A Tale of Three Services

Case study of three areas and their provision for meeting the needs of children and young people with speech, language and communication needs

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1. Introduction

Supporting NHS England and Improvement (NHSEI) in a deep dive into factors impacting on waiting lists for speech and language therapy services for children and young people

This case study outlines key datasets from three NHS provider services in different parts of England. The three services were selected by the Royal College of Speech and Language Therapists (RCSLT) as they are known to be exemplars of good practice in the profession. All three services have also been involved in service transformation towards a whole systems approach aligned with the core principles of the Balanced System®.

Worcestershire has fully embedded the Balanced System service delivery model since 2011 following use of the needs analysis methodology to underpin a commissioning pathfinder project as part of the Better Communication Action Plan funded by DfE following the publication of the Bercow Review in 2008.

Salford undertook a needs analysis initiated by joint commissioners in 2017-2018 which resulted in a joint service specification based on the Balanced System service delivery model. The provider organisation then undertook further service transformation towards the service delivery model in 2019.

The Integrated Speech and Language Therapy Service for Hackney and the City of London was established in 2003 following a review by the late Prof James Law and Marie Gascoigne, both then of City University. Marie Gascoigne took a role within Hackney as Children's Therapy Manager and AHP Professional Lead and between 2003 and 2007 and implemented a major transformation programme using some of the early concepts of the Balanced

System service delivery model.

All three examples show a strategic approach to understanding need for a specific population and developing services to meet that need in a way that encompass the core elements of easy access, placed based delivery and an offer that aims to meet outcomes across the Five Strands of the Balanced System at each of universal, targeted and specialist levels.

This paper provides a summary of primarily quantitative data captured within the Balanced System tools in order to explore the current position for each of these services in the post COVID-19 period. For Worcestershire there is also qualitative data over several time points and for Salford at the outset of the work in 2017.

The narrative is constructed to follow the trail from population through to response to need using updated data from all three areas.

Some points for consideration are highlighted but this is not intended to provide a comprehensive review of any of these services and has been collated from existing datasets in response to the current need to inform the strategic national response to the speech, language and communication challenges of children and young people. All three providers would wish to do further updating if more time were available.

1.
POPULATION & DEMOGRAPHICS

Population

The following graphics summarise the population of children and young people 0-18 in each of the service areas. Population data for 19-25 year olds is captured but not used in these graphics as the subsequent calculations would be skewed due to the significantly smaller numbers of young adults with SEND and the inconsistencies nationally in how data is collected for this age group. It can be seen that Salford and Hackney have broadly similar population size and age split but that Worcestershire, being a county wide service, has approximately double the population to serve.

Figure 1: Population 0-18 for each of Salford, Hackney and Worcestershire

The measures of disadvantage present an interesting contrast. Whilst Salford and Hackney are in the most disadvantaged quintile of English districts based on the Indices of Multiple Deprivation (IMD) and the Indices of Deprivation Affecting Children (IDACI), Hackney is in the third of most socially mobile LAs in England, whereas Salford is in the mid range of 'neutral' LAs. By contrast, the districts within Worcestershire all appear less disadvantaged based on the IMD and IDACI measures, however three of the six districts are regarded as in the least socially mobile third of English

Area 0-18 population split by age bands

Legend: 0-4, 5-9, 10-14, 15-18
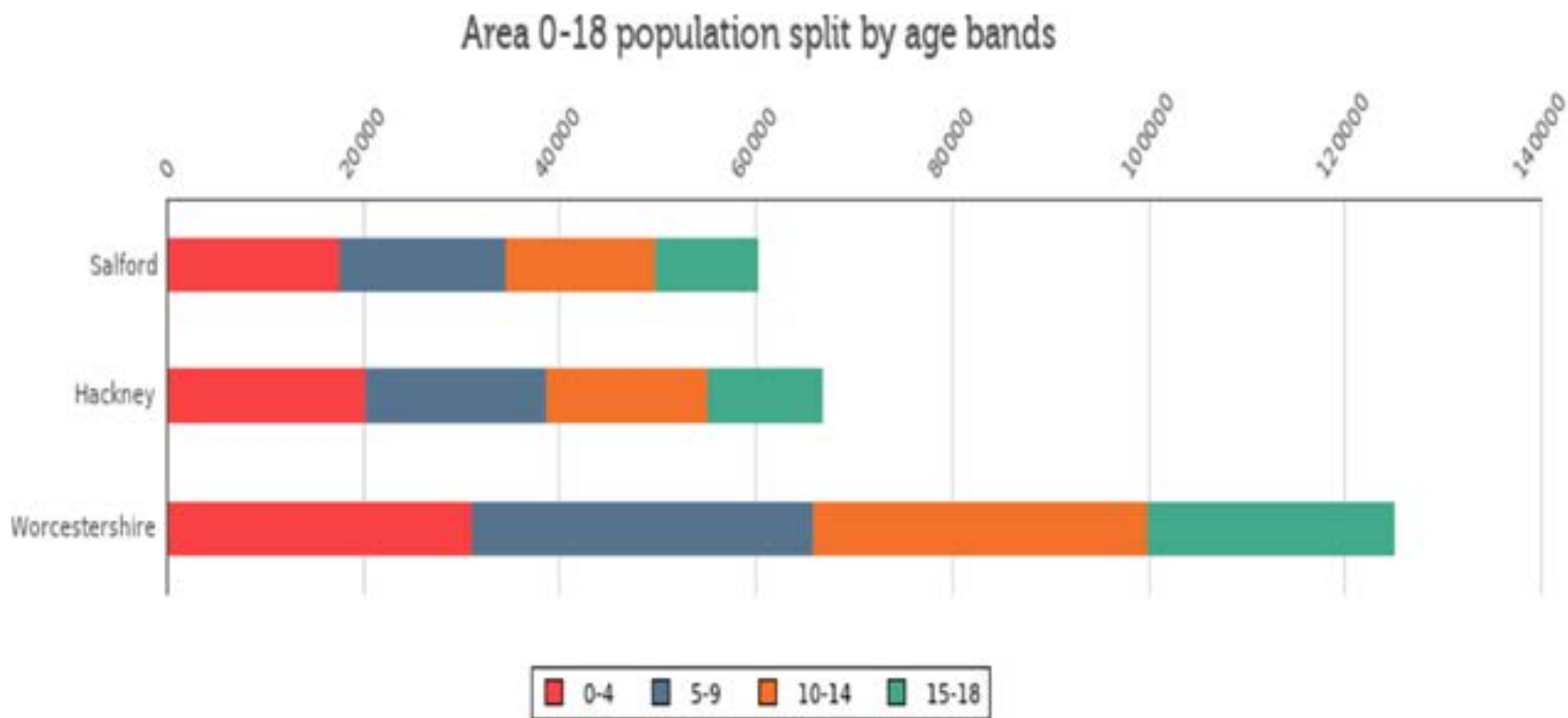
Measures of disadvantage

