
From: Sarah Hammond, Corporate Director - Children, Young People and Education

To: Rory Love, Cabinet Member for Education and Skills

Subject: Therapies – Recommissioning of SEN Therapy provision to enable access to the Education Curriculum

Decision no: 25/00032

Key Decision :

- *Savings or expenditure of more than £1m*
- *Affects two or more Electoral Divisions*

Classification: *Unrestricted*

Past Pathway of report: Children's, Young People and Education Cabinet Committee
27 February 2025

Future Pathway of report: Cabinet Member Decision

Electoral Division: All divisions and Members

<https://democracy.kent.gov.uk/mgMemberIndex.aspx?bcr=1>)

Is the decision eligible for call-in? Yes

Summary: This report provides the background and proposal for the recommissioning of SEN Therapy provision to enable access to the Education Curriculum.

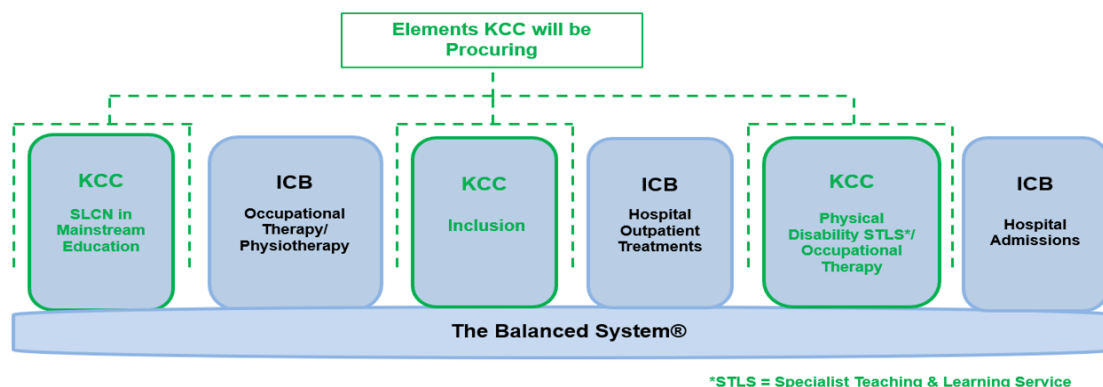
Recommendation(s): As Cabinet Member for Education and Skills I agree to:

1. APPROVE the disaggregation of the current Occupational Therapy (OT) spend from the current Therapies spend and the re-investment of this to develop an internally provided integrated SEND and Social Care OT service.
2. APPROVE the commissioning and relevant procurement of a Speech, Language and Communication Needs – Delivering Inclusion within the Curriculum for Education (DICE) Service.
3. APPROVE the commissioning approach to procure a five-year contract with an option to extend for a further 24 months.
4. DELEGATE authority to the Corporate Director of Children, Young People and Education, to take relevant actions, including but not limited to, negotiating and finalising the terms of, and entering into required contracts or other legal agreements, as required to implement the decision.

1. Introduction

- 1.1 In March 2024 a report was presented to the Children's, Young People and Education Cabinet Committee (24/00008 Special Educational Needs - Therapy Contracts [THE REPORT](#)) proposing to jointly commission a new outcome-focused integrated therapy service with NHS Kent and Medway.
- 1.2 In 2022 NHS Kent and Medway and Kent County Council committed to working together and move towards the adoption and delivery of The Balanced System® Service Delivery Model. The Balanced System® is a whole system strategic approach to supporting children and people with a whole range of needs, that has primarily come out of work in the area of speech, language and communication but has evolved to be used to consider other therapy areas for children and young people, including occupational therapy, physiotherapy, CAMHS, holistic SEND support and most recently tests of concept with some adult populations. This approach supports the priorities set out in [Kent SEND Strategy 2025 2028](#)
- 1.3 The commissioning intention is seeking to disaggregate and re-invest current Therapies spend into two distinct elements, the first covering Speech and Language Therapy (SLT) '*Speech, Language and Communication Needs – Delivering Inclusion within the Curriculum for Education*' (DICE) Service and the second covering Occupational Therapy (OT) and Physiotherapy (PT). *To re-invest internally expanding the current Supporting Independence Services Social Care Occupational Therapy Service (SC-OT) and the Physical Disability Specialist Teaching and Learning Service (PD-STLS) to meet education priorities*, It is important to note that KCC's total spend on the legacy contracts in place for SLT equates to 20% of the total provision and similarly 9% for OT and PT.
- 1.4 Current gaps in provision have led to spot purchasing arrangements throughout the county. Spot purchasing in 2024/2025 for SLT, OT and PT totalled £2,024,541. This amount is in addition to the current KCC proposed DICE model.
- 1.5 The approach (The Balanced System® model) of a Link Therapist for each school, included within with the proposed DICE service will provide schools with specific targeted support for children with identified Speech, Language and Communication Needs (SLCN).
- 1.6 The DICE service will develop the level of confidence that schools and families have in relation to meeting the needs of children with SLCN. Providing training and support at a targeted level will ensure that schools and families of children with SLCN are able to provide interventions early, supported by their Link Therapist. The Link Therapist will provide any specialist interventions required, with the aim of reducing the number of parents seeking an independent SLT referral. These independent referrals commonly result in requests for a specific number of sessions per week for an individual child, which in turn drives up the need for spot purchasing. Whereas, the Link Therapist can deliver the necessary interventions more flexibly.
- 1.7 For those children who will still require Specialist health intervention by a Speech and Language Therapist (SLT) this will continue to be delivered by the service funded by NHS Kent and Medway.
- 1.8 To enable robust oversight, both organisations will be procuring separate elements of the pathway. The whole model commissioning approach enables both the procurement and ongoing contract management to be managed by each individual

organisation, offering the Local Authority both scrutiny and oversight of contracts and associated spend. There are important hooks needed from each contract in order to potentially bind the contracts together in future, such as the same KPIs, the same unit cost and the same annual increases.



