Norfolk Health Overview and Scrutiny Committee
7 September 2017
Item no 6

Children's speech and language therapy

Suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager

A report from commissioners on access to and waiting times for children's speech and language therapy (SLT) in Norfolk.

1. Introduction

1.1 Norfolk Health Overview and Scrutiny Committee (NHOSC) added 'Children's speech and language therapy' to its forward work programme in February 2017, following concerns raised by a Member about waiting times.

1.2 NHOSC last looked at the subject in committee in 2009, following an in-depth scrutiny review. At that stage Norfolk County Council was moving towards picking up the full cost of providing speech and language therapy for children who had a need for it identified in their Statement of Special Educational Needs (SEN). Additional Speech and Language Therapists had been recruited, there was an increase in the number of children receiving treatment, a reduction in the number waiting and in the length of time they were waiting.

1.3 In a final briefing to NHOSC in January 2010 it was reported that the SLT service for NHS Norfolk Primary Care Trust's area was seeing approximately 90% of referred cases for a first appointment within 10 weeks. This compared with May 2008 when more than half of patients waited more than 10 weeks for their first assessment. The service teams' workload was decreasing, and this was attributed to improved clinical decision taking around discharge to ensure that cases were closed promptly but without risk to children's progress.

2. Purpose of today's meeting

2.1 The commissioners of SLT services for Norfolk, including the central, west and Great Yarmouth areas, have been asked to report to today's meeting with the following information:-

1. A description of the current commissioned service i.e.
    a. when did the current contracts start and when do they finish;
    b. who commissioned them and the proportion of funding from each party;
    c. the commissioned capacity (i.e. how many children are they expected to see);
    d. who are the providers;

   e. description of the service and the type and numbers of staff involved;
   f. what is the geographic spread of the service and where are the location bases.

2. Workload – what is the current workload; the trend; comparison between commissioned capacity and actual number of referrals

3. Staffing – number and types of vacancies

4. Waiting times – from referral to assessment; from assessment to start of therapy; numbers on the waiting lists.

5. Key performance indicators (KPIs) – current performance against KPIs and trends in performance

6. Complaints / user feedback – numbers of complaints; complaint themes; user satisfaction survey feedback

2.2 Since April 2016 Norfolk County Council Children's Services and 4 of the 5 CCGs in Norfolk (all except for Great Yarmouth and Waveney CCG) have jointly commissioned an integrated speech and language therapy service. They have a Section 75 agreement and a pooled fund which covers the contract from 4th April 2016 to 31st May 2020.

2.3 The service area for the Norfolk County Council educational element of the service is Norfolk-wide, including Great Yarmouth, but the health element of the service does not include Great Yarmouth (& Waveney). The provider for the NCC & 4 CCG Integrated SLT service is East Coast Community Healthcare (ECCH). ECCH is also the provider for the health element of service for Great Yarmouth and Waveney, but under a separate contract with GY&W CCG which started in 2011 and expires in 2019.

2.4 The 4 CCGs and Norfolk County Council Children's Services have provided the report on the integrated SLT service for their area (attached at **Appendix A**) and representatives will attend to answer Members' questions.

Great Yarmouth and Waveney CCG has provided the report on the health element of the SLT service provided in its area (attached at **Appendix B**) and a representative will attend to answer Members' questions.

2.5 Family Voice, a local voluntary organisation which aims to improve the lives of disabled and SEN children and their families, has provided a report based on experiences of the service. The report, which reflects the views of 70 respondents to an online questionnaire during the summer months, is attached at **Appendix C**. SLT services are provided to approximately 2,569 children across Norfolk & Waveney (579 in Great Yarmouth and Waveney; 1990 in the rest of Norfolk).

The Family Voice report also includes key messages and practical pointers on how the service could be improved.

3. **Suggested approach**

3.1 After the CCGs' representatives have presented their report, Members may wish to discuss the following areas:-

(a) The CCGs (excluding Great Yarmouth & Waveney) report at Appendix A acknowledges that there were some difficulties with the transition to the new integrated SLT service in April 2016, which led to increased waiting times. Waiting times have been reducing and were close to target in the first quarter of 2016-17. Are the CCGs and provider confident that the target will be met in quarter 2?

(b) The model for the integrated service moves away from specialist provision provided through a centralised clinic based system to one where services are provided more locally to a child's home or educational setting to minimise disruption to the child or young person's learning. It includes support and development for parents and the wide range of professionals who work with children with speech, language and communication needs in order to provide more consistent support for the child.

What is the provider's and the commissioners' assessment of the success of this model to date in central & west Norfolk?

(c) By agreement the new integrated service in central & west Norfolk did not start to deliver wider workforce development sessions during the first 6 months of the new contract. Now that wider workforce development is being delivered, how well has this approach been received by schools and other organisations?

(d) Great Yarmouth & Waveney CCG's report (Appendix B) says that the service in its area is very similar to the integrated service commissioned in the rest of Norfolk, but it is not an integrated service. How does the health-funded service in Great Yarmouth and Waveney work with the local authority and schools?

(e) Family Voice's report (Appendix C) reflects concerns that children are too quickly discharged from the service and on re-referral they have to join the end of the waiting list. What is the rationale for the system?

(f) Family Voice's report reflects some parents' dissatisfaction with the level of service provided and has raised a question of whether the new integrated service is a consultation service or a therapy service? How do the commissioners see it?

4. Action

4.1 Following the discussions with representatives at today’s meeting, Members may wish to consider whether:-

(a) There is further information or progress updates that the committee wishes to receive at a future meeting.

(b) There are comments or recommendations that the committee wishes to make as a result of today’s discussions.

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Report produced by the Commissioners and Provider of the Integrated Speech and Language Therapy Service for Children and Young People (CYP) 0-19 Years for presentation to the Norfolk Health Overview & Scrutiny Committee (NHOSC) on 7th September 2017

Representing the commissioned Integrated Speech and Language Therapy Service

Nicki Rider	Senior SEND Manager	Education High Needs SEND Service, Children's Services, NCC
Karin Bryant	Assistant Director of Clinical Commissioning	NHS Norwich CCG, also representing: • NHS North Norfolk CCG • NHS South Norfolk CCG • NHS West Norfolk CCG
Louise Denby	Deputy Director Health Improvement & Children's Services	East Coast Community Healthcare (ECCH)

Background

In line with the recommendations in the Children and Families Act 2014, Norfolk County Council (NCC) and health commissioning partners (NHS North Norfolk CCG, NHS South Norfolk CCG, NHS West Norfolk CCG and NHS Norwich CCG) have jointly procured and commissioned an Integrated Speech & Language Therapy service. As part of this collaborative process, Family Voice Norfolk and Service Users were involved in the commissioning of the Service.

NCC led a review during 2015 and together with the local data and feedback from local consultation and engagement, which resulted in the SaLT Needs Analysis being published in April 2015 (and updated July 2015). Family Voice, Families, Users (ie children and young people) and Professionals were widely consulted with the resulting feedback being considered and incorporated in the development of the Specification.

The service areas for the NCC educational element of the service is Norfolk-wide (including Great Yarmouth) and replaces the previously separately funded functions of the Early Years Team and Education Inclusion Service at NCC (delivered by both East Coast Community Health (ECCH) and Norfolk Community Health & Care (NCH&C). The health element of the service is for those areas of responsibility covered by NHS Norwich CCG (NCCG), NHS North Norfolk CCG (NNCCG), NHS South Norfolk CCG (SNCCG) and NHS West Norfolk CCG (WNCCG) which was previously separately commissioned and funded by the four CCGs from NCH&C

The Integrated Speech and Language Therapy Service (SaLT) is for children and young people (CYP) to the age of 19.

NHS Great Yarmouth & Waveney CCG (GY&WCCG) decided to not participate in the joint commissioning exercise so this report does not cover the health element of service for GYWCCG. For information the population of GYWCCG also receive health funded SaLT from ECCH.

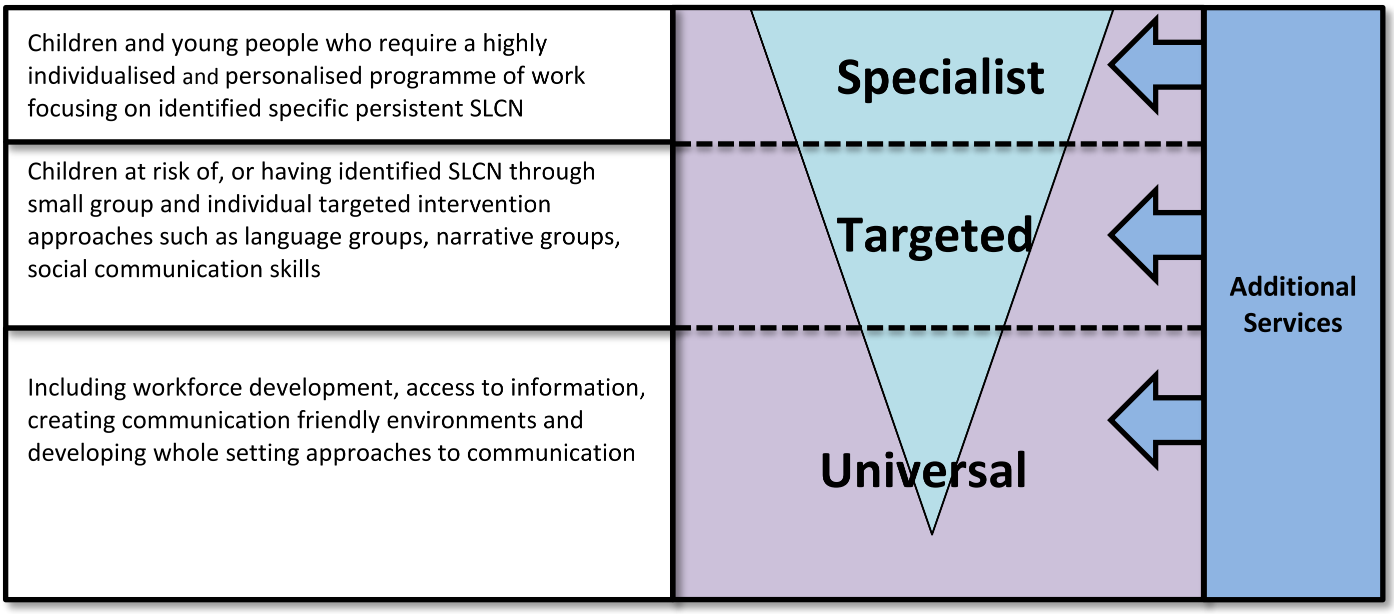
To support the joint commissioning arrangements, a formal Section 75 agreement has been agreed between the Commissioning Partners This requires all Partners to pay into a Pooled Fund which covers the contract length from 4th April 2016 to 31st May 2020 with an option to extend for a further 24 months to 31st May 2022.

The new service model

The new service is significantly different from that previously commissioned. To meet the service specification, ECCH has been required to reshape the way services are organised and delivered. The service inherited from previous Provider had been the subject of earlier NHOSC presentations and CQC report published September 2014.

The development of the new service model is based upon the whole system approach to Speech Language & Communication & Needs (SLCN) as described in:

https://www.rcslt.org/speech_and_language_therapy/commissioning/better_communication
This approach recognises that achieving the best possible outcomes for children with SLCN is dependent upon all those involved in a CYP's life. The provision of SaLT is only one element of the Speech, Language and communication Needs (SLCN) system. The services that have been commissioned through this contract fit into the wider system as below:



Children and young people who require a highly individualised and personalised programme of work focusing on identified specific persistent SLCN

Children at risk of, or having identified SLCN through small group and individual targeted intervention approaches such as language groups, narrative groups, social communication skills

Including workforce development, access to information, creating communication friendly environments and developing whole setting approaches to communication

🟦 East Coast Community Healthcare local service offer
🟪 Services and support provided by the wider children’s workforce and families
🟦 East Coast Community Additional Service, purchased directly by families and or setting

Key elements of the new service provision that have been implemented since April 2016 are

- Supporting prevention and early identification through the introduction of quick and easy access for preschool children to qualified speech & language therapist via drop-in sessions in community venues;
- A single point of access for parents and professionals;
- A service advice line for parent and professionals
- Development and delivery of wider workforce training that will support those working with CYP with SLCN;
- A move away from specialist provision being provided through a centralised clinic based system to one where the services can be provided more locally to child’s home or educational setting;
- Increased support to deaf resources bases;
- Improved description of the service contribution to the Local Offer based upon clinical pathways and applied equitably across the county;
- The development of additional cost effective services for purchase by families or schools to enhance the Local Offer.

Transition to the new model of service

Following the award of the contract the new provider had a period to support mobilisation of the new service starting on 4th April 2016. At the point of transition the single point of access was operational and children on the previous Provider’s caseloads were transferred. There was a month’s delay for transfer of children with paper records in Thetford who were previously supported by the West Suffolk Hospital. The process to transition those children already on the caseload was significantly more complex than had been envisaged by the new provider i.e.

- there were a number of families who were dissatisfied both with the length of time they had already waited for service and the total volume of service delivered by the previous provider;.
- the impact of the new ways of working upon staff was underestimated. The result was that it took two months for new communication referrals to start to be seen [urgent eating and drinking referrals continued to be seen throughout this period]. This was in addition to the new referrals held by the previous Provider from the 1st of March 2016;
- the workload from the new single point of access and advice line required far more clinical input than had been anticipated as both families and professionals made enquiries about children already on the caseload;
- the format of the electronic clinical system was not sensitive enough to enable accurate reporting against the service specification;

Although there was a high degree of engagement from both commissioners and the provider the scale of the change demanded in year one of the contract means that the provider has struggled to meet the stakeholders expectations of immediately improved services. It has taken until the start of Quarter 4 for all of the principal elements of service and reporting to be in place. The commissioners have monitored the provider’s progress closely throughout this period and have been supportive of the actions that have been taken.

Staffing in the new service

The new service model demanded a change in the make-up of the provider’s workforce – to support a more local delivery of specialist therapy and the provision of the new pre-school drop-in service. The staff group were TUPE transferred to the provider and were subject to Agenda for Change conditions of service and workforce development is undertaken within these constraints. Throughout Year one of the contract service capacity was reduced due to a number of cases of long term staff sickness.

The prime workforce objective for year one has been a cultural one. That is changing the way the service is delivered and this has proved a significant challenge. To achieve both improved equity of provision (volume) across the geography of Norfolk and improved consistency between practitioners has involved the development and testing of new teams and locations for the delivery of services. The scale of impact has been significant in relation to their day to day practice.

Now there is a normal level of staff turnover and when the provider advertised it has been successful in attracting good quality candidates. There are no long term vacancies.

The link between staff bases and service delivery has been broken with the implementation of this service specification and improved mobile working. Teams have been built around groups of school clusters to ensure that there is a balanced provision across the county with provision of a named Therapist allocated to each Cluster and each Complex and Special Needs Schools. During the transition phase staff moved to new administrative bases across the county. These moves enabled the new elements of service to be introduced equitably and make the move away from a clinic based service. It is anticipated that team size, supervision structures and administrative bases will continue to evolve adapting to changing demand.

Service Delivery

Due to the scale of change in service commissioned, Year one of the contract was planned to be one of transition and benchmarking. Volumes in the key areas of service have been:

Drop- in service

Drop-in services for preschool children are a new element of service. 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 closer 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 Service provides a dynamic and flexible response to changing demands and 195 drop-in sessions were provided in Year 1 to reflect needs.

Service Advice Line and referrals

A telephone advice line was included in the specification as a direct result of engagement with families before procurement. . This service is used by families and professionals. The volumes are much higher than anticipated at the time of the award of the contract; it receives on average 480 calls a month.

Of those 480 calls, an average of 277 per month become a referral. The total number of telephone referrals from July 2016 to March 2017 was 2,492. Of these, 73% have received a telephone consultation with a therapist within three working days. Capacity exists for 98% of telephone consultations to take place within target however some referrers' chose consultations times beyond 3 days as this more convenient to them.

Workforce development sessions

50 workforce development sessions are contracted for. During the first two quarter transitional period by agreement no sessions were provided. In third and fourth quarters the contracted volumes were provided and arrangements are in place for contracted volumes to be delivered in year 2.

Deaf Resource Bases (DRBs) and Specialist Resource Bases (SRBs)

Previously input to the deaf and specialist resource bases was not ring fenced or provided equally across the county; in the new service the provision has been defined. The service now provides 4.5 days per week across the 3 DRBs with a further 7 days of support in mainstream schools spread across the whole of Norfolk. The distribution of this resource has been directed through the Virtual School (Sensory Support). In addition 2.5 days per week is provided to each of the Speech and Language SRBs.

