



Delivering Integrated Care: How Speech and Language Therapy Can Help

Information for AHP Leads

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Delivering integrated care and the 2022-2023 planning priorities: how speech and language therapy can help

By supporting people of all ages to maximise their communication potential and swallow safely, speech and language therapists (SLTs) can help to deliver the four strategic purposes of integrated care systems. They can also enable effective delivery of the 2022-2023 priorities set out in the [NHS England operational planning guidance](#).

Delivering the strategic purposes of integrated care

1. Improving outcomes in population health and healthcare

SLTs improve population health by supporting the development of early language and communication skills. The Department of Health and Social Care's [prevention White Paper \(2019\)](#) recognises that speech, language and communication skills are an important indicator of children's wellbeing, and commits to prioritise improving early speech and language outcomes as a preventative measure with strategic leadership across education, health and social care to narrow inequalities.

Working with adults, SLTs support patient flow through hospitals, appropriate and safe discharge, anticipatory care and community rehabilitation, all of which improve mental health and wellbeing, as well as physical health. As part of multidisciplinary teams, SLTs can support people to reduce their burden on the health and social care system and to engage meaningfully with the social and health economy of their place.

2. Tackling inequalities in outcomes, experience and access

Children who grow up in poverty are at substantially higher risk of developing speech, language and communication needs. Left unidentified and unsupported, these difficulties put children at increased risk of a range of negative life outcomes, including poor mental health, unemployment and possible involvement in the justice system. By supporting early identification and intervention, SLTs can help to tackle these unequal outcomes.

People with communication needs of all ages experience health inequalities in relation to access and experience of healthcare services. For example, people with learning disabilities often face barriers in accessing timely, appropriate and effective health care. Adults with head and neck cancer, where social deprivation is a risk factor, may also experience challenges in accessing timely speech and language therapy interventions.

SLTs can support people with communication needs to access a range of health services by providing them with accessible information, and training other members of the multidisciplinary and multi-agency team to enable them to adapt their communication. This now includes a novel group of people presenting with voice disorders impacting on their fitness to work in 'voice-heavy' employment, eg teaching.

3. Enhancing productivity and value for money

Speech and language therapy produces financial savings for NHS services by providing extended roles such as advanced practice that reduce the need for medical input. For example, SLTs can carry out independent performance and reading of videofluoroscopy examinations, and lead nasendoscopy clinics for voice assessment and diagnosis.

They can also reduce hospital admissions. For example, in Sandwell and Birmingham NHS Trust's integrated care service, SLTs work with other allied health professionals to relieve winter pressures on A&E services. As a consequence, the Trust reduced hospital admissions by 2,478 per year, reduced length of stay in hospital from 10 days to 7 days, and saved approximately 17,000 bed days, which has the potential to reduce costs by over £7 million.

4. Helping the NHS to support broader social and economic development

Supporting the development of speech, language and communication skills supports broader social and economic development by enabling children and young people to achieve in education, access their community, culture and religion, and develop the skills they need to participate in employment and their contribution to local communities, for example in unpaid caregiving roles.

SLTs also provide rehabilitation services which enable people to remain active in the community, stay in work and keep their independence. For example, SLTs can help people with voice loss to regain their voice enabling them to remain in work and remain financially active.

Who do SLTs help?

Speech and language therapists work across the life course to provide care to a huge range of people, including:

- Babies and early years children:
 - Babies born prematurely and other neonates who may have feeding difficulties.
 - Babies born with conditions such as cleft lip and palate, congenital hearing loss and Down syndrome.
 - Young children who need extra support developing their early language and communication skills, particularly those in areas of social disadvantage.
- Children with special educational needs and disabilities (SEND) including those with developmental language disorder (DLD), a condition that affects 7.6% of all children and young people. Despite its prevalence it is not as well-known as other neurodevelopmental conditions, eg autism (approx 1%) and ADHD (between 3-5%). DLD also continues into adulthood and affects longer-term employment opportunities.
- Children and young people at increased risk of having language and communication needs, such as looked-after children and others in touch with social care services or youth justice services.
- People of all ages (children and adults) with mental health disorders, learning disabilities, and autistic people.
- Adults with acquired conditions such as:
 - Stroke and other acquired brain injuries
 - Cancer
 - Progressive neurological disorders such as Parkinson's, multiple sclerosis and motor neurone disease
 - Voice disorders
- Adults in contact with the justice system.
- Older adults who experience:
 - Dementia
 - Frailty

Where do SLTs work?

