

## SCHEDULE 2 – THE SERVICES

### FINAL DRAFT

#### A. Service Specifications

<b>Service Specification No.</b>	<b>01/MRFH/0006 v2</b>
<b>Service</b>	Paediatric Speech and Language Therapy Service
<b>Commissioner Lead</b>	Maternity, Reproductive and Family Health
<b>Provider Lead</b>	Christine Rainsford/Colin Hicks
<b>Period</b>	1 April 2016 – 2019
<b>Date of Review</b>	Annually

#### 1. Population Needs

##### 1.1 National/local context and evidence base

- Supporting children’s speech, language and communication contributes to a wide range of outcomes in achievement, social competence, behaviour and mental health. 7% of children aged about 5 years have specific speech and language impairment (Tomblin et al 1997, Law et al ,2000)
- It is estimated that a further 1.8% (1753 per 100,000 population) have speech and language communication needs linked to other conditions such as learning disability, cerebral palsy, autism spectrum disorders (taken from Enderby et al, 2013)
- Dorset CCG recognise that paediatric speech and language therapy (SaLT) contributes to improved outcomes for children and young people and their families.
- Evidence indicates that SaLT interventions reduce the risks of lower educational attainments, behavioural, emotional and social difficulties.
- There may be up to 15,000 children aged between 0-18 (inclusive) with primary or secondary speech, language and communication needs in Dorset based on population national prevalence percentages applied to the Dorset population.

#### 2. Outcomes

##### 2.1 NHS Outcomes Framework Domains & Indicators

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	X
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	X
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	X

##### 2.2 Local defined outcomes

- Children and young people’s speech, language and/or dysphagia difficulties are diagnosed and an assessment of level of impairment identified to plan the best therapeutic approach and ultimately improve the outcomes for the child or young person

- Children and young people can access services quickly so their speech, language and communication needs are identified
- Referrers to the SaLT service are supported with appropriate information to identify children and young people who would benefit from the service
- Children, young people and their families experience a good service
- Health and education staff are supported with appropriate information on assessment, ongoing treatment plans and completed episodes of care to support the delivery of the child and young person's outcomes
- Children and young people achieve their personalised goals and individual functional outcomes

### 3. Scope

#### 3.1 Aims and objectives of service

Children and their families will be at the centre of the service with the aim of ensuring that the best outcomes for children and young people are achieved.

The objectives are:

- To provide assessment, advice and treatment interventions as per agreed referral pathways, models of care and delivery models and in line with current evidence, best practice and national and local clinical guidelines and care pathways
- Work in partnership with individuals and their families/carers and with other professions/agencies to reduce the impact of speech, language and communication, dysphagia difficulties on children's wellbeing
- To develop a child's speech, language and communication skills to their full potential and support them to fulfil their long term ambitions and aspirations
- To deliver an outcomes based service
- To support and improve the skills and knowledge of the wider health professionals workforce by providing updates and awareness raising regarding paediatric SaLT
- To ensure that caseloads are supervised, monitored and evaluated appropriately
- Respond to requests for professional advice in accordance with SEND responsibilities and local agreements

#### 3.2 Service description/care pathway

Fundamental to all elements of speech and language models of care for children and young people is collaborative working, a shared perspective, mutual understanding and provision of appropriate support by the family and other professionals associated with their care and education. The SaLT Service will deliver the models of care and services outlined in the Service Specification in accordance with the following :

- First initial assessment appointment
- Support and advice
- Provision of personalised programmes and targets
- Speech and language therapist therapy direct intervention
- Review or assessment follow up appointment
- Ending an episode of care/discharge

The first initial assessment appointment should be undertaken by a qualified speech and language therapist resulting in a diagnosis of the speech, language, communication or swallowing difficulty and the level of impairment presenting at that time. The outcome of the assessment will be discussed with the child / young person and / or their parents / carer and a decision reached as to whether the service can help and if so how. The aims and level of further involvement by the service in any intervention plan will be discussed and agreed with the family and others involved in supporting the child / young person and details provided in a written report.

The level of provision may fluctuate up and down during the course of a service user's

episode of care in accordance with level of need, changes in clinical presentation and progress towards expected outcomes. The service provider needs to assess this and ensure the service user's episode of care meets their needs.

The service delivers eight models of care linked to referral pathways and access criteria for speech, language and communication or swallowing difficulties relating to:

- A. Phonology, non-structural speech delay/disorder, language (expressive, receptive and pragmatics) and fluency.
- B. Paediatric Oropharyngeal Dysphagia
- C. Cleft Palate And Velopharyngeal Impairment (VPI)
- D. Hearing Impairment
- E. Dysphonia (Voice Disorder)
- F. Diagnosis of Autistic Spectrum Disorders (As Part Of Locally Agreed Core Multi-Agency Arrangements)
- G. Selective Mutism
- H. Assessment, support and management of Alternative And Augmentative Communication (AAC)

The service should produce clear referral pathways and models of care for operational use by the service and to clearly communicate with interdependent services/providers. The pathways should outline the access criteria, the exclusion criteria, the referral routes and the model of care. The service will provide information and guidance to parents and/or carers.