Waiting Time

There is a Key Performance Indicator (KPI) included in the contract which requires 95% of CYP to receive their first SaLT intervention within 18 weeks of referral.

There were some significantly long waits during the period of transition and there were a number of complaints associated with this. However performance has improved. In Quarter 4 2016/17, the percentage of children seen within the 18 week standard was 83%. Of the completed waits in this period 56% were seen within 3 weeks. In Quarter 1, 2017/2018 the percentage of children seen within the 18 week standard was 87%. For the month of June 2017 Referrals saw a further improvement of 93% showing consistent improvement over the course of the contract.

On commencement of the new Integrated SaLT Service for CYP on 4th April 2016, there were 805 CYP receiving care in addition to 4000 children known to the service (either waiting assessment or review).

At the start of year 2 (April 2017) the provider has reported there are 1,990 children receiving care (1,137 CYP receiving care in the community and 407 being supported in complex needs schools) and 1097 waiting assessment.

As at 01 04 2017

	Active	Waiting (within the allowed Contracted Period)	Total
Pre school	937	703	1640
School age	1053	394	1447
Total	1990	1097	3087

Performance

A Monitoring, Evaluation and Reporting (MER) Framework is in place with Key Performance Indicators (KPIs) measuring performance against KPIs and identifying trends in performance.

For Year 1, the Service was measured through 11 KPIs with sub-sets for Quarterly Reporting plus 10 MERs with sub-sets with Annual Reporting. For Year 2, the MER Framework was informed by Year 1 Performance and Year 2 Measures subsequently agreed through an evidential and achievable approach.

Compliments and Complaints [MER 10] (End of Year 1 Report)

There has been a period of challenge with introducing the new service, particularly during the first 9 months of the contract. The change in service model and provider introduced a level of uncertainty and concern for families and professionals referring into the service which resulted in the increase of calls with expression of concern.

A number of themes emerge from an analysis of the various pieces of feedback that have been received. This feedback has come via:

- Formal complaints
- Formal compliments
- Informal issues and compliments received via PALS
- Friends and Family Test
- ECCH website
- Twitter
- Norfolk Healthwatch website

Positive observations (Appendix 1) and areas for improvement (Appendix 2) identified are used at monthly Service Assurance Meeting, Team Leader meetings and Locality Team Meeting to inform and develop service through lessons learnt, service action plans and identifying what is working well.

While undoubtedly there remain pressures within the service as due to demand, by the end of Year 1 balance between formal complaints and compliments was 22 to 48, (Appendices 3, 4, 5, and 6).

The Service strives to meet children's needs and the expectations of the adults that care and support them. The Service hope to maintain the positive ratio between compliments and complaints.

In Year 2, the Service plan to distribute a modified friends and family test which is able to gather more specific information, tailored to the MER requirements (Appendix 7) [MER10]. This approach will limit the number of times Service Users are approached in seeking similar information.

Appendix 1: Compliments and positive feedback summary

Theme	Detail	Example feedback comment received
Communication	• Clear information provided to parents	*The assessment was thorough and helpful information sent through quickly.*
	• Quick response to emails correspondence	*Quick responses to emails.*
	• Quick receipt of report	*We received a report very quickly.*
	• Involvement of parents	*They liaised and checked everything with me first*
	• Useful information	*A good amount of time is spent with the child and good feedback given to parent.*
	• Provision of clear information	*Information was clear and understandable and gave good advice to help me help my son.*
	• Thorough explanations	*My child enjoyed it and received very thorough explanation analysis.*
Service processes	• Efficient	*I find your services very fast and efficient*
	• Drop in provision	*We had excellent service when we visited the drop in centre*
	• Drop-in organisation	*Very organised system to check us in.*
Quality	• Inspired confidence	*Outstanding care and expert help always received by all staff*
	• Helpful advice	*the advice and guidance is brilliant and really helps*
	• Good follow up to discussion	*Also everything that was talked about was followed up.*
	• Individualised care	*The intervention they have planned is appropriate and personal to him*
Staff	• Professionalism	*They are friendly and professional. My child felt comfortable when we have a session.*
	• Staff listened	*The Therapist was very communicative and listened to my concerns*
	• Friendly and caring staff	*She was professional but very caring*
	• Good attitude of staff	*Nice speech therapist not condescending like some people can be.*

Appendix 2: Areas for improvement, lessons learned and actions arising from complaints

Theme	Detail	Example comments	Lesson learned and Actions taken
Communication	Returning calls	*…and no one called me back !!*	This is a difficulty with the telephone advice line in Q1 and Q2. We have since put in a more robust process to ensure enquiries are responded to within 48 hours, see appendix
	Need for re-referrals	*My child had to wait so long for this appointment and now been discharged how every I feel that he should not of been*	This is a key element of the service however, therapists however have received advice to ensure parents/carers and professional are aware that children may be re-referred for further advice. Anecdotally Families new to the service accept this approach more easily that those who had previously accessed the former service.
	Access to therapist	*The call centre not great, sometimes you need to speak to actual speech therapists.*	We are now confident that enquiries are received and a therapist will contact a caller within 48 hours of an enquiry being made. This ensures that within 2 working days a therapist is able to provide advice for a child known to the service.
Service processes	Inconsistent therapist	*We have had 5 therapists in 3 years!*	This was particularly due to the need to see children in a timely way, as soon as possible after transfer. Th new service was commissioned and the change in staffing structure to provide locality based provision rather than cluster based provision
	Waiting time for assessment	*The overall time frame is too long.*	This has reduced significantly over the course of Y1. Please see KPI data

	Drop-in – time management	*I would have preferred more time/attention given to assessing my child and less to listening to what I thought.*	We have amended the drop in poster to more closely reflection that screening/informal assessment that is carried out at Drop-in rather than a full assessment. This will enable parents to understand the role this aspect of our service involves
Quality	No interested in specific cohorts of children	*you are uninterested in supporting children with long term and complex conditions - They do not reflect positively to your stats.*	We have been unable to respond to this anonymous feedback directly. However the Providers' local service Offer reflects the higher level of need that children with more complex needs have
	No new advice provided	*I am sure that my child would have benefitted from some focussed SALT. It will be down to funding, no doubt, that my child was discharged and I was told that my child will develop in time. I was told to repeat back…something I've done for 4 and a half years.*	We have invested time over the past year in working with therapists to be able to convey the focus on upskilling others in the child's life and the benefits this brings.
	Level of support offered	*no support offered - Just suggestions to class teacher of 31 children to offer him 1:1 chat.*	Following this element of feedback we will ensure not only that school have the appropriate knowledge and skills to carry out intervention plans but this is communicated to parents/carers to provide reassurance that their children's needs are being met

Appendix 3: Complaints by type

	Type of complaint					
Month	Consent Confidentiality, Communication	Delay in appointment	Delay in treatment	Patient Info, records, documents results etc	Treatment	Total
Apr			1			1
May		1	1			2
Jun			2			2
Jul		2	1			3
Aug				1		1
Sep			1		2	3
Oct			2			2
Nov		1	1			2
Dec					1	1
Jan			2			2
Feb			1		1	2
Mar	1					1
Grand Total	1	4	12	1	4	22

Appendix 4: Friends and Family Test

Month	Extremely Likely	Likely	Neutral	Unlikely	Not at all likely	Don't know	**Total Responses**	**% +ve**
Apr	7	5					12	100%
May	3	2					5	100%
Jun	2	1					3	100%
Jul	4						4	100%
Aug	4	1			1		6	83%
Sep	1						1	100%
Oct		1					1	100%
Nov	10	1					11	100%
Dec	24	10	2	2			38	89%
Jan	20	2	1		1		24	92%
Feb	14	5	2		1		22	86%
Mar	21	9	4	1	3		38	79%

Appendix 5: Number of Compliments Received

April	May	June	July	August	Sept	October	Nov	Dec	January	Feb	March	Total
0	0	0	0	0	3	2	7	5	9	14	8	**48**

Appendix 6: Informal issues raised via PALS

Month	Issue for resolution	Advice and information	Feedback	Other	Grand Total
Apr	3	1			4
May	7	1			8
Jun	8	1			9
Jul	16				16
Aug	2			1	3
Sep	2				2
Oct	4	1			5
Nov	6	2	1		9
Dec	6		2		8
Jan	11	1			12
Feb	6	1	2		9
Mar	14	2	2		18
Grand Total	85	10	7	1	103

NHS

Appendix 7: Patient Satisfaction questionnaire

Patient Satisfaction Questionnaire – Children's Speech and Language Therapy

We would love to hear what you think about us! Please take a few minutes to complete this form and tell us what we did well and what we need to do better. It will help us to continually improve our service.

I am a …… (please tick)

O parent **O** education professional **O** health professional **O** other ☐

I accessed the service in the following ways ……. (please tick all that apply)

O drop in clinic **O** telephone appointment **O** home appointment **O** school/nursery appointment **O** other appointment

I accessed information from Speech and Language Therapy in the following ways …… (please tick all that apply)

O drop in posters **O** service website **O** leaflets/handouts **O** alternative website **O** telephone advice

		Please tick (✓)		**Comments**
		Agree	**Disagree**	
1.	The Speech and Language Therapy team member was professional and polite			
2.	I had confidence and trust in the staff seeing my child			
3.				
4.	I was offered a choice of where my child was seen, e.g home, school, nursery			
5.	I was involved in supporting my child's speech and language therapy			
6.	I was informed of decisions about my child's speech and language therapy			
7.	The Speech and Language Therapist/Team member provided advice in a way that I could understand			
8.	The support my child received was effective			

Please return to: Speech and Language Therapy, East coast Community Healthcare, Shrublands Health Centre, Magdelen Way, Gorleston, Norfolk NR31 7BP

Appendix 8

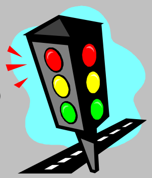
MONITORING, EVALUATION AND REVIEW - KEY PERFORMANCE INDICATORS. All KPIs should be reported on a monthly basis (with KPI 9 is reported monthly, quarterly and annually) plus a selection of indicated MERs also reported on a monthly basis.

YEAR 1 - 2016 -2017 Area for MER: The Educational provision of the service shall be available for all children aged 0-19 with a Speech and Language need, residing or attending a setting in the geographical area of Norfolk (including Great Yarmouth area). The Health provision is for all areas in Nofolk except the Great Yarmouth area. All measures must be separated between Norfolk County Council and the four CCG areas (Norwich CCG, North Norfolk CCG, South Norfolk CCG and West Norfolk CCG).

R Not within tolerance of target (more than 5%) *(Red)*

A Within tolerance of target (5%) *(Amber)*

G Meeting or exceeding target *(Green)*



For each and every dataset which scores a Red or Amber performance rating, please detail the actions being taken to improve performance.

Targets Source: Service Specification for the Integrated Speech & Language Therapy (SaLT) Service for Children & Young People aged 0-19 Years

Provider Name or Establishment: East Coast Community Healthcare (ECCH)

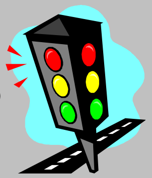
Submission Terms: All KPIs should be reported on a monthly basis

KPIs FOR SERVICE PERFORMANCE FOR NORFOLK CHILDREN WITH A SPEECH & LANGUAGE NEED	KPI	Denominator	Numerator	ECCH Commentary	Accumulative Total
Number of Drop ins held (Advice & Support Drop-in's enabling open access for assessments)	**KPI 1**	Number of Drop in each period (location). 12 per year across the 5 x 12 = 60 sessions	Jan / Feb / Mar / Apr / May / Jun / Jul / Aug / Sept / Oct / Nov / Dec (Jan-Mar scored through for 1st year only as Service commencing April 2016)	There is significant over performance against this KPI. It has been recognised that the contracted figure was set too low in Y1 and that current levels are appropriate (Y2 planning meeting and Q3 review mtg).	**195**
Number of Workforce Development Sessions undertaken in Settings, Localities and Clusters (Refer to Definition for explanation of Workforce Development)	**KPI 2**	Minimum Number of Sessions x 50 supporting Early Years Settings, Localities and Clusters (in lowest performing areas through targeted approach) - by Source and Count of numbers that have been trained.	Jan / Feb / Mar / Apr / May / Jun / Jul / Aug / Sept / Oct / Nov / Dec	The first 2 quarters of the year were a transitional period. By end of year 26 courses have been delivered by year end (52%) of courses will be have been delivered 8% higher than predicted at the end of Q3.	**26**
SaLT Attendance at NCH&C and ECCH hosted ASD assessment panels o 80% first quarter of year 1 of contract o 100% from second quarter of year 1 of contract	**KPI 3a**	Number of ASD panels in the month	Number attended in the month	The one non attendance in Q4 was a result of unplanned carer's leave request.	**80%**
Appropriately trained SaLT professionals to contribute to delivery of EarlyBird, EarlyBird+ and Cygnet. (Courses lead by Health)	**KPI 3bi**	Number of EarlyBird training courses commenced. Split by numbers of Starters in the Month and number of Courses commencing in the month	Number of Parents completing the course - number of courses, number of parents started, number of courses and number of parents completed at end of course duration - completion ratio.	*No courses for this period Quarterly reporting of retention rates are problematic because the courses do not neatly fit into a monthly cycle. It has been agreed that annual report over attendance and retention is made and includes a commentary on course feedback. A quarterly report on the number of families waiting for a course could be made in Y2.	**Completion Ratio** **Parents: 39:35** **Children 9:8**

MONITORING, EVALUATION AND REVIEW - KEY PERFORMANCE INDICATORS. All KPIs should be reported on a monthly basis (with KPI 9 is reported monthly, quarterly and annually) plus a selection of indicated MERs also reported on a monthly basis.

YEAR 1 - 2016 -2017 Area for MER: The Educational provision of the service shall be available for all children aged 0-19 with a Speech and Language need, residing or attending a setting in the geographical area of Norfolk (including Great Yarmouth area). The Health provision is for all areas in Nofolk except the Great Yarmouth area. All measures must be separated between Norfolk County Council and the four CCG areas (Norwich CCG, North Norfolk CCG, South Norfolk CCG and West Norfolk CCG).

R	Not within tolerance of target (more than 5%) *(Red)*
A	Within tolerance of target (5%) *(Amber)*
G	Meeting or exceeding target *(Green)*



For each and every dataset which scores a **Red** or **Amber** performance rating, please detail the actions being taken to improve performance.

Targets Source: Service Specification for the Integrated Speech & Language Therapy (SaLT) Service for Children & Young People aged 0-19 Years

Provider Name or Establishment: East Coast Community Healthcare (ECCH)

Submission Terms: All KPIs should be reported on a monthly basis

	KPI 3bii	Number of Cygnet courses commenced during the Term with number of starting Parents. Split by numbers of Starters in the Month and number of Courses commencing	Number of Comleters and the Number of Courses completed at end of Course duration	Removed	**0**
	KPI 3biii	Number of EarlyBird+ training course commenced in the month during the Term with number of starting Parents. Split by numbers of Starters in the Month and number of Courses commencing	Number of Comleters and the Number of Courses completed at end of Course duration	Removed	**0**
100% 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	**KPI 4a**	The number of EHCPs transferring from statement that require SaLT input	SaLT advice is received within 6 weeks of request in 100% of EHCPs transferring from statement and provided to the LA in the specified format.	*No requests received No requests have been formally received to suuport conversion of statements in EHCPs however our team leaders are aware of therapists supplying reports for annual reviews which are in affect conversion to EHCP.	**50%**
100% compliance with the published Mandatory Timeframe for contributing to **NEW** EHC Needs Assessments as part of the EHCP 20 week process for requests received after 4th April 2016	**KPI 4b**	The number of new EHCPs that require SaLT input	SaLT advice is received within 6 weeks of request in 100% of new EHCPs and provided to the LA in the specified format.	The impact of improved processes has been felt with a significant imporovment in performance however demand continues to increase. In addition to the overall increase in demand across the quarter the pattern of requests is unpredictable i.e. they can come through in batches, this makes resource planning within these tight time constraints harder.	**62%**
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 (Telephone Referrals).	**KPI 4c**	Number of requests due a response within 14 calendar days	Number of requests responded to within 14 calendar days - target 100%		**53%**

MONITORING, EVALUATION AND REVIEW - KEY PERFORMANCE INDICATORS. All KPIs should be reported on a monthly basis (with KPI 9 is reported monthly, quarterly and annually) plus a selection of indicated MERs also reported on a monthly basis.

YEAR 1 - 2016 -2017 Area for MER: The Educational provision of the service shall be available for all children aged 0-19 with a Speech and Language need, residing or attending a setting in the geographical area of Norfolk (including Great Yarmouth area). The Health provision is for all areas in Nofolk except the Great Yarmouth area. All measures must be separated between Norfolk County Council and the four CCG areas (Norwich CCG, North Norfolk CCG, South Norfolk CCG and West Norfolk CCG).

