The Royal Borough of Greenwich

And

Greenwich Clinical Commissioning Group

DOCUMENT A1.2

SERVICE SPECIFICATION

SPS 2537

CHILDREN AND YOUNG PEOPLE'S INTEGRATED THERAPIES SERVICE

2022 - 2025

December 2021

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ROYAL GREENWICH CHILDREN'S SERVICES

AND

GREENWICH CLINICAL COMMISSIONING GROUP

Service specification

Integrated Therapies Service

1. INTRODUCTION

1.1 The Integrated Children and Young People Therapies Service will provide leadership, co-ordination and delivery of the Speech and Language Therapy, Occupational Therapy and Physiotherapy Services in Royal Greenwich.

1.2 An essential part of the children's services 'system', it will make a major contribution to our Children and Young People's Plan ambitions by improving health and wellbeing outcomes for children and young people.

1.3 The service will identify additional needs early, build resilience and reduce health inequalities by providing effective targeted and specialist interventions for children with additional needs.

2. EVIDENCE BASE

2.1 Marmot and the Chief Medical Officer both recognised the importance of building on the support in the early years and sustaining this across the life course for school-aged children and young people to improve outcomes and reduce inequalities through targeted support.

2.2 The report Better Care Better Lives[1] highlighted the need for an integrated approach to streamlined responsive services for children with life limiting or life-threatening conditions.

Speech and Language Therapy

2.3 Speech, language and communication needs have a profound impact on many areas of a child's developments and affect a child's future life chances if left unsupported and untreated. Areas of impact include:

- Educational attainment and employability.
- Behavioural issues, social skills and esteem.
- Poor mental health and access to healthcare services.
- Offending.

[1] Lewis, M. (2008) Better care, better lives. Improving outcomes for children young people and their families living with life limiting and life threatening conditions.

2.3.1 Up to 50%[2] of children and young people in some socio-economically disadvantaged populations start school with speech, language and communication skills below the normal expected level. Of these, up to 10% are likely to have complex or persistent speech, language or communication difficulties. The Bercow[3] Report stated that they might also benefit from specific targeted intervention at key points in their development.

2.3.2 A 'systematic approach' is needed to ensure early identification occurs and appropriate provision and support is promptly delivered. Health services and local authorities must work together to observe and monitor children and young people in order to identify speech and language needs across the age range, particularly at key transition points.

2.3.3 Research indicates that (after taking into account a range of other factors such as mother's educational level, overcrowding, low birth weight) children who had normal non-verbal skills but a poor vocabulary at age five were one-and-a-half times more likely to have literacy difficulties or have mental health problems at age 34. This same group was more than twice as likely to be unemployed as those who had normally developing language at five (Law et al, 2010).

2.3.4 Young people with speech, language and communication needs are over-represented within the criminal justice pathway. Research on juvenile offenders in the UK shows that over 60% of offenders have a SLCN (Bryan et al 2004 and 2007). Another study showed that 65% of offenders have a language difficulty of which 20% scored at the "severely delayed" level in assessment (Gregory and Bryan, 2010).

2.3.5 Up to a third of children with untreated speech and language difficulties will develop mental health problems, with resulting criminal involvement in some cases (Clegg, Hollis and Rutter, 1999).

Occupational Therapy

2.3.6 There is a need to ensure that children and young people are able to fulfil a balanced range of occupations in the course of their daily life in order to meet their full potential. These occupations may include self-care such as eating a meal or using the toilet to areas of work including attending school and undertaking leisure activities e.g. hobbies.

2.3.7 The delivery of Occupational Therapy is often focused around three key levels in social care, education, health, voluntary or public health sectors (Arbesman et al 2013). These include:

- Level 1: Whole population or universal for all children and young people.
  - Delivery of a 'whole school' approach by therapists to share knowledge and skills to support educational staff (Hutton 2009)
  - Promotion of healthy lifestyle choices and engagement in fulfilling and meaningful occupation can contribute toward areas such as reducing obesity (Mill et al 2015).
- Level 2: Targeted Services to support those at risk of poorer outcomes.

[2] Locke A. et al (2002) assessed the spoken language skills of children entering nursery schools in a socially disadvantaged area, and found that 54 per cent had moderate, moderate to severe or severe language delay, despite having nonverbal cognitive skills comparable to those in the general population.

[3] Bercow, J. (2008) The Bercow Report: A review of services for children and young people (0-19) with speech, language and communication needs. Nottingham: DCSF.
https://www.education.gov.uk/publications/eOrderingDownload/Bercow-Report.pdf

    - Occupational therapy programmes to develop social skills such as interventions based on role to improve social skills of adolescents with ASD (Gutman et al 2012).
    - Input to support teachers in tasks such as adapting to motor challenges of classroom activities to enable wider participation of children with development coordination disorder in school life (Missiuna et al 2012)
- Level 3: Intensive, or specialist Occupation Therapy for those with identified mental, physical, emotional, learning or behavioural needs that impact on participation in life roles.
    - Individualised intervention approach to teach cognitive strategies to support daily activities such as the delivery of Cognitive Orientation to Daily Occupational Performance to support children with acquired brain injury (Missiuna et al 2010).
    - Delivering parent coaching approaches to improve participation of children in chosen occupations including those with ASD (Dunn et al 2012)

Physiotherapy

2.3.8 The delivery of paediatric Physiotherapy is there to ensure that there is expertise to support holistic physical rehabilitation of children and young people. This includes the treatment of a range of conditions including developmental delay, neurological, respiratory, neuromuscular and musculoskeletal in differing environments using evidence based practice.

2.3.9 Paediatric physiotherapists work with children from birth to transition to adulthood. They also work across schools to minimise absence from school, provide appropriate advice to staff for handling and supporting the growing and changing child in the school environment.

2.3.10 The delivery and tracking the impact of Physiotherapy is underpinned by research evidence dependent upon differing interventions and conditions such as acute bronchiolitis (Roquéi Figuls *et al.*, 2016) and cerebral palsy (Debuse and Brace, 2011). Standards of practice are also underpinned by European Core Standards of Physiotherapy Practice in so far as they apply to children and young people in the UK.

2.3.11 The provision of Physiotherapy is delivered most effectively where practitioners work with parents, carers and families and children and young people to tailor and deliver a programme along NICE guidance, tailored to individual needs and aimed at specific goals, such as:

- enhancing skill development, function and ability to participate in everyday activities
- preventing consequences such as pain or contractures.

2.3.12 For further information on each therapy, please visit:

- The Royal College of Speech and Language Therapists - http://www.rcslt.org/
- The College of Occupational Therapy - https://www.cot.co.uk/
- The Chartered Society of Physiotherapy - http://www.csp.org.uk/professional-union/csp-publications

2.3.13 National legislation, guidance, local policy, and best practice highlights the following;

- The Disability Discrimination Act (DDA) 1995 legislated that it is against the law for goods, services and facility providers to discriminate against disabled people by treating them less favourably due to their disability.

- The Special Educational Needs and Disability Act 2001 which places a duty on schools, colleges, universities, adult education providers, statutory youth services and local authority education departments to make the same sort of reasonable adjustments for disabled people as stipulated in the DDA 1995.

- Nationally, the Department of Health and NHS England have important oversight roles for the health elements of the Special Educational Needs and Disabilities (SEND) system and the legal duties applying to health partners. NHS England's mandate includes a clear objective that the NHS must ensure children with SEND have access to the services identified in their agreed plan and NHS England must be able to report against their delivery of this objective. Local Authorities and CCGs are held to account by NHS England, which has powers of intervention, where either has failed, or is at risk of failing, to meet its statutory obligations.

- Statutory duties in relation to SEND at a local area level rest predominantly with local authorities and with Clinical Commissioning Groups (CCGs). As the principal responsibility for delivery is held in local areas, the new Ofsted/ CQC local area inspection will include all relevant partners and wider stakeholders to measure success levels to support local and national accountability. The provider of these services will be a key partner as part of this inspection and support Children's Services in Greenwich to achieve the best possible result.

- Section 7 of the Education Act 1996 sets out parents' responsibilities about their child's education. They must ensure that every child of compulsory school age receives 'suitable full-time education' to their age, ability and aptitude, and any special educational needs he/she has, either by regular attendance at school or otherwise4.

- The Children and Families Act 2014, and its associated Code of Practice, placed new responsibilities on local authorities, schools, Clinical Commissioning Groups and commissioned providers to work together to commission appropriate services to meet the needs of children and young people with Special Educational Needs (SEN) or Disabilities.

- The Provider must support the Royal Borough of Greenwich in the EHC planning and review process by providing timely assessments, information and participate fully in any relevant meetings or panels discussing cases where they are providing a service to a child or young person including work around tribunals.

- Section 58 and 59 of the Care Act 2014, support the transition of young people between children's and adult care by giving local authorities powers to assess children. The purpose of this assessment would be to consider what needs for care and support the young person may have after their 18th birthday, to support planning for transition. This is a requirement that local authorities must consider. The local authority will therefore assess the child's needs by reference to the adult

[4] 'Otherwise' refers to the parents' right to educate their child at home.

care and support arrangements that are in place locally.

- The Government's 2021-22 mandate to NHS England and NHS Improvement set out broad objectives for Health Services long term recovery post Covid including the need to continue to implement the NHS Long Term Plan, focusing on transformation of services, to support NHS resilience, and continue to inspire public confidence, improve prevention of ill health, tackle health inequalities, improve access to primary and community care, utilise technology to improve patient experience, improve outcomes for major diseases and long-term conditions.

- Section 11 of the Children Act 2004 sets out the legal requirement for all providers of NHS funded health services to discharge their functions with regard to the need to safeguard and promote the welfare of children.

- A list of applicable national standards is in appendix E.

3. GREENWICH POPULATION – CHILDREN & YOUNG PEOPLE

3.1 Royal Greenwich is well known for its industrial, military, maritime and royal heritage, and for hosting events during the 2012 Olympic and Paralympic Games.

3.2 In relation to changes within the local population, the borough has benefited from its position within the Thames Gateway (one of 12 boroughs in the UK's largest regeneration area) and has been the focus of large-scale housing and infrastructure developments around Thamesmead, Woolwich, Kidbrooke and the Greenwich Peninsula. These developments will contribute to the projected increase in the borough's population over the next decade.

3.3 There are approximately 283,300 people living in Royal Borough of Greenwich, with a projected growth rate of 17% over the next 10 years. This is a 21% increase over the past 10 years and the population is expected to reach 321,593 by 2026.

3.4 At present, there are approximately 72,000 children and young people aged 0-18 in the borough. 22% of 0-19-year-olds live in poverty, compared with 18% in London as a whole.

3.5 Over 40% of the pupils in Royal Greenwich schools have English as an additional language. 94% of Royal Greenwich schools are rated good or outstanding.

3.6 The 0-18 population is more diverse than the borough population. Children and young people from black and minority ethnic groups account for over half of the children and young people residing in Royal Greenwich.

3.7 The GLA projections suggest that over the 10 years from 2013 to 2023, Royal Greenwich will gain an additional 14,600 young people aged less than 16 years, a 25% increase.

3.8 As of January 2020, there were 7,577 children and young people in Greenwich Schools identified as having a special educational need or disability (SEND), equivalent to 17% of the overall school pupil population. Of this, 1,411 had an Educational Health and Care Plan

(EHCP). Of this group around 36% attend special schools with the rest attending mainstream schools, including those with Designated Specialist Provision (DSP).

3.9 The proportion of children and young people with an EHCP has been stable since 2011 at around 3% of the school population; c.2% of children and young people resident in Greenwich (aged 0-25) have an EHCP.

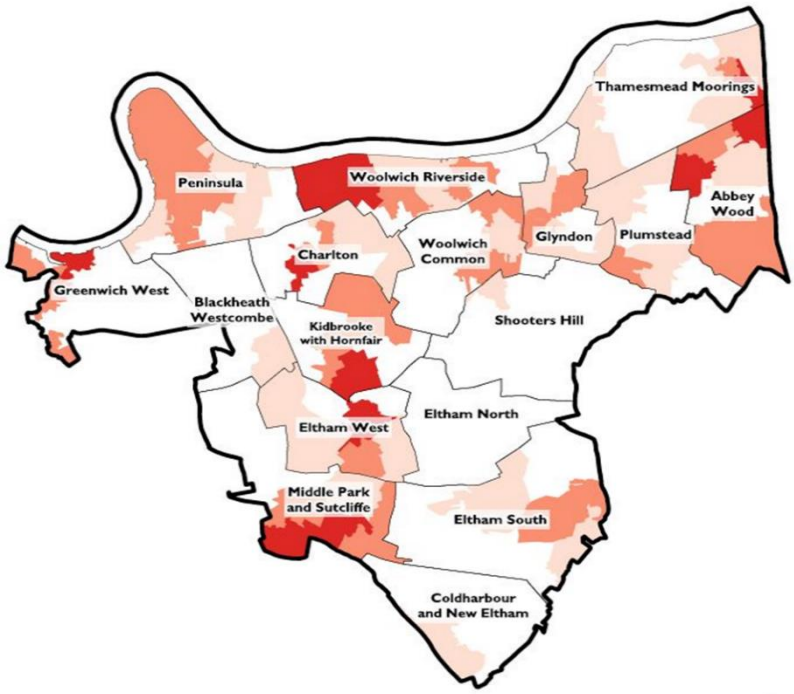
3.10 Boys, those from a white British background and children eligible for pupil premium are overrepresented in the SEND pupil population making up 67%, 39% and 40% respectively of all SEND pupils. The most prevalent primary need for Greenwich pupils with an EHCP is Autistic Spectrum Disorder (ASD), standing at 46.8% in January 2020.

Poverty and deprivation

3.11 Up to 50%3 of children and young people in some socio-economically disadvantaged populations are starting school with speech, language and communication skills below the normal expected level. Of these, up to 10% are likely to have complex or persistent speech, language or communication difficulties.

3.12 As of 2020, 22% of under 16-year-olds in the borough were living in households deemed to be in relative4 low income. This compares to 19% for the UK as a whole and demonstrates an almost 5%-point increase since 2015 compared to 3.6% increase for the UK. Rates vary across the borough with Woolwich Common being the highest at 29.5% compared to Eltham North at 9.1%. Map 1 highlights the deprivation levels across the borough.

Map 1: Deprivation levels across Royal Greenwich.



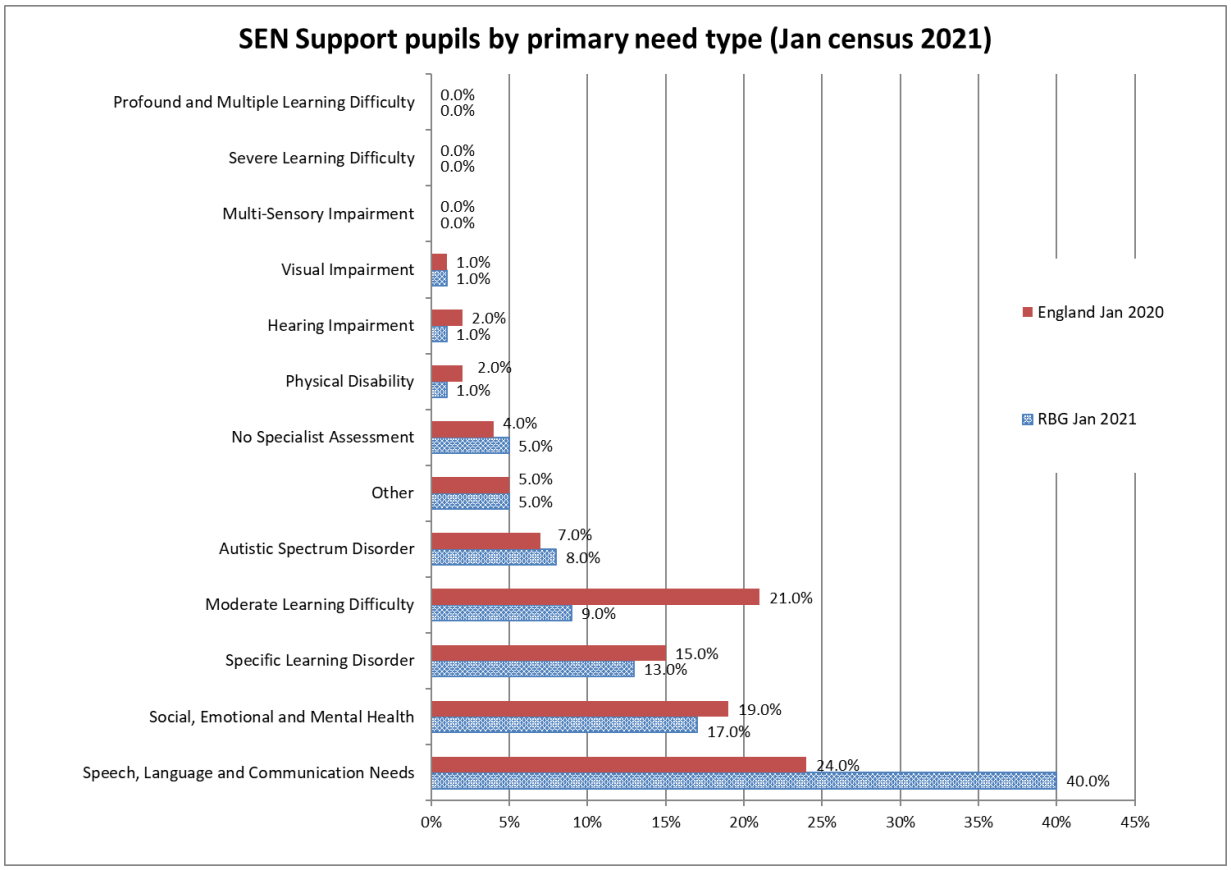
Produced by Performance Analysis Service

3.13 There are a number of measures relating to the Income Deprivation Affecting Children Index (IDACI) with one of the most commonly used being the Rank of the proportion of lower super output areas (LSOAs) that are in the 10% most deprived. As of the 2019 IDACI, Royal Greenwich was the 88th most deprived local authority5 nationally and 14th in London.

