

**Health and Care Bill:  
strengthening its provisions to deliver better support for people  
with communication and swallowing needs and maximise the  
contribution of speech and language therapists  
November 2021**

**Introduction**

- The Health and Care Bill has **significant implications** for:
  - **people** of all ages with **communication and swallowing needs**; and
  - **speech and language therapists** and other allied health professionals.
- The **provisions** of the Bill need to be **strengthened**:
  - to ensure better outcomes for **babies, children and young people** and their families, including those with communication and swallowing needs;
  - to ensure better outcomes for **working age adults and older people** and their families who depend on community rehabilitation services, including people with communication and swallowing needs;
  - to maximise the **diagnostic and therapeutic contribution** of allied health professionals, including **speech and language therapists**, to delivering better patient and system outcomes; and
  - to ensure that **tackling health inequalities** is central to decisions about access to health services and patient outcomes .

**Babies, children and young people**

***What is the issue?***

- More than 1.4 million children and young people in the United Kingdom have speech, language and communication needs (communication needs).
- Nearly 10% of children have some form of language disorder. This can be long-term and life-long.

- In areas of social disadvantage, up to 50% of children can start school with delayed language or another identified communication need.
- Many babies, children and young people may also have difficulties eating and drinking safely.

### ***What is the impact?***

- Academic research has shown that failing to identify and support communication needs can have significant negative consequences for children and young people and their families.
- It can affect their education, behaviour, physical and mental health, relationships, ability to gain and retain employment, and overall life chances. It can also risk their involvement with the criminal justice system.
- As highlighted below, it can also exacerbate health inequalities.

### ***What needs to happen?***

To improve outcomes for all babies, children and young people, including those with communication and swallowing needs, 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:

- Accountability for improving outcomes for children;
- Ensuring the Health and Care Bill improves data and information sharing for children as well as adults;
- Supporting implementation by expanding the Better Care Fund to cover children as well as adults; and
- Putting the ICS guidance regarding babies, children and young people on a statutory footing.

### **To note: these asks are also supported by:**

- **the Association of Youth Offending Team Managers (AYM)**, the professional association for heads of Youth Offending Services and managers in Youth Offending Teams in England; and
- **I CAN**, the children's communication charity.

### ***What is the Health Policy Influencing Group?***

National Children's Bureau and the Council for Disabled Children co-ordinate the Children and Young People's Health Policy Influencing Group. HPIG is a membership group made up of over 70 leading voluntary organisations, Royal Colleges and professional associations who work on children's physical and mental health including Action for Children, Barnardo's, NSPCC, The Children's Society, The First 1001 Days Movement, and the Royal College of Paediatrics and Child Health. HPIG members are working collaboratively on the Health and Care Bill to help ensure babies, children and young people's needs are met. The Royal College of Speech and Language Therapists is also a member of HPIG.

### **Adults and older people requiring rehabilitation**

#### ***What is the issue?***

- According to the World Health Organisation, rehabilitation is a series of interventions designed to optimise functioning and reduce disability in individuals.
- For people with communication and swallowing needs, rehabilitation is more than just physical rehabilitation. It includes enabling people to communicate and to eat, drink and swallow safely, supporting better mental health and wellbeing.
- There are many working age adults and older people in the United Kingdom for whom speech and language therapists can provide rehabilitation.
- Around 20% of the population will have some form of communication difficulty during their lives.
- Many working age adults and older people may also have difficulties eating and drinking safely.
- These communication and swallowing needs may be part of a life-long condition – for example, autism or learning disability - or acquired for example following a stroke, a brain injury, or being diagnosed with cancer or a progressive neurological condition, such as dementia, motor neurone disease, multiple sclerosis or Parkinson's disease.

### ***What is the impact?***

- As with babies, children and young people, failing to identify adults' communication and swallowing needs can have significant negative consequences for them and their families.
- It can have a significant impact on someone's ability to stay in work, their integration into the community, and their home and domestic life. This can further affect their physical and mental health and wellbeing.
- It can also risk public resources being wasted because their needs were not identified and supported earlier.
- For those with swallowing difficulties, it can result in malnutrition and dehydration, chest infections, choking and unnecessary admission to hospital and in some instances death.

### ***What needs to happen?***

To improve outcomes for working age adults and older people, including those with communication and swallowing needs, 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.
- On local authority rehabilitation services:
  - local authority rehabilitation services and staff must be recognised as regulated adult social care activities. This would drive forward better monitoring and reporting and remove the postcode lottery to services which exists across the country. It would place community rehabilitation on equal foot to domiciliary care, and nursing and residential care in local authority adult social care.