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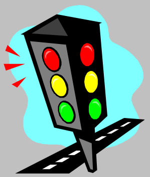
A Within tolerance of target (5%) *(Amber)*

G Meeting or exceeding target *(Green)*



For each and every dataset which scores a Red or Amber performance rating, please detail the actions being taken to improve performance.

Targets Source: Service Specification for the Integrated Speech & Language Therapy (SaLT) Service for Children & Young People aged 0-19 Years

Provider Name or Establishment: East Coast Community Healthcare (ECCH)

Submission Terms: All KPIs should be reported on a monthly basis

98% of CYP triaged will receive and be contacted by the SaLT service within 3 working days of referral	**KPI 5**	Number of referrals that require therapeutic plan	Number who are triagered will be contacted within 3 working days of referral	The telephone triage KPI assumes that all those who call want or are able to receive a call within 3 days. Many referrers have chosen to have a triage call beyond the 3 day measure. This issue has been discussed in Y2 planning and has been changed. With the consolidation of the drop in service and further clarification of referrals process we hope to see a reduction in the number of telephone referrals for pre-school children who should usualy be directed to drop-in in the first instance.	**73%**
All Written Referrals will be acknowledged within 5 working days of being received by the Service	**KPI 5.1**	Total number of Referrals	Total Number of Written Referrals will be acknowledged within 5 working days	Total number of paper referrals continues to reduce as the single point of access becomes embedded.	**78%**
95% of children and young people receive their first SaLT intervention (as per therapeutic care plan) within 18 weeks of referral to SaLT Service (Number of children and young people on the waiting list from the date of referral length of time in weeks waiting for intervention to commence, expressed as a level of need.	**KPI 6**	Number referred Example RTT report to be provided by ECCH (Referral to Treatment)	Number receiving first treatment within 18 weeks : 0-3 Weeks / 4-7 wks / 8-11 wks / 12-14 wks / 15-17 wks / 18-21 wks / 22-25 wks / 26-29 wks / 30 wks+ / Longest wait weeks / Ave wait weeks / % within 18 weeks	In Q4 the number of completed waits has significantly increased from Q3 (50%) as a result of the changes made to reporting and recording in December 2016 (as previously reported). In Q3 84% of completed referrals were within 18 weeks and in Q4 82.7% met the target. The dip performance in March is due to the loss of 1.5 wte therapists due to long term sickness.	**91%**
Percentage of children achieving a good level of development in communication and language. Evidenced at discharged as having met the goals within their intervention plan. (NB further evidence to support achievement of service specification outcomes through CYP/family/stakeholder experience which will be included in the Annual Report)	**KPI 7a**	Count of CYP discharged from Service	Using TOMS as the measurement: Number who have **completely** met their goals – should be at least 60%	The low number of goals compared to the total activity in the quarter is because this is the first time that S1 goals have been used and reported. We expected this number to significantly increase as more children reach this stage in their care.	**88%**
	KPI 7b	Count of CYP discharged from Service	Using TOMS as the measurement: Number who have **partially** met (ie at least 50%) their goals – should be at least 90%		**98%**
95% of referrals from neonatal (Acute) are assessed face to face within 2 working days	**KPI 8**	Number of Referrals	Number who have completely met their goals – should be at least 60%		**95%**

MONITORING, EVALUATION AND REVIEW - KEY PERFORMANCE INDICATORS. All KPIs should be reported on a monthly basis (with KPI 9 is reported monthly, quarterly and annually) plus a selection of indicated MERs also reported on a monthly basis.

YEAR 1 - 2016 -2017 Area for MER: The Educational provision of the service shall be available for all children aged 0-19 with a Speech and Language need, residing or attending a setting in the geographical area of Norfolk (including Great Yarmouth area). The Health provision is for all areas in Nofolk except the Great Yarmouth area. All measures must be separated between Norfolk County Council and the four CCG areas (Norwich CCG, North Norfolk CCG, South Norfolk CCG and West Norfolk CCG).

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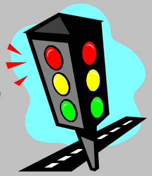

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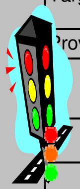
Targets Source: Service Specification for the Integrated Speech & Language Therapy (SaLT) Service for Children & Young People aged 0-19 Years

Provider Name or Establishment: East Coast Community Healthcare (ECCH)

Submission Terms: All KPIs should be reported on a monthly basis

Record the number of Tribunals per year that require SaLT input	**KPI 9**	No of Tribunals per year that require SaLT input	100% involvement in Tribunals where SaLT input is required		
YEAR 1 WILL SET THE BASE LINE THRESHOLD (DETERMINING THE DISCHARGE LEVEL). BY THE END OF YEAR ONE OF THE NUMBER OF CHILDREN WHO COMPLETE THE COURSE, 70% OF THOSE WHO FULLY ACHIEVE THEIR EKOS TARGET AT THE END OF THEIR EPISODE OF CARE	**KPI 10**	**BASELINE FIGURE: To be determined AT END OF YEAR ONE**			
Submission of the measures in the MER Framework	**KPI 11**	Report as completed on MER template (Monthly, Quarterly, Annually)	Number who have partially met (ie at least 50%) their goals – should be at least 90%		



	A	B	C	D	F	T
2	**MONITORING, EVALUATION AND REVIEW - MER MEASURES, a selection of indicated MERs are reported on a monthly basis.**	YEAR 1 - 2016 -2017 Area for MER: The Educational provision of the service shall be available for all children aged 0-19 with a Speech and Language need, residing or attending a setting in the geographical area of Norfolk (including Great Yarmouth area). The Health provision is for all areas in Nofolk except the Great Yarmouth area. All measures must be separated between Norfolk County Council and the four CCG areas (Norwich CCG, North Norfolk CCG, South Norfolk CCG and West Norfolk CCG).				
3	🟥 R Not within tolerance of target (more than 5%) *(Red)*	Targets Source: Service Specification for the Integrated Speech & Language Therapy (SaLT) Service for Children & Young People aged 0-19 Years				
4		Provider Name or Establishment: East Coast Community Healthcare (ECCH)				
5	🟧 A Within tolerance of target (5%) *(Amber)*					
6	🟩 G Meeting or exceeding target *(Green)*					
7		Submission Terms: All MER Measures reported as indicated				
8	**MER MEASURES FOR SERVICE PERFORMANCE FOR NORFOLK CHILDREN WITH A SPEECH & LANGUAGE NEED**	**MER**	**Denominator (where applicable)**	**Numerator (where applicable)**	**ECCH Commentary**	**Accumulative Total**
9	Gather profile data regarding range of activity delivered and locations drop-ins are provided in	**MER 1.1**	Number of parents/carers and professionals accessing drop-in sessions by Activity Type and by outcome of referral (ie onward assessment / signposting / strategies. This to be reported on monthly basis, broken down by location. ECCH would provide a quartly indepth report/presentation to giveinformation on activity type and referal information during monitoring meeting. across the areas.			
10	Number of parents/carers and professionals accessing drop-in sessions by Activity Type and by outcome of referral (ie onward assessment / signposting / strategies	**MER 1.2**	Number of people attending (location). 12 per year across the 5 x 12 = 60 sessions and outcomes. Breakdown of Attendees to be provided			
11	Total number of Referrals	**MER 2.1**	**Count of monthly referrals by SaLT Locality Teams (Hubs) and by Referral Source: Parent Carer , GP, School Clusters and Early Years Settings, Acute Service, Community Health and Pathways identified for each Referral and noting if NO ACTION NEEDED**	Number of referrals	The proportion of referrals for Q4 is as follows • family: 31% • health professionals :24% • other professionals: 45%.	
12	**Count of Referrals in to Service**	MER 2.2	Count of monthly referrals by source, number of referrals Screened **by School Clusters and Early Years Settings** and by Tier	Number of Referral	Overall there has been an increase in referrals in the second half of the year.	**1872**
13	Audit whether individuals were given a choice of venue (part of patient users survey as part of annual review)	**MER 2.3**	NUMBERS WILL CHANGING			

	A	B	C	D	F	T
8	**MER MEASURES FOR SERVICE PERFORMANCE FOR NORFOLK CHILDREN WITH A SPEECH & LANGUAGE NEED**	**MER**	**Denominator (where applicable)**	**Numerator (where applicable)**	**ECCH Commentary**	**Accumulative Total**
14	Evidenced discussion with local community to ensure service provision is in most appropriate locations	**MER 2.4**	Captured on post training course/drop in centres/ annual survey - annual report			
15	Count of people accessing the Advice Line	**MER 3**	Count of people accessing the Advice Line		As expected demand reflects the pattern of the academic calendar with drops in demand especially in August but also the longer Christmas break in December. The numbers are above those anticipated at the start of the contract. As our processes have become more streamlined we suspect there are fewer duplicate calls or those from parents who transferred from one provider to another and made calls seeking reassurance about future progress for their children. It is encouraging to know that this service is both known about and readily accessed.	**5761**
16	Proportion of initial contacts for children under 12 months versus over 12 months of age relating to eating and drinking **(DYSPHAGIA)**	**MER 4.**	Count of under and over 12 months			**251**
17						**90**
18	PROFILE REPORT BY CYP ACCESSING SALT SERVICE UNDER 12 MONTHS BY IDENDIFIED NEED and CLINICAL CARE PATHWAY:	**MER 4.1**	COUNT OF PATIENT AND THEIR EPISODES OF CARE		The profile is as expected as the primary need for children under 12 months is dysphagia. The only other child likely to be seen under 12 months are those with an identified hearing impairment and/or cleft palate.	**72**

	A	B	C	D	F	T
8	**MER MEASURES FOR SERVICE PERFORMANCE FOR NORFOLK CHILDREN WITH A SPEECH & LANGUAGE NEED**	**MER**	**Denominator (where applicable)**	**Numerator (where applicable)**	**ECCH Commentary**	**Accumulative Total**
19	NUMBER OF CLINICAL CARE PATHWAYS ACCESSED BY CYP AT THE POINT OF DISCHARGE	**MER 5.1**	Number of CYP requiring Specialist Therapy Interventions	The numbers of multiple Specialist Interventions delivered to an individual child	At the point of discharge 94% of children accessed a single clinical pathway. Multiple pathways will only be accessed by children with a communication need. If a child is seen for dysphagia and communication this is managed as two referrals and not pathways.	**1549**
20	ANNUAL CASE STUDIES TO CAPTURE THE VALUE OF THE STRATEGIES AND WORKFORCE INTERVENTIONS CARRIED OUT WIDER WORKDER ACROSS SERVICE AREAS. Providing Assurance that effective Transition in place – for example between Settings, Schools, SRBs and Adult Services. Documentary evidence of process in place at mobilisation	**MER 5.2**	ANNUAL CASE STUDIES TO CAPTURE THE VALUE OF THE STRATEGIES AND WORKFORCE INTERVENTIONS CARRIED OUT WIDER WORKDER ACROSS SERVICE AREAS - EY, CLUSTER, SPECIAL & COMPLEX NEEDS SCHOOLS, AND SRBS (SLCN AND DRB)	MINIMUM OF 4 CASE STUDIES PER YEAR ACROSS THE MIX ACROSS THE SALT LOCALITY. AS PART OF THE END OF YEAR REPORT.		
21	Number of CYP who did not attend (DNA) the scheduled intervention	**MER 5.3**	STANDARD NHS POLICY RE ON 3RD COMMUNICATIONS THE REFERRAL IS RELEASED AND SAFEGUARDING ISSUES HIGHLIGHTED	STRAIGHT COUNT OF DNA	he DNA rate continues to be low 1% over the full year. We believe this is due to the flexible way in which we offer appointments at a choice of locations and to meet the individual child's needs wherever possible.	**1%**
22	Captured as part of Feedback form, demonstrate the range of access to provision available during for the interim period between Referral and Initial Assessment (Offered Referral Packs, access to Drop in, Group Sessions). Will be captured as part of the Patient Satisfaction Questionnaire.	**MER 5.4**	ECCH to demonstrate that range of support and also Triage process will provide assurance to the Commissioners			
23	Number of practitioners/settings attending training delivered by SaLT Team	**MER 6.1**				**589**
24	REPORT Of sessions provided to specialist provision (e.g. SRBs and Complex Needs Schools)	**MER 6.2**				
25	Impact of training (Measurement of practitioner's confidence): Number of delegates reporting increased confidence in supporting children post training.	**MER 6.3**				
26	Evidence of setting development (within setting action plans) - Case Study provided by each Setting that has received direct support	**MER 6.4**				
27	Provision of annual specific training to Settings, Localities, Schools, Portage, HCP, DASH colleagues focusing on risk factors and early identification for SLCN	**MER 6.5**				

	A	B	C	D	F	T
8	**MER MEASURES FOR SERVICE PERFORMANCE FOR NORFOLK CHILDREN WITH A SPEECH & LANGUAGE NEED**	**MER**	**Denominator (where applicable)**	**Numerator (where applicable)**	**ECCH Commentary**	**Accumulative Total**
28	Core offer local training needs reviewed annually.	**MER 6.6**				
29	Number of workplace coaching sessions focusing on generating positive communication environments.	**MER 6.7**	ECCH will report Annually on what enhanced services have been delivered across the board including the number of workplace coaching sessions focusing on generating positive communication environments.			
30	Number of TA's, LSAs, and **Parents and Carers** being included in therapy sessions with SaLT OR SaLTA	**MER 6.8**	COUNT	Monthly Count		**1918**
31						**3704**
32	~~Audit of information sharing e.g.~~ REPORTS TO PARENTS OR SCHOOLS OR GP / APPROPRIATE REFERRAL AFTER COMPLETION OF THE INITIAL ASSESSMENT WITHIN within 2 weeks	**MER 7**				
33	Annual Report to evidence inclusion and participation in Local Communication Networks.	**MER 8**				
34	360 Annual Satisfaction Engagement (360 and subsequent Action Plan to Commissioners	**MER 9**	Annual Engagement undertaken and Action Plan (to include telephone consultation line)	1 per year = 100%		
35	There is a named SaLT for each Children's Centre Lot and Cluster Group and they are available to all the schools and early years settings and child-minders (to be evidenced in Annual Review)	**MER 10**	Early Years Settings includes 36 Children's Centre Lots & 53 individual Children's Centres and there are 46 School Clusters	Early Years Settings includes 36 Children's Centre Lots & 53 individual Children's Centres and there are 46 School Clusters		

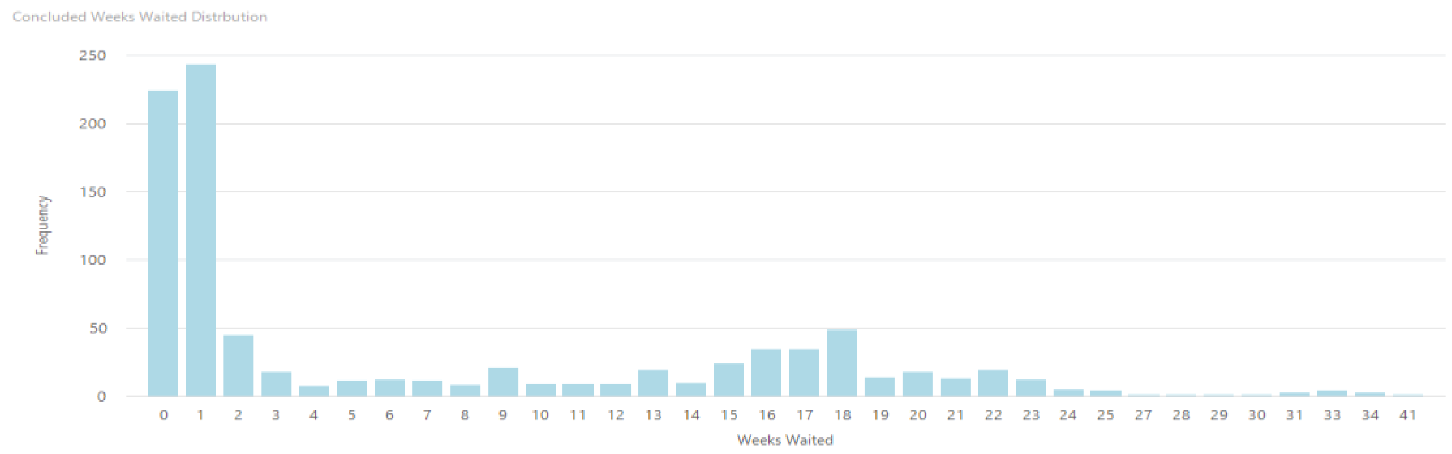
Year 2 - 2017-18, Quarter 1 (April - June) Key Performance Indicator results

