



Delivering Integrated Care: How Speech and Language Therapy Can Help

Information for AHP Leads

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Delivering integrated care and the 2023-2024 objectives: 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 2023/34 objectives 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, e.g. teaching.

3. Enhancing productivity and value for money

Speech and language therapy produces financial savings for the NHS 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. 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 national NHS objectives 2023-2024

Recovering our core services and improving productivity	Area	
	Urgent and emergency care	<p>Speech and language therapists (SLTs) play an important role in supporting effective urgent and emergency care. From preventing admissions to accident and emergency (A&E) departments to supporting timely discharge and patient recovery, they provide comprehensive support across urgent and emergency care pathways.</p> <p>SLTs based in A&E support swallowing and communication assessments and provide training to A&E practitioners. The timely identification of need facilitates expedient care.</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>
	Community health services	<p>Investing in speech and language therapy is crucial to reduce community service waiting lists: data from NHS England consistently shows community children’s speech and language therapy as one of the services with the highest numbers on waiting lists.</p> <p>SLTs work in community services with adults with rehabilitation needs, long term conditions, and at the end of life. SLTs provide in-reach therapy to support the transition of people home from hospital.</p> <p>Timely identification and support of swallowing and communication needs can prevent hospital admission by stopping problems escalating.</p> <p>Community-based MDT interventions, for example, best interest planning for patients to be fed with acknowledged risk, supports safe eating.</p>
	Primary care	<p>SLTs are working with Primary Care Networks to deliver innovative service models to support faster, more efficient direct patient care, working as core members of MDTs.</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 to deliver early intervention through advice and support for children presenting with mild difficulties and</p>

	<p>influence better utilization of specialist services and thereby reduced waiting times for those with the highest level of need.</p> <p>Another primary care pilot involves working into nursing homes to support the Enhanced Health in Care Homes agenda, people who are very frail or at the end of their life. This embedded support reduces primary contacts, increases response time and prevents needs escalating.</p> <p>First Contact Practitioner roles for SLTs are being developed to support enhancing care for primary care patients with timely appropriate intervention while alleviating pressure elsewhere in the system.</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>Working within community rehabilitation teams to ensure optimising patient outcomes to reduce hospital admission and supporting patients quality of life is key.</p>
Elective care	<p>SLTs support patient flow through hospitals. For example, increasing numbers of people are requiring laryngectomy surgeries and emergency admission for pre-treatment tracheostomy contributing to longer recovery times. SLTs are working in prehabilitation and rehabilitation pathways to support better access to treatment and aftercare, to enable people to live well for longer. This also contributes to the wider economy, for example by enabling professional voice users to return to work.</p>
Cancer	<p>Swallowing and communication difficulties can be a sign of head and neck, oesophageal, lung and brain and spinal cancers. SLTs play a unique and essential role in assessing and diagnosing possible causes of swallowing difficulties. They work within a multidisciplinary team, which includes oncologists, surgeons, specialist nurses and dietitians, to provide high-quality care, manage risks and develop practical strategies to enable people with cancer to eat and drink safely and communicate.</p> <p>They play a vital role in end-of-life care supporting communication and eating, drinking and swallowing.</p>
Diagnostics	<p>SLTs can undertake videofluoroscopic and endoscopic assessments (FEES) to support faster diagnostic pathways. Competency frameworks ensure robust safety procedures.</p>

		<p>There have been early conversations about ENT SLTs supporting the early diagnostics around cancer. This would require additionally trained and funded speech and language therapy posts to ensure sustainability and not compromising other parts of service.</p>
	Maternity	<p>The SLT plays an important role on the neonatal unit in identifying infants who are at risk of feeding difficulties, and providing clinical assessment of these difficulties, including postural control; state regulation; pre-feeding skills; feeding reflexes; signs of stress associated with feeding, and oral feeding and swallowing behaviours.</p> <p>They identify clinical need for, and provide, instrumental assessment of swallowing, including cervical auscultation; endoscopic, and fluoroscopic methods, and provide management and intervention for an identified feeding or swallowing difficulty that is developmentally appropriate and family-centred.</p>
	Use of resources	<p>Speech and language therapy produces financial savings for the NHS by providing extended roles such as advanced practitioner roles that complement the multi-disciplinary team and release the time of other specialists into the system, reducing 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 support tracheostomy care and prosthetic voice valve placement and replacement.</p> <p>Through community based services, such as proactive care, SLTs can reduce hospital admissions by treating more people in the community closer to home.</p> <p>SLTs can support patient flow through hospitals, by enabling appropriate and safe discharge, which reduces the length of stay.</p>
LTP and transformation	Workforce	<p>SLTs provide support within the MDT that utilises profession wide learning and resources about the strengths of diversity in the workforce and in addressing health inequalities in practice. SLTs also advocate and champion across the workforce the importance of addressing speech, language and communication needs for service users and share learning with colleagues about the importance of good communication.</p> <p>SLTs are integrated members of the MDT. They work at all levels of care , including support workers, students (including apprenticeships), specialist and generalist roles, leadership , academic and management roles.</p>

		SLTs work across over 32 clinical areas and deliver life changing input to all people and their families affected.
	Mental health	<p>There are important links between mental health and both communication and swallowing needs.</p> <p>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, enabling them to have more choice and control over decisions.</p> <p>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>
	People with a learning disability and autistic people	<p>SLTs play a key role in multidisciplinary teams supporting people with a learning disability and/or autistic people. They contribute to assessment, provide ongoing support and provide training to the wider health and care workforce, as well as to families, to promote communication and safe eating and drinking.</p> <p>SLTs promote the five good communication standards which support providers to make reasonable adjustments to communication to people across specialist settings.</p>
	Prevention and health inequalities	<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.</p> <p>SLTs have access to the RCSLT Online Outcome Tool (ROOT) which supports with collecting and collating outcome measures data and generating reports. The reports generated by the ROOT can be utilised by SLTs to inform clinical decision making and to assist with service evaluation and to inform the commissioning of speech and language therapy services. The RCSLT has established a work-stream looking at using outcomes data to monitor inequalities and unwarranted variation. Guidance on the role of speech and language therapists in addressing health inequalities, including a self-audit tool, is available.</p>

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.

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