Health and Care Bill

Briefings on amendments

Executive summary

A number of amendments have been tabled that are relevant to:

- people of all ages with communication and swallowing needs and their families; and
- speech and language therapists and other allied health professionals.

The amendments relate to:

The Royal College of Speech and Language Therapists (RCSLT) welcomes these amendments. Those tabled by the Government could be strengthened in the interests of people of all ages with communication and swallowing needs and their families and the professionals working with them. If the Government is not able to make changes to the face of the Bill, the issues could be covered in guidance, provided that guidance is statutory.

Relevant amendments

Amendment 30 - Duty to promote rehabilitation

BARONESS FINLAY OF LLANDAFF

BARONESS HOLLINS

Page 18, line 38, at end insert—

"14Z43A Duty to promote rehabilitation

Each integrated care board must produce an annual community rehabilitation plan covering the provision of physical and psychological rehabilitation services."

Member's explanatory statement

Rehabilitation falls across multiple health sectors and between health and social care. This amendment would ensure integration of social support with services from health care professionals at practice level.

RCSLT overall reflections

- The RCSLT very much supports this amendment.
- We welcome Lord Kamall's comments during Committee Stage that, *'The ICB is…required to develop a joint forward plan, setting out how it will meet the health needs of the population – which should consider rehabilitation. We hope that, without legislating for the production of a separate plan, ICBs will be required to provide, and improve provision of, community rehabilitation services.'*[1]
- While welcome, this is not sufficient. Hope it is enough. The millions of people throughout the country who rely on rehabilitation services and their families need more than hope. They need equitable access to good quality rehabilitation services. Too many of them have not that for too long. This has put their health and wellbeing at risk, risked the waste of public resources due to people's needs becoming more severe because they have not been met at an earlier stage, and risked existing health inequalities

[1] Lord Kamall – 20 January 2022 - https://hansard.parliament.uk/lords/2022-01-20/debates/93EFD62B-5624-4C92-A75A-F9358F0DD2FB/HealthAndCareBill#

being exacerbated.

- The Government must ensure that Integrated Care Boards (ICBs) are required to provide rehabilitation services. This is best achieved by a duty being placed on ICBs to promote rehabilitation.
- It is not just the RCSLT saying this. The Community Rehabilitation Alliance, a partnership of more than 50 charities and professional bodies who are all committed to improving commissioning, planning and delivery of rehabilitation, has just written to the Government arguing for rehabilitation to core to NHS future planning. The RCSLT is one of the signatories to the letter.

What this matters to people with communication and swallowing needs

- As we argued in our Committee Stage briefing, given the many people of all ages in an Integrated Care Board area who require, and will in the future require, physical and psychological rehabilitation services, it is essential that ICBs 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 ICB to produce an annual rehabilitation plan would ensure consideration and integration between all the relevant settings in which rehabilitation is delivered.
- If accepted this amendment 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.

Key asks of the Government

- If the Government does not wish to have a duty to promote rehabilitation on the face of the Bill, how does it propose to ensure that:
    - ICBs' forward plans will actually include rather than just consider rehabilitation; and
    - ICBs will actually be required to provide and improve provision of community rehabilitation services?
- Will the Minister commit to meeting the Community Rehabilitation Alliance to discuss these issues?
- Will the Minister commit to working with the Community Rehabilitation Alliance to ensure the strongest possible references to rehabilitation in the Bill's statutory guidance?

Amendment 31 - Membership of Integrated Care Boards

LORD KAMALL

BARONESS WALMSLEY Page 20, line 18, at end insert—

"14Z47A Duty to keep experience of members under review etc

An integrated care board must—

(a) keep under review the skills, knowledge and experience that it considers necessary for members of the board to possess (when taken together) in order for the board effectively to carry out its functions, and

(b) if it considers that the board as constituted lacks the necessary skills, knowledge and experience, take such steps as it considers necessary to address or mitigate that shortcoming."

Member's explanatory statement

This amendment requires an integrated care board to keep under review the skills, knowledge and experience that it is necessary to have on the board and take steps to address or mitigate shortcomings.

RCSLT overall reflections

- The RCSLT very much welcomes this amendment. It is relevant to:
    - the babies, children and young people issues highlighted during Committee Stage, including those facing babies, children and young people with communication and swallowing needs and their families.
    - the allied health professions issues highlighted during Committee Stage and the need for ICBs to include at least one allied health professional (AHP) given AHPs are the third largest part of the health workforce after doctors and nurses.
    - the Community Rehabilitation Alliance issues highlighted during Committee Stage and the need for ICBs to include a rehabilitation professional.