Speech and language therapists work across the system in a huge variety of settings, including:

- Acute inpatient wards
- Mental health services – both community and inpatient
- Nurseries, early years settings and schools
- Community health clinics/outpatient clinics
- Justice settings such as youth offending teams and prisons
- Nursing homes
- Hospices
- In people's own homes

The size of the issue

Communication disability in the UK affects millions of people.

- Up to 20% of the population experience communication difficulty at some point in their lives.
- Around 10% of all children and young people have a long-term communication need.

Dysphagia (swallowing problems) affects:

- 65% of people who have had a stroke.
- 68% of people with dementia in care homes.
- 50% of people with Parkinson's disease.
- 50% of people with head and neck cancer.
- 15% of people with a learning disability.

Delivering the NHS 2022-2023 priorities

NHS priorities for 2022-23	How SLTs support the priorities
<p>A. Invest in our workforce – with more people and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.</p>	<p>SLTs can support the delivery of new ways of working, including in primary care (see section E) and mental health (see section F).</p> <p>The NHS Long Term Plan describes advanced clinical practice roles as a key component of workforce planning. SLTs are already training in advanced practice roles and can take on advanced practitioner posts that complement the multidisciplinary team (MDT) and release the time of other specialists into the system.</p> <p>The NHS Long Term Plan also names speech and language therapy as one of the services that should be involved in new models of care for children and young people.</p> <p>Additionally, SLTs can contribute to MDT function and wellbeing, with expert level communication and psychological care skills.</p>
<p>B. Respond to COVID-19 ever more effectively – delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.</p>	<p>People with post-COVID-19 syndrome need integrated, multidisciplinary support. As part of the long COVID pathway, SLTs ensure that people with voice changes, swallowing complications and cognitive communication needs can be seen and have their needs diagnosed, assessed, and met.</p> <p>NICE Guideline NG188 names speech and language therapy as an area of expertise that people with post-COVID-19 syndrome should be able to access to improve their health and care.</p>
<p>C. Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.</p>	<p>SLTs support patient flow through hospitals. Increasing numbers of people are requiring laryngectomy surgeries and emergency admission for pre-treatment tracheostomy contributing to longer recovery times.</p> <p>SLTs are working in prehabilitation and rehabilitation pathways to support better access to treatment and aftercare, to enable people to live well.</p>

<p>D. Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity – keeping patients safe and offering the right care, at the right time, in the right setting.</p>	<p>Urgent and emergency care</p> <p>SLTs play an important role in supporting UEC. From preventing admissions to accident and emergency (A&E) departments to supporting early discharge and patient recovery, they provide comprehensive support across urgent and emergency care pathways.</p> <p>Timely identification of swallowing problems and supporting capacity to make decisions help to improve patient care, create financial savings and reduce pressures on A&E services.</p> <p>SLTs are able to contribute to wrap-around teams supporting people pre and post urgent and emergency care episodes. This includes virtual wards to support with admission avoidance and transfer to community settings, supporting timely patient flow.</p> <p>Building community care capacity</p> <p>Investing in speech and language therapy is crucial to reduce community service waiting lists: NHS Providers and NHS Confederation have identified community children’s speech and language therapy as one of the services with the highest numbers and largest volumes of long waits.</p> <p>SLTs also work in the community with adults with rehabilitation needs, long term conditions, and at the end of life, to support hospital avoidance with community-based MDT interventions, for example, best interest planning for patients to be fed with acknowledged risk.</p>
<p>E. Improve timely access to primary care</p>	<p>SLTs are working with PCNs to deliver innovative service models to support faster, more efficient direct patient care.</p> <p>For example, Frimley Health and Care ICS is delivering a primary care speech and language therapy pilot to transform the clinical pathway for pre-school children presenting with speech, language and communication difficulties.</p> <p>This includes delivering early intervention through advice and support for children presenting with mild difficulties and influencing better utilisation of specialist services, thereby reducing waiting times for those with the highest level of need.</p>