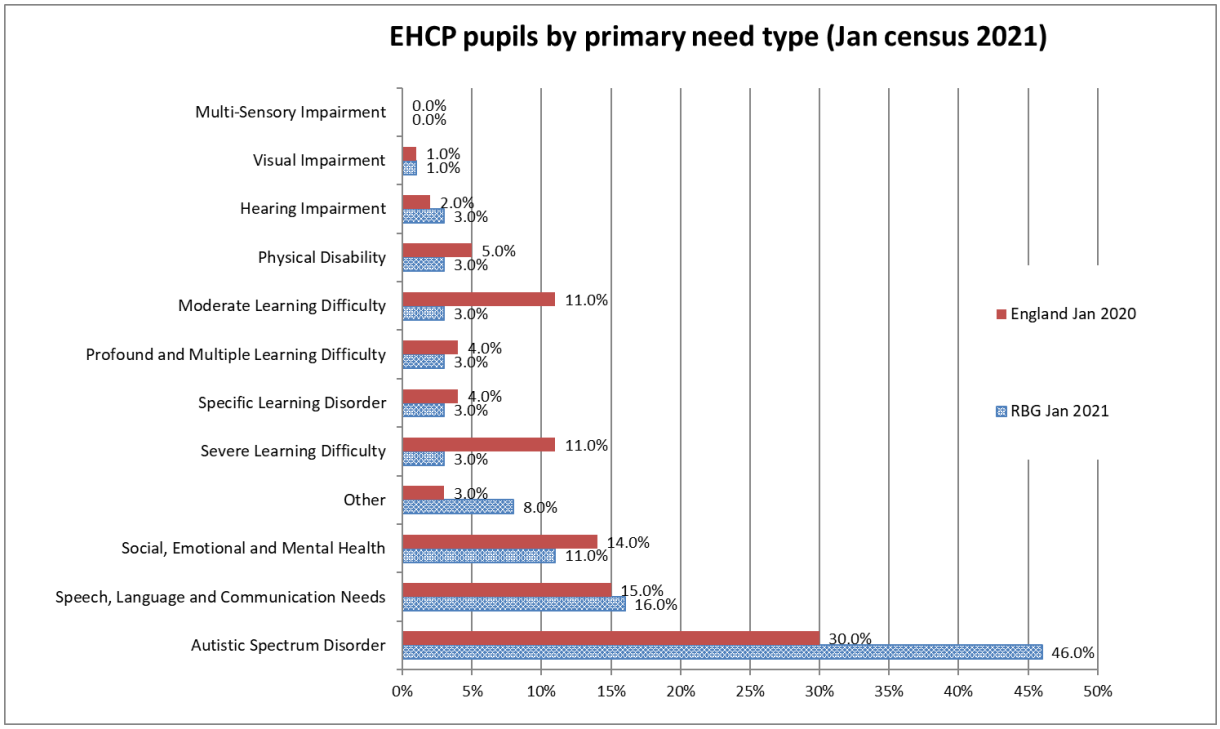
Special Educational Needs and Disability

3.14 The proportion of pupils in Greenwich schools with SEN has risen over the most recent five-year period 2017 to 2021 from 15% to 17%; the England overall position has moved from 14% to 15% over the period 2017 to 2020 (latest data), many of them will be on the autistic spectrum due to long waiting lists locally at present. Within both the local and England data the EHCP proportion has remained around 3%.

3.15 The charts below show the prevalence of the different primary needs across both the SEN Support and EHCP pupil cohorts. SLCN is the most prevalent need for SEN support at 40%, markedly higher than the England figure of 24%. At EHCP, ASD is most prevalent in RBG pupils at 46% compared to 30% for England.

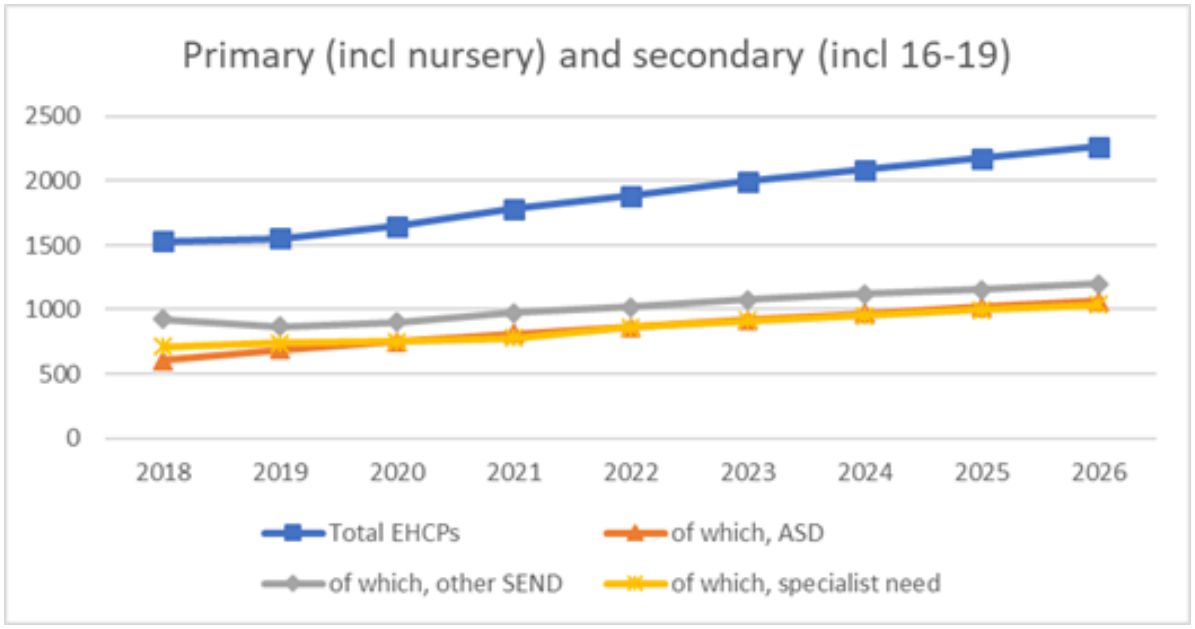


Graph 1: Primary Needs within SEN Support



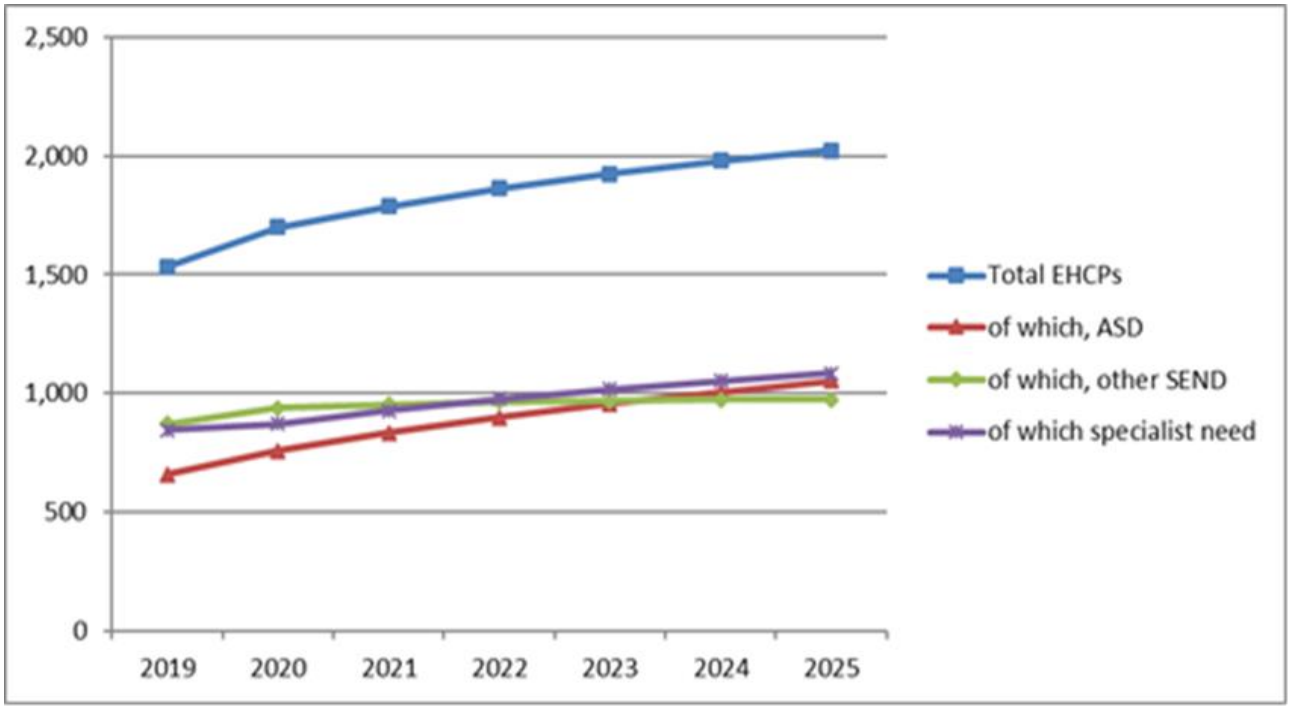
Graph 2: Primary Needs within EHCP cohorts

3.16 In terms of CYP for whom RBG hold/administer the EHCP, there were 1,998 as of January 2021. ASD was the most prevalent primary need in this cohort at 45% with SLCN the second highest at 17%.



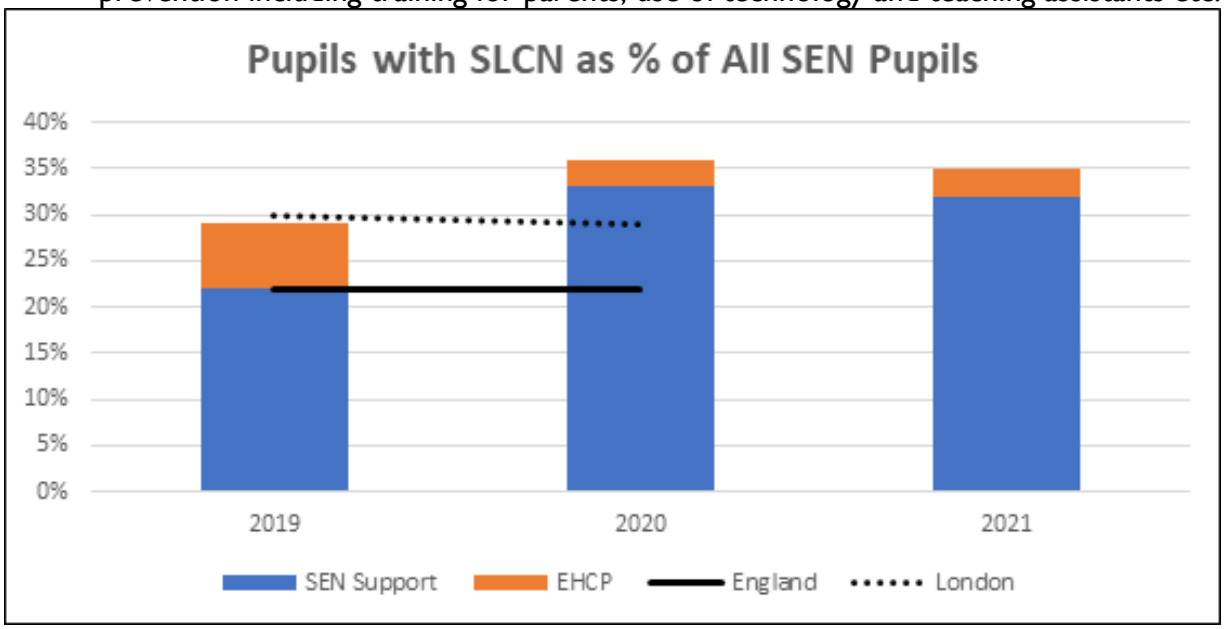
Graph 3: Primary (including nursery) and secondary (including 16 - 19) phases: forecast of pupils with an EHCP

3.17 The number of CYP for whom Greenwich hold the EHCP has increased markedly over the past five years from 1,424 in 2017 to 1,998 in 2021. Proportionate to the underlying population this remains around 2-3% of 0-19 year olds. We estimate there will be approximately 320 more young people with an EHCP in 2025 compared with 2020 (which is c500 more than in 2019). These estimates are in the context of extended waiting times for ASD diagnosis and could therefore be understated considering ASD makes up around 45% of the cohort.



Graph 4: Annual comparison and estimation of needs

3.18 The number of children with special needs and disabilities is likely to increase with advancements in medical interventions and technology, so will the survival rates of severely disabled children. Therefore, the system and services need to be flexible and adaptable to better respond to increasing demand, alongside investments in early intervention and prevention including training for parents, use of technology and teaching assistants etc.



Graph 5: Comparison of SLCN and EHCP cohorts (Source: January School Censuses & DfE SFRs)

3.19 As of January 2021, 2,758 pupils in Greenwich had a primary need of SLCN; of these 244 had an EHCP and 2,514 SEN Support and combined this reflects 35% of all SEN pupil. In number terms this is 12 more than the previous year but as a proportion of SEN pupils overall, a slight reduction in that the SEN cohort grew by almost 300 pupils between 2020 and 2021. SLCN is more prevalent as a need within the overall SEN cohort in Greenwich than most recent England (22%) and London (29%) data. There has been a slight dip in referrals to the integrated therapies service in 2020/21 due to the pandemic and school closures.

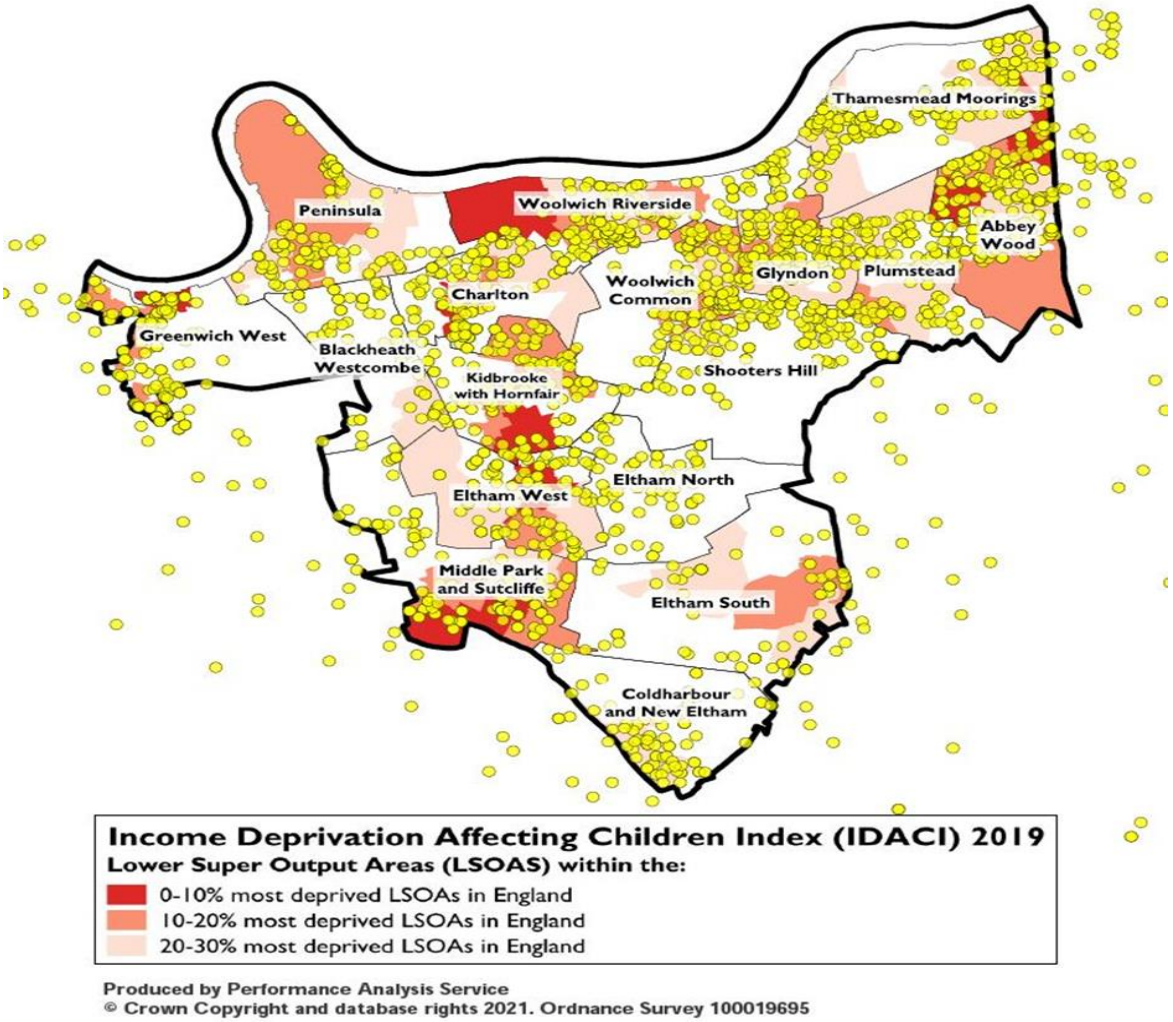
3.20 In addition to the numbers above there will be some pupils for whom Speech, language and communication is a secondary Special Educational Need. It is hard to quantify this with any consistency year on year however as secondary needs are not always recorded; what the January 2021 census does show is that SLCN was a secondary need for at least 474 pupils.

Profile of the SLCN pupil cohort

3.21 Males are over-represented within the SEN pupil population in Greenwich; this is also the case at England level. The gender split with regards to SLCN pupils shows there is a further 3% point weighting towards males. Of all SEN primary needs the weighting is most prevalent in the ASD cohort which is 79% male.

	Gender split as of Jan 2021 school census				
	F	**M**	**All Pupils**	**% F**	**% M**
All pupils	22,109	22,559	44,668	49%	51%
All SEN	2,598	5,291	7,889	33%	67%
SLCN	819	1,939	2,758	30%	70%
ASD	*264*	*964*	*1,228*	*21%*	*79%*

Table 1: Profile of SLCN cohort



Map 2: Areas of deprivation across the borough

3.22 With regards to the age profile of SLCN pupils, as shown below there is a weighting towards the younger age ranges of nursery through to KS2 (ends at year 6) when compared to the overall pupil population and the SEN cohort as a whole. Secondary aged pupils (KS3 through to 5) are underrepresented with regards to SLCN. This could be related to younger pupils initially being identified as SLCN but at a later age being diagnosed with ASD as the ASD cohort has a higher weighting in the secondary age ranges. This is supported by the current waiting list for ASD diagnosis which is discussed below.

	Key stage split as of Jan 2021 school census								
	N/R	KS1-2	KS3-4	KS5	All Pupils	%N/R	%KS1-2	%KS3-4	%KS5
All pupils	6,344	21,139	14,712	2,473	44,668	14%	47%	33%	6%
All SEN	799	3974	2934	182	7,889	10%	50%	37%	2%
SLCN	636	1677	432	13	2,758	23%	61%	16%	0.5%
ASD	*50*	*552*	*555*	*71*	*1,228*	*4%*	*45%*	*45%*	*6%*

Location of Young People with SCLN as a Primary Need in Royal Greenwich

3.23 The map and table below show the geographical distribution (using home postcode) of RBG pupils who have a primary need of SLCN; note some out of borough pupils fall outside of the map view. The table also sets out the distribution by ward of all SEND pupils and then the overall pupil population. Broadly, SLCN proportions are consistent with the distribution of All SEN and All pupils, the one outlier being Thamesmead Moorings where SLCN at 10% is somewhat over-represented when compared to the All SEN and All pupil populations in that area. The majority of the child population with a Speech, Language and Communication Need are located in the North, East and West of the borough.

