


Cabinet 9 March 2021	 TOWER HAMLETS
Report of: James Thomas- Corporate Director- Children's Services	Classification: Unrestricted
Therapy Provision for Children Under 5 with Special Education Needs and Disability Proposal	

Lead Member	Councillor Asma Begum, Cabinet Member for Children, Youth Services, Education and Equalities
Originating Officer(s)	James Courtney- Senior Commissioning Manager for Children, Young People and Maternity- Children's Integrated Commissioning Team
Wards affected	All wards
Key Decision?	No
Reason for Key Decision	This report has been reviewed as not meeting the Key Decision criteria.
Forward Plan Notice Published	24 January 2022
Strategic Plan Priority / Outcome	Priority 1- People are aspirational, independent and have equal access to opportunities Strategic Plan 2020-23

Executive Summary

The 2021 Special Educational Needs and Disabilities (SEND) Inspection flagged gaps in Speech and Language Therapy (SLT) treatment for children aged 3-5 and therapy support for children with social communication difficulties, age 0-5. Local stakeholder groups and families confirmed the issues in these areas. The Designated Clinical Officers for SEND have developed an evidence-based proposal to deliver interventions for families at scale. This involves the commissioning of therapy services to deliver the Speech and Language Treatment Pathway for age 3-5s and a Social Communication Difficulty Pathway for age 0-5s. The recommendation is to commission Bart's Health via a direct award for a two year contract to deliver this new service. The cost per annum is: £343,174; total cost over the two year contract: £686,348.

Local authorities have a responsibility under the Children and Families Act 2014 to invest in therapies services for children with SEND- particularly when they have an EHCP. Analysis of statistical neighbours, including Brent, Hackney and Croydon showed a higher investment share by the local council. Investment in SLT services

Recommendations:

The Cabinet is recommended to:

1. Approve the commissioning of Bart's Health via a direct award for a two year contract to deliver the following therapies provision: (a) Speech and Language Treatment (SLT) for Children in Tower Hamlets age 3-5 and (b) SLT and Occupational Therapy (OT) Treatment for Children age 0-5 with social communication difficulties (value of the contract: £343,174 per annum, total cost over two years: £686,348)

1 REASONS FOR THE DECISIONS

- 1.1 The proposal is recommended for the following reasons:
 - a. Gaps in Children's Therapy provision raised by the 2021 Special Educational Needs and Disabilities (SEND) Inspection completed by Ofsted and CQC
 - b. Families are finding it difficult to access therapy care for speech and language therapy and social communication difficulties in the early years cohort.
 - c. Early intervention can reduce the escalation of care needs and help families manage better
 - d. Parent support groups can create a better sense of community and enable parents to provide mutually beneficial support
 - e. The proposed service supports the delivery of the priorities in the SEND Strategy 2018-2023 and LBTH's Strategic Priorities, and supports the development of the Integrated Therapies model which is a priority of Tower Hamlets Together

2 ALTERNATIVE OPTIONS

- 2.1 Do Nothing- risk of failure to deliver against the rationale set out in section 1.
- 2.2 Consider other commissioning option- risk of: slippage against Written Statement of Action timeframes; failure to address ongoing need in the community; and potential issues with alignment with integrated therapies model.

3 DETAILS OF THE REPORT

- 3.1 2021 SEND Inspection Findings
 - 3.1.1 Between 28 June 2021 and 2 July 2021, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Tower Hamlets to judge the effectiveness of the area in implementing the SEND reforms as set out in the Children and Families Act 2014.

- 3.1.2 The inspection identified a number of strengths in how Tower Hamlets commissions and delivers services, but it also identified weaknesses, including:
- (a) there is no treatment provision currently commissioned for children with speech and language needs between the ages of 3-5, meaning children with confirmed SLT needs do not have access to specialist treatment, and
 - (b) families with children, who have social communication difficulties/suspected (but not diagnosed) Autism Spectrum Disorder (ASD), are not accessing support for their condition.
- 3.1.3 These issues have also been discussed and confirmed in local multi-agency stakeholder meetings, including: the SEND Improvement Board; the Integrated Therapies Steering Group; and the ASD Pathway Review Group.
- 3.1.4 The Designated Clinical Officers for SEND in Tower Hamlets, Joint Heads of Community Children's Therapies at the Royal London, Bart's Health advised on the commissioning of two clinical pathways to address these issues:
- (a) a 3-5s Language Pathway from Speech and Language Therapy, and
 - (b) a Joint Occupational Therapy/Speech and Language Therapy Pathway for 0-5s with Social Communication Difficulties (SCD), including children with suspected ASD.
- 3.1.5 These pathways, and the required service/staffing capacity to support them, have been discussed by senior stakeholders and been approved to take forward as commissioning options to address the issues flagged by the SEND inspection.
- 3.1.6 This proposal summarises the commissioning requirements for these pathways- for approval.
- 3.1.7 The pathways have also been listed as potential solutions in the joint Tower Hamlets response to the SEND Inspection Letter- the Written Statement of Action.
- 3.2 Local Need
- 3.2.1 Out of 47,000 children and young people in Tower Hamlets around 7,900 (or 17%) get additional support with their special education needs and disabilities.
- 3.2.2 Children and young people with SEND may suffer from a range of additional needs, including: moderate/severe, learning difficulty; speech language and communication needs; sensory impairment; physical disability; and issues with social/emotional/mental health
- 3.2.3 Numbers for Speech and Language Therapy Needs- age 3-5:
- a) 280 Children are expected to have developmental language disorder (7% of overall population)

