appendix 5, Table 10
3. waiting times – from referral to 1<sup>st</sup> intervention & after referral back into the system for review after having been discharged:  
GYWCCG information is included with Appendix 5, Table 11

**4. KPI current performance & trend**

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
94.40%	82.00%	84.20%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

*Table 7*

Reporting 31<sup>st</sup> May 2018, there are a total of 77 children currently waiting for a service, 98.7% are seen with 18 weeks.

5. complaints / user feedback;  
GYWCCG information is included with Appendix 6

6. info about take up of drop in sessions & numbers turned away  
This is reflected in the data and information is included within Appendix 3

### *Next Steps*

GYWCCG are awaiting the outcome and recommendations of the Norfolk independent review to inform the future commissioning requirements of the SLT Service in the Great Yarmouth and Waveney working with both Norfolk and Suffolk local authorities to ensure a consistent SLT offer for families across the Norfolk and Waveney area.

## Appendix 5: Summary Review of Speech and Language Therapy Service Provision across the whole Norfolk geography

This data relates specially to children and young people who live in Norfolk whose care is funded by either the Integrated Contract in Norfolk or the NHS Great Yarmouth and Waveney Clinical Commissioning Group (GYWCCG) contract

Provision across the whole Norfolk geography	End of Year 1 April 2017	End of Year 2 April 2018
Children receiving care	1544	1578
Children known to service waiting assessment	2693	1356

Table 8

By the end of April 2017 to April 2018, the number of children known to service waiting assessment has reduced by 1337 children.

The combined activity total across for two contracts:

Total Referrals, Seen and Caseloads	2016/17	2017/18
	<b>Total</b>	<b>Total</b>
Referrals In	4660	5976
Number of children seen	6188	6910
Caseload snapshot at 31/03	4177	3567

Table 9

Workload and Performance against Contracts, April 2017 – March 2018 across the whole of Norfolk geography

Team	Staffing whole time equivalent (w.t.e)		
	Current Staffing	Current Vacancies	Total Staffing
<b>North</b>	13.99	1	14.99
<b>East</b>	13.87	1	14.87
<b>South</b>	12.59	1.6	14.19
<b>West</b>	11.69	0.8	12.49
<b>Total</b>	52.14	4.4	56.54

All vacancies are for qualified Speech and Language Therapists

Table 10

Since summer 2017 ECCH and Commissioners have been working together to better understand this demand and manage it in the context of the service specification. Four different types of wait have been identified.

**List 1** Children waiting to be seen for their first assessment who have not previously been known to the service (KPI 9).

**List 2** Those children and young people who have had an initial intervention and are awaiting further detailed assessment aligned to specific clinical pathway e.g. eating and drinking, cleft, hearing impairment, complex needs, Developmental Language Delay, AAC, Social Communication Disorder, dysfluency

**List 3** Appointments for those children who have completed a package of care and are returning for a further assessment and review.

**List 4** Those children waiting for a discrete block of therapy delivered by a Clinical Support Worker or a Speech and Language Therapist.

The ECCH service is delivered through four Locality Teams (North, East, South and West). ECCH has worked hard to reduce the number of children waiting and length of wait for all lists and all localities however there continues to be a variation in the total numbers and the length of wait on Lists 2-4 between the four localities.

Capacity to address all lists across all teams has been increased with the recruitment of 4 new Clinical Support Workers (CSWs) in mid-March.

A particular priority has been placed on the West Locality as proportionally the number and length of waits were longest. Staffs from the North and South Teams have been temporarily relocated to increase the capacity of the West Team. A further post has been Clinical Support Worker has been recruited in the West from July.

The biggest impact of this prioritisation has been a reduction in the number of children waiting but children continue to experience very long waits on List 2, 3 and 4 ranging between 4-12 months depending upon the input required.