Ward	SLCN pupils			
	No.	%	% All SEN pupils	% ALL pupil
Abbey Wood	228	8%	8%	6%
Blackheath Westcombe	64	2%	3%	2%
Charlton	160	6%	6%	6%
Coldharbour and New Eltham	85	3%	3%	3%
Eltham North	70	3%	3%	4%
Eltham South	64	2%	2%	3%
Eltham West	123	4%	5%	5%
Glyndon	209	8%	6%	7%
Greenwich West	131	5%	5%	4%
Kidbrooke with Hornfair	142	5%	6%	5%
Middle Park and Sutcliffe	130	5%	5%	5%
Peninsula	155	6%	6%	7%
Plumstead	174	6%	6%	6%
Shooters Hill	124	4%	4%	4%
Thamesmead Moorings	278	10%	7%	8%
Woolwich Common	197	7%	7%	7%
Woolwich Riverside	203	7%	6%	7%
Out of borough	221	8%	11%	13%

Total	2758	100%	100%	100%

Autistic Spectrum Disorder (ASD)

3.24 Language skills in CYP with ASD can resemble those in SLI. In addition, language in this group can be independent of general cognitive ability (IQ) as in SLI. Furthermore, in ASD speech production is often preserved and there is some indication that pupils with ASD are better at sentence repetition than those with SLI (Whitehouse, Barry & Bishop, 2008). Thus pupils with ASD are at risk of language difficulties but typically do not have problems with speech. Therefore, while the integrated therapies service is not ASD specific, ASD is often a factor in CYP accessing the service.

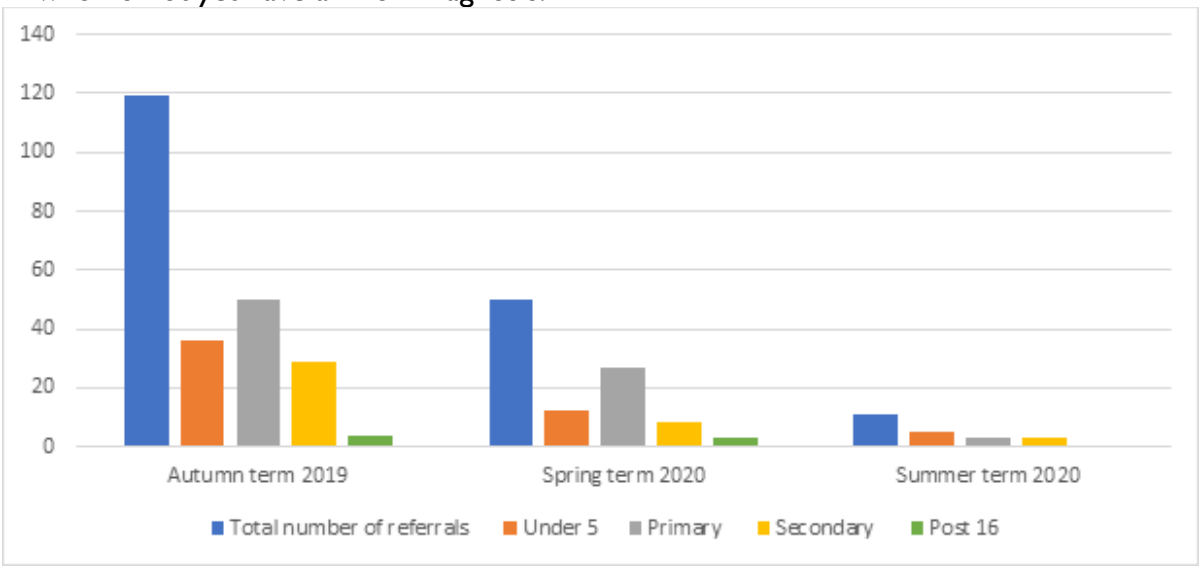
ASD Waiting List

3.25 The Integrated Neurodevelopmental Team (INDT) is part of Oxleas NHSFT, providing a service dedicated to children who may have Attention Deficit Hyperactivity Disorder (ADHD) and to children who may have Autism Spectrum Disorder (ASD). The INDT-ADHD service functions as a separate team. CYP diagnosed with ADHD typically require ongoing health services as medication is often the main intervention. The INDT – ASD service is made up of clinicians such as Community Paediatrics, Children's therapies and CAMHS. The ASD service provides assessment and diagnosis only.

3.26 Oxleas currently have 722 CYP waiting in Greenwich for an ASD assessment, and receive an average of 46 new referrals per month. As the waiting list is cleared this will increase demand for ASD DSP placements which are contingent on a diagnosis and for ASD Outreach services.

ASD Outreach

3.27 The RBG ASD Outreach Service supports mainstream schools and children and their families to ensure that they are able to meet the needs of children with autistic spectrum disorders (ASDs). During the year 2019/20 a total of 180 new referrals were received, all referred children received a service offer from the service. 64 new referrals were received for children in the Social Communication service, who attend providers who buy into additional services from the ASD Outreach team. These children are largely children who do not yet have an ASD diagnosis.

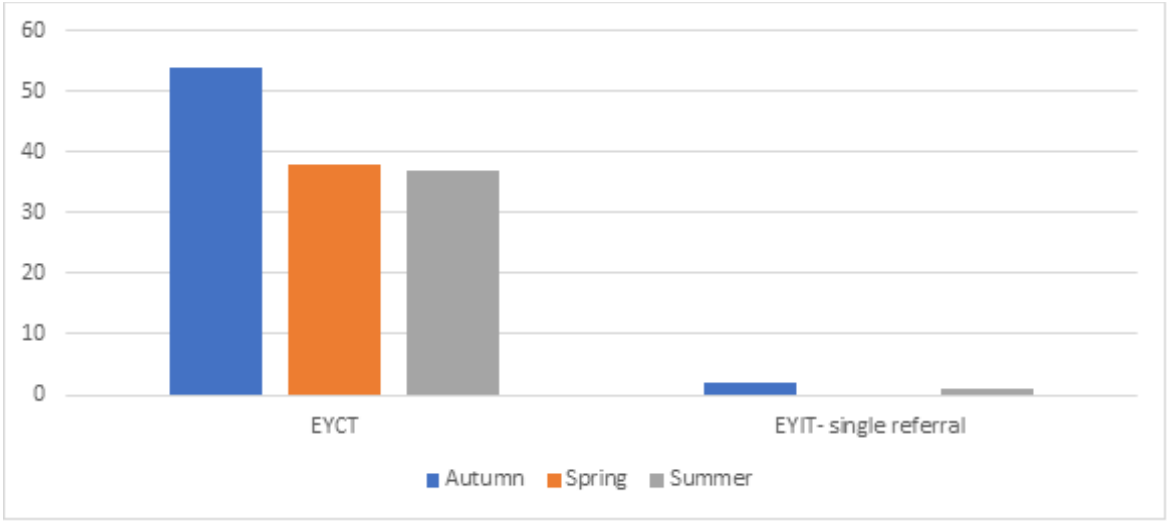


Early Years Inclusion Team

3.28 The Royal Borough of Greenwich provides an advisory service to private, independent and voluntary early year's settings on a range of special educational needs disability issues through the Early Years Inclusion Team (EYIT). This fulfils the guidance from the SEND Code of Practice: 0 to 25 Years.

3.29 During the year 2019/20 a total number of 132 referrals were received, all referred children received a service offer from the service. Of these referrals 129 were received through the Early Years Coordination Team (EYCT), indicating that the child has complex health, developmental and/or learning difficulties and needs to be known to two or more professional services represented on the team where there the child is in need of a joint approach or plan and there is not already one agency in 'firm management' of the case.

3.30 In the case of a child who does not meet the EYCT criteria, 3 single EYIT referrals were received in this period, no "Other" referrals were received.



Young Offenders

3.31 The health and well-being needs of CYP tend to be particularly severe by the time they are at risk of receiving a community sentence and even more so when they receive a custodial sentence (Youth Justice Board 2019). Figures produced by the Youth Justice Board (2019) on CYP in the youth justice system shows that:

- The number of concerns each child had increased with the severity of the type of sentence they received, 39% of the children assessed who received custodial sentences, 39% had 15-19 concerns present, compared with 11% of children assessed who received first-tier sentences.
- Seven out of 10 children were assessed to have a concern present in at least five of the 19 concerns. 70% of these were Safety and Wellbeing (88%), Risk to Others (85%), Substance Misuse (75%), Speech, Language and Communication (71%) and Mental Health (71%)
- Over half of children were assessed to be a current or previous Child in Need (56%), 18% were considered to have a current status around this and 38% had a previous status.

- Over a quarter of children were assessed as having a High or Very High Risk of Serious Harm rating 29%, 27% were considered to have a High Risk of Serious Harm and 2% a Very High Risk of Serious Harm.
- Over two fifths of children were assessed as having a High or Very High Safety and Wellbeing rating 42%, 38% had a High Safety and Wellbeing rating and 4% a rating of Very High.

3.32 A substantial proportion of children and young people known to Greenwich Youth Offending Service are not regular attenders at school or are over statutory school leaving age. This means that they do not access the range of services provided in the school setting. Many of them feature highly in the cohort of young people involved with gangs, have missing from home or care episodes, and are involved in, or at risk of child sexual exploitation. All of which carry high-risk safeguarding and health implications. This risk is exacerbated by poor engagement with agencies responsible for the health and wellbeing.

3.33 As of September 2021, of 70 current cases open to YOS, 12 have SLCN recorded (alongside other needs in some cases). However, this would be noted by EHCP thus there is no way to distinguish between SLCN and SEND.

3.34 For further information please see below:
Royal Borough of Greenwich Statistics and census information

www.royalgreenwich.gov.uk/info/200088/statistics_and_census_information/1573/population_data_and_analysis

Royal Borough of Greenwich Resident Profiles including profile of Children and Young People
http://www.royalgreenwich.gov.uk/downloads/file/2958/profile_of_children_and_young_people_in_royal_greenwich_2015

Local Government Inform
http://lginform.local.gov.uk/reports/view/lga-research/lga-research-report-headline-report-for-england-and-all-english-authorities?mod-area=E92000001

Chimat – Tools and Data
http://www.chimat.org.uk/resource/view.aspx?QN=CHMT0

Greater London Assembly
http://data.london.gov.uk/dataset

4. CURRENT PROVISION

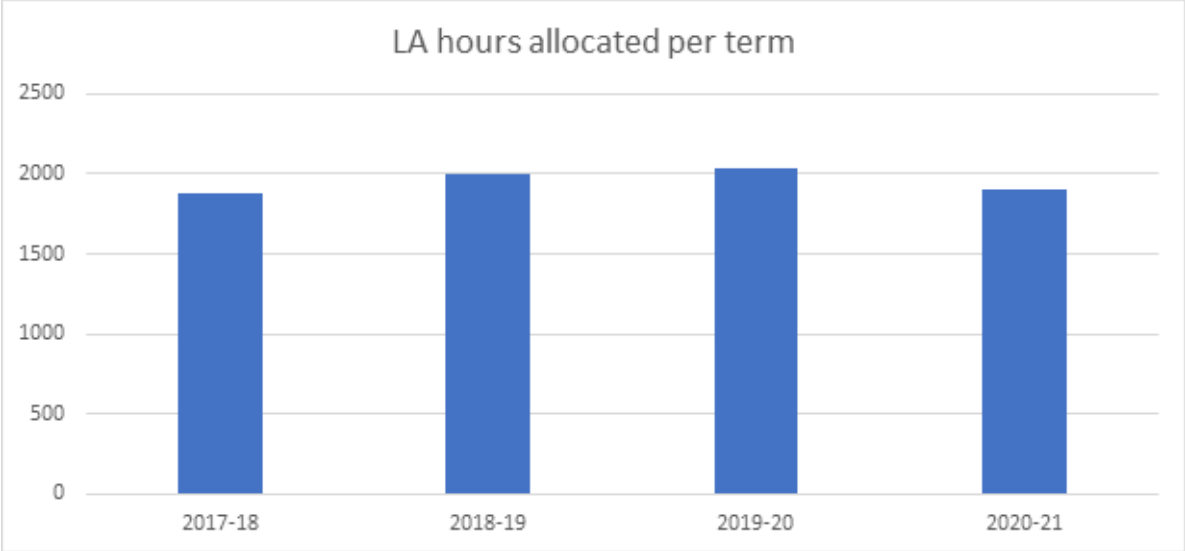
School Provision for Pupils with Special Educational Needs

4.1 There are five special schools in Royal Greenwich (two for primary school age pupils and three for secondary school age pupils) and a Pupil Referral Unit (PRU). There are also seven primary schools and five secondary schools which have resourced provision for pupils with SEN, i.e. they provide specialist places for a small number of CYP with higher levels of SEN. The resourced provision is known as a Designated School Provision.

4.2 Willowdene has expanded to 16 CYP at primary phase and will also expand at secondary phase at a later date. 2 new DSPs have opened on a phased basis at Woolwich Poly and Boxgrove.

4.3 The total hours allocated by RBG across all 109 schools within RBG from 2017-2021 is depicted below. Out of 109 schools, 106 schools have received all of their allocated and billed therapist hours each term for the past 3 years. Out of 109 schools, 3 did not always use their allocated hours every term due to having small caseloads of children with EHCPs: These schools were offered 5 or 6 hours of therapist time each term but did not always use them. There have also been a small number of DSPs where the sessions provided needed to be slightly reduced due to staff vacancies.

4.4 During the Spring term 2020 (when many schools were closed) 10 schools did not use all of their core hours. This time was reallocated so that additional NA2 assessments could be carried out during the Summer term 2020.



4.5 The Royal Borough of Greenwich commissioned SALT provision is composed of:

Scope		**Key Objectives**
Mainstream schools including DSPs	Funding from DSG with top ups from schools and clusters	Delivering the local authority's statutory duty to children with speech, language and communication needs within the borough. Providing the hours within the Education, Health and Care Plan relating to speech and language needs Assessments of new referrals Review of CYP accessing the service
Special Schools	Funded mainly by SEL CCG	For children attending primary or secondary special schools. Some schools directly commission to enhance the quality of provision

4.6 This table below shows the service that is offered to children, young people and their families from a health and social care perspective.

Age range	Key Partners	Greenwich Clinical Commissioning Group	Royal Borough of Greenwich
Pre-Birth	• Health Visitors • GPs	N/A	• Workforce training • Parents
0-2 years	• Children Centre's • PVIs • Outreach • Independent nurseries	• Identification and liaison • Assessments /diagnostic processes • Parents • Support with transition (targeted children)	• Workforce development in Children's Centres • Up-skilling of RBG staff-YOS and those who work with CYP • Parents • Drop-ins
Nursery	• Maintained nurseries • Independent nurseries • PVIs • If at home then would fall under the responsibility of health	• Feeding • Assessments /diagnostic processes • Workforce development/trainings-parents • Speech sounds • Dysfluency • Medical conditions	• Workforce development/trainings -parents • Intervention groups • Communication systems e.g. PECS, Makaton, BSL • Drop ins
TRANSITION TO RECEPTION			
Primary 5-11 (Key Stage 1+2)	• Primary Schools		• Workforce development/trainings -parents • Intervention groups • Communication systems e.g. PECS, Makaton, BSL • Preparation for reviews • Participate in transitions • Drop-ins
	TRANSITION TO SECONDARY		
Secondary 11-19 (Key stage 3 + 4)	• Secondary Schools	• Rehabilitation • Dysfluency • Workforce development/trainings/parents	• Workforce development/trainings / • parents • Intervention groups

5. SCOPE

Service Model

5.1 The Royal Borough of Greenwich Children's Services and Greenwich Clinical Commissioning Group are jointly commissioning the integrated therapies service. It will operate as a single integrated structure.

5.2 The following services are included in this specification:

- Speech and Language Therapy Service from 0 to 25 years.
- Speech and Language Therapy for young people known to the Youth Offending Service.
- Speech and Language Therapy for the ASD Outreach Service.
- Occupational Therapy for Education and Health purposes 0 to 25
- Occupational Therapy for the ASD Outreach Service.
- Physiotherapy Service from 0 to 25 years.
- Move Programme

5.3 The commissioning of educated related universal and targeted speech and language interventions for children below the age of 5 (excluding in maintained local authority nurseries) has been devolved to Children's Centres and is not included in this commission. The Provider for this Integrated Therapies service will be required to work in partnership with Children's Centres across Royal Greenwich, ensuring clear pathways into and out of the services. It must be aligned and delivered as one, overarching brand, appearing seamless to its users.

5.4 The service will be delivered in partnership with a wide range of services to ensure that collectively we are meeting the varied needs of our children and young people. The service must signpost children and young people onto other services where appropriate and will follow up any referrals in writing.

5.5 The Provider must ensure it is high quality and delivered at the right time, in the right place by the right people. A trained and professional workforce who is passionate about working with children, young people and their families will provide the therapeutic work.

5.6 The service workforce should be multidisciplinary, led by clinical leads and specialist therapists who will provide expert information, health promotion guidance, assessments and interventions for babies (where applicable) and the children and young people included in this contract.

5.7 The integrated therapies service will help to empower parents, children and young people to make decisions that affect their health and wellbeing.5 This role is central to improving the health outcomes of populations and reducing inequalities.

5.8 The Provider must ensure that the service is delivered seamlessly, as one, overarching brand, so that the service is recognised by children and families and interventions appear seamless to its users.6

5.9 The service must be able to meet the following requirements which arose from our consultation with children, parents/ carer, professionals and other stakeholders:

- Effective recruitment and management of staff including stakeholders, where appropriate, to ensure consistent, timely, quality service, which is available at times to meet needs of children and other professionals.
- Clarity and equity on how resources are allocated to schools and settings.

[5] This is particularly important in the development of personalisation for children with disabilities

[6] The services are to be built and integrated around the needs of children and their families, not around buildings, institutions and existing processes and practice (Rewiring public services LGA, 2014).

- Effective joint working between professionals to ensure needs are identified and met as soon as possible.
- Good communication with parents/ carers and involving them in decision making and delivering interventions to support school-based work.
- Flexibility and tailoring of approaches and learning environments to fit with Personal Learning Plans (PLPs), interests and needs.
- Use of technology to support individualised learning.

5.10 The service must continually engage with parents, carers and children to review and develop the provision. This includes the co-production of interventions and their refinement.

5.11 The service will be expected to demonstrate its progress and evidence impact in all the work it undertakes.

5.12 The Provider will be required to deliver care that is evidence based, clinically safe, well led, effective, efficient and responsive. This should be consistent with national and local policy, clinical guidelines, local authority and NHS Standards.