- 1.9 Element One - SLCN - DICE Therapeutic Provision: Commission a Speech, Language and Communication Needs – Delivering Inclusion within the Curriculum for Education (DICE) Service, that supports children and young people in mainstream schools and across community settings, such as Family Hubs, during both term time and school holiday periods. A Link Therapist will hold a key role in supporting those children and young people who are either in mainstream schools and those who, for various reasons, are not attending school regularly (e.g. such as those home educated, non/low-school attendance, living in Refuges, etc.) and have Speech, Language and Communication Needs.
- 1.10 Element Two - Occupational Therapy and Physiotherapy Provision: The provision of support to children and young people with additional needs is, in this context, advice, support, equipment and aids to promote access to education through Occupational Therapy and or Moving and Handling expertise.

2 Key Considerations

- 2.1 The current SEND Therapy contracts are NHS Provider contracts with Kent County Council which were put in place in 2011 and include SLT for a small number of Specialist Resource Provision for SLCN in mainstream schools for children with severe Developmental Language Disorder including Speech Disorders. These contracts have not had the rigour of other commissioned contracts and the current arrangements are due to end on 31 August 2025.
- 2.2 The proposal is for KCC to disaggregate and re-invest the funding that relates to the child or young person’s educational, rather than health requirements, and utilise this in a way that supports The Balanced System® approach.
- 2.3 There is currently a lack of clear pathway for integrated Therapy for the SEND cohort, with an inconsistency of when and why Therapies could or should be considered, with confusion exacerbated between what is a health need or an education need, this reinforces the need for a full pathway approach to commissioning.
- 2.4 The Code of Practice for SEND 0-25 requires the development of a Local Offer which is jointly commissioned by health and education partners to meet the needs

of all children and young people with special educational needs whether or not they have an Education, Health and Care Plan (EHCP).

- 2.5 Current gaps in services have led to spot purchasing across the county. In 2024/2025, spot purchasing for Speech and Language Therapy (SLT), Occupational Therapy (OT), and Physiotherapy (PT) totalled £2,024,541, with £1,354,339 spent on SLT. This is in addition to the proposed DICE model by KCC.
- 2.6 The current contract provides approximately 46,500 hours of support. It is estimated that a spot purchase-only model for SLT would cover approximately 22,410 hours of service, creating a shortfall and likely increasing the overall budget by around £2 million.
- 2.7 Spot purchasing usually focuses on individual therapy for each child. The Balanced System® and the DICE service aim to implement a county-wide therapeutic approach, reducing the need for one-on-one therapy by focusing on earlier intervention that can support children within the environments where they spend the majority of their time .
- 2.8 Swale has the highest spot purchase activity for SLT. As of December 2024 this represented 36% (£728,802) of spot purchase spend on SLT.
- 2.9 As demonstrated in Figure 1 below, KCC investment in SLT services to address SLCN within educational provision represents 20% of the totality of provision. This proposed model will not detract or reduce the current 80% spend from the NHS that will continue to focus on specialist clinical interventions that are delivered to CYP across the entirety of the educational estate.

3 Background

- 3.1 In 2022, NHS Kent and Medway and Kent County Council committed to working together and move towards the adoption and delivery of The Balanced System® Service Delivery Model.
- 3.2 The Balanced System® is a whole system approach that supports children accessing the right support they need for their SLCN at the earliest opportunity.
- 3.3 There is a focus on support being provided in the places where children and young people spend their time. Support focuses on functional outcomes (what matters to the child and family) and measures impact. The Balanced System® framework has five outcome strands:
 - Family support: parents have the confidence, knowledge and skills to Support their role as a key communication partner for their child, and young people can make proactive choices about how they are supported.
 - Environment: the places where children and young people spend their time are set up to help them to understand and express themselves effectively.
 - Workforce development: everyone working with children and young people know how to support them with their speech, language and communication.
 - Identification: speech, language and communication needs are identified early and effectively.

And:

Within each strand, there are three levels of support:

- Universal support is available to all children and young people to develop their speech, language and communication skills.
- Targeted support is used when there is a concern about speech, language and communication or a need has been identified.
- Specialist or individualised support is used where a child has more complicated speech, language and communication needs or may provide more specialist information and help.
- Children can access all levels of support as appropriate and may benefit from support at more than one level at a given time. For most children with SLCN, universal and targeted provision will be enough to meet their needs.

