

# Recommendations for commissioning highly specialist speech and language therapy services for children and young people who are deaf

## Case study: A detailed description of the commissioning and service model in Cheshire and Merseyside

### 1. Introduction

- a. Speech and language therapy services for deaf children and young people in Cheshire and Merseyside have been successfully provided on a regional footprint since 2003: a regional network hosted by Alder Hey Children's NHS Foundation Trust, and commissioned by the regional CCGs. It was runner up in the NHS Network Awards 2005 as a network fit for purpose and shortlisted for the Health Service Journal Awards 2014, winner of Liverpool Community Health Trust creativity and innovation award and leader of the year award 2014. It is currently shortlisted for the trust creativity and innovation award 2016.
- b. The specialist speech and language therapy network is a consultant-led service provided as part of the service models in each NHS Trust in Cheshire and Merseyside, supported by local health, education and social care provision.
- c. The Cheshire & Merseyside Speech & Language Therapy Hearing Impairment Network is the regional, specialist, community provider for speech and language therapy for deaf paediatric, adolescent and adult clients in Cheshire and Merseyside. The mixed urban/rural population covered is 2.8 million with an average total of 222 clients on the caseload in 2015/16.
- d. The model provides some of the most accurate long term national speech and language therapy intervention statistics for a mixed urban/rural population. Caseload expectations are 40 clients per full time specialist.
- e. The model is for a 2.8 million population.
- f. It includes 1 regional consultant SLT, 1 regional advanced clinician to cover for absences (fully employed covering long term absences for 13 years), 5 specialist SLTs (equivalent), 0.5 wte admin post
- g. The network was established in 2002/3, as a result of an evidence based needs assessment carried out by the North West Specialised Commissioning Team (NWSCT). Initially, the intention was to improve the cost effectiveness of cochlear implants by providing local specialist speech and language therapy rehabilitation and equity of access where there was previously inequity of access to specialist local speech and language therapy. This remit was then extended to incorporate rehabilitation for all severely/profoundly deaf people in the region who need speech and language therapy.

### 2. Reducing inequalities, reducing barriers, access

- h. There is access to the service for all people who are severe to profoundly deaf who live or have a GP in the area.
- i. Each network specialist SLT is based in and employed by their local NHS trust and has a flexible job description allowing them to work across the NHS Trust boundaries in Cheshire and Merseyside to meet changing needs.
- j. The flexibility across trust boundaries results in a service valued by patients with equity of access and provision. Families moving out of the area have reported provision in other areas to be patchier and more like the provision in Cheshire and Merseyside before the network was established (see Appendix 1).
- k. All network specialist SLTs are required to have achieved, or are supported in working towards British Sign Language level 2 sign or above and use interpreters for British Sign Language and other languages where needed.

### 3. Quality and performance indicators: Improving service user and carer experience and improving productivity

- I. There are three levels of intervention used in the network (outlined in Appendix 3), that are applied according to need and are reviewed after an episode of care.

### 4. Outcomes

- m. The network designed a simple outcomes model using 'Liberating the NHS: transparency in outcomes - a framework for the NHS 2012' (now updated as NHS Outcomes Framework 2016 to 2017), highlighting domain 2 (enhancing quality of care for people with long term conditions) and domain 4 (ensuring that people have a positive experience of care).
- n. Most participating network trusts were using frameworks such as 'Care Aims' to inform the clinical decision-making processes underpinning the delivery of better outcomes for their service users. The network outcomes model was designed to work with and complement the principles and variations of all these existing models, using communication effectiveness targets to improve quality of life for the client and family.
- o. Parents expressed a preference to be included in discussions about identifying the desired, or ultimate, outcomes for the child or young person. The SLT assesses the child/young person's speech, language and communication as normal and decides which of these skills need to be targeted and the appropriate interventions required to achieve the desired outcome(s). To monitor the attainment of communication effectiveness targets, progress against the target is recorded as achieved or not achieved with a simple 'yes' or 'no'. The percent of the total gives commissioners percentage number of targets achieved. The data is collected as a network and can be viewed from different perspectives.
- p. In 2014, the Royal College of Speech and Language Therapists (RCSLT) carried out an appraisal of more than 60 outcome measures and frameworks against 11 criteria compiled by RCSLT members. These key criteria included the ability of the outcome measure to be used across a range of client groups, compatibility with existing tools, accessibility and ease of use. The RCSLT Board of Trustees considered the findings and the measure identified as the 'best fit' against these agreed criteria is Therapy Outcome Measures (TOMs) (Enderby and John, 2015). The RCSLT is developing a national database to collect and collate TOMs data from speech and language therapy services across the UK. It is not expected that TOMs will be used as a standalone outcome measure, but will be used alongside other measures and frameworks.

