Phase 1 of the Redesign of the Speech and Language Therapy
Under 5s Service

From February 2004 to April 2005

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**Introduction**

This report provides information regarding phase 1 of the redesign of the Speech and Language Therapy (SALT) under 5’s Service in Lambeth PCT. This phase refers to the first year of action research spanning January 2004 to April 2005. The key objectives for the service redesign are to:

1. Develop a service that is family centred and needs led
2. Design a cluster-based service with an integrated approach to the delivery of SALT services across other agencies.
3. Develop a service that engages users in its development and delivery
4. Mainstream Sure Start activity

**Methodology**

The approach adopted by the professional management team to facilitate the process of redesigning the under 5’s service has involved the appointment of an action researcher with the following key responsibilities:

- To observe, record, analyse and facilitate learning for the system about its efforts to deliver a redesigned service.
- To disseminate learning from the research both within the PCT and externally
- To work with line managers in setting up a steering group for the service redesign
- To evaluate the success of the service redesign against a set of quantitative measures as an aspect of the research project.

The approach that has been adopted by the researcher is based upon Action Research principles. “Action Research is the study of a social situation carried out by those involved in that situation in order to improve both their practice and the quality of their understanding.” (Winter and Munn-Giddings 2001). The framework which has underpinned her approach has been based upon the PDSA cycle of learning.

**The PDSA Cycle:**

- **Plan**
  - State objective of cycle
  - Make predictions
  - Develop a plan to carry out

- **Do**
  - Carry out the test
  - Document problems/unexpected outcomes
  - Begin data analysis

- **Study**
  - Complete analysis
  - Compare to prediction
  - Summarize learning

- **Act**
  - What modifications to make?
  - What is the next cycle?
The use of action research principles and reflective practice techniques has supported staff in the transition towards a redesigned service. By involving therapists in the change process, they have been able to contribute actively to it which has resulted in enhanced commitment and a positive approach to the changes. The researcher has discussed with therapists the effects of these changes both on a personal and professional level and has acted as a facilitator at team away days to support the reflection on the process of change.

**Rationale for the service redesign**

Historically two teams have delivered the Speech and Language Therapy Service for under 5’s; The Community team working from health centres and clinics, and the Early Years team working within nurseries. These two teams have delivered their interventions independently in community clinics and various Early Years locations across the borough. Children referred were either seen in a local health centre or clinic, or in an Early Years location. There was limited flexibility to offer speech and language therapy in other community venues or at home. Families were offered a standard model of therapy with little opportunity to negotiate packages of care which suited individual needs. Additionally, the specialist service offered to children with complex needs whilst delivered in the home setting did not encourage the inclusion of these children in local community and family-based services.

Another key influencing factor in the redesign was the impact of Sure Start upon service delivery. From September 2000 (until February 2004) six Sure Start Programmes were set up across Lambeth. Therapists working in these programmes were allowed the scope to try out different models of service delivery. The ethos behind Sure Start was to make services more accessible and client-led and this had a huge impact upon therapists’ personal and professional development.

Starting in 2002, the Early Years and Community teams embarked on service reviews, in order to ensure that their respective services were family-centred and needs-led, and responsive to the diverse needs of the constantly changing population.

It became clear as these reviews were worked up separately that their aims had become unified, and in 2003 the review processes then became merged. In September 2003, the first joint away day was held between the Community and Early Years team where the concept of a redesigned care pathway was discussed and joint objectives defined. It became evident from this day that there was a need to integrate the Early Years and Community teams in order to support the development of:

- A locality-based service with an integrated approach to the delivery of SALT services across other agencies
- A service that engages users in its development and delivery.
- A service which is family centred and needs led.
- The mainstreaming of Sure Start activity.

**The development of Clusters**

As the two teams became integrated therapists began to group themselves into clusters based upon their place of work e.g. how closely the clinic, Sure Start programme and Early Years setting could
link up to provide a seamless service. Initially 4 groups were set up and in time these groups merged into the North and South Clusters.

**The context for the redesign**

The changes embarked on by the Community and Early Years Teams are embedded in the context of strong national and local drivers.