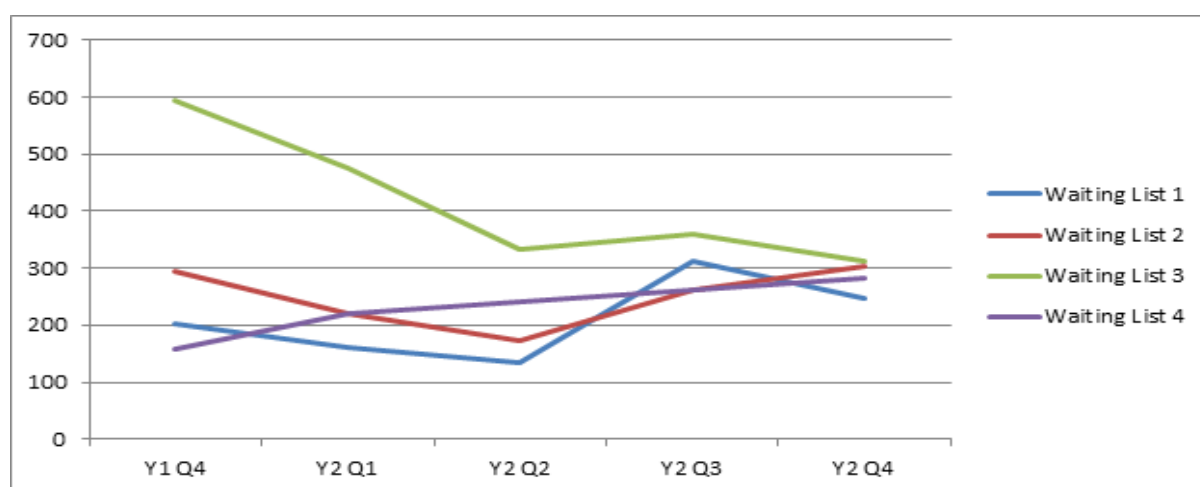






Table 11  
Key to Table 11

	<b>List 1</b>	Children waiting to be seen for their first assessment who have not previously been known to the service (KPI 9).
	<b>List 2</b>	Those children and young people who have had an initial intervention and are awaiting further detailed assessment aligned to specific clinical pathway e.g. eating and drinking, cleft, hearing impairment, complex needs, Developmental Language Delay, AAC, Social Communication Disorder, dysfluency
	<b>List 3</b>	Appointments for those children who have completed a package of care and are returning for a further assessment and review.
	<b>List 4</b>	Those children waiting for a discrete block of therapy delivered by a Clinical Support Worker or a Speech and Language Therapist.

## Appendix 6: Compliments, Complaints and Stakeholder Feedback

ECCH has received compliments, complaints and stakeholder feedback through formal compliments and complaints, contact with PALS and social media which relate to both of the ECCH SLT contracts.

The combined activity total across for two contracts, was 5976 new referrals and 6910 different children seen in Year 2, April 2017 to March 2018 there were 18 formal complaints and 72 compliments with positive statements being received relating to the service, expertise and support received from individual therapists.

Compliments and feedback are received and collated for the whole of the Speech and Language Therapy Service. Mechanism, such as Family and Friends Test are often received anonymously it is not possible to assign feedback to a specific locality or child.

A summary of the themes arising in the complaints and the actions taken are shown below in Table 8 It is not possible to separately identify the responses received for integrated contract and the GYWCCG contract and that some feedback comes in anonymously. **The responses are for the whole service and is to be considered as such.**

Theme	Number of time this theme arises	Actions taken
Delay in SALT therapy for child	9	<ul style="list-style-type: none"> <li>Revised guidelines for staff, informing parents following an initial assessment that their child will be placed on a waiting list rather than receive therapy immediately.</li> <li>Improved guidance developed to support staff communicating information about potential waiting times.</li> </ul>
Waiting times	3	<ul style="list-style-type: none"> <li>Revised process for providing drop-in information on our web site, ensuring drop ins are advertised at least one month before taking place</li> </ul>
Drop-ins	2	<ul style="list-style-type: none"> <li>Referral process for children having already attended a drop-in amended.</li> <li>Referral information on the website up dated to ensure the different methods of referral are clear</li> </ul> <p>Continual service monitoring of demand vs capacity for drop-in clinics, across the service</p>
Communication	3	<ul style="list-style-type: none"> <li>Amended process for sending out letters and reports</li> <li>Website information amended to ensure it is clear that when a child is discharged there</li> </ul>

		may be an expectation that they will require further support and how to access this
		<ul style="list-style-type: none"> <li>Revised website information regarding sharing information with private therapists.</li> </ul>
<b>Staff attitude</b>	<b>1</b>	<ul style="list-style-type: none"> <li>Performance management policy implemented</li> </ul>
<b>Clinical Recommendation</b>	<b>1</b>	<ul style="list-style-type: none"> <li>Discussion with parent/carer regarding clinical rationale</li> </ul>

Table 12

ECCH also received feedback from wide range of stakeholders; they proactively have sought feedback via

- an online survey to parents/carers, health professionals and education professionals;
- a series of listening events (Community as Teachers) held across the county and open to parents/carers, health professionals and education professionals;
- workshop at the Family Voice Norfolk Conference 10<sup>th</sup> March 2018;
- use of a modified Friends and Family Test

The key learning from the various sources was

- Families value and respect the services they receive; SLT staff are held in high regard;
- Waits for services in general are too long;
- There is low confidence in the design of the packages of care (in so much that they are resource constrained);
- The service advice line and is both highly valued (speed of access to therapist and useful input) and in equal measure believed to be a device to restrict access to services by adding in a further step to the process;
- Communication with settings is unpredictable – each operates differently and no one way will ensure that the right person in the setting receives the information that is being sent;
- There is not confidence in the EHCP process to deliver the right assessment and outcomes for children;
- The lack of a cohesive approach to creating good communication environments in schools fundamentally undermines the strive to implement a balanced system approach;
- SENCos and other staff from educational settings believe that changes to process are cynically designed to restrict access to services;
- The anxiety caused to parents when their child is discharged following a package of care;
- The “listening events” are the most productive way to identify how well things are working for stakeholders and develop shared understanding of the challenges and opportunities in the whole system.