KPI Ref	Description	Denominator		Numerator		Threshold	Performance	Latest Commentary
KPI 1	Number of Drop-in sessions delivered (Advice & Support Drop-in's enabling open access for assessments)	Contracted number of drop in sessions - 150 per year. This figure is calculated from the proportion of the year that has passed between 01/04/2017 and 30/06/2017	**37**	Number of drop in sessions delivered	**38**	150 per year	**103%**	Performance to plan. A new venue (Acle) will start in Q2 as a result of identifying previous unmet need. Submitted By: ECCH
KPI 2	Delivery of workforce development sessions per year (0-end of reception year)	Contracted number of workforce development sessions (50). This figure is calculated from the proportion of the year that has passed between 01/04/2017 and 30/06/2017	**12**	Sessions delivered	**12**	50 per year	**100%**	Performance to plan. All contracted Early Years sessions are programmed through to Summer 2018. Submitted By: ECCH

KPI 3a	SaLT Attendance at NCH&C and ECCH hosted ASD assessment panels as per memorandum of understanding	Number of ASD panels in period	**14**	Number attended in the period	**14**	100% Exception reporting for breaches detailing reason	**100%**	Performance to plan. Submitted By: ECCH
KPI 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	The number of EHCPs transferring from statement where SaLT advice is formally requested	**1**	SaLT advice is received within 6 weeks of request in 100% of EHCPs transferring from statement where SaLT advice is formally requested, and provided to the LA in the specified format.	**0**	100%	**0%**	There was one request during period and this missed the target by four days; we continue to investigate the root cause of the failure. Other request were received via schools and were responded to. As previously advised it is not possible to track timescales with requests received via this route. Submitted By: ECCH

KPI 4b	Compliance with the published Mandatory Timeframe for contributing to NEW EHC Needs Assessments as part of the EHCP 20 week process for requests received after 2017	The number of new EHCPs that require SaLT input	**71**	SaLT advice is received within 6 weeks of request in 100% of new EHCPs and provided to the LA in the specified format.	**61**	100%	**86%**	Of the 71 requests 2 were outside of the timescale due to parental choice; 1 request continues to be outstanding due child's on-going ill-health. 2 were not met due to staff illness and then an inability to reschedule within the time-frame. 1 breach was due to the service not receiving the request in a timely manner. 4 breaches were due to capacity demands. Over all this represents a performance of 91% within timescale for the requests that have been totally within ECCH's control. This builds upon earlier improvements since Q3 of Year 1 when internal processes were reviewed. Submitted By: ECCH
KPI 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	Number of requests due a response within 14 calendar days	**50**	Number of requests responded to within 14 calendar days - target 100%	**48**	100%	**96%**	Of the 50 requests 2 have breached due to service capacity.Submitted By: ECCH

KPI 8	98% of new patient referrals via ECCA are offered telephone assessment within 2 weeks	Number of new patient referrals via ECCA received	**276**	Number of new patient referrals via ECCA offered telephone assessment within 2 weeks of referral	**272**	98%	**99%**	Performance to plan. The revised reporting measure for Year 2 that allows more choice of appointment time for the parent/professional has seen the anticipated improvement in performance. Submitted By: ECCH
KPI 9	Children and young people will receive their first intervention within 18 weeks of referral to the SaLT service	18 Week Waits Completed	**897**	18 Week Waits Completed within 18 Weeks	**797**	92%	**89%**	Within the quarter there was a steady improvement in performance [April 75.6%; May 88.4% and June 93.2%]. Significant effort is being put into addressing the longest waits and staffing pressures in the East pending completion of a recruitment process. Submitted By: ECCH



KPI 10	Percentage of children (where service pathway is subject to EKOS) achieving a good level of development in communication and language. Evidenced at discharged as having met the goals within their intervention plan	Count of patients discharged from service where EKOS appropriate	**59**	Number who have fully met their goals at discharge	**44**	60%	**75%**	Performance to plan. The numerator for this KPI continues to grow as the total number of children for whom clinical goals have been recorded on the electronic record and have completed their package of care increases. Submitted By: ECCH
KPI 11	Percentage of children (where service pathway is subject to EKOS) achieving a good level of development in communication and language. Evidenced at discharged as having met the goals within their intervention plan	Count of patients discharged from service where EKOS appropriate	**59**	Number who have either **partially** (i.e.at least 50%) or **fully** met their goals at discharge	**53**	90%	**90%**	Performance to plan. The numerator for this KPI continues to grow as the total number of children for whom clinical goals have been recorded on the electronic record and have completed their package of care increases. Submitted By: ECCH
KPI 12	Referrals from neonatal are assessed face to face within 2 working days	Number of Referrals	**17**	Number assessed within 2 days	**15**	95%	**88%**	There were 17 relevant referrals. All bar one were seen within standard. The one breach was due to the referral being entered onto S1 when received but this predated the transfer of the child from tertiary centre to NNUH by 3 days. Once at NNUH the child was seen on the day of admission. There is one error within this data which we are discussing with our configuration team. All children were seen with 2 days of referral/admission. Submitted By:.ECCH

Year 2 2017-18 Quarter 1 April - June Monitoring, Evaluation and Review measures

MER Ref	Description	Denominator (Where Applicable)		Numerator (Where Applicable)				
MER 1	Drop-in session attendance rate	Available spaces	**333**	Attendance	**293**			
MER 2	Outcome of drop-in sessions (i.e. onward assessment / signposting / strategies)	Profile report of drop-in session outcomes		Outcomes recorded (one attendee can have multiple outcomes)	**Outcome Onward Assess**	**Outcome Sign-posting**	**Outcome Strategies**	**Outcome Other**
					80	8	168	11
MER 3	Total number of referrals	Profile report of referrals into service to include: - Count of referrals - Referral source - Referral pathway	Count of Referrals	**1305**				
			Referrals by Source					

Referral Source	**Count**	**%**
Community Team for Learning Disability	1	0%
Suffolk Childrens Services	3	0%
ENT/Audiology	4	0%
Specialist Nurse	9	1%
AHP	11	1%
Community Health Service	12	1%
Children Services Teams	12	1%
Community Paediatric Team	14	1%
Carer	22	2%
HV Team	24	2%
Acute Hospital	33	3%
Hospital Med Team	40	3%
GP Team	50	4%
Speech & Language Therapist	105	8%
Norfolk Children's Services	242	19%
Patient / Parent	343	26%
School/ Nursery/ Pre School	380	29%
Total	**1305**	

<table>
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<td>MER 3</td>
<td>Total number of referrals</td>
<td>Profile report of referrals in to service to include:-

Count of referrals
Referral source
Referral pathway</td>
<td>Referrals by Pathway</td>
<td>
<table>
<tr><th>Referral Pathway</th><th>Count</th><th>%</th></tr>
<tr><td>ASD Panel</td><td>4</td><td>0%</td></tr>
<tr><td>Assessment</td><td>94</td><td>7%</td></tr>
<tr><td>EHCP Assessment Request</td><td>52</td><td>4%</td></tr>
<tr><td>EHCP Information Request</td><td>179</td><td>14%</td></tr>
<tr><td>EHCP TransferRequest</td><td>3</td><td>0%</td></tr>
<tr><td>SLT Assessment</td><td>456</td><td>35%</td></tr>
<tr><td>SLT Childrens AAC</td><td>3</td><td>0%</td></tr>
<tr><td>SLT Childrens Cleft Palate</td><td>2</td><td>0%</td></tr>
<tr><td>SLT Childrens Complex Needs</td><td>12</td><td>1%</td></tr>
<tr><td>SLT Childrens Eating / Drinking</td><td>92</td><td>7%</td></tr>
<tr><td>SLT Childrens Hearing Impairment</td><td>3</td><td>0%</td></tr>
<tr><td>SLT Childrens Language</td><td>133</td><td>10%</td></tr>
<tr><td>SLT Childrens Social Communication</td><td>71</td><td>5%</td></tr>
<tr><td>SLT Childrens Speech</td><td>176</td><td>13%</td></tr>
<tr><td>SLT Childrens Stammering</td><td>25</td><td>2%</td></tr>
<tr><td>Total</td><td>1305</td><td></td></tr>
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		Age Group Category	Patient Count	Care Pathway	Patient Count
MER 3	**Total number of referrals**	**0 to 12 Months**	**37**	SLT Paediatric Cleft Lip/Palate	1
				SLT Assessment	1
				SLT Childrens Cleft Palate	3
				SLT Paediatric Eating/Drinking	8
				SLT Childrens Eating / Drinking	24
				Total Pathways	**37**
		PreSchool	**1620**	SLT Paediatric Selective Mutism	1
				EHCP TransferRequest	1
				SLT Paediatric Drop In - North	2
				SLT Childrens Acquired Communication Disorder	2
				SLT Childrens AAC	3
				SLT Paediatric Drop In - East	3
				SLT Childrens Cleft Palate	3
				SLT Paediatric Drop In - Central	4
				EHCP Information Request	5
				ASD Panel	5
				SLT Childrens Hearing Impairment	7
				Advice & Information	11
				EHCP Assessment Request	11
				SLT Paediatric Drop In - South	11
				SLT Paediatric Drop In - West	12
				SLT Paediatric Stammering	13
				SLT Paediatric Hearing Impairment	13
				SLT Paediatric Learning Difficulties	15
				SLT Childrens Stammering	25
				SLT Childrens Speech Disorder	25
				SLT Paediatric Cleft Lip/Palate	28
				SLT Childrens Complex Needs	31
				SLT Childrens Speech Delay	34

MER 3	**Total number of referrals**	**PreSchool**		SLT Childrens Eating / Drinking	45
				Assessment	45
				SLT Paediatric Social Communication	58
				SLT Childrens Social Communication	89
				SLT Paediatric Eating/Drinking	91
				SLT Paediatric Speech	107
				SLT Childrens Speech	145
				SLT Childrens Language	173
				SLT Paediatric Communication	302
				SLT Assessment	352
				Total Pathways	**1672**
		KeyStage1	**620**	SLT Childrens Cleft Palate	1
				SLT Paediatric Drop In - Central	1
				SLT Paediatric Drop In - West	1
				SLT Childrens Eating / Drinking	2
				SLT Childrens AAC	2
				SLT Childrens Hearing Impairment	2
				EHCP Assessment Request	2
				ASD Panel	3
				EHCP Information Request	3
				SLT Childrens Complex Needs	6
				SLT Paediatric Learning Difficulties	7
				SLT Paediatric Hearing Impairment	8
				SLT Paediatric Cleft Lip/Palate	8
				SLT Childrens Speech Disorder	11
				SLT Paediatric Stammering	12
				SLT Childrens Stammering	13
				Advice & Information	13
				Assessment	15
				SLT Childrens Social Communication	16
				SLT Childrens Speech Delay	16
				SLT Paediatric Eating/Drinking	16
				SLT Childrens Speech	38
				SLT Paediatric Social Communication	46
				SLT Childrens Language	51
				SLT Paediatric Speech	89
				SLT Assessment	106
				SLT Paediatric Communication	144
				Total Pathways	**632**

MER 4	SaLT caseload profile * Caseload active on 29/06/2017	Snap shot of service showing caseload by age group (0- 12 months, pre school, KS1, KS2, KS3 , KS4) , pathway (s) and patient count	**KeyStage2**	**420**	EHCP TransferRequest	1
					SLT Childrens Voice	1
					SLT Childrens Hearing Impairment	1
					SLT Childrens Speech Delay	2
					ASD Panel	2
					Advice & Information	2
					SLT Childrens AAC	3
					EHCP Assessment Request	4
					Assessment	5
					SLT Childrens Speech Disorder	5
					SLT Childrens Eating / Drinking	5
					SLT Paediatric Stammering	7
					SLT Paediatric Cleft Lip/Palate	7
					EHCP Information Request	8
					SLT Paediatric Eating/Drinking	11
					SLT Childrens Social Communication	13
					SLT Childrens Stammering	14
					SLT Paediatric Hearing Impairment	14
					SLT Childrens Speech	18
					SLT Childrens Complex Needs	20
					SLT Paediatric Speech	21
					SLT Paediatric Social Communication	38
					SLT Paediatric Learning Difficulties	39
					SLT Childrens Language	39
					SLT Assessment	62
					SLT Paediatric Communication	88
					Total Pathways	**430**
			KeyStage3	**175**	ASD Panel	1
					SLT Paediatric Speech	1
					SLT Childrens Cleft Palate	1
					EHCP Information Request	1
					SLT Childrens Hearing Impairment	2
					Advice & Information	2
					SLT Childrens Language	2
					SLT Paediatric Cleft Lip/Palate	2
					SLT Childrens Social Communication	3
					SLT Childrens Speech	3
					Assessment	4
					SLT Childrens AAC	4
					SLT Childrens Stammering	5
					SLT Childrens Eating / Drinking	5
					SLT Paediatric Eating/Drinking	5

MER 4	**Salt caseload profile* Caseload active on 29/06/17**	**Snapshot of service showing caseload by age group (0-12 months, pre school, KS1, KS2, KS3, KS4) pathways and patient count**			SLT Paediatric Social Communication	7
					SLT Paediatric Hearing Impairment	13
					SLT Paediatric Communication	24
					SLT Assessment	26
					SLT Childrens Complex Needs	30
					SLT Paediatric Learning Difficulties	38
					Total Pathways	**179**
			KeyStage4	**84**	SLT Paediatric Stammering	1
					SLT Paediatric Speech	1
					SLT Childrens AAC	1
					SLT Childrens Hearing Impairment	1
					SLT Paediatric Cleft Lip/Palate	1
					SLT Childrens Selective Mutism	1
					Advice & Information	1
					SLT Paediatric Voice	1
					SLT Childrens Language	2
					SLT Childrens Stammering	2
					Assessment	2
					SLT Childrens Speech	3
					SLT Paediatric Hearing Impairment	3
					SLT Childrens Eating / Drinking	3
					SLT Paediatric Eating/Drinking	3
					SLT Paediatric Social Communication	6
					SLT Assessment	12
					SLT Paediatric Learning Difficulties	12
					SLT Paediatric Communication	14
					SLT Childrens Complex Needs	17
					Total Pathways	**87**
			KeyStage4+	**63**	Assessment	1
					SLT Paediatric Hearing Impairment	2
					SLT Childrens Language	2
					SLT Childrens Stammering	2
					SLT Childrens AAC	3
					SLT Childrens Eating / Drinking	3
					SLT Childrens Complex Needs	4
					SLT Paediatric Learning Difficulties	7
					SLT Paediatric Communication	7
					SLT Paediatric Eating/Drinking	8
					SLT Paediatric Social Communication	10
					SLT Assessment	19
					Total Pathways	**68**
			Total Patients	**3019**	**Total Pathways**	3105

MER 5	Count Number of children and young people who did not attend (DNA) scheduled intervention	Appointment Count	**4616**	Count of DNAs	**111**	**2%**	

NHS
Great Yarmouth
and Waveney
Clinical Commissioning Group

Briefing for Norfolk Health Scrutiny Committee

7 September 2017

Great Yarmouth and Waveney Clinical Commissioning Group's (GYWCCG) Approach to Delivering Speech and Language Services (SALT) to Children and Young People

Our vision is to provide the best possible services, based on currently available evidence, at the earliest possible time in life, within resources available, giving value for money.

1. Introduction and Background

The Children's and Families Act 2014 places a duty on both the Local Authority and Health to have a joint approach in order to meet the needs of children and young people who have special educational needs and disabilities (SEND).

Great Yarmouth and Waveney Clinical Commissioning Group (GYWCCG) have commissioned a SALT service covering both the Norfolk and Suffolk Local Authority areas since 2011. GYWCCG choose not to jointly commission SALT with Norfolk in 2015/16 . GYWCCG did not want to de-stabilise their community provider and would have had potential inequity of provision for children and young people with one offer in Great Yarmouth and potentially a different offer for Waveney. Health funding to the service from GYWCCG has remained unchanged since the joint service across Norfolk has been introduced in April 2016.

2. Current Position

GYWCCG currently commissions a SALT service from East Coast Community Healthcare (ECCH). The service covers the GYWCCG area. Currently this is Health funded. The contract expires at the end of March 2019.

3. Service Model

The service model which has been commissioned by GYWCCG for many years is very similar to that of the new integrated service in Norfolk.

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 focus is on supporting prevention and early identification through the quick and easy access for preschool children to qualified speech and language therapist via drop-in sessions in community venues.

