



## Health and Social Care Strategy for Older People: Consultation Paper

Full name or organisation's name

Royal College of Speech and Language Therapists

Questions

### Place and Wellbeing

#### *Mental Health and Wellbeing*

#### **Is there anything else you would like to add about mental health services for older people?**

The Royal College of Speech and Language Therapists (RCSLT) welcomes the opportunity to respond to this consultation.

There are important links between mental health and speech, language and communication needs. Communication needs increase the risk of people developing mental health problems, and those with existing mental health problems may also have communication needs. Being able to communicate is essential in explaining concerns around mental health and accessing appropriate support. Mental health conditions can also have eating, drinking and swallowing difficulties (dysphagia) associated with them. They may be an intrinsic part of the disorder or a side effect of medication.

Speech and language therapists (SLTs) play an important role in identifying these difficulties, supporting patient safety by reducing the risk of swallowing problems and supporting other professionals and staff to recognise and understand how to respond to communication needs and dysphagia in all ages but especially older people. In addition, SLTs advise on capacity where there are complex communication difficulties as well as play an important role in the differential diagnosis of dementia, particularly at early disease stage.

SLTs should be seen as core members of the mental health care team.

#### **Is there anything else you would like to add about Place and Wellbeing for older people?**

We welcome the inclusion in the consultation document of comments from allied health professionals (AHPs) on the importance of knowing the local population and developing and targeting services with this knowledge. We are pleased to see the important role of AHPs in care for older people highlighted and hope that AHPs will

continue to be consulted and brought into discussions on development of services to ensure this ethos of person-centred care is upheld.

## **Preventative and Proactive Care**

### *Anticipatory Care Plans*

#### **What do you think about this Anticipatory Care Planning aspect of care?**

Our members support the use of Anticipatory Care Plans, as the concept is in keeping with the care plans SLTs agree with each patient within their own services. We would welcome a more universal format that could allow access and contribution from as many health professionals, such as AHPs, involved in the person's care as possible. We have heard reports that the current version of Anticipatory Care Plans being utilised in some health boards are held by the patient's GP and therefore hard for SLTs to access. This points to a wider issue of different IT systems being used by different health boards and different services, making it difficult to collaborate on care plans. In order to make such care plans person-centred, we believe that these issues will need to be addressed.

#### **When is a good time to have discussions about Anticipatory Care Planning with older people?**

For the best outcomes, Anticipatory Care Planning (ACP) should be discussed with the person before they become a patient. We believe one way that could be achieved is through the 'health MOT' with a GP or other professional proposed under Integrated Planned Care in this consultation. The reported SLT experience of using ACPs is that they should be used as early as possible during intervention with continual renewal of the plan as the patient's condition and views change. It is crucial to have a 'live' document that can be easily identified and accessed throughout a patient's care.

Speech and language therapists are key health professionals who support patients making decisions around end-of-life care e.g. around eating and drinking options. Therefore, speech and language therapists should have the ability to access and input to the ACPs.

## **Integrated Planned Care**

### *Palliative and End of life*

#### **Is there anything else you would like to add?**

Speech and language therapists can provide rapid response for people at end of life in order to advise on eating, drinking, swallowing and communication in order to support the patient and their families. This can help prevent unnecessary admissions and stress at a difficult time.

## **Integrated Unscheduled Care**

### **What are your thoughts on the Hospital at Home service?**

We are aware of a new SLT-led Acute Care At Home (Home First) service in NHS Lothian that works with all Home First philosophy services including Hospital at Home. Similar services are available nationwide for example in Forth Valley, Belfast and Aberdeen. Since starting this service in Lothian in January, feedback has been very positive. It provides urgent care in a patient's home rather than having them report to hospital. This has allowed Speech and Language Therapists to rapidly enhance palliative care, which often needs to be put in place quickly to provide the most benefit. Home First services allow for this kind of flexibility.

Speech and Language Therapists have clear roles within the Home First model. However, our members have communicated that the model can be disjointed and set up by profession rather than in an integrated way. This can lead to duplication of effort.

Home First/Acute Care at Home models are developed to meet the contrasting needs of the local population; however, they could be improved through applying key integrated principles. RCSLT is supportive of these service models where systematically and positively evaluated, however it is understood that these would require appropriate levels of additional SLT resource.

### **Is there anything else you would like to add about integrated planned care for older people?**

There is a significant need to support the communication and swallowing needs of older people in care homes. Speech and language therapists play a critical role in helping people who have had a stroke, have dementia, Parkinson's, learning difficulties or mental illness. They also provide direct therapy to enable individuals with dysphagia to eat, drink and swallow safely. This is a considerable area for development but currently we do not have the workforce to deliver the change that is required. Currently there is a 10% vacancy rate across Scotland.