

RCSLT South Central Hub Day

3 April 2019

#SCSLTHub



Dysphagia (adults)



Louise Borjes, Project Coordinator, RCSLT

Aims of this session



1. To give a high level summary and update on RCSLT dysphagia work
2. To discuss feedback on key issues and potential actions

Workshop

1. Peer discussion and identifying opportunities for joint actions
2. Identifying actions for RCSLT to consider

High level summary and update



Developing a system wide approach



- Joint symposiums – resulted from a patient safety alert 2015
- Establishment of task and finish groups
 - Raising awareness
 - Workforce
 - Guidance and resources
 - Evidence and data collection

Where are we now?

Member engagement



- National event June 2018 to support regional and local events to improve dysphagia management and outcomes
- Focused on adult services
- Covering the four work streams
- Aims and objectives:
 - To identify the role of the SLT profession to support system change and improve patient outcomes
 - To support SLTs to engage key stakeholders in system change

Where are we now?

Partnership with others



- Evidence and data collection:
 - NCEPOD
- Raising Awareness
 - Swallowing Awareness Day 2019
- Workforce
 - Interprofessional Dysphagia Framework
- Guidance and resources
 - IDDSI Implementation
 - Management of dysphagia in Care Homes
 - Patient Safety Alert (NHS I, BDA and RCSLT)



Inter-professional Dysphagia Framework (IDF)



■ What is it?

- The IDF is an assessable competency framework, applicable to different settings across the UK

■ Who is it for?

- Registered healthcare professionals
- Non-registered staff working in healthcare

Inter Professional Dysphagia Framework

Authors:
Elizabeth Boaden
Chorley & South Ribble Primary Care Trust
Steve Davies
Gateshead Health NHS Foundation Trust

Co-authors:
Les Storey
Professor Caroline Watkins
University of Central Lancashire

On behalf of the National Dysphagia Competence Steering Group

The project team would like to acknowledge the invaluable contribution to all those who participated in the development of the dysphagia competency framework.

Inter-professional Dysphagia Framework (IDF)



- **Why are we updating it?**
 - Healthcare system has changed since publication
- **Who is involved?**
 - RCSLT, government bodies, expert SLTs
- **Who is funding this?**
 - HEE and PHA NI
- **What else are we doing?**
 - Identification of additional guidance

Inter-professional Dysphagia Framework (IDF)



- Consultation extended till **26 May**
- **110+** people have responded so far
 - a range of professions, settings and locations
- Working to secure endorsement from other professional bodies

Find out how to take part and spread the word!

<https://www.rcslt.org/news/consultation-on-the-interprofessional-dysphagia-framework>

THE INTERNATIONAL DYSPHAGIA DIET STANDARDISATION INITIATIVE

DR BEN HANSON

UNIVERSITY COLLEGE LONDON

IDDSI BOARD MEMBER



SAFETY AND QUALITY OF LIFE



IDDSI
International Dysphagia Diet
Standardisation Initiative

A common language to improve consistency and quality

BBC NEWS

Home UK World Business Politics Tech Science Health Family & Education

Health

Patients 'choked on hospital soft food'

27 June 2018

Dr Kathy McLean, executive medical director at NHS Improvement, said: "Vulnerable patients have died or been harmed because there is confusion in the way people describe what type of food is suitable for those with swallowing or chewing difficulties. NHS Improvement now wants all NHS staff to use clearly categorised food textures - as published by the **International Dysphagia Diet Standardisation Initiative** - to make sure patients are fed safely and correctly according to their individual needs.

BDA The Association of UK Dietitians

NHS Improvement

Patient Safety Alert

Resources to support safer modification of food and drink

27 June 2018

Alert reference number: NHS/PSA/RE/2018/004

Resource Alert

Dysphagia is the medical term for swallowing difficulties and a sign or symptom of disease, which may be neurological, muscular, physiological or structural. Dysphagia affects people of all ages in all types of care setting. Food texture modification is widely accepted as a way to manage dysphagia.¹

Terms for food textures, such as 'soft' and 'thick', have varied locally and numerical scales have been used by industry. National standard terminology for modified food textures, including terms such as 'fork-mashable',² was agreed in 2011 and widely adopted by the hospital catering industry and many clinical settings. However, local variations have persisted for both food and fluid textures, confusing patients, carers and healthcare staff. The imprecise term 'soft diet' continues to be used to refer to the modified food textures required by patients with dysphagia, and others without dysphagia, for example, with lost dentures, jaw surgery, frailty or impulsive eating.

A review of National Reporting and Learning System (NRLS) incidents over a recent two-year period identified seven reports where patients appear to have come to significant harm because of confusion about the meaning of the term 'soft diet'. These incidents included choking requiring an emergency team response, and aspiration pneumonia; two patients died. An example incident reads: "Patient with documented dysphagia given soft diet including mince and peas at lunch...unresponsive episode... Difficult to ventilate rig pat left over night. Pass [suctioned out via] endotracheal tube." Around 270 similar incidents reported no harm or low harm such as coughing or a brief choking episode.

These incidents suggest the continuing widespread use of the term 'soft diet' can lead to patients needing a particular type of modified diet being harmed.

The International Dysphagia Diet Standardisation Initiative (IDDSI) has developed a standard terminology with a colour and numerical index to describe texture modification for food and drink.³ Manufacturers will be changing their labelling and instructions accordingly, and aim to complete this by April 2019.

Transition from the current range of food and drink texture descriptors to IDDSI framework for people with dysphagia needs careful local planning to ensure it happens as soon and as safely as possible.

