



## The NHS England Long Term Plan February 2019: what it means for speech & language therapy

### **Background**

The UK Government published the NHS England Long Term Plan in early January 2019.<sup>1</sup> During the late summer and autumn of 2018, the RCSLT worked hard to influence the plan. Informed by extensive member engagement and input, the RCSLT made a formal response to NHS England's consultation,<sup>2</sup> held meetings with NHS England officials and undertook significant engagement with relevant working groups.

### **Plan ambitions**

The plan is intended to take into account the needs of people of all ages, from neonatal services to end of life care. Amongst its ambitions are:

- supporting prevention
- early intervention
- tackling health inequality

This is to be achieved through increased integration across the system and better support and development opportunities for staff.

### **Implications and opportunities for the profession**

The proposals in the plan have the potential to deliver improved care for people with communication and swallowing needs. It is clear that speech and language therapists (SLTs) have a potentially significant role to play in delivering them.

The plan specifically references SLT in two places:

- **Workforce** – there is an explicit recognition that SLTs are a workforce group which is in short supply.
- **New models of care for children and young people** – SLTs are explicitly referenced as part of the new models of care which will bring together physical and mental health services for children and young people to provide holistic care which is age appropriate and closer to home.

There is, therefore, a **major role for the RCSLT** to play in the development of the Children and Young People's Transformation Programme and the Workforce Implementation Plan. Beyond those two specific areas, the plan has a number of potential **implications** for SLTs and presents the profession with numerous **opportunities** to contribute to and influence the plan's implementation.

These are highlighted overleaf. More in-depth briefings on each of the areas will be coming soon.

### **REFERENCES**

1 The NHS Long Term Plan is accessible via: <https://www.longtermplan.nhs.uk/>

2 The RCSLT consultation response is accessible via:

<https://www.rcslt.org/-/media/Project/RCSLT/rcslt-nhs-long-term-plan-response.pdf>

For more information, please contact [peter.just@rcslt.org](mailto:peter.just@rcslt.org)

## Implications and opportunities for SLTs – Chapter by Chapter Analysis

### Overarching theme: structural changes

- 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 needs 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.
- In addition **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.

## **Chapter 1: A new service model for the 21<sup>st</sup> century**

### **The NHS will roll out Enhance Health in Care Homes (EHCH) Vanguard**

- With the increased focus on individuals being supported to have good oral health, stay well-hydrated and well-nourished, speech and language therapy services may receive more referrals for dysphagia screenings.
- This offers an opportunity to promote the importance of appropriate dysphagia management for people in care homes experiencing difficulties with eating, drinking and swallowing. This includes upskilling the wider healthcare team supporting these individuals so that speech and language therapy services only assess where appropriate. The RCSLT is leading the update of the Inter-professional Dysphagia Framework (IDF) which outlines the competences required to manage dysphagia appropriately and aims to allow members of the team other than SLTs to manage the early stages, including screening.
- As care home staff will be able to communicate more effectively and securely with the teams involved with their service users, SLTs can advise or intervene as and when appropriate to avoid unnecessary hospital admissions.

### **The NHS will support people to age well**

- Speech and language therapy has the opportunity to play a more prominent role in people's end of life care, as this becomes more appropriate and personalised. The expertise SLTs have in communication and dysphagia in relation to mental capacity assessments and major health conditions that can occur towards the end of life, including dementia, should be highlighted. The RCSLT is developing new guidance in this area.

### **The NHS will reform hospital emergency care**

- Embedding the Emergency Care Data Set into Urgent Treatment Centres and Same Day Emergency Care services will see an improvement for SLTs as data on patients will improve.
- SLTs who work in rural areas could benefit from the development of a standard model of delivery in smaller acute hospitals who serve rural populations.

### **The NHS will cut delays in patients being able to go home**

- By focusing on placing therapy and social work teams at the beginning of acute hospital pathways, SLTs can contribute to patients going home earlier than they do now.

### **The NHS will allow people to have more control over their own health and more personalised care when they need it**

- Speech and language therapy may play a more central role in terms of delivering personalised care, especially towards the end of life or in palliative care.

### **The NHS will devise provide mainstreamed digitally-enabled primary and outpatient care across the NHS**

- Speech and language therapy services may see fewer outpatients face-to-face.

## **Chapter 2: More NHS action on prevention and health inequalities**

### ***More NHS action on prevention and health inequalities***

#### **Potential changes to commissioning of health visiting**

- RCSLT will stay alert to any changes in the commissioning of health visiting which could impact on commissioning of speech and language therapy.

#### **Continued higher share of funding towards areas with high health inequalities**

- There is an opportunity for members in areas with high health inequalities to make contact with their commissioners to make the case for increased funding of speech and language therapy – highlighting evidence showing the link between speech, language and communication and health inequalities. See, for example, the *Bercow: Ten Years On* report.

