

The 10 Year Health Plan for England: RCSLT's analysis

October 2025

Summary: the opportunity of neighbourhood health

The RCSLT believes that there is much to welcome in the UK Government's 10 Year Health Plan, but only if the commitments are backed with the right resources, leadership and planning. We see potential in:

- Neighbourhood health services, including neighbourhood health centres with diagnostics, mental health and therapy-led rehab under one roof
- For babies, children and young people, neighbourhood health services which work in partnership with family hubs, schools, nurseries and colleges
- A Single Patient Record to bring together a patient's medical records in one place - and a single unique identifier for every child, to enable joined-up care across different public services.
- Shared IT systems reducing duplication across systems and sectors
- Increased staff training.

But to get this right, neighbourhood health must plan for, resource and make use of the whole health and care workforce. We welcome the suggestion that neighbourhood health will be multi-disciplinary and integrated and hope this will follow in the detail of the policies, principles or frameworks that are now being produced. Neighbourhood health is an opportunity to emphasise person-centred, integrated approaches to support children and adults to live well.

Neighbourhood health will involve many professions, and speech and language therapists must be one. We make a difference from pre-birth to end of life care and must be involved in the design of the new system at every stage. This is an important opportunity to bring speech and language therapy closer to communities, to give children the best start, keep people well, enable people with cognitive and communication difficulties to stay engaged in meaningful activities including work and education, to maximise social engagement and maximise independence.

It is essential to embed AHPs in the commissioning, leadership and delivery of services to make the renewed focus on community health a success. There will need to be investment

in the workforce to deliver this plan. This will need to include a clear commitment to AHP leadership to guide the process of change. This will be critical to progressing therapist-led rehabilitation and community pathways and connecting and improving services across place and neighbourhood.

SLT led services bring numerous positive outcomes - financial, efficiency, and person-centred.

Risks

While the Plan includes some welcome commitments for SLTs, there are several structural and strategic risks that could undermine progress if not addressed—particularly around visibility, representation, and parity in workforce reform.

- There is no dedicated AHP section in contrast to separate sections for nurses and doctors – AHPs make up a third of the clinical workforce and must be equally visible.
- The increased role of the National Quality Board poses risks: it currently develops safe staffing guidance without AHP representation. This must be addressed.
- Changes to pay spine and contracts for nurses must consider implications for AHPs, particularly around pay equity and banding.

Highlights to welcome

A commitment that Start for Life services will be extended to the whole conception to age five range, enabling additional health visitor and speech and language support for children and their families.

- The plan recognises the promise of the Early Language Support for Every Child (ELSEC) programme and that speech and language therapists are vital for supporting children and young people with special educational needs and disabilities (SEND). It states that the Government will ensure that “education and healthcare providers work together with other local services to plan and deliver evidence-based early interventions for children” and that reforms to the SEND system “will focus on ensuring allied health professionals are more effectively deployed spending time supporting children not on bureaucracy and admin.”
- The plan’s recognition of increased staff training, development and wellbeing support is welcome as are more research opportunities and advance practice models for allied health professionals (AHPs).
- Shifting more care into the community will require investment in specialist, multi-disciplinary teams with high levels of expertise to manage complex conditions. This

shift in care, alongside an ageing population and people living with more longer-term needs will require corresponding investment in multidisciplinary workforce capacity and training, to prevent overburdening existing staff and under-resources services.

We welcome the focus on building a new workforce model that taps into the creativity and expertise of frontline healthcare staff including allied health professionals. We also welcome new advanced practice models for allied health professionals aligned to the delivery of the 3 shifts, reflecting AHP leadership and roles in a range of settings.

More detail: neighbourhood health, including children's services

Central to the plan is the expansion of neighbourhood health centres, which the RCSLT sees as a major opportunity to bring speech and language therapy closer to families and communities. By embedding AHP and speech and language therapy services in community settings, closer to where people live, more people can access vital support without the barriers of hospital visits. For neighbourhood health to truly thrive, the ten-year health plan must go beyond simply establishing multi-disciplinary teams.

We emphasise both in language and in fact neighbourhood health services in a wider sense, rather than just the proposed neighbourhood health centres. Pleasingly the plan recognises the need for join up across health and education and specifically mentions speech and language support.

AHPs are integral to the Neighbourhood Health Service model, which seeks to bring care closer to local communities. For instance, the Whitstable Medical Practice, a primary care network, includes 27 allied health professionals among its staff, demonstrating their established presence in community settings. The plan says:

“Through local commissioning, we will ensure that Neighbourhood Health Services work in partnership with family hubs, schools, nurseries and colleges to offer timely support to children, young people and their families including those with Special Educational Needs and Disabilities (SEND). Start for Life services will be extended to the whole conception to age 5 range, enabling additional health visitor and speech and language support for children and their families.”

There is also encouraging wording on SEND where speech and language therapy gets a mention:

“Building on the successes of programmes such as Early Speech and Language for Every Child [sic], that prioritise early intervention ensuring, where possible, needs do not escalate, we will ensure that education and healthcare providers work together with other local services to plan and deliver evidence-based early interventions for children. Reforms will focus on ensuring allied health professionals, such as speech and language or occupational therapists, who are vital for supporting children and young people with SEND, are more effectively deployed spending time supporting children not on bureaucracy and admin. Early evidence suggests these approaches have the potential to reduce pressure on referrals and make it easier to secure a sufficient supply of these key specialists.

Surprisingly little is said about community health services, which are already under significant challenge. This leaves the question of what plans there are to – what the plans are to invest and transform community services and how will this relate to neighbourhood health.

