REPORT TO Joint Commissioning Executive

DATE 22.2.18

Appendix 1

SUBJECT:	**Proposed joint commissioning and procurement strategy for children's speech and language therapy and occupational therapy**
LEAD OFFICER:	**Amanda Tuke – Joint head of children and maternity integrated commissioning** **Suzanne Toomer – Senior children's commissioning manager**
PURPOSE:	**For joint CCG and Council discussion on recommendation for a commissioning and procurement strategy for children's speech and language therapy and occupational therapy and agreement of next steps**

RECOMMENDATIONS

In the longer term, the Children and Maternity Integrated Commissioning (CMIC) team recommends that the commissioning strategy for all children's community health services are considered as part of wider children's health transformation strategy in line within the context of One Croydon approach for health and care.

In the medium term given that the speech and language therapy contract ends on 31st July 2018, the CMIC team recommends the following to take the commissioning and procurement strategy in the direction of One Croydon:

1. That the joint CCG and Local Authority commissioning strategy for speech and language therapy (SLT) continues and that this approach is also taken for occupational therapy (OT), given the evidence that the current commissioning and procurement strategy and arrangements have been fundamental to improving the quality, effectiveness and efficiency of the SLT service. This has enabled the best possible education and health outcomes for children to be achieved within the available resources.

2. That the level of the Local Authority contribution to the SLT and OT contract should be reviewed in the light of feedback from the provider and findings from the audit of health elements in Education, Health and Care plans with particular consideration given to improving outcomes for children aged under 5.

3. That the procurement strategy for SLT and OT as set out below is implemented in recognition of the importance of integrated services in achieving successful

outcomes for children with SEND, in particular within the Crystal Child Development Centre.

Procurment regulation permitting, the recommended procurement option is direct award to the current provider

4. It is recommended that Croydon Health Services (CHS) should be directly awarded a single joint contract for children's SLT and OT– including additional capped funding of £30,000 per annum to cover what is currently OT non-contract equipment – for a duration of years to be agreed from 1st August 2018 when the current SLT contract expires.

5. This option is being recommended as it will;
    - Maintain the essential integration of services for children with SEND to support the development of a seamless offer to children and families in the context of the Child Development Centre model;
    - Allow the levels of integration achieved to date to be strengthened over time.
    - Allow a new contractual arrangement to be put in place in a timely fashion;
    - Strengthen the focus on outcomes rather than activity already established for these services;
    - Provide an opportunity to negotiate cost benefit of staying with the current provider.

6. Subject to further legal clarification, the following CCG procurement guidance would support direct award in this case;

    Principle 3 of the CCG contestability framework
    Any decision not to contest a service should be supported by clear and transparent evidence to demonstrate which of the "qualifying conditions" have been met in an individual case.
    there are a range of circumstances in which the CCG may be justified to adopt a preferred provider approach to the identification of a future service provider. These "qualifying conditions" may include
    - Where the service to be procured has such strong service alliances with an existing service that an extension to existing arrangements is appropriate
    - Where procurement for an individual service would compromise proposals or plans for more strategic approaches to services change, e.g. larger system prime contractor or outcomes based commissioning approaches which cover more than one speciality.

7. Under the framework, commissioners are encouraged to secure delivery of health services in an integrated way, including with other health services, health-related services or social care services.

8. The objective of the Crystal Development Centre, which is a core element of current service delivery for children with SEN and disabilities, is to enable provision for children with SEN and disabilities to be delivered in a holistic and more integrated way with the child and family at the centre and in a family friendly setting. All the services located in the Development Centre are delivered by the same, current

service provider, Croydon Health Services. Moving to a new provider could destabilise this integration and jeopardise the value for money that has already been achieved.

If procurement regulations do not permit a direct award to the current provider;

9. The CMIC team would recommend as a first step to recommissioning that two contracts for a term of 12 months are directly awarded to CHS from 1st August 2018 to 31st July 2019 for CCG and Council funded SLT and Council funded OT. The new contracts should be on the same terms as the current contracts. This approach would allow time for a competitive tender exercise to be completed if necessary.

10. A direct award for up to 12 months would be necessary as neither the current SLT or OT contracts have provision for further extension. Alongside the direct award, the CMIC team would recommend that if required, SLT and OT are re-procured in a single joint contract covering both therapies with additional funding for OT non-contract equipment.

Diagnosis of autism spectrum disorder

11. Both speech and language therapists and to a lesser extent occupational therapists contribute to the joint diagnostic assessment pathway for autism spectrum disorder (ASD). This pathway is currently under review in response to very poor timeliness of assessments. This review is within a separate workstream as part of a wider review of the Children's Community Medical Service which is the service which currently leads the pathway.

12. If progress on resolving the ASD pathway issues within the current contracting arrangements is not achieved within agreed timescales (community paediatricians are commissioned through the block CCG/CHS community contract), at a later stage, commissioners will escalate to CCG SMT to consider if the current pathway should be decommissioned and whether the scope of the strategy recommended in this report should be widened to include the management of the ASD diagnosis pathway within the separately commissioned SLT and OT service.

Background:

- The Sept 2014 statutory guidance requires:
    - "Local authorities and CCGs must assess the needs of the local population of children and young people with SEN and disabilities and plan and commission services for them jointly"
    - "CCGs must commission services jointly for children and young people (up to the age of 25) with SEND, including those with Education, Health and Care (EHC) plans."

- Effectiveness of joint commissioning in line with the statutory guidance will be investigated in the future unannounced Ofsted/CQC inspection of Council and CCG SEND services.
- SEND tribunals currently only apply to education provision in Education, Health and Care. From April 2018, this will be extended to Social Care and Health provision. Tribunals will have the power to require commissioning organisations (local authority and CCG) to fund additional services. Effective joint commissioning of good quality services commonly identified in EHCP's (SLT and OT) will contribute to minimising the number of cases referred to SEND tribunal.

Proposed commissioning and procurement strategy for children's speech and language therapy, children's occupational therapy and non-contract occupational therapy equipment

Introduction

1. The children and maternity integrated commissioning team (on behalf of Croydon CCG and Croydon Council) with contributions and support from the Council's 0-25 SEN and Disability service have carried out a commissioning review of the children's speech and language therapy (SLT) and occupational therapy (OT) services. This report follows an interim report which was considered by the Joint Commissioning Executive on 16 Nov 2017 and focuses primarily on the future commissioning and procurement options for these services. The detailed findings from the interim report are contained in a number of appendices to this report.

2. This report is arranged as follows:
    - Issues considered in the review
    - Future needs and assets assessment
    - Resources
    - Conclusions
    - Options and recommendations
    - Appendix 1 – Current commissioning arrangements
    - Appendix 2 - SEND health outcomes framework
    - Appendix 3 - Children's speech and language therapy:
        - Description of current service
        - Outcomes, performance and feedback
        - Cost and spend analysis
        - Conclusions in relation to speech and language provision
    - Appendix 4 - Children's occupational health:
        - Description of current CCG-commissioned service
        - Description of current Council-commissioned service
        - Outcomes, performance and feedback
        - Cost and spend analysis
        - Conclusions in relation to occupational therapy provision
    - Appendix 5 - Lycrasuits and sleep systems

Issues considered in review

3. The following issues were identified at the outset of the review and have been considered throughout the review process:
    - The joint contract for children's SLT ends on 31 July 2018 and there is no further provision for extension.
    - The relative contributions from the Council and CCG to commissioning SLT and OT need to be reviewed in the light of findings from an audit of Education, Health and Care plans.
    - The extraction of the SLT provision from the CCG/CHS block contract has enabled more robust commissioner and contract management oversight which has been key to effectively supporting service improvement.
    - Children in scope of the services has been problematic and there is increasing challenge from families about variation in provision within and outside the boundaries of Croydon and in different settings.
    - Contracts need to clarify that income from additional buy-in by schools must be linked to increased staffing resources to deliver the additional services.
    - The current process for overseeing spend on lycra-suits and sleep systems is not efficient and likely to cause delays in children receiving potentially life-changing equipment.