#### **Specific measurable goals for narrowing inequalities**

- There is an opportunity for SLTs to contact those developing plans locally regarding the role we play, for example sharing evidence on the role of SLTs in supporting early language development.

#### **Commissioning of local charities, social enterprises & community interest companies**

- There will be continuing opportunities for members working in charities and social enterprises.

## **Chapter 3: Further progress on care quality and outcomes**

### ***A strong start in life for children and young people***

#### **Maternity and neonatal services**

- There is an opportunity to raise awareness of SLCN as a mental health risk factor, and as a barrier to accessing accurate assessments and effective interventions, for women with perinatal mental health difficulties.
- We should highlight role of SLT in identifying and supporting babies at risk of feeding difficulties.
- There is an opportunity to press for an increased number of SLT posts on neonatal intensive care units and/or expanded roles.

#### **Children and young people's mental health services**

- Increased funding for mental health could mean opportunities for new SLT posts embedded within children and young people's mental health services – both for prevention and intervention.
- Members working in children's services in trailblazer areas interested in mental health opportunities are encouraged to contact the RCSLT: [caroline.wright@rcslt.org](mailto:caroline.wright@rcslt.org)

#### **Learning disability and autism**

- The RCSLT will seek to influence the development of training on improving the whole NHS understanding of the needs of people with learning disabilities and autism - contact [caroline.wright@rcslt.org](mailto:caroline.wright@rcslt.org) if you have evidence or good practice examples.

#### **Reducing waiting times for autism diagnoses**

- We will work to ensure that SLTs are part of the core MDT, in line with NICE guidance: <https://www.nice.org.uk/guidance/cg128>
- We will work to raise awareness of developmental language disorder (DLD) as one of the neurodevelopmental disorders to be included in the pathway.
- Opportunities from increased investment in intensive, crisis and forensic community support means it will be important to make the case for SLT involvement as part of specialist multi-disciplinary service and consider readiness for seven day service.

#### **Children and young people with cancer**

- In the long term:
  - possible reduction in number of children requiring SLT support as a result of side effects of cancer treatments.
  - reduction in numbers of HPV-related oral and throat cancers.
  - we should raise awareness of the value of the SLT role in end of life care for children.

#### **Redesigning other health services for children and young people**

- The RCSLT will engage with NHS England to inform the development of the Children and Young People Transformation Programme.
- There are opportunities for SLTs working in paediatric critical care to engage with paediatric networks.
- Please contact [caroline.wright@rcslt.org](mailto:caroline.wright@rcslt.org) if you can provide examples of models which provide holistic care to children and young people across local authority and NHS services or provide a service model that supports young people to 25, based on need rather than age.

### ***Better care for major health conditions***

#### **Person centred care: Training staff**

- There are opportunities for us to promote communication and shared decision making and train others.
- There is a role for us to help shape this training and highlight communication skills.

#### **Digital revolution**

- We should promote accessibility and suitability for people with communication and/or cognitive difficulties.

- SLTs could increasingly use technology to deliver SLT services.

### **Social prescribing**

- There is the potential for increased service delivery from the voluntary/charity sector.
- The AHP framework in social prescribing due in April 2019.

### **RightCare**

- RCSLT will continue to influence the development of these rehabilitation pathways to ensure that SLT is appropriately recognised and commissioned.

### **Same day emergency care**

- The discharge team mentions OTs and physios as well as social workers and nurses. There is the opportunity for SLTs/AHPs to grow services to support A&E and for people to be treated/rehabilitated at home.

### **Older people**

- Opportunities to support the shifting narrative around frailty, adding value to highlight the SLT needs of our clients.
- Working alongside other AHPs we can show how we support people to stay well at home for longer and support early discharge from hospital.
- The RCSLT will respond to relevant Green Papers as they are published.

### **Cancer**

- Increasing role for SLTs to support both early detection and also to support people to live well for longer after treatment. Increasing opportunities as cancer services are specialised to be operating in these models alongside other specialists

### **Stroke care**

- SLTs need to meet the seven day standard for stroke care – at present many offer five or six day services.
- The RCSLT will continue to work with Sentinel Stroke National Audit Programme, which collects data on stroke, to make sure their data is what AHP services need to collect.
- We will continue to engage with Government to shape the emerging stroke workforce

### **Respiratory disease**

- An RCSLT factsheet on upper airway disorders will be published this year..
- There is a growing SLT role in pneumonia to support people to stay well at home for longer.

### **Mental health**

- Challenges: tackling the problems in child mental health services and in community provision could swallow up all the money.
- Opportunities: the new services will be multidisciplinary. SLTs need to position themselves in these new community and crisis services to support people with mental health needs.
- Talking therapies: support for communication is needed.