- A single point of access for parents and professionals has been agreed in principle
- A service advice line for parents and professionals is available.
- Training in schools is undertaken as requested and a skill mix team is in place, including clinical support workers who are able to undertake work under the supervision of a qualified speech and language therapist supporting children within schools
- SALT provision is also provided to the ‘specialist schools’ including John Grant School

Services are provided to children up to their school leaving age and can include children who have the following difficulties:

- Difficulties understanding what people say.
- Late or unusual development of spoken language.
- Unclear speech.
- Stammer
- Voice difficulties.
- Difficulties eating and drinking safely.
- Difficulties using language for social interaction purposes.

Response to the HOSC questions as detailed below. It should be noted that the following information covers both the Great Yarmouth and Waveney area as it has not been possible for this report to separate the Norfolk and Suffolk information but is something that will be rectified for future reports.

Question A) Workload – what is the current workload, the trend, comparison between commissioned capacity and actual number of referrals?

Since April 2016, the SALT service has seen a significant increase in requests for Education, Health and Care Plan assessments (EHCP) from the local authorities for both Great Yarmouth and Waveney. These requests take more than twice the time allocated for a standard assessment and currently make up on average 20% of all new referrals.

Average resource demand for new referrals:

The following resource times are estimated averages, and it should be noted that the time taken can vary significantly depending upon the individual case.

20% - EHCP – 7 hours per assessment

50% - Standard assessment – 2.5 to 3 hours

10% - Autistic Spectrum Disorder (ASD) – 3 hours

10% - Eating & Drinking (Dysphagia) – 6 hours

10% - Drop in referrals – 1 hour

Table 1: GYWCCG Speech and Language Therapy Referrals

Month of referrals (2017)	Count
February	84
March	77
April	65
May	111
June	92
July	104
Total	**533**

Based upon a 77% staff utilisation rate (allowance for holiday entitlement and standard sickness levels), this equates to a resource requirement for new referrals only of 3.3 WTE at 85% productivity.

Resource demand for specialist provision:

Hearing impairment unit – 1 day per week
Specialist resource base – 2.5 days per week (including Outreach)
Cleft palate and velopharyngeal impairment – 1 day per week
Early Bird – 0.5 days per week
Dysphagia – 5 days per week
Complex needs schools:

(Warren school (Waveney area) – 2 days per week
(Ashley school (Waveney area) – 1 day per week
ASD panel attendance – 0.5 days per week
Pre-school liaison group – 0.5 days per week

Total – 14 days = **4.2 WTE** applying the metrics as per referrals.

Active caseload resource demand:
The following table details the current caseload for Great Yarmouth and Waveney SALT (GYWCCG commissioned only)

Key Stage	Patient Count
0 to 12 Months	10
Pre-School	264
KeyStage1	180
KeyStage2	93
KeyStage3	19
KeyStage4	9
KeyStage4+	4
Grand Total	**579**

Intensive intervention – 2 hours (6 x 6 week cycle) – 72 hours x 90 (caseload) = 6500 hours per annum = **5.2 WTE**
Therapist led intervention – 4 hours x 2 per annum – 8 hours x 490 (caseload) = 3920 hours per annum = **3.1 WTE**

Telephone triage demand:

Triage for school age children (Great Yarmouth only) – 0.5 hours x 235 = 117.5 hours per annum = **0.5 WTE**

Total clinical resource demand for NHS GY&W activity:

New referrals –	3.3 WTE
Specialist provision –	4.2 WTE
Active Caseload – Intensive	5.2 WTE
Therapist led	3.1 WTE
Telephone Triage	0.5 WTE
Total	**16.3 WTE**

Question B) Staffing – number and types of vacancies?

Actual Staffing levels

Month	Actual clinical resource in post WTE
Feb-17	17.8
Mar-17	16.8
Apr-17	16
May-17	15.8
Jun-17	15.5
Jul-17	15.7
6 Month average	**16.3**

The service has been 1.0 WTE down since February 2017 as a result of a staff member taking on another role. . The vacancy has now been recruited to and we anticipate the new staff member will be in place in September 2017. The figures in the above table include approximately 0.5 WTE bank staff for the past 3 months, with the new permanent employee in place this will bring resourcing back to 16.3 WTE.

Pattern of Demand

The demand on the service fluctuates during the year based on the school calendar. Typically the school holidays see fewer referrals and more pre-school work being carried out. Peak activity is normally related to mid-autumn and summer school terms for which data is not yet available.

Complexity of Cases

Whilst the referral rate is not changing significantly, the complexity of cases is increasing.

Question C) Waiting times – from referral to assessment, from assessment to start of therapy, numbers on the waiting lists.

Waiting times

There is a Key Performance Indicator (KPI) included in the contract which requires 95% of children and young people to receive their first SALT intervention within 18 weeks of referral (see appendix one).

From referral to assessment

The time from referral to treatment over the past six months has been influenced by the vacancies and subsequent recruitment process. Any waits over 18 weeks were primarily children waiting for an assessment as part of the ASD Diagnostic Pathway. These assessments have now been completed. The service 18 week data is now on target, those CYP showing as currently waiting for 16-17 and 17-18 weeks, have had appointments booked and have been seen. GYWCCG will continue to monitor this performance and will be looking to develop a new monitoring, evaluation and performance framework with the provider in the future.

Question D) Complaints/user feedback – numbers of complaints, complaint themes, user satisfaction survey feedback

Complaints/user feedback

The service receives feedback from the following sources:

- Friends and Families test
- Complaints
- Compliments
- Patient Liaison Services (PALS)

The service strives to meet children's needs and the expectations of the adults that care and support them.

There have been no formal complaints received for the Great Yarmouth area.

There have been two PALS contacts for the Great Yarmouth area, and these have been resolved locally.

Two formal compliments were received for the service across Great Yarmouth and Waveney.

4. Next Steps

GYWCCG have recently undertaken a clinical review of SALT as the service specification requires a review (this is in the process of being written up at present). Following the outcome and recommendations of the review GYWCCG are also planning to work with both Norfolk and Suffolk Local Authorities to try to align the service specifications and reporting and performance requirements to ensure a consistent SALT offer for families across the Norfolk and Waveney area.

Patricia Hagan
Senior Commissioning Manager Children, Young People and Maternity services

Appendix 1

SaLT Health East Children - 18 Week Waits

The "weeks wait" is presently defined for community care as the time between the initial referral and the first treatment recieved by the patient. This is calculated from SystmOne by taking the difference between the "Clock Started Date" and the "Date Completed" on each 18 week wait.

Performance 95% or above	Performance below 95% but above 90%	Performance below 90%

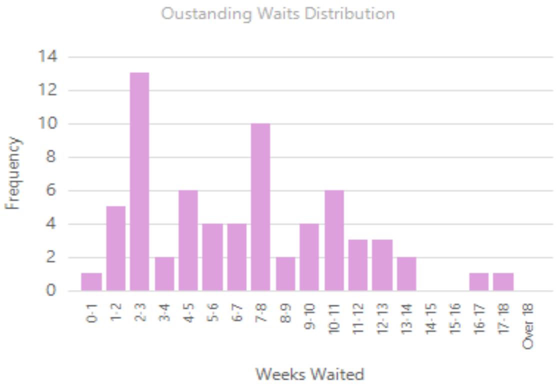
N.B. Due to the S1 unit merge in Jan 2017 in the Children's SaLT Services, HealthEast's concluded wait data is only accurate as of Jan 2017 onwards - previously the majority of these waits were recorded in a different unit which is no longer reflected on this dashboard. The outstanding wait data is accurate and reflects all of the HealthEast outstanding waits in the new unit.

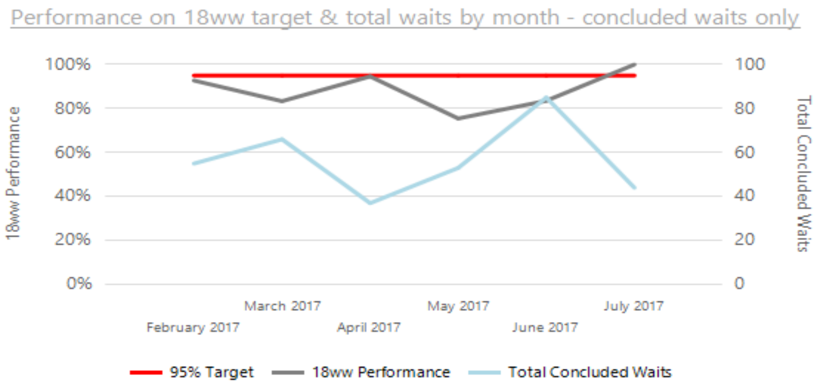
Concluded waits - last updated 02/08/2017 - this reflects data as was recorded on SystmOne at 17:18 on 01/08/2017

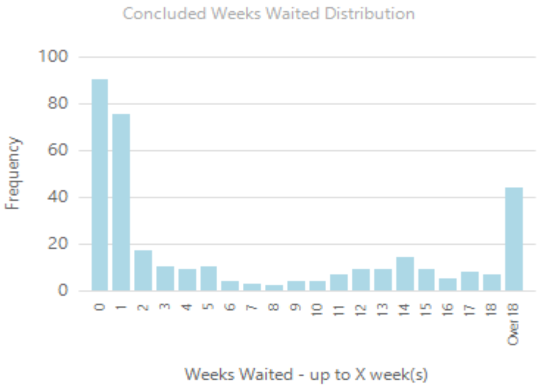
	February 2017	March 2017	April 2017	May 2017	June 2017	July 2017
Over 18 Weeks (S1)	4	11	2	13	14	0
Seen in 18 Weeks	51	55	35	40	71	44
Total Concluded Waits	55	66	37	53	85	44
Longest Concluded Wait (Weeks)	21.9	25.0	21.0	31.0	35.0	17.0
Percentage Performance	92.7%	83.3%	94.6%	75.5%	83.5%	100.0%

Outstanding waits - last updated 02/08/2017 - this reflects data as was recorded on SystmOne at 17:18 on 01/08/2017

Wait so far (weeks)	0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	Over 18
Patients Waiting	1	5	13	2	6	4	4	10	2	4	6	3	3	2	0	0	1	1	0







Norfolk CC HOSC 7 September 2017
Family Voice Norfolk consultation on Children and Young People's Speech and Language Therapy Services from ECCH

Consultation

Parents of children and young people using or wanting to use the speech and language therapy services from Norfolk were consulted via an online survey to inform this paper.

Background

Family Voice Norfolk (FVN) is a collective of parent carers from nearly 700 families across Norfolk including the Gt. Yarmouth and Waveney area. FVN has been the strategic voice of parent carers working in partnership with NCC and the CCGs since 2006. It is funded through a direct DFE grant (administered through Contact a Family) and by Norfolk County Council.

Each of our members was invited to complete a questionnaire online and had the opportunity to write comments on their experiences of the existing service after each question. We had more than 70 responses.

Key messages

Key messages coming out of the discussion on ECCH SALT services were:

- Parents want clear written information about SALT service.
- Parents need to know who to contact to answer their queries / concerns and acknowledge them within a reasonable time limit.
- Parents want a service that identifies their child's needs.
- Parents want a seamless service that works together with various educational settings to provide information, advice and support to Nurseries Keyworkers, Schools and colleges TAs to meet the children and young people's Speech, Language and communication needs(SLCN).
- Parents want to have confidence in the professionals that deliver the service – that they will be compassionate and understanding about their individual child's needs - a person centred targeted service.
- Parents need to know the service is fit for purpose and will deliver the appropriate SMART outcomes for children and young people to achieve their educational targets and fulfill their life's potential – be able to communicate effectively with family, peers and their wider community.

Our online questionnaire asked the following questions:

How long did it take to get a referral?

Of those parent carers that were still waiting for a referral, they have been waiting between 6 and 18 months.

Getting a referral within what parents considered a reasonable time limit was an issue.

Parents made negative comments about the length of the waiting times for initial assessment and received no acknowledgement/information about the service.

"I was told it would be about 12 weeks and it was 6 months."

"Was told it was an 18 week wait which I thought ridiculously long. Turned out to be 30 weeks only because I rang to see what the wait was only to be told I wasn't in the system!!!!"

"My child was referred to the speech and language team in 2013, so transferred as an existing patient. His original referral took about 4-5 months to come through."

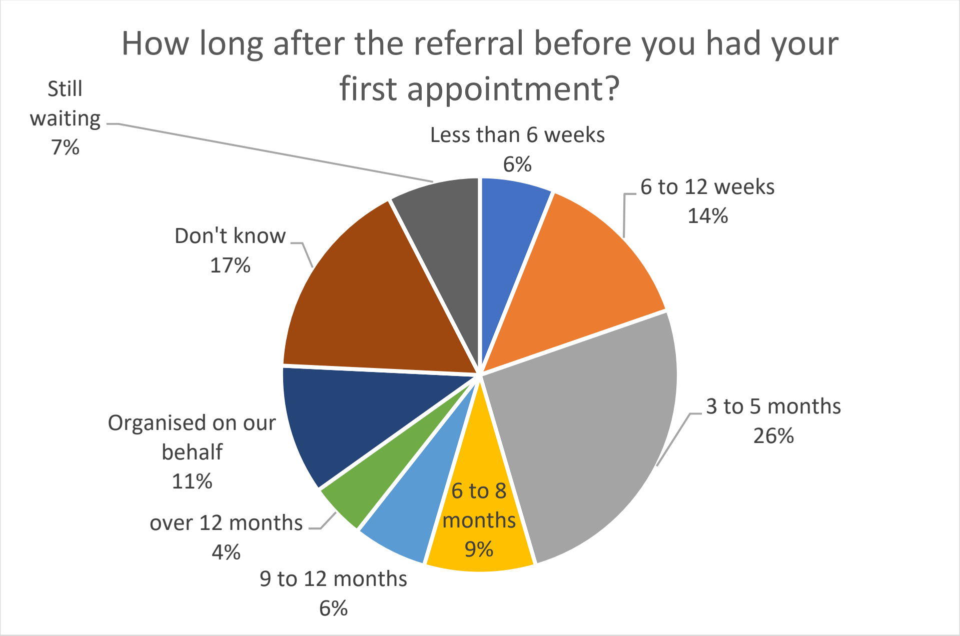
See Appendix A for all the comments relating to referrals

How to improve

Parents value receiving a communication to say the referral had been received, an indication of the likely waiting times as well as a number to call if they had any queries/concerns.

Work with parents to develop written information about the SLCN service, how it works, what to expect and who to contact. The written information should be given to parents when acknowledging their referral. It should also be made publicly available such as on the Local Offer Website, so parents can find out about the service and where to find more information.

How long after the referral before you had your first appointment?



Of those parent carers that were still waiting for their first appointment, they had been waiting between 2 months – over 2 years.

Most of the parents negative comments about referral to assessment timescales are concerned about how quickly the service can identify the child needs and the parents expectations of these waiting times.

An understanding and empathetic approach is deemed essential when dealing with children who have Down Syndrome or Autism – it is not uncommon for children requiring services because of a genetic disorder to also have a SLC need as well.

Under the Children and Families Act 2014 the local authority have 6 weeks to decide if they will agree to assess for an Education Health and Care (EHC) plan. Then the local authority has 10 weeks to get all the assessment information in to decide if they will issue a plan (16 weeks) and then if they decide to issue a draft plan it must be within a 20-week time scale. These timescales are a Statutory requirement on the local authority and if the parents or young person's feels they have failed to carry out its statutory requirements within these time limits they have the right to take the local authority to the 1st tier SENDS Tribunal.

"A year! How ridiculous... this service is dreadful."

"There was a significant wait between being seen at drop in [month] and commencing therapy [month]. In this case this could have added risk for my [child]. [My child] presents with a stammer and required a specific therapist directed intervention."