Rehab and frailty

Rehabilitation is referenced multiple times but there is a lack of a clear implementation strategy. Therapy-led community rehabilitation services should be available to all, addressing not only physical needs but also communication, cognitive and psychosocial needs. Therapist-led rehabilitation helps to maintain independence, slows functional decline, and reduces complications such as malnutrition and aspiration pneumonia. The development of a new modern service framework for dementia and frailty is a positive step, and speech and language therapists should be involved in its design and delivery.

The York Community Frailty Hub staffed by AHPS is highlighted as a positive example – we welcome this but urge wider implementation and evaluation.

Personalised care

There is support for the expansion of Personal Health Budgets and it is important to ensure that speech and language therapy related needs (such as communication aids, therapy, supported activities) are included in scope. SLTs enable people to self-manage their communication and swallowing needs – a key enabler of personalised and preventative care.

Advanced practice model

The plan includes developing advanced practice models for nurses, midwives, and AHPs. These models are designed to align with the plan's three fundamental shifts and reflect the essential leadership roles of AHPs in various settings, including community and public health service.

We welcome the inclusion of AHPs in advanced practice models, aligned to leadership in community and public health. Development of career pathways to advanced and consultant level for SLTs would be welcome, with visibility to SLTs.

There is a commitment to working closely with relevant bodies (such as the Nursing and Midwifery Council) to quickly introduce effective systems of accreditation and regulation for advanced practice roles. This regulatory framework is intended to provide clarity for patients and the public, enhance patient safety, and strengthen career pathways, enabling AHPs to deliver direct patient care with increased autonomy.

More research opportunities for AHPs

The plan aims to open more research opportunities for nurses, midwives, and AHPs. It notes that their role in research is already expanding, with a significant portion of National Institute for Health and Care Research (NIHR) funding going to studies where nurses or AHPs are lead researchers. The NIHR Academy will further support dedicated funding and academic and research leadership training for these professional groups

Job Planning

The Plan mentions job planning in the context of improving staff efficiency and ensuring proper pay progression within the NHS. AHP leadership should be visible in job planning guidance and workforce modelling.

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Communication accessibility and The NHS App

The Plan says that the NHS App will serve as the full "front door" to the entire NHS by 2028, enabling patients to book, move, and cancel appointments, communicate with their health team, view their data, and draft care plans.

The Plan says that people will get instant advice for non-urgent care 24/7 through the "My NHS GP" tool, which uses AI to provide personalized guidance and direct people to the most appropriate service.

The Plan says that inclusion is a design principle for the NHS App, with plans to tailor health information for different backgrounds, identify users with lower digital literacy for support, and provide British Sign Language accessibility for deaf people and screen reader support for blind/visually impaired people. It also says that patient groups will be involved in co-creating and testing new App functionalities.

It is also essential that the increased reliance on the NHS App takes account of accessibility for everyone's communication needs. This must include those with communication needs, literacy difficulties, and learning disabilities. SLTs can support accessible communication design and must be part of co-production.

It is important to ensure digital access does not worsen health inequalities, particularly for those with SLCN. Furthermore, some people will struggle with digital interfaces, and relying on telehealth may not provide the tailored personalised care that is crucial to people with communication difficulties.

Training and wellbeing

- The plan's recognition of increased staff training and wellbeing support is welcome - the RCSLT has long argued that more must be done to provide adequate time and funding for training and continuing professional development.
- We are also pleased that supporting clinician's health and wellbeing is to the fore: 62% of therapists have told us that high caseloads and long waiting lists harm their mental wellbeing and contribute to burnout and staff turnover. Action in this area is much needed.
- Every NHS staff member will have a personalized career coaching and development plan to help them acquire new skills and practice at the top of their professional capability
- A comprehensive, easy-to-use NHS staff app will be built to allow staff to access support.
- Reforms to skill mix and training to allow more clinical tasks to be performed by nurses and allied health professionals - backed by AI.

Mental health

- A welcome ambition to expand Mental Health Support Teams in schools – SLTs must be embedded in these teams to support children with communication and interaction needs.

- The plan references separate Neighbourhood Mental Health Care Models which will include assertive outreach care and treatment – unclear if these will fully integrate physical and mental health or create silos. This urgently need workforce investment in managing complex conditions – the workforce is already stretched and the increase in demand risks patient care and safety.
- There is no specific mention of SLTs in mental health settings – this is a missed opportunity given our role in trauma-informed care, communication support, and therapeutic intervention.
- Much of the Plan is either about establishing mental health emergency departments in all A&Es or digital mental health support. There is a lack of information and no clear actions on prevention. Instead, the focus is early intervention linked to digital – NHS app, Talking Therapies and My Specialist Tool, more Virtual Therapists, more online support. In comparison to other areas of The Plan there is clear information about prevention - for example cancer or stroke or dementia.

Further detail on implications for children and young people

The section on neighbourhood teams mentions role for social care, but it is not clear how these teams will link with early years, childcare and education professionals.

There is a welcome focus on early years and health visitors, but more detail is needed on what personalised care means for older children.

There is a focus on genomics, but it is important also to consider environmental factors when considering skill mix of neighbourhood teams. There is a wider role for neighbourhood teams in prevention, not detailed here.

The formulation on the future of hospital care is “in a patient's home where possible, in a neighbourhood health centre when needed, in a hospital if necessary.” It should be explicit that for children the right place may be in a school or early years setting or Family Hubs.

The single patient record – for children, we need to consider how this will integrate with records that are held by schools and local authorities, otherwise parents will still have to repeat their stories multiple times.

The NHS App can currently be used by children 13 and over. As functionality expands, thought must be given implications for children and young people.