

I am a commissioner – what does the report mean for me?

This briefing provides an overview of the findings and recommendations of particular relevance to commissioners.

Findings

- While 29% of respondents felt commissioners' understanding about the importance of speech, language and communication was good or excellent, 38% said it was in need of significant improvement.
- Only 15% of people said that speech and language therapy was available in their area as required.
- Joint commissioning was repeatedly highlighted as one of the most promising solutions to providing equitable and accessible support.
- The vast majority of NHS speech and language therapy services said their commissioner measured the performance of their service on outputs – such as the number of children seen – compared with around a third who were measured on the impact of their service.
- Almost all of the respondents to a survey of NHS children's speech and language therapy services reported that they discharge children and young people who miss appointments.

Recommendation for commissioners

- NHS England and commissioners should work with providers and service users to identify what needs to be measured as an indicator of success.
- Commissioners should ensure that speech and language therapy service specifications require a clear pathway for children and young people who are not brought to appointments, and resource services to provide support in accessible and appropriate settings.

Calls to action for commissioners

Commissioners could:

- review the role of speech, language and communication when they evaluate how the skills of the workforce meet the needs of the areas, ensuring specialist skills are available/accessible.
- use the available guidance to commission impactful models
- speak to their local speech and language therapy service about which models are impactful.
- ensure that data sharing across services is common practice; there should be systems and protocols in place to ensure this happens
- when carrying out a skills audit, consider the positive impact of the role of specialist speech and language therapists as part of a local multi-disciplinary team meeting needs of children with and without education, health and care plans across universal, targeted and specialist levels.

Time for change

More than 10% of children and young people have long-term speech, language and communication needs (SLCN) which create barriers to communication or learning in everyday life. In areas of social disadvantage the proportion of children with SLCN can rise to 50%.

Currently, insufficient understanding of and resourcing for SLCN mean too many children and young people do not receive the support they need, impacting on their education, their employability and their mental health. But it can be different, and *Bercow: Ten Years On* sets out what needs to change.

Background

Published by I CAN, the children's communication charity and the Royal College of Speech and Language Therapists (RCSLT) *Bercow: Ten Years On* marks a decade since the publication of [The Bercow Report: A Review of Services for Children and Young People \(0-19\) with Speech, Language and Communication Needs](#).

We gathered evidence from over 2,500 people including children and young people, their parents and carers, speech and language therapists, other practitioners and key stakeholders including commissioners working in health, local authorities and schools.

The report's findings

Five key themes emerged from the review. The evidence showed:

- 1. Communication is crucial** to children's life chances. Yet awareness of its importance among the public and decision makers is still not high enough.
 - Our evidence found a lack of awareness and information about speech, language and communication in general and more specifically about SLCN.
 - While 29% of respondents felt commissioners' understanding about the importance of speech, language and communication was good or excellent, 38% said it was in need of significant improvement.
- 2. Strategic system-wide approaches to supporting SLCN are rare;** very often SLCN does not feature in national or local policies.
 - In an audit of the joint CQC and Ofsted local area SEND inspections, in two thirds of the areas with significant concerns, inspectors mentioned strategic planning, joint commissioning or leadership as areas of significant weakness.

"I was leading on a health issue and was spending half my day trying to sort things out with people saying 'this isn't mine, we're not responsible for that'... We've just got to do this in a more joined up way." Head of Commissioning

3. Services are inaccessible and inequitable. The report reflects on the changes to the commissioning landscape that have taken place since 2008, as well as the challenges caused by reductions in funding for public services. Our evidence demonstrated that support for children's SLCN is often planned and funded based on the available resources, rather than what is needed, leading to a high degree of variation across the country.

- Only 15% of people said that speech and language therapy was available in their area as required.
- Joint commissioning was repeatedly highlighted as one of the most promising solutions to providing equitable and accessible support.

“True needs-led joint commissioning across disciplines would allow the holistic needs of children and families to be addressed in the most efficient and effective way.”

Speech and language therapy service

4. Support that makes a difference should be based on the evidence of what works. We have much more evidence about SLCN in terms of prevalence, impact and interventions than we did in 2008. However, service design and cuts frequently do not take account of the evidence we have, and in many areas data about the impact of support is not routinely collected or analysed.