- 3.4 KCC's SEND Team are responsible for the development of an EHCP. Specialist provision required from an assessment can either be Education or Health related and it will be recorded in one of two places; Section F for all Education and Training provision and Section G for all provision that is considered to be the responsibility of Health. The Education Assessment Officer completes both sections (F and G), and then Section G is signed off by the NHS.
- 3.5 The Children and Families Act places responsibilities on the NHS and Local Authority to ensure that there is provision for children's SEN including Speech, Language and Communication Needs (SLCN) and this includes access to Speech and Language Therapy advice and support. All provision noted in Section F is the responsibility of the Local Authority.

4 Proposed Model

- 4.1 The annual contract values for 2024/2025 are £752,905 with East Kent Hospital University Foundation Trust (EKHUFT) and £1,526,586 with Kent Community Health Foundation Trust (KCHFT). This is a total budget of £2,279,491 (which does not include any negotiated price increase from April 2026).
- 4.2 The proposal is for KCC to disaggregate and re-invest the funding that relates to the child or young person's educational, rather than health, requirements, and utilise this in a way that supports The Balanced System® approach. This will be achieved by investing in the two distinct approaches set out below.
- 4.3 The current delivery includes provision in a small number of local authority special schools. However, the delivery model going forward needs to be consistent with the transformation projects across the SEN service to align with, for instance, the Communities of Schools model.
- 4.4 This will mean that the contract has to be written in a way that flexes the contract delivery in line with any efficiencies realised along with realigning the delivery of provision, with associated funding.
- 4.5 New funding arrangements for special schools are under review and consideration could be given to alternative approach to utilising the associated funding.

4.6 There are known commissioning gaps across the county, however in the west of Swale these are more pronounced as there are multiple boundary issues across organisations and different providers to the rest of the county. The NHS are at risk of further exacerbating this, as in their current Community Services contract they have joined Swale to Medway as one Lot, leaving the rest of Kent as a second Lot. As yet it is unclear how the existing health inequalities and access to provision will be impacted by this decision.

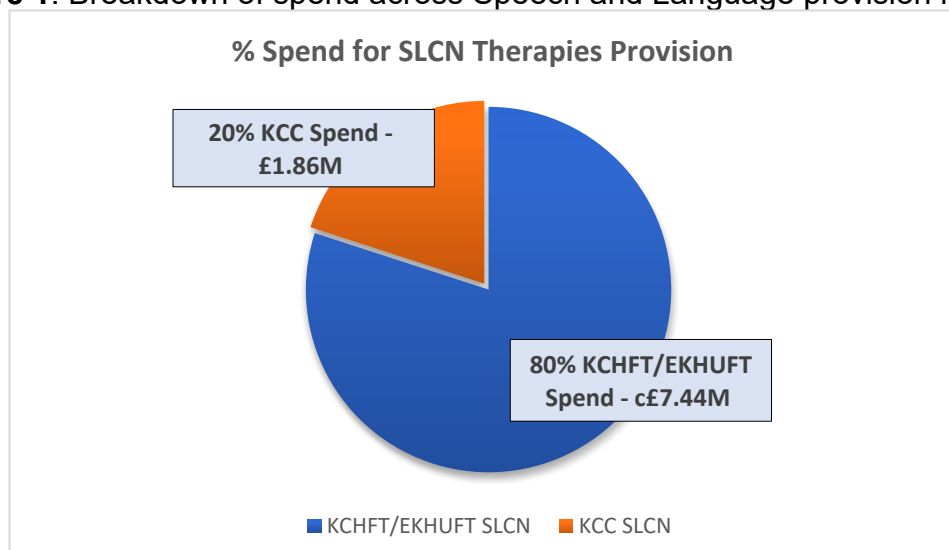
4.7 Element One - SLCN – DICE Therapeutic Provision:

4.7.1 The current SLT element of the SEND service legacy contracts totals £1.86m. The recommendation is to externally commission a ‘*Speech, Language and Communication Needs – Delivering Inclusion within the Curriculum for Education*’ (DICE) Service, that supports children and young people in mainstream schools and those who, for various reasons, are not attending school regularly (e.g. such as those home educated, non/low-school attendance, living in Refuges, etc.)

4.7.2 and across community settings, such as Family Hubs, during both term time and school holiday periods. A Link Therapist approach will underpin the model, working with groups of schools to embed a therapeutic approach to ensure that the places where children and young people spend their time are set up to help them understand and express themselves, and that those adults who support them know how to help develop speech language and communication skills.

4.7.3 As demonstrated in Figure 1 below, KCC spend on the contracts in place for SLT represents 20% of the totality of provision. This model will not detract or reduce the current 80% spend from the NHS that will continue to focus on specialist interventions that are delivered to children and young people across the entirety of the educational estate.

Figure 1. Breakdown of spend across Speech and Language provision in Kent



4.7.4 As part of building the specification, KCC will work with the market to develop the good practice demonstrated by early adopters of The Balanced System®. By focusing on a whole system approach within schools by implementing provision that is an outcome focused whole school approach.