Through review and assessment a qualified speech and language therapist should determine when to discharge the service user as appropriate in the models of care.

### **3.3 Population Covered**

Children and young people registered with a Dorset GP up to their 19<sup>th</sup> Birthday.

### **3.4 Any acceptance and exclusion criteria**

#### **Acceptance criteria**

- Access to the service is by electronic or e-referral from statutory and health organisations or via an appropriate delivery method by others
- For referrals from non-health agencies and organisations, signed parent consent to refer is required.
- All requests for involvement are considered (triaged) by an experienced therapist to establish what support is being requested and whether the service is the right one to offer the support. Within the NHS contract the process for non-acceptance of referrals Service Condition 7 applies. Where requests / referrals are not accepted, the reason for this is explained to the individual who made the request. A clear rationale for this will be given and, where appropriate, signposting to relevant support and advice.

#### **Exclusion criteria**

- Young people aged 19 years and above
- Children and young people not registered with a Dorset GP Practice
- Where the child or young person is already known to the service and is on an active managed caseload
- a child or young person whose needs can be met by universal health and / or education services
- Individuals whose communication difficulties are as a direct result of an existing mental health condition
- Where difficulties are only related to learning English as a second language
- Where there is insufficient evidence or adequate information about a child / young person's difficulty and its impact, including progress with general interventions already tried by others supporting the child / young person, such as a universal health

- service, early years setting or school
- Where speech and language provision or specialist advice and support is the statutory responsibility of another body and commissioned by them i.e. special educational provision (SEN) with or without a Statement of Special Educational Need or Education Health and Care Plan
- Where intervention would duplicate assessments, therapy intervention and support being delivered by another SaLT service provider, including independent therapists engaged by others. Where such provision is intended to support the child/young person's management plan and care pathway as recommended by us, parental agreement for liaison and sharing of information between both parties must be sought and mutually agreed areas of responsibility and intervention for each provider clearly defined in the management plan.

**Additional acceptance and exclusion criteria applicable to a specific referral pathway includes:**

<b>Referral Pathway A</b>	<b>Speech, language, communication delay or disorder relating to: Receptive language;(comprehension); Expressive language; Use of language (pragmatics);Fluency; Phonology or other non-structural speech delay/disorder</b>	
	Additional acceptance criteria	Additional exclusion criteria
	<ul style="list-style-type: none"> <li>• Referrals from Early Years Settings and Schools must be signed by the SENCo and include agreement work collaboratively with the service, to follow SLT advice and engage in the delivery of appropriate programmes and strategies provided by the service.</li> </ul>	n/a
<b>Referral Pathway B</b>	<b>Paediatric Oropharyngeal Dysphagia relating to: Swallowing difficulties affecting the oral and/or pharyngeal phase of eating and drinking including at risk of aspiration and choking on food and fluid</b>	
	Additional acceptance criteria	Additional exclusion criteria
	<ul style="list-style-type: none"> <li>• Referrals only accepted via a qualified medical practitioner who retains overall clinical responsibility.</li> <li>• Children in hospital or a neonatal intensive care unit who are at high risk of aspiration and choking</li> <li>• Children with a physical swallowing difficulty affecting the oral and/oropharyngeal phase of eating and drinking.</li> <li>• Children at risk of aspiration and choking on food and fluid</li> </ul>	<ul style="list-style-type: none"> <li>• Children with sensory feeding difficulties (i.e. associated with a diagnosis of ASD)</li> <li>• Children with behavioural feeding difficulties (i.e. picky eaters or fear of eating and drinking)</li> <li>• Typically developing children with difficulties weaning onto new textures where there is no concern regarding the ability to swallow.</li> <li>• Typically developing children who have poor saliva control resulting in drooling but no evidence of difficulties swallowing food and fluid</li> </ul>
<b>Referral Pathway C</b>	<b>SCLN relating to: Cleft Palate and Velopharyngeal Impairment (VPI)</b>	
	Additional acceptance criteria	Additional exclusion criteria