5.13 The therapies service will take place in a variety of delivery locations and will include specialist interventions with children identified as having specific communication, functioning and movement needs, in agreement between the parents, school staff and therapists, as well as training for staff and parents across the borough.

Key Settings

5.14 The service will be delivered at key settings or groups of:

- Education: Mainstream Schools (Nursery, Primary, Second and Special), Alternative Education Provision and other training providers
- Residency: Service user's homes
- Service Based: Youth Offending Service at The Point and ASD Outreach Service at Kings Park Centre.
- Health: GP Practices, hospitals and other relevant health services
- Community: youth clubs, community halls and other relevant locations.

Population Covered

5.15 The service described in this specification will cover children and young people who require targeted and specialist children's services are local authority residents', attend a Greenwich school and/ or registered with a Greenwich GP.

5.16 The access, acceptance and exclusion criterion for each specialist therapy service differs. Please refer to Section 4.4 and 4.5 for further information.

5.17 The Provider must ensure that any coverage or boundary issues that may arise will be dealt with proactively in collaboration with neighbouring Local Authorities, Clinical Commissioning Groups and providers. Meeting the needs including safeguarding of the child, young person or parent/carer covered by this commissioned service must take precedent over any boundary discrepancies or disagreements.

Service Description: Integrated Therapies Service

5.18 The table below provides a summary breakdown of what the Provider is expected to deliver, clinical responsibility of the Provider and types of interventions expected.

Service	Who is it for[7]	Conditions	Clinical responsibility	Service Streams	Staffing and Qualifications[8]
Speech and Language Therapy Service from 0 to 25 years.	Assessments for children and young people aged 0 to 25 years old with Speech, Communication and Language Needs (SCLN). Health interventions for children and young people from 0 to 25 years Education Interventions for children and young people in local authority nursery schools and those aged 5 to 25 years old with SCLN.	Health • Stammering • Eating, dysphagia, and drinking difficulties • Verbal Dyspraxia • Neurological Conditions • Elective and Selective Mutism • Voice Problems • Non-Complex Augmentative and Alternative Communication Needs • Deafness / Hearing Impairment • Complex Needs and Disabilities Education • Language Delay • Language Disorder • Phonological Delay • Phonological Disorder • Social Communication Needs, including Autism and Autistic Spectrum Conditions	Assessment, diagnosis, intervention and management of children and young people with SCLN. Please note: Universal and Targeted Education-related interventions for children below the age of 5 (excluding in maintained local authority nurseries) has been devolved to Children's Centres and is not included in this commission. Health-related interventions remain within this contract.	**Under 5's:** Individual or multi-disciplinary assessment and diagnosis. Interventions for local authority nursery schools. **Specialist:** Individual or multi-disciplinary assessment, diagnosis and interventions for children that have a Statement or EHC Plan. Interventions may include: • Blocks of 1:1 or small group work • Advice to school staff including whole system training • Development of intervention provision and monitoring • Attendance and input into the child's annual reviews **Targeted:** Interventions and support for individuals with an identified need but without an EHC/Statement. Targeted provision may include: • Setting up groups for children who are not on the caseload/list but there are have concerns over: Lego therapy/vocabulary groups that can then be run by the school • Provide training on specific areas such as stammering or an approach e.g. using comic strip conversations • Complete asking for help requests	To be negotiated

[7] Further detail is provided in section 4.5

[8] Where specific staffing and/or qualifications are required for particular elements of the service, these will be set out in this column. If there are no specific requirements, then it will be left to the provider to propose appropriate staffing in line with the overall specification and service model.

Service	Who is it for[7]	Conditions	Clinical responsibility	Service Streams	Staffing and Qualifications[8]
				• Attend parent coffee SEN mornings • Signpost to other services **Special schools and DSPs:** all children attending a Special School and DSP receive additional support on top of the specialist and targeted support. This support will be negotiated on a school by school basis. **Alternative Provision** Individual or multi-disciplinary assessment, diagnosis and interventions for children who are within an alternative education provision within Greenwich.	
Speech and Language Therapy for young people known to the Youth Offending Service.	Assessments for young people who are YOS clients with Speech, Communication and Language Needs (SCLN). Training and support for youth offending officers	Education: • Language Delay • Language Disorder • Phonological Delay • Phonological Disorder • Social Communication Needs, including Autism and Autistic Spectrum Conditions	Assessment, diagnosis, intervention and management of children and young people with SCLN.	**Youth Offending Service:** An assessment and consultation service to and for the YOS client group. ▪ This provision meets the statutory requirements of the service.	To be negotiated
Speech and Language Therapy for the ASD Outreach Service.	Children and young people with social communication needs not necessary with an ASD diagnosis who are on the services' caseload.	Education: • Social Communication Needs, including Autism and Autistic Spectrum Conditions. • Children and young people with identified needs, disabilities and/or complex health needs where OT has been specified in the	Assessment, diagnosis, intervention and management of children and young people with SCLN.	**ASD Outreach Service:** An assessment and consultation service to schools and families who have a child with a diagnosis of Autistic Spectrum Disorder. ▪ A consultative service for Schools offering information and advice on how to manage CYPs with ASD. ▪ SLT assessment and advice provided for individual children - consultative only.	To be negotiated

Service	Who is it for[7]	Conditions	Clinical responsibility	Service Streams	Staffing and Qualifications[8]
	A consultative service for Schools and families. Training and support for ASD Outreach Service officers	educational section of the EHC plan.		▪ Providing training for ASD Outreach Service staff, for teachers and TA's at Greenwich schools and general training given by ASD Outreach. ▪ Resources (e.g. advice sheets) and general advice. ▪ Delivery of parent interventions including the early Bird programme	
Occupational Therapy for Education and Health purposes from 0 to 25	Assessment and interventions for children and young people aged 0 to 25 years old with specific functional or movement skills needs. Training for parents and other service providers such as health and education staff.	Health • Non-Complex Augmentative and Alternative Communication Needs • Sensory processing needs • Global Developmental Delay • Developmental Coordination Disorder/Dyspraxia • Down's Syndrome • Hypotonia • Complex Needs and Disabilities • Respiratory Needs • Neurological Conditions • Neuromuscular Conditions • Orthopaedic Conditions • Gait Disorder • Torticollis • Social Communication Needs, including Autism and Autistic Spectrum Conditions Education • Children and young people with identified needs, disabilities and/or complex health needs	Assessment, diagnosis, intervention and advice for children and young people with specific functional or movement skills needs e.g. the activities that they do within their day; these may be self-care, school or leisure/ play activities.	**Under 5's:** Individual or multi-disciplinary assessment. Interventions may include: 1. Specialist seating/positioning for play, function, communication or feeding. 2. Bathing equipment. 3. Individual or multidisciplinary treatment sessions will focus on upper limb function and hand skills, visual perceptual skills and sensory processing skills. **Mainstream:** Children and young people aged 5 to 25 in education are seen for assessment, advice and interventions. Standardised assessment includes: 1. Motor coordination 2. Visual motor integration skills 3. Perceptual skills and sensory processing. 4. Sensory processing service for assessment and treatment children and young people who have sensory processing difficulties including individuals with Social Communication and Interaction Needs. Monthly advice clinics.	To be negotiated

Service	Who is it for[7]	Conditions	Clinical responsibility	Service Streams	Staffing and Qualifications[8]
		where OT has been specified in the educational section of the EHC plan.		Individual and group therapeutic interventions. Training for parents and other service providers i.e. health, social work and education staff. Involvement with education and transition planning. **Complex needs in mainstream Schools**: Children and young people with Occupational Therapy identified in their Statement/EHC Plan access individual or group interventions provision within schools, clinic and home environment. **Special Schools:** Children and young people access assessment, advice with therapists working collaboratively with the school team. Occupational Therapists are responsible for postural seating in the home.	
Occupational Therapy for the ASD Outreach Service	Children and young people with social communication needs not necessarily with an ASD diagnosis. A consultative service for Schools and families. Training and support for ASD Outreach Service officers	Education: • Social Communication Needs, including Autism and Autistic Spectrum Conditions. • Children and young people with identified needs, disabilities and/or complex health needs where OT has been specified in the educational section of the EHC plan.	Consultation, support and training to manage the sensory needs of children and young people referred to the service. Acknowledge and promote the human rights of children and young people with occupational therapy needs by providing advocacy support through local service provision.	**ASD Outreach Service:** a consultation service to Royal Greenwich's ASD Outreach Service. It is also a consultative service for Schools where it provides information and advice on how to manage children and young people with ASD to build capacity through training and consultation. Provides training for the Outreach Service officers, for teachers and TA's at Greenwich schools and general training given by ASD Outreach. Provides resources e.g. advice sheets and general advice.	To be negotiated

Service	Who is it for[7]	Conditions	Clinical responsibility	Service Streams	Staffing and Qualifications[8]
Physiotherapy Service from 0 to 25 years.	Assessment and intervention for children and young people aged 0 to 25 years old with specific functional or movement skills needs.	Health: • Global Developmental Delay • Developmental Coordination Disorder/Dyspraxia • Down's Syndrome • Hypotonia • Complex Needs and Disabilities • Respiratory Needs • Neurological Conditions • Neuromuscular Conditions • Orthopaedic Conditions • Gait Disorder • Torticollis • Social Communication Needs, including Autism and Autistic Spectrum Conditions • Non-Complex Augmentative and Alternative Communication Needs • Sensory processing needs Education • Children and young people with identified needs, disabilities and/or complex health needs where PT has been specified in the educational section of the EHC plan.	Assessment, diagnosis, intervention and treatment of children and young people with an identified functional difficult or concern around movement, posture or development of physical skills. Goal-orientated physiotherapy interventions for the core service. Where appropriate, provide specialist respiratory physiotherapy with rapid response for urgent care needs and advice including management of emergencies for children and young people with severe disability, life limiting, and life threatening conditions identified as being at risk of admission due to respiratory episodes and infections.	**Under 5's:** Individual or multi-disciplinary assessment. Interventions may include: 1. Offering a specialist physiotherapy assessment that is holistic 2. Interventions across a range of settings in Greenwich. A rapid response service that provides an efficient, responsive and clinically effective delivery of specialist physiotherapy for high priority service users following acute surgery and congenital orthopaedic conditions is delivered by the Under 5 team. **Mainstream:** Children and young people aged 5 to 25 who attend mainstream schools in Greenwich are seen for assessment and advice. The mainstream service also provides specialist physiotherapy provision for children that have a statement of educational needs specifically including physiotherapy. For these children, regular input is provided for those with complex/multiple problems who may be at risk of deterioration of their abilities. **Special Schools:** A dedicated service for children attending special schools in Greenwich. The service is offered to the following schools: • Willow Dene: The service offers specialist physiotherapy assessment and intervention for children aged 3-11 who present with difficulty with their	

Service	Who is it for[7]	Conditions	Clinical responsibility	Service Streams	Staffing and Qualifications[8]
				gross motor skills limiting their functional independence. • Charlton: The service offers specialist physiotherapy assessment and intervention for children aged 11-19 who present with difficulty with their gross motor skills limiting their functional independence. The services also provide advice and activities to help further enhance social inclusion and maximise functional independence. **Orthotics clinic:** This is a weekly clinic joint with a specialist paediatric orthotist which offers expert advice around orthotics provision and specialist assessment and prescription and fitting of orthoses. **Gait clinic:** A service for children under the age of 12 offering specialist biomechanical assessments of children with lower limb orthopaedic problems. This is an integrated service with a specialist podiatrist and offers assessment, advice and monitoring with onward referral to other services as required. Following assessment, the podiatrist is able to prescribe orthotic devices as required to ensure the child does not require another referral to see an orthotist unless more specialist intervention is required. In this instance, an onward referral is performed. **Rapid response service:** A dedicated admission avoidance and early discharge team integrated with the Children's Community Nursing Team. The team is a virtual team of integrated professionals who are committed to providing rapid, quality services to the service user in a	

Service	Who is it for[7]	Conditions	Clinical responsibility	Service Streams	Staffing and Qualifications[8]
				variety of settings. This team can draw on a wider range of physical and mental health professionals should this be required.	
Move Programme	Children and young people aged 2 to 19	Gross motor skills limiting functional independence	Goal based service Developmental progress on the programme is measured against an incremental movement framework, captured bi-annually (16 critical skills are recorded). Goal Attainment scoring (GAS) is used alongside critical skills to record and assess the progress of children towards their own/family's aspirations. MOVE targets are integrated onto PLPs.	An activity-based programme that uses the combined knowledge of family, education and therapy to teach children with physical disabilities and /or complex needs the skills of: Sitting Standing Walking Transferring The service is offered to the following schools: 1. Willow Dene: assessment and intervention for children aged 3-11 who present with difficulty with their gross motor skills limiting their functional independence. 2. Charlton: assessment and intervention for children aged 11-19 who present with difficulty with their gross motor skills limiting their functional independence. The services also provide advice and activities to help further enhance social inclusion and maximise functional independence.	T

5.19 The service will provide an assessment, diagnosis and plan, which would set out what interventions (including, therapy, practical advice and equipment) are required. All plans should include support and outcomes to be achieved that are specific, measurable, achievable, realistic and timely. These plans will aim to ensure that the needs of children and young people with speech, language and communication difficulties, Physio and Occupational Therapy are met to allow them to reach their full academic, social, and emotional potential.

5.20 The service will adopt a strengths based approach building resilience in children and young people reducing their dependency on provision. The Service will work towards reducing needs so children can be supported on an ongoing basis through universal services in the community.

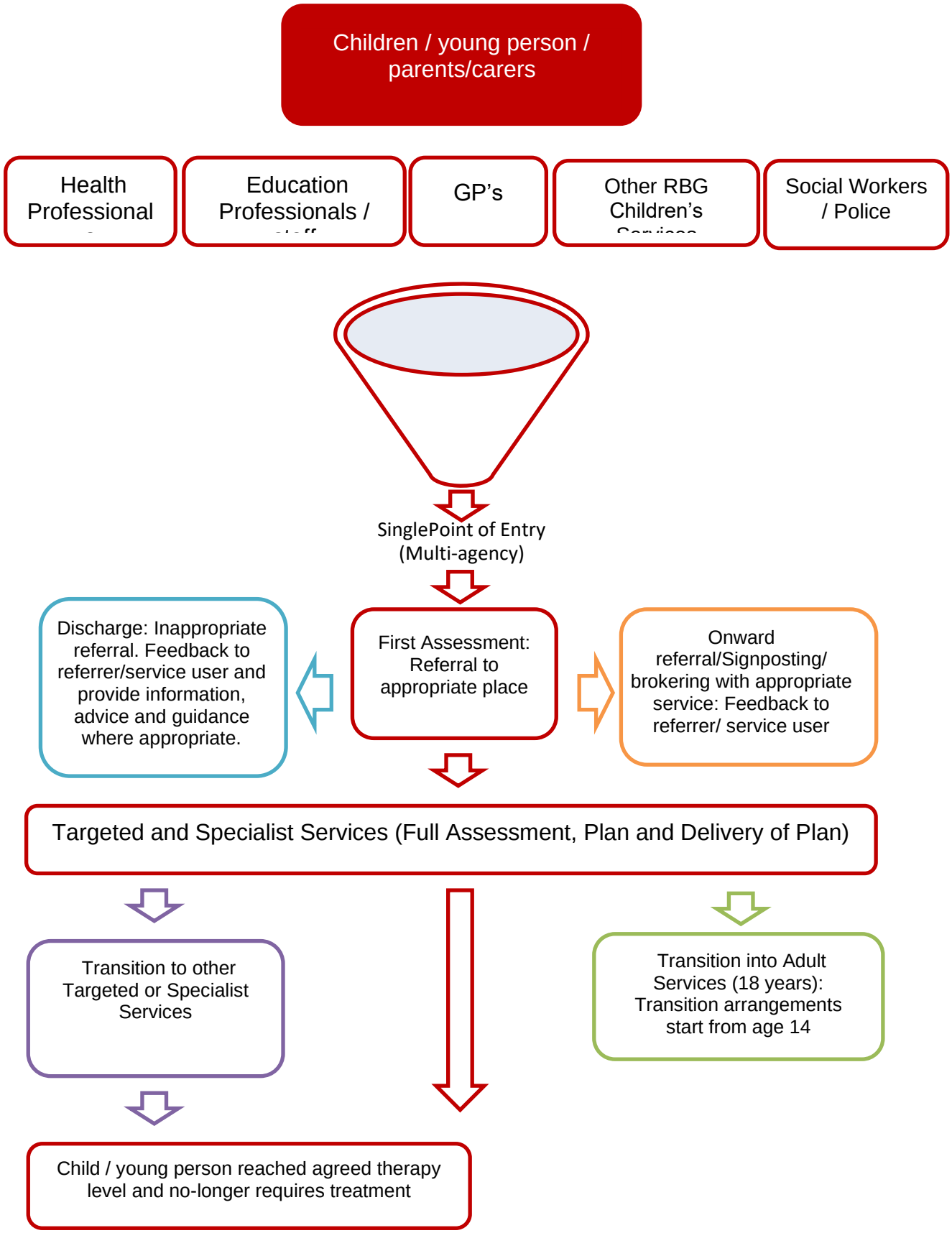
5.21 The service will play a pro-active role in contributing to the Education, Health and Care Plans and linked processes for these young people. The service will work with the Royal Borough of Greenwich, Greenwich Clinical Commissioning Group and other colleagues/services supporting children with special needs, in order to detect and assess need, identify and secure appropriate support.

5.22 The service will offer assessments, developmental reviews and information to support the health, wellbeing and development of children and young people with identified needs. It will use evidence-based tools, to identify levels of need and those who require more help will be provided with additional, evidence-based and person-centred support, appropriate to their needs, either by the service itself or in partnership with other services.

5.23 The Provider must offer support and training as part of its integrated therapies delivery model. As a minimum it will need to deliver the following:

- Support Networks: will contribute to building community capacity, in order to develop family resilience and independence, as part of a strategic approach. These networks (both virtual and face to face) could be accessed by children, young people and their families to support sustained improvement to children and young people after discharge. This will underpin all other levels of intervention.
- Training and Support Offer: these services are available to parents' whose children require specialist children's services and/or support, as well as school staff, children's centre staff and key individuals. This offer is accessed via children's centres or mainstream schools including special schools. Therapists will be a valuable source of support in ensuring outstanding teaching that meet the needs of children with speech, language and communication difficulties to help increase their independence and participation in their daily activities i.e their 'occupations' or have conditions that limit physical ability.
- Support school staff to be able to adapt language levels accordingly and so appropriate referrals can be made
- Carry out audits with school leadership to support the development of communication friendly schools and classrooms.
- Write or contribute to school information, for example newsletters, posters and policies.