Future needs and assets assessment

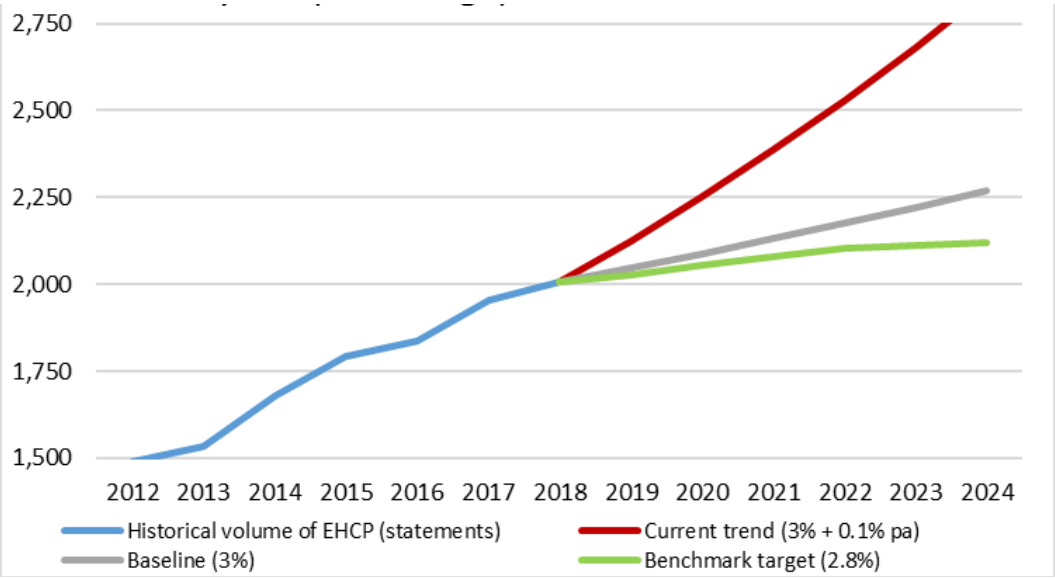
4. A demand and capacity review was carried out for Croydon Council by PPL and reported in Nov 2017.

5. PPL found that numbers of children in Croydon schools increased on average by 1.2% a year between 2012 and 2017. Of these 3.0% in January 2017 had an Education, Health and Care Plan (EHCP) to meet their special educational needs. This is slightly higher than London prevalence (2.9%) and slightly lower than Croydon's statistical neighbours (3.1%)

6. The average year on year growth in Statements/EHCPs of 5.7% over the last 5 years is in line with national trends. In the context of 1.2% population growth in Croydon, this suggests needs increased by 4.5% year on year.

7. However PPL project an increase in the numbers of school age children with EHCP with growth as shown in the red trajectory of chart 1 of approximately 6.25% year on year.

Chart 1: Projections of numbers of Croydon school age children with an Education, Health and Care plan.



Source: Croydon SEND Demand and Capacity review Final Report 241117 (PPL)

Projections

8. Basic projections of key primary needs have been made drawing on the approach used in the 2014 needs and assets analysis for children with special educational needs (SEN) and disabilities commissioned by the children and maternity integrated commissioning team from the Council's intelligence team in the absence of a Joint Strategic Needs Assessment for children with SEND.

9. These basis projections include both EHCP primary needs and other support needs. Numbers of children with different primary needs have been projected using as a starting point actual data from the Jan 2017 school census and applying (i) a low annual growth factor of 1.3% in line with average ONS projected population growth of Croydon children and young people over this time period (ii) and a higher annual growth factor of 5.7% in line with the average year on year growth in school aged children with EHCP/Statements.

10. Where the primary need is Autistic Spectrum Disorder or Speech, Language and Communication Needs, it is very likely that the child will receive some form of SLT intervention. OT might be needed across a wider range of conditions.

11. These projections have been compared with forecasts commissioned by Croydon Council from PPL (chart 1, table 1a and 1b)

Chart 1 Primary need changes between 2012 and 2018 *(Source PPL final report Nov 17). ASD=autism spectrum disorder, SLCN=speech, language and communication needs, MLD-moderate learning difficulties, SLD-severe learning difficulties, PD=physical disability SEMH=social,emotional, mental heatlh needs, X=need not specified.*

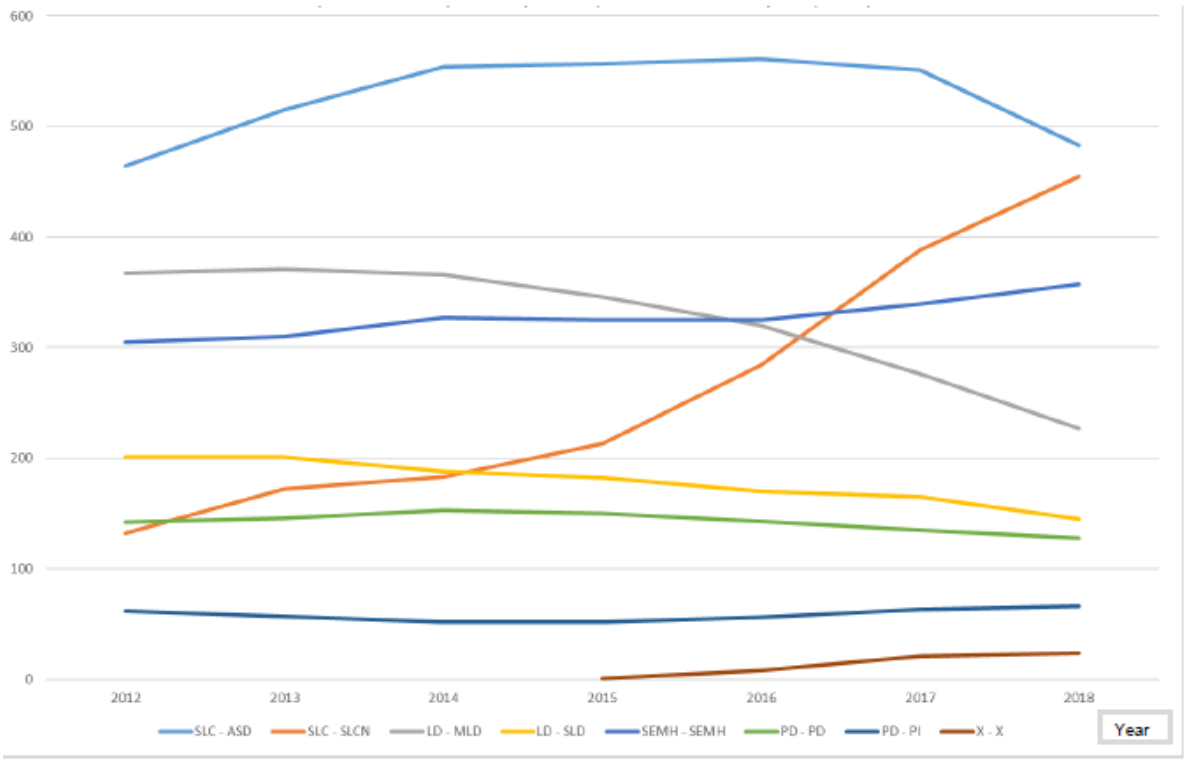


Table 1a. PPL projections of primary needs to 2024 recorded in EHCPs if recent growth for each need is extrapolated. *ASD=autism spectrum disorder, SLCN=speech, language and communication needs, MLD-moderate learning difficulties, SLD-severe learning difficulties, PD=physical disability SEMH=social,emotional, mental heatlh needs, X=need not specified.*

Demand	Early	Primary	Secondary	Further	Total
ASD	0	65	200	388	**653**
MLD	0	29	125	260	**414**
PD	0	22	51	133	**206**
PI	0	12	23	85	**120**
SEMH	0	68	146	115	**329**
SLCN	0	103	94	73	**270**
SLD	0	20	56	363	**439**
X	0	7	10	18	**35**
Total	**0**	**326**	**705**	**1435**	**2466**

Table 1b. Data from school census in Jan 2017 and basic projections to 2020 for numbers of children in Croydon schools (including children resident in other boroughs or with non-Croydon GPs) with each primary need with an Education, Health and Care plan or statement of SEN, or with support needs. Low projections have a 1.013 growth factor applied in line with projected population growth and high projections have a 1.057 growth factor applied in line with growth between 2012 and 2017 in EHCP/SEN statements.