	<p>Other speech and language therapy primary care pilots include working into nursing homes to support the Enhance Health in Care Homes, frailty and end of life care agenda.</p> <p>SLTs also offer education to primary care providers regarding communication and eating, drinking and swallowing (EDS) care needs, and assist with first line advice.</p>
<p>F. Improve mental health services and services for people with a learning disability and/or autistic people</p>	<p>Improving mental health services</p> <p>There are important links between mental health and both communication and swallowing needs. SLTs already play an important role in inpatient mental health services (CAMHS and adult) supporting people with swallowing needs at risk of choking and people with communication needs. There is huge potential for more SLT input to help transform and expand community mental health services and reduce inequalities by making services available for all.</p> <p>Improving services for people with a learning disability and/or autistic people</p> <p>SLTs play a key role in multidisciplinary teams providing services for people with a learning disability and/or autistic people, contributing to assessment, support and providing training to the wider workforce to enable communication and safe eating and drinking.</p>
<p>G. Continue to develop our approach to population health management, prevent ill health and address health inequalities</p>	<p>SLTs can contribute to the prevention of ill health by supporting the communication skills which increase wellbeing, and by facilitating access to health services (see sections 1 and 2, p3).</p> <p>A crucial part of the SLT's role is understanding not just the 'norms' of development and communication breakdown in English, but also the norms of development and communication breakdown in other languages – as well as through understanding of the implications of food modification for those with dysphagia.</p> <p>SLTs have access to the RCSLT Online Outcome Tool (ROOT) which supports collecting and collating outcome measures data and generating reports.</p>

	<p>The reports generated by the ROOT can be used by SLTs to inform clinical decision-making, assist with service evaluation, and inform the commissioning of speech and language therapy services.</p> <p>The RCSLT has established a workstream looking at using outcomes data to monitor inequalities and unwarranted variation. Guidance on the role of SLTs in addressing health inequalities, including a self-audit tool, is available on the RCSLT website.</p>
<p>H. Exploit the potential of digital technologies to transform the delivery of care and patient outcomes</p>	<p>SLTs are innovators. The outbreak of COVID-19 and associated restrictions led many SLTs to undertake consultation, assessment and intervention remotely via telehealth.</p> <p>Many services are now offering hybrid models where appropriate, retaining the benefits that were observed during the pandemic, and enabling an efficient service model that delivers improved outcomes for patients.</p>
<p>I. Make the most effective use of our resources – moving back to and beyond pre-pandemic levels of productivity when the context allows this.</p>	<p>SLTs are skilled at demonstrating clinical outcomes related to patient specific interventions, including patient reported feedback and staff satisfaction.</p> <p>As part of the wider health and care teams SLTs are able to participate in and lead teams in working efficiently to the optimum effect for patient outcomes, eg: training others to support in generalising communication skills and eating, drinking and swallowing function; leading with key worker roles in multidisciplinary care thereby avoiding duplication; understanding the clinical practice landscape we operate within, across the lifespan and in multiple settings.</p>
<p>J. Establish ICBs and collaborative system working</p>	<p>SLTs are well placed to lead collaborative system working. They have experience working with partners across sectors, including with social care teams, schools and in clients’ homes.</p> <p>As part of MDTs, they might work with other AHPs, apprentices and assistant/support worker colleagues to support the rehabilitation of people after a stroke, or with education professionals and local authority colleagues to support children with SEND.</p>

	<p>Working across sectors allows SLTs to have the knowledge to advocate on behalf of the needs of people, often with complex conditions, at the heart of conversations around improving health services. This in turn will inform workforce planning, to include understanding how to retain and develop a sustainable staff group, flexing with the developing healthcare system initiatives. For example, digital literacy skills to support telehealth, training for advanced practitioner roles that span a breadth of patients' needs, promoting multiple routes into health and care roles, including apprenticeships, and a purposeful 'golden thread' of equality, diversity and inclusion reflecting unique local populations.</p> <p>The ICS would benefit from linking in with the local speech and language therapy workforce and including their contributions at Board, Council and Faculty level.</p>
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The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists in the UK. As well as providing leadership and setting professional standards, the RCSLT facilitates and promotes research into the field of speech and language therapy, promotes better education and training of speech and language therapists, and provides its members and the public with information about speech and language therapy.

rcslt.org | info@rcslt.org | [@RCSLT](https://www.instagram.com/RCSLT)