5.23.1 **Integrated Children and Young People's Therapy Service Care Pathway**



5.24 The diagram represents our vision of the service pathway model and aims to illustrate how the integrated children and young people's therapy service will work in the future by outlining the routes into and out of the service for children, young people and their families.

5.25 The Provider will actively promote services in places where children, young people, parents and professionals are, so they are aware of the support available and how they can access it. The treatment children and young people receive will be patient focused and take the needs of the whole family into account.

5.26 Referrals to the service will be made through a Single Point of Entry (SPE) and may come from a variety of sources including GPs, school and social care. Professionals will have access to a referral helpline to assist this process. The SPE will offer Multi-agency assessments including assessments for EHC Plans. Where a referral from another professional is rejected, they should be given information about the reasons for this.

5.27 The service must offer self-referral as an option from families to improve early intervention and avoid the need for professionals to identify needs.

5.28 A child or young person who is eligible for targeted and specialist services should have access to online support or a helpline (if they want it). This feature is important, as the child, young person and their families often need help between appointments. A key element of this communication is ensuring that children, young people and their families are informed of how long it will be until they are seen.

5.29 Children and young people should have a first assessment based on their symptoms. This will mean that families can access support without having to wait for a diagnosis. The assessor should establish which other relevant organisations are already working with the child or young person and take account of assessment, which have already been undertaken.

5.30 A Central Information point will be available to everyone. This will hold general information about conditions and potential services children and young people may be able to access. This will mean that if the child or young person does not meet the threshold for access to targeted and specialist services they can be provided with information about alternative help that they or their parents can access.

5.31 The service will provide advice and guidance to parents on navigating the health system, managing lower level health needs and that there is as little disruption, as possible regarding school attendance and academic achievement, so that any negative impact on school attendance is minimised. The point of diagnosis of SEND for a child can be difficult for parents and carers. The service should be aware and ensure appropriate support is in place for parents, including understanding what peer support is available in the community.

5.32 A Roadmap of the child or young person's journey will be made available from their first assessment so they know what to expect.

5.33 To improve service user experience and to help services work better together, those accessing many services should have a designated Lead Professional to avoid children, young people and parents having to navigate a complex system. The Lead Professional will normally be a professional already working with the child, who has been agreed as having the co-ordinating role for the child or young person's care. Where the child has an

established key worker within another organisation, health services will ensure that that worker is provided with named contact people as part of the team around the child.

5.34 Where transition to a different targeted or specialist service or onto adult's services is required, the Provider will need to ensure there is clear and timely communication between services. In these cases, there must be a named link within the integrated service that is accountable for the transition out of the service.

5.35 The Provider should aim to ensure the sustainability of their interventions through ensuring that children, young people and families understand where they can access online and community based continued support.

5.36 The Provider must ensure that seamless integrated transition planning and arrangements are put in place.

5.37 Feedback will be collected throughout from those using a service to ensure that integrated therapies service is continuously improving and responding to the needs of their patients.

5.38 The format of interventions with identified children and young people will be discussed and agreed upon by liaison between parents/carers, children and young people where appropriate, school head teachers/SENCOs, YOS practitioners, alternative education practitioners, other professionals and the therapists, as defined within EHC Plans or school based learning plans at SEN support.

5.39 The service will be expected to monitor and review its impact across the reviews and demonstrate outcomes achieved.

5.40 The Provider will be expected to achieve and maintain the 'You're Welcome' accreditation[9].

5.41 All state funded nursery, primary and secondary schools in Greenwich will receive an allocation of support per term from the Provider. This will be reviewed on an annual basis according to the size and need within settings. This offer will be development and shaped in partnership with the Provider.

5.42 As part of the contract the Provider will develop and agree Service Level Agreements (SLAs) with all Schools that set out what services the Provider will offer the School as part of this contract (e.g. number of hours, different types of interventions, cover for Therapist absences). These SLAs are aimed to ensure that Schools are clear about what the expectations are of the Provider in terms of service delivery and quality and what the expectations of the School in terms of engagement and support. The standard format of the Service Level Agreement will be agreed with commissioners prior to implementation.

5.43 The successful Provider will be allocated the total annual budget for the integrated therapies services. They will be responsible for allocating the budget across different elements of the contract, but as part of the mobilisation process must work in partnership with commissioners and schools in Greenwich to negotiate and confirm the level and type of support they will receive.

[9] http://greenwichhealthyliving.nhs.uk/8410/youre-welcome-award/

Delivery Principles

5.44 The service will be underpinned by the following principles:

- Services will be outcomes-focused and needs led.
- Objectives at each level should be linked to: Parents/Carers, Environment, Workforce, Identification and Intervention;
- Functional goals should always be at the centre of interventions;
- Collaborative working between speech and language therapists, other professionals, parents and schools is critical to achieving improved outcomes;
- Partnership working across health, education and social care should be embedded.
- Plans should set goals that are specific, measurable, achievable, realistic and timely.

Acceptance and Exclusion Criteria

5.45 The table below provides a summary breakdown of the eligible clients and the access conditions for the service, which the Provider will be expected to deliver.

Service	Acceptance Criteria	Exclusion Criteria
Speech and Language Therapy Service from 0 to 25 years. [10]	• Children and young people aged 0 to 25 years of age who are Greenwich residents or registered with a Greenwich GP. And; • Who have an EHC Plan that identifies speech and language therapy as a health need • Children and young people, who are not Greenwich residents or registered with a Greenwich GP, however attend a Greenwich school and have been identified with education related need.	• A child or young person who has an EHC Plan that identifies speech and language therapy as an educational need and attends an out of borough school. This exclusion will apply even though the individual is a Greenwich resident aged 0 to 25 or is registered with a Greenwich GP.
Speech and Language Therapy for young people known to the Youth Offending Service.	• Children and young people who are clients of Greenwich Youth Offending Service.	• Children and young people who are not clients of Greenwich Youth Offending Service.
Speech and Language Therapy for the ASD Outreach Service.	• Children and young people with social communication needs not necessary with an ASD diagnosis who are on the services' caseload.	• Children and young people with social communication needs not necessary with an ASD diagnosis who are not on the services' caseload.
Occupational Therapy for Education and Health purposes from 0 to 25 years.	• Children and young people aged 0 to 25 years of age who are Greenwich residents or have been registered with a Greenwich GP who meet the following criteria: ○ Children with physical disabilities/conditions or co-ordination difficulties, which have a significant impact upon participation in everyday occupations (self-care, school work or play). ○ Children closed to the service during the last 12 months, requiring brief revision of input previously provided, (working to an episode of care) ○ Children (with no diagnosis/comorbidity and other complex presentation)	• Children who have emotional, behavioural or social difficulties as their primary need and these are considered as the main barriers to the child achieving age-appropriate functional independence. • Children and young people, who are not Greenwich residents or registered with a Greenwich GP attend a Greenwich school and have a health-related Occupational Therapy need.

[10] Please note that in relation to interventions delivered all acceptance and exclusion criteria should read '5-25'.

Service	Acceptance Criteria	Exclusion Criteria
	(e.g. older ex premature) but who are considered by another health professional to have sensory processing difficulties which significantly impact on their functional skills building • Children and young people, who are not Greenwich residents or registered with a Greenwich GP, however attend a Greenwich school and have a school based occupational therapy need. • Children and young people in mainstream school (with no diagnosis/comorbidity and other complex presentation) (e.g. older ex premature) but who are considered by another health professional to have sensory processing difficulties which significantly impact on their functional skills building	
Physiotherapy Service from 0 to 25 years.	• Children and young people aged 0 to 25 years of age who are Greenwich residents or registered with a Greenwich GP. And; • Have an EHC Plan that identifies physiotherapy as a health or educational need. Or; • Have neurodevelopmental disabilities and related conditions in the community such as; motor disability of neurological cause, motor delay, neurodevelopmental delay, neuromuscular disorders and related orthopaedic needs. • Children and young people, who are not Greenwich residents or registered with a Greenwich GP, however attend a Greenwich school and has school-based physiotherapy need.	• A child or young person who has an EHC Plan that identifies speech and language therapy as an educational need, however attends an out of borough school. • CYP with non-neurological /neurodevelopmental conditions who can access the hospital-based service. • CYPs receiving other and alternative treatment not comparable/complimentary with the Physiotherapy intervention.
MOVE programme	• Children who attend Willow Dene school and present with difficulty with their gross motor skills limiting their functional independence. • Children who attend Charlton Park Academy who present with difficulty with their gross motor skills limiting their functional independence.	• Children who do not attend Willow Dene or Charlton Park and present with difficulty with their gross motor skills limiting their functional independence.

5.46 In exceptional or special circumstances, the commissioners may ask the Provider to support children and young people who are placed in an educational setting that is out of the Royal Greenwich boundary. Where this applies, the commissioners will work in partnership with the Provider.

5.47 The provider must make inclusion and exclusion criteria clear to professionals who may refer as well as parents and carers.

Innovation and Technology

5.48 The Provider will be required to deliver the highest quality service for children, young people in Royal Greenwich and it is expected that information technology should be at the heart of service delivery.

5.49 The service model should consider how technology including IT solutions could be used to help meet the specification of requirements.

5.50 The Provider will be expected to outline how they will build virtual / electronic relationships with their clients, including through the use of databases. Children, young people and parents must be able to easily contact the service, and the service will be able to provide information, support, prevention messages and advice, reminders (including appointments), courtesy follow-ups, opportunities for user feedback as well as service developments and alerts.

5.51 The commissioner expects the service to engage with and/or implement the following initiatives to improve accessibility for children and parents with SEND:

I. 'Virtual therapist' - information and support through methods such as Skype. This may include reviews low risk clients
II. One contact number for the whole service
III. Adopt the use of NHS approved apps and evaluate their use with service users
IV. Utilise social media to communicate
V. Utilise social media to support peer support initiatives
VI. Utilise instant messaging services
VII. Utilising online-self assessment forms to identify needs and particular concerns / interests of clients. These may be utilised before appointments or to triage / refer clients to other services
VIII. Online and other forms of client surveys to identify satisfaction levels or additional needs after a client has accessed the service
IX. Develop and/or utilise online tutorials
X. Provide out of hours telephone advice and support
XI. Develop and/or utilise new technology and social media to help improve the accessibility of the service for children, young people or parents with SEND.

5.52 In addition, the Provider will be expected to support remote working, including electronic collection of data and notes. This should include, where possible, structured recording, i.e. not recording information within text fields, to facilitate streamlined and automated reporting of data collected.

Service Requirements

5.53 The Provider will use a range of approaches and interventions, which are consistent with best practice and the professional standards expected by the specialism's quality standards.

5.54 Interventions may also take the form of:

- Training, resources, strategies and advice for staff from education, non-education,

youth offending service, multi-disciplinary and multi-agency teams, voluntary and community groups as well as parents
- Supporting whole class / school /system best practice for pupils with ASD and other communication impairments and functional impairments
- Drop-in sessions for parents
- Community based activities
- Holiday programmes and activities

5.55 The service will need to be flexible to respond to anticipated population growth, potential changes in need and the ability to deliver future efficiency savings given the current financial climate. It will promote communication friendly environments, modelling the practice by delivering the sessions in this way. Therapists will need to develop good relationship with the child, young person, parent/carers, other professionals, staff in settings and any other persons involved in the wellbeing of the service users.

5.56 The Provider will work effectively with the Royal Borough of Greenwich schools, Clinical Leads, colleges, non-educational services, alternative education providers, community and acute providers, community groups and statutory partners to ensure effective multi-agency partnership working to support children and young people with speech, language and community and functioning needs across universal, targeted and specialist services.

5.57 As part of the Speech and Language Therapy Service from 0 to 25 each setting will receive support based on an allocation calculation. This support will be used to deliver specialist interventions set out in their pupil's EHC plans and any other targeted activity as agreed with the setting. As part of the tender, bidders must set out the minimum total number of hours they can deliver that would cover both specialist and targeted interventions for a setting. Bids will be assessed in part against the total number of hours they have the capacity to deliver. The successful Provider will be required to work in partnership with commissioners and settings in Greenwich as part of the mobilisation process to negotiate and agree a core level or minimum level of support per setting and type of support.

5.58 Practical advice and support will be provided to parents with suggested recommendations in all reports for incorporating activities into daily routines at home as appropriate. This may be supported by 'drop in' advice and training for parents held at school as appropriate and in agreement with each school.

5.59 Where families have not accessed Early Years settings including Children's Centres or PVI's and are entering into a local authority nursery early identification of needs will be crucial. Where these children are known to the service they will be the key professional to co-ordinate transition meetings and referrals to access support and finding as appropriate.

Transitions

5.60 Therapists will need to submit reports for transition reviews. It is the responsibility of therapist to support the child or young person in whichever setting. Support will be provided at each key transition point.

Schools top-ups

5.61 If schools wish to commission other providers to deliver additional services, including Speech and Language, Occupational and Physiotherapy, the Provider of this contract will

need to collaborate with them to ensure a seamless service for the service user. Any additional funding received from schools cannot be used to deliver the service specified within this contract.

Personal Budgets

5.62 The Provider should provide support to families wishing to procure their own top-up services from their personal budgets to meet needs identified in their EHC plans and give families more choice and control. Any additional funding received from families cannot be used to deliver the service specified within this contract.

EHC Plans

5.63 The Provider will deliver assessments and reports in relation to EHC planning processes including reviews of EHC Plans. The Provider will be required to work with the commissioner around EHC assessments, planning and reviews in accordance with statutory and locally agreed timescales.

Tribunals

5.64 The Provider is required to contribute, respond to and provide evidence for tribunals including attending as needed. Involvement and/or attendance at pre meetings may also be required as well as meeting deadlines for contributing to assessments and ECH Plans for tribunals. Additionally, following a tribunal, the provider will be required to deliver additional services in accordance with the Tribunal's Judgement or recommendations.

Safeguarding

5.65 Safeguarding must be embedded across the levels described above – all staff will follow the principles set out in the National Guidance "Working Together to Safeguard Children" (2018) the pan London child protection procedures and the Greenwich Safeguarding Partnership (GSCP) procedures.

5.66 There will be an ethos of continual improvement and the provider will be required to have in place safeguarding arrangements that reflect the importance of safeguarding and promoting the welfare of children, including:

- Clear lines of accountability for the provision of services designed to safeguard and promote the welfare of children.
- A senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements.
- A culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services.
- Clear whistleblowing procedures, which reflect the principles in Sir Robert Francis's Freedom to Speak Up review and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed.
- A designated named professional for safeguarding. Their role is to support other professionals in their agencies to recognise the needs of children, including rescue from possible abuse or neglect. Designated professional roles should always be explicitly defined in job descriptions. Professionals should be given sufficient time,

funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively.

- Safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record (DBS) check, disqualification checks and declarations with professional bodies and compliance with the Proceeds of Crime Act (PoCA).
- Ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role.
- Staff must be given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare.
- All professionals must have regular reviews of their own practice to ensure they improve over time.
- Clear policies in line with those from the GSCP for dealing with allegations against people who work with children. Such policies must make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint. An allegation may relate to a person who works with children who has:
    - Behaved in a way that has harmed a child, or may have harmed a child;
    - Possibly committed a criminal offence against or related to a child; or
    - Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.
    - Safeguarding policies should include a chaperoning policy that is compliant with the pan-London safeguarding children and GSCP.

5.67 The Provider will ensure all staff are able to participate fully in safeguarding meetings, protection planning and core groups.

5.68 The Provider will ensure all staff are kept informed of the outcomes of Serious Case Reviews and Learning Reviews and will implement recommendations as required.

5.69 The Provider will undertake yearly safeguarding audits to demonstrate that they comply with the arrangements set out above (that are consistent with section 11 (Children Act 1989) and CQC Quality standards.

5.70 Health practitioners need to identify safeguarding risks for children and vulnerable adults, including for children which may be outside of the immediate family, e.g. trafficking, FGM, exploitation in any form.

5.71 The Provider will need to ensure that it addresses the risky behaviour associated with young people who are Youth Offending Service clients, as they feature highly in the cohort of those involved with gangs, have gone missing from home or care episodes or involved in or at risk of Child Sexual Exploitation (CSE).

6. VULNERABLE GROUPS

Key Groups

6.1 Within the borough there are key groups who face significant difficulties that can prevent them from reaching their full potential. The Service will need to demonstrate how it is supporting these groups through specific plans, pathways and partnerships in order to improve their life chances. Key groups are:

- Children in our Care (CioC)
- Children in Need and those on a Child Protection Plan
- Teenage parents
- Youth Offending Service users
- Those at risk of exploitation (e.g. child sexual exploitation, gangs and radicalisation)
- Care leavers
- Those not in education, employment or training.
- Those not in mainstream education setting (e.g. alternative education provision and educated at home)
- Lesbian, Gay, Bi-sexual and Transgender
- Those at risk of FGM

7. PARTNERSHIPS AND USER INVOLVEMENT

Partnership Working and Pathways

7.1 The service cannot be delivered in isolation from other services within the borough working with children, young people and families.

7.2 The Provider will ensure that they have a comprehensive knowledge of available services to ensure children; young people and families access these where required. In addition, the provider should develop a wide range of partnerships to ensure that existing services understand what the service can offer and refer children, young people and their families in if appropriate.

7.3 The following services have been identified as key and the Provider must ensure strong relationships and appropriate pathways are in place:

- RBG SEND assessment services and RBG SEND Outreach Services Integrated Service
- Schools, Colleges and training providers, including Alternative Education Providers (AEP)
- Children's Centres
- General Practice and other medical services at secondary and tertiary level as appropriate
- Primary Care Networks
- Local Authority Behaviour and Attendance Service
- Acute Hospital departments
- Safeguarding and Social Care, including our Multi Agency Safeguarding Hub and Youth Offending Service
- Adult Social Care and Housing Services
- NHS Specialist Children and Young People Services, including Specialist Nursing teams for disabilities, continence, paediatric liaison, CAMHS, Music Therapy, Dietetics, Audiology and Community Paediatric Team
- Commissioned Early Help and SEND providers.

7.4 This is not an exhaustive list and the Provider will be expected to develop and maintain relationships with other organisations relevant to the delivery of this contract, through regular communication and/ or meetings.

7.5 The service and provider will be a pro-active part of the new Integrated Commissioning System working in a collaborative way with all system partners.

7.6 The service will be expected to work closely and share information with key services including Young Greenwich, Royal Greenwich Children's Centres, Health Visiting Service and Early Years settings. This includes making referrals to Together for Twos where children meet the criteria.

7.7 As part of the negotiated process providers will work together with children and young people and their families and carers to further develop their offer.

Service User Involvement

7.8 The service delivered is required to be built around the needs of children and their families, not around buildings, institutions and existing organisation processes.11

7.9 The Provider must ensure and demonstrate that children, young people and families are at the heart of the service. They should have the opportunity to make informed decisions about the interventions they receive and the impact they make.