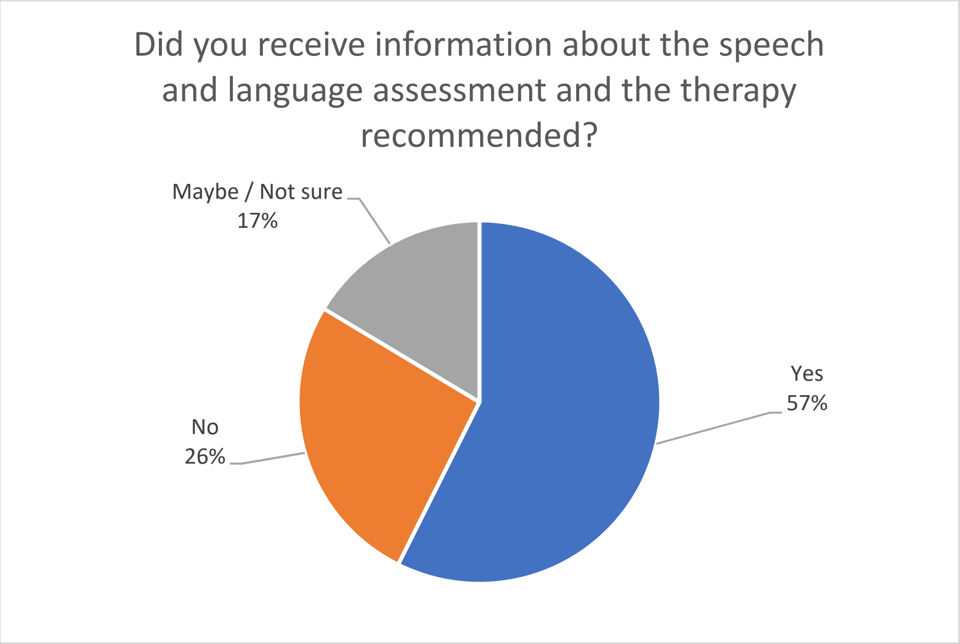
"Under the terms of his statement of educational needs, my child is now meant to be assessed by an SLT twice each term and the SLT is to provide a programme for the school to implement. [My child] is being seen once or twice a year. The Sendco reports that she must chase a lot to get an appointment. I have also experienced ringing up and leaving messages, but no one calls back, so I would say it is hard to get an appointment."

See Appendix B for all comments relating to first appointment

How to improve

Training for all staff in the many ways various Special Needs/disabilities and associated challenges that children may present with, an empathy and understanding of how scary and frustrating this situation is for children and their parents too.

Did you receive information about the speech and language assessment and the therapy recommended?



26% of parents said they received no information on the assessment or therapy recommended, 57% of parents said they had received information and 17% of parents were unsure if they had received any information from the service.

Lack of effective communication with parents seems to be the theme amongst the negative comments received. Either parents do not receive any reports, the reports are inaccurate or out dated.

Parents want information after every visit with their children/young people. They want to know what target/goals are being worked towards, what progress their child is making and how they can help.

According to the EHCP coordinators there is an agreement between ECCH and Norfolk County Council that parents and educational settings (Nurseries, schools and Colleges) should receive a report within 2 weeks after being **discharged** from the SALT service.

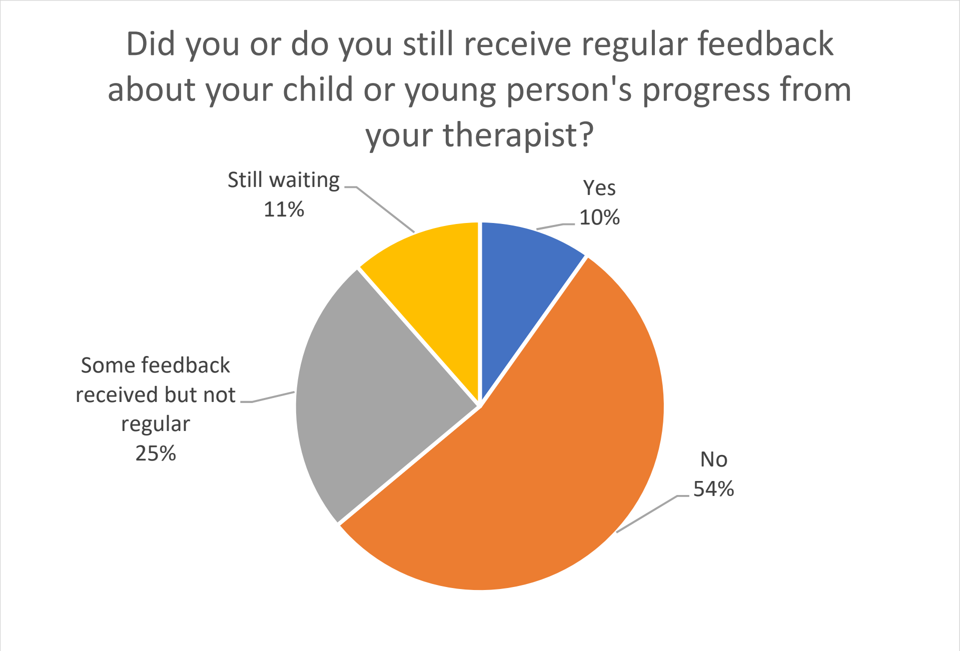
> *“SALT from ECCH came to my [child’s] school in [term] 2016 - we have had no reports either sent home or to school. We do not know if my [child] has been discharged - even though [my child] has significant SALT communication problems and will for the rest of [my child’s] life.”*
>
> *“Children don't receive 'therapy' from a trained therapist, they are assessed and recommendations made and that is it. It is a consultation service, not speech therapy. It is failing the most vulnerable children locally.”*
>
> *“I was given some goals to work towards independently, and discharged. [My child] was not given a diagnosis or summary of [my child’s] difficulties (e.g. Expressive/receptive language difficulties/delay etc.), no long-term goals were given, and the goals set were not 'SMART' - despite these being very basic requirements for good clinical assessment and management.”*
>
> *“My child has complex needs - speech and language difficulties being one of [my child’s] main areas of difficulty - and yet we were told we could not receive direct 1:1 therapy and 'could not' be kept on the SLT caseload, because the service was not 'able' to. So, we were told to re-refer ourselves once [my child] had either met the goals, or not achieved them (but no time frame given for this). I am a qualified SLT who previously worked for [NHS]: if a patient has active goals they should be kept on the caseload and reviewed, not discharged - because they either need therapy (either direct or indirect) and SLT input: or they do not. It can't be both. My child has received therapy (either direct or indirect) and kept on the caseload of other disciplines, despite her need not being as great.”*

See Appendix C for all comments relating receiving information and recommended therapy

How to improve

Work with parents and educational settings to set realistic timescales for reports with recommendations and advice for helping children achieve their targets for either their IEPs (individual educational plan) or their EHC plans after every visit not just when the child has been discharged from the service.

Did you or do you still receive regular feedback about your child or young person's progress from your therapist?



The results of our survey showed 10% of parents receive regular feedback from their therapist, 25% of parents said they received feedback but not regularly. 11% of parents are still waiting to receive any feedback and 54% of parent had not received any feedback from their therapist.

There is a statutory duty on the Local Authority and Health providers that their services help identifies needs, put in place provisions to meet the needs with regular monitoring provided to achieve SMART outcomes that help improve children and young people's lives from 0 – 25 years of age as detailed in the Childrens & Family Act 2014 and code of practice 2015.

The graduate approach: Assess, Plan, Do & Review is how evidence is gathered by educational settings. If targets and progress are not being achieved then specialist provision must be put in place to achieve SMART outcomes. Targets/outcomes are used and measured in Individual education plans (IEPs) every half term and Education, Health & Care plan (EHCp) annual reviews.

A SMART outcome is:

S – Specific, M – measurable, A – achievable, R – realistic and T-timely.

The Annual Review process of an EHC plan should look at:

What outcomes/target have already been met by the provision provided – if not why?
What new outcomes/targets are needed for the next stage of the child/young person's life. (The Act follows 0 – 25 years)
Are there any further assessments needed to identify new or changing needs?

"A report was issued but no more feedback has been offered."

"It's more of a transcript of the session than feedback."

"After several years I have received a Speech and Language Therapy Update which failed to mention the eye gaze computer technology which my child has been using for at least 5 years."

"We were discharged after one 30-minute meeting at the school despite my child having severe speech and communication problems that were identified in an assessment by our old SALT provider a year before and by many other professionals. My [child] has been accepted into an SN school this year due to these problems. East Coast are a disgrace."

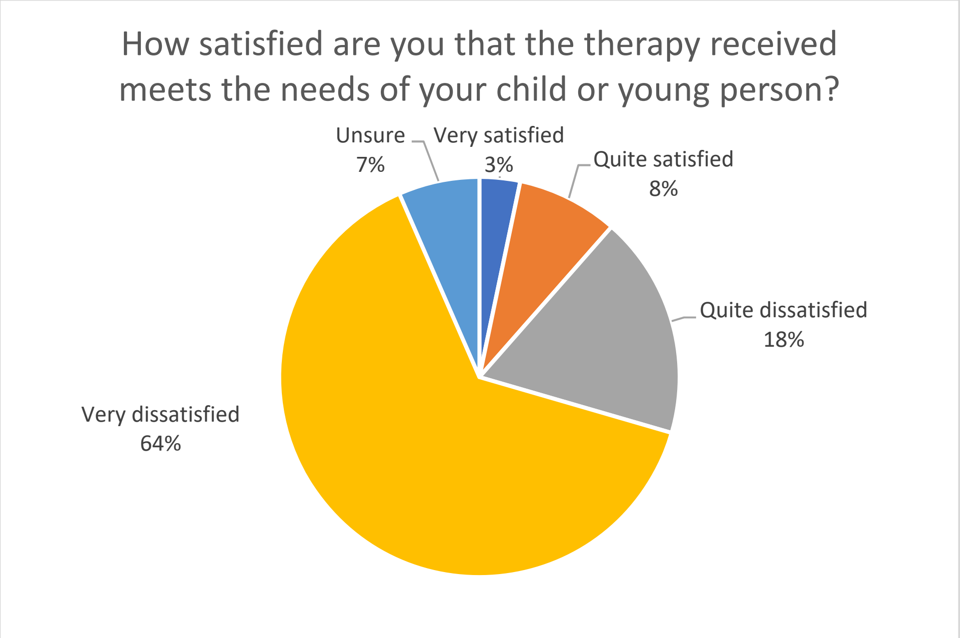
"Not the school, parents or our GP has received anything in writing all year from ECCH. I have made a formal complaint to PALS and intend to take this complaint as far as possible even legal action, I will also be going to tribunal with NCC over EHCP provision of SALT in my [child's] EHC plan."

See Appendix D for all comments relating to progress feedback

How to improve

Work with parents and Sen advisory service to design a monitoring system with feedback forms to use for SEN support (IEPs) and EHC plans. This could be included as evidence in the graduated approach of Assess, Plan, Do and Review (IEPs) and EHC plan annual reviews. Parents should also be told how to get an earlier review or new referral if their child's needs change.

How satisfied are you that the therapy received meets the needs of your child or young person?



The results of our survey are 3% very satisifed, 8% quite satisified, 7% unsure, 18% quite dissatisfied and 64% very dissatified with the service offered.

Most of the parents had no confidence in the current SALT service meeting their child’s/young person’s needs

“Many more appointments needed, no consistent communication.”

“I think it’s shocking this new approach of training the schools as there is no actual training.”

“No useful information given at the initial meeting and no follow up at all. I am disgusted by this service. We have now gone privately, at a large cost, but I feel for other children and their families who are unable to do this.”

“We were so dissatisfied that we complained to ECCH and NNCCG. This has led to face to face meetings with senior figures from both which has provided some reassurance that things will eventually get better but, by ECCH's own admission, its first year has been very difficult. Our child was to be discharged by ECCH based upon [my child’s] EHCP report. However, we challenged this and have secured 6 weekly reviews based upon [my child’s] progress and abilities. To be honest, SALT has been a nightmare ever since [my child’s] first referral 5 years ago. It has not got better to date and the need to fight for every little thing has been constant. We have resorted to private SALT for over 3 years which has been the only source of progress [my child] has made. [My child] would have made no progress at all if it were left to the service provided by the Council/NHS.”

“I am dissatisfied with the level of input, which is falling short of what has been recommended in my [child's] statement. I think the service is spread too thinly and it is very difficult to get an appointment. The therapists themselves are good, but there are not enough of them to meet demand. I also find it appalling that every child is discharged after each visit and the onus is on the SENCO and/or parents to request a re-referral. There must be children who are missing out on essential support due to this and it must add an extra layer of admin to already over-burdened staff.

I think it is a cynical attempt to reduce demand on the system. Early intervention will save money in the long run and lead to better outcomes. More investment in this area is needed."

"New procedure to discharge and then re-refer when targets achieved is awful - takes weeks after that re-referral before we can get an appointment. So, weeks of lost opportunities for development and intervention."

"There is no therapy. Having a visit once every 5-6 months isn't therapy."

"Support from feeding specialist is fantastic, we have a different therapist for communication and the experience is unfortunately very different. When talking about my child they described them as a 'Downs child', when I explained my child isn't a 'Downs child', but my child who just so happens to have Down syndrome' the response I received was 'whatever!'
Simply unacceptable, the first time I spoke to said therapist I was told she wouldn't be aiming for my child to speak as long as she could make needs known. If you never aim for speech how are you ever going to help children reach their potential? I pay for private therapy for my children and they are speaking with correct support and encouragement and somebody who believes in them! They haven't received therapy from East Coast, they have been failed and only had assessments from somebody who barely knows them and given targets for myself to complete. If speech therapy was that easy a university qualification would not be required.
East coast should be ashamed of the 'service' (in the loosest possible meaning!) they are providing the children of Norfolk. The most vulnerable children are being failed and this is demonstrated by the number of parents feeling there is no other choice but to fund private therapy for their children."

See Appendix E for all comments relating satisfaction of therapy received

How to improve

A new system is needed – parents are not happy with current system of only receiving 1-6 appointments and then being discharged only to have to re refer again and go on the end of the waiting lists. Parents have concerns about the length of waiting times and children are not being seen consistently in each half term of the academic year. Some children only receiving one visit per academic year.

Work with parents to clearly explain what ECCH SALT service is – is it just a consultation service or is it a therapy service? And who is supposed to deliver the SLC therapy sessions to the children in the educational settings? ECCH SALT or their assistants? or do they train the key workers and TA s to deliver the sessions?

Offer training to all Nursery keyworkers and School and Colleges TAs on how to implement and support individual children 1 – 2 -1 SLC sessions delivered in their educational settings to help children reach their SMART targets/outcomes for IEPs and EHCp

Clearly communicate to parents what is on offer- What is in the initial assessment, how many therapy sessions will take place, where and by whom? And who to contact if they have concerns/queries.

Communicate with parents by letter after each visit with their child/young person. What have you been working on with their child? what new targets/goals have been set? what should educational settings and parents at home be working on – send information to the parents.

To comply with the C&F Act 2014 – monitoring and reviews of all children/ young people should be taking place who have been identified as having a SLCN needs and where ECCH have been referred to provide the provision to meet the SLCN in the EHC plans, they should also be providing effective continuous monitoring systems to check progress towards SMART outcomes as detailed in EHCP. Remember Annual reviews should set new SMART outcomes.

Has your child been allocated any SALT supportive equipment (i.e. iPad, laptop etc.)?

Only one Parent/ Carer had received SALT supportive equipment with a further 3 still waiting. Waiting time was between 3 to 5 months for 2 parent carers and over 12 months for the third.

How long did you have to wait?

The Parent/ Carer who had received SALT supportive equipment had waited 6 weeks.

- The whole point of the Children & Family Act 2014 is for a holistic and person centred approach to Education, Health and Social Care services.
- Parents need a SALT service that cooperates and communicates with other providers of communication aids and equipment.

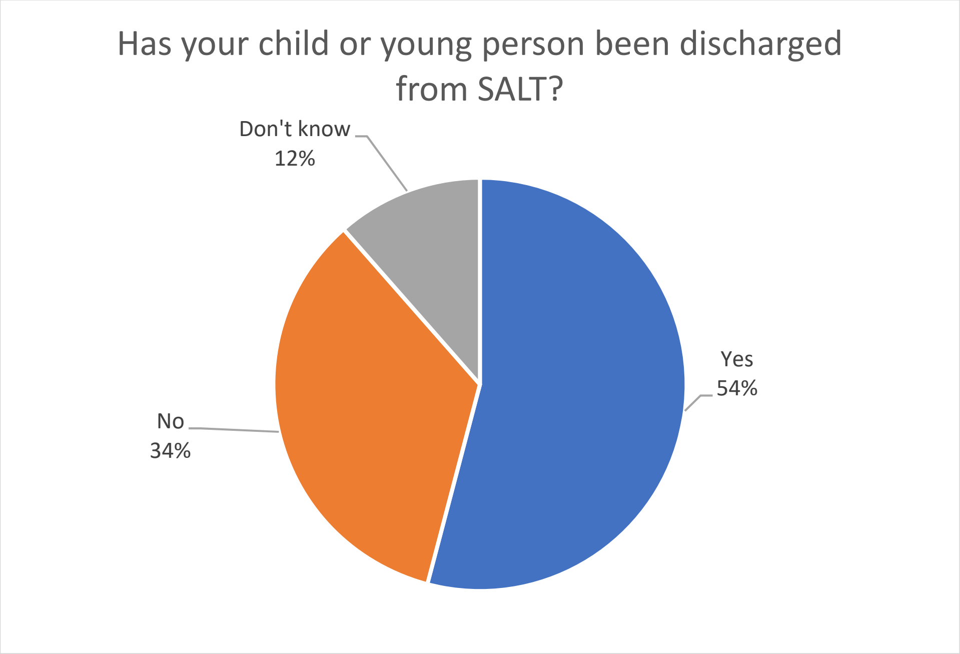
“Our [child] has use of a laptop at school through ATT (Assisted Through Technology service) for [my child’s] communication needs not through the ECCH SALT service – even though ECCH therapist suggested and sent information on ladder techniques used by dyslexics (to help break down tasks) to help aid [my child’s] poor working memory and communication skills.”

