

Health and Care Bill: Amendments delivering better lives for people with communication and swallowing needs and their families January 2022

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.
- To strengthen the Bill in the interests of people with communication and swallowing needs and their families and to enable and maximise the full contribution of speech and language therapists to supporting those people and delivering the Bill's proposed reforms, the Royal College of Speech and Language Therapists supports the following Amendments:

Group 9 – Amendments 40 and 41

- These would ensure that Integrated Care Boards included respectively an allied health professional and a rehabilitation professional. This would help promote the widest possible experience and expertise on the Integrated Care Board, supporting better, more holistic care for patients, and improved service planning and delivery.

Group 10 – Amendments 141, 151 and 177

- These amendments are jointly supported by the Royal College of Speech and Language Therapists, the Association of Youth Offending Team Managers and I CAN, the children's communication charity. They would help to deliver better outcomes for babies, children and young people and their families, including those with communication needs.

Group 10 – Amendments 20, 51, 87, 98, 142 and 162

- *Separately, the Royal College of Speech and Language Therapists also supports the other Amendments in this Group as we believe they would lead to better outcomes for children and young people with communication and swallowing needs and their families.*

Group 21 – Amendment 100

- This would help to deliver better support for people with communication and swallowing needs and their families.

Group 35 – Amendments 172 and 214

- These amendments would deliver more effective workforce planning by ensuring that the workforce requirements of all the settings in which speech and language therapists work and the range of employers who employ them are taken into account. This would reduce the risks to people with communication and swallowing needs not receiving the support they need because not enough speech and language therapists are being trained.

Group 9 – Amendments 40 and 41: why these amendments matter

Amendment 40

- The inclusion of an allied health professional on an Integrated Care Board would contribute to delivering improved patient care pathways by helping to ensure that the totality of an individual's diagnostic and intervention needs were identified and appropriately supported. They would bring the broader allied health professional perspective, understanding of the short and longer-term needs of a range of people, and how services need to be designed to meet these needs.
- For speech and language therapists, this would help to deliver improved patient care pathways by helping to ensure that the diagnostic and intervention needs of people with communication and swallowing needs were identified and appropriately supported. These can include people with neurological conditions (such as dementia, Parkinson's disease, motor neurone disease, and multiple sclerosis), genetic conditions, head and brain injuries, cancer, autism and learning disability, rare diseases, developmental language disorder, mental health problems, and those recovering from a stroke.
- In addition, the NHS Long Term Plan specifically references the role of speech and language therapists in delivering the new models of care for

children and young people.

Amendment 41

- As with Amendment 40, the inclusion of rehabilitation professional on the Integrated Care Board would deliver better short and longer-term care and support for people requiring physical and psychological rehabilitation.
- For people with communication and swallowing needs, this would involve speech and language therapists supporting the rehabilitation of their speech and communication, social interaction, and their swallowing, so they are able to eat and drink as safely as possible.

Group 10 – Amendments 141, 151 and 177: why these amendments matter

These amendments are jointly supported by the Royal College of Speech and Language Therapists, the Association of Youth Offending Team Managers and I CAN, the children’s communication charity.

Amendment 141

- This would help ensure babies, children and young people have the priority they deserve in the new architecture of the NHS.
- It would help to deliver better outcomes for children and young people with identified speech, language and communication needs – some 10% of all children in the United Kingdom – by ensuring accountability for their needs being identified and met.
- It would also help deliver better outcomes for children and young people in areas of social disadvantage, who are at particular risk. Up to 50% of children in areas of social disadvantage can start school with delayed language or another identified communication need.
- This can exacerbate health inequalities. NHS England recognised that early language development is a significant health inequalities issue. 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'.

- To maximise support for babies, children and young people, including those with speech, language and communication needs, and to tackle health inequalities, the national accountability framework in Amendment 141 should include metrics on:
 - speech, language and communication development at the population level; and
 - outcomes for children and young people with communication needs.

Amendment 151

- Again, as with Amendment 151, to ensure the Government's very welcome ambitions for babies, children and young people, including for those with communication needs, are achieved, it is essential that an integrated care partnership's strategy specifically consider the needs of babies, children and young people.
- This would help to deliver a holistic local approach to supporting babies, children and young people and their families, including for those with communication needs.
- It is also essential that the strategy includes plans to support speech, language and communication development at the population level.
- This would help to deliver better health outcomes for children as well as help to tackle health inequalities.