**Government Strategic Level Drivers**

*Every Child matters* (Dept for Education and Skills 2003) has at its core the integration of services for children and young people. The Government’s Green Paper sets out a number of outcomes expected for children and their families through Early Intervention and Effective Protection to ensure every child receives services at first onset of problems and to prevent a child from slipping through the net. It outlines also the idea of a “spot service” which allows for rapid response to referrals and encourages multidisciplinary work.

All of the above initiatives are at the heart of our redesigned service but in particular we aim to develop a rapid response approach with families. This involves establishing an “initial engagement” (early contact via the phone or letter) with the family in order to establish very quickly what their expectations of the service are and to allow them to negotiate where and when therapy will be delivered.

Similarly the *National Service Framework for Children, Young People and Maternity services (Sept 2004)* establishes clear standards for promoting the health and well-being of children and young people and for providing high quality services that meet their needs. At the heart of the Children's NSF is a fundamental change in thinking about health and social care services. It is intended to lead to a cultural shift resulting in services which are designed and delivered around the needs of children and families using those services not around the needs of organisations. The vision from the *Children's NSF (Standard 8)* is to organise health, education and social care services around the needs of children and their families whilst actively engaging their carers in all decisions affecting them and in shaping local services. The redesign of the speech and language therapy services reflects this cultural shift.

The plans for the redesigned service are also embedded in the ethos of the NHS Modernisation Agency, namely to offer modernised services that improve access and increase patient choice. The headlines from the modernisation agenda are all values that underpin the redesign: faster access and better care, patient power through information and choice, support to staff, and the desire to offer modern care with local involvement.

**Local Drivers**

Local Sure Start Programmes have begun the move to Children’s Centres. The success of these programmes is to be built upon through the creation of designated Children’s Centres.

Another important driver behind the service redesign emerged as a result from a meeting with key Stakeholders including Health Visitors, Early Years Support team, Sure Start Programme Managers, Nursery Staff and PSLA representatives held in July 2003. Amongst the objectives supported by this group were to have patients provide input into the development of services and to mainstream best practice from Sure Start.
National Level
(Strategic Government Drivers)

‘Every Child Matters’

Key principles embedded in the policies which also underlie the redesign process.

Rapid response service. Stronger focus on parent training and families.


‘Enjoy and Achieve’ Parents/carers and early years provision ensure that children achieve the early learning goals and are ‘ready for school’

National Service Framework

NHS Modernisation Agency

Local Level
(Internal Drivers)

Consultation with Users

Lambeth PCT Local Development Plan

Community Speech and Language Therapists prioritised three themes

Need to focus on reducing waiting times and increasing amount of therapy offered.

Integrated services, planned care and prevention, early detection and intervention

Parent/user involvement; Cluster based services - locally responsive; Support systems and learning within the team

Patient involvement; Mainstream best practice from Sure Start programmes

National and Local Drivers

‘Every Child Matters’

Need to focus on reducing waiting times and increasing amount of therapy offered.

Consultation with Stakeholders
How the objectives for the Service Redesign are being met

During the first year of the redesign therapists have been working collaboratively towards achieving the following objectives. The outcomes for the first year or Phase 1 of the redesign are described under each objective and have been broadly grouped into themes. These outcomes have resulted from decisions made by therapists in a series of team away days and at cluster meetings. Planned actions for Phase 2 refer to changes in practice which are currently being discussed and will be implemented in the next 6 months.

1. A service that is family centred and needs led

At the centre of our redesign is a commitment to put the family at the centre of our care package and to deliver a service that is more specifically tailored to the needs of the family and child. This will entail offering the family more choice of models of service, and designing a care package in consultation with them, incorporating their priorities and needs.

Outcomes from Phase 1:
Emergence of new care packages
- First drop-in style appointments offered for review and assessments.
- Parent training courses and coffee mornings in community venues being trialled through joint working between Sure Start, clinic-based and early years therapists.
- Early Years Development and Childcare Partnership (EYDCP) funded toy bus drop-in sessions being taken up by different therapists in the South Cluster as a means of health promotion and drop-in style consultation for families who would not normally attend clinic appointments.

Professional Development
- A taster in motivational interviewing and brief therapy provided in order to develop skills for implementing “initial engagement” with families. As a further follow-up some therapists attended a two-day course in these techniques.