### **Planned care**

- Alongside patient choice and decision making, there is a role for SLTs in supporting decision making weighing up and considering the risks and benefits.

### **Appendix: How the NHS long term plan supports wider social goals**

#### **Veterans and the Armed Forces**

- There is a role for AHPs/SLTs to support the needs of veterans.
- We will monitor the development of complex treatment services and how SLT fits in.

#### **Healthcare across secure and detained settings including prisons, secure facilities for children and young people, police and court Liaison and Diversion services**

- RCSLT continues to work with Government to influence the screening and assessment tools used in secure settings.
- There will be an increased opportunity for SLTs to provide treatment and intervention in the community as people are sentenced to community sentences as opposed to custodial sentences.
- Based on the evidence, there will be a growing role for SLTs to work in trauma services.

### **Chapter 3: Further progress on care quality and outcomes**

#### ***Research and innovation***

- Whilst the scientific research available for speech and language therapy is growing, there are gaps across most, if not all clinical areas. In order to fill these gaps and implement an evidence-based practice approach we welcome opportunities to enable service users to share their experiences/priorities, measure and collate data and encourage clinicians to get involved in research via an informal route or an established clinical academic career path.
- Whilst health research spending should continue to grow we need to see some of the increased health research spending in SLT. This means more SLT focused funding calls for grants and fellowships from NHS research funding bodies. This will rely on recognition of the value of health research other than the bio-medical.
- Suggested changes to NHS data management mean SLT needs to monitor and seize any opportunities arising from better NHS data infrastructure. This could include the creation/unlocking of large data sets, enabling research at the population-wide level.
- The RCSLT's involvement in the new national patient involvement standards as a testbed for the research priorities project has identified some of the extra challenges for involving people with speech, language, communication and swallowing difficulties in research and these will be considered when the standards are launched.
- We need to ensure that recruitment opportunities for people with speech, language and communication needs and swallowing difficulties are accessible and that support is continued throughout the research process including appropriate resources, communication of results and networking opportunities.
- SLTs may be involved in the care of children or adults who will more frequently be offered genome sequencing. Early detection or diagnosis arising from this may inform the nature of a service user's speech, language, communication or swallowing difficulty and subsequently influence their care pathway. There may also be repercussions for the SLT's role in supporting parents of children with newly identified genetic disorders and there may be increased liaison with a wider multi-disciplinary team including genetic counsellors or geneticists.
- For SLTs involved in the development of products or tools (including digital), the plan pledges that greater support from advisory services will be in place, and that there will be a simplified route to early adoption.
- SLT research needs to focus on implementation. Whilst other research designs (such as Randomised Control Trials under experimental conditions) still have their place, we now also need to focus on the implementation of research findings in real-world, clinical settings. This should be planned, carried out, monitored and evaluated as carefully as any other part of the research process. Hence, it is imperative that we develop our understanding and use of implementation and improvement science methodology to achieve this, and develop collaborations between clinicians and researchers to facilitate this.
- We also need to work with NHS England to support the development of SLT focused initiatives within their 'Test-beds' programme.
- For SLTs who have developed and evaluated their products (especially digital innovations), the plan pledges that greater support for wide-spread implementation will be in place. SLTs should therefore be striving to account for the evidence of effectiveness of their product in order to benefit from this support with roll-out.
- SLT needs to maintain a focus on quality improvement and innovation, and on spreading learning across NHS organisations. We also need to develop representation in the organisations set up to achieve this such as the Academic Health Science Networks.
- The plan suggests that UK SLT should maintain global links, through research and clinical networks, and use these to support the spread of UK-led innovations on the global stage. The plan also refers to current and planned NHS initiatives designed to facilitate this such as Healthcare UK and the NHS Export Collaborative.

#### Chapter 4: NHS staff will get the backing they need

- The recognition in the long term plan of the **recruitment issues** for SLT in many areas is a significant step forward. We will work with Health Education England and NHS England on the workforce plan, focussing on actions to help address the issues we are aware of around student recruitment, the profile of the profession, leadership, the transparency of funding and availability of placements, the availability of Continuing Professional Development and development of advanced practice, career progression and scaffolding, and the implementation of the SLT apprenticeship.
- We will continue the development of the **SLT degree apprenticeship** and start the implementation phase once the draft standard and End Point Assessment have been approved by the Institute for Apprenticeships. We plan to support SLT employers to take on apprentices by providing guidance and helping employers come together with universities providing the teaching element to deliver the apprenticeship.
- RCSLT is involved in putting the SLT case across in many of the Health Education England and NHS strategic work on developing **advanced practice and consultant** roles.
- We know there are difficulties around securing **placements** for student SLTs. These difficulties stem from a number of factors, from lack of transparency in placement funding, to a reduction in many places of the band 6 posts that might support placements. However, if the number of funded placements is to be increased SLT will need to try to deal with those difficulties and make the most of that opportunity in order to grow the number of students that we need to secure the future of the profession.



