

## **Progress Report on the Implementation of the Therapies Review in the London Borough of Richmond March 2021**

### **Introduction and background**

This report sets out progress with the implementation of the Therapies Review in the London Borough of Richmond upon Thames.

In Richmond, therapy services are commissioned by AfC on behalf of the Councils and by the local Clinical Commissioning Groups (CCGs). Some services are also spot purchased by partners from a range of providers. Therapies - occupational therapy (OT); physiotherapy (Physio); and speech and language therapy (SaLT) - support children and young people to develop skills that keep them safe and healthy; to communicate and interact with adults and their peers enabling them to build positive relationships; engage in learning and participate in activities in the wider community and with their families.

All three therapy services in Richmond provide the following services with variations in the range and quantum of service delivery:

- Multi and unitary assessment and intervention.
- Advice and support to professionals and parents.
- Specialist intervention and treatment.
- Provision of equipment.
- Moving and handling assessments..
- Workforce training.

The therapy services have different eligibility criteria which have been agreed by the commissioners, CCG and Councils. Service users access the service via the Integrated Team Around the Child (ITAC).

Therapy services work within the practice guidance set out by HCPC (Health and Care Professions Council), and in line with their Professional Bodies and NICE Guidance. In addition all recommendations made by professionals are based on clear clinical indicators set within their professional context. The therapy services are there to support families with a range of complex health conditions and SEND from birth.

### **Therapies Review**

The Therapies Review was carried out across Achieving for Children (AfC), the Clinical Commissioning Group (CCG) and other key partners in 2019-20 with the aim of identifying areas of improvement in the provision of therapies This was in response to concerns from children, young people and families about the quality of, and access to, therapy services and

an agreement from AfC and partners that there was scope to improve the quality of therapeutic support and the experience of children and young people accessing it.

The review identified a number of recommendations as set out below:

- Deliver improved outcomes for children and young people with SEND and their families.
- Enables the delivery of CCG statutory duties in relation to securing health services specified in Education, Health and Care Plans (EHCPs).
- Enable access to support for CYP on SEN Support and reduce the increase in the need for EHCPs.
- Increase access to therapy services and reduce waiting times.
- Enable the early identification and early intervention to services thus reducing the need for service interventions upstream.
- Improve patient experience, choice and satisfaction of therapy services.
- Enable the development and service improvements to several service pathways that are critical for improving outcomes for children and young people with SEND.
- Promote staff recruitment and retention due to lower caseloads.
- Upskill the children's SEND workforce thus enabling intervention programmes to be delivered within individual settings and by staff known to children and young people and families.
- Drive inefficiencies out of the system and promote joined up and partnership working.
- Reduce the need for parents to choose out of borough/independent placements.
- Promote local leadership of the SEND system by all statutory partners.

In addition, based on feedback, national research and successful implementation in the speech and language it was recommended that going forward, the aim should be to introduce a Balanced System model which is a whole system, outcome based framework to understand, plan and evaluate services to support children and young people.

AfC is leading on the implementation of the recommendations and has established a Therapies Oversight Group, which includes all key partners, to oversee the work.

### **Funding to implement the Therapies Review**

Richmond Council and SWL CCG provided additional investment which commenced in 2020-21 to enable activity to begin to implement the recommendations. Progress is set out in the following tables in relation to each of the therapy services.

Please note that the speed of progress has been impacted by COVID-19 and the need to prioritise other areas of work, particularly for the CCG.

## Progress

Progress in each of the therapy services is set out below:

Occupational therapy	
Details of delivery	OT services are delivered by HRCH in <b>Richmond</b> and by AfC in the SRPs (Specialist Resource Provisions)
Focus of activity	<p><b>HRCH:</b></p> <p><b>Recruitment</b></p> <ul style="list-style-type: none"><li>• The service has recruited to the specialist Occupational Therapist post. The recruitment was difficult however and the new postholder started in March 2021.</li></ul> <p><b>Service development</b></p> <ul style="list-style-type: none"><li>• 30% of the OT team were redeployed due to COVID-19 which has had an impact on maintaining existing statutory services and waiting list targets. To address this, scoping and development work has now commenced, and this will continue into 2021-22. The aim is to launch some aspects of these enhanced services after Easter:<ul style="list-style-type: none"><li>○ Allocation of increased capacity to EHCP caseload.</li><li>○ On-going development of training programmes to deliver to schools including sensory processing training and handwriting training. Discussion with schools to commence after Easter regarding specific training requests and dates for these to be delivered.</li><li>○ Review and development of packages of care in particular development of pathways for children with complex physical needs working closely with the physiotherapy team.</li><li>○ Delivery of enhanced packages of provision for more complex children as appropriate and in conjunction where necessary with the multi-disciplinary team.</li></ul></li></ul>

AfC: We have provided additional support to the SRPs via consistent locum provision, whilst we recruit to permanent positions.