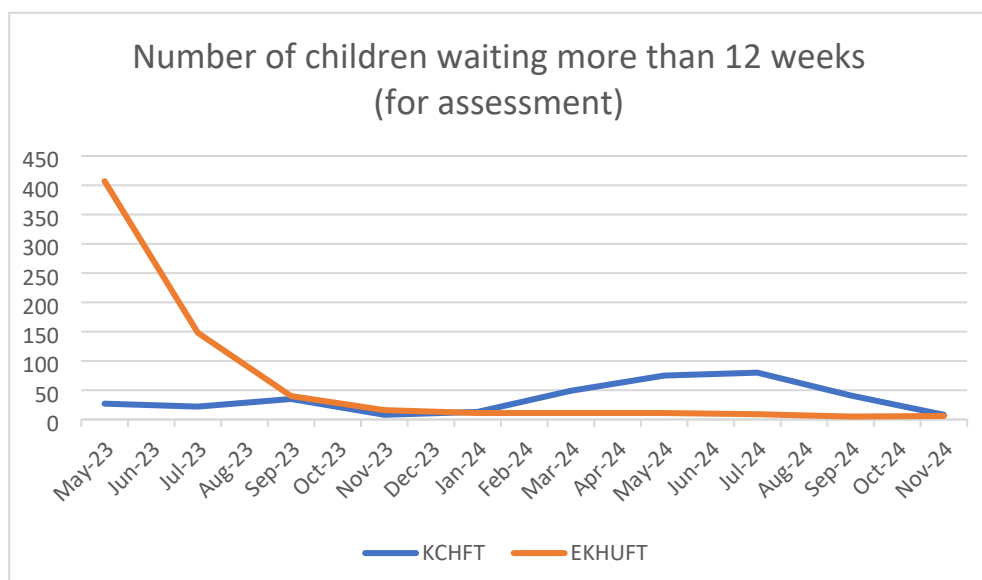
- 4.7.5 Commissioning a Speech, Language and Communication Needs service (Delivering Inclusion within the Curriculum for Education) will support children and young people in mainstream schools and across community settings, such as Family Hubs, during both term time and school holiday periods, to access the education curriculum. A Link Therapist will hold a key role in supporting those children and young people who are either in mainstream schools and those who, for various reasons, are not attending school regularly (e.g. such as those home educated, non/low-school attendance, living in Refuges, etc.) and have Speech, Language and Communication Needs.
- 4.7.6 Key to Element One - SLCN - DICE Therapeutic Provision will be training sessions available to the wider workforce, including early years settings, Family Hubs, schools, colleges, Specialist Teaching and Learning services, as well as Speech and Language Therapy services. A 'whole system' approach means that everybody involved with children and young people has a role to play in supporting speech, language and communication and that children are supported by the most appropriate people and in the most appropriate environments.
- 4.7.7 A place-based approach enables children and young people and their families to access support in their local community, in the environment(s) that a child uses in their everyday life, reducing feelings of isolation and uncertainty. This focus will in turn strengthen the support mechanisms wrapped around the child or young person, building knowledge across parents/carers and teams that support the child, which could in some instances be part of the journey towards avoiding the expectation of an EHCP. The creation of environments that support communication, early identification of needs and appropriate support impact positively on families.
- 4.7.8 The co-production and redesign of a needs led integrated Kent wide SLT service to deliver individual and service level outcomes from the Balanced System has led to:
- KCC commissioning for new SLT contracts with development of service specification and KPIs in progress. This will focus on strengthening link therapist provision to mainstream schools and align with NHS Kent and Medway commissioning.
 - Ongoing continuing professional development opportunities to build tools and resources to support professionals to describe SLCN provision which aligns to the Balanced System® in reports and EHCP advice.
 - Introductory training delivered on the Balanced System® for all KCC SEND staff to improve awareness and understanding.
 - Representatives from NHS SLT services across the county (except Swale) engaging with 'Early years whole model implementation' to improve access to support for Early Years' settings in a joined-up way with other early years services. This work is ongoing.
 - Since May 2023, a dedicated SLCN Parent Engagement group has been in place. This engagement activity has influenced information for parents, for example, a short explainer video about the Balanced System® which will shortly go live on Kent's Local Offer (SEND Information Hub) The Balanced System® for Speech Language and Communication Needs - Kent County Council. KCHFT engaged with this group for parental views as they prepared to launch their new way of working with schools, so that we could understand different parental viewpoints and concerns about a change in approach and

provide the relevant support and appropriate communication. Going forward, we plan to collaborate with Family Hub parent and carer panels.

4.7.9 Key to coproduction will be understanding the when, the where and the how of service delivery to best meet the needs of children and young people. This will also include how we flexibly vary the contract to meet the needs of a changing system as the Balanced System® comes into effect across the county, including how we work with our partners to meet ongoing need in specialist provision whilst enhancing the offer in mainstream KCC funded provision.

4.7.10 As demonstrated below in Figure 2. NHS Kent and Medway Speech and Language waiting times continue to fall with numbers dropping from 868 in May 2024 to 481 in November 2024, with only 14 waiting over 12 weeks across our main health providers. The Swale area (NHS provider is Medway) remains an outlier with 118 waiting longer than 12 weeks. A major contributor to this drop is improved access to Speech and Language Therapy Services for children in the early years via drop in sessions called 'Talking Walk-ins' held in Family Hubs. These have been attended by 1,229 families since April 2024. Another major contributor to drop in wait times is the current roll out of NHS link Speech and Language Therapists to schools. Rather than hold lengthy service waiting lists, Speech and Language Therapists build relationships with schools and become the lead point of contact for the school around any of the SLCN of children across the school. They meet regularly with the SENCo to discuss individual children and plan provision to support them which can include a range of universal, targeted and specialist provision.