Changes to therapist and administrative practice
- Three therapists in the North Cluster form a subgroup to deal with new referrals within 2 weeks of a referral being received and begin the process of initial engagement. New letters to referrers and carers and a telephone interview script are drafted.
- Change over of the referral team in the North Cluster occurred during March 2005. Any difficulties arising from the initial engagement process is being monitored
- An administrator is allocated for each of the clusters and begins to attend cluster meetings
- In the South Cluster therapists begin to develop a joint database which will be used to aid planning for therapy

Planned actions for Phase 2:
- A detailed evaluation of the initial engagement process. Parents/carers will be asked to give feedback about the information/communications received prior to attending the first speech and language therapy appointment.
2. A cluster-based service with an integrated approach to the delivery of SALT services across other agencies

In reviewing the service we are aiming to deliver the speech and language therapy service at the location most accessible and relevant to the family. The purpose is to build on the developing relationships with key partners out in the Community. Children's Centres will serve children and families in local communities and will provide integrated care and education for young children together with health services and family support. The creation of Children's Centres will offer opportunities for speech and language therapy to collaborate with a range of services in the community. It is envisaged that co-location of services will offer prompt, convenient, responsive and high quality multi-agency interventions.

Outcomes from Phase 1:
Structural changes to the team
Two new Cluster Lead posts have been created in consultation with the team of therapists. The consultation paper written by Jane Conway, Jane Stokes and Dawn Smith on the service redesign of the Early Years and Community teams provides further information about this process.

Administrative changes
• South Cluster team begin merging of caseloads and develop a South Cluster database integrating all caseloads which facilitates planning for groups and allows any therapist to answer queries regarding a child’s planned intervention.

Changes to Complex Needs service
• Complex Needs referrals to be dealt with in cluster meetings. The role of the principal therapist in Complex Needs is becoming more consultative with a defined link between the multidisciplinary team, Mary Sheridan Centre and the cluster based services. In addition to more outreach from relevant specialists into the clusters.

Planned actions for Phase 2:
• As part of the Cluster lead posts key responsibilities will involve developing links with key organisations/agencies in the run up to the opening of the children’s centres
• Therapists in Sure Start teams to carry out more collaborative work with clinic and early years therapists in order to introduce them to other partners in their geographical patch and further spread the links with the local community.

3. A service that engages users in its development and delivery

In response to the strong drive within the NHS to embrace user involvement, the redesigned service will incorporate regular consultation with parents, carers, children, and other agencies to continue to shape the development of the service. User forums are being established to consult on the views of service users. A multi-agency steering group has been established to oversee the redesign.
Outcomes from Phase 1:

Professional Development
- A number of therapists attended training in how to facilitate groups and run user consultation/focus groups

User Consultation
- Seven individual interviews were carried out by the researcher during October and November 2004. Some of the key findings were:
  a. More information needed prior to the first appointment about what to expect.
  b. Reports following appointments were helpful but needed to be distributed more promptly.
- Four user consultation meetings were held in February and March 2005 which were facilitated by therapists from the North and South clusters. In total 9 parents/carers were interviewed. Key areas which parents/carers advised needed to be improved were:
  a. Communication systems with the speech and language therapy services. Many carers gave examples of difficulties getting in touch with therapists and not having a named contact person to deal with enquiries.
  b. Information and choice of care packages. Carers felt that little information was available about what speech and language therapy might entail prior to the first appointment. Offering a choice of appointment times and venues was seen as important in improving access. Carers felt that therapists needed to be clearer about the future needs of their children.
  c. Handovers from one team to another. Parents reported long waits and a lack of information about who would next see their child which heightened their anxiety.
  d. Joint work with other professionals. Carers suggested a more holistic approach to collaborative working with the need for a generic therapist or key worker who could provide an overview of the child’s needs.

Planned actions for Phase 2:
- In the North cluster therapists will continue to implement initial engagement strategies within 2 weeks of receiving a referral. In South cluster initial engagement implementation to begin in April 2005.
- Professional management team to actively seek to co-locate therapists with other professionals in preparation for children’s centres
- Therapists from clinics and early years to shadow Sure Start therapists in order to develop more joint working and to develop links within the community
- Existing formats for writing reports to be changed and audited in order to produce more user/parent friendly paperwork and which will reduce the delay between appointments and receipt of the reports
- The use of Community Waits funding to support the development of a communication strategy devised through user focus groups. This may include a review of existing information; development of a website and appropriate translation/interpretation.
4. The mainstreaming of Sure Start activity

In the six Sure Start programmes in Lambeth, speech and language therapy has been able to develop innovative services for families that are traditionally hard to reach. These programmes have allowed therapists to offer a more accessible, client-led service (eg more drop-in services). With the planned reduction in funding to the Sure Start programmes, it is essential to harness the learning from Sure Start in order to mainstream the good practice into the core service. Children's Centres will become the local hubs of service provision, where the learning from Sure Start can be implemented.