### 5. Finance

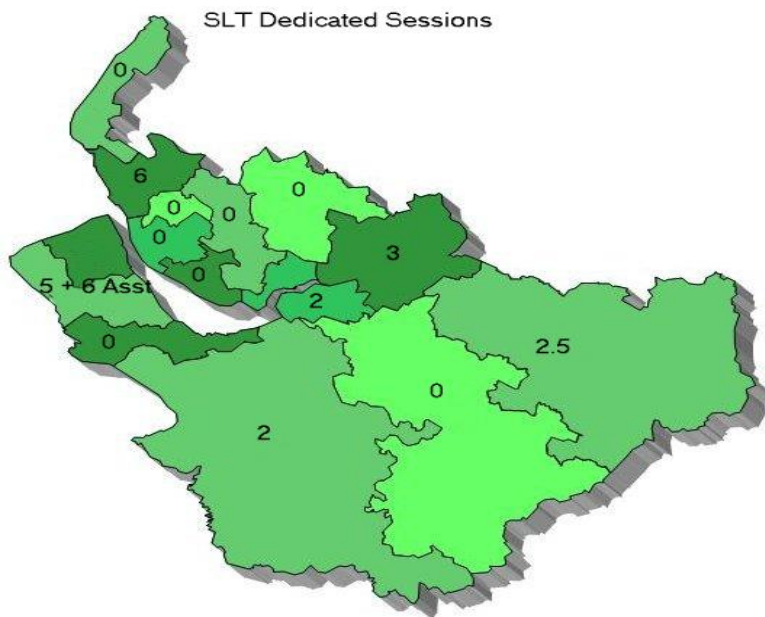
- q. There is an agreement between Alder Hey Children's NHS Foundation Trust and Cheshire and Merseyside CCGs for full service costs: salary, travel, specialist resources, training to develop and maintain skills in hearing impairment.

## 6. Activity

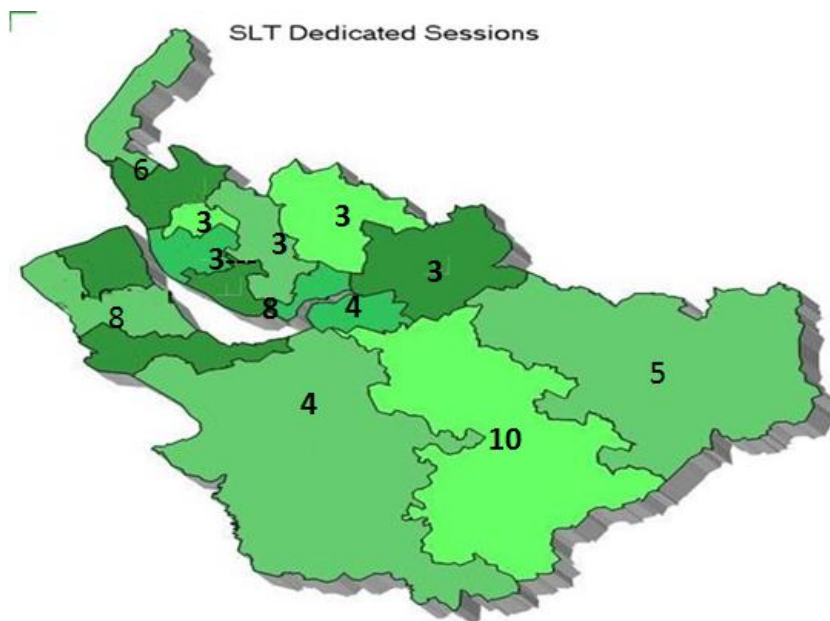
- r. Activity in terms of adults and children contacts and referral to treatment times are reported to CCGs monthly.
- s. Calculating the speech and language therapy resource needed for the severely to profoundly deaf population if a network model is used (based on the Cheshire & Merseyside Speech & Language Therapy Hearing Impairment Network figures for 2015/16 to date).

