



The NHS England Long Term Plan: what it means for speech & language therapy

Structural change and Integrated Care Systems (ICSs)

Headlines – relevant sections for speech and language therapy. <i>Numbers refer to published plan.</i>	Page / Paragraph
Integrated Care Systems will be created everywhere by April 2021.	10
1.50 “ICSs are central to the delivery of the Long Term Plan”	
1.5 “We will continue to develop ICSs, building on the progress the NHS has already made. By April 2021 ICSs will cover the whole country, growing out of the current network of Sustainability and Transformation Partnerships (STPs).”	29
1.51 “Commissioners will through ICSs make shared decisions with providers on how to use resources, design services and improve population health”	
1.51 “There will typically be one CCG for each ICS area, making CCGs leaner, more strategic organisations that support providers with local government and other community organisations for the implementation of the Long Term Plan.”	
1.52 “Every ICS will have: a partnership board.... a non-executive chairsufficient clinical and management capacity drawn from across their constituent organisations to enable them to implement agreed system-wide changes....full engagement with primary care....a greater emphasis by the Care Quality Commission (CQC) on partnership working and system-wide quality in its regulatory activity....all providers within an ICS will be required to contribute to ICS goals and performance.... longer-term NHS contracts with all providers, that include clear requirements to collaborate in support of system objectives....clinical leadership aligned around ICSs to create clear accountability to the ICS. Cancer Alliances will be made coterminous with one or more ICS, as will Clinical Senates and other clinical advisory bodies. ICSs and Health and Wellbeing Boards will also work closely together.”	
1.54 “A new Integrated Care Provider (ICP) contract will be made available for use from 2019, following public and provider consultation.”	
Chapter 3	
3.32 “Sustainability and Transformation Partnerships (STPs) and integrated care systems ICSs will be expected to make sure all local healthcare providers are making reasonable adjustments to support people with a learning disability or autism.”	
Chapter 6	
6.7 “Reforms to the payment system will move funding away from activity-based payments and ensure a majority of funding is population-based”.	101

6.11 “Beyond 2019/20 we will introduce further financial reforms that will support ICSs to deliver integrated care.”	102
Chapter 7	
7.5 “ICSs will be central to the delivery of the Long Term Plan and by April 2021 we want ICSs covering all of the country.”	110
7.11 “The NHS has an almost unrivalled ability to bring together data to inform care, and we will build on the Model Hospital by increasing its transparency and extending it into the model health system.”	112
7.14 “we have in discussion with NHS colleagues, therefore developed a provisional list of potential legislative changes for Parliament’s consideration..... Give CCGs and NHS providers shared new duties to promote the ‘triple aim’ of better health for everyone, better care for all patients, and sustainability, both for their local NHS system and for the wider NHS.... Support the creation of NHS integrated care trusts.... Remove the counterproductive effect that general competition rules and powers can have on the integration of NHS care.”	113
Implications – what does this mean for speech and language therapy?	
<ul style="list-style-type: none"> • The move to Integrated Care Systems (ICSs) across the whole of England by 2021 will provide both opportunity and challenge in relation to the position of SLT within those bodies. As SLTs it is very important to work out which local committees and organisation structures you are able to join to ensure the SLT role is recognised and provided for. These are likely to vary across Integrated Care Systems areas, from Local Workforce Action Boards (LWABs) or sub-Committees to other Health Education England (HEE) or Allied Health Professions (AHPs) groupings. • In terms of opportunity the new structures and the possibility of joint commissioning across health, education and other organisations offer the possibility of a more holistic approach to treating and supporting children, adults and their families. The draft integrated care partnership contract includes provisions to address health inequalities and an analysis of population health. It will be important that any analysis includes the incidence of speech, language and communication needs and swallowing needs in a population. • In addition integration is expected to be based on a robust analysis of the needs of the local population. For example, it will be vital to ensure that incidence of speech, language and communication needs (SLCN) in the local population and additional data from the Early Years Foundation stage at age five provides a basic foundation in relation to children’s SLCN. In terms of adult commissioning across integrated services there is a similar need to ensure that SLCN and dysphagia incidence are understood and commissioning is appropriate taking into account both patient risks and the public health and prevention aspects. All health and social care staff need to understand how to make reasonable adjustments for communication to maximise health outcomes – from primary care to urgent care and specialist care. • However, local data systems are often not yet joined up across health, education and local authorities. For example, information collected at the two-and-a-half year health visitor check is not shared and is in a different format to the data early years’ practitioners collect. In relation to adults with 	

SLCN and swallowing needs, for example, adults with learning disabilities and those with dysphagia are often in both the social care and healthcare systems.

Experiences of SLTs currently in Integrated Care Systems:

On measurement

- While the top level messages and asks are to be integrated, the measurement is still inputs and outputs rather than outcomes. This is causing problems on the ground.
- For the profession the ability to measure outcomes not only for patients on caseload, but also in terms of universal services and other activity is now more of an issue.

On systems

- Experience in some areas is that the systems are not integrated so information sharing is blocking effective integration. One service is using paper to share information because systems cannot yet share. There are consequent risks to patient care.

On the profession

- There is a lack of SLT leadership at band 8 leading to a lack of voice in the Integrated Care Systems.

RESOURCES

- The NHS Long Term Plan is accessible via: <https://www.longtermplan.nhs.uk/>
- The RCSLT analysis of the plan (Feb 2019) is accessible via: <https://bit.ly/2RTUoGr>
- The RCSLT response to the plan (Jan 2019) is accessible via: <https://bit.ly/2DKI7AI>
- The RCSLT consultation response (Sept 2018) is accessible via: <https://bit.ly/2C4dcgm>

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