- b) 300 children between the age of 3 and 5 referred to Early Years Speech and Language Therapy each year
- c) 280 Children in Reception Year with identified SEND

3.2.4 Numbers of children with suspected social communication difficulties:
- 180 children aged between 5 and 6 on the ASD Assessment Service pathway- identified social communication difficulties

3.2.5 Based on the Greater London Authority (GLA) Population projections for Tower Hamlets, there has been a 10.6% increase in the under 5s population between 2011 and 2021.

3.2.6 This has had a corresponding impact on therapy referrals in the last 10 years but without an increase of funding to match the increase in demand.

3.3 Age 3-5 Speech and Language Pathway

3.3.1 There is a known 'gap' in speech and language therapy treatment for children referred between the ages of 3 and 5 with concerns around language development, social communication difficulties and/or mild and moderate learning difficulties.

3.3.2 These children are only seen for an assessment, but no intervention is currently offered by the Barts Health Early Years Speech and Language Therapy Team.

3.3.3 Tower Hamlets commission a specialist level Speech and Language Pathway for children referred before their third birthday.

3.3.4 The proposal would be to fund the extension of this pathway for children with language disorders referred to the service between the ages of 3 and 5.

3.3.5 The Pathway's primary focus would be parent support groups with some additional capacity for: individual family work, support nursery/early year settings and input into Education and Health Care Plans (EHCP)- see further detail on the functions of the pathway below:

- a. Triage and assessment which includes a decision on the pathway to be used and making onward referrals as required
- b. Parent Group facilitated by a speech and language therapist which could either be virtual or face to face in a families centre/nursery setting. These groups would be focused on supporting parents to use the most effective strategies to support their children's language development,
- c. A visit to the child's nursery or other setting which would enable effective sharing of information with educational and care settings, and training and modelling for practitioners
- d. Additional individual therapy for a smaller number of families who aren't confident at supporting their children after the group intervention
- e. Therapy advice written for an EHCP for those children that require an EHCP.

3.3.6 Based on the level of need, the service would provide treatment for 200 children per annum.

3.3.7 Speech and Language Therapy Assessment are already commissioned under existing arrangements (600 per annum) and so the additional investment would just address the provision of treatment gap- 3,120 additional clinical treatment hours per annum.

3.3.8 To deliver this care, a 0.3 Whole Time Equivalent (WTE) Clinical Lead would manage 2.7 WTE Speech and Language Therapists with the support of 0.3 WTE co-worker.

Figure 1- Costs of Age 3-5 Speech and Language Pathway Staffing Costs

Role	Unit Price	WTE	Cost
Clinical Lead (Band 8a)	£65,667	0.3	£19,631
Therapist- (Band 6)	£52,111	2.7	£140,697
Co-worker (Band 4)	£34,333	0.3	£10,262
Total per annum			£170,590

Additional Costs (Year 1)

Item	Unit Price	Number of Units	Cost
Laptop	£1,500	5	£7,500
Mobile Phone	£170	4	£680
Total			£8,180

Additional Costs (Yearly)

Item	Unit Price	Number of Units	Cost
Phone Costs	250	4	£1,000
Training	350	3.3	£1,155
Software Licenses	200	3.3	£660
Professional Resources	100	3.3	£330
Total per annum			£3,145

Summary

Item	Cost
Total Costs- Year 1	£181,915
Total Costs- Year 2	£173,735
Total Costs over Two Year Contract	£355,651

3.3.9 Bandings are NHS Agenda for Change 2022/23 with interior London weighting- additional overhead covers estates, pension and other costs

3.3.10 Overheads for staffing include pension contributions, national insurance and estates- no managerial overhead has been added.