Babies, children and young people

- We welcome the strong and powerful support identifying and supporting the communication (and swallowing) needs of babies, children and young

people received from peers across the House of Lords during Committee Stage.

- The Government must now act on the issues peers raised.
- It is crucial that ICBs are given strong guidance that they will be expected to include skills, knowledge and experience of working with babies, children and young people.
- Given the prevalence of communication needs amongst babies, children and young people and their potential long-term negative impact on their education, health and wellbeing, relationships and family life, employment prospects and life chances, it is essential that ICBs possess skills, knowledge and experience of these issues. This could be by speech and language therapists being one of the professionals an ICB includes.
- Some 10% of children in the UK have a long-term identified communication need that will require some level of specialist help and in areas of social disadvantage up to 50% of children can start school with delayed language or another identified communication need.
- Some children will also have difficulties with eating and drinking safely so may also require support from speech and language therapists.
- Speech and language therapists are ideally placed to undertake this role on ICBs in relation to babies, children and young people given their skills, knowledge and experience.
- The NHS Long Term Plan explicitly referenced speech and language therapists as part of the new models of care for children and young people which will bring together physical and mental health services for children and young people to provide holistic care which is age appropriate and closer to home.[2]
- So speech and language therapists' experience and expertise is recognised and acknowledged. It just now needs to be maximised in the interests of ICBs' populations.

[2] https://www.longtermplan.nhs.uk/

Key asks of Government on babies, children and young people

- How does the Government propose to ensure that ICBs keep under review the skills, knowledge and experience required to make sure that the communication and swallowing needs of babies, children and young people in their area are appropriately and adequately identified and met?
- How does the Government foresee ICBs incorporating the skills, knowledge and experience of speech and language therapists in supporting babies, children and young people and their families and the other professionals working with them?
- Will the Minister commit to meeting Royal College of Speech and Language Therapists to discuss these issues?
- Will the Minister commit to working with the RCSLT to ensure the strongest possible references to children and young people's communication and swallowing needs and the role of speech and language therapists in the Bill's guidance, statutory and non-statutory?

Allied health professionals

- We welcome the strong and powerful support peers from across the House expressed during Committee Stage for AHPs to be included on ICBs.
- The Government must now act on the issues peers raised.
- In oral evidence to the First Sitting of the Public Bill Committee on 7 September 2021, Mark Cubbon, Chief Operating Officer at NHS England and NHS Improvement, recognised the role of allied health professionals. He stated:
    - *'While we talk a lot about doctors and nurses, there are 14 other allied health professions, and it is quite difficult to allow everyone to have a seat around the top table. We are strongly encouraging all ICBs to ensure that they have the right level of engagement and the right forum in place to ensure that the voices of all those professionals can be incorporated in the development of plans to*

deliver better services for patients and improve outcomes for members of the community.'[3]

- This recognition is welcome, but it not sufficient. ICBs need more than to be 'strongly encouraged'. They need to given clear guidance that the transformative skills, knowledge and experience of allied health professionals are essential to have – and must be - included on an ICB.
- To be clear, we are not saying that each individual allied health profession needs to have a seat on an ICB. We are saying that at least one of the seats on an ICB does need to be an allied health professional – so strategic decisions can be taken and informed in light of the experience and expertise of that part of the health workforce.
- We recognise the Government's point made in Committee that *'It is important…that we are not overprescriptive, which is especially true of any membership requirement.'*[4]
- But the Government is in fact being prescriptive, even if this statutory prescription is at a minimum level. NHSEI's *Interim guidance on the functions and governance of the integrated care board*, published in August 2021, states specifically that the ICB should include, amongst others, a medical director and a director of nursing.[5] This failure to specifically reference an allied health professional means that the third largest part of the health workforce is potentially excluded from membership of the ICB while the two largest parts are guaranteed a seat.
- This is discriminatory.
    - Firstly, for the people who allied health professionals diagnose, treat and support and their families. Without a guaranteed seat at the ICB table, there is a danger that strategic decisions will not be informed by the whole range of diagnostic and therapeutic experience and expertise.
    - Secondly, for the career development and progression of allied

[3] https://hansard.parliament.uk/commons/2021-09-07/debates/d6fbba64-1c67-4684-ad39-88a346e3f100/HealthAndCareBill(FirstSitting)

[4] Lord Kamall – 13 January 2022 - https://hansard.parliament.uk/lords/2022-01-13/debates/9B2497A1-E4EF-4AA1-B073-2E49E343D035/HealthAndCareBill

[5] https://www.england.nhs.uk/wp-content/uploads/2021/06/B0886_Interim-guidance-on-the-functions-and-governance-of-the-integrated-care-board-August-2021.pdf

health professionals. Without a guaranteed seat on an ICB, allied health professionals are a professional disadvantage in relation to their doctor and nurse colleagues.