## Chapter 5: Digitally-enabled care will go mainstream across the NHS

- The Plan proposes integrated care records across GPs, hospitals, community services and social care sound useful for integrated working. However, SLTs working in education will need to have access.
- There will be a need to mandate and rigorously enforce a technology standard to ensure data is interoperable and accessible will help with integrated working and includes standards such as SNOMED CT (the structured clinical vocabulary for use in an electronic health record).
- Empowering people with digital tools and services has significance for SLT provision via apps, telehealth, or online services. However, we will need to ensure equity of access for service users. This includes concept of digital literacy of the public, which the Plan acknowledges. This shift may potentially involve service redesign as SLT will be offering some services digitally.
- The aim to endorse a number of technologies that deliver digitally enabled models of therapy for depression and anxiety disorders for use in Improving Access to Psychological Therapies (IAPT) services is potentially very good to try for these patient groups, but it needs research to ensure it is evidence-based and that this technology is not at the expense of the ability of patients to see clinicians face to face if required. Staff will need training and time to introduce new technologies.
- Enabling staff to capture all health and care information at the point of care is potentially useful to ease the administrative burden. It is also good for SLTs working in integrated care and across different locations and in the community. Some services will need significant investment in infrastructure/technology to enable this to happen. Leadership and change management skills will also be important in implementing change (digital transformation and changes to working practices).
- SLTs may have the opportunity to be involved in the development of systems that meet their needs, as this is a key principle outlined in *The Future of Healthcare* (the Government's vision for digital, data and technology in health and care).
- SLTs could have a key role to play in the expansion of the NHS Digital Academy and informatics leadership representation on the board of every NHS organisation, as there are many in the vanguard of using technology and informatics in their roles.
- Although the NHS Digital Academy is now open to AHP applicants, it is currently aimed at senior leaders with existing experience in digital health and informatics (for example chief information officers (CIOs) and chief clinical information officers (CCIOs). Therefore, there is a need for further training in digital skills in the wider SLT workforce and an investment in training is welcomed. The NHS England Digital AHPs Steering Group has begun looking at the support AHPs require to identify training needs. There may be implications for pre-registration training also, and the Topol Review being conducted by Health Education England is focusing on how to prepare the healthcare workforce for a digital future.
- Electronic Patient Records allow sharing of records across different health and care settings. This is good for SLTs in principle. However, it will need to be accessible to those working in other sectors such as education.
- On Virtual Clinics, SLTs are leading the way and developing an evidence base. However, there are complex challenges to embedding virtual clinics including time and money to set up, staff training and incentivisation. We need also to consider that it is not a solution which fits all clinical situations, all clinicians and all patients.
- Deploying population health management solutions to support Integrated Care Systems to understand the areas of greatest health need and match NHS services to meet them has the potential to support SLT services with better understanding the needs of the local population and designing services that meet these needs. There are links to the work of Public Health England that RCSLT has been supporting in undertaking speech and language needs assessment. It is also aligned with the work of the RCSLT Outcomes Programme.

- Use of de-personalised data extracted from local records will help SLT research and also modelling population needs. We welcome this as it supports the work of the RCSLT in relation to the collection and use of outcomes data using the RCSLT Online Outcome Tool (ROOT). This should be an enabler for SLT services wishing to engage in this work.
- We welcome investment in developing a digitally literate workforce.
- We welcome also a set of open standards for technology suppliers. This benefits SLTs who are also developing digital clinical resources. Adoption of standards such as SNOMED CT will have a benefit for patients in terms of delivering safe and effective care.
- People having access to their care plan and communications from their care professionals via the NHS App is obviously a useful benefit for service users and particularly if they are attending a variety of services (for example crossing between SLT and Child and Adolescent Mental Health Services).
- SLTs working in acute, community and mental health care fields will benefit from digital access to services for information capture, storage, processes and sharing, and access to relevant, accurate information by healthcare professionals will benefit patient care.

### **Chapter 6: Taxpayers' investment will be used to maximum effect**

- Given the opportunities identified above, SLTs have an important role to play in helping to deliver maximum effect for NHS spending. Key to this will be demonstrating how SLTs help to improve efficiency, generate cost savings for the health economy, and reduce the risk of health costs escalating because people's communication and/or swallowing needs have not been identified and appropriately supported.

### **Chapter 7: Next steps**

- There are excellent opportunities for SLTs locally to work to influence local plans and implementation programmes.
- The RCSLT will continue to engage with national partners and use member expertise to influence national policies and programmes.