## Speech and language therapy

Details of delivery	SaLT services are delivered by HRCH in <b>Richmond</b>
Focus of activity	<p><b>Recruitment</b></p> <ul style="list-style-type: none"><li>● Four SaLT Therapists have been recruited.</li></ul> <p><b>Service development</b></p> <p>The service development focus has been on:</p> <ul style="list-style-type: none"><li>● Developing the new service specification.</li><li>● Establishing regular contract meetings.</li></ul> <p>In addition:</p> <ul style="list-style-type: none"><li>● Capacity in special schools has been increased to meet additional demand. Two additional days are now being delivered in Clarendon primary and secondary and two days across Strathmore sites.</li><li>● Scoping of the enhanced service to early years settings is now largely complete. The aim is to launch this service as far as possible, current restrictions permitting after Easter. The enhanced service will include:<ul style="list-style-type: none"><li>○ Allocation of SLT to all settings with a child on Richmond SLT caseload.</li><li>○ Dedicated telephone advice line irrespective of whether there is a referred child in the setting.</li><li>○ Allocated SaLT to join SaLT assistant at weekly Stay and Play at every children’s centre in Richmond.</li></ul></li></ul>

	<ul style="list-style-type: none"> <li>○ Training for staff to include: <ul style="list-style-type: none"> <li>☒ early identification and support of SLCN.</li> <li>☒ universal strategies for staff to use with all children.</li> <li>☒ optimising the communication environment.</li> <li>☒ clear guidance on when to refer to SaLT.</li> <li>☒ bespoke training for staff working with individual children identified with SLCN, including modelling/demonstrating and coaching.</li> </ul> </li> <li>● Links with existing support networks e.g. inclusion hub settings to share good practice.</li> <li>● Joint resource base with Kingston YourHealthcare for consistency of advice/ evidence-based resources accessible via the AfC website.</li> <li>● Launch of school support service to mainstream schools from after Easter to include <ul style="list-style-type: none"> <li>○ Termly consultation clinic to discuss children who are causing concern, suggested programmes of work and strategies for school to implement and to accept referrals where appropriate.</li> <li>○ Assessment of identified children following by written report and identified strategies.</li> <li>○ Programme of training to schools to support the development of Annual communication audit.</li> </ul> </li> </ul>
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**Physiotherapy**

Details of delivery	Physio services are delivered by HRCH in <b>Richmond</b> .
Focus of activity	<p><b>Recruitment</b></p> <ul style="list-style-type: none"> <li>● Focused on recruiting to vacancies in the service.</li> </ul> <p><b>Service development</b></p> <p>The service development focus has been on:</p>

- Developing the new service specification.
- Establishing regular contract meetings.

The year two focus will be on:

- Providing additional capacity.
- Establishing equipment contracts.
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AfC have been commissioned to provide the Manual Handling Advisor role for schools- the training for this has been arranged and the recruitment is underway.

## Increased service offer

### Autistic Spectrum Disorder

The recent pandemic has increased our waiting times and disrupted our face to face autism assessment clinics and collection of evidence from multiple settings. Therefore, all face to face ADOS clinics were paused, we were able to continue with virtual discussion panels, however this has added more children to the ADOS waiting list.

The service has seen an increase in referrals for ASD, the demand currently outstrips our capacity to manage ASD. We have seen a 46.7% increase in referrals from 2018. This paper sets out the current demand on the service, which is currently above capacity seeing families waiting up to 30 months to go through the ASD pathway.

The table below provides a snapshot of referrals:

Year	New referrals
January 2018 - August 2018	77

January – August 2020	113

Timeliness for diagnosis is vital for children, as this will inform their, Education, Health and Care Plans (EHCP). The table below shows current ASD waiting times:

	No on waiting list	Waiting time (pathway segment)	Total time waited from referral to CDC	Current capacity
<b>Discussion Panel</b>	118	18 months	19-20 months	6 children per month – discussion panel
<b>ADOS</b>	64	15 months (from panel discussion)	35 months	4 children per month - ADOS

HRCH submitted a business case for additional funding demonstrating the impact on how the additional funding could have on the current waiting list over a 6-month period. The business case was approved and HRCH was given some additional funding to support reducing the backlog of ASD assessments. The project commenced in January 2021 with the following outcomes:

- Number of children discussed at panel – 43.
- Number of children seen for ADOS – 6.

We paused the ASD project in January 2021 due to the national lockdown as the locum we have sourced could not get childcare. We have not been able to get another locum therefore anticipate the project will recommence in April 2021 for 5 months.

In terms of the current waiting list:

- Number of children on discussion panel waiting list: 154.
- Number of children on ADOS waiting list: 50.

When the project resumes in April, we will see the following children:

- 40 children per month – discussion panel – 154 children.

- 8 children per month ADOS. (last month of the project we will see 13 children) – 45 children.

### **Specialist Support Team - AfC**

We have established pre and post diagnostic support for families with open referrals across Kingston and Richmond. Four WTE roles have been recruited to, with all post holders commencing in January 2021. The new team has been working closely with both ITAC teams and EHS to support families awaiting assessment for ASD / ADHD or post diagnosis, and supporting families with complex health conditions from initial referral into any ISCD services. To date over 50 families have been referred into the service and are receiving input.

### **Service user feedback and involvement**

Across all therapy areas, In relation to service user feedback and involvement:

- We have gathered individualised feedback following sessions to identify families' view of service. Going forward we will consider establishing an evaluation process for virtual sessions and review the timing of sessions. Anecdotal feedback has been that many families prefer virtual sessions wherever possible as they have to take less time out of work and it helps all members participate.
- We usually involve service users/ family members/ young people in interviews for new posts although this had to be paused because of COVID-19. This will restart as soon as possible.
- We will be developed experts by experience who will be paid for their time by either joining our staff bank or in kind (voucher). The aim is to develop a pool of people who would assist in interviews.
- We are developing greater involvement of service users/ families/ young people in transition planning by linking up with other transition redesign groups and adult social care services.
- We are developing greater involvement of service users/ families/ young people in service development planning and co-production. For example, this will include communication with stakeholders at forums where schools/ parents would attend.
- We have been updating local offer information.
- We are planning to complete a questionnaire/ satisfaction survey when the new model is in place.

### **Report by:**

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March 2021