- It is also unfortunate because allied health professionals are professionals who possess skills, knowledge and experience relevant to people whose conditions the Government recognise and accept will need to have a professional lead appointed to the ICB to support. These include autism and learning disability, mental health and palliative care.
- In addition, the focus of allied health professionals' work is less medical model and much more about prevention, maximising potential, reducing dependency, return to work and recovery from elective surgery. As widely, accepted, this is the very shift the NHS needs.
- Allied health professionals are also critical to many of the developments outlined in the Long-Term Plan which ICBs will be seeking to deliver. They are also the clinicians working on the boundaries between health and social care as well as other sectors such as education and justice and are therefore crucial to delivering true integration.
- It is not just the RCSLT saying. The Allied Health Professions Federation, and many of its individual professional body members, have just written to the Government making these points.

Key asks of Government on allied health professionals

- How does the Government propose to ensure that ICBs keep under review the skills, knowledge and experience required to make sure that the diagnostic and therapeutic expertise of allied health professionals is harnessed and maximised?
- How does the Government foresee ICBs incorporating the skills, knowledge and experience of allied health professionals?
- Will the Minister commit to meeting the Allied Health Professions Federation (AHPF) to discuss these issues?
- Will the Minister commit to working with the AHPF to ensure the strongest possible references them and their role in the Bill's statutory guidance?

Rehabilitation

- Following on from the arguments we made in support of Lady Finlay's amendment on the duty to promote rehabilitation, it is essential that ICBs' review of the skills, knowledge and experience that it considers necessary for members of the board to possess includes skills, knowledge and experience in rehabilitation.
- People with rehabilitation needs and their families cannot rely on hope alone. They need ICBs to include skills, knowledge and experience in rehabilitation.
- Without it, they are at risk of a whole range of negative outcomes – as is the wider health and social care system most immediately and wider society and the economy in the longer-term if people are not given the support they require to return to work and be economically active and play their full role in society.
- It is not clear from the Amendment or from the Government's comments to date how they propose ICBs will have access to rehabilitation experience and expertise.

Key asks of Government on rehabilitation

- How does the Government propose to ensure that ICBs keep under review the rehabilitation skills, knowledge and experience required?
- How does the Government foresee ICBs incorporating skills, knowledge and experience in rehabilitation?
- Will the Minister commit to meeting the Community Rehabilitation Alliance (CRA) to discuss these issues?
- Will the Minister commit to working with the CRA to ensure the strongest possible references to rehabilitation in the Bill's statutory guidance?

Amendment 34 - Functions of Integrated Care Boards

LORD KAMALL

Page 21, line 12, at end insert—

"(za) describe the health services for which the integrated care board proposes to make arrangements in the exercise of its functions by virtue of this Act;"

Member's explanatory statement

This amendment requires the joint forward plan for an integrated care board and its partners to describe the health services that the board proposes to commission over the next five years.

RCSLT overall reflections

- This amendment is welcome.
- It would, however, be good to test the Government's thinking and get an explicit on the record confirmation on whether the health services for which the integrated care board proposes to make arrangements include those health services that are delivered outside of health settings – for example, in education settings, justice settings, in independent practice and in the third, voluntary and social enterprise sectors.
- As we argued in our Committee Stage workforce briefing, though healthcare professionals, many speech and language therapy work in other settings or are employed by non-NHS employers.
- Unless ICBs take into account these wider considerations, there are two risks:
    - People receiving support from healthcare professionals outside healthcare settings may not receive the support they need; and
    - People in healthcare settings may not receive the support they need because the healthcare professionals they need work in non-health settings or are employed by non-NHS employers.

Key asks of Government

- Does this Amendment cover the services provided by health professionals working in non-health settings and health professionals employed by non-

NHS employers?

- If not, how will those non-health setting and non-NHS employer health services be commissioned?
- Will the Minister commit to discussing this further with the Allied Health Professions Federation?