Figure 2:



4.7.11 Access to advice and support for SLCN has been nationally recognised as being subject to and determined by a 'post code lottery'. Within Kent we currently have three providers and this has meant that some districts in Kent are in receipt of more SLCN resources than others. Implementing The Balanced System® approach to meeting the needs of children with SLCN supports us to achieve the Children and Young People's Outcomes Framework, Supporting children and young people to achieve; through living healthy, safe lives in which they feel seen and included. Impacts already observed are: Parent confidence increased post-

intervention; Enhanced school environments and staff readiness; Resources developed with parental feedback.

4.7.12 The Balanced System® approach aims to make Speech and Language Therapy services more accessible to all children and young people (CYP) without needing specific diagnoses or EHCPs. The key points are:

- Access to SLT Services: No specific diagnosis is needed to get advice or involvement from SLTs.
- EHCPs: CYP do not need an EHCP to access SLT support.

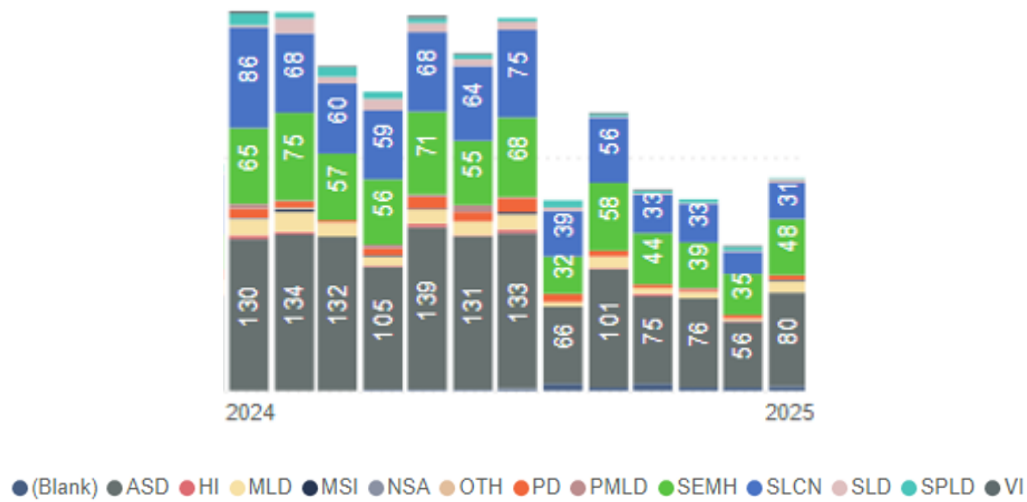
4.7.13 The main principle is that all CYP should have access to SLT resources as needed, with various levels of support. This means:

- Identifying needs alongside other practitioners and gathering evidence of effectiveness.
- Receiving targeted interventions at school.
- Setting inclusive targets supported by a competent school workforce.
- Raising family confidence in progress without long-term specialist-only interventions.

4.7.14 By focusing on different service delivery styles and impactful evidence, the system allows flexibility in provisions, ensuring resources are available for those needing ongoing specialist interventions

4.7.15 Figure 3 below demonstrates the impact of a joint approach to The Balance System® throughout 2023/2024 and how more robust processes, have contributed to a reduction in the number of EHCP's.

Figure 3 – Split of Primary needs for all EHCPs 2024



4.7.16 Development of SLCN provision through the Balanced System® Scheme for Schools and Settings (Improved and increased access to a range of SLCN provisions): Since May 2024, a further 11 schools and settings have achieved Balanced System® Scheme for Schools and Settings Accreditation, including the first group of six Early Years settings with three remarkably recognised as 'Centres of Excellence' for SLCN. 12 new schools have started Balanced System® 'Scheme for Schools' accreditation journey (including 10 as part of the Maidstone PINS project).

4.7.17 Information gathered at market engagement events concluded the following:

- The Market for these services is largely populated by multiple smaller sole trader or 'micro' businesses with net worths of less than £5k, with limited capacity to deliver across a large geographical area.
- Of the more substantial middle-sized providers, only one has net current value of more than £1m.
- The demand for suitably qualified Speech and Language Therapists exceeds supply, and it is difficult to recruit to and retain qualified professionals, particularly in 'high cost' areas and 'difficult to get to' areas within Kent. Adopting a multi-lot model would increase the risk of there being service deficits in parts of Kent. This may also be true if we were to adopt a spot purchasing model.
- Ensuring a sustainable and reliable service, will necessitate appointing a provider with a sufficiently large workforce pool, to be able to provide flexible cover when and where required.

4.8 Element Two - Occupational Therapy and Physiotherapy Provision:

4.8.1 The Occupational Therapy and Physiotherapy elements of SEND service legacy contracts is £415,431. The recommendation is to withdraw this funding and use it where there is identified unmet needs in the support of inclusive education. To re-invest internally to expand the Supporting Independence Services Social Care Occupational Therapy Service (SC-OT) and the Physical Disability Specialist Teaching and Learning Service (PD-STLS) to deliver education priorities, with a yet to be agreed efficiency saving.

4.8.2 The provision of support to children and young people with additional needs is, in this context, the provision of advice, support, equipment and aids to promote access to education through Occupational Therapy and or Moving and Handling expertise.

