

# **Speech and language therapy: Helping to deliver Sustainability and Transformation Plan goals**

## An essential service for all An essential service for all Who is helped by space is being by space with the service for all who is helped by space is helped Plan (STP) footprints

peech and language therapy supports and treats people with communication and swallowing difficulties. It is vital to the delivery of the NHS Five Year Forward View. The Royal College of Speech and Language Therapists

ensure the full range of speech and language therapy activity is reflected in their detailed STP plans and draws on the role that speech and language therapists (SLTs) can play across all settings: from primary to acute, to community and schools, in extended scope roles, and as part of integrated teams; and

(RCSLT) is calling on STP footprint leaders to:

recognise and promote commissioning of prevention, public health activity and training of the wider workforce as part of speech and language therapy services.

### Three reasons to commission speech and language therapy services

**Efficient** 

Speech and language therapy produces financial savings for NHS services and produces improved outcomes for patients.

Focus on prevention

> SLTs can lead the integration partnership working across health, care, housing and education sectors, and act as the point of contact and gatekeeper for patients with complex conditions.

Speech and language therapy can deliver integrated and effective community services, focusing on early intervention and

rehabilitation that support people to live healthily in their own home.

Who is helped by speech and

Children with and/or

## Resulting from, for example:

- Premature babies
- Cleft palate, Down's Syndrome and cerebral palsy
- Developmental language disorder
- Social, emotional and mental health
- Communication difficulties secondary to other conditions such as autism and learning disabilities

Adults with communication and/or <u>swallowing</u> difficulties

#### Resulting from, for example:

- Head and neck cancer
- Progressive neurological conditions, such as Parkinson's disease, multiple sclerosis and motor neurone disease
- Dementia
- Learning disabilities
- Brain injury
- Mental health



Integrated

## **Prevention and public health goals**

Unidentified speech, language and communication needs (SLCN) put children at greater risk of poor literacy, mental health issues and poorer employment outcomes in adulthood. If left unaddressed they can affect them throughout their lives.

#### Figure 1



Between **40%** and **54%** of children with behaviour problems have language impairment.<sup>8</sup>

Up to **60%** of young offenders have SLCN.<sup>1</sup>





No Wrong
Door, North Yorks
County Council's model
around 'rethinking care for
adolescents', found that **66%** of their children in
residential care had
SLCN<sup>7</sup>

Early speech and language therapy changes children's lives Vocabulary difficulties at age 5 are significantly associated with poor literacy, mental health and employment outcomes at age 34.3



**2.3%** of children start school with a language disorder linked to another condition. <sup>5</sup> 7.6% of children (2 in every class of 30) start school with a developmental language disorder (DLD).4



## Case study: Stoke Speaks Out

Stoke Speaks Out is an award-winning programme aimed at improving school readiness for children.

Analysis by The New Economics Foundation, on behalf of the RCSLT and Public Health England, has found that the programme provides a positive return on investment: for every £1 invested in the programme, £1.19 is created. In addition, analysis suggests the long-term return on investment of the project supports improved outcomes for children in later life too, and could create savings of £4.26 for every £1 invested in the programme.

## **Rebuilding lives through rehabilitation**

SLTs work to rehabilitate people recovering from a range of speech and swallowing conditions to allow them to enter, stay in, or return to employment.

#### Figure 2



**£1** invested in enhanced speech and language therapy for aphasia patients generates **£1.30** in monetary benefit associated with quality of life gain¹

People
with a primary
communication
impairment are at greater
risk of a secondary mental
health disorder, commonly
anxiety or depression.<sup>3</sup>

SLTs can help
with alternative
and augmentative
communication aids, allowing
people with acquired MS
or MND to stay in the
workplace

Speech and language therapy rebuilds lives

Each £1 invested in low-intensity speech and language therapy for adults with dysphagia after stroke generates £2.30 in cost savings though avoided chest infections<sup>1</sup>

SLTs can optimise speech intelligibility and functional language skills for people with Parkinson's disease to allow them to stay in work

SLTs are able to assess often-hidden effects of brain injury which can present the most long-term challenges to employability Dysphagia affects **50-60%** of head and neck
cancer patients. SLTs support
them and their families to
learn to swallow safely
again<sup>2</sup>

# Supporting early discharge and preventing readmissions

Although older people may be admitted to A&E following, for instance, a fall or a urine infection, subsequent investigations often identify malnutrition and dehydration caused by swallowing problems as a major underlying factor. SLTs plan and monitor support for individuals and for carers to support effective self-care at home or in a residential setting. This reduces the risk of choking, chest infections, aspiration pneumonia, dehydration and malnutrition, and helps to decrease the need for crisis management that often results in unnecessary hospital admissions.





### **End-of-life care**

SLTs provide advice around feeding and swallowing in end-of-life conditions, which often enable people to die in their preferred place of care, rather than being admitted to hospital as an emergency case as their condition deteriorates.

## **Delivering improved integrated**

SLTs are well placed to deliver new models of care. They have experience in providing community-based support; for example, within health centres, schools and clients' homes and as part of multidisciplinary teams to support patients with multiple needs. For example, they might work with other allied health professionals, such as physiotherapists, to support the rehabilitation of stroke patients.

As specialists in speech, language and swallowing, SLTs can provide extended roles that reduce the need for medical input. For example, they can carry out independent performance and reading of videofluoroscopy examinations, take nasendoscopy clinics for voice assessment, and are able to train to take on wider advanced clinical practitioner posts that can release medical staff.

## **Case study: Sandwell and Birmingham NHS Trust**

hospital admissions by 2,478 per year, reduced length of stay in hospital from 10 days to 7 days, and saved approximately over £7million.

SLTs work in the 'rapid response therapy team' to:

- prevent unnecessary hospital admissions via a highly response service, 12 hours a day, 365 days a year, which assesses patient needs;
- work collaboratively with social work colleagues to support the patient to return home; and
- deliver urgent speech and language therapy assessment to community staff.

As part of an integrated care approach, SLTs also work closely with the discharging and community teams to receive appropriate support in the home setting and are

#### REFERENCES AND RESOURCES

#### Figure 1 references

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- <sup>4&5</sup>. Norbury CF, et al. The impact of nonverbal ability on prevalence and clinical presentation of language disorder: evidence from a population study. Journal of Child Psychology and Psychiatry 2016; 57(11): 1247-1257.
- <sup>6.</sup> Hollo A, Wehby JH, Oliver RM. Unidentified Language deficits in Children with Emotional and Behavioral Disorders: A Meta- Analysis. Exceptional Children 2014; 80(2): 169-186.

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#### Figure 2 references

- <sup>1.</sup> Marsh K, et al. An economic evaluation of speech and language therapy [p75]. Matrix Evidence, 2010. Available from: www.rcslt.org/giving\_voice/
- <sup>2</sup> Shune SEK, et al. Association between severity of dysphagia and survival in patients with head and neck cancer. Head Neck 2012; 34(6): 776-784.
- <sup>3</sup> Botting N, et al. Emotional health, support, and self-efficacy in young adults with a history of language impairment. British Journal of Developmental Psychology 2016; 34: 538-554.

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