Primary need	Projection level (low=1.013, high 1.057)	Jan 2017 school census actual		*Projections Jan 2018*		*Projections Jan 2019*		*Projections Jan 2020*	
		EHCP	Support	*EHCP*	*Support*	*EHCP*	*Support*	*EHCP*	*Support*
Autistic Spectrum Disorder	Low	576	319	*583*	*323*	*591*	*327*	*599*	*332*
	High	-	-	*609*	*337*	*617*	*342*	*625*	*346*
Moderate Learning Difficulty	Low	162	914	*164*	*926*	*166*	*938*	*168*	*950*
	High	-	-	*171*	*966*	*173*	*979*	*176*	*991*
Physical disability	Low	123	144	*125*	*146*	*126*	*148*	*128*	*150*
	High	-	-	*130*	*152*	*132*	*154*	*133*	*156*
Profound & Multiple Learning Difficulty	Low	106	8	*107*	*8*	*109*	*8*	*110*	*8*
	High	-	-	*112*	*8*	*113*	*9*	*115*	*9*
Speech, Language and Communication Needs	Low	317	1931	*321*	*1956*	*325*	*1982*	*330*	*2007*
	High	-	-	*335*	*2041*	*339*	*2068*	*344*	*2094*
Severe Learning Difficulty	Low	120	17	*122*	*17*	*123*	*17*	*125*	*18*
	High	-	-	*127*	*18*	*128*	*18*	*130*	*18*
Specific Learning Difficulty	Low	59	912	*60*	*924*	*61*	*936*	*61*	*948*
	High	-	-	*62*	*964*	*63*	*977*	*64*	*989*
Other primary need	Low	311	2243	*315*	*2272*	*319*	*2302*	*323*	*2332*
	High	-	-	*329*	*2371*	*333*	*2402*	*337*	*2433*
Total	Low	1774	6488	*1797*	*6572*	*1820*	*6658*	*1844*	*6744*
	High	-	-	*1875*	*6858*	*1899*	*6947*	*1924*	*7037*

12. For key primary needs in relation to SLT:
    - Projections for autism spectrum disorder are closely aligned between approachs
    - Projections for speech, communication and language needs are higher in the basic projections than the PPL forecasts

Resources

Provision specified in education, health and care plans

13. An audit of 47 Education, Health and Care plans was carried out in Nov and early Dec 2017 with the objectives as follows:
    - to provide an overview of the health elements in EHCPs which can be used to inform future commissioning priorities,
    - to provide assurance that the health elements of EHCPs are appropriate and services are recorded in the appropriate sections of plans.

14. The sample included both EHCPs that had been transitioned from SEN statements and EHCPs that had been newly coordinated by the Council's SEN team. The audit team included the Designated Medical Officer for SEND, health commissioners and provider leads for therapies, CAMHS and special school nursing with audit questions tailored to the auditor's role in relation to SEND.

15. The audit findings are shown in table 2.

Table 2: Findings from the Nov/Dec 2017 audit by health leads of health elements of Education, Health and Care plans for children with SEND

Issue identified in one or more plan audited	**Action which has or should be taken by health leads to address issue**	**Action which will be requested of Local Authority SEN team to address issue**
Assessments: **-** The assessment carried out by a health professional had not included in the EHCP - Assessment not being requested from health when other information in the plan suggests an assessment is needed	Improving access for all health provider leads to plans at draft stage to check for omissions	Clarity needed on role of Statutory Assessment Group (StAG) in confirming health assessments needed.
Gaps in plans: **-** Health element in transitioned plans did not address health needs sufficiently - Emotional wellbeing and mental health needs not being sufficiently addressed in plan. - No information included in plan on health input in school	Health provider leads had no input into transitioned plans. Health leads on StAG to reinforce need for consideration of EWMH.	Willingness of SEN caseworkers and managers to receive training on CAMHS Health plan in school for long term condition to be recorded in health section.
Organisation of plans: **-** Speech and Language therapy included in the education section of the plans in all cases unless in relates to support for eating/drinking. - Author of plan not putting the health outcomes and interventions appropriately in the health section (either in “my story” or “education” sections)	Commissioner to review SLT division between education and health as part of future commissioning strategy.	Training for SEN caseworkers.
Provenance of assessment: Speech and Language therapy intervention included in plan which has not been assessed as appropriate by Croydon service		To request clarity is provided on who provided assessment.
Language: It is likely that the language used by the health professional included in the plan would note be easily understood by the parent/carer	Identify and delivery appropriate training for health providers.	None yet identified.

16. In general, there were considerable concerns on the quality of health elements of Education, Health and Care plans (EHCP) which had been transitioned from Statements of Special Educational Needs. Health leads had not had the opportunity to influence transitioned plans because of the process put in place by the Local Authority to manage the volume and required speed of transitioning. Health leads considered this could be addressed through effective annual reviews of EHCPs. However there was concern regarding the capacity of the Designated Medical Officer to provide sufficient health input to all transitioned plans at the annual review stage.

17. The audit showed that Speech and Language therapy where included is recorded in the education section of plans in all cases unless it relates to support for eating/drinking. Together with an analysis of forecasting future needs this evidence suggests that the balance of investment between commissioning organisations (of

2:1 CCG to Council for SLT and 6:2:1 Health:Care:Education for OT) needs to be reviewed.

18. In November 2017 a survey to gather feedback on both the SLT and OT service were sent to both service users and settings. Feedback from the responses to these surveys can be fiund in this report at Appendix 3 and 4 and have formed part of the conclusions of this review.

Conclusions of review

19 The conclusions of this review are:

- Children's speech and language therapy and occupational therapy are being delivered effectively by the current provider within the terms of the current contracts.
- In general, the concerns of schools in relation to speech and language therapy and occupational therapy provided in their schools were primarily on the quantity of provision from therapists in commissioned services. Where the quality was flagged as an issue for speech and language therapy, this appeared to in fact be a reference to the quantity of provision.
- The change to a joint CCG and Council contract for SLT managed by a single contract manager in the children and maternity integrated commissioning was instrumental in driving improvement in service quality even though the provider did not change.
- The service model in place for speech and language therapy including training of the wider workforce and an additional service offer which schools can buy in has been successful in making best use of available resources and in the absence of growth in resources over the time period while the numbers of children projected to need the services is between 1.3% (based on projected population growth) and 5% (based on a proxy for increasing levels of need) a year.
- Analysis of provision in Education, Health and Care plans and forecasting future needs suggest that the balance of investment between commissioning organisations (of 2:1 CCG to Council for SLT and 6:2:1 Health:Care:Education for OT) may need review in light of audit findings.
- It would be challenging to ensure the continuing effectiveness of the integrated Crystal child development centre model if a different provider delivered these therapy services

20. An options analysis for procurement should take these conclusions into account.

Options analysis and recommendations

21. A number of future procurement options for OT and SLT are set out in table 3. In the context of the "make or buy" commissioning approach taken by Croydon Council, "make" or directly employing SLTs and OTs has not been included in the options because of the implications of maintaining effective clinical oversight for these specialist

teams.

22. **Option 4** is recommended if procurement regulation allows with the inclusion of OT equipment. This option would:

- maintain the essential integration of services for children with SEND to support the development of a seamless offer to children and families in the context of the Child Development Centre model;
- allow a new contractual arrangement to be put in place in a timely fashion;
- strengthen the focus on outcomes rather than activity already established.

23. **Option 3** would be the second preferred option if a procurement exercise was considered necessary.

24. Once a decision has been made on the future for these services, parents, carers and children will be fully engaged in developing the future service models for children's speech and language therapy and occupational therapy and the procurement processes.

Table 3. Options analysis for commissioning and procurement strategy for children's speech and language therapy and occupational therapy from August 2018.