Figure 2: Disadvantage for each area across four measures

Quintiles	1st - most deprived	2nd	3rd	4th	5th - least deprived

SALFORD

Area	IMD	LSOA	IDACI	Social Mobility
Salford	18 out of 317 areas	48.67%	28 out of 317 areas	213

Show Wards

HACKNEY

Area	IMD	LSOA	IDACI	Social Mobility
Hackney	22 out of 317 areas	43.75%	22 out of 317 areas	5

Show Wards

WORCESTERSHIRE

Area	IMD	LSOA	IDACI	Social Mobility
Bromsgrove	268 out of 317 areas	1.72%	261 out of 317 areas	48
Malvern Hills	192 out of 317 areas	4.44%	188 out of 317 areas	200
Redditch	107 out of 317 areas	25.45%	125 out of 317 areas	202
Worcester	135 out of 317 areas	19.05%	121 out of 317 areas	277
Wychavon	197 out of 317 areas	5.13%	222 out of 317 areas	310
Wyre Forest	109 out of 317 areas	20.00%	101 out of 317 areas	273

Show Wards

Prediction of speech, language and communication needs (SLCN) using a population based approach to analysis

The predicted SLCN for all three areas was calculated using a methodology that brings together both the predicted levels of need for types of SLCN that might be expected in any population alongside a calculation that interacts with the demographic profile of the area and the evidence base that suggests that in areas of significant disadvantage up to 50% of children entering school might be expected to demonstrate some level of SLCN. This prediction is not diagnostic category based and encompasses the full range of potential SLCN including needs that, for the majority, will not require direct involvement from a speech and language therapist as well as those that will respond to enhanced specific support within the child's home or setting.

The predicted need is shown at ward level for Hackney and Salford and for the East and West Worcestershire teams as the whole country is visually difficult to display. Figures 3,4,5,6 and 7 below show the overview across the three areas and the breakdown within each area.

Prediction of speech, language and communication need

Figure 3: Prediction of number of children and young people 0-18 predicted to have some level of SLCN in each of the areas
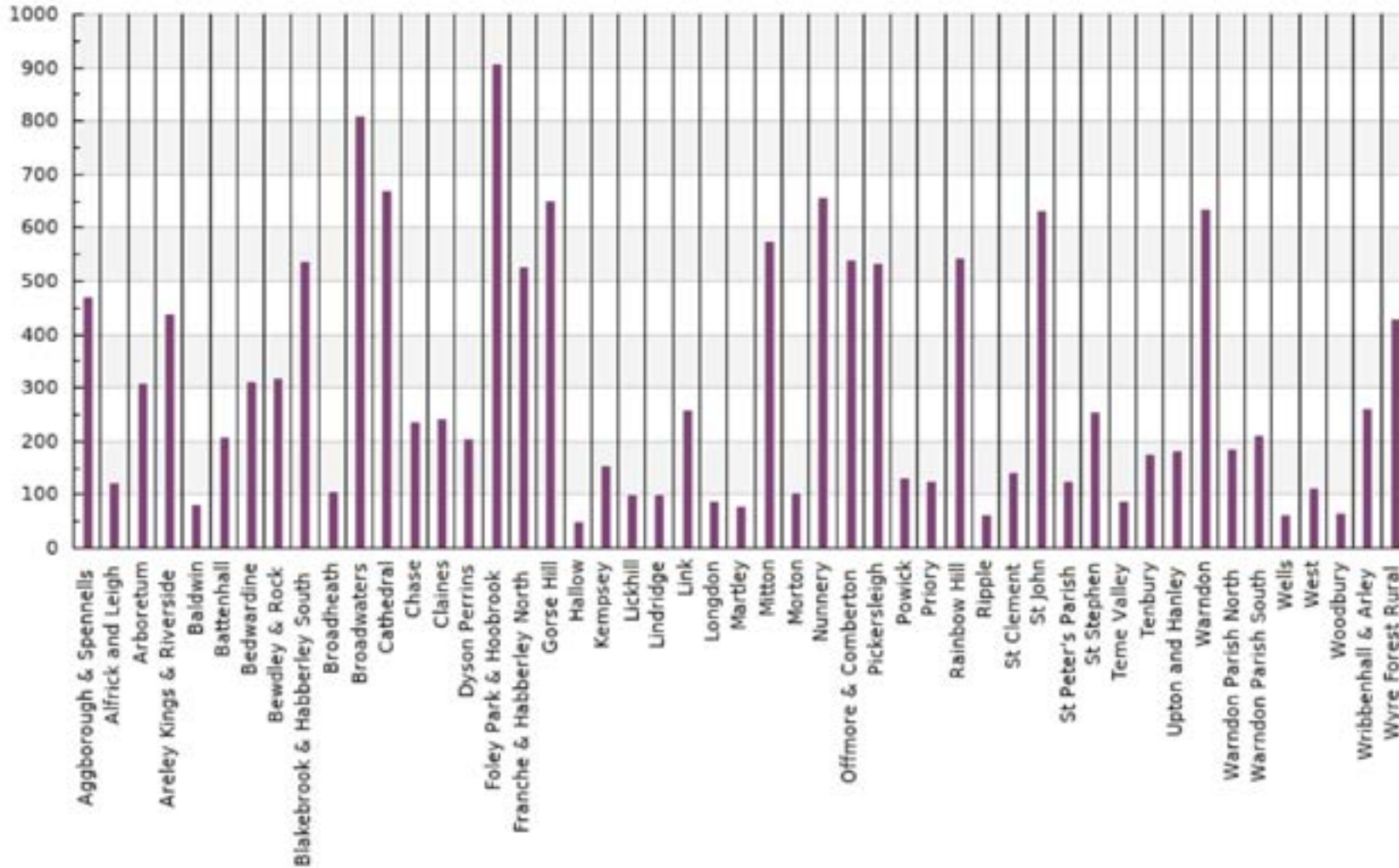

