

Health and Adult Services Scrutiny Committee

Meeting to be held on Wednesday, 18 September 2024

Electoral Division affected:
(All Divisions);

Corporate Priorities:
Delivering better services/
Caring for the vulnerable;

Speech and Language Assessment in Early Years Settings

(Appendices 'A' and 'B' refer)

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Brief Summary

The report provides an update on work undertaken in Lancashire to support reduction in waiting times for speech and language therapy in Early Years settings.

Recommendations

The Health and Adult Services Scrutiny Committee is asked to:

- i. Consider the information presented in the report.
- ii. Discuss and confirm any recommendations for Cabinet Member consideration to further support service delivery of speech and language therapy in early years across Lancashire.

1. Introduction

1.1 As the National Institute for Health and Care Excellence (NICE) explains: "Children and young people with communication difficulties are at increased risk of social, emotional and behavioural difficulties and mental health problems. Identifying their speech and language needs early is therefore crucial for their health and wellbeing. Many young children whose needs are identified early do catch up with their peers".

- 1.2 Best Start in Life is one of major evidence-based ways of improving health and reducing health inequalities and is a key strategic priority for the Lancashire Health and Wellbeing Board and Lancashire Children, Young People and Families Partnership which enables governance and accountability for ensuring best start in life is a priority area.
- 1.3 The Strategic Best Start in Life (BSiL) Board overseeing the implementation of this has been established, chaired by the Director of Public Health and enables a partnership approach and agreed outcomes which support a best start.
- 1.4 This includes a collaborative approach to addressing inequalities and improving outcomes across Lancashire with a key unifying purpose in ensuring our children are school ready.

2. Background

- 2.1 Lancashire County Council priority for best start in life has redefined services by integrating health visiting, early years, maternity, and family hubs within a unified framework led by the BSiL Board. This strategic shift, aimed at improving school readiness, and reducing inequalities, leverages collaborative governance and insights to enhance service delivery.
- 2.2 A Strategic Operational Subgroup chaired by our Head of Early Help focusses on priority areas identified by the BSiL Board. This includes various thematic areas and enablers such as data and intelligence, Parenting, Workforce, Speech and Language, 1001 critical days vision with a unifying purpose and aim to improve school readiness.
- 2.3 Highlighting innovative solutions to speech and language therapy (SaLT) access and a comprehensive approach to parenting support is highlighted in this report and also published in a national case study showcasing Lancashire's commitment to a holistic, equitable start for every child as can be seen in link: [Lancashire's holistic approach to school readiness | Local Government Association](#)

3. Speech and Language - Models of Service Delivery and Update

3.1 Why is this important?

- 3.1.1 Delays in SaLT can have significant impact on development needs of children and lead to greater support requirements later in life, SEN.
- 3.1.2 According to national Department for Education data on Speech, Language and Communication Needs (SLCN) taken from School census data 2015/16, SLCN is the most prevalent primary need for pupils with SEN (including SEN support and Education Health and Care plans) in state funded primary schools. Special educational needs associated with SLCN as a primary need SLCN are the most prevalent type of need among boys with SEN support. Over 60% of all 3-year-olds receiving SEN support have speech, language, and communication as their primary need.
- 3.1.3 Communication is a fundamental life skill, which directly impacts on children's school readiness, their academic achievement, wellbeing, and life chances.