Future contracting options	**Advantages**	**Disadvantages**
Option 1: Re-procure SLT as at the start of the contract in 2014. Make no change to commissioning and contract arrangements for OT. Make no change to arrangements for OT non-contract equipment.	• Keep distinct contracts for distinct services • Tests the market to see what other providers can deliver this service	• Potential to destabilise the integration that the current provider and contractual relationships have developed • Increased resource required to manage contracts sufficiently • Cost implications of running two contracts • Two procurement processes to resource and manage
Option 2: Re-procure SLT and OT in separate joint contracts.	• Keep distinct contracts for distinct services • Encourages market diversity could be different bidders for different service elements	• Potential to destabilise the integration that the current provider and contractual relationships have developed • Increased resource required to manage contracts sufficiently • Cost implications of running two contracts • Two procurement processes to resource and manage
Option 3: Re-procure SLT and OT in a single joint contract covering both therapies – including or not-including OT non-contract equipment	• Potential to increase early identification of children with multiple needs as one provider • Better coordination and integration of service delivery as one provider • Better Value for Money due to economies of scale, purchasing power and leverage in the market place • One procurement exercise to be resourced and managed • Ongoing integration of the service pathways	• More complex procurement process • Risk in commissioning one provider for the whole service if they fail to perform • Political (Small p) alignment of objectives and resourcing (need to be ongoing agreement) • Difficulty in agreeing levels of involvement and financial contributions of all commissioning partners to the contract

	• Continuous improvement negotiated with one supplier/provider over contract term	
Option 4: If procurement regulation criteria are met, directly award SLT and OT in a single joint contract to the current provider – either including or not including OT non-contract equipment.	• Continuity of provider • Current integration of services for children with SEND would continue and could be strengthened • No cost of procurement process • Strategic approach to supplier relationship management and development approach to continuous improvement • Opportunity to negotiate cost benefit of staying with current provider	• Not testing the market and Value For Money • Not open and transparent • Risk of legal challenge from the market • Risk of awarding to one provider if that provider fails to perform
Option 5: As with commissioning of adult's health services, taking an Outcomes Based Commissioning Approach (OBC) to the whole of children's health services commissioned.	• Approach could enable and promote new delivery models that challenges and requires providers to both improve quality and manage demand by focusing on outcomes • Promotes greater collaboration and innovation across the provider market • Could realise efficiencies in the system	• Would take a long time to implement meaning a solution to current contract arrangements would still need to be agreed. • KPIs that focus more on outcomes rather than activity have been implemented for these services • Evidence to support the approach is limited • OBC is proving difficult to implement for some areas.

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Appendix 1 – Current commissioning arrangements

1. Table 4 below sets out the current commissioning arrangements for children's speech and language therapy, children's occupational therapy and funding of lycra-suits and sleep-suits for children with cerebral palsy which have been the focus of this commissioning review.

Table 4. Current commissioning arrangments for children's speech and language therapy, children's occupational therapy and orthoses.

Service	Contract type	Resources
Children's speech and language therapy (SLT) to meet education and health needs	Joint CCG/ Council Two plus one from 1 Aug 2014. Contract extension agreed and in place until 31.7.18	Total: £1,820,528 per year CCG contribution £1,200,000 per year Council contribution £620,528 Quarterly payments invoiced separately to CCG and Council
Children's speech and language therapy (SLT) – school additional buy in	Joint contract requires provider to offer additional services for schools to buy.	Estimated total income for 17-18 is £150,000
Children's speech and language therapy (SLT) to provide expert witness advice for Tribunals and additional SLT provision for some children in specific circumstances	Council spot purchase	Estimated cost to be confirmed by Council SEN service.
Children's occupational therapy	CCG as part of CCG/CHS block contract Rolling annual contract	£588,639 in 17-18 shown as budget line in block contract (although review across CHS community children's health services suggests that £568,316 would be better aligned with current services costs).
Children's occupational therapy - adaptations	Council social care Draft contract in negotiation – terms until 31.7.18	£202,000 per year
Children's occupational therapy – additional buy-in for special schools and schools with extended learning provision (ELP)	Council SEN service	£131,594 per year
Children's occupational therapy (OT) to provide expert witness advice for Tribunals and additional OT provision for some children in specific circumstances	Council spot purchase	Estimated cost to be confirmed by Council SEN service.

Lycra suits and sleep systems in most cases to provide support for children with cerebral palsy.	CCG non contract activity – Between Jan 17 and Sep 17 6 new requests were received for lycra suits 11 repeat requests were received for lycra suits 13 new requests were received for sleep systems 2 repeat requests were received for sleep systems	£15000 in first half of 2017-18. Whole year forecast £30,000.
	TOTAL CURRENT SPEND	£2,922,761

2. The Crystal Child Development Centre in the central/north east of the borough was opened on 11 Jan 2017. Speech and language therapists and occupational therapists were relocated to the Centre alongside physiotherapists and audiologists. Community paediatricians from the Children's Community Medical Service deliver clinics in the Centre as well. The objective of the centre is to enable provision for children with SEN and disabilities to be delivered in a holistic and more integrated way with the child and family at the centre and in a family friendly setting. All the services located in the Development Centre are delivered by the same provider, Croydon Health Services.

3. The following are general issues to be considered in the review which apply to all services in this proposal:
    - Providers report increasing numbers of children referred with increasingly complex needs;
    - There is an increase in specialist education provision in the borough and increase in local children with SEN and Disabilities placed within Croydon, including the planned free school for children with autism/ ASD.
    - There are issues in provision of services for young people aged 18-25 and transition to adult services to meet SEND legislation;
    - There are issues in funding of provision of services to children who are the responsibility of other local authorities but in Croydon schools.

Appendix 2 - SEND outcomes framework

1. The jointly funded children and maternity integrated commissioning team took on responsibility for commissioning speech and language and occupational therapy services for children and young people on behalf of Croydon Council and Croydon Clinical Commissioning Group in April 2014. The team also has responsibility for contract managing the joint Council and CCG speech and language therapy contract.

2. At the outset a service priority was to shift the focus and monitoring of these services away from activity measures (the number of face to face or telephone contacts the service has with children) to a focus on improved outcomes for children in line with the principles of the Children and Families Act 2014. Following engagement with professionals and families and led by the CCG's clinical lead for children's health, an outcomes framework was developed as shown in diagram 1. The framework distinguishes between ultimate outcomes (for example "longer healthier lives") where the attribution of impact of any individual service is challenging and immediate service-level outcomes (for example "the child has made progress as a result of service delivery" where it there is potential to demonstrate impact of the service.

3. The 2014 SEND outcomes framework has underpinned service development and contract performance management for children's speech and language therapy and performance management for children's occupational therapy since then. A description of these services and their objectives are set out in further appendices.

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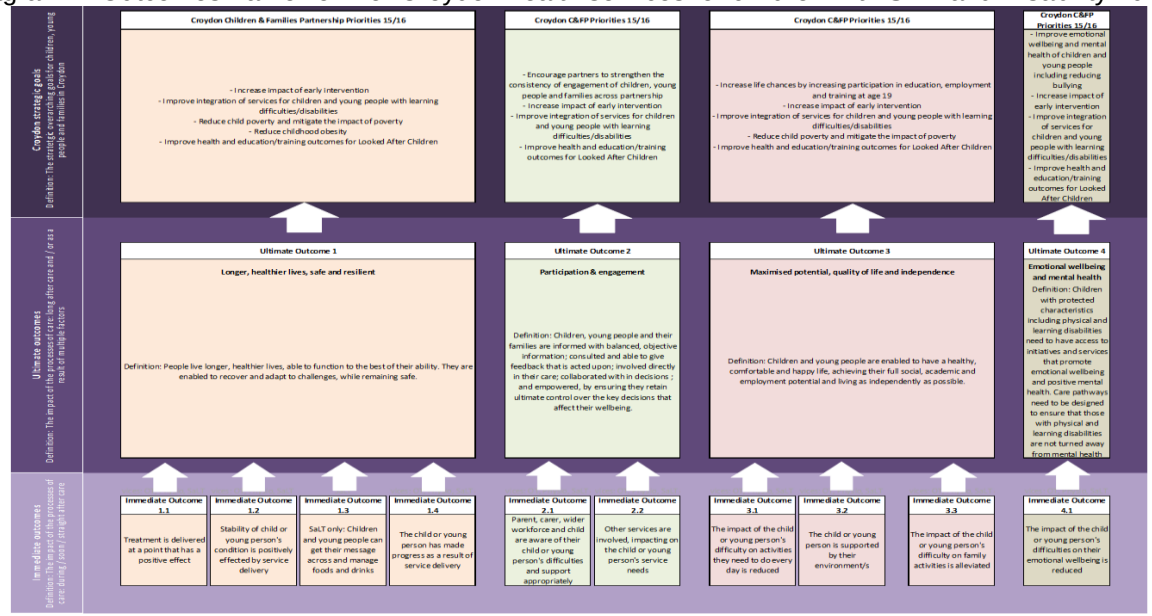
Diagram 1: Outcomes framework for Croydon health services for children with SEN and Disability 2014



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Appendix 3 - Children's speech and language therapy

Description of current service

1. **Service impact:** Good communication skills are recognized as central to the children's learning, well-being and life chances. Where speech, language and communication needs (SLCN)[1] are not identified and met appropriately, the children are at risk of achieving poor outcomes, particularly in relation to education, and in the longer term, employment chances. Many young people in contact with the criminal justice system have unidentified speech, language and communication needs.