Predicted SLCN Need (0-18 years)
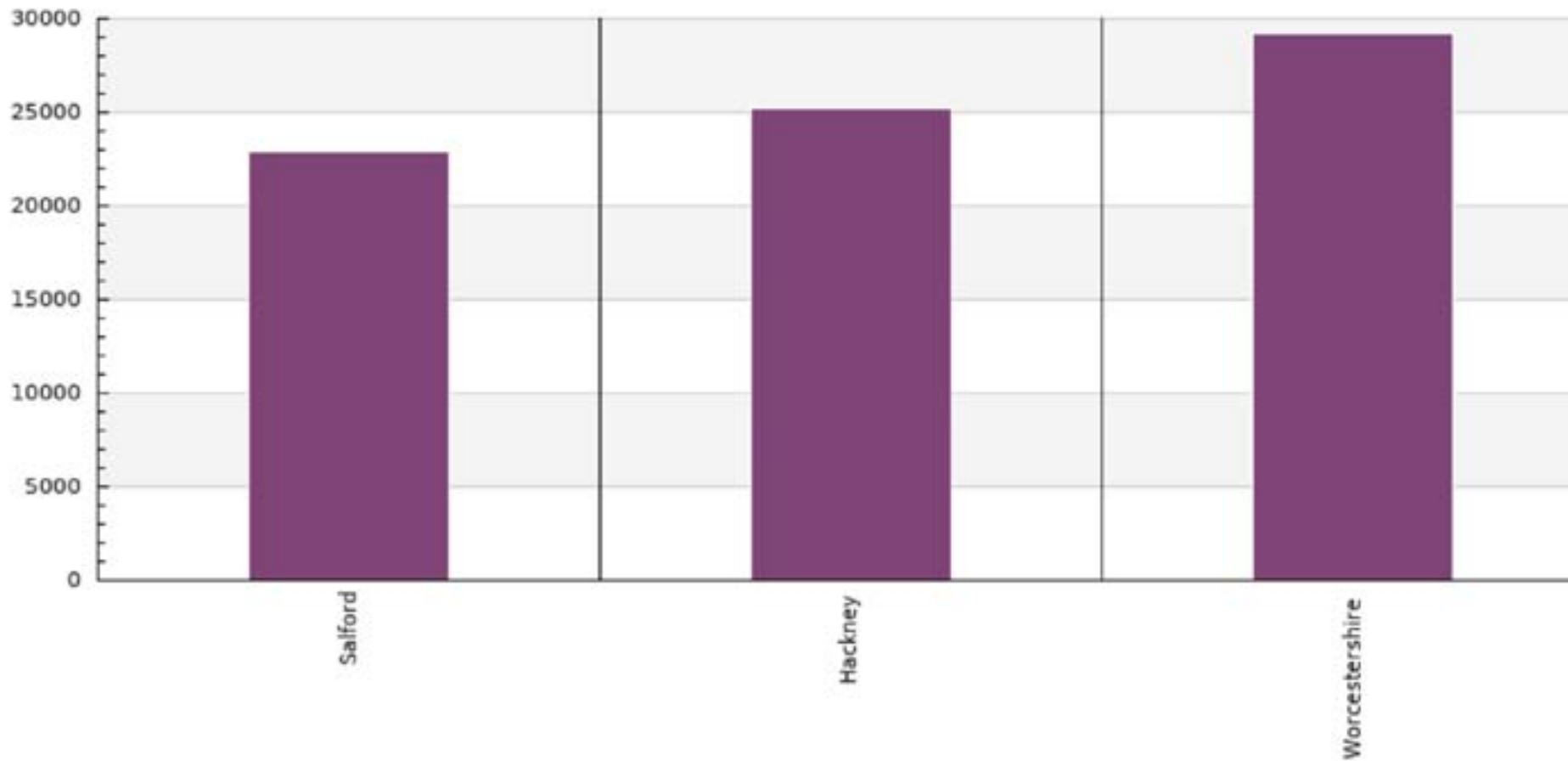
Prediction of speech, language and communication need

Figure 4: Showing the predicted need per ward for the West Team within Worcestershire
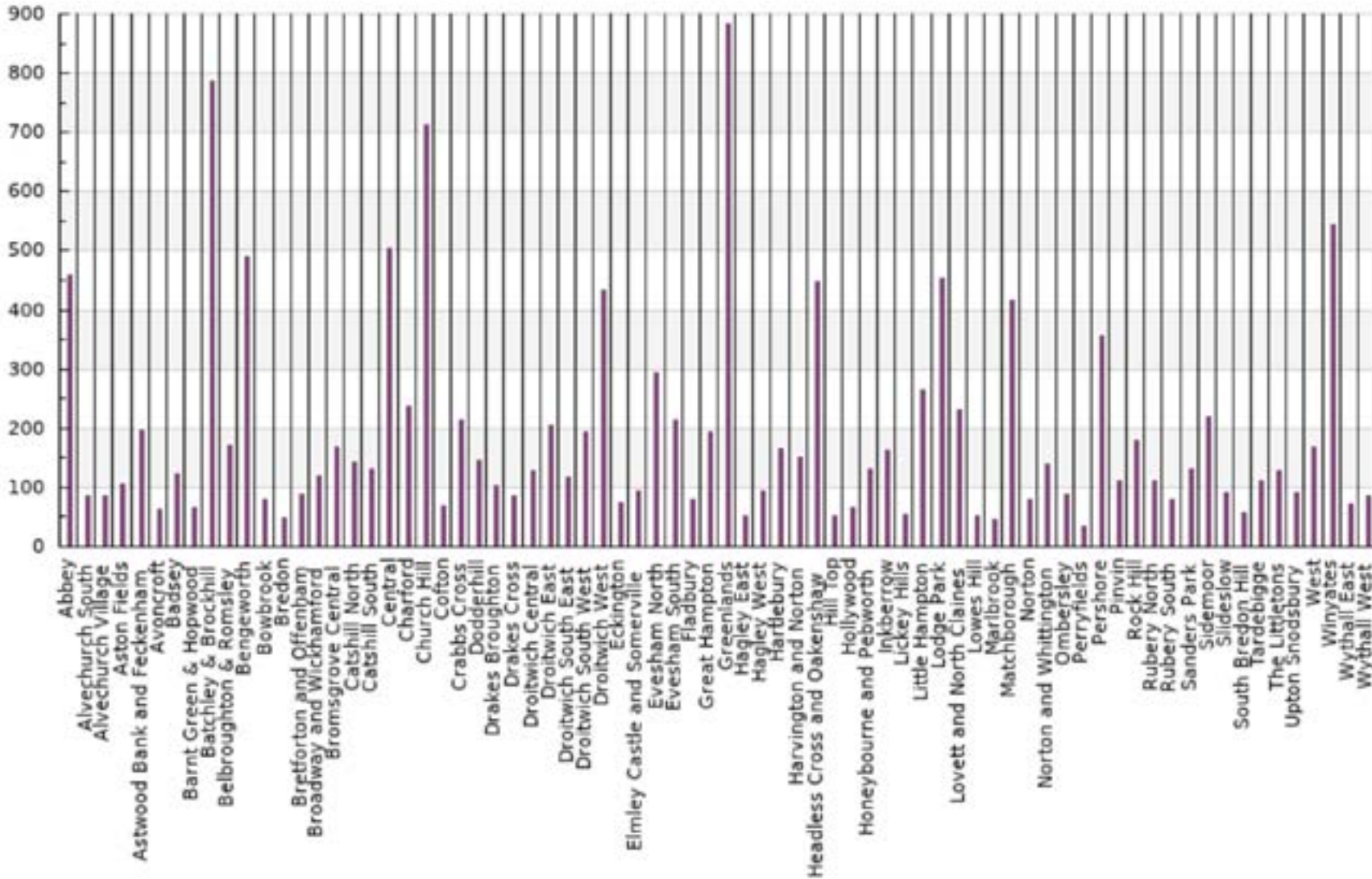