	<ul style="list-style-type: none"> <li>• Cleft palate: Service user must be under the care of one of the UK Regional Cleft Lip and Palate Centres.</li> <li>• VPI: Service user must have been seen for Initial Assessment with Community SLT who has identified possible signs of VPI (one or more of the following: hypernasal resonance, nasal emission of air, weak/ absent pressure consonants, speech difficulties consistent with Cleft Speech Characteristics). Or Referral clearly indicates possible signs of VPI (see above)</li> <li>•</li> </ul>	n/a
<b>Referral Pathway D</b>	<b>SCLN relating to: Hearing Impairment</b>	
	Additional acceptance criteria	Additional exclusion criteria
	<ul style="list-style-type: none"> <li>• Referrals from Early Years Settings and Schools must be signed by the SENCo and include agreement work collaboratively with the service, to follow SLT advice and engage in the delivery of appropriate programmes and strategies provided by the service.</li> <li>• Children must have a diagnosed mild, moderate, severe or profound hearing loss.</li> <li>• All children with a conductive or mixed loss must be aided/about to be aided</li> <li>• Children with a moderate, severe or profound hearing loss diagnosed through the Neonatal Hearing Screening Programme should be referred at time of diagnosis.</li> </ul>	<ul style="list-style-type: none"> <li>• Where a child/young person is making the expected linguistic progress with Teacher of the Deaf intervention</li> </ul>
<b>Referral Pathway E</b>	<b>SCLN relating to: Dysphonia (Voice Disorder)</b>	
	Additional acceptance criteria	Additional exclusion criteria
	<ul style="list-style-type: none"> <li>• Prior examination and assessment by a Paediatric ENT specialist to identify any specific aetiology must have taken place before a referral can be accepted by the Paediatric SaLT service.</li> </ul>	<ul style="list-style-type: none"> <li>• Where diagnosis has identified a condition unlikely to currently respond to SaLT intervention</li> </ul>
<b>Referral</b>	<b>Assessment of Social Communication for diagnosis of Autistic Spectrum</b>	

<b>Pathway F</b>	<b>Disorders (as part of locally agreed core Multi-Agency arrangements)</b>	
	Additional acceptance criteria	Additional exclusion criteria
	<ul style="list-style-type: none"> <li>Service users are undergoing Multi- Agency Assessment for Autism diagnosis according to local pathways</li> </ul>	<ul style="list-style-type: none"> <li>Where the service user has been seen for ASD assessment within the last 12 months</li> </ul>
<b>Referral Pathway G</b>	<b>SCLN relating to: Selective mutism</b>	
	Additional acceptance criteria	Additional exclusion criteria
	<ul style="list-style-type: none"> <li>Referrals from Early Years Settings and Schools must be signed by the SENCo and include agreement work collaboratively with the service, to follow SLT advice and engage in the delivery of appropriate programmes and strategies provided by the service</li> <li>Selective mutism often co-occurs with other disorders such as Social Anxiety Disorder (SAD), Autism Spectrum Disorder (ASD), and other developmental disorders. If there are significant concerns regarding other aspects of the child's development, referral to other appropriate agencies will also need to be made and a multi-agency approach will need to be taken in the intervention process</li> </ul>	<ul style="list-style-type: none"> <li>Where diagnosis has identified a condition unlikely to currently respond to SaLT intervention</li> </ul>
<b>Referral Pathway H</b>	<b>Specialist assessment, support and management of Alternative and Augmentative Communication (AAC)</b>	
	Additional acceptance criteria	Additional exclusion criteria
	<ul style="list-style-type: none"> <li>Referral from within the SaLT service only. Service users will already be known to the service and will have accessed assessment for speech, language, communication or swallowing difficulties via Referral Pathway A, B, C, D, E, F or G</li> <li>Where advice and support is needed for local AAC management for children with less complex needs</li> </ul>	
<p><b>3.5 Interdependence with other services/providers</b>  The service is reliant on effective partnership working with multi-disciplinary and multi-agency</p>		

teams and the individual, together with parents/carers in order to implement agreed plan of interventions.

The service will be delivered in response to the child's speech, language, communication or dysphagia needs, whilst also encompassing and supporting the interdependence with local authorities' commissioners and professionals, in order to support the child and their family to meet goals and aspirations.

The service will provide information on the SEND local offer.

#### 4. Applicable standards

##### 4.1 Applicable national standards (e.g. NICE)

- Autism Diagnosis in Children and Young People CG 128, Sept 2011
- Social and Emotional Well-being for Children and Young People PH40, Oct 2012
- Autism CG 170 (p21), Aug 2013
- Healthy child, healthy future – Speech and Language therapy for children, Public Health Agency 2014
- Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people, NG1, Jan 2015

##### 4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

The service should be delivered in line with guidance and standards issued by the Royal College of Speech and Language Therapists, Speech and Language Therapists, Health and Care Professions Council and any other relevant national prevailing professional guidance.

##### 4.3 Applicable local standards

N/A

#### 5. Applicable quality requirements and CQUIN goals

##### 5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

##### 5.2 Applicable CQUIN goals (See Schedule 4 Part E)

#### 6. Location of Provider Premises

Services will be provided at an appropriate venue which should be local and accessible to the child's home or school between Monday – Friday 9.00am to 5.00pm. This may include:

- GP surgeries,
- NHS Clinics,
- Children's Centres,
- hospitals,
- educational or pre-school setting.

Care for children whose condition falls within Referral Pathway B will be provided on an inpatient and outpatient basis as appropriate by a qualified speech and language therapist, with post graduate training in the field of paediatric dysphagia.

#### 7. Individual Service User Placement

Not applicable.