2. **Service aims:** Speech and language therapy is delivered in Croydon through the Balanced System™ delivery model. Key aims of this model are as follows:
    - **Children and young people -** Children and young people accessing individual or group based interventions achieve their SLCN-related individual goals and functional outcomes;
    - **Parents and carers** are supported with appropriate information and skills to enable them to be effective primary communicative partners for their children and young people with needs at universal, targeted and specialist levels and to achieve high parental satisfaction rates;
    - **Workforce –** Using specialist knowledge and expertise to build skills in the wider workforce to ensure that they are confident in their role as facilitators of communication and are competent to deliver universal, targeted interventions and some elements of specialist programmes of intervention including individual and small group work;
    - **Early Identification –** There are efficient and accessible systems to enable early identification of need, both at an early developmental stage and also in terms of a rapid response to children and young people where concerns are raised at any age. Activity will include the training of others to identify need and providing pre-referral advice within community settings, and;
    - **Intervention & Environments –** Intervention is appropriate and timely, and may include direct or indirect work with individuals and groups of individuals, delivered in the most functionally appropriate context relative to specific need and in communication friendly environments

3. **Service users:** At the time the current contract was awarded in 2014 it was estimated that up to 36% of children entering Reception class have some level

1 The term SLCN has been adopted nationally as a term which includes children and young people with all forms of communication difficulty and also those with specific difficulties with eating and drinking (dysphagia). The term SLCN used by Department of Health and in reference to the work of speech and language therapists is broader than the definition used by the Department of Education in terms of classification of categories of Special Educational Need. For example, children and young people with Hearing Impairment have SLCN, as do those with Autistic Spectrum Disorder and many with Physical Disability and Learning Difficulties. **In this documentation the term SLCN is used in its most inclusive meaning.**

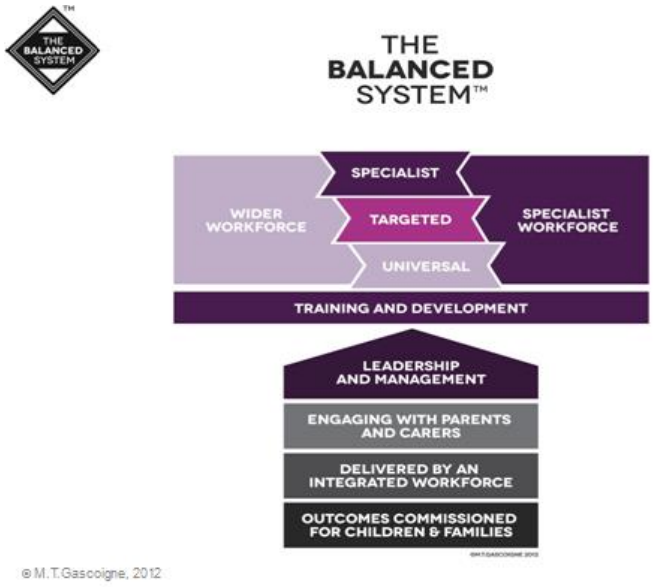
of speech, language or communication need (SLCN). When looking across the whole 0-19 population the estimated proportion remained relatively high with up to 27% in the context of a rising population. Around a quarter of these (7% of the 0-19 population and 9% of those entering school reception) can be expected to have significant needs requiring specialist and higher targeted levels of support and around 1.0% of 0-19 population and 1.3% of those entering school reception can be expected to have severe needs. Some children using the service will only have SLCN while others will have SLCN and a range of other needs. The service also contributes to the multi-agency pathways for children and young people with autism and ADHD.

4. **Eligibility as set out in the SLT contract:** The service is available to all children and young people aged from birth to their nineteenth birthday who are resident in Croydon or registered with a Croydon GP. Children who attend Croydon schools but are not registered with a Croydon GP and who do not live in Croydon will have free access to universal and lower-targeted services. Targeted or specialist services will be available to these children either via a reciprocal arrangement with the responsible Clinical Commissioning Group or Local Authority, or as an individually funded package for which the Service will charge the relevant Clinical Commissioning Group or Local Authority. Services will also be provided to those with no fixed abode such as refugees or families in hostels.

5. **Service Delivery Principles**[2] The service is seeking to ensure an outcome based approach to delivering integrated services for children and young people. The core principles which should underpin the service are:
    - Speech and language therapy provision takes account of the whole system across universal, targeted and specialist levels and therapists have an active but different role across the levels;
    - Objectives at each level should be linked to: Parents, Environment, Workforce, Identification and Intervention
    - Collaborative working is integral to achieve outcomes.
    - CYP are defined by their profile of need, not a setting attended or even necessarily a diagnosis or whether they have an Education, Health and Care plan
    - Pathways should be flexible to allow CYP to access support from all levels (universal, targeted and specialist) meaning that access to interventions at each level should not be seen as mutually exclusive and CYP might benefit from support drawn from one or more tiers simultaneously;
    - Where possible SLT provision should be delivered in most functional settings for the child or young person with functional goals at the centre of interventions

6. Through the Balanced System™, SLT service provision takes account of whole system across universal, targeted and specialist provision. Whilst delivery will be adapted to the specific needs of a given population, the core principles form the basis of the model. The core model is illustrated below.

[2] From The Balanced System™ template specification



7. **Quality requirements** of the service are as follows:
    - Waiting times from referral to initial assessment/intervention should be no more than 6 calendar weeks for children with an EHCP and no more than 12 weeks for all other children.
    - Children and young people who are at risk of choking/inhalation of food, inadequate nutrition due to SLCN related needs, or other significant concerns should be seen within time-frames indicated in the most up to date professional guidance from the Royal College of Speech and Language Therapists. Currently within 2 working days for acute needs and within 2 calendar weeks of referral for all other concerns.
    - Packages of support as requested by SEND Tribunals will be in place within 4 weeks, unless otherwise stated by the Tribunal.

8. **Pathways and referrals** are as follows:
    - An important principle of the Balanced System™ is that a child or young person should be able to access the range of assessment and / or intervention that they need in the simplest way possible
    - Universal provision will be open to all and will include general advice sessions and high quality information available in a wide range of settings and in schools and in a range of media.
    - For all remaining provision, referral can come from a range of sources including parental referral, health visitors and GPs with referrals processed through a single data management system.
    - Feedback should be provided to the referrer as well as to the child's school or setting (where they have not been the referrer) and to parents and carers.

9. **Wider workforce role and additional buy-in:** There are training sessions available for the wider workforce as well as advice and guidance provision for both the wider workforce and parents/carers. This should better equip the wider workforce to identify need early and deliver components of intervention themselves. Schools may also choose to buy in additional provision to compliment the core offer.

10. **Early years component:** Early years provision is primarily in the form of Chatterbox drop-in groups located in early years settings. Chatterbox Groups

are drop-in groups for Croydon families with children under the age of 5 years old who have concerns about their child's talking or interaction. They are run jointly by Speech and Language Therapy staff, Best Start Early Help Group workers and Children's Centres across the borough to promote, encourage and support speech, language and communication development.

Speech and language therapy outcomes and performance

Performance data

11. Key performance indicators and management information for the service are shown in table 5 for the first three years of the contract.

12. The key development in performance measurement was a shift away from measuring outputs towards outcome measures. While performance against the outcome measure of children fully or partially achieving goals has deteriorated over the two years it has been measured, this is in the context of a 37% increase in referrals over the same time period (1571 compared with 1148).

Table 5– headline performance measures and management information for Croydon children's speech and language therapy service by academic year.