Predicted SLCN Need (0-18 years)

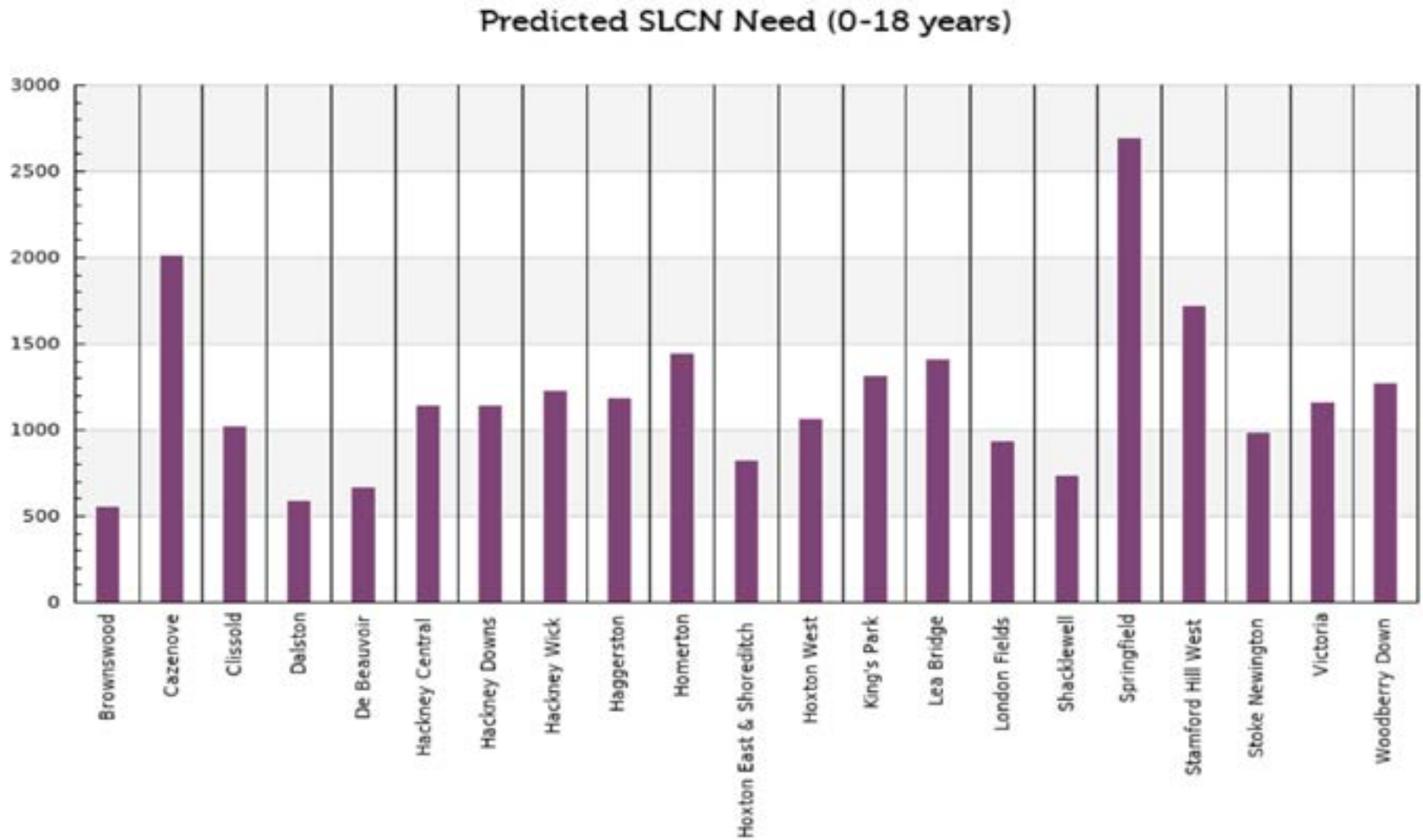# Prediction of speech, language and communication need

Figure 5: Showing the predicted need per ward for the East Team within Worcestershire
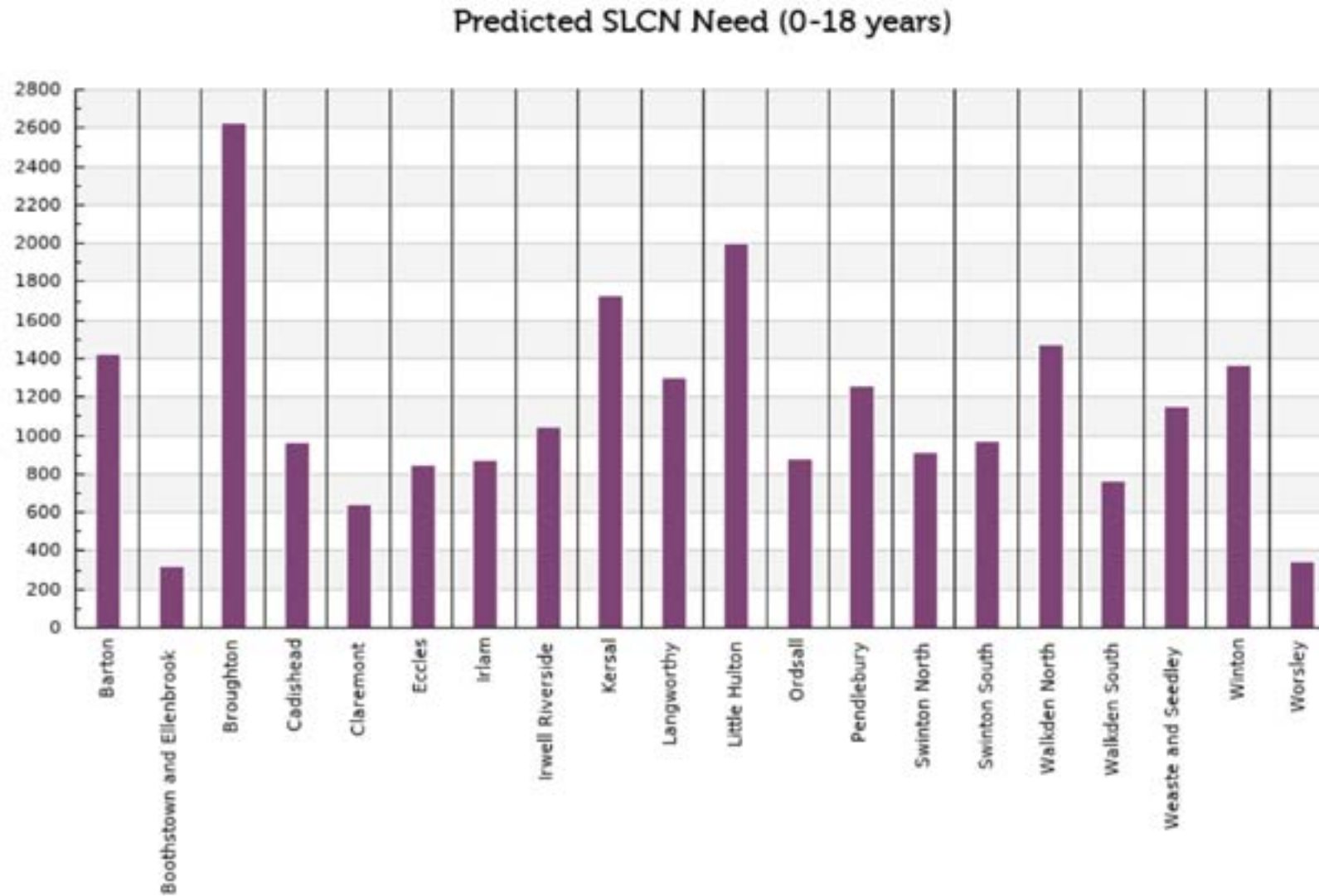