3.3.11 Family Centre space would be used for parent group sessions at no cost.

3.4 Joint Occupational Therapy/Speech and Language Therapy Pathway for 0-5s with Social Communication Difficulties (SCD), including children with suspected Autism Spectrum Disorder

- 3.4.1 Families have raised concerns about access to support while children are waiting for an ASD diagnosis.
- 3.4.2 Waiting times have been up to 2 years, with additional time required to collect evidence pre-referral in terms of observations.
- 3.4.3 Evidence shows that early intervention is of significant benefit to children with social communication difficulties
- 3.4.4 SLT and OT at Bart's Health and Educational Psychology at the Local Authority previously undertook a pilot where parent groups were led by psychologists/therapists.
- 3.4.5 These groups were able to deliver interventions at scale and create a supportive community for the family/guardians of children with social communication difficulties.
- 3.4.6 The focus of the intervention is on support for parents and covers: developing routines; a positive approach to neuro-diversity; and developing parents to support each other.
- 3.4.7 A course of support from the pilot lasted 3 months and feedback via surveys was overwhelmingly positive- one parent reported 'it's improved the relationship with my son' and another reported, 'our relationship is much stronger'.
- 3.4.8 The pilot was in line with the Primary Service Provider Model of Care- advocated by NICE- and draws on other evidence of the benefits of group-based early intervention provision, including: Barrett et al., 2010; Fletcher-Watson et al., 2019; Dykshoorn & Cormier, 2019; and Astle & Fletcher-Watson, 2020.
- 3.4.9 The pathway will primarily focus on delivering these parent support groups, but will broadly cover:
 - a. Triage and assessment, which includes a decision on the pathway to be used and making onward referrals as required.
 - b. Parent Groups facilitated jointly by speech and language therapists/occupational therapists/educational psychology, which could either be virtual or face to face, e.g., in a Children and Families Centre. These groups would be focused on supporting parents to understand their children's needs better, how to assist their children to develop skills through participation in everyday activities and routines and how the environment impacts on this.

- c. A visit to the child's nursery or other setting, which would enable effective sharing of information with educational and care settings, and training and modelling for practitioners.
- d. Additional individual speech and language therapy/occupational therapy for a smaller number of families that may have difficulty generalising strategies and supporting their children after the group intervention. This would be goal directed and delivered in blocks of interventions rather than continuous provision.
- e. Therapy advice written for an education, health, and care plan (EHCP) for those children that require an EHCP.
- f. Transition work with school and/or Phoenix outreach, e.g., when in reception class.

3.4.10 Based on the level of need, the service would provide treatment for 180 children per annum- the number between the age of 5 and 6 on the ASD caseload.

3.4.11 1,800 clinical hours of SLT, OT and Educational Psychology is already commissioned locally

3.4.12 The additional investment would build on this by improving access and developing a group-based intervention that can reach more families- 2,880 additional clinical hours per annum.

3.4.13 To deliver this care, a 0.3 WTE Clinical Lead would manage 2.5 WTE Speech and Language Therapists/Occupational Therapists/Educational Psychology with the support of 0.3 WTE co-worker.

Figure 2- Costs of Social Communications Difficulty Pathway

Staffing Costs

Role	Unit Price	WTE	Cost
Clinical Lead (Band 8a)	£65,437	0.3	£19,631
Therapist- (Band 6)	£52,074	2.5	£130,185
Co-worker (Band 4)	£34,206	0.3	£10,262
Total per annum			£160,078

Additional Costs (Year 1)

Item	Unit Price	Number of Units	Cost
Laptop	£1,500	3	£4,500
Mobile Phone	£170	3	£510
Total			£5,010

Additional Costs (Yearly)

Item	Unit Price	Number of Units	Cost
Phone Costs	250	3	£750
Training	350	3.1	£1,085
Software Licenses	200	3.1	£620
Professional Resources	100	3.1	£310
Total per annum			£2,765

Summary

Item	Cost
Total Costs- Year 1	£167,853
Total Costs- Year 2	£162,843
Total Costs over Two Year Contract	£330,696

3.4.14 Bandings are NHS Agenda for Change 2022/23 with interior London weighting- additional overhead covers estate, pension and other costs.

3.4.15 Overheads for staffing include pension contributions, national insurance and estates- no managerial overhead has been added.

3.4.16 Educational psychology will input from existing provision and the level will be negotiated with the team- this means it carries no additional costs.

3.4.17 Family Centre space would be used for parent group sessions at no cost.

3.5 Rationale for Direct Award to Bart's Health

3.5.1 The paper recommends a direct award of these services to Bart's Health.

3.5.2 Bart's Health is already commissioned by LBTH and the CCG to provide speech and language therapy and occupational therapy to children in the community.