Amendment 36 - Babies, children and young people

LORD KAMALL

Page 21, line 25, at end insert—

"(ba) set out any steps that the integrated care board proposes to take to address the particular needs of children and young persons under the age of 25;"

Member's explanatory statement

This amendment requires the joint forward plan for an integrated care board and its partners to set out any steps that the integrated care board proposes to take to address the particular needs of children or young persons under the age of 25.

RCSLT overall reflections

- This amendment is very welcome.
- It should make a real difference to the lives of all babies, children and young people and their families.
- It should also make a real difference to the lives of particular groups of babies, children and young people.
- Amongst these are babies, children and young people with communication (and swallowing) needs.
- As we argued in our babies, children and young people Committee Stage briefing, having the needs of children and young people under the age of 25 on the face of the Bill should improve the lives of the 10% of children with a long-term communication need and the up to 50% of children in areas of social disadvantage who start school with delayed language or another identified communication need.
- It should also help to develop a population level approach to the development of children's speech, language and communication skills and thereby help to address the health inequalities linked to poorer early language.
- However, more needs to be done.
- The Government needs to set out what the particular needs are that ICBs will identify and how they will be supported.
- An accountability framework needs to be established to ensure that ICBs

actually do identify and support particular needs so that unwarranted variation in access to and support from services is finally addressed and the postcode lottery ended.

- The guidance on these issues needs to be made statutory to ensure the strongest possible level of guidance to ICBs and that the interests of babies, children and young people and their families are not considered optional.
- This would help to deliver the support that children with communication (and swallowing) needs and their families require.
- A model could be the statutory guidance to the Domestic Abuse Act which lists speech, language and communication as a specific intersectionality.

Key asks of Government

- How will the particular needs of babies, children and young people be identified and support by ICBs?
- What are the particular needs ICBs must identify and support?
- Do these include communication (and swallowing) needs?
- What plans does the Government have to:
    - introduce an accountability framework on these issues?
    - make the guidance to this part of the Bill statutory?
- Will the Minister commit to discussing with the Royal College of Speech Language Therapists how best the guidance can incorporate communication and swallowing needs and the role of speech and language therapists?

Amendment 59 - Performance assessment of integrated care boards

BARONESS HOLLINS

BARONESS TYLER OF ENFIELD

Page 25, line 31, at insert—

"(3A) In conducting a performance assessment, NHS England must, in particular, include an assessment of the steps the integrated care board has taken to meet the particular needs of children and young persons under the age of 25, including—

(a) the steps taken to integrate services and share information with partners;

(b) performance of the duties to promote the welfare of and safeguard children;

(c) performance of the duties relating to children and young people with special educational needs and disabilities."

Member's explanatory statement

This amendment would require NHS England to assess how well each integrated care board is meeting the needs of babies, children and young people aged 0-25 creating accountability for delivery of ICB duties to integrate services and promote the health and welfare of children.

RCSLT overall reflections

- We strongly support this amendment.
- It would help to deliver what we argued at Committee Stage needed to happen to ensure the best possible level of support for babies, children and young people with communication (and swallowing) needs, their families and the other professionals working with them.
- The points we make on the Government amendment immediately above and on the Government amendment below on child safeguarding are relevant to this amendment too.

Key asks of Government

- If the Government is not prepared to accept this amendment, how does it propose to deliver what the amendment seeks to achieve?
- Will the Government commit to deliver the amendment's aim in statutory guidance?

- Will the Minister commit to discussing with the Royal College of Speech Language Therapists how best the guidance can incorporate communication and swallowing needs and the role of speech and language therapists?

Amendment 80 - Workforce planning

Clause 35

BARONESS CUMBERLEGE

LORD STEVENS OF BIRMINGHAM

BARONESS THORNTON

BARONESS WALMSLEY

Page 42, leave out lines 14 to 19 and insert—

"(1) The Secretary of State must, at least once every two years, lay a report before Parliament describing the system in place for assessing and meeting the workforce needs of the health, social care and public health services in England.

(2) This report must include—

(a) an independently verified assessment of health, social care and public health workforce numbers, current at the time of publication, and the projected workforce supply for the following five, ten and 20 years; and

(b) an independently verified assessment of future health, social care and public health workforce numbers based on the projected health and care needs of the population for the following five, ten and 20 years, taking account of the Office for Budget Responsibility long-term fiscal projections.

(3) NHS England and Health Education England must assist in the preparation of a report under this section.