Predicted SLCN Need (0-18 years)

Prediction of speech, language and communication need

Figure 6: Showing predicted need by ward for London Borough of Hackney

Predicted SLCN Need (0-18 years)

Prediction of speech, language and communication need

Figure 7: Showing predicted need by ward for Salford

Predicted SLCN Need (0-18 years)

Workforce to meet need

Each of the services provided workforce data comprising the number of substantive posts for speech and language therapists and assistant speech and language therapists, their banding and the source of funding,

These data have been triangulated both against the total number of children and young people in each area and also against the number of children and young people predicted to have speech, language and communication need at some level. This second methodology allows a 'fair' comparison of the ratio of workforce: population between different areas taking into account the potential need of the population.

The most notable observation is the significant difference in resource whether triangulated against basic population data or predicted SLCN.

The analysis of the referral, waiting and caseload data that follows, shows that the size of the workforce resource is not necessarily an indicator of the impact of the service on children and young people and their families.

In order to better understand the interplay between resource and impact outcome measure, a further piece of work should be undertaken to collect impact evidence for the provision offered.

Workforce to meet need - Salford, Hackney and Worcestershire triangulated with population size but not predicted levels of SLCN

WORKFORCE (WTE) PER 1,000 CHILDREN (AGED 0-18)

0.86 Salford

0.86 Total

WORKFORCE (WTE) PER 1,000 CHILDREN (AGED 0-18)

1.22 Hackney

1.22 Total

WORKFORCE (WTE) PER 1,000 CHILDREN (AGED 0-18)

0.43 Worcestershire

0.43 Total

These infographics show the ratio of whole time equivalent speech and language therapy department staff relative to the number of children and young people in the population served without taking into account any factors about the demographics or potential needs of those populations.

On this measure, there is an interesting observation that the ratio for Worcestershire is **30% of Hackney** and **50% of Salford**. Salford has a ratio that is **70% of Hackney.**

Workforce to meet need - Salford, Hackney and Worcestershire calculated using the predicted SLCN within each population

WORKFORCE (WTE) PER PREDICTED 1,000 SLCN NEED (AGED 0-18)

2.26 Salford
2.26 Total

WORKFORCE (WTE) PER PREDICTED 1,000 SLCN NEED (AGED 0-18)

3.24 Hackney
3.24 Total

WORKFORCE (WTE) PER PREDICTED 1,000 SLCN NEED (AGED 0-18)

1.84 Worcestershire
1.84 Total

These infographics show the ratio of whole time equivalent speech and language therapy department staff relative to the number of children and young people in the population predicted to have some level of speech, language and communication need (SLCN).

Whilst Hackney continues to have the highest ratio, the relative proportions are much closer. Worcestershire has a ratio that is **57% of Hackney** and **81% of Salford.** Salford has a ratio that is **70% of Hackney.**
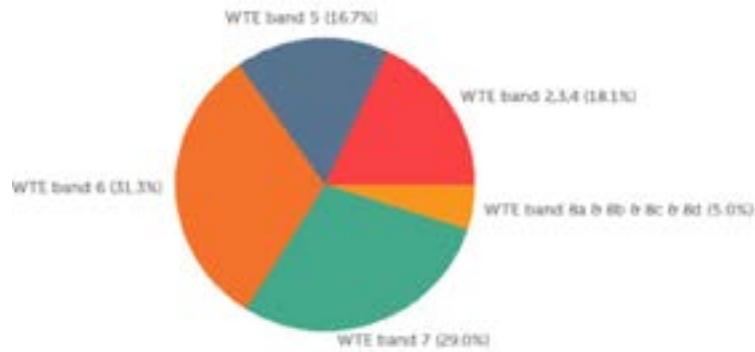
The significance of these calculations is that the relative difference in workforce to meet need is comparable. So Hackney has almost double the resource available than Worcestershire when the needs of the population are taken into account.
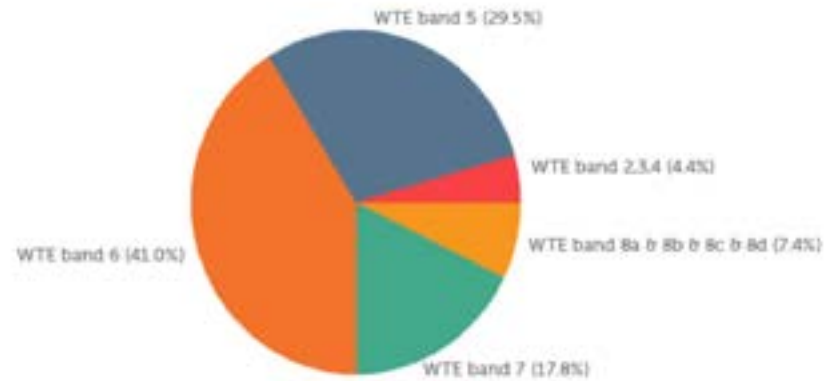
In terms of change over time,

Salford has seen the greatest growth in resource moving from a ratio of 1.38 in 2017 to 1.56 in 2019 to the current 2.26 in 2022.