- 3.1.4 Children from areas of social disadvantage are more likely to start school with SLCN, putting them at risk of a range of negative outcomes, including exclusion from school, mental health problems, unemployment and involvement in the criminal justice system ([LIF0035 - Evidence on Life chances \(parliament.uk\)](#))
- 3.1.5 Following the Covid-19 pandemic, Lancashire's education settings also identified significant gaps in school readiness and delayed developmental milestones and social skills prompting the need to consider current provision.
- 3.1.6 Appendix 'A' of this report highlights the inequalities locally when benchmarked with England and North West regional average for school readiness outcomes in Reception and Year 1. Also the local priorities for the Health and Wellbeing Board which focus on children achieving a good level of development at the end of Reception.
- 3.2 Models of service delivery being worked on particularly around workforce.
- 3.2.1 Early years practitioners are uniquely placed to observe the specifics of language problems and help to ensure that any professional intervention is optimally targeted to achieve the best possible outcomes.
- 3.2.2 Like many other services, workforce and recruitment challenges have been recognised across children's services including health visiting, maternity, early years and speech and languages therapy services. This included long waiting lists for children to access speech and language support.
- 3.2.3 Health visiting service commissioned by Public Health operates across a vast geographical area across Lancashire as well as integrating with Family Hubs. Central to this process is the mandated child development review carried out by health visitors at age 2 to 2½ which is an assessment and a measure for identifying children who may have early SLCN.
- 3.2.4 Where a need is identified, they can be offered an identification and intervention programme or signposted for specialist support.
- 3.3 Work with NHS and early years settings, nurseries, and family hubs on response for speech and language therapy service shown to be effective in Hyndburn and looking to roll out across County.
- 3.3.1 One of the key priority areas identified as part of the Best Start in Life priorities is to improve school readiness. This means a focus on tackling the waiting lists for speech and language therapy and interventions.
- 3.3.2 LCC invested in a new approach/model, the Balanced System, which enables early identification of children and early intervention from Early Years colleagues, Children and Family Wellbeing Service, Health Visiting, to help children and families access appropriate early help and support services.
- 3.3.3 The county council piloted a targeted initiative in Hyndburn initially. It leveraged its existing multi-agency partnerships to facilitate close collaboration between NHS LSCFT Speech and Language Therapists, public health officials, Health Visiting Practitioners and the Children and Family Wellbeing service.
- 3.3.4 Hyndburn partnership agreed the development and design of a multi-agency

- speech and language walk in clinic to support development of preschool age children by ensuring children in need of speech and language therapy received timely interventions.
- 3.3.5 The number of children waiting for specialist speech and language therapy and interventions in Hyndburn exceeded 100 children with a waiting list of more than 40 weeks. A multi-agency walk-in scheme was implemented in Hyndburn from December 2022 on a weekly basis.
 - 3.3.6 Moving away from the traditional model of assessment to an instant, easy access partnership approach, by May 2023 all 100 children had been seen and had support in place; the backlog was cleared, and eligible children/families can now just walk in.
 - 3.3.7 The collaborative efforts of all partners led to an exceptionally positive outcome for the Hyndburn Speech and Language Therapy pilot where the structured partnership in place had not only reduced the waiting list but eradicated this in a few short months and remains. This helped reduce the initial backlog of over 100 children awaiting interventions down to zero.
 - 3.3.8 This kind of integrated approach to partnership working and collaboration is the trailblazer for the development and implementation of the Family Hubs model of working.
 - 3.3.9 The pilot's success has led to it being extended to other areas within the county. This integrated way of working has been rolled out Rossendale and Preston, with an overall ambition to roll out to all 12 Lancashire districts.
- 3.4 Responsiveness of services picking up children showing delays in speech and language development.
- 3.4.1 The governance around the BSiL Board, including the Strategic Operational Group continues to focus on workforce development, data intelligence, speech and language services, and parenting support. These facilitate a forum for addressing issues, sharing best practices, and driving continuous improvement across the service, feeding into the BSiL Board.
 - 3.4.2 To ensure we are commissioning and delivering responsive services.
 - 3.4.3 A conscious effort to build clearer support and intervention pathways has also helped health visitors and partners to signpost families for additional support.
 - 3.4.4 The early identification of speech, language and communication needs through the use of evidence-based identification and programmes has also been included in the updated service specification for the recommissioning 0-19 (up to 25 SEND) Public Health Nursing Service moving forward.
 - 3.4.5 Lancashire has proactively embedded health visiting within the Family Hubs model and leveraged local resources to fulfil community needs. This approach was also commended by the recent national visit by the Minister Andrea Leadsom on the 24 January 2024.
 - 3.4.6 Public Health have also invested in [WELLCOMM](#) toolkits and associated multi-agency training across Lancashire which enables Early Years practitioners and teachers and other early help professionals within the wider early help network to identify children who are experiencing barriers to speech and language development and support them early in their education journey

referring as appropriate, thus reducing the need for costly specialist intervention in later year

3.4.7 Our partnership approach to improving school readiness also has an impact on other service areas. Lancashire has higher a proportion of eligible 2-year-olds and 3 and 4 year olds taking up their Funded Early Education Places when benchmarked against England. The uptake rate is similar for 2 year olds but higher for 3-4 year olds when benchmarked against the North West region.

3.5 Places high demand on Speech and Language Therapists where there are already workforce capacity issues.

3.5.1 The current demand on speech and language services remains high, children are waiting to be seen by a Speech and Language Therapist and there is an NHS England target to have zero children waiting 52+ weeks on the waiting list by March 2025.

3.5.2 By bringing together key stakeholders and leveraging a unified purpose, a new way of working for early years' services within Lancashire has been established and demonstrated to be a success in reducing waiting times.