Amendment 177

- Putting the bespoke guidance for babies, children and young people that the Government has committed to producing on a statutory footing would ensure the guidance was as strong as possible.
- It would help to ensure that babies, children and young people receive the support they and their families need.

- This would be especially beneficial to the 10% of children and young people with long-term speech, language and communication needs, many of whom rely on speech and language therapy services.
- It would also reduce the risk of ICSs considering babies, children and young people's needs as optional, potentially leading to unwarranted variation between different areas and a postcode lottery in access to services and support as happens too often currently.
- To maximise support for babies, children and young people, including those with speech, language and communication needs, and to address health inequalities, the statutory should include specific guidance on:
 - supporting speech, language and communication development at the population level; and
 - how the needs of children and young people with communication needs are going to be met.

Group 21 – Amendment 100: why this amendment matters

Amendment 100

- Given the many people of all ages in an Integrated Care Board area who require, and will require, physical and psychological rehabilitation services, it is essential that Integrated Care Boards produce an annual plan on those services.
- Rehabilitation falls across multiple health sectors and between health and social care, and is sometimes delivered in education and justice settings. The duty on an Integrated Care Board to produce an annual rehabilitation plan would ensure consideration and integration between all the relevant settings in which rehabilitation is delivered.
- As with Amendment 41 in Group 9, this would enable speech and language therapists to fulfil their essential role of supporting people with the rehabilitation of their speech and communication, social interaction, and their swallowing, so they are able to eat and drink as safely as possible.
- The people requiring rehabilitation from speech and language therapists

include those with neurological conditions (such as dementia, Parkinson's disease, motor neurone disease, and multiple sclerosis), genetic conditions, head and brain injuries, cancer, autism and learning disability, rare diseases, developmental language disorder, mental health problems, and those recovering from a stroke.

Group 35 – Amendments 172 and 214: why these amendments matter

Amendment 172

- Workforce planning in England focuses on planning for the NHS, both in terms of the settings in which AHPs work and their employer.
- It does not take sufficient account of the non-health settings, such as education and justice, in which AHPs work.
- Nor does it take account of the fact that AHPs may be employed by organisations other than the NHS, for example in the voluntary or third sectors or that they may work in independent practice.
- The current narrow focus of workforce planning on the NHS risks not enough AHPs being trained to meet patient and system need, thereby increasing pressure on already overstretched services and exacerbating existing workforce pressures in the NHS.
- Amendment 172 would address this by taking a holistic approach to the health and care workforce, looking at the totality of settings in which they are employed and the totality of their employers.
- It would be especially helpful for the people of all ages who rely on speech and language therapy services and their families. Many speech and language therapists are employed directly by schools and a large number work as independents. Amendment 172 would ensure this was taken into account in workforce planning.
- It would also help to address workforce shortages. Both the Department of Health and Social Care and NHS England have recognised that speech and language therapy is a profession in short supply. In its submission to the

Migration Advisory Committee's Full Review of the Shortage Occupation List, the Department of Health and Social Care argued that speech and language therapists should be added to the Shortage Occupation List because the profession is facing a range of pressures including increasing demand, in mental health in particular. The NHS Long Term Plan identified speech and language therapy as a profession in short supply.

Amendment 214

- As with Amendment 172, this would help address the current weaknesses in workforce planning in England.
- It would ensure that local workforce planning takes into account the experience and expertise of the whole health workforce. It would also help to ensure there is a sufficient workforce to meet current and future demand in an Integrated Care Board's local area.
- This would, in turn, help to ensure that patients receive the diagnostic and therapeutic input they need in as timely a way as possible.
- For people with communication and swallowing needs and their families, it would help to ensure there are sufficient speech and language therapists to identify and meet their needs.
- This would include people with neurological conditions (such as dementia, Parkinson's disease, motor neurone disease, and multiple sclerosis), genetic conditions, head and brain injuries, cancer, autism and learning disability, rare diseases, developmental language disorder, mental health problems, and those recovering from a stroke.

For more information, please contact:

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