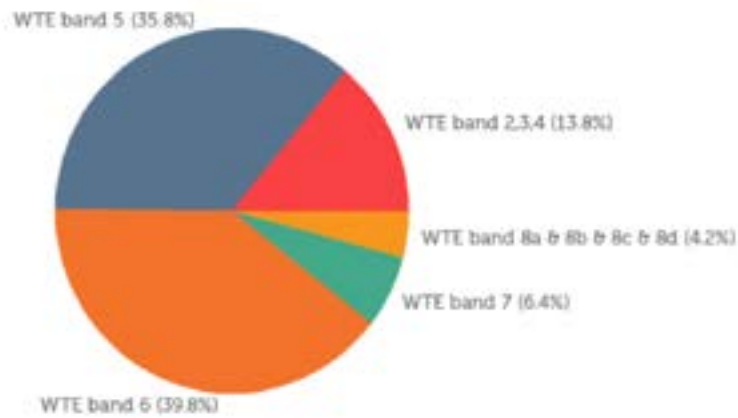# Workforce to meet need - Salford, Hackney and Worcestershire skill mix

Salford skills mix across all SLT (combined bands)*

- WTE band 5 (16.7%)
- WTE band 2,3,4 (18.1%)
- WTE band 6 (31.3%)
- WTE band 8a & 8b & 8c & 8d (5.0%)
- WTE band 7 (29.0%)

Hackney skills mix across all SLT (combined bands)*

- WTE band 5 (29.5%)
- WTE band 2,3,4 (4.4%)
- WTE band 6 (41.0%)
- WTE band 8a & 8b & 8c & 8d (7.4%)
- WTE band 7 (17.8%)

Worcestershire skills mix across all SLT (combined bands)*

- WTE band 5 (35.8%)
- WTE band 2,3,4 (13.8%)
- WTE band 8a & 8b & 8c & 8d (4.2%)
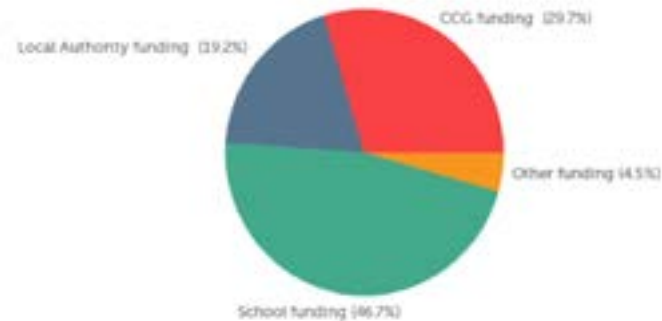- WTE band 7 (6.4%)
- WTE band 6 (39.8%)

The skills mix of each workforce is represented in these pie charts. Hackney has the smallest percentage of unregistered workforce at 4.4% compared with 18.1% for Salford. However, Salford has the highest percentage of the workforce at Band 7 and 8 consisting of 34%, whilst Worcestershire has the lowest with only 10.6% of the workforce at Band 7 and 8. This is an unusually low percentage based on the information within the Balanced System tools from other English services and the average for Scotland on this metric is 29%.

Workforce to meet need - sources of funding Salford, Hackney and Worcestershire

Salford funding sources for SLT

CCG/Local Authority joint funding (72.0%)

School funding (28.0%)

Hackney funding sources for SLT

CCG funding (29.7%)

Local Authority funding (19.2%)

Other funding (4.5%)

School funding (46.7%)

Worcestershire funding sources for SLT

CG/Local Authority joint funding (77.6%)

School funding (22.4%)

The sources of funding across the three services reflect the commissioning scenario in each case. Salford and Worcestershire have a jointly commissioned specification whereas the arrangement in Hackney was originally based on a collaborative agreement in order to progress with the Integrated SLT Service in 2003 but a formal joint commissioning specification has never been put in place.

What is perhaps more interesting to note is the percentage of direct commissioning by schools. In Hackney this accounts for almost half of the total workforce funding whereas it is 28% and 22% respectively in Salford and Hackney.

Service response - demand
Hackney, Salford and Worcestershire

Figure 8, below shows the volume of referrals to each service for the 12 months of 2021. The graph shows that Worcestershire has the largest volume of referrals but more significantly that 75% of referrals are in the Early Years. This reflects the strategic approach to early identification in Worcestershire which has seen the average age of referral decrease over the past decade. The age profile of the Salford referrals was not available in this time limited piece of work.

Figure 8: Referrals to the three services for the 12 months of 2021

Figure 9, shows the volume of referrals to each service for the 12 months of 2021 as a percentage of the predicted need. Using this metric it can be seen that the referrals overall represent a relatively similar proportion between the three services with Hackney's percentage the lowest.

Figure 9: Referrals to the three services for the 12 months of 2021 shown as a percentage of the predicted need

Service response - waiting list
Hackney, Salford and Worcestershire

Figure 10, below shows the number of children and young people waiting for the speech and language therapy service in each area in January, 2022. Clearly the waiting list for Hackney is extremely low and reflects the service delivery model based on easy access to support and the enhanced offer to all schools which allows the waiting time for a school age child or young person typically to be around six - twelve weeks.

The waiting list numbers for both Salford and Worcestershire need to be understood in the context of their service delivery models. Worcestershire operates an easy access approach but two factors impact on the difference with Hackney. Firstly, Hackney has 30% greater resource relative to need to deploy and secondly the fact that 75% of referrals for Worcestershire are in the early years means that any enhanced commissioning from schools is not impacting access for the majority. However, 70% if those waiting in Worcestershire have been waiting less than 12 weeks. Worcestershire has recently been commissioned additionally with COVID recovery monies to enhance the early years access and an evaluated project for Talkin-Walkin drop ins is underway.