4.8.3 Through our engagement, Parents and Carers have reported frustration in having to repeatedly tell their stories and a lack of continuity between providers, sometimes resulting in conflicting advice which cause then confusion. Having an Occupational Therapy offer that supports in the child's home and at school will be a more efficient use of resources and offer a more joined up and coherent service for families. Working with the PD-STLS, Commissioners have identified gaps in current provision leading to unmet need, ranging from the need for specialist Moving and Handling assessments, the provision of equipment and a range school accessibility issues. Enhancing KCC's internal service will ensure we target resources to address these issues.

4.8.4 There are 418 children and young people with a degree of unmet need, which range from Moving and Handling assessments, the provision of equipment and school access issues. 127 of these young people have moderate to severe needs and require assistance with personal care and moving and handling in school that would require the input of an Occupational Therapist to advise on the right aids and equipment to support their needs. The 291 other children require more generic support through reasonable adjusts and Moving and Handling advice and training for schools and settings, support that could be provided by a Moving and Handling Co-ordinator.

4.8.5 Handling advice and training for schools and settings is support that could be provided by a Moving and Handling Co-ordinator. Children and young people with more complex moving, handling and access issues are likely to already be known the SC-OT, having been assessed for their needs in their home environment. Of the 418 children and young people identified to have degree of unmet need 202 have had contact with the SC-OT with 41 of those currently open to the SC-OT team.

5 Options considered and dismissed, and associated risk

5.1 The table below summarises the options considered for SLCN, the challenges and strengths and recommendations.

| Option | What this could look like | Benefits | Risks | Mitigations |
|--|--|---|---|--|
| 1. Do nothing | The contract would cease on 31 August 2025 | | Not delivering a statutory requirement | Transfer to a provider on The Qualified Provider List |
| 2. Re-procure the service with one county-wide Lot (Whole Kent) | One single large provider servicing the whole of Kent | Consistency of delivery with one Provider. Removal of the inconsistent offer Streamlined integrated working across organisations. | Managing across a large geographical area may be more difficult given degree of demographic and economic variation across Kent TUPE may apply Additional timescale and budget impact (TUPE) Delays in the NHS Kent and Medway procurement Potential for multiple suppliers across NHS Kent and Medway and KCC provision | Introduce robust reporting requirements as well as contract and performance management provisions to ensure consistent quality of provision is maintained. Ensure any sub-contracting is closely monitored and managed to ensure consistency |
| 3. Re-procure the service with two Lots (East/West) | Two Large providers, one servicing East Kent and other serving West Kent | More manageable for smaller Providers. Providers may have local knowledge of schools and areas. | May create an inconsistent offer for children and young people Use of different IT systems/referral routes/resources and tool Disjointed services become complicated for parents and schools. Duplication of work between partners TUPE may apply Delays in the NHS Kent and Medway procurement Potential for multiple suppliers across NHS Kent and Medway and KCC provision | Introduce robust reporting requirements as well as contract and performance management provisions to ensure consistent quality of provision is maintained. Ensure any sub-contracting is closely monitored and managed to ensure consistency |
| 4. Re-procure the | Multiple (four) | More manageable | May create an inconsistent offer for children and young | Introduce robust reporting requirements as well as |

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|--|--|---|---|---|
| service with four Lots (Inclusion Areas) | providers servicing four 'inclusion areas' | for smaller Providers. Providers may have better local knowledge of schools and area. | <p>people</p> <p>Use of different IT systems/referral routes/resources and tool</p> <p>Disjointed services become complicated for parents and schools.</p> <p>Duplication of work between partners</p> <p>TUPE may apply</p> <p>Delays in the NHS Kent and Medway procurement</p> <p>Potential for multiple suppliers across NHS Kent and Medway and KCC provision</p> <p>Market Engagement was conducted with very low numbers of providers attending. All had the capacity to deliver across all four areas. There is a risk that if providers have to bid for all four areas, this could be administratively burdensome.</p> | contract and performance management provisions to ensure consistent quality of provision is maintained. Ensure any sub-contracting is closely monitored and managed to ensure consistency |
| 5. Roll contracts under existing Terms and Conditions | Providers receive a Direct Award to continue with provision. | Continuation of provision whilst awaiting outcome of NHS procurement exercise | <p>Specification is outdated and not meeting need or strategic direction under the Balanced System[®]</p> <p>Non-compliant with Spending the Councils Money</p> <p>Non-compliant with the Procurement Act 2023</p> | Contract waiver and Transparency notice issued if allowed under the procurement act 2023 |

5.2 The proposed procurement route to secure the required services is: Option 2 – Reprocore the service with one county-wide Lot (whole Kent). Consideration was given to brining this element of the service in house, however due to the integrated nature of the service, the clinical supervision required for the Health provision would make this a costly and complicated model and was therefore discounted.

5.3 The commissioning approach will enable robust oversight with both NHS Kent and Medway and KCC procuring separate elements of the SLCN pathway. The whole commissioning model approach enables both the procurement and ongoing contract management to be managed by each individual organisation. Key commitments are required from NHS Kent and Medway to align commissioning, such as a consistent set of Key Performance Indicators, the same unit costs and the same position in terms of annual price review. This is to ensure that there is a level playing field in service delivery to align workforce strategies

5.4 The decision to create a Speech and Language service is linked to a number of key drivers. The need to address some of the challenges experienced under the current contract, SLT services were being delivered as a small part of a much larger 'whole'

service, it was more difficult to clearly extract service specific data, which created significant challenges trying to identify clearly what services were being delivered, where, to whom, and at what level of frequency. This lack of transparency made proactive contract management impossible.