Area	Population	Current caseload	Caseload per f/t SLT	No. of specialist SLTs needed	Additional staff included	Expected contacts per annum
Cheshire and Merseyside	2.8 million	222	40	5.5wte	Consultant lead 1.0 wte Specialist SLT cover f/t Admin 0.5	4224

## Appendix 1: Number of specialist speech and language therapy sessions provided across Cheshire and Merseyside pre network in 2002



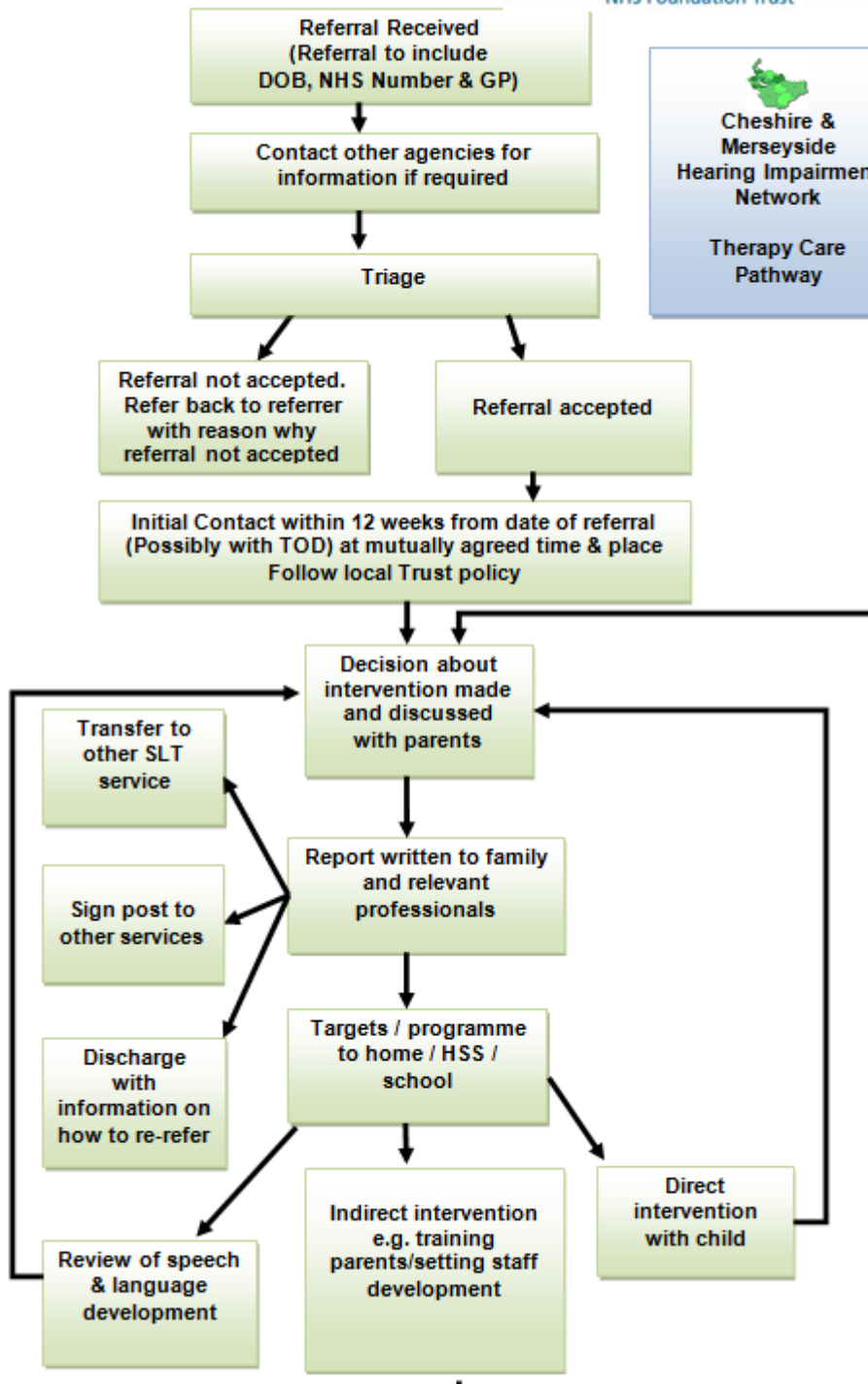
## Highly Specialist SLT Sessions Cheshire & Merseyside 2017 / 2018



The sessions above are based on the population of each area but are flexible across boundaries according to need

## Appendix 2: Cheshire & Merseyside Hearing Impairment Network Therapy Care Pathway

Alder Hey Children's **NHS**  
NHS Foundation Trust



## Appendix 3: Levels of network intervention

The network SLTs assess a child or adult's communication needs and identify where there is a risk that communication is not or may not develop optimally. Appropriate intervention is then implemented at Level 1, 2 or 3.