	Targets	Academic year 14-15		Academic year 15-16		Academic year 16-17	
		Aug-Jan	Feb-Jul	Aug-Jan	Feb-Jul	Aug-Jan	Feb-Jul
Outcome measures							
% children fully achieving goals of care episodes closed in period	*80%*			76%	62%	61%	57%
% children partially achieving goals of care episodes closed in period	*N/A*			8%	10%	11%	0%
Quality measures							
% seen within 6 weeks from referral to initial assessment (to meet EHCP timelines)[1]	*100%*	21%	36%	33%	58%	84%	*tbc*
Mean wait in weeks	*6 weeks for EHCP, 12 weeks for non EHCP*	11		8		3	
Outputs and demand measures							
Number of appropriate referrals	*N/A*	1348		1148		1571	

Notes: (1) This is a snapshot measure at the end of each half year.

Services issues raised by the provider

13. Commissioning and contract issues raised by the provider or raised by service users to the provider have been logged throughout the lifetime of the contract. These include the issues shown in table 6 below.

Table 6: service provision issues identified by SLT provider

Issue theme	*Issue detail*

Cross borough issues	Children in scope of the contract are those with a Croydon GP or resident in Croydon. Provision for school aged children in settings is confined to maintained Croydon schools. Parents of Croydon children have complained that their children in out of borough schools do not receive an equivalent service. Some neighbouring boroughs only provider SLT for children with Education, Health and Care plans so Croydon is not able to commission an equivalent service from an out of borough provider.
Supporting tribunals	The contract requires the service to support tribunals where SLT is part of the EHCP. The number of tribunals has exceeded those anticipated and providing the support has had a negative impact on other provision.

Feedback from service users

14. The service carried out a survey of service users in early Nov 2017 in line with the requirements of the contract.
    - Over the 3 week period, 73 response were received and of these 28 said they did not believe there child had speech, language or communication needs (SLCN) which suggests that around a third of respondents may not have had direct contact with the SLT service.
    - 40% reported their child had seen an SLT over the last 12 months
    - The service are intending to repeat the survey.

15. In relation to service quality or issues:
    - 76% of service users reported they were satisfied or very satisfied that their child had received support with their SLCN.
    - Key issues identified by service users were:
        - Parents were not aware that their child's school had an SLT link advisor
        - Parents reported poor communications between themselves and the service
        - Parents felt there wasn't enough direct involvement from trained therapists with over-reliance on "untrained" school staff.
        - Concern about frequent SLT staff changes.

16. Parents suggested the following improvements:
    i. More regular communications between SLT and parents
    ii. Increased number of direct sessions with therapists, rather than through school staff.
    iii. Having a workshop/meeting once a term with all parents who have concerns to give guidance and advice generally on how to help young children communicate better.

17. The improvement proposed in (ii) suggests that improved communication is needed on how the Balanced Model supports children.

18. It should be noted that the parent reporting in (iii) was unaware that advice sessions are already in place which suggests that advertising needs to be improved.

Feedback from schools and settings

19. A survey of the views of key setting and school staff – in particular head teachers and SENCOs – in relation to provision and relationships was carried out in Nov 2017.

20. Settings were asked the following questions:
    i. What SLT, is delivered by Croydon Health Services in your setting? (If none, please go to question vii)
    ii. How would you rate the quality of SLT provision by Croydon Health Services in your setting? (1 = excellent, 2 = good, 3 = satisfactory, 4 = poor)
    iii. How would you rate the quantity of SLT provision by Croydon Health Services in your setting? (1 = good, 2 = sufficient, 3 = insufficient)
    iv. How would you rate the quality of training by SLT professionals of setting staff to support children? (1 = excellent, 2 = good, 3 = satisfactory, 4 = poor)
    v. How could the provision of SLT be better integrated in your setting to provide a seamless support for a child?
    vi. If relevant, please could you supply brief case studies of the impact of SLT in supporting individual children in your setting in particular in relation to literacy and accessing the curriculum.
    vii. Do you purchase additional SLT to further support children in accessing the curriculum in your setting? If yes, from whom?
    viii. Would you purchase additional SLT in the future? Please give reasons for answer.

21. A summary of responses from settings is shown in table 7 below.

Table 7. Service provision issues identified by early years settings and schools where SLT delivered

Issue theme	**Issue detail**
Increasing and more complex need	Settings reported an increase in the number of children with Speech, Language and Communication difficulties and more complex needs. Insufficient SLT to meet those needs.
Insufficient provision	Insufficient provision to meet rising demand and increasing needs leading to some settings purchasing additional SLT privately.
Early intervention	A need for early intervention work in settings to help those who fall below the high threshold for referral and stop their needs progressing.
Quality	The quality of provision reported by setting was very variable ranging from excellent to poor. This appeared to be based on the amount of sessions being received and the relationship with and consistency of the SLT.
Training	Many settings reported no training at all being delivered to staff with others reporting poor quality training when it was delivered. Staff feeling ill-equipped to support their children with SCLN.
Allocation of sessions	Many settings were unclear on what their allocation was and how that was calculated. Many reported a reduced number of allocated sessions for the 17/18 academic year and others reported that their allocation wasn't being delivered in its entirety.
Purchasing extra provision	Many settings said they would purchase additional SLT provision but lack of funds or other priorities prevented them being able to do so.
Transition	A requirement for better transition and communication arrangements between primary and secondary school.
Referrals	Settings reported difficulty with high threshold to get provision meaning they feel they have children unsupported.

Speech and language therapy cost and spend analysis

22. The children's integrated commissioning team have requested a detailed service cost breakdown from the provider for SLT but this has not yet been provided. Pending that, the following costs estimates in table 8has been made based on the whole time equivalent information confirmed by CHS.

Table 8 . Cost and spend analysis for Croydon Children's speech and language therapy service based on 17-18 values.

	cost py	**wte**	Total value
A&C - Band 3	£27,000	3	£81,000
A&C - Band 4	£32,163	1	£32,163
Band 4	£32,163	6	£192,978
Band 5	£40,000	3	£120,000
Band 6	£50,000	9.4	£470,000
Band 7	£57,630	12	£690,984
Band 8a	£66,163	3	£198,489
Band 8b	£70,000	0.7	£49,000
Total staff costs		**38.09**	£1,834,614
Total non staff costs - estimated			*£5,000*
Total costs			£1,839,614
CCG contribution to joint contract			£1,200,000
Council contribution to joint contract – SEN			*£497,655*
Council contribution to joint contract – Early years			*£122,873*
Joint contract value spend			£1,820,528
Income from additional school buy-in			£150,000[1]
Total spend			£1,970,528
Variance £			£130,914
Variance %			7%
spend per head U18 pop			£20.16

1. Estimated 2. On average.

23. Analysis of the costs and spend in table 8 shows that total spend (resources) exceed estimated service costs by £130,914 enabling a 7% contribution to overheads.

Conclusions in relation to SLT provision

24. While the model deliberately maximises the impact of expert resources, demands on the SLT service continue to increase and this is likely to be the cause of deterioration in the number of children who achieve the SLT goals agreed with their therapist.

25. In general feedback from parents is positive about the service, although they would welcome more direct contact with qualified SLTs.

26. Special schools had previously called for the local authority contribution to be given directly to schools to enable them to procure their own therapists. In practice schools have consistently bought in additional therapy from the current

provider which suggests they recognise the quality of the service. While schools raised issues about service quality, these were closely related to the amount of SLT delivered in each school with schools receiving more SLT more positive about quality.

27. The joint spend on SLT enables a limited contribution to the provider's overheads, around 7%, which is unlikely to be sustainable going forward particularly in the context of increasing demands.

Appendix 4 - Occupational therapy - CCG commissioned service

Description of current service

1. **Service impact:** Children's occupational therapy service provides the means for children and young people to adapt more successfully to everyday life in their usual environment whether home or school. Daily life tasks addressed by occupational therapy may include activities or tasks from three main areas
    - Self-care/self-maintenance – such as washing, dressing, grooming, eating and drinking.
    - Productivity – includes practical school tasks such as accessing the environment, carrying out class based routines, handling school equipment and materials and age-appropriate domestic tasks – making a snack, tidying a room, organising belongings.
    - Play and leisure – how a child plays, preferred play, range of play and leisure activities.

2. **Service aims:** To assist children, young people and their families to function independently. The service includes assessment, advice, individual and group – based intervention, home and school programmes, upper limb splinting, housing assessments, home adaptations and equipment, multi-disciplinary collaboration and training to other health and non-health staff in the 'wider workforce', offered in a range of environments including mainstream and special schools, nurseries, home, clinics and Croydon University Hospital.