Figure 10: Showing waiting list numbers for the three services in January, 2022
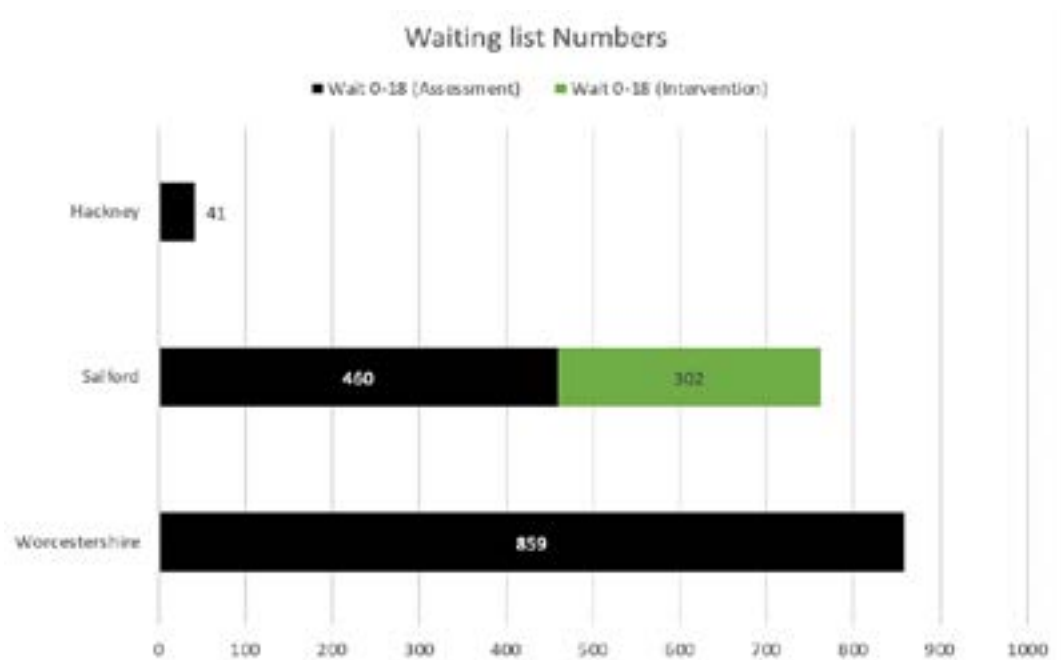
Salford is the only service of the three to continue to identify a category of 'waiting for intervention' as opposed to access to the service leading directly to intervention. Whilst the overall number waiting is similar to Worcestershire, 33% of those waiting have been waiting for more than 18 weeks.

Service response - caseload
Hackney, Salford and Worcestershire

Figure 11, below shows the caseload numbers for each service reported in January, 2022, whilst Figure 12, shows the caseload data both as a percentage of the population as a whole and more interestingly as a percentage of the predicted need within the population. Hackney has the most even distribution between the age ranges with an unusually high proportion of the caseload at secondary age. This perhaps reflects the long term investment by schools in the Borough and the relatively well developed service to secondary schools.

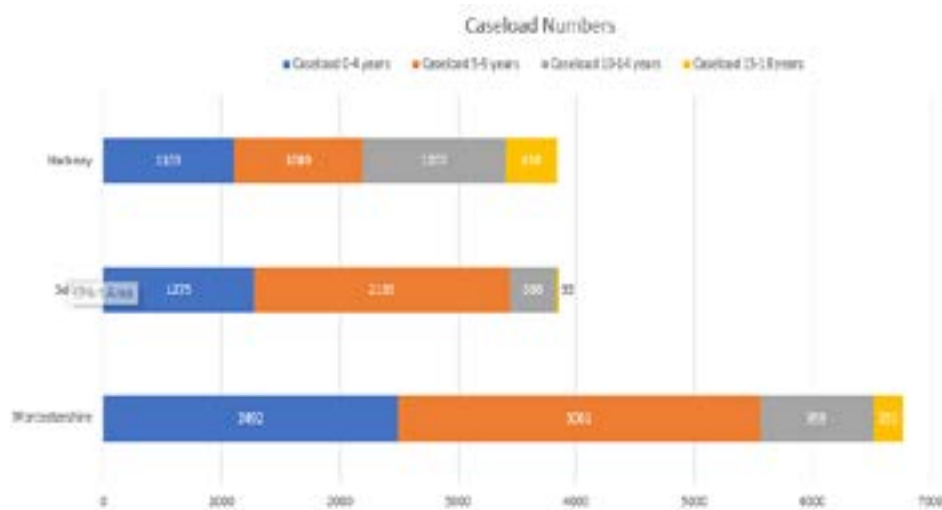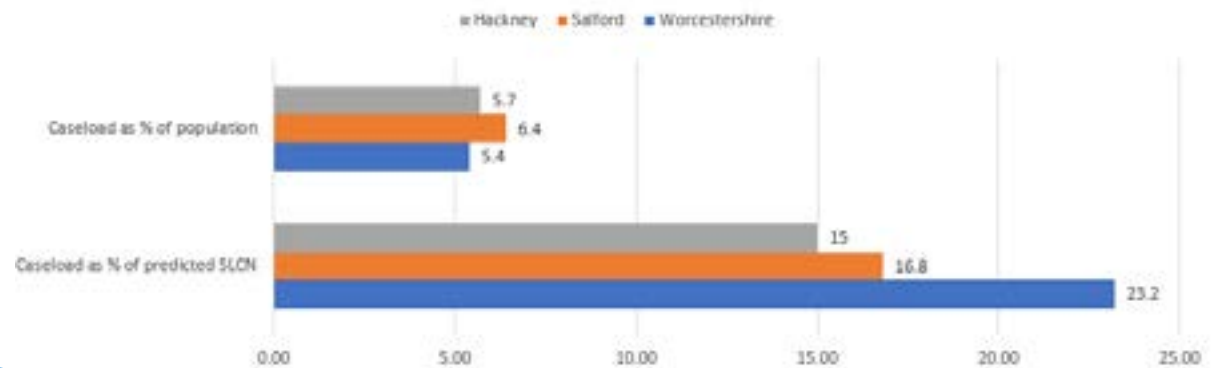**Figure 11: Caseload numbers for each service as at January, 2022.**

Figure 12, below, presents the data calculated against the population and the predicted population with needs. These comparisons show that whilst each service is reaching a similar percentage of the population as a whole, there is a significant difference in the 'reach' into the population predicted to have SLCN. Worcestershire report 23.2% of the population predicted to have SLCN as being on the active caseload, whilst Hackney and Salford report 15% and 16.8% respectively. Further interrogation of these data beyond that which was possible for this short analysis would be interesting in order to ascertain if these differences can be attributed to the service delivery model, the way of recording data, or other factors.