“Got a laptop funded through school only.”

How to improve

Work with parents to develop written information about communications aids and equipment, how it works, what to expect, what options parents have and who to contact. This written information should be made publicly available, so parents can find out if their child might be eligible and where to go to find out more information.

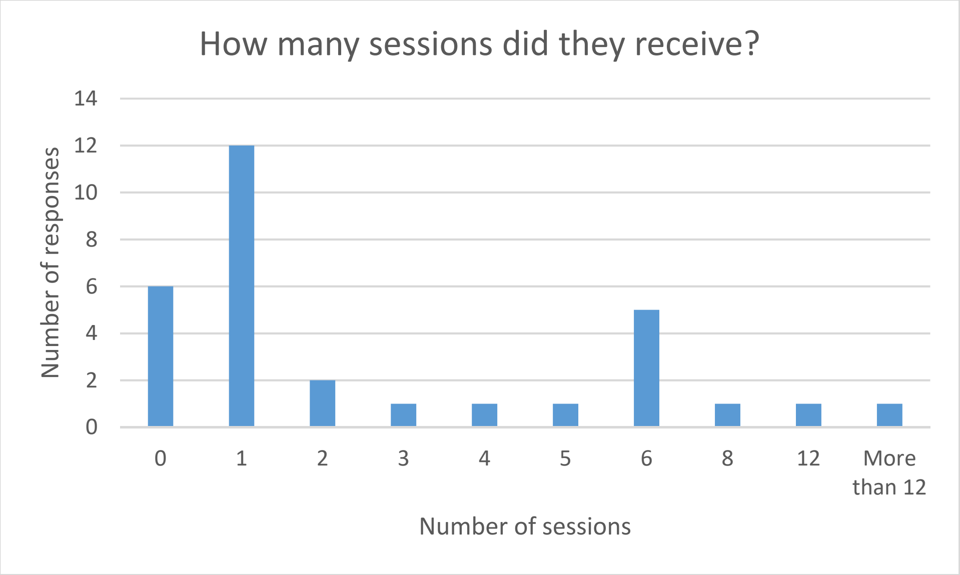
Has your child or young person been discharged from SALT?



34% of parents said no, 12% of parent are unsure and 54% of parents referred to ECCH have been discharged from the service.

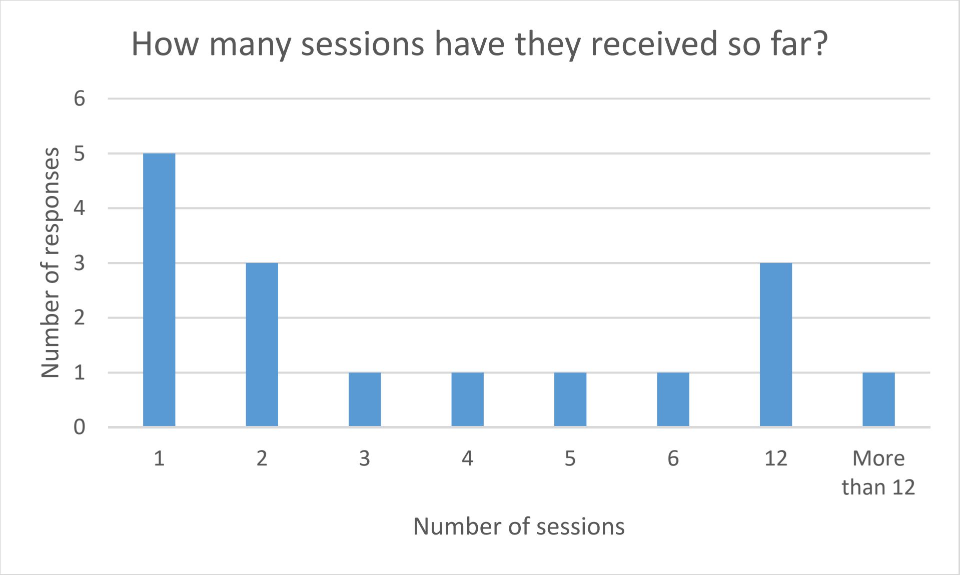
How many sessions were/have been received?

For parent carers that have been discharged, the following chart shows how many sessions the child or young person received.



Parents were offered none to more than 12 sessions before being discharged from the service.

For parent carers that are still receiving SALT services, the following chart shows how many sessions the child or young person has received so far.



Parents have reported that they have received between 1 -12 or more session from the service.

Parent's negative comments regarding the current SALT service is they are discharge very quickly and must go through the whole process of re referring and waiting again. Those who are discharge with just recommendations and not actual therapy session are extremely dissatisfied with the service. Parents are worried about the time lost between referrals when their child receives no therapy at all – how are children to achieve their outcomes to Improve their language, speech and communication skills with no therapy provision provided consistently throughout the academic year?

"[My child's] now seen at school. I don't know when, what happens or for how long unless school tell me. When [my child] recently met [my child's] targets I then received a report in the post and [my child] was discharged with a new set of targets and 2 activities."

"Discharged my [child] with receptive/expressive disorder of 3yrs 6 months. He was 6 years 5 months.
Despite phoning for two weeks daily informing them my [children's] EHCP review date with 7 weeks' notice, they didn't show, they then showed up some weeks after the review, not communicating with the private speech therapist funded by the LA, they knew the therapist had been working with my [child], had her contact details. But went ahead repeated the same TALC test on my [child], within 10 days of the private therapist. (you can't repeat the same test within 6 months) then discharged him. What are East Coast Commission full?? Failing our children - disgusting service."

"Our [child] was under SALT but then they discharged [my child] from clinic [my child] has global developmental delay and undiagnosed Autism [my child] was discharged a year ago saying nothing wrong but clearly there is as [my child] struggles with [my child's] speech and has speech dyspraxia."

“Crazy system discharge with work then re refer to wait all over again.”

How to improve

Review and redesign the SALT service contract.

Important question to ask now is the current ECCH SALT service fit for purpose?

- Does this service identify the needs of children and young people in a timely manner?
- Does the service meet the needs of the children and young people identified in either SEN support or an EHC plan with a SLC needs in a timely manner?
- Does the service provision currently offer by ECCH and their discharge and re refer system meet the needs and provides effective monitoring of the needs of children with SLCN in Norfolk?
- Does this service have SMART outcomes – set appropriate targets, monitor and measure achievements regularly?
- Are annual reviews of EHC plans taking place to monitor children and young people’s changing needs throughout their lives?

These are the questions that the area inspection by Ofsted/CQC teams will be asking and looking for answers to.

Parents who took the time to fill in our online survey do not have confidence in the current SALT service offered by ECCH.

Finally, some general comments to be passed onto the HOSC Committee:

“The time it took was such a long time that as a family we ended up paying over one thousand pounds for private speech and language. When both my [child’s] nursery and [my child’s] private speech and language therapist spoke to them they stated they did not have enough staff to come see [my child] at present even though they agreed [my child] needed to be seen. They even commented that they have so many children and so little staff that they can't keep up. I was also very disappointed to hear that when my [child] next gets seen it will be with an assistant, not even a qualified therapist. I feel the whole department has let my [child] completely down.”

“The whole system is lacking. We waited ages for our [child] to be transferred across to East Coast. Once transferred we waited ages to see a therapist. We then saw a therapist twice and heard no more. After constant ringing and chasing we found she'd gone on sick leave. It took ages for us to then get a new therapist. My [child] had a further 3 sessions in January, February and March. I have been chasing to find out when [my child’s] next session is to be told by [my child’s] therapist they have been told to see referrals rather than continue with children already in the system! How can my child become the best [my child] can without the proper support and specialist intervention [my child] needs?? Why is it left to parents to chase? Why do we ring a general number, unable to contact our therapist? It is diabolical that children with needs are given such little help.”

“It is disgusting that my [child] is having to wait so long for an assessment. [My child] needs help now and the longer [my child] must wait the more behind [my child] is going to be which will have a huge impact on [my child’s] confidence. [My child] starts school next year and really needs the help now but

as [my child] isn't going to get the help [my child] is going to struggle at school. The system is failing my [child] and we feel totally let down."

"We are and have been seeing a private therapist as our [child] requires regular SALT sessions which are not available on the NHS."

"Two of my children were under assessment for their EHCP within a month of each other & both with different therapists yet the advice given was word for word the exact same for both. One is 16 with Asperger's & no behavioural issues.
The other is 8 with ASD that presents as PDA & ADHD who has severe behavioural issues & been out of school for several months!
It seems that as they both have an ASD they must be the same according to the local SALT's seems they send out advice as a standard letter to all! Not really individualized."

See Appendix F for all general comments

Appendix A

Feel free to add any comments regarding the time to get a referral.

- We were already in the old system & was promised we would just be transferred over. They had no record of my [child] & it was only through lots of hassling that we got any kind of service
- First referral was good but the follow up has never happened!!
- My [child] got seen sooner than others as east coast met with parents at the hamlet centre with a few parents of children with Sen to try and iron out any problems and work with us, which of course they haven't
- Only seen for the EHCP We had a speech therapist for swallow and speech and then the system changed and we now need two Salt not one.
- The service was very disjointed and not able to focus on my specific child's needs, one size fits all just does not work. Lots of phoning from me and no response from them for a long, long time. No personal approach and a great deal of stress.
- Extremely slow, many children receiving 1 appointment at the very end of the year.
- We were already "in the system" so no referral needed. The original referral under NHCH was about 3 months - far too long for a child who was 2 at the time.
- Already 'in the system' took 5 months for 1st appointment when previously seen at least every 6 weeks and just before change-over [my child] was having weekly 1:1 therapy which had been beneficial.
- It was ridiculous my [child] had a block of Therapy last September, I was told [my child] would have another one in January. [my child] is now literally having a block and it's nearly a year. The therapist said [my child] had a severe speech disorder which I had been trying to tell them, [my child] now goes to school in September and I have literally only just been told about this special school [my child] can go to. I am very upset by how long everything has taken.
- Would not give an appointment
- Referred in Feb! Still waiting
- My [child] was originally seeing an NHS salt once a month and was put back on a waiting list for 9 months due to this re-organisation, we chased this appointment several times. I feel that the wait for the appointment has impacted on my child's communication. After waiting so long for NHS input we now have support from a private speech and language therapist and have since seen progress in my child's ability to communicate.
- Ended up going private,

Appendix B

Feel free to add any comments regarding the time to get an appointment.

- Still to attend first appointment 14/08/17

- It was decided they would give my [child] 6 one to one sessions with the view to if they were successful they would help apply for a personal budget for regular therapy after the 6 sessions they said yes then changed their minds and offered another 6 sessions after a 3-month break

- My [child] was receiving weekly SALT. It was stopped I was told because of funding cuts and the fact we were in the process of sorting out her statement. I heard nothing and rang up to be told [my child] was on the waiting list for SALT. I could not believe this as she had been receiving regular SALT prior to this being stopped. I was told she was the top of the list. Still nothing so I made a complaint. A therapist was then sent to assess my [child]. Details of assessment was sent and suggestions of things I and school could do. [My child] was then discharged and we were told could ask to be referred again and wouldn't take so long. My [child] can speak but it is [my child’s] lack of understanding and social and emotional issues which are [my child’s] problem. These issues have been ignored and we have sort private SALT. Presently we have had an EHCP review and are trying to get a personal budget for SALT on there. Very disappointed as you just seem keen to get the numbers of children being treated down without caring about their full needs.

- We ended up going private for 7 years as wait was too long

- Again, no consideration of my child's individual needs, all was poorly planned
- Met SALT after her first visit with my child at nursery. Second visit to nursery 9 months later I knew nothing about until after the visit and received a report this morning!

- We have been told despite a speech delay we will receive nothing.

- After waiting several months, we were discharged after one appointment.

- Over 2 years-my [child] was diagnosed with verbal dyspraxia by NHS in late 2015. [My child] was then offered 3x4 lots of SLT before ECCH took over.

Appendix C

Feel free to add any comments regarding the assessment and therapy recommended.

- Would not come out to 15-year-old only spoke to school and parent over phone and recommended some things
- Therapy is nonexistent.... only assessments followed by advice
- It's down to the nursery to forward information on.
- After the 3 months break my [child's] anxiety was so bad [my child] wouldn't do it, leaving the 3 month break for children with Sen isn't good as they need to build relationship. I've told them not to bother as getting therapy caused me so much stress it wasn't worth it now gone private.
- Nothing was said before the assessment date, just during it. And I got sent an info pack on some mouth exercises.
- The information provided was useful, however I was told that my [child] did not need regular input and would be seen in 6 months. The recent educational psychologist reports we received states that my [child] requires regular SALT and that this should be part of [my child's] EHCP. I am therefore pleased that we decided to approach a private therapist to ensure he gets the support [my child] needs. [My child's] communication delays are the main reason we are delaying [my child's] entry to school for a year so that we can ensure [my child] can effectively communicate [my child's] wants/needs.
- Only had 1 appointment as [my child] is ASD and they don't support that aspect of SALT
- The speech assessment was in a new format I think. It looked none clinical and was not clear.
- The swallow salt changed, I received a letter that I didn't agree with but the salt was rigid in her position, even though she had not known my [child] she said things I didn't agree with and we didn't resolve this. Parts of her assessment were wrong and she would not change them.

- I was very happy with the SLTs who have seen my child and their recommendations were useful.
- What a surprise... no information...
- This took over 3 weeks to come through after the school SENCO chased it up.
- No one seemed to really know what they were doing when the sessions finally began. This was linked information gathering by the services about my [child's] other associated needs, all very poor.
- My [child] was already in the system but initial assessment under the new service provided [my child] with objectives that were completely unsuitable. I took this further and managed to get them reviewed and completely changed.
- Therapy recommendations weren't great as she hadn't got to know my child. It takes a few sessions for my child to warm up to someone.
- As I am a teacher there was nothing shared with me that I wasn't already doing with my child. It was suggested that there was a follow up appointment and after 9 months this has still not happened, even after frequent phone calls. We have now decided to go privately which is very costly, but at least my [child] is getting the help [my child] needs, from a provider who seems to care.
- Spent the whole time advising me what children with ASD do and not once spent time getting to know my [child]
- Very quick and felt rushed. Left information that I struggle to read and have had support from Portage to explain.
- Everything that was advised is already being implemented! [My child] eye contact HAS made a massive improvement as well as social interaction! I have been on the pyramid PECS course in July and if I had been spoken to then the therapist would have known this!
- Our [child] was seen by therapist who said that [my child] had an open bite so felt that therapy would not be appropriate.

Appendix D

Feel free to add any comments regarding feedback about your child or young person's progress from your therapist.

- My [child] made no progress really, [my child’s] had private now for about 8 weeks and has made progress and is a lot happier with the therapist who [my child] trusts
- Took 8mths from assessment date till they saw us again.
- not very positive. never attended any annual reviews
- My [child] has speech problems it is still delayed. [My child] needs a review but this was a year ago [my child’s] last appointment. The speech Salt was very lovely but discharged too quickly and I do think now we need to review. My [child’s] siblings have speech delay and when they had therapy 5 years ago, at the same age as my [child] they had had a brilliant service. They were monitored at preschool, school and intervention set up and managed. At about age 5 they went to Upton road for specialist speech groups. The current speech service wouldn't know if my [child] would need that.
- The swallow salt discharged and to be honest [my child] had been so difficult/ confrontational in meetings that I'm happy to manage without her. Before this we had a very positive Salt relationship and clear guidance was given. I just continue following the advice of our original therapist.
- We received a discharge basic report, with common sense things on that I could have written
- [My child] initially had one to one and this was incredibly repetitive so he got bored, therapist felt he could not concentrate. Next was group sessions in small group again very repetitive and he got very bored, all parents who sat with me agreed the therapy was poor and the children would get more from being in their playgroup settings. Stated this to the therapist who smiled politely but nothing changed.
- The therapist calls me to discuss when she has seen my [child] but that is very seldom. There has been no program in place to improve [my child’s] speech, the focus has solely been on the total communication approach and the use of symbols which, as parents, we have agreed is important but [my child] has such potential to speak much better and loves to talk that to have no focus on making speech sounds is incomplete and wrong.
- [My child’s] now seen at school. I don't know when, what happens or for how long unless school tell me. When [my child] recently met [my child’s] targets I then received a report in the post and [my child] was discharged with a new set of targets and 2 activities.
- None yet because it's taken so long to have [my child’s] Therapy
- Extremely long waiting time, very poor communication
- My [child] was referred to speech therapy at 2 years. They saw [my child] once every two weeks and then once a month for about 2 months. It then changed to once every 3 -4months since then
- I have received two reports one after each visit to nursery! The total sum of visits my [child] will receive as [my child] has now been discharged!!!
- local NHS salt was not able to help as there was no money in pot
- SALT isn't just about the sounds it's also about the understanding. On two occasions that our [child] was under SALT service we were given lots of photocopy sheets and left to get on with it. Our first experience of SALT was through our surgery. Our therapist was excellent and gave us advice that we still follow today. We were disappointed when the service then moved away.