7.10 The Provider must ensure and demonstrate that the views of children, young people and families are captured and shape the service, including designing, planning, delivering and evaluating/improving the service, taking into account individual and service level feedback.

7.11 The Provider will engage with a range of Greenwich youth voice and parent/carer groups including:

- ACE (Disabled Young People Board)
- Greenwich Children in Care Council
- Greenwich Young People's Council
- Young Commissioners
- Mental Health Ambassadors
- Greenwich Parent and Carer Forum

Multi-agency Groups

7.12 The Provider will be an active representative at a range of multi-agency groups as appropriate, including (although this list is not exhaustive):

- Strategic groups:
    - Greenwich Children's Safeguarding Partnership work groups
    - Joint Commissioning Groups
    - Fair Access Panel
- Individual level groups and panels:

[11] Rewiring public services, LGA, 2014. http://www.local.gov.uk/rewiring-debate

- Team around the child/family
- Child Core and Case Conferences
- Children's Centre co-ordinated Early Help Groups
- Pathway development meetings, e.g. self-harm, continence
- Continuing Care Panel

7.13 The commissioner may require the Provider to report on attendance at any given group to demonstrate engagement.

Sub-Contractors

7.14 The model of delivery that the Royal Borough of Greenwich and Greenwich Clinical Commissioning Group are seeking for this service is one that is pro-active and meets the diverse needs of the population it serves. A key part of this is about strong partnership relations, as set out above.

7.15 As part of developing a model of delivery, commissioners will allow sub-contracting if this delivers a cost-effective service.

7.16 If the Provider wishes to sub-contract, they will be responsible for ensuring all due diligence checks are carried out on sub-contracted organisations and that there is robust quality assurance framework in place to ensure services are safe, high quality, effective and efficient. They will also need to ensure that sub-contractors are reporting on activity and impact and that this forms part of the overall reporting for the service.

7.17 During the life of the contract, prior to entering into sub-contracting arrangements, the Provider will notify and seek agreement from the commissioner of any intention to sub-contract any part of the service on its behalf.

8. OUTCOMES

Improving health and wellbeing

8.1 The new service will be required to demonstrate and evidence how it is supporting the delivery and the achievement of key outcomes:

- Improved School Readiness, Engagement and Achievement
- Increased well-being for children
- Increased functional communication for children with speech, language and communication needs
- Reduced risk of surgical intervention and poor nutrition for children with swallowing disorder
- Reduced risk of surgical intervention by supporting children to understand how to maintain healthy voice mechanisms
- Increased ability of children to manage every day self-care, independent tasks and routines
- Improved motor function and participation in occupational activities as a result of a variety of fine motor interventions and orthotic splinting provision
- Reduced progression rate of deformities

- Improved coordination and ability to develop self-care skills as a result of sensory interventions
- Increased independent access to social, educational and leisure activities for children with functional / movement skills difficulties
- Increased functional abilities through postural management interventions including equipment to increase mobility, minimise contractures and deformities at all stages of their development
- Reduced progression or rate of deformity through a variety of motor interventions
- Increased function in language and communication / functioning / movement skills or wellbeing evidenced and measured by teachers, practitioners, other health professionals using appropriate measures.
- Improved access to therapies services through a single point of entry, giving parents, carers and professionals clarity on where and how to access services.
- Improved assessments process reducing duplication and multiple assessment activity.
- Improved coordination of transition services for young people into adult services and adult social care.
- Improved transition and coordinated care for vulnerable young people and adults.

8.2 The new service will also be required to demonstrate and evidence how it contributes to:

- Reducing permanent school exclusions
- Improving attendance
- Improving parenting skills
- Increasing participation in education and employment
- Reducing offending (YOS clients)

8.3 Royal Greenwich Children and Young People's Plan 2020-2024 local defined priorities

9. APPLICABLE SERVICE STANDARDS

Applicable national standards

9.1 The Provider must ensure it adheres to the National Institute of Clinical Excellence (NICE) guidelines, requirements and policy frameworks relating to each of the specific services. Any policy amendments, additions or new guidance will need to be incorporated and adhered to.

9.2 The Provider will ensure that the service audits its performance against the Royal College of Speech and Language Therapist, College of Occupational Therapists, The Chartered Society of Physiotherapy (CSP) and the Health and Care Professions Council (HCPC) minimum standards as part of the regular process of service reviews. For list of the national standard refer to Appendix E.

9.3 Various local and national manuals and training materials: including specialist training provided by Speech and language Therapy, Occupational Therapy and Physiotherapy Services.

9.4 The Provider will ensure that the required Care Quality Commission (CQC) registration is in place, kept updated and that any CQC inspections relevant to the services commissioned via this specification are shared with the Commissioner.

9.5 The Provider will ensure that they comply with the CQC Essential Standards of Quality and Safety requirements and the proposed Ofsted/ CQC inspection framework (and/or any subsequent CQC requirements).

9.6 The Provider is expected to demonstrate effective and robust governance and financial management and control.

9.7 As a minimum the Provider(s) must meet the clinical governance standards laid down in the National Quality Standards for Better Health. All parties will use the information generated by clinical governance activity, such as audits and service reviews (and the recommendations of external inspections) to continuously develop and improve services and operational practice across the integrated therapies service.

Clinical Governance

9.8 The Provider will demonstrate a robust clinical governance framework including:

- Mechanisms to ensure that treatment is safe, effective and evidence based.
- Compliance with all relevant national standards for service quality and clinical governance including compliance with NHS Standards and relevant NICE guidelines.
- The principle of 'best value' through continuous improvement taking into account a combination of effectiveness (successful outcomes), efficiency (high productivity) and economy (costs).
- Designated clinical leadership and accountability, and clear clinical protocols for clinical staff. Including named, accountable officers as well as access to specialist advice in key areas where needed e.g. deafness, Augmentative and Alternative Communication (AAC), ASD and in phase based groups e.g. secondary, post-16 and post-19.
- Ensure Staff are appropriately supported and supervised, including clinical supervision for clinical staff ensuring all staff are HPC registered and can demonstrate they have appropriate supervision in place commensurate with their experience and responsibilities.
- Ensure staff are appropriately qualified and experienced for their role and there are sufficient staff to effectively deliver the service and meet the specification.
- Implementation of a clinical audit process to review performance and provide a framework to enable improvements to be made.
- Ensure 'Did Not Attends'/'Child Not Brought' are monitored and actively followed up.

9.9 The Provider is required to report against a quality schedule developed by the commissioner to demonstrate compliance with patient safety, clinical effectiveness and patient experience. This includes compliance with core mandatory functions such as:

- Infection prevention and control
- Safeguarding children, young people and adults
- Comprehensive complaints process
- Comprehensive incident and serious incident reporting
- Improvements in patient experience
- Other quality criteria such as Care Quality Commission registration criteria and professional standards relevant to the system.

9.10 The Provider is expected to implement a clinical audit process against the quality standards listed below to inform the quality of care including:

- the procedures, the resulting outcomes and treatment,
- the use of resources, the resulting outcome and quality of life for the individual.

9.11 The results of clinical audits should help to inform service improvements.

9.12 The audit cycle should be continuous process, which includes the following phases:

- Observing current practice
- Setting standards of care
- Comparing practice to service and national standards and implementing change and innovation
- Facilitate culture change towards evidence-based practice through clinical guidelines
- Effective translation of research into evidence-based practice

Entry into service (referral routes)

9.13 Referrals to the service can be made by:

- Children and young people
- Parents and carers
- Health Professionals such as specialist nursing teams
- Education Professionals / staff such as schools, colleges and training providers
- GPs and other medical services including acute Hospital departments
- Other RBG Children's Services such as Safeguard and Social Care and Youth Offending Service
- Social Workers / Police

9.14 Referrals can be made either in writing (the default being online) or by telephone.

9.15 Exit from the service (discharge criteria and planning)

9.16 The Provider shall discharge a service user from its care if one of the following applies:

- The episode of care has been completed
- Continuing treatment is no longer appropriate
- Optimum improvement has been reached
- Self-discharge/service refused by service user
- When service user does not attend two or more appointments without prior notification (subject to discretion for vulnerable children and those with special needs)
- Child moves out of borough.

9.17 Where a child moves out of the borough, the child's health records must be transferred to the appropriate authority within two weeks of the notification. Where vulnerable children and families have moved, the referral must also be accompanied by direct contact with the appropriate service.

9.18 The Provider shall ensure that when a service user requires an onward referral into secondary care or other care providers, the referral is completed within twenty-four hours from the decision to refer. In such cases, the referrer must be reassured that the service user is being referred to a receiving party which can accommodate the referral in a timeframe that does not compromise the commissioner's performance targets and particularly with reference to the eight week referral to treat target.

9.19 The Provider will ensure that the service user's registered GP practice is given all appropriate clinical details of the referral (if consented by the service user) for inclusion on to the service user's Medical records. A summary of the referral shall be sent to the service users practice within 2 working days of an assessment.

9.20 The Provider shall ensure that the referring agent, GP and parents are notified when a child is discharged. For children over 5, the school will always be notified. For all children the relevant link within the 0-19 Public Health nursing service should be notified.

9.21 Young people in education reaching the age of 25 years are discharged. The Provider should ensure that any continued support provided by adults' services is able to be effectively delivered through a smooth and timely transition and handover. Discharge from active caseloads will be in agreement with the child or young person and where appropriate their parent/carer and will follow any local discharge planning protocols.

9.22 An annual review should be undertaken. If a child is under 5 then reviews should be carried out every 6-months.

9.23 Where the therapist has determined or considered that a child or young person has made maximum progress and therapy is no-longer needed, after full discussion with the parent, child or young person then there will be a full written discharge.

9.24 If a child or young person has a Statement / EHC Plan then at the annual review discharge documentation should be produced in order to implement the written discharge. The child or young person may then be put on the inactive caseload.

9.25 An extraordinary review can be undertaken, where clinical leads or specialist therapists believe in their professional opinion it is necessary.

Response times

9.26 All requests and referrals for support within the Integrated Therapies Service should be risk assessed as soon as practicable and within 48 hours during the working week.

9.27 The service will meet the following response times:

- Referral to assessment – within 4 weeks
- Assessment to treatment – within 4 weeks.
- Assessment for SEN Education, Health and Care Plan – within 4 weeks.
- Youth Offending Service – within two weeks. In some instances the service may need a quicker response time, for example in the case of an assessment required for a Pre-Sentence Report. In this instance a response within at least a week so that the assessment can inform the court report.

9.28 All safeguarding referrals shall be made as set out in pan London Child Protection and Greenwich Safeguarding Children Board Procedures and Greenwich Safeguarding Adults Board Procedures.

Equality and Equity

9.29 The Provider has a commitment to promote equality, value diversity and human rights in all activities.

9.30 The Provider should design and implement policies that meet the diverse needs of the service, population and workforce, ensuring that none are placed at a disadvantage over others. These policies will take into account the provisions of the Equality Act 2010 and advance equal opportunities for all to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation and vulnerable community groups not specifically covered by legislation, such as socio-economic deprivation, asylum seekers and refugees.

9.31 It is the responsibility of the Provider to comply with all current equality legislation and ensure it implements any new equality legislation as it becomes statute and actively meet the requirements of the Equality Duties:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

9.32 The Provider will ensure that treatment, care and information provided is evidence based, culturally appropriate and is available in a form that is accessible to people who have additional needs, such as people with physical, cognitive or sensory disabilities, and people who do not speak or read English.

9.33 The Provider must ensure Equality Impact Assessments are undertaken and documented as part of any service review process or if any change is made to the provision of the service, which could impact on those in receipt of the service.

Social Value[12]

9.34 The Provider must demonstrate how they are delivering additional social, economical or environmental benefits which support the RBG's and South East London Clinical Commissioning (Greenwich) Group's priorities.

[12] Social Value Act: Information and Resources https://www.gov.uk/government/publications/social-value-act-information-and-resources/social-value-act-information-and-resources

Risk Management

9.34.1 The Provider will ensure that there are robust processes, working practices and systematic activities that prevent or reduce the risk of harm to service users. The Provider will, as a minimum, ensure that:

- They adhere to the Greenwich Safeguarding Children Partnesrhip procedures for the Reporting and Management of Serious Incidents and have robust processes in place to support the reporting and review of all incidents at the earliest opportunity. This will include the documentation, investigation and follow up with appropriate action of all incidents.
- There are robust processes, working practices and systematic activities that prevent or reduce the risk of harm to clients.
- There is a robust risk assessment process in place for clients, which is regularly reviewed and updated. Any identified risk will inform risk management plans which will contain clear and appropriate actions to minimise risk.
- Learning is disseminated across the organisation and shared with the commissioners.
- Processes are in place for any staff member to raise concerns in a confidential and structured way.
- That an effective complaints procedure for service users is in place, in line with the current Complaints Procedure guidance, to deal with any complaints in relation to the provision of the system, which is available for audit.
- The system participates in any multi agency investigations into incidents and/ or serious case reviews and develops the service to incorporate lessons from serious case reviews in Royal Greenwich and other areas.
- Self-audit around internal risk management and safeguarding processes are performed at least annually.

Workforce

9.35 The Provider is required to effectively recruit and manage staff to ensure a consistent and quality service.

9.36 The Provider should develop an integrated management and staffing structure, with strong professional and strategic leadership for children. This structure should clearly demonstrate how all elements of the service would work together.

9.37 The Provider should develop a healthy workforce and a workforce that promotes good health by using the workplace to promote and support good health and wellbeing of employees. Developing all of its employees as agents of good health and wellbeing amongst the wider Greenwich population, as set out in the Royal Greenwich Health and Wellbeing Strategy 2019 - 2024.

9.38 The Provider should be committed to achieving the London Healthy Workplace Charter13

9.39 The provider should also review its workforce to ensure that it is representative of the demographics of the population it serves. The provider should work to address any gaps in

[13] https://www.london.gov.uk/what-we-do/health/priority-areas/healthy-workplace-charter

underrepresented groups. The provider must be able to provide a breakdown of the workforce against the key characteristics listed within the Equality Act 2010.14

9.40 As part of the borough's work to support the transition to adulthood for key vulnerable groups, the provider should be pro-active in seeking to develop appropriate employment opportunities within the service that these groups could access.

Workforce Competence

9.41 The Provider must ensure that:

- All Band 6 – 8a staff employed to deliver the service must be competent to provide the aspects of the service for which they are responsible for, are HPC and registered with the governing body for each therapeutic specialism
- All Band 6 – 8a staff employed to deliver the service should be able to demonstrate that they are able to work collaboratively to provide quality and value. This may include resource pooling, working across clinical boundaries where appropriate, to be effective in meeting the needs of children, young people and parents.
- All Band 6 – 8a staff will need to be suitability experienced in order to provide supervision and support for less experienced staff to enable them to undertake their duties.
- Appropriate arrangements are in place for maintaining and updating workforce skills and knowledge.
- Specialist therapists supporting Deafness / Hearing Impairment must be at least Band 7 level, with a specialist in Deafness / Hearing Impairment, ASD, and post graduate experience in; PECS, TEACCH, British Sign Language (BSL) Pre-Level 3 signing skills (Signature), attention autism and intensive interaction.
- All staff are compliant with all statutory employment legislation.
- All staff will have relevant and up to date professional registration and that they work within their respective Codes of Professional Conduct and professional standards of their appropriate Royal College or Professional Association at all times.
- Safer Recruitment procedures are in place, all relevant staff will have been checked by the Disclosure and Barring Service (DBS) and have arrangements in place to review these including a policy on how a positive disclosure would be handled.
- All staff to attend the appropriate Making Every Opportunity Count (MEOC) training (level 1-3) dependent on role.
- All staff will receive regular line management supervision and clinical supervision where appropriate from a competent supervisor.
- All staff in contact with children and young people have safeguarding training for which is appropriate to their grade. Staff will receive mandatory training on safeguarding children and adults, information governance, health and safety, risk management, equality and diversity.
- All staff will receive an annual performance review/appraisal and will be able to demonstrate mechanisms to address under-performance.
- All Therapists are appropriately trained i.e. Clinical lead (Registered therapist, evidence of undertaking postgraduate qualification, CPD plus appropriate management experience) Specialist Therapist (Registered therapist plus appropriate training for working within a specialist area/group), Developing Therapist (Registered therapists plus appropriate training and CPD) and Newly qualified Therapist/Post Graduates (Registered therapist plus on-going CPD).

[14] Equality Act 2010. http://www.legislation.gov.uk/ukpga/2010/15/section/4

- Registration, revalidation and on-going professional development to meet the requirements of Royal College of Speech and Language Therapy Code, Royal College of Occupational Therapists, the Chartered Society of Physiotherapy and other guidance where applicable are update to date and are maintained.
- All staff have the relevant training and strategic support/guidance to roll out Building Community Capacity.
- All staff have undertaken safeguarding training for which is appropriate to their role.
- All staff working with children and young people are trained to deliver brief health promotion and wellbeing messages (provided by the 0-19 integrated service Provider on a rolling basis).
- All staff working with children and young people are adequately trained to be able to offer clear and concise LGBT guidance.
- All staff receive disability awareness training or disability specific training.
- All staff have training on safeguarding disabled children and communicating with disabled children.

Workforce Development

9.42 The Provider will demonstrate investment in the training and development of the workforce and develop a workforce development strategy that will ensure staff and management working within the system work as an efficient team, and includes:

- Annual staff training needs analysis, ensuring staff training as outlined in the service specification is met e.g. ASD Outreach Service requirements regarding Early Bird and levels of BSL signing in the deafness / Hearing Impairment provisions.
- Development programmes including on-going training, peer review, action learning sets and the opportunity for rotational job roles in conjunction with the individual service elements and age-specific specialisms in order to increase staff skills across the whole 0-25 years' service.
- Updates on new legislation and best practice.
- Workforce activities such as induction programmes, individual training and development plans.

9.43 The Provider will monitor the workforce development strategy and report on:

- Recruitment, retention, succession planning.
- A workforce that reflects the local population.
- Sickness and absence.
- Staff under-performance and disciplinary issues.
- Workforce skill mix and any skill gaps.
- Cover arrangements for maternity or any other extended leave including sickness and training.

Record Keeping

9.44 In line with contractual requirements, the Provider will ensure that robust systems are in place to safeguard personal data at all times.

9.45 In line with the above and following good practice guidance, the Provider will have agreed data sharing protocols with partner agencies including other health care providers,

children's social care and the police to enable effective services to be provided to children and their families. The Provider will ensure that all staff are trained in the fundamentals of information governance and protecting data and have access to information sharing guidance including sharing information to safeguard or protect children.

9.46 Appropriate records will be kept in the Child Health Information System (CHIS) or a similar system to enable high quality data collection to support the delivery, review and performance management of services. Data returns will be made as appropriate to the Health and Social Care Information Centre (HSCIC).