Figure 12: Showing the caseload as a percentage of the population and the population predicted to have SLCN
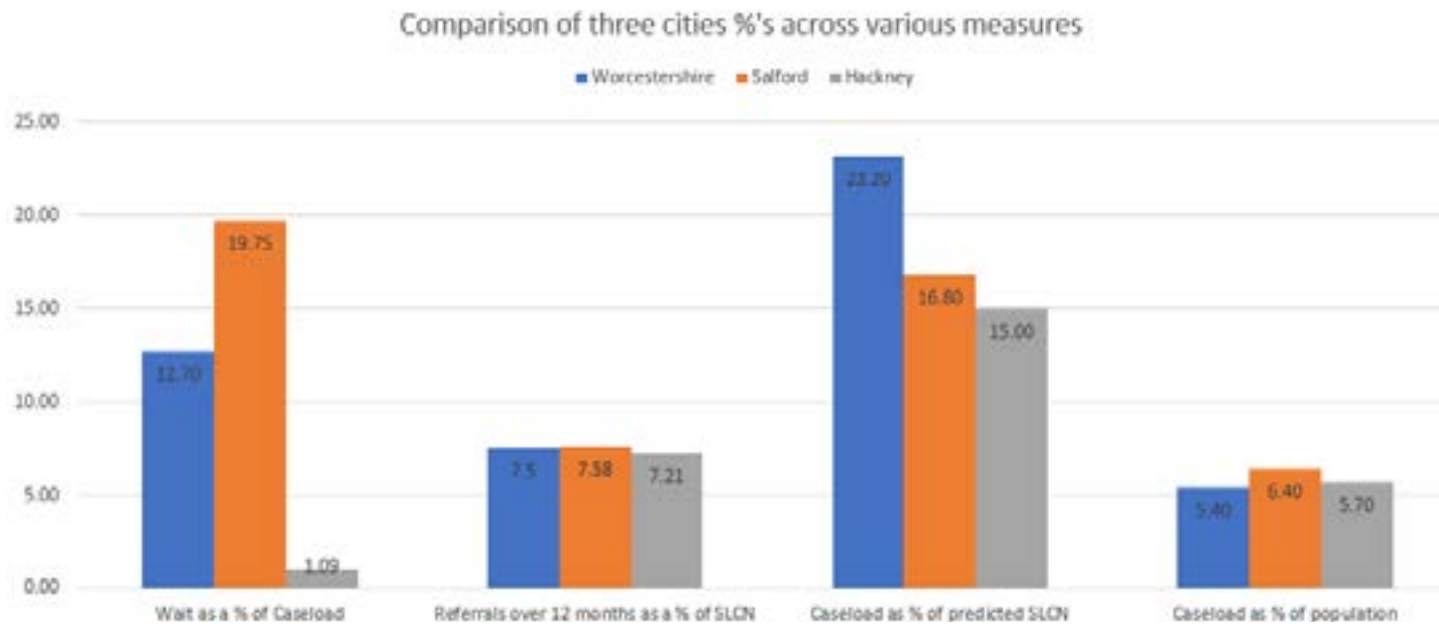
Service response to need - summary
Hackney, Salford and Worcestershire

Figure 9, below shows the caseload numbers for each of the three services as a percentage of the population as a whole and as a percentage of the predicted need. This indicates that Worcestershire as significantly greater reach into the population of predicted need than either Hackney or Salford.

Figure 9: Caseload numbers as a percentage of population, as a percentage of predicted need

Comparison of three cities %'s across various measures

Service response to need - caseload Hackney, Salford and Worcestershire

Figure 11, below shows the caseload numbers for each of the three services as a percentage of the population as a whole and as a percentage of the predicted need. This indicates that Worcestershire as significantly greater reach into the population of predicted need than either Hackney or Salford.

Figure 11: Caseload numbers as a percentage of population, as a percentage of predicted need
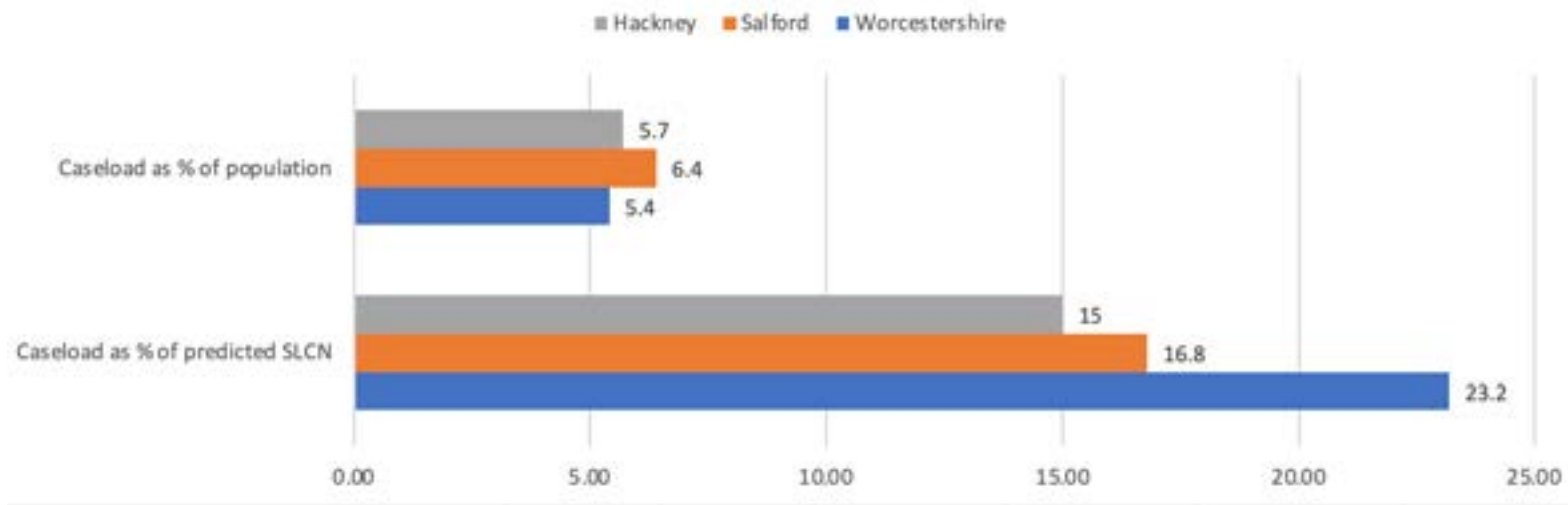
Summary and conclusions

This paper presents a 'snapshot' data capture of information for three services in different parts of England and with varying profiles of need at a point where services are emerging from the critical response phase to the COVID-19 pandemic.

The service data was captured through the Balanced System tools as each of the services has a prior or current association with the model and framework. This has permitted some 'like for like' comparisons not readily available in other analyses. However, a comprehensive qualitative map of the provision offered was not possible in the time frame for this report and would add a level of insight into some of the observed differences between the services.

In summary,
Hackney has most resource of the three services, the lowest number of children and young people waiting for access to the service, a caseload that is comparable to the three services relative to population but slightly lower relative to population need but demonstrating the greatest proportion of secondary age children and young people as part of the active caseload.
Salford has a median level of resource relative to the three services, albeit this reflects significant growth in the period since the first review using this methodology and therefore the impact of the resource may not yet be well established. Salford experiences a slightly higher referral rate relative to the population as a whole than either of the other services. However, Salford has the longest waiting times of the three services and also continues to operate a waiting list for intervention.
Worcestershire has the least resource relative to either population as a whole or predicted SLCN. However, 70% of their waiting list is seen within 18 weeks and there is no secondary waiting list for intervention. Worcestershire reaches almost 25% of the predicted need in the population which is more than either of the other two services in this sample case study.

This case study provides a high level summary of some of the comparable datasets it was possible to interrogate in the time available. Areas for further exploration include: qualitative mapping of the service offer; capture of the impact data relating to the service delivery model in each area; extension of the methodology to allow a comparative national dataset.

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March, 2022