



## Health and Care Bill - RCSLT briefing September 2021

The UK Government has published the Health and Care Bill (2021), which is now passing through the House of Commons. Although our primary focus will be on the House of Lords, the RCSLT is working with a range of partners to influence various aspects of the Bill.

While there is a lot of focus on that part of the Bill which puts Integrated Care Systems (ICSs) on a statutory basis, this very long Bill contains a whole range of measures in different areas.

On ICSs, the proposal is that in each geographical area in England there will be an NHS ICS which will largely take over the functions of CCGs; and an Integrated Care Partnership which will include other providers and partners. Because this partnership may include private sector providers there has been some controversy. They will have to have regard to each other and to the existing Health & Wellbeing Board, but no-one is in overall charge.

The RCSLT is seeking to influence in areas including the following.

As part of the **National Children's Bureau's (NCB's) and the Council for Disabled Children's (CDC's) Health Policy Influencing Group (HPIG)**, we are calling for:

- The Health and Care Bill should require every ICS to have a strategy for infants, children and young people's health. There should be effective levers in the system to ensure ICSs are accountable for delivering the strategy.
- The Health and Care Bill should require a named Children's Lead on every Integrated Care Board, given its commissioning functions, and on the Integrated Care Partnership.

- There should be consideration of how the needs and voices of infants, children, young people, and parent/carers will be identified and addressed as part of the strategic priorities of every ICS.
- The children's workforce should be prioritised in ICS workforce planning and commissioning to ensure there is sufficient staffing, skills and expertise.
- Key partners responsible for delivering children's services must have a strong voice at every ICS.
- A pooled budget should be established to integrate children's health and social care services, similar to the Better Care Fund for adult health and social care services.
- The Bill should make clear that it is permissible to share data for health, care and education purposes.
- Government should develop accompanying guidance, including workforce standards, and a national benchmark on what 'good' looks like to ensure local variation does not result in inequalities.
- Further work should be undertaken to understand how the changes in the Bill will affect existing children's legislation. The Government should carry out an impact assessment on implications and unintended consequences for existing legislation. This should also include an Equality Impact Assessment.

The HPIG Committee Stage briefing is accessible [here](#).

As part of the **Allied Health Professions Federation**, we are calling for:

- The duty on the Secretary of State to report on assessing and meeting workforce needs of the health service in England must include a duty to assess and meet the workforce needs of health and social care services provided outside the health service including those provided by independent health and social care practitioners.
- Integrated Care Boards must be mandated to include an Allied Health Professional Director.
- The Bill must include a duty for local co-ordination and integration of physical and mental health services and social care.
- The Bill must include a duty for every ICS to have a strategy for infants, children and young people's health.

- The Bill must include a duty on Boards and partnerships to ensure recovery is central to their plans and strategies.
- The Bill must include a duty on ICSs to establish and maintain inclusive cultures in which diversity is championed and any structural barriers to achievement of equity of opportunity and experience for all are challenged and removed.

As part of the **Community Rehabilitation Alliance**, we are calling for the following:

- On Integrated Care Systems (ICSs):
  - The ICS NHS Body responsible for the day to day running of the ICS must include a senior rehabilitation lead (whether a doctor, nurse or allied health professional). They should be responsible for ensuring the identification and support of people's rehabilitation needs.
  - The ICS Health and Care Partnership responsible for developing a plan to address the system's health, public health and social care needs must develop a local rehabilitation strategy. This should set out how people's rehabilitation needs will be identified and supported.
  - The experience and expertise of front-line staff across health and social care that both bodies will draw on must include experience and expertise in community rehabilitation.
- On workforce:
  - The Secretary of State's new duty to publish a report that sets out the roles and responsibilities for workforce planning for the NHS and for the workforce that is shared between health and social care must include details of how the rehabilitation workforce is going to be planned for, including looking at the workforce needs in the voluntary, community and independent sectors, all of which can provide rehabilitation services.
  - Funding for rehabilitation should ensure that there are sufficient rehabilitation staff to meet national and local need, now and for the future.

We also draw attention to the following calls from the British Nutritional Standards Association (BSNA), with whom we work closely:

- Screening patients for under nutrition on entry to hospital
- If under nourished, develop a care plan and deliver that care plan whilst in hospital
- On discharge, ensure that the nutritional status of the patient is communicated to the relevant GP practice and that support is provided in the home, if necessary, to ensure that the nutritional needs of the patient are met.

Other areas which may be relevant to speech and language therapists include:

- **Commissioning.** Those areas currently directly commissioned by NHS England (including among others cleft, complex AAC, tertiary neuro and transgender) may be pushed down to ICSs. We also see potential for ICSs to commission low incidence high need conditions such as hearing impairment, complex stammer and selective mutism. We will be pushing for maximum joint commissioning of children's services and full inclusion of non-NHS SLTs, along with prevention and public health and the provisions on data-sharing.
- **Regulation.** The government has a longstanding policy intention to reduce the number of healthcare regulators, which may impact on the HCPC (this would have UK-wide effect, whereas most of the Bill affects only England.) Linked to this may be a review of which professions are regulated, and of the scope of practice of AHPs – we will be prepared to robustly advocate for SLT.
- **Hospital food standards.** These will become statutory.

For more information, please contact: [padraigin.oflynn@rcslt.org](mailto:padraigin.oflynn@rcslt.org)