5.5 The need to proactively and creatively future proof these services as a means of:

- Reducing number of EHCP referrals
- Reducing number of escalations to 'specialist' SLT services
- Reduce demand pressures within the SLT labour market, by developing skills (through specialist training) within schools and community environments.

5.6 Aligning to the Balanced System® is an effective means of building quality assurances, consistency and performance rigour into the service, while at the same time promoting continued collaboration and integrated working with NHS Kent and Medway and other relevant bodies.

5.7 The table below summarises the options considered for PT and OT, the challenges and strengths and recommendations.

| Option | What this could look like | Benefits | Risks | Mitigations |
|--|--|---|--|--|
| 1. Do nothing | The contract would cease on 31 August 2025 | | Not delivering a statutory requirement | Transfer to a provider on The Qualified Provider List |
| 2. Disaggregate the funding and reprocure separately | A small bespoke service to deliver OT and PT across specific districts as defined in the legacy contracts. | Continuation of service delivery | Not delivering against the unmet need of 418 children and young people with moving and handling needs and not maximising the opportunities with STLS and integrated OT function | Introduce robust reporting requirements as well as contract and performance management provisions to ensure consistent quality of provision is maintained. Ensure any sub-contracting is closely monitored and managed to ensure consistency |
| 3. Re-procure with the SLCN as per recommendation of option 2 above | One single large provider servicing the whole of Kent replicating existing provision for OT and PT | Children and Young People currently receiving provision would see no immediate change | Replicating provision that is inconsistent and does not meet the wider needs of children or address the wider gaps in provision | Introduce robust reporting requirements as well as contract and performance management provisions to ensure consistent quality of provision is maintained. Ensure any sub-contracting is closely monitored |
| 4. Bring provision in house | As explained above at 4.8 | A joined approach to moving and handling, reducing the need for families to tell their story more | Children and Young People are likely to experience some change though the transition. Further analysis is required to ascertain if there is a legal entity that needs to move into KCC Provision for the | It is likely that TUPE will apply to current practitioners therefore consistency of provision should not be of significance |

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| | | than once | Occupational and Physiotherapy elements of the current NHS legacy contracts. If there is a legal entity of provision that will continue, this will be managed as TUPE. | |
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5.8 The recommended option for the OT and PT element of provision is Option 4, to bring provision in house

6 Financial Implications

6.1 The disaggregated financial implications for both elements of the Therapy Services are as follows:

6.2 Element One – SLCN - DICE Therapeutic Provision:

6.2.1 As demonstrated in Figure 1 above, KCC investment in SLT services, represents 20% of the totality of provision. The disaggregated funding available is £1.86m, contracts will need to be costed for additional annual price increases for both NHS Agenda for Change and/or Consumer Price Index or other related increases.

6.2.2 KCC currently fund 25.94 FTE Speech and Language Therapists (EKHUFT = 8.14FTE and KCHFT = 17.8 FTE). The new contract will not specify inputs, i.e. the required workforce to deliver the service. We will work with SEND colleagues to make sure that any future provision has an appropriately skilled workforce commensurate with the service delivery and funding envelope. and levels so we can ensure that any future provision works to deliver the Balanced System® approach whilst also maximising efficiency. It will be an outcome-focused provision giving the opportunity for Providers to both innovate and shape future service provision, whilst also embedding the voice of children and young people using the service. This will need to take into account the requirement for some of this funding to be support the ongoing delivery of support in special schools (or equivalent).

6.2.3 New provision, through implementation of The Balanced System® and effective contract management and oversight will meet the needs of children, their families and Kent schools, to provide better outcomes.

6.2.4 The legacy contracts included between 20-25% overheads on their contract calculations. However, the tender will make clear all cost breakdowns and will be looking to reduce any unnecessary overhead charges, to include benchmarking against other similar service provision to understand best practice.

6.3 Element Two - Occupational Therapy and Physiotherapy:

6.3.1 Regarding funding for the Occupational Therapy and Physiotherapy the intention is to utilise the budget which is anticipated to be £415,431 to enhance internal provision within the SC-OT and the PDSTLS and potentially provide a budgetary saving through offering a more efficient service model.

6.3.2 Currently KCC's £415,431 is a contribution towards the Occupational Therapy Service within the two NHS providers and a very small contribution towards Physiotherapy with KCHFT only.

- Investment of £243,619 with KCHFT equates to 5% of their OT workforce which is 2.64 FTE and 18% of their Physiotherapy workforce which is 0.74 FTE.
- Investment of £171,812 with EKHUFT equating to 13% of their OT workforce which is 2.56 FTE.

Through implementing The Balanced System® we would look for both elements of Therapies provision to be fully funded from the current £2,279,491 budget. This budget is currently fully funded from the High Needs Block of Dedicated Schools Grant (a ring-fenced grant from the Department of Education) and the service is expected to be re-commissioned within the current budget envelope without further contributions from either the High Needs Block or the council's general fund.