Appendix E

Feel free to add any comments regarding the therapy your child or young person receives or received.

Quite dissatisfied

- If my [child] wasn't at a specialist school now I'd be very dissatisfied. Just before the cut over [my child] had got to the stage where [my child] can engage in 1:1 therapy, [my child] had 6 sessions(weekly) in which [my child] made great progress and was really benefiting. After change-over [my child] didn't see anyone for 5 months (I had to kick up a fuss to get seen). There was no therapy, just an assessment and '[my child's] about to start school now so they'll do it.' I was given a couple of activities to do with [my child] (which I did anyway) and that's it.
- Therapy received was brilliant, informative and helpful for my [child]. I was taught how to help [my child] at home which I still do. My major problem is one to one time spent with NHS speech therapist is nowhere near enough. One hour every 3-4 months does not give therapist enough time at all to get to know the child's progress. Regular and consistent therapy for a child with significant speech and language is key. We have had to go PRIVATE to supplement what the NHS is doing. My [child] sees a private speech therapist once a week term time which has been very helpful.

Very dissatisfied

- The speech technician had no idea how to relate to my [child]
- Just because a child can talk does not mean that they don't really need SALT to be able to function in the world. Receiving a photocopy sheet about selective mutism is not much help.
- I am upset by the service and did lose sleep over it. I can't afford private but I have had children with speech problems in the past so I'm just using my own experience to manage the situation.
- 3 home visits consisting asking my child to point at items in book, & choose an activity from a picture.
- Stated before, no bespoke aspect to the service, my therapist also agreed this was not a possibility even though it was needed.
- It has been minimal.
- Not satisfied at all given [my child's] current level of need, [my child's] unrepaired cleft, [my child's] atypical oral anatomy, the weight of evidence which shows [my child's] conditions' propensity towards speech and language difficulties, and all the evidence which how's how important early intervention is for children with S&L difficulties. The social enterprise may be saving itself money in the short term, but it will doubtless cost the NHS more money in the longer term.
- Too little too late and too long in between
- I was told that my [child] would be getting 3 sessions but only got two. Change of therapist not told that this was happening. During assessment SALT telephone kept ringing.
- Everything advised to us is what we already do! We have made progress but not regarding verbal communication! We have received no therapy around speech and language outside of two visits to nursery! There is a comment about the therapist being involved to help with my child's care and therapy, however as my child starts reception in Sept they are no longer allowed to be involved in my child's therapy!
- Local SALT was overwork and not have any places left

Unsure

- I think it will be good when they actually start.

Appendix F

Please use this opportunity to tell us anything else about your experience with SALT?

- Not willing to help as [child] was 15 years old, autistic and said language and speech would not improve if they come out. Not helpful at all.
- We have not had our appointment yet. I was told it would be after school holidays so [my child] could be seen at school but it came through earlier in the holidays and we had to delay as we are away. It came through faultless quickly but I had already sourced a private assessment as I was told it would be a 4-month wait.
- Not fit for purpose.
- My [child] is still non-verbal and doesn't have any form of communication. We've had to re-re-refer in. Salt are the hardest professionals to get hold of with the least amount of help.
- I'm not sure how these therapist sleep at night, told me had I considered complex needs school Yet the private therapist has stated my [child] is not a complex needs child, [my child] will manage just fine if he has SALT, [my child's] EP agrees, as does [my child's] teacher. East Coast Seriously failing Norfolk children.
- I spent so much time emailing phoning and chasing them up they gave me so much false hope I just had to give up. I've gone private and it's the best thing I've done my [child] has made improvement and is happy to do [my child's] speech as we have found the right therapist. We are paying now but hoping to get a personal budget. East coast are a complete waste of time
- Haven't seen them enough to have a proper experience.
- Feeding specialist very helpful and supportive, communication complete opposite. Overall a truly disappointing, frustrating, concerning experience that has failed not only my children but many other vulnerable children in Norfolk. My children have very complex needs, medical, feeding, and social and communication. These needs aren't going to vanish and they need continuity and support from people with experience and qualifications that enable them to support their needs.
- The therapist couldn't give us any ideas on how to work on [my child's] speech at the time of the appointment (even though I quizzed her about it) and put [my child's] problems down to having ASD and said the ASD team should have been working with him. I was quite annoyed with this as I know other speech therapists can work on this and the problem was down to [my child's] speech articulation and not necessarily down to ASD.
- She did email us some pictures of speech sounds to practice and suggested we buy an Elklan book.
- In her report she named the speech problem [my child] has and discharged us. I really thought we would have had more help but she didn't seem qualified enough to know how to help.
- Whole process was very confusing and a very long wait, over 9 months to get a letter saying basically not support ASD children. To then query it, wait another few months, then get EHCP team involved and suddenly they want to come out to assess in school. But no ongoing therapy as ASD and can technically talk but as I said earlier talking is more than just the technical, if you cannot talk outside your home that has quite an impact on your ability to progress.
- not that impressed in our situation. It's never ever been explained why our child cannot speak
- Very, very disillusioned and frustrated that my [child] has been casted aside because [my child] can speak. It's [my child's] lack of understanding and social skills that are [my child's] problem but because these are unseen your service does not want to bother with [my child].
- Please change this back to what it was. This is a terrible service, and whilst I understand in theory the whole discharge straight away I think it just means too many children are being made vulnerable by repeated waiting times etc. or are more likely to be missed completely.
- Not happy they still haven't received iPad recommended

- It's non-existent. My [child] has only been seen for [my child’s] EHCP assessment, the only info I received was that report. [My child] has been seen twice between Dec and July. [My child] is a non-verbal autistic child, who is making all the correct noises and no words. [My child] needs the additional help from speech and language. Once [my child] starts school in sept the only person [my child] will see is her Pead as then the therapist can no longer be involved in her care. Utterly shocked at the services available to autistic children in Norfolk. SALT was better before the change; before the change [my child] had seen two therapists within 8 weeks!
- Our experience was fantastic until EAST COAST took over SALT last year. Since the changeover no one answers phone calls, no one replies to messages... and all our children are still waiting for the therapy so crucially needed. It's completely disgusting the way parents/children have been left with no information.
- Hard to get service, but when you get it, it's very poor. They discharge you after 6 visits, you must wait for 3 months before putting on waiting list again, & there you can wait another 9 months before you see someone, effectively leaving my 4-year-old with no SALT for a year. Absolutely crazy system & they will end up paying for this cost cutting lunacy in the future. It makes me so angry they are messing with my Childs potential at being successful at school etc., because we are just being abandoned.
- I can only comment on my experience with my child. The school SENCO however has had horrendous issues getting further targets for children that have achieved the ones originally set by the salt. She has rung each week for the last three weeks of term requesting a call back to no avail. Totally and utterly inadequate from the service which is badly letting our children down. Not enough therapists to meet the demands of today's society!
- Poor communication throughout. We went private and in a space of weeks the improvement was astounding. Months waiting and then the service with the east coast and [my child’s] speech and confidence got private sessions and then linking this well to other services things are far better. When I spoke to east coast staff they almost seemed embarrassed by the service they are having to offer. My child's therapist was a lovely person but had no skills to get down to my [child’s] level, play and interact with [my child]. All very poor, sorry to be so negative.
- Not enough provision so uses a private speech and language therapist.
- I am very unhappy, I have 2 children and both our experience has been poor, I saw the same SALT and she didn't tell us anything that we couldn't have worked out ourselves, I dislike the fact that we must phone up for subsequent appointments and have nothing in-between.
- There is a drive to use PECs as opposed to voca which is not supported by research but they do not take parental preference or child preference into account and have threatened to withdraw services unless PECs are used I find this surprising and narrow in the current climate of holistic education and meeting individual needs
- we have found it much better there seem to be more therapists now especially for deaf children
- my child's development was greatly disadvantaged by the lack of SALT for 5 months at a critical stage of [my child’s] life. [My child] was having good support and making progress before the changeover and then everything stopped. [My child] had just started saying a couple of recognisable words and was responding well to 1:1 therapy. When it all stopped I did what I could, researching myself and help from portage but [my child] needed therapy from a professional. I am so grateful that [my child] got into a specialist school last September. [My child] is now with professionals that can support [my child’s] speech and language development and I don't need to rely on East Coast.
- Crazy system discharge with work then re refer to wait all over again
- No very happy with the service received. The school did more for my child when phonics was introduced.
- Over many years there has been minimal input from SALT. There seems an unwillingness to work 1:1 with a child over a period to develop their communication skills. Children are quickly discharged without their communication needs being addressed.

- I am concerned that the therapist does not have time to offer a 'gold' standard of therapy. She makes every effort and I am confident that she has the right clinical skills but there is a lack of time to offer therapist directed intervention and regular school visits.
- As I mentioned, my [child] is behind with [my child’s] speech and this has been acknowledged and yet we have received NO therapy. I was told it will be YEARS before [my child] catches up and yet [my child] gets nothing. Honestly, what's the point of this organisation?
- It would be better for the salts to recommend reading material for the parents because the tidbits that they provide every 6 months are completely insufficient. To date the recommendations, they have made could have been written on a single A4 sheet and provided by a health visitor. Most of what we do with our child has been wholly intuitive.
- This was a very well organised service with good feedback about areas of need and treatment needed.
- I'm disappointed by the lack of communication we have had. Also, when they say they will ring they don't. I'm very disappointed because if I would have known about this special school my [child] could go to [my child] would have probably got a place from September but as I'm only now seeing a therapist I have only just been told about it [my child] had [my child’s] assessment and scored very low. Also, all I keep getting told is they are short staffed and there's nothing they can do.
- dire
- Disappointing
- Myself, my [child’s] pediatrician, health visitor and a family support worker have been contacting the service repeatedly over the past 18 months, to be told every time that [my child’s] awaiting allocation.
- Poor service, lack of useful information given, signed off my [child] and told phone again in 3-months’ time, still awaiting a follow up appointment.
  A total lack of interest in what is needed and what has already been provided by the parents, so advice not appropriate for where [my children’s] needs were at the time.
- As I have said previous I feel very let down by the SALT team. It has taken many phone calls and emails just for my [child] to be seen. They have given me dates verbally for when they would see [my child] and then never come. When questioned they have said they don't have the time as they are to short staffed. The [child’s] speech is very behind and the only reason [my child] is beginning to get better is because we had to pay for private help as the NHS salt team had let us down. They saw [my child] around November last year and done an assessment, stated [my child] was very behind and my [my child] has only just had [my child’s] first session.
- Very limited service- assessment only so far within my [child’s] nursery setting. We have had to seek treatment privately to meet my [child’s] needs. Thankfully we have been able to pay for this but have had to make sacrifices to do so.
- I have had to fight to be seen it shouldn’t be this way early intervention is so important.
- It's not been positive - unless we hadn't self-funded private since [my child] started school last September, [my child] would've nothing. Thankfully [my child’s] about to start at an SRB in September but I feel that since ECCH have taken over he has been completely let down! If they spent more time offering support to those already on a waiting list instead of churning out 'drop in' sessions, then it might go somewhere to support those that need it.

- SALT sessions- Very good but not regular enough so impact limited. It is hard working with your child as a parent without regular guidelines from professionals. Regular interaction with professionals brings more success. What we have noticed is that after the NHS speech therapy sessions with my [child] became irregular, once every(3-4months), the accuracy of their reports about [my child's] progress declined because they don't see [my child] regular enough to get the true picture of how [my child] is progressing. My most shocking experience with SALT is that they cancelled an appointment to assess my [child] at home in August 2017 before [my child] starts school (Reception) in September. Their reason being that because [my child] has already been assessed at end of July by the Private Speech Therapist and they have got the report about [my child's] progress, it's not necessary to see [my child] again so they will instead see [my child] end of Sept in school. SHOCKING. I though NHS SALT oversaw my [child] and the Private Speech Therapist is supplementing, not the other way around. Thanks for opportunity for this survey. Might help the NHS do something about it.
- When telephoning staff not very helpful. Have waited in for SALT to telephone at given appointment time but no contact was made. On another occasion, I rearranged my plans to fit in a telephone appointment only to not get a phone call.
  When I finally met a SALT then discharged and told to contact again when my child has completed tasks. I have got no idea how to do this with my child as not shown. I am left confused, frustrated and feel what is the point of contacting SALT if I then must wait a year to hear from them!
- Not very helpful. Didn't get to know my child.

- It's a joke! Two visits within the nursery setting, only one I knew anything about and only because of my request for an EHCP. I was spoken to only after the first visit with my [child].
  No interaction after initial appointment, no discussions with me about the what
  Would help my [child] or what we already have in place, the fact I have done a two-day training course with PECS to help [my child] communicate.
  How they feel they can make a competent assessment of my [child's] needs and abilities within one setting for an hour observation each time 8-9 months apart and cannot see the progress [my child] has made or find out all the things we already have in place for [my child] astounds me.
  My [child] is nearly 5 and is nonverbal [my child] has ASD, but we have worked very hard in trying to help [my child] in all aspects [of my child's] social and communication issues. [My child's] eye contact has improved massively since [my child's] initial diagnosis, and [my child's] socialization with close friends and [my child's] brother have drastically improved to the point [my child] will hunt [my child's] brother out for a hug and kiss, and will sit and play with him regularly at home. This is something we never thought we would see.
  In all honesty with the shocking service and support provided you may as well shut the service down and provide money to each parent towards a private SALT therapist, at least that way their children will be provided with the help they deserve!
- When my non-verbal [child] was 2 they said there was not much they could do for [my child]. When they learnt we were with a private SALT they were very keen to discharge. Apparently, they will visit my still non-verbal [child's] school in September ([my child's] now in reception), observe [my child], inform staff about [my child's] needs, then discharge [my child] again! We've only referred ourselves again to try and prove they can't provide an adequate service and therefore try to access [my child's] personal budget for private SALT. As far as we're concerned there is no service, and we do things ourselves, and we do not rely on the public sector for anything.

- Local NHS salt was not a good experience due to lack of funding and being overworks, a child with more complex need put on a back burner to one that got more understanding. went private in the end and got better treatment and respect for the child and parent.

- When our [child] was first seen by SALT through our surgery it was excellent. We had personal sessions and group sessions. We were also advised to model sentences back which we still do today. The service then moved away from health to education. In infant school, [my child] was seen a couple of times with huge gaps between each session. Our [child] needs consistency and [my child's] school did not have the resources to concentrate exclusively on [my child]. They then decided to write [my child] off. At that time, we were unaware there was a physical problem. At this point I put in a complaint about the SALT. When he started Junior School, [my child] was seen again the new SALT service. {My child] was seen once for assessment where they decided it wouldn't be appropriate given [my child] had a physical issue. Again, they have written [my child] off. I feel strongly that SALT isn't just about the sound but also about the understanding. We still model our sentences back and get here to repeat them. Given our [child] has a learning disability [my child's] learning age is about 2 years behind [my child's] actual age so [my child's] school and we are trying to teach [my child] according to [my child's] learning age. Our experience with SALT hasn't been overly successful.
- I have found the service very slow with reports often not received until months after the assessment visit.
- Three sessions in about 3years, sessions to far apart, not been involved, not impressed with overall experience so far
- Didn't receive any confirmation that referral had been received. No indication how long to wait
- Good advice and support to start with Makaton, but then pretty much left to it. Feel we are falling down a gap. Would benefit from support now but must wait until [my child's] fallen back even further behind to get support again - some progress made, then left to it under new system. We need more SALTs.
- Therapist offered advice and pamphlets on sign language when it was obvious my child needed proper therapy and was advised to call again 4 months later if my child was still not communicating. Absolutely not good enough.
- My child has received speech and language therapy in the past. The last time was a good while ago and to be honest the service was very good.