Outcomes from Phase 1:

Structural/organisational changes

- Early Years and Community (including Sure Start therapists) teams began to hold combined team meetings. Therapists grouped themselves into one North and one South Cluster team. Therapists in these clusters began to meet on a regular basis to plan for joint working.

Changes to therapist practice

- Joint work across teams began to take place from March 2004– collaborative practice emerging first between clinic based therapists then Sure Start therapists and more recently early years and clinic-based therapists and Sure Start teams
- Reflective practice incorporated into cluster meetings and supervision sessions.

Planned actions for Phase 2:

- Identification of the practice that should be mainstreamed or integrated into future practices in Children’s Centres.
- Carry out needs assessments across the two clusters to ensure resources are appropriately allocated to meet the need in Children’s Centres

Future Directions

- **Interim cluster leadership arrangements:** Whilst waiting for the Cluster Lead positions to be filled the Researcher will take on additional responsibilities and duties which are geared to maintaining the pace of change. She will support staff in implementing new packages of care in both the north and south clusters. The following are the responsibilities that have been agreed by the professional management team to integrate into the Speech and Language Therapy Action Research post held by Doreen Faisca:

  1. To ensure effective links between each Speech and Language Therapy Cluster and both Speech and Language Therapy Professional Team Managers, informing them of the impact of new processes and systems upon waiting times

  2. To facilitate the development of problem solving/negotiation skills and reflective practice within both clusters by leading cluster meetings.

  3. To ensure, with support from the Speech and Language Therapy Professional Team Managers, that change is informed by the service users’ focus groups.
4. To lead, with minimal support, both Speech and Language Therapy Clusters in implementing cluster-based service developments. Specifically:
   - The merging of caseloads and the development of databases to support this
   - The development of new care-pathways and the measurement of their outcomes
   - The development of the referral meeting process
   - The development of new ways of engaging service users

- **Team restructuring:** The two new cluster lead speech and language therapy posts will advise the professional management team on issues such as shortfalls and service pressures and support the managers in ensuring a well-coordinated equitable service across the borough. They will be responsible for the implementation of quality standards and clinical protocols and will ensure that service users and partners remain central to the planning and delivery of services in their cluster. The management of cluster meetings, and the inclusion of reflective practice will be the responsibility of the cluster leads. The Professional Team Managers will continue to provide borough wide leadership and to be the key point of contact for our external partners. The Professional Team Managers will share the line management of staff in the two clusters.

- **Children’s Centres:** Each geographical cluster will be responsive to the development of children’s centres. It is envisaged that the service will provide a level of service delivery to each children’s centre within its area based on assessed need. To this extent therapists in Sure Start teams will be evaluating the success of their projects and providing evidence for best practice in light of the anticipated change over to the children’s centres.

- **Data analysis:** In terms of analysing the performance of the service during the redesign, key performance indicators are being collated. These include: waiting times for assessment, therapy and review; types of care packages emerging in traditional and non-traditional venues; and the number of missed appointments for each care package. Support for the Researcher in developing a database to provide monthly reports in these key areas has been proposed and is awaiting budget approval. It is anticipated that the analysis of this data will commence during Phase 2 of the project.

**Recommendations for the Future**

- The outcomes of the user consultations should be presented to therapists and a plan of action for future consultations devised. Any changes which can be implemented in the short-term will be followed up in the interim period.

- A combined cluster team away day is planned for the 19th May 2005. Based upon individual practice review interviews carried out by the researcher with therapists working in the clusters key themes have emerged which will be the focus for the day. Two questions which have arisen for the researcher as result of these interviews and recent developments is, how will the role of the two co-ordinators develop in order to further support therapists in the clusters? What further changes need to be made to the administrative systems to support these changes.