### ***What is the Community Rehabilitation Alliance?***

The Community Rehabilitation Alliance is a collective of 50 charities, trade unions and professional bodies coming together to call on all political parties to ensure there is equal access to high quality community rehabilitation services for all. The Royal College of Speech and Language Therapists is a member.

## **Speech and language therapists as allied health professionals**

### ***What is the issue?***

- Allied health professionals are the third largest section of the health workforce after doctors and nurses. They include speech and language therapists, podiatrists, occupational therapists and physiotherapists.
- They work in a range of settings, health and care, education, justice.
- They are employed both within the health service and outside the health service.
- They support people of all ages with diagnostic and therapeutic interventions.

- Too often their contribution can be overlooked in a medical narrative that emphasises doctors and nurses, failing to take account of the experience and expertise of the whole health workforce.

### ***What is the impact?***

- Failing to take account of the experience and expertise of allied health professionals' risks patients' needs not being adequately assessed and supported.
- It also risks systemic decisions being skewed, taken without a full understanding of the impact on and implications for patients and the wider workforce.
- Workforce planning in England focusses on planning for the NHS, both in terms of the settings in which allied health professionals work and their employer.
  - Workforce planning does not take sufficient account of the non-health settings, such as education and justice, in which allied health professionals work.
  - Workforce planning also does not take account of allied health professionals employed by non-NHS employers. In the case of speech and language therapists, this includes those employed directly by schools or employed by voluntary and community organisations, or those in independent practice.
- This underestimation risks not enough health professionals being trained to meet patient and system need, thereby increasing pressure on already overstretched services.
- The scale of backlog - unmet needs and increased demand post-Covid - that we have identified from initial discussions with speech and language therapy services, suggests a minimum increase in the skilled workforce is required in the region of 15%. In recent years the profession has grown by 1.7% net per year.

### ***What needs to happen?***

To maximise the contribution of allied health professionals, including speech and language therapists, to patient care and the reduction of system pressures, and to ensure there is a sufficient workforce to meet current and future need, as part of the **Allied Health Professions Federation (AHPF)**, 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.

### ***What is the Allied Health Professions' Federation?***

The Allied Health Professions Federation comprises twelve professional bodies representing Allied Health Professionals. The professional bodies are the Royal College of Speech and Language Therapists, the Royal College of Podiatry, the Society and College of Radiographers, the College of Paramedics, the Chartered Society of Physiotherapists, the British and Irish Orthoptic Society, the Royal College of Occupational Therapists, the British Association of Prosthetists and Orthotists, the British Dietetic Association, the British Association of Dramatherapists, the British Association of Art Therapists and the British Association for Music Therapy.

## **Tackling health inequalities**

### ***What is the issue?***

- Speech, language, communication and swallowing needs are a risk factor for health inequalities across all age groups.
- Health literacy and communication needs impact on understanding of public health messages, such as following Government advice on COVID-19, significantly disadvantaging those affected.
- Adherence to expert dietary guidelines will vary due to food beliefs and practices which will impact on dysphagia management.
- NHS England is committed to reducing health inequalities in people with learning disabilities. It recognises aspiration pneumonia as one of the main areas to tackle of which dysphagia (eating, drinking and swallowing) is a key cause.
- NHS England has also recognised that early language development is a significant health inequalities issue, with around 50% of children in areas of highest social disadvantage starting school with delayed language or other identified speech, language or communication need.
- The 2010 Marmot Review on health inequalities emphasised 'giving every child the best start in life' as a high priority recommendation. The Review identified reducing inequalities in the early development of physical and emotional health, and cognitive, linguistic and social skills as a priority objective, noting communication skills as crucial for 'school readiness'.
- Speech and language therapists play an important role in primary prevention and targeted approaches to improve the communication and interaction skills of children with delayed language, which are particularly high in areas of social deprivation.

### ***What is the impact?***

- Without appropriate intervention, children with communication needs are at higher risk of negative long-term outcomes on their wellbeing, including poorer educational attainment and employment, and mental health.
- Similarly, adults with communication and swallowing needs can be at risk of worse health outcomes than those without such needs.



- Speech and language therapists can facilitate success in education and employment as protective factors for health by assessing and treating communication disorders.
- They can also help to address the health inequalities facing adults and older people with communication and swallowing needs.

***What needs to happen?***

To help address health inequalities, including for those with communication needs, the **Royal College of Speech and Language Therapists** is calling for:

- The Bill must include a duty on the NHS to provide guidance to ICSs on addressing health inequalities and collect and publish information from ICSs annually to indicate progress.
- The Bill must include a duty on ICSs to collect and publish health inequalities data and indicate annually how they will address all health inequalities as part of their functions.

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