**Level 1** - Advice/ information is given and the child discharged from network therapy.

Example: Intervention for babies and young children as sign and/or speech are developing is usually provided through play activities but not necessarily always by the network SLT. If this support is already provided, e.g. by the Teacher of the Deaf, network SLT input may not be necessary and the child may be discharged. The network SLT may re-open the case following re-referral and assessment, for instance if a gap was widening rather than closing between actual speech, language and communication (SLC) development and normal SLC development.

**Level 2** - Intervention is delivered via others who support the child/adult in their environment, usually on a more frequent basis with guidance from the network SLT.

Example: For a school child the network SLT may set a functional target and sub-goals with the supporting team, train the team if appropriate, write a programme for others to follow and monitor progress after an agreed time. At this stage, a formal or informal assessment will be carried out and a new level of intervention - 1, 2 or 3 - agreed with a new time frame for achievement of a functional communication target.

**Level 3** - The child/client needs direct, one-to-one intervention with the network SLT.

Example: For a child or adult who needs to develop a new communication skill, the network SLT will set a functional target and sub-goal, provide one-to-one intervention for an agreed period of time, and monitor progress after a specified time. At this stage, a formal or informal assessment will be carried out and a new level of intervention - 1, 2 or 3 - agreed with a new time frame for achievement of the functional communication target.

### Supporting Evidence 1

A manager's view is given by a former SLT service manager, who wrote at the time,

"SLTs acquire a wide range of transferrable skills during their training. They are equipped to manage all client groups, but require specialist support to develop their skills in each area and to give clients the best service. This applies to all client groups, especially to those which require post-graduate training in addition to experience and support, e.g. dysphagia and hearing impairment. The provision of speech and language therapy without specialist support in a particular area presents risks to the patient and an ineffective service both clinically and financially.

SLTs have much to offer clients with HI, but are not in a position to differentially diagnose which HI clients will benefit from their input or how to help complex clients. HI is an area which requires additional specialist knowledge and skills in assessment, diagnosis and management. These skills are acquired through extensive post-graduate training and experience. It is my view that every speech and language therapy department requires a specialist in HI, whose role is to train and support SLTs to manage less complex HI clients as well as to personally manage more complex clients. This ensures a safe and effective service for the client and a cost-effective service for the commissioner."

## **Supporting Historical Evidence 2: Written by the Mersey Deanery**

We are writing as a group of Community Paediatricians in Audiology in Mersey Deanery. Most of us have been in post since the early 1990s or before, and remember the very difficult and unsatisfactory times that our deaf children experienced because of an absence of Specialist SLTs for the hearing impaired. The children received the continuing support of the Advisory Teachers of the Deaf, but these very committed professionals did not have the training, nor the resources to offer speech and language therapy. The SLTs in our individual districts had not received specialist training for deaf children, and so most would not take these children onto their caseload. Thus there was no specialist speech and language therapy provision for our deaf children. In individual cases where the services of such a professional were paramount, we were obliged to buy in these services on an individual basis. Our professional group of paediatricians felt that the situation was most unsatisfactory.

We were approached as a Mersey Deanery Group in the 1990s by the Cheshire & Merseyside Specialised Commissioning Team to ask how we could improve the services for our children, who were receiving cochlear implants. With one voice, we indicated the need for Specialist SLTs for the hearing impaired, working locally in our own districts. We were most fortunate in that the Permanent Hearing Impaired Network for Cheshire and Merseyside was set up and we have been receiving the input of the Specialist SLTs for the hearing impaired from 2003. These skilled professionals have been supporting our children who have significant sensorineural hearing losses, many of whom have subsequently received cochlear implants. They also liaise closely with the Manchester Paediatric Cochlear Implant Centre\*, and share the information with the multidisciplinary team including Paediatrician in Audiology, Advisory Teacher of the Deaf, and Social Worker for the Deaf.

\*Now known as the Manchester Auditory Implant Centre