3.5.3 This however requires a multi-agency approach to addressing issues early and relies on NHS services/speech and language therapists to adapt their approach to align with the Family Hub model.

3.5.4 This model of working reduces inequalities by bringing services closer to where people live through an outreach/walk in service which is managed and supported by key partners such as Early Years services (Family Hubs) Health Visiting, Maternity services as well as other services for families.

3.5.5 Appendix 'B' provides examples of local case studies of how this model works in reality, reducing the burden on services as well as providing positive experience for children and families.

3.6 Working through innovative models of service delivery for early identification and supporting families.

3.6.1 Examples of this are highlighted above but also in the case studies which demonstrate real life experiences in Appendix 'B'.

3.6.2 Following the success of the Hyndburn pilot working groups are also established in each of the districts with the view of bringing early years colleagues together to agree and pilot the most suitable method to support the local implementation of easy access.

3.6.3 Where there are existing easy access methods in place, the outcomes and effectiveness of them will be reviewed and these will inform the discussions for agreeing any new pilots.

3.6.4 The following is an update on other areas in Lancashire:

Hyndburn	Pilot implemented and evaluated with successful outcomes. Recognised nationally shared as good practice.
Rossendale	Duplicated in Rossendale since July 2023 on a monthly basis.

Preston	Preston (Ribbleton) since June 2024 on a weekly basis. An evaluation took place in July 2023 which showed that 55% of children who were on the waiting list attended the drop-ins, parent/carer satisfaction was high and at that time there were no waiting lists for pre-school children in the area.
Lancaster & Morecambe	Lancaster and Morecambe provide a weekly drop in telephone line for parents, carers and professionals.
Fylde and Wyre	Fylde and Wyre provide phone appointments by request for parents/carers and professionals. There is some evidence to show in Lancaster and Morecambe almost 50% of the 125 people who used the phone line between Oct 22 – Sep 23 received the recommended outcome that a referral was not needed. There is a lack of evidence to show outcomes or impact for the phone line in Fylde and Wyre. There was an appetite to pilot a multi-agency walk-in in Fleetwood but not been possible to source an appropriate location.
No easy access method established or agreed at present in Burnley, Pendle, Chorley South Ribble or West Lancs.	

3.7 Challenges

- 3.7.1 Continued support and change will be required from key partners and interdependencies in ways of working from all service areas including Speech and Language Therapy Services if we are to roll out to all districts.
- 3.7.2 It is recognised that operations and transformation in any one area may affect operations and the ability to transform in others, but this needs to be monitored and evaluated carefully.

3.8 Next Steps and Forward Look

- 3.8.1 We will continue to commission responsive 0-19 (up to 25 for SEND) Public Health Nursing services where school readiness continues to be a priority as does the delivery of the mandated health reviews to identify communication and development issues.
- 3.8.2 Close working with partners will continue to ensure the delivery of the balanced system approach across Lancashire, embedding the learning from Hyndburn across districts and in Family Hubs.
- 3.8.3 Support is required from the Integrated Care Board to ensure this way of working can be delivered in all areas of the districts in Lancashire and a whole system approach used to target inequalities in access to speech and language services.
- 3.8.4 There will be a continuation to improve the overall outcomes for children, young people, and families across Lancashire through the prioritisation of key

priority areas including 1001 critical days, school readiness and speech and language.

3.8.5 There will be a focus on the areas identified following the National Start for Life visit and survey so that families understand Lancashire's Best Start for Life offer and ensure its focus on parent-infant relationships and perinatal mental health given these lay the foundations for a baby's social, emotional, and cognitive development.

Appendices

Appendices 'A'-'B' are attached to this report. For clarification they are summarised below and referenced at relevant points within this report.

Appendix	Title
Appendix 'A'	School Readiness Outcomes (Reception and Year 1) Benchmarking
Appendix 'B'	Real Life Experience Case Studies

Consultations

Implications:

This item has the following implications, as indicated:

Legal

Public Health England are responsible for overseeing speech and language assessments in early years settings.

Local authorities and health services are responsible for commissioning and providing services to ensure that all children receive the support they need for their speech and language development.

A failure to provide assessments or services could give rise to a legal challenge.

Financial

There are no financial implications of this report. The details outlined will be contained within the existing budget provision.

Risk management

No risk management issues – for update purposes.

Local Government (Access to Information) Act 1985 List of Background Papers

Paper

Date

Contact/Tel

NA

Reason for inclusion in Part II, if appropriate

NA