(4) The organisations listed in subsection (3) must consult health and care employers, providers, trade unions, Royal Colleges, universities and any other persons deemed necessary for the preparation of this report, taking full account of workforce intelligence, evidence and plans provided by local organisations and partners of integrated care boards."

Member's explanatory statement

This amendment would require the Government to publish independently verified assessments every two years of current and future workforce numbers required to deliver care to the population in England, taking account of the economic projections made by the Office for Budget Responsibility, projected demographic changes, the prevalence of different health conditions and the likely impact of technology.

RCSLT overall reflections

- We strongly support this amendment.
- For too long, workforce planning in England has not been fit for purpose.
- This is evidenced by both:
    - the NHS Long Term Plan stating speech and language therapy is a profession in short supply;[6] and
    - the Department of Health and Social Care, in its submission to the Migration Advisory Committee's Full Review of the Shortage Occupation List, arguing 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 and limited education and training course output.[7]
- We estimate that 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.
- Responding on workforce planning issues in Committee, the Minister stated that *'we share [Lady Finlay's] view of the importance of [integrated workforce planning across NHS and non-NHS employers] and…work is under way on it.'*[8] The Minister did not set out what that work was.
- This response did not offer much hope that the long-term failings in workforce planning for allied health professionals in general and speech and language therapists in particular will finally be addressed.
- By its own admission in the NHS Long Term Plan and Migration Advisory Committee submission, detailed above, the Government recognises that that is the case – the process of workforce planning it outlined in Committee is clearly not delivering the speech and language therapy workforce that is required.

[6] https://www.longtermplan.nhs.uk/

[7] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/806331/28_05_2019_Full_Review_SOL_Final_Report_1159.pdf

[8] Lord Kamall – 24 January 2022 - https://hansard.parliament.uk/Lords/2022-01-24/debates/23AFA6D2-D3CA-41E9-856B-63EA43C529A7/HealthAndCareBill

- For far too long workforce planning has not adequately planned for speech and language therapists.
- No account has been taken of those speech and language therapists:
    - employed by non-health employers – for example, those working in independent practice or those directly employed by schools; and
    - employed by the NHS but working in non-health settings – for example, those working in schools or in criminal justice settings.
- No national assessment has been undertaken of the demand and unmet need for speech and language therapy.
- This must change. If it does not the risks are clear:
    - existing workforce pressures will intensify risking staff burnout or them leaving the health service and/or the profession itself with negative consequences for those people with communication and swallowing needs and their families who rely on speech and language therapy; and
    - not enough speech and language therapists will be trained and receive the continuing professional they need to meet current and future demand.

Key asks of Government

- If the Government is not prepared to accept this amendment, how does it plan to improve workforce planning so that speech and language therapy is no longer a profession in short supply?
- Will the Government commit to discussing with the Allied Health Professions Federation how workforce planning for allied health professionals can be improved and with the Royal College of Speech Language Therapists how workforce planning for speech and language therapists can be improved?

Amendment 81 Duty to report on workforce systems

BARONESS MERRON

Page 42, line 19, at end insert—

"1GB Duty to report on workforce systems: further provision

(1) Within a period of three months after the day on which the Secretary of State lays before Parliament a report under section 1GA, each integrated care board must prepare and publish a plan for meeting the workforce requirements identified within its area.

(2) In preparing a plan the integrated care board must publish a draft plan and consult the public and, in particular—

(a) the integrated care partnership,

(b) all local authorities whose areas coincide with or include the whole or part of the integrated care board's area,

(c) directors of public health within all local authorities whose areas coincide with or include the whole or part of the integrated care board's area,

(d) staff representatives,

(e) such representatives of the patients, carers and wider public within its area that the integrated care partnership agrees are appropriate, and

(f) relevant trade unions.

(3) A plan under this section must—

(a) be consistent with the report prepared by the Secretary of State under the provisions of section 1GA,

(b) be consistent with the joint forward plans for the integrated care board and its partners under the provisions of section 14Z50,

(c) ensure safe staffing levels will be met in all locations and for all aspects of care,

(d) have regard to the contribution of paid and informal carers,

(e) consider all staff, including allied health professionals and support staff who contribute to the provision of healthcare, social care and public health services,

(f) include the staff employed in the private and voluntary sectors that contribute significantly towards the provision of healthcare, social care and public health services in the area, (g) consider the views of any trade unions that represent staff,

(h) cover planning periods of two, five and 10 years,

(i) explicitly state any assumptions about—

(i) recruitment of staff from outside the United Kingdom, and (ii) any variations to the terms and conditions of staff, and
(j) explicitly state any proposals or assumptions about outsourcing of services and the staffing implications.
(4) When publishing a plan under subsection (1), an integrated care board must also publish any related documents, including the results of the consultation, and minutes of any discussions by the integrated care board and its partner organisations."