3. **Service users:** Children and young people with a wide range of difficulties and additional needs are seen by the service including: physical disabilities, autistic spectrum disorders, ADHD, learning difficulties, developmental delay, developmental co-ordination disorders and sensory processing disorders. The service also contributes to the multi-agency pathways for children and young people with autism and ADHD.

4. **Service eligibility for CCG commissioned service:** Children and young people aged 0 to 16 registered with Croydon GPs.

5. **Service outcomes:** The service will work to achieve the following immediate outcomes:
    - Treatment is delivered at a point that has a positive effect
    - Stability of child or young person's condition is positively affected by service delivery
    - The child or young person has made progress as a result of service delivery
    - Parent, carer, wider workforce and child are aware of their child or young person's difficulties and support appropriately
    - Other services are involved, impacting on the child or young person's service needs
    - The impact of the child or young person's difficulty on activities they need to do every day is reduced
    - The child or young person is supported by their environment/s
    - The impact of the child or young person's difficulty on family activities is alleviated
    - The impact of the child or young person's difficulties on their emotional wellbeing is reduced

- Increasing skills and knowledge of OT related issues in the wider workforce in order to support children to reach their potential and to ensure timely referrals to the service.
- Increased school readiness for children transitioning to primary and secondary schools
- Reduction in challenging behaviours associated with sensory processing difficulties
- Increased parental understanding of child's difficulties and appropriate strategies for management
- Prevention of avoidable contractures of the upper limb through advice, therapy and splinting.
- Reduced risks to parents / carers and children through provision of appropriate equipment and adaptations
- Relevant factors identified to inform appropriate housing offers
- Relevant factors identified to inform SEN statement /EHC Plan process, adhering to the requirements set out in the relevant legislation and national guidance, including participating in the development of the child or young person's EHC plan and advising on the child's needs and the provision appropriate to meet them

6. **Referrals:** The service operates an open referral system, in line with national guidance for Allied Health Professional services, with Parental / Carer consent as appropriate and appropriate professionals should be notified of all referrals to the service. Referrals are viewed, prioritised and additional information sought as needed, with acknowledgement of the referral issued to parents and referrers within 5 working days of receipt. New referrals are generally seen in order of receipt. Urgent referrals, where there are high levels of risk including delayed discharges, are supported as soon as possible. Referrals are categorised to assist in caseload allocation and prediction of workload and throughput.

7. **Quality requirements:** The service is required to meet the 18 week referral to treatment target and must additionally meet the 6 week statutory assessment target for Education, Health and Care Plan report requests for children who have active OT input at the time of the request. In the very few cases where the child or young person is not currently open or known to the OT service but meets the service's referral criteria, the service accepts them onto the 18 week maximum referral to treatment waiting list.

8. **Pathways:** The CCG-commissioned service consists of three workstreams: Early Years, Mainstream Schools and Special Schools. The staff work across the work streams in order to deliver an integrated service and to make best use of specialist clinical skills. Care pathways and packages are used to maximise efficiency, effectiveness and equity of approach.

9. **Carers and wider workforce:** To support parents / carers and the wider workforce to address children and young people's functional difficulties in their care/attending their setting, the service works closely with other Health, Education and Social Care professionals to address children's functional difficulties. This includes supporting the building of skills and capacity in the wider children's workforce, including school and Children's Centre's staff through provision of training, support and development

10. **Service delivery:** core elements are:
    - Assessment of child's functional difficulties to perform activities of daily living according to developmental expectations, with analysis of underlying performance components i.e. physical skills, gross and fine motor skills, visual perceptual skills, sensory modulation and motor planning
    - Development, implementation and monitoring of specialised therapeutic strategies
    - Intervention on a one to one or group basis aligned to functional goals and supported by advice to home and school as appropriate. This approach includes the use of compensatory strategies to enable the achievement of functional goals with support/ grading
    - Hand and upper limb splinting is provided to maintain / improve function and range of movement
    - Multidisciplinary and joint working to holistically meet the child's needs and promote necessary and effective information sharing

Occupational therapy - service description of Council Children with Disabilities commissioned service

11. This service is commissioned and contract managed separately by the Council but is delivered in an integrated way with the CCG commissioned service. Unique elements of this part of the service are described below.

12. **Service impact:** the Occupational health home adaptions and equipment service delivers assessment of needs and liaison with adaptation providers.

13. **Service aim/s:** to assist children, young people and their families to function independently.

14. **Service users:** These are limited to children with disabilities known to the Croydon 0-65 disability service.

15. **Service eligibility for Social Care commissioned service:** Children and young people aged 0 to 17 who live in Croydon.

16. **Service delivery:** Equipment for Access, Independence, Safe Manual Handling for Children with Permanent Physical Disabilities
    - Assessment of need for a range of specialist equipment e.g. seating, bathing, toileting and moving and handling including consideration of contraindications, family context and environmental factors. Liaison with colleagues including physiotherapy, paediatricians, social work and speech and language therapy colleagues regarding suitability of proposed equipment where contraindication might exist i.e. dislocation, feeding difficulties, etc.
    - Recommendation, ordering, set up and demonstration of safe use and monitoring for growth of necessary equipment for child for home via delegated budget from Children with Disabilities service

17. Housing Adaptation for Access, Independence, Safe Manual Handling for Children with Permanent Physical Disabilities
    - Assessment of impact of housing on child's function and safety given

their physical disability, in context of family needs and property features
- Liaison with colleagues in Housing, CYPL, surveyors, adaptations unit and CHS to ascertain relevant factors and information
- Recommendation of necessary and appropriate adaptations, joint working with the adaptations units and in agreement with family for progression of cost effective adaptation solutions
- Liaison with relevant professionals including company representative, architects, surveyors to ensure understanding of the child's and family's requirements
- Checking work meets client's needs once completed

18. Re – Housing Including Changes or Additions to New Build Houses
    - Assess need for re-housing in light of physical disability and significant challenging behavior
    - Complete reports of child's needs and housing requirements for Specials Needs Housing section
    - Carry out visits to prospective properties to advice on suitability, where necessary
    - Brief relevant building professionals of needs regarding any proposed new build properties
    - Examine plans of proposed housing in terms of access and suitability and suggest any necessary changes

19. Equipment and Adaptations for Children with Significant Challenging Behaviour
    - Assessment for necessary equipment and adaptations to create a safe home environment for children with challenging behaviour as a result of learning difficulties, Autistic Spectrum Disorders or head injury

20. **Referrals:** Children are referred to the service only by the Council's children with disabilities team.

21. **Quality requirements**: A timeliness requirement is not currently specified.

Occupational therapy outcomes, performance and feedback

Performance data

22. Table 9 shows service performance over the last two financial years. The proxy measure for improved outcomes for children and young people, the percentage fully achieving therapy goals has increased to 86% over this time period. Quality measures show good performance and measures of demand suggest the service has been effective in improving timeliness of discharges to manage caseload levels effectively.

Table 9. Children's occupational therapy performance measures.

	Target	Financial year 15-16		Financial year 16-17	
		Apr to Sep	Oct to Mar	Apr to Sep	Oct to Mar
Outcomes					
% children fully achieving goals of care episodes closed in period	80%	71%	55%	71%	86%
% children partially achieving goals of care episodes closed in period	N/A	7%	37%	7%	6%
Quality					
% reports for EHCP within 6 weeks of request	100%	100%		100%	
Mean wait in weeks - health	6 EHCP, 18 non	14		11	
Mean wait in weeks – social care	6 EHCP, 18 non	12		12	
% of patients seen within 18 weeks of referral	100%	99%		99%	
Outputs and demand					
Number of appropriate referrals - health	N/A	470		401	
Number of appropriate referrals – social care	N/A	97		77	
Number on active caseload - heatlh	N/A	934		819	
Number on active caseload – social care	N/A	279		280	
Number of discharges - health	N/A	424		660	
Number of discharges – social care	N/A	92		87	

Service issues raised by the provider

23. Commissioning and contract issues raised by the provider or to the provider by service users have been logged throughout. The key issues are shown in table 10.