- 3.5.3 Bart's Health will be building on existing provision in the delivery of the new SLT Treatment for ages 3-5 and SCD for 0-5 pathways- integrating existing and proposed new provision.
- 3.5.4 Commissioning another provider to deliver the new provision would see patients and families switch from one provider to another creating a fragmented experience for families- an issue that was flagged as a problem in the SEND inspection letter.
- 3.5.5 There is a wider workstream that focuses on the development of an Integrated Therapies Model with shared commissioning arrangements and pooled budgets across partner organisations.
- 3.5.6 This also places a priority on developing commissioner/provider collaboration and supporting local providers to take a lead on service development.
- 3.5.7 Ongoing provision by Bart's Health strengthens the development of this new model and supports the delivery of a more sustainable and resident centred model of care for children with SEND.
- 3.5.8 Bart's Health already has a strong local presence as the provider of acute and community services, and their involvement in Tower Hamlets Together- the place-based partnership in Tower Hamlets.
- 3.5.9 No other provider that provides children's therapies care over a range of settings is established locally.

3.6 Local Authority Funding Responsibility

- 3.6.1 Children's Therapy Services for SEND are commissioned by the local authority, CCG and schools locally.
- 3.6.2 The Children and Families Act 2014 states it is a responsibility for both CCGs and local authorities.
- 3.6.3 There are examples of other local authorities investing a larger share in speech and language therapies, but the picture is variable across different boroughs.

Figure 3- Therapies Investment for Children with SEND in Tower Hamlets by CCG, Local Authority, School- SLT, OT and Physiotherapy

	LBTH directly	CCG	Schools	Total	Comments
Investment	£413,700	£3,100,700	£668,000	£4,182,400	Excluding LBTH YJS external commissions
% Share	10%	74%	16%		

3.6.4 Local authorities have a responsibility under the Children and Families Act 2014 to invest in therapies services for children with SEND- particularly when they have an EHCP. Analysis of statistical neighbours, including Brent, Hackney and Croydon showed a higher investment share by the local council. Investment in SLT services

3.7 Conclusion

3.7.1 The 2021 SEND Inspection flagged gaps in SLT treatment for children aged 3-5 and therapy support for children with social communication difficulties, age 0-5.

3.7.2 Local stakeholder groups and families confirmed the issues in these areas.

3.7.3 The Designated Clinical Officers for SEND have developed an evidence-based proposal to deliver interventions for families at scale and develop a mutually supportive model for families.

3.7.4 This involves the commissioning of a Speech and Language Treatment Pathway for age 3-5s and a Social Communication Difficulty Pathway for 0-5s.

3.7.5 The recommendation is to commission Bart's Health via a direct award for a two year contract. The cost per annum would be: £343,174 and over a two year contract: £686,348.

4 EQUALITIES IMPLICATIONS

4.1 Disability is a protected characteristic under the Equalities Act 2010.

4.2 The local authority has a responsibility to make reasonable adjustments to services to ensure that people with protected characteristics can access and engage with services.

4.3 The proposal identifies a gap in therapies provision for children with SEND and recommends commissioning an enhanced service to meet this need.

4.4 This will improve access to services for children with a disability locally and so will have a positive impact with regards to fair treatment under the Equalities Act.

4.5 It will also provide more positive support for families.

5 OTHER STATUTORY IMPLICATIONS

5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.
- Data Protection / Privacy Impact Assessment.

5.2 The Local Authority has statutory responsibilities to deliver care and support for children with SEND needs.

6 COMMENTS OF THE CHIEF FINANCE OFFICER

6.1 The funding for this project will be from the High Needs block of the Dedicated Schools Grant (DSG). Early intervention on speech and language therapies is likely to generate longer term savings in the high needs block as Children are likely to require less support through their school career.

7 COMMENTS OF LEGAL SERVICES

7.1 Regulation 32 of the Public Contracts Regulations 2015 allows the Council to use the competitive procedure without an advert where for technical reasons relating to the subject matter of the procurement competition would be absent and or the Council would not be able to keep to the timescales for the open or restricted procedure. In this case and in order to be effective the delivery of the services is needed urgently to prevent the gap getting bigger and also the services must interface with the existing service in an efficient way.

7.2 However, the Council must also ensure that its legal functions (of which this is one) are delivered in compliance with the Best Value legal duty. Therefore, the Council will monitor expenditure against the delivery of results and also benchmark costs with similar services in the region.

7.3 In any event the Council has the legal duty to take the steps it considers appropriate in order to protect and enhance the health of children in the borough. The Council has the legal power to undertake any task that is reasonably ancillary to the fulfilment of its legal functions and therefore it has the power to undertake the activities referred to in the report.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- NONE.

Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012

- NONE.

Officer contact details for documents:

N/A