9.47 Records should be consistent with NHS and Local Authority, Royal College of Speech and Language Therapist, College of Occupational Therapists, The Chartered Society of Physiotherapy (CSP) and the Health and Care Professions Council (HCPC) requirements.

9.48 The NHS number should be used as the link identifier. For those Children receiving support from Children's Social Care the Social Care System (currently Mosaic) unique identifier should be recorded on the child's record.

Data Collection

9.49 Commissioners will have access to non-patient identifiable data to allow discussions regarding service developments and monitoring service outcomes. Data pertaining to demographics (ethnicity, age, gender, post code, religion) and protected equality characteristics will be collected and shared with the commissioner. The Provider will allow data to be accessible at different levels – patient level, GP level, school level, Alternative Education Provider level, Youth Offending Service level, Looked After Children level, ward level, locality level and/ or borough level. Information will be made available to support local Joint Strategic Needs Assessments (JSNAs).

9.50 The Provider should ensure that all necessary consent forms are completed in order to share information with the commissioner. The default option in the case of consent should always be opt-in to sharing information but service users will have the right to actively opt-out of sharing their data.

9.51 The Provider will have an integrated data system allowing access to all staff involved in the delivery of care to CYP and their families so that service users need only 'tell their story once'.

9.52 The Commissioner shall act reasonably in requesting additional or ad hoc information. The Provider shall provide requested additional or ad hoc information as soon as practicable.

9.53 The service will be expected to work closely and have in place clear and agreed systems to share information with Children's Centres/Early Years settings.

9.54 The Provider is required to work with the under 5's universal and targeted education based speech and language therapy provider to ensure that they are aware of any under 5's entering any of the settings covered by this contract.

9.55 The Provider will need to work in partnership with the commissioners as part of the mobilisation process to develop data transfer processes to support key transition arrangements across agencies, providers and services.

Information Governance

9.56 Sharing information is part of good communication and is vital to the care process but will be done with due consideration for client consent and confidentiality. Data will be stored, shared and processed in accordance with the terms and conditions of this contract.

9.57 Ensure that information-sharing protocols are consistent with guidance from the local Caldicott Guardian.

9.58 The Provider will have a clear confidentiality/data handling policy, which is understood by all members of staff. The policy should be presented and clearly explained to all clients both verbally and in written form before treatment begins.

9.59 The Provider will develop clear information sharing protocols with partner agencies and robust case management and information management tools to enable the wide sharing of information. The Provider will ensure that data, which is collected, is accurate, reliable and able to support performance management and the assessment of need in the borough.

9.60 The Provider will ensure that all processes and systems for information processing and sharing are informed by the NHS information governance requirements.

10. Location of Provider Premises / Hours of Operation

Location of Provider

10.1 The service must have bases of operation within the borough in order to support the delivery of the specification.

10.2 The nature of the assessment, intervention and/or service delivery should be considered when determining appropriate venues. The service should deliver interventions from family homes as well as a variety of community locations across Greenwich, which are accessible to all children, young people and their families including those with disabilities. This should include Children's Centres, health centres, schools, colleges, community centres and GPs. A list of key sites is provided in Appendix A.

10.3 The Provider will ensure that all premises and equipment used for the provision of the service are at all times suitable for its delivery and sufficient to meet the reasonable needs of clients. Its staff should either have access to mobile technology in order to remotely receive and send necessary data returns, reports, intervention letters and patient activity records or gained agreement from settings to enable its staff to use its facilities.

10.4 The staff team should not need to go to a central base to carry out admin functions linked to the delivery of this contract.

Operating hours

10.5 The service should be built around the needs and views of those accessing the service. This includes ensuring that provision is available to access outside non-core hours (including on weekends and evenings) where this best meets the needs of children, young

people and families including working parents.

10.6 It should also enable the delivery of school based INSET sessions including twilight sessions and family support session for instance, as part of a normal day.

10.7 The Provider shall agree the hours of operation and any changes with the Commissioner. Hours should be co-ordinated across Royal Greenwich to ensure access to all levels of service during weekdays, evenings, weekends and school holidays. The Provider should clearly advertise their days and hours of operation and locations to all service users and partners and in all settings, and alternatives when not available. As part of the bid providers should clearly set out the proposed hours of operation.

10.8 It is not expected that therapists would take an unreasonable amount of holiday in term time. In the event of unavoidable short-term sickness, carer or annual leave, impact on the service will be minimised by:

- Providing cover for each other on the day or
- Providing cover on an alternative day of the same week (in agreement with the commissioners, schools, Alternative Education Providers, ASD Outreach Service or Youth Offending Service) or
- Arranging for a suitably skilled and experienced Specialist Therapist (minimum standard Advanced Clinical Skills) to provider cover.

The commissioners will not pay the Provider for uncovered absence.

10.9 Any extraordinary leave or absence of therapists taken during term time should be discussed with commissioners and senior managers from the Provider. This should include evidence and demonstration of what mitigating provision has been put in place and any negative impacts on the service provision. Risk Management plans should also be included.

10.10 In the event of persistent long-term absence or termination of employment, which creates difficulties recruiting suitably qualified and experienced staff, the Provider should consider entering into sub-contracting arrangements with suitably skilled and experienced specialist providers to minimise any negative service impacts.

10.11 The Provider is responsible for ensuring that the service is advertised and kept up to date on Royal Greenwich's SEND Local Offer website and Greenwich Clinical Commissioning Group's as well as in other locations, such as voluntary and community groups across the borough.

10.12 Days/Hours of operation and service uptake and waiting time breaches will be monitored on a regular basis in order to ensure optimum access/coverage and will be reviewed in response to patient and public surveys and feedback.

11. Service **Cost**

Budget

11.1 The total core amount of the contract will be £2,736,500 per annum for 3 years, with an option to extend for a further period or periods of up to 5 years. The contribution from RBG will be approximately £764,000 per year, with the remainder coming from the CCG.

11.2 An additional amount will be added to the total contract value that provides the ability to increase the contract in line with NHS uplifts and wider service changes and funding (e.g. in 2021-22 the CCG provided £26,000 to the service to help manage demand). This amount will not be guaranteed, and is dependent upon funding being awarded through NHS England or released from Schools funding.

11.3 The Provider is free to allocate the budget across the specialist therapy services to enable the delivery of its service model. However, it must not exceed the specified budget.

11.4 Mainstream state funded schools will receive an allocation of SALT core hours. Designated School Provision, the ASD Outreach Service, Youth Offending Service and alternative education providers will be allocated specified levels of input as agreed during the Negotiation Process.

11.5 As part of the mobilisation process, the successful Provider must work in partnership with commissioners and schools in Greenwich to negotiate and confirm the level and type of support they will receive.

11.6 Certain costs, including estates, infrastructure, and interpreting costs should be covered under the total budget cost.

11.7 The London Living Wage must be included in the bidder's pricing model. Zero-hour contracts must not be used.

11.8 Payment of invoices will be made monthly in arrears. Payment shall be made on actual expenditure (not exceeding contract value).

11.9 The Provider will need to:

- Demonstrate how it is going to secure continuous improvement in the way in which the interventions in the service are delivered having regard to a combination of economy, efficiency and effectiveness and agree a continuous improvement plan for this purpose with the Commissioners.

- Implement such improvements; and annually, where practicable, following implementation of such improvements decrease the price to be paid in negotiation with the Commissioners.

11.10 Financial reporting will be required as part of the performance monitoring.

12. Performance Management

Performance Management Framework

12.1 The commissioners are looking for an organisation that places an emphasis on learning, developing and improving services throughout the life of the contract.

12.2 The key driver of this service is how the provider demonstrates its impact and sustainable improvements for children, young people and their families over time.

12.3 The performance management framework should underpin this in identifying the key strengths and areas of development. While the specification sets out the framework within which the contract will operate, as local priorities and services change the performance management framework may be adjusted accordingly. There is an expectation that the provider will supply requested information within reasonable timescales and that any data systems used to record service information will have the flexibility to adapt to these changing needs.

12.4 As part of the performance management the commissioner is seeking a provider who will be pro-active in recommending ways in which to assess the impact of their provision.

National reporting

12.5 The provider must comply with any nationally agreed dataset requirements from public bodies, including but not limited to NHS England, Department for Health and Department for Levelling Up, Housing and Communities.

Local reporting arrangements

12.6 The provider will be expected to provide reports on activity and outcome indicators in accordance with agreed Key Performance Indictors.

12.7 After the first six months of the contract, the Provider will be required to track 22 cases and demonstrate the impact of the service on the lives of the children, young people and families throughout their intervention. The selection of the cases and format will need to be agreed with the commissioner and will be a random sample.

12.8 These indicators are subject to change through the life of the contract.

12.9 The Provider will be required to attend quarterly contract meetings that will take place no later than 40 calendar days following the reporting period. Monthly meetings will focus on activity and outcome indicators and be attended by Service Managers for the provider and commissioners. Quarterly monitoring meetings will include officers at Assistant/ Associate Director level or above from the Royal Borough of Greenwich, Greenwich Clinical Commissioning Group and the Provider.

12.10 Data will be made available to the Commissioner at least 7 working days before the contract meeting.

12.11 All contacts will capture key demographic data (age of child and mother/father, ethnicity, post code, level of intervention received). Reporting data by demography will be in agreement with the commissioner.

12.12 Data will be made available at different levels, as below, in agreement with the commissioner to allow further system developments.

- Borough wide level
- Ward level
- Lower super output area
- GP level
- School/ college/other educational setting

- Children's Centre reach area

13. Appendices

Appendix A – Key sites in the borough

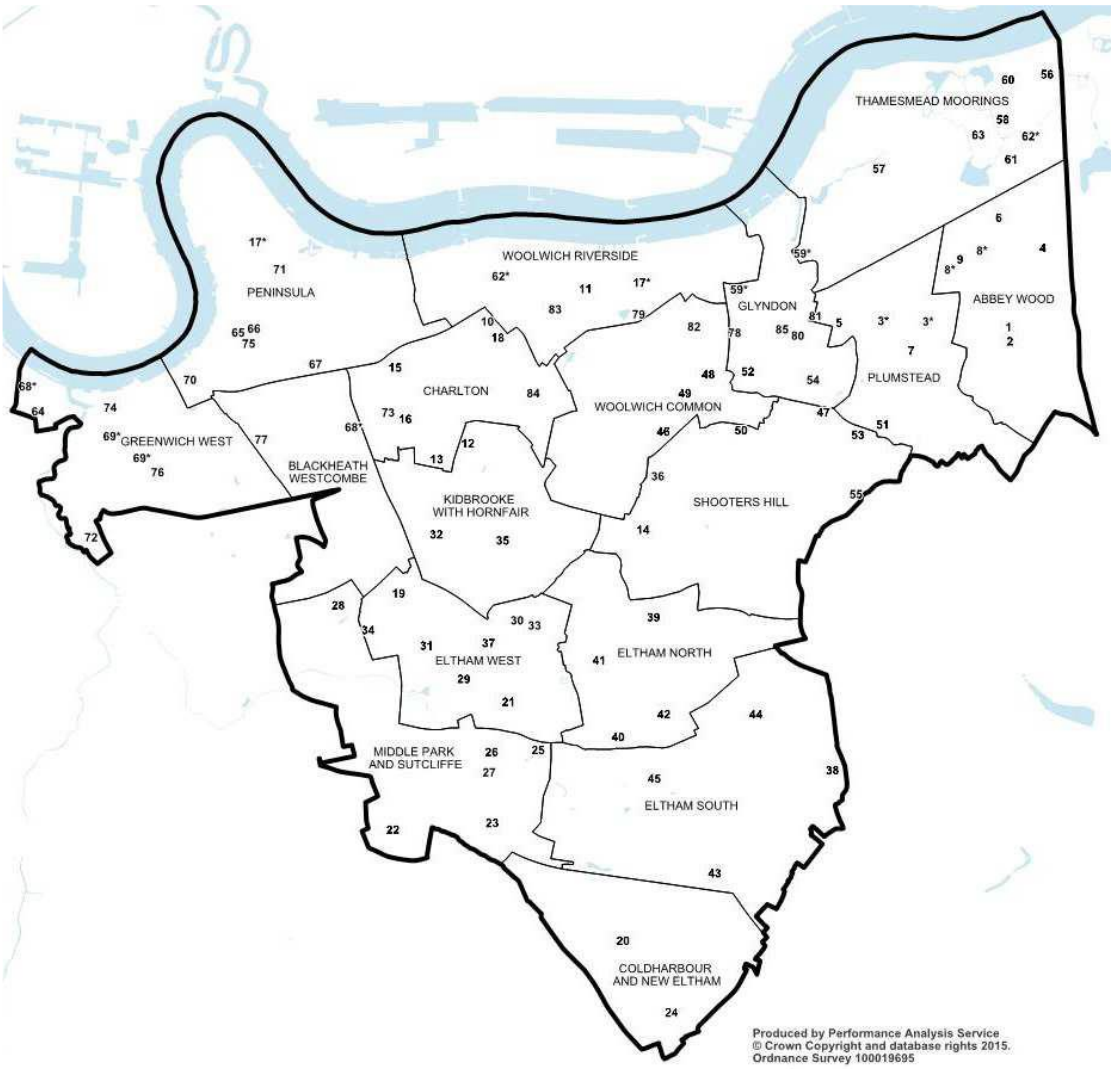
Appendix B – Characteristics of an effective whole system

Appendix C –Bandings and Clinical Responsibilities

Appendix D – List of Applicable National Standards

Appendix E – Delivery Locations

Appendix A(C1) - Schools in the borough



School Clusters

Abbey Wood

1	Abbey Wood	N
2	Alexander McLeod	P
3	Bannockburn*	P
4	Boxgrove	P
5	Conway	P
6	De Lucy	P
7	Gallions Mount	P
8	St Thomas A Becket RC*	P
9	St Pauls Academy RC	S

Charlton

10	Pound Park	N
11	Cardwell	P
12	Charlton Manor	P
13	Cherry Orchard	P
14	Christ Church (S/Hill) CE	P
15	Fossdene	P
16	Our Lady of Grace RC	P
17	St Mary Magdalene CE*	P
18	Thorntree	P
19	Thomas Tallis	S

Eltham

20	Greenacres	P
21	Haimo	P
22	Horn Park	P
23	Middle Park	P
24	Montbelle	P
25	Eltham Hill	S
26	Harris Academy	S
27	Moatbridge	SP

Kidbrooke

28	Brooklands	P
29	Ealdham	P
30	Henwick	P
31	Holy Family RC	P
32	Kidbrooke Park	P
33	St Thomas More RC	P
34	Wingfield	P
35	Corelli College	S
36	Shooters Hill Post 16	S
37	Newhaven PRU	SP

New Eltham

38	Alderwood	P
39	Deansfield	P
40	Eltham CE	P
41	Gordon	P
42	St Mary's RC	P
43	Wyborne	P
44	Stationers Crown Woods	S
45	St Thomas More RC	S

Plumstead Common

46	Eglinton	P
47	Greenslade	P
48	Nightingale	P
49	Notre Dame RC	P
50	Plumcroft	P
51	Rockliffe Manor	P
52	St Margaret's CE	P
53	Timbercroft	P
54	Plumstead Manor	S
55	Willow Dene	SP

Thamesmead

56	Bishop John Robinson CE	P
57	Discovery	P
58	Hawksmoor	P
59	Heronsgate*	P
60	Linton Mead	P
61	St Margaret Clitherow RC	P
62	Windrush*	P
63	Woolwich Polytechnic	S

Maritime

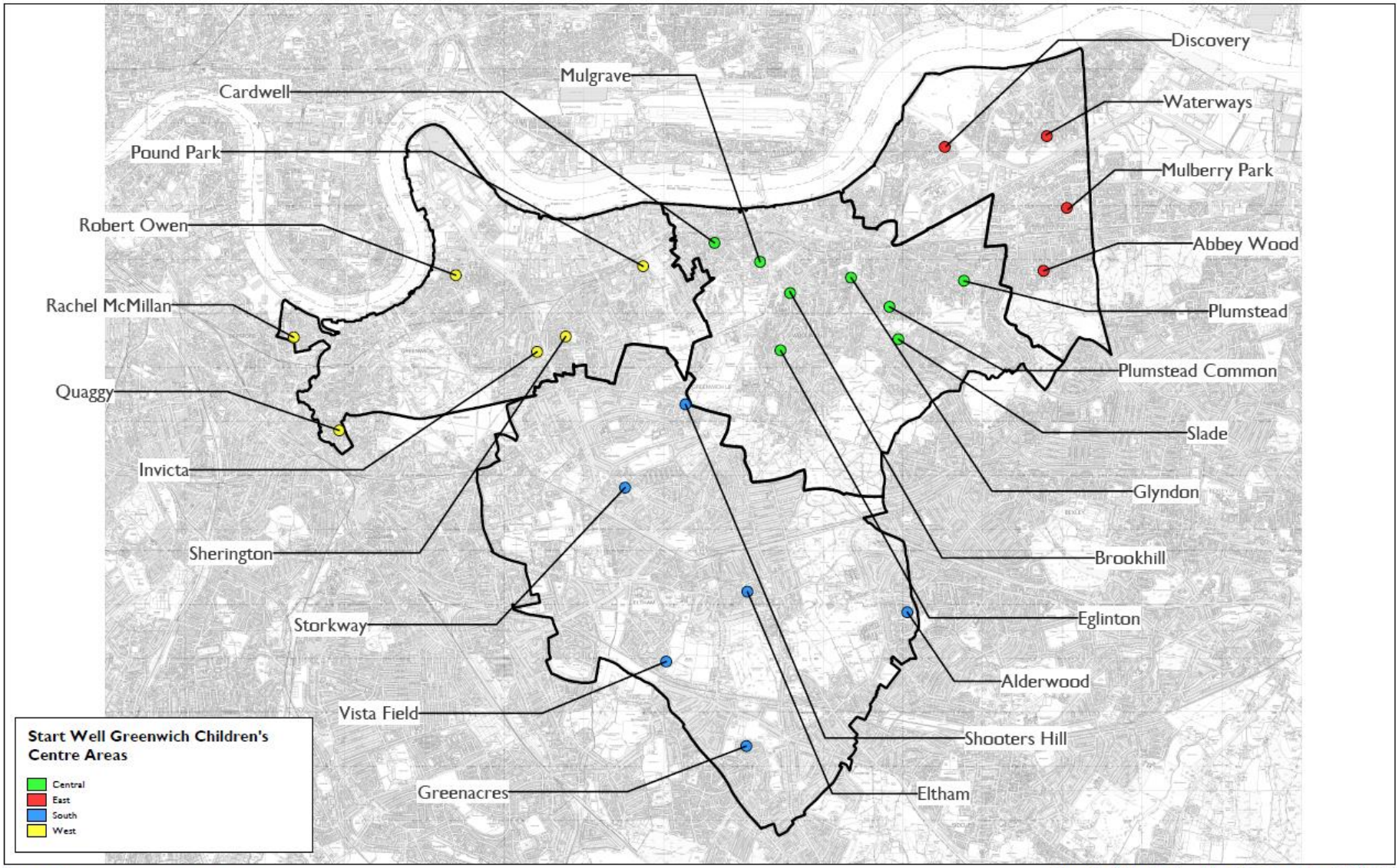
64	Rachel McMillan	N
65	Robert Owen	N
66	Christ Church (B/Wall) CE	P
67	Halstow	P
68	Invicta*	P
69	James Wolfe*	P
70	Meridian	P
71	Millennium	P
72	Morden Mount	P
73	Sherington	P
74	St Alfege with St Peter's CE	P
75	St Joseph's RC	P
76	St Ursula's RC	S
77	The John Roan	S