Table 10: service provision issues identified by children's occupation therapy provider lead

Issue theme	*Issue detail*
Cross borough issues	There are considerable issues across borough boundaries as OT setting based provision is only commissioned in Croydon maintained schools.
Children in scope of service	There is a gap in provision because the children's service is for children up to 16 whereas the adult service is for young people aged 18 and above.
Support in accessing education	The service lead has reported that the service is not able with current resources to fully support children in accessing the curriculum.

Service user feedback

24. The service carried out a survey of service users in early Nov 2017 in line with the requirements of the contract. The following questions will be used and respondents will be asked to score the questions 1 to 4 where 1 is "very satisfied" 2. "satisfied" 3. "dissatisfied" 4."very dissatisfied":
    - Overall, how satisfied are you with your experience of this service?
    - How satisfied are you that your child has received support to meet his/her needs?
    - How well do you feel your child's health and well-being have benefitted as a result of your contact with this service?
    - Do you have any other comments on the service?

25. In summary, the outcomes of the survey were:
    - 87% of parents/carers reported they were satisfied or very satisfied with the service they had received from children's occupational therapy.
    - Key issues or areas of improvement identified by parents/carers were:
        - Good initial communication but follow up with ongoing cases not as consistent.
        - Not enough provision in schools.
        - Provision for children with Croydon GP in non-Croydon school.

Feedback from schools and settings

26. A survey of the views of key setting and school staff – in particular head teachers and SENCOs – was carried out in Nov 2017.

27. Settings were asked the following questions:
    i. What OT, is delivered by Croydon Health Services in your setting? (If none, please go to question 7)
    ii. How would you rate the quality of OT provision by Croydon Health Services in your setting? (1 = excellent, 2 = good, 3 = satisfactory, 4 = poor)
    iii. How would you rate the quantity of OT provision (number of sessions) by Croydon Health Services in your setting? (1 = good, 2 = sufficient, 3 = insufficient)
    iv. How would you rate the quality of training by OT professionals provided for staff to support children? (1 = excellent, 2 = good, 3 = satisfactory, 4 = poor)
    v. How could the provision of OT be better integrated in your setting to provide seamless support for a child?
    vi. If relevant, please could you supply brief case studies/examples of the impact of OT in supporting individual children in your setting?
    vii. Do you purchase additional OT to further support children in accessing the curriculum in your setting? If yes, from whom?
    viii. Would you purchase additional OT in the future? Please give reasons for answer.

28. A summary of the responses from settings are shown in table 11.

Table 11: Service provision issues identified by early years settings and schools where OT delivered. Responses from nineteen schools have been included.

Issue theme	**Issue detail**
Insufficient OT provision in settings	This is leading to some parents funding private OT assessments and some settings buying in private OT provision if funds allow
Referral process	Settings reported difficulty getting referrals accepted, too high threshold to get provision, lack of communication between OT and the setting as to why referrals are not accepted and disagreement between OT and the setting around a child's requirement for OT and discharge.
Training	Many settings reported no training at all being delivered to staff with others reporting poor quality training when it was delivered.
Purchasing extra provision	Many settings said they would purchase additional OT provision but lack of funds or other priorities prevented them being able to do so.
Lack of in setting support	Settings reported a requirement to have OT support for children delivered in the setting as well as in clinic to help assess a child's

	OT needs in school and to enable staff to confidently deliver OT support in school.
Early intervention	A need for early intervention work in settings to help those who fall below the high threshold for referral and stop their needs progressing.
Transition	A requirement for better transition arrangement between primary and high school. A revised system for communication between the Early Years SEN Team/admissions and SLT would be beneficial.
Communication	Settings reported very little direct contact with OT and a general need for OT to better communicate with settings.

Occupational therapy cost and spend analysis

29. The children's integrated commissioning team have requested a detailed service cost breakdown from the provider for OT but this has not yet been provided. Pending that, table 12 shows costs estimates made based on the whole time equivalent information confirmed by CHS.

Table 12: Cost and spend analysis for Croydon Children's occupational therapy service based on 17-18 values.

	cost py	wte	cost
A&C - Band 3	£27,000	1.8	£48,600
Band 4	£32,163	1.8	£57,893
Band 6	£50,000	6	£300,000
Band 7	£57,630	5.27	£303,710
Band 8a	£66,163	1.52	£100,568
Band 8b	£70,000	0.1	£7,000
Total staff costs		**16.5**	£817,771
Total non-staff estimated			£5,000
Total costs			£822,771
CCG block contract spend in 17-18 plan			£588,639
Proposed adjustment to CCG block contract 16-17 spend as baseline for 18-19			*-£58,962*
Council contract spend			£202,000
Council spend – additional special school and extended learning provision - estimated			£131,594
Total spend			£863,271
Variance			£40,500
Spend per head U18 pop			£8.83

30. A proposal is being developed to realign the budget lines in the CHS block community contract proportionally with spend to standardise contribution to non staff costs across services. If this proposal was accepted, it is estimated the budget line for the CCG OT budget in the block contract would reduce from £588,639 to £568,316 giving a 10% contribution to non-staff costs.

Conclusions in relation to provision of children's occupational therapy

31. Conclusions are:
    - The service has been effective in maximising available resources to achieve improved outcomes.
    - The majority of families (87%) are satisfied or very satisfied with the OT service they received but a number of respondents were concerned with the quantity of provision.
    - Feedback from settings was primarily related to the insufficient quantiy of OT available.
    - The current level of contribution to provider overheads may not be sustainable going forwards.
    - Clinicians have concerns that the current commissioning resources are not sufficient to enable the service to effectively support children accessing the curriculum.

Appendix 5 - Lycra suits and sleep systems orthoses

1. Lycra-suits are prescribed by Occupational Therapy service most frequently for children with a diagnosis of cerebral palsy (CP) or other similar movement disorders affecting their postural control and/or function, however assessments are made based on the individual needs of the child rather than based on diagnosis alone.

2. Children assessed by Occupational Therapy as needing a sleep system most often fall into the Gross Motor Function Classification System (GMFCS) levels 4 and 5 which are the most severely impaired children with CP. The service report that there are currently 58 Croydon children and young people known to the service at GMFCS levels 4 and 5.

3. Lycra-suits cost on average £750 per suit and need replacing at some point between 6 and 12 months if the equipment is still of functional benefit as the child grows.

4. Sleep systems cost on average £1250 and usually lose their pressure relieving properties over time. Manufacturers recommend replacement after five years if they are not showing signs of excessive wear and tear before then.

5. The Occupational Therapy service contend that by providing this equipment/orthoses, there is a benefit to the longer term health and wellbeing of the child with:
    - a reduction in complex surgery to correct deformity
    - decrease in hospital admissions due to respiratory infection (respiratory function impaired by postural deformity such as scoliosis)
    - improvement in sleep patterns of both child and carers as not needing to be moved as frequently overnight to reduce pain/discomfort from poor position in bed.

6. NICE guidance *Spasticity in under 19s:management (last updated Nov 2016)* provides guidance on best practice for use of orthoses and advises:
    - "Ensure that children and young people have timely access to equipment necessary for their management programme (for example, postural management equipment such as sleeping, sitting or standing systems)"…
    - "Consider body trunk orthoses for children and young people with co-existing scoliosis or kyphosis if this will help with sitting"…
    - "Consider the overnight use of orthoses to: improve posture; prevent or delay hip migration; prevent or delay contractures; for muscles that control two joints; Immobilising the two adjacent joints provides better stretch and night-time use avoids causing functional difficulties."

7. Requests for this equipment/orthoses were originally referred to the SW London Individual Funding Request panel but as numbers increased with minimal difference in the content of business cases, the current commissioner understands that the panel lead proposed that these were managed locally by the commissioning team, so a non-contract activity service level agreement template was put in place by the lead children's commissioner at the time.

8. Since Jan 2017, the processing of service level agreements for funding lycra-

suits and sleep systems has been managed directly by the head of service for children and maternity integrated commissioning to ensure a clear picture of spend is gained. The total spend for 2017-18 Apr 2017 to Sep 2017 was £16,577 and was managed through the CCG's non-contract activity budget.

Conclusions in relation to lycra-suits and sleep systems

9. Authorising this volume of service level agreements and processing invoices uses considerable resources in the commissioning team.

10. Financial risk to the CCG would be better managed by agreeing funding for this equipment within a contract.