- The vast majority of NHS speech and language therapy services said their commissioner measured the performance of their service on outputs – such as the number of children seen – compared with around a third who were measured on the impact of their service.

5. Too many children with SLCN are being missed. Although the expertise of school and early years staff to identify and support children and young people's SLCN has improved, there are still many children whose needs are identified too late or not at all. Some of the most vulnerable children don't receive support because they miss an appointment.

- Half of parents said their child's needs were not picked up early enough.
- Almost all of the respondents to a survey of NHS children's speech and language therapy services reported that they discharge children and young people who miss appointments.

Good practice examples

Greater Manchester Health and Social Care Partnership is part of the first wave of integrated care systems. As part of their five year plan they have committed to delivering integrated commissioning and provision across all early years services, including a focus on speech, language and communication.

Commissioning for children needing Augmentative and Alternative Communication (AAC)

Liverpool City Council and the NHS Liverpool Clinical Commissioning Group collaborate on commissioning for children with AAC needs (for example children requiring communication aids). They work together at the interface between specialised commissioning, through regional centres and local NHS England support, alongside a special resource in a primary school.

The joint commissioning approach takes the higher cost challenges away from the local authority, and working together on commissioning has meant more clarity for commissioners and service providers as well as for children and their families.

Worcestershire promotes One Service, One Solution. Based on a thorough needs analysis, the Local Authority and NHS jointly commission core speech and language therapy services using The Balanced System™ framework with a clearly defined role for speech and language therapists at each level. Schools and settings, each with a named speech and language therapist, can

then commission additional activities as top ups. Evidence-based programmes are well embedded into an SLCN pathway, meaning there are clear routes for early identification, information and resources. As a result:

- Children at risk of SLCN in targeted early years settings have decreased on average by 20%.
- Children are identified earlier: 84% of health visitor referrals are now made under the age of three, compared to 35% in 2010.

What needs to happen?

I CAN and the RCSLT are committed to working in partnership with national and local decision makers, commissioners and other stakeholders to address the challenges highlighted in the report.

The recommendations of most relevance to commissioners are included below.

- 1. Communication is crucial** - everyone must understand speech, language and communication needs better.
 - Local authorities should ensure that the evidence from this report is included in their contribution to tackling health inequalities – in their Joint Health and Well Being Strategy and in their contribution to Integrated Care Systems.
 - Government should recognise that support for speech, language and communication is essential to improving social mobility, health inequality, employment and productivity.
- 2. A strategy for system change** - A clear, joined up message from the top is essential.
 - Government should develop a new cross-Government strategy for children, with speech, language and communication at its core.
 - The Ofsted and Care Quality Commission (CQC) inspections of local area arrangements to support children and young people with SEND should continue beyond 2020.
- 3. An accessible and equal service**

Children and young people with SLCN should get the support they need, wherever they live.

- NHS England and the Department for Education should provide a clear definition of joint commissioning and fund a programme of training for local joint commissioners on commissioning for SLCN.
- Local area SEND reviews should take account of the evidence from this review for effective joint commissioning of support for SLCN, and Ofsted and the CQC should train all inspectors to challenge local areas.
- With regard to Sustainability and Transformation Partnerships and Integrated Care Systems, the provision of integrated commissioning for SLCN should be:
 - included in these arrangements as one of the tests in any accreditation regime;
 - supported through any national development work; and
 - prioritised as a means for reducing health inequalities.

4. Support that makes a difference

Decisions about support for SLCN should be made based on what we know will have the greatest impact.



Bercow: Ten Years On



- CQC and Ofsted, in their Local Area SEND inspections, should judge whether support for children and young people's SLCN is commissioned on the basis of outcomes, rather than outputs.

5. Early identification and intervention

It is essential that the signs of SLCN are spotted early and acted on, and that children and young people are not penalised if they are not brought to appointments.

- Understanding of speech, language and communication should be embedded into initial qualifications and continuing professional development for a range of practitioners.

The full report, list of recommendations and calls to action are available at

www.bercow10yearson.com. For useful resources visit www.bercow10yearson.com/resources.