Woolwich Riverside

78	Foxfield	P
79	Mulgrave	P
80	South Rise	P
81	St Patrick's RC	P
82	St Peter's RC	P
83	Woodhill	P
84	Charlton Park	SP
85	Waterside	SP

N - Nursery school
P - Primary school
S - Secondary school
SP - Special school

Appendix A(C2) – Children's Centre Sites and Areas



Scale: 1:44000

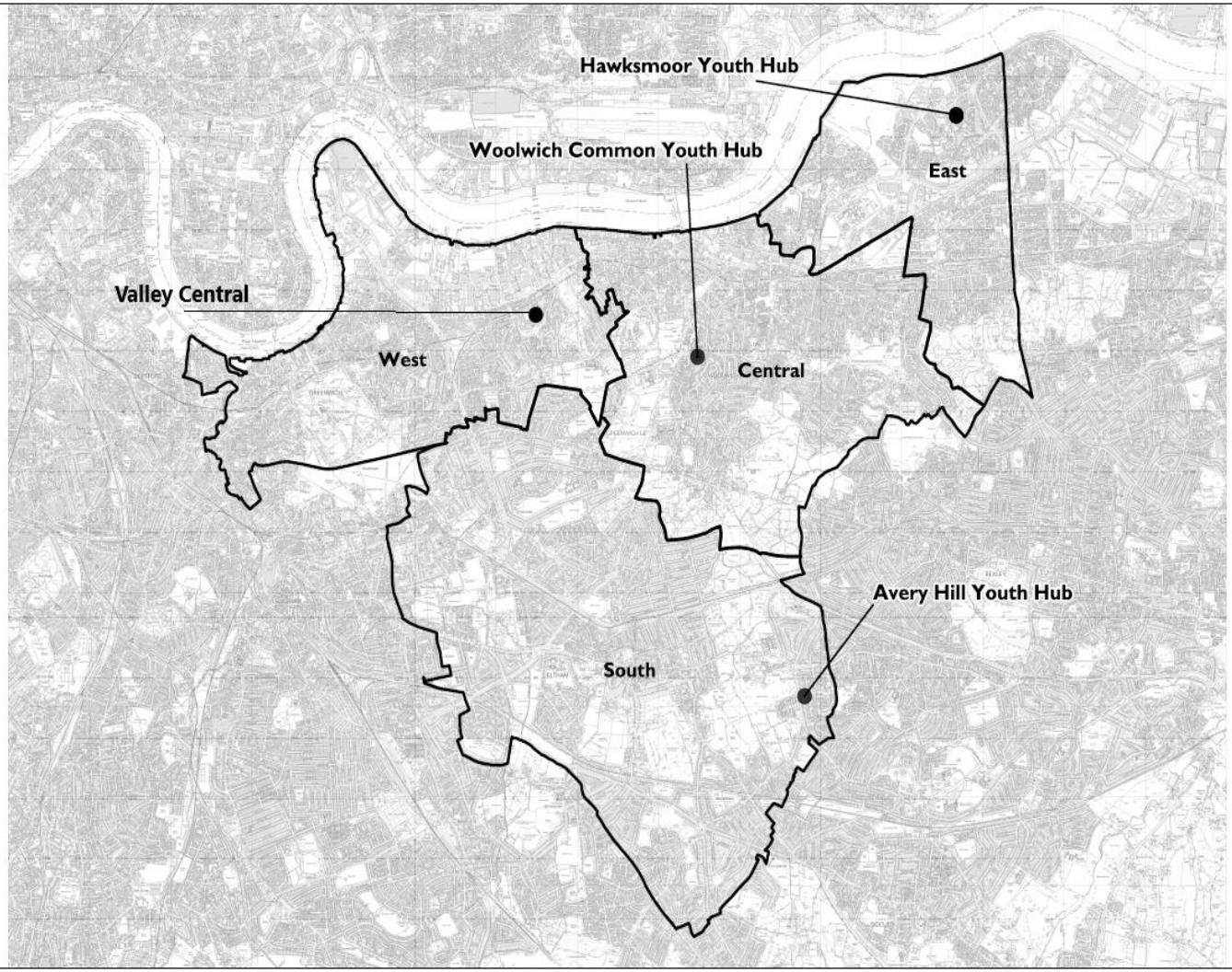
Performance Analysis Service
Children's Services
1st Floor, Woolwich Centre
35 Wellington Street
London
SE18 6HQ

Email: kate.farrow@royalgreenwich.gov.uk

File Number

Appendix A (C3). Young Greenwich

Central – Woolwich Common Youth Hub Address: Block two, Nightingale Place, Woolwich Common Estate, SE18 4HX
East – Hawksmoor Youth Hub Address: Bentham Road, Thamesmead, SE28 8AS
South – Avery Hill Youth Hub Address: Anstridge Road, Eltham, SE9 2LL.
West – Valley Central Youth Hub Address: The Valley, Floyd Road, Charlton, SE7 8BL



Scale: 1:44000

Performance Analysis Service
Children's Services
1st Floor, Woolwich Centre
35 Wellington Street
London
SE18 6HQ

Email: kate.farrow@royalgreenwich.gov.uk

Appendix A (C4). General Practices in Royal Greenwich

Practice Name

- Abbeywood Surgery
- Alderwood Surgery
- All Saints Medical Centre
- Bannockburn Surgery
- Basildon Road Surgery
- Blackheath Standard Surgery
- Briset Corner Surgery
- Burney Street Practice
- Clover Health Centre
- Conway PMS
- Dr Guram
- Dr M Baksh The Coldharbour Surgery
- Dr S Ratneswaren Coldharbour Surgery
- Eltham Medical Practice
- Eltham Palace Surgery
- Eltham Park Surgery
- Ferryview Health Centre
- Gallions Reach Health Centre
- Glyndon Medical Centre
- Henley Cross Medical Centre
- Manor Brook Medical Centre
- Millennium Village Health Centre
- Mostafa PMS
- New Eltham Medical Practice
- Plumbridge Medical Centre
- Plumstead Health Centre
- Royal Arsenal PMS
- Sherard Road Medical Centre
- Shooters Hill Medical Centre
- South St Medical Centre
- St Marks Medical Centre
- Tewson Road PMS
- Thamesmead NHS Health Centre
- The Fairfield Centre
- The Mound Medical Centre
- The Slade Surgery
- The Trinity Medical Centre
- The Waverley Practice
- Triveni PMS
- Vanbrugh Health Centre
- Westmount Surgery
- Woodland Walk Surgery

Appendix B: Characteristics of an effective whole system [15]

System component	Outcome	Description	Best practice quality markers
Prevention/ Support Networks	– Families know how to promote children's speech, language and communication (SLC) development, recognise where children have difficulties and know where to go for help – The children's workforce know how to promote children's SLC, recognise where children have difficulties and know where to go for help – Home, setting and school environments are communication-friendly	Easily accessible services that provide information and training for families and the children's workforce on how to promote children's SLC and when/where to get help	– There is a local community-wide awareness raising strategy for families about how to promote children's SLC – There is a plan for auditing workforce skills/ needs and providing training – Information to help families and the workforce recognise where children have difficulties and where to go for help is made available – Training and awareness raising is delivered by an integrated specialist workforce of speech and language therapists and advisory teachers/ early years consultants – SLC is included in local Children's Workforce Plan, parenting strategy, and other relevant local strategies such as play, behaviour, narrowing gaps/ equalities – Settings and schools regularly access training on how to adapt the curriculum for children and young people with SLCN, and on how to create communication-supportive environments
Identification	Children have their SLCN identified at no later than aged 3, except in acquired or late onset disorder	There is an effective system for identifying the majority of SLC in children's first three years of life	– The one year and 2-2 ½ year Healthy Child Programme developmental checks take place for all children – All parents/ carers are provided with easily accessible information and guidance to enable them to know if their child's language development is not following a normal trajectory – Training is provided to the children's workforce to enable them to

[15] Speech, Language and Communication Needs, Whole system mapping and design tool - Commissioning Support Programme

			identify children whose language development is not following a normal trajectory
System component	Outcome	Description	Best practice quality markers
Identification cont.			– Children and young people with behaviour difficulties, at risk of exclusion or in the youth justice system are routinely screened for SLCN – Identification processes clearly signpost child and family to the appropriate form and level of intervention (targeted, specialist and/or a referral on to other appropriate agencies)

Assessment	Children receive timely assessments that inform intervention	There are well planned and evaluated systems for providing in-depth assessment of children's SLCN	– Assessments are undertaken by adults with xx level of competence (SLCN framework) – Children with low incidence needs will be assessed by a practitioner with advanced specialist skills in, for example physical impairment, alternative and augmentative communication (AAC), autism, learning difficulties, hearing impairment, stammering, cleft palate, severe speech impairment, paediatric dysphagia, paediatric neurology, severe specific language impairment and voice and ENT – or by a practitioner supported by such a high-level specialist – Assessment for children with very low incidence needs will where necessary be supported by very specialist services organised on a regional or sub regional basis – Practitioners are able to use the most up-to date, evidence-based assessment tools – Assessment follows best-practice standards (for example, involves views of child/parents/ others in child's environment, produces clear profile of child's strengths and needs, and the specific resources required to meet those needs)
Targeted intervention	Children with general language delay, immature speech or listening/	Schools and settings routinely deliver evidence- informed small	– Specialists support schools and settings in delivering high quality targeted interventions via training, modelling, coaching and advice – There is a local system for providing
System component	Outcome	Description	Best practice quality markers
Targeted intervention cont.	attention control difficulties, are enabled to catch up with their peers	group interventions delivered by practitioners with the required level of skill Schools and settings have on their staff (or share access to) expert practitioners such as	accredited training to up-skill expert specialist teaching assistants/ speech and language therapy assistants who work in settings and schools – SLT and inclusion services jointly plan which interventions will be supported with a training programme – there is a SLC provision map

		teaching assistants with specialist SLC qualifications	– There is a system for evaluating the impact of the selected interventions using pre and post intervention measures, and using evaluations to inform future planning – Schools and settings are supported in using best practice principles for interventions (carefully matching interventions to assessed needs, clear entry and exit criteria, including parents/ carers, ensuring interventions link in to the children's classroom work, monitoring intervention delivery).
Specialist intervention	Children who will not make progress without direct involvement of a specialist receive early, effective intervention that helps them reach defined outcomes – which may be improved language skills, improved functional communication, or improved well-being/ quality of life	Specialist services that are able to provide timely effective intervention	– There is collaborative delivery of intervention, involving the family and the setting/ school – Interventions are delivered by integrated teams of practitioners with appropriate specialist expertise – Interventions are routinely evaluated and service provision adjusted in the light of evaluation – Intervention for children with low-incidence needs are supported by local SLTs with advanced specialist skills in, for example physical impairment, alternative and augmentative communication (AAC), autism, learning difficulties, hearing impairment, bilingualism/ English as an Additional Language, stammering, cleft palate, severe speech impairment, voice and ENT, paediatric dysphagia, paediatric neurology, and severe specific language impairment.
System component	Outcome	Description	Best practice quality markers
Specialist intervention cont.			– Interventions for children with very low incidence needs are supported by highly specialist services organised on a regional or sub regional basis (for example the provision of high-tech AAC assessment/ equipment/ support, severe specific language impairment, severe specific speech impairment, and persistent stammering). – Services have a skill mix that enables cost-effective and skilled support – for example, they include technicians and occupational therapists for AAC,

			and may include speech and language therapy assistants – There is a joint commissioning approach for AAC equipment, with an identified joint budget – No child has to wait more than 18 weeks between referral and intervention, and children for whom rapid intervention is vital (swallowing difficulties, stammering) receive intervention within a specified number of weeks – There is a continuum of educational provision for children with different levels of need, ranging from blocks of specialist intervention within mainstream schools/ settings, through to more intensive support via part or full placements in SLCN resourced provision or intensive outreach from such provision, through to full-time teaching by specialist education staff in a special school or mainstream setting

Appendix C: Banding and Clinical Responsibilities

Band 5 *Newly qualified graduates/post graduates*

Entrants to the profession are expected to complete approximately one year in a clinical setting with supervision before applying to become an autonomous clinician. It is unlikely that a new graduate will have met the requirements in less than 12 months.

The Newly qualified graduates/post graduates will need a transitional supervised period of clinical practice. This will include:

- Building up a bank of supervised cases in relevant areas of casework to support future independent clinical judgment and decision making
- Developing key aspects of professional practice.

Band 6 *Developing specialists*

Works independently with a developing level of clinical expertise. The individual can supervise assistants and contribute to induction/mentoring/support new graduates.

The Developing Specialist cannot be responsible for supervision of other SALT's. Staff will be gaining wider experience/expertise through clinical training and supervision.

Band 7 *Specialist Therapists*

Possesses a well-developed level of clinical expertise and fulfils core responsibilities. Is able to supervise student placements and more junior staff. Speech and Language Therapists at this level are skilled practitioners demonstrating specialist knowledge in an area of clinical work.

The Specialist Speech and Language Therapists will be leading on co-ordination or development of a particular aspect of clinical practice. The SLT will be called upon for second opinions. The person will also take a lead on the delivery of teaching/training programmes.

Band 8a *Clinical Lead Therapists*

The Clinical Lead Speech and Language Therapists is responsible for providing autonomous and systematic service provision to an identifiable clinical specialism. Takes a leading role in the assessment/intervention of a special complex caseload. Undertake research in a specialist area and has a highly development of specialist knowledge in a clinical field.

Provides specialist training, supervision and advice. Has responsibility for clinical governance and risk management. Contributes to the development of procedures, protocols and policies for their specialist area.

Appendix D: List of Applicable National Standards

This list is not exhaustive. The Provider should note that all application national standards and any subsequent amendments or additions will apply.

- Briefing and OT Evidence Fact Sheet Diagnosis of Developmental Coordination Disorder (2013) Achieve Alliance ADHD/DCD Integrated Care Pathways toolkit
- G Allen Position statement Access to occupational therapy for children and young people with Developmental Co-ordination Disorder (2008)
- CJOT 2011 78(1) A systematic review of interventions to improve handwriting Hoy et al
- NICE Quality Standards Autism QS51 (2014)
- OT Evidence Fact Sheet Children and young people with autistic spectrum disorder
- NICE Guideline- Spasticity in children and young people with non-progressive brain disorders (2012)
- Practice Guideline NICE approved splinting prevention and correction of contractures in neurological dysfunction 2015
- AJOT 2013 67(4) Systematic Reviews on Occupational Therapy and Early Intervention and Early Childhood Services (5 articles)
- OT Evidence Fact Sheet Maximising the potential of children and young people through occupational therapy
- AOTJ 2010 57(4) Systematic review of early intervention programmes for children from birth to nine years who have a physical disability Ziviani et al
- NICE QIPP Library Children with special educational needs: Specialist equipment provision
- Guidelines/Standards from Chartered Society of Physiotherapy (CSP)
- Quality Assurance Standards for Physiotherapy Service Delivery Chartered Society of Physiotherapists (2012)
- NICE guidance for "Spasticity in Children and Young People" (2012)
- RCSLT professional standards: Communication Quality 3 (2006)
- Bercow Report 2008
- An economic evaluation of speech and language therapy (2010)
- Disability Discrimination Act 1995
- Special Educational Needs and Disability Act 2001
- United Nations Convention on the Rights of The Child
- Human Rights Act 1998
- Children and Families Act 1989, 2014
- Education Act 1996
- Special Educational Needs (SEN) Code of Practice for 0-25 years (Department of Health) and (Department of Education) 2014
- Equality Act 2010
- Health Acts 1999, 2006
- Health Bill 2009
- Care Standards Act 2000
- Safeguarding Vulnerable Groups Act 2006
- Vetting and Barring Scheme
- Public and Patient Involvement requirements
- The Independent Review on Poverty and Life Chances (Field 2010)
- Removing the Barriers to Literacy (Ofsted 2011)

- Healthy Lives, Brighter Futures; The strategy for children and young people's health (DH, 2009)
- Health and Care Professions Council (HCPC)
- NHS Knowledge and Skills Framework (KSF)
- NHS at Home: Community Children's Nursing Services (2011)
- NHS England Guidelines

The Provider must be familiar with and adhere to the principles and processes contained within:

- The National Framework for NHS Children's Continuing Care
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act (2004)
- Standard 8 of National Service Framework for Children, Young People and Maternity Services (October 2004)
- Safeguarding Children and Young People: Roles and Competencies for Health Care Staff 2014
- Information Sharing: Guidance for Practitioners and Managers
- NHS Employment Check Standards
- NHS Equality Delivery Scheme (EDS) – the Provider(s) should implement the EDS2 and aim to be performing at no lower than amber in the first year
- NHS Commissioning Outcomes Framework
- Greenwich Safeguarding Children Board (GSCP) and Pan London Child Protection Procedures

Appendix E: Delivery Locations

The service must be delivered in the most functional setting for the child or young person. This will include Children's Centres for Physio and Occupational Therapy and the child's home, as well as the following locations:

- Mainstream Education: Greenwich Borough
    - Primary Schools
    - Secondary Schools
    - Post-16 educational settings

- Designated School Provision

- Special School Provision
    - All Primary Schools
    - All Secondary Schools
    - Newhaven Kings Park

- Homes (Children Educated at Home)
- ASD Out
- reach Service
- Youth Offending Service at The Point
- Alternative Education Providers
- Maintained Nursery Schools
- Other settings agreed with the commissioners

PRIMARY/SECONDARY	DESIGNATION	SCHOOL
PRIMARY	ASD	Alderwood
		Boxgrove
		Discovery
		Foxfield
		Millennium
	Hearing Impairment	Meridian
		James Wolfe
Secondary	ASD	Halley
		Thomas Tallis
		The John Roan
	ASD and MLD	Woolwich Poly Boys
	Hearing Impairment	Thomas Tallis
	Visual Impairment	Stationers Crown Woods Academy
	MLD	Plumstead Manor
		Stationers Crown Woods Academy