Member's explanatory statement

This amendment requires each Integrated Care Board to produce a workforce plan that is consistent with the workforce strategy determined by the Secretary of State. This ensures plans for delivery follow the agreement of any strategy. Each Integrated Care Board must consult on its plans which must be published.

RCSLT overall reflections

- We support this amendment.
- We particularly welcome the specific reference to allied health professionals.
- As with Amendment 80, this amendment could help to address the current weaknesses in health workforce planning in England.
- These weaknesses have resulted in a shortage of speech and language therapists in England. This is recognised the Government – both in the NHS Long Term Plan and its submission to the Migration Advisory Committee when the Department of Health and Social Care argued for speech and language therapists to be added to the shortage occupation list because the profession is facing a range of pressures including increasing demand, mental health in particular, and limited education and training course output.
- Ensuring input from allied health professionals would help to ensure that workforce planning was informed by:
    - the needs of the non-NHS as well as NHS employers who employ them; and
    - all the settings in which allied health professionals work – health and social care, education, justice, independent practice, third, voluntary and social enterprise sectors.

Amendment 157 - Child safeguarding

After Clause 164

LORD KAMALL

Insert the following new Clause—

"Child safeguarding etc in health and care: policy about information sharing

(1) The Secretary of State must publish and lay before Parliament a report describing the government's policy in relation to the sharing of information by or with public authorities in the exercise of relevant functions of those authorities, for purposes relating to—

(a) children's health or social care, or

(b) the safeguarding or promotion of the welfare of children.

(2) In this section, "relevant functions" means functions relating to children's health or social care, so far as exercisable in relation to England.

(3) The report must include an explanation of whether or to what extent it is the government's policy that a consistent identifier should be used for each child, to facilitate the sharing of information.

(4) The report must include a summary of the Secretary of State's views about implementation of the policy referred to in subsection (1), including any views about steps that should be taken to overcome barriers to implementation.

(5) The report must be published and laid before Parliament within one year beginning with the date on which this section comes into force. (6) In this section "child" means a person aged under 18."

Member's explanatory statement

This amendment inserts a new clause requiring the Secretary of State to publish and lay before Parliament a report describing the government's policy in relation to information-sharing by or with authorities with health and social care functions, for purposes relating to children's health or social care or the safeguarding or promotion of the welfare of children.

RCSLT overall reflections

- We welcome this amendment, although it could be stronger.
- As we argued in our Committee Stage briefing on the NHS number, a

consistent identifier could help to better facilitate data and information sharing in health and care, including for children and young people with speech, language and communication needs. The current system makes it difficult for information about individual children to be shared between professionals working in the NHS, and those working within local authorities, preventing these children from getting the best joined up support.

- It also presents a barrier to conducting research and planning services for children and young people with communication needs across a local area, as the data on who these children are, and what their needs are, is held in different places, at different times, by different people.
- However, to ensure the best possible level of support for children and young people, including the most vulnerable, the sharing of information by or with public authorities in the exercise of relevant functions of those authorities will need to be expanded beyond just children's health or social care.
- It will also need to include education – the settings in which children and young people spend most of their time outside of the home. It may also need to include justice settings, given some young people can be in touch with youth offending services.
- Similarly, with the use of a consistent identifier. This will need to used beyond just health or social care. It will also need to be used in education settings and possibly other settings, such as justice.
- If it is not, the risk is that there will be a series of consistent identifiers dependent on which setting children and young people is in rather than there being one, single consistent identifier covering all the settings that children and young people might be in.

Key asks of Government

- Will the report describing the government's policy in relation to the sharing of information include only information on children's health or social care and the safeguarding or promotion of the welfare of children?
- Or will it also cover other settings, such as education?

- Will the consistent identifier cover all settings, including education, or only settings relating to children's health and social care?
- If so, how does the Government propose to enable the sharing of information with non-health and social care settings, such as education?
- Will the Secretary of State commit to discussing these issues with his equivalents in the Department for Education and the Ministry of Justice?
- Will the Minister commit to discussing these issues with the Royal College of Speech Language Therapists in so far as they affect children and young people with communication and swallowing needs?

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