6.5 The total budget allocation for element one and two can be seen in the table below

| Descriptor | | Budget |
|--|---|------------|
| 2024/2025 Contract Values EKHUFT £752,905 KCHFT £1,526,586 | | £2,279,491 |
| Element One | Speech, Language and Communication Needs (DICE) Service **Inc. Overheads & oncosts | £1,860,000 |
| Element Two | Occupational Therapy and Moving and Handling Expertise | £415,431 |

7 Legal Implications

7.1 Legal advice will be sought to ensure that any contractual and commercial risks are identified at the earliest opportunity.

7.2 The procurement of these services will be undertaken in accordance with the requirements of the Provider Selection Regime regulations and statutory guidance, which came into effect on 1 January 2024. It is envisaged that a competitive procurement exercise will be undertaken. Relevant legal advice will be sought in relation to the appropriate contract terms and tender documentation to use with the procurement exercise and application of TUPE which is considered likely to be engaged.

7.3 It is likely that TUPE will apply in the following ways:

- Element One – SLCN - DICE Provision: impacted staff will move between providers. This will need to be factored in for timelines for mobilisation and service commencement. This will form the key elements of the procurement evaluation on mobilisation.
- Element Two - Occupational Therapy and Physiotherapy: Further analysis is required to ascertain if there is a legal entity that needs to move into KCC Provision for the Occupational and Physiotherapy elements of the current NHS legacy contracts. If there is a legal entity of provision that will continue, this will be managed as TUPE.

8 Equalities implications

- 8.1 An Equality Impact Assessment (EqIA) has been completed. The EqIA has not identified any negative impacts. The new model will offer new and improved service access to protected groups

9 Data Protection Implications

- 9.1 All subcontractors (providers) will be expected to sign up to the Kent and Medway Information Sharing Agreement as part of the contract. Secure methods of returning learner data will be agreed. A DPIA screening will be undertaken and the full DPIA will be completed once the providers are identified.

10 Other corporate implications

- 10.1 Commissioning this model will support **Framing Kent's Future** by contributing to the commitment to 'work within the system to ensure a strong focus on preventative community services, building a strong strategic relationship with the social sector in Kent and their role in supporting a system-wide focus on prevention' and support vulnerable children and young people across the county.
- 10.2 This proposal complies with Spending the Council's Money requirements: In accordance with the cabinet decision to support the recommendations in the paper [Securing Kent's Future](#) on 5 October 2023, the approach set out makes sure that, in line with Objective 2 any future procurement does not over specify need, ensuring best value for the Local Authority.
- 10.3 Advice and support will be required from HR regarding any TUPE arrangements. Support from ICT and Management Information will be required for reporting and monitoring of systems, Key Performance Indicators and outcomes.

11 Governance

- 11.1 Through the Officer Scheme of Delegation, the Corporate Director of Children, Young People and Education, in consultation with the Cabinet Member for Education and Skills, will have delegated authority to take the required actions to implement the decision, as set out in the Proposed Record of Decision.

12 Conclusions

- 12.1 The current NHS Kent and Medway SEND Therapy contracts, held with Kent County Council are due to end on 31 August 2025. Therefore there is an opportunity to review how the contracts have performed and options for an improved delivery of Therapies moving forward.
- 12.2 In 2022 NHS Kent and Medway and Kent County Council committed to working together and move towards the adoption and delivery of The Balanced System® Service Delivery Model. The Balanced System® is a whole system strategic approach to supporting children and people with a whole range of needs, that has primarily come out of work in the area of speech, language and communication but has evolved to be used to consider other therapy areas for children and young people, including occupational therapy, physiotherapy, CAMHS, holistic SEND

support and most recently tests of concept with some adult populations. This approach supports the priorities set out in Kent SEND Strategy 2025-2028.

12.3 Working with existing providers we have already made significant strides with two of our current providers in implementing The Balanced System® approach in their service delivery model. Early feedback from schools and parents whose children attend schools where the Link Therapy model is in its second year are positive. In these three districts we have the lowest number of spot purchase for individualised arrangements for children's EHC Plans and these numbers have remained stable.

12.4 By progressing the proposed decision KCC will work to address the gaps in service provision, give oversight on spend and implement robust contract management systems, develop a clear pathway for integrated Therapy for the SEND cohort and more importantly embed a therapeutic approach to ensure that the places where children and young people spend their time are set up to help them understand and express themselves, and that those adults who support them know how to help develop speech language and communication skills. With the aim of reducing the number of EHCP requests by creating confidence for parents and schools in the therapeutic approach delivered by The Balance System®.

Recommendation(s): As Cabinet Member for Education and Skills I agree to:

1. APPROVE the disaggregation of the current Occupational Therapy (OT) spend from the current Therapies spend and the re-investment of this to develop an internally provided integrated SEND and Social Care OT service.
2. APPROVE the commissioning and relevant procurement of a Speech, Language and Communication Needs – Delivering Inclusion within the Curriculum for Education (DICE) Service.
3. APPROVE the commissioning approach to procure a five-year contract with an option to extend for a further 24 months.
4. DELEGATE authority to the Corporate Director of Children, Young People and Education, to take relevant actions, including but not limited to, negotiating and finalising the terms of, and entering into required contracts or other legal agreements, as required to implement the decision.

10. Contact details

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