For practical reasons and to reduce the risk of errors, IDDSI food texture descriptors also need to be adopted for patients who do not have dysphagia but for other clinical reasons need a modified texture diet equivalent to IDDSI levels 6 to 4 (usually in the short-term). IDDSI point out that within a regular (level 7) diet there are many easier to chew options and these may be suitable for some of these patients.⁴ The needs of non-dysphagia patients should be noted in care plans, including steps to address the cause of the problem and return them to a normal texture diet as soon as possible. We would not expect these patients to need to be prescribed thickeners.

This alert provides links to a range of resources improvement.nhs.uk/resources/transition-to-idssi-framework to assist with transition to the IDDSI framework and eliminate use of imprecise terminology, including 'soft diet', for all patients.⁵

Actions

Who: All organisations providing NHS funded-care for patients who have dysphagia or need the texture of their diet modified for other reasons, including acute, mental health and learning disabilities trusts, community services, general practices⁶ and community pharmacies⁷

When: To start immediately and be completed by 1 April 2019

- 1 Identify a senior clinical leader who will bring together key individuals (including speech and language therapists, dietitians, nurses, medical staff, pharmacists and catering services) to plan and co-ordinate safe and effective local transition to the IDDSI framework and eliminate use of imprecise terminology including 'soft diet'
- 2 Develop a local implementation plan, including revising systems for ordering diets, local training, clinical procedures and protocols, and patient information
- 3 Through a local communications strategy (eg newsletters, local awareness campaigns etc) ensure that all relevant staff are aware of relevant IDDSI resources and importance of eliminating imprecise terminology including 'soft diet', and understand their role in the local implementation plan

⁶ Community pharmacy services and general practices are not required to develop the full implementation plan above, but should use appropriate resources when prescribing or dispensing modified diet products (eg thickening powder) to help patients and their carers understand the changes to terminology.

Patient Safety
improvement.nhs.uk/resources/patient-safety-alerts

See page 2 for references, stakeholder engagement and advice on who this alert should be directed to.

NHS Improvement (June 2018) Contact us: patientsafetyenquiries@nhs.net Publication code: IT 05/18



WHERE IS IDDSI FROM?



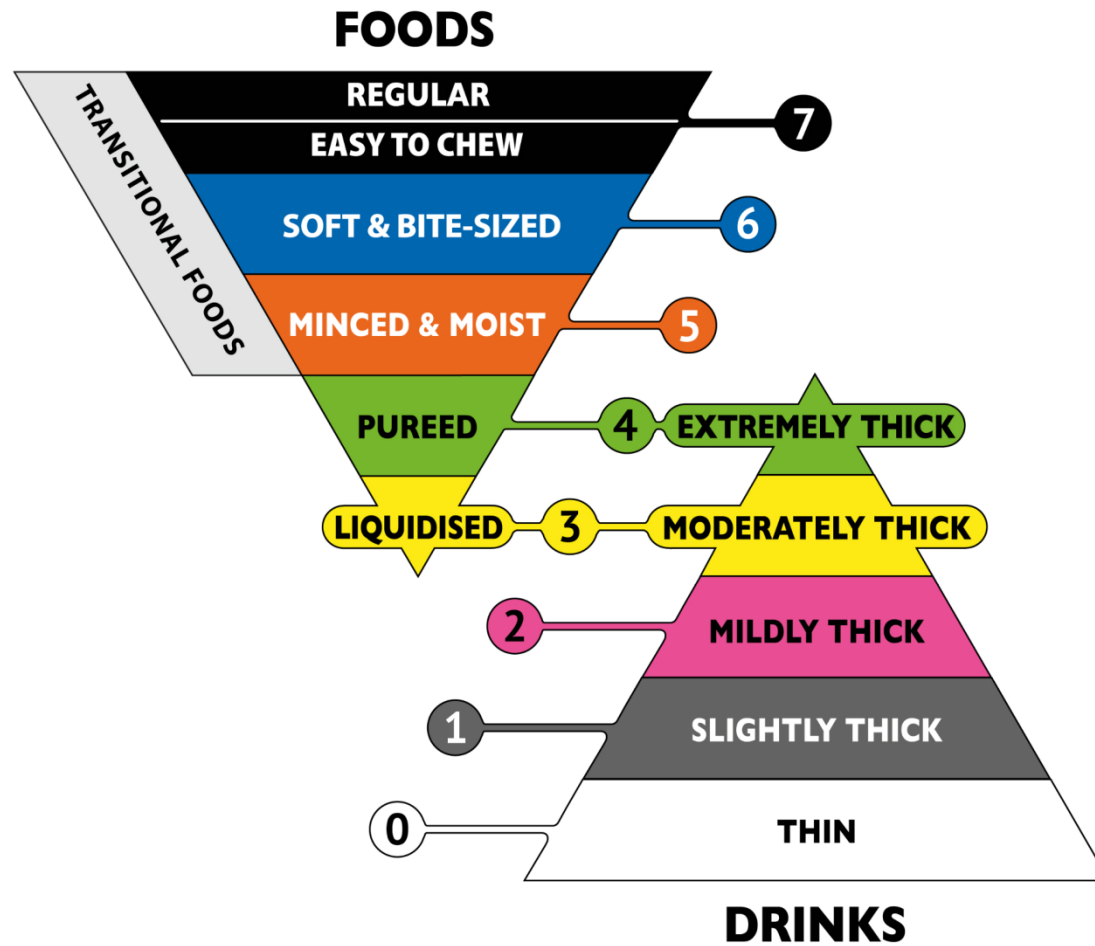
International best practice and web-based surveys

Multidisciplinary, international volunteer board



Scientific research

THE IDDSI FRAMEWORK



Copyright: The International Dysphagia Diet Standardisation Initiative 2016
@ <https://iddsi.org/framework/>

HOW TO USE IDDSI (Making IDDSI work for you)

1. IDDSI is a *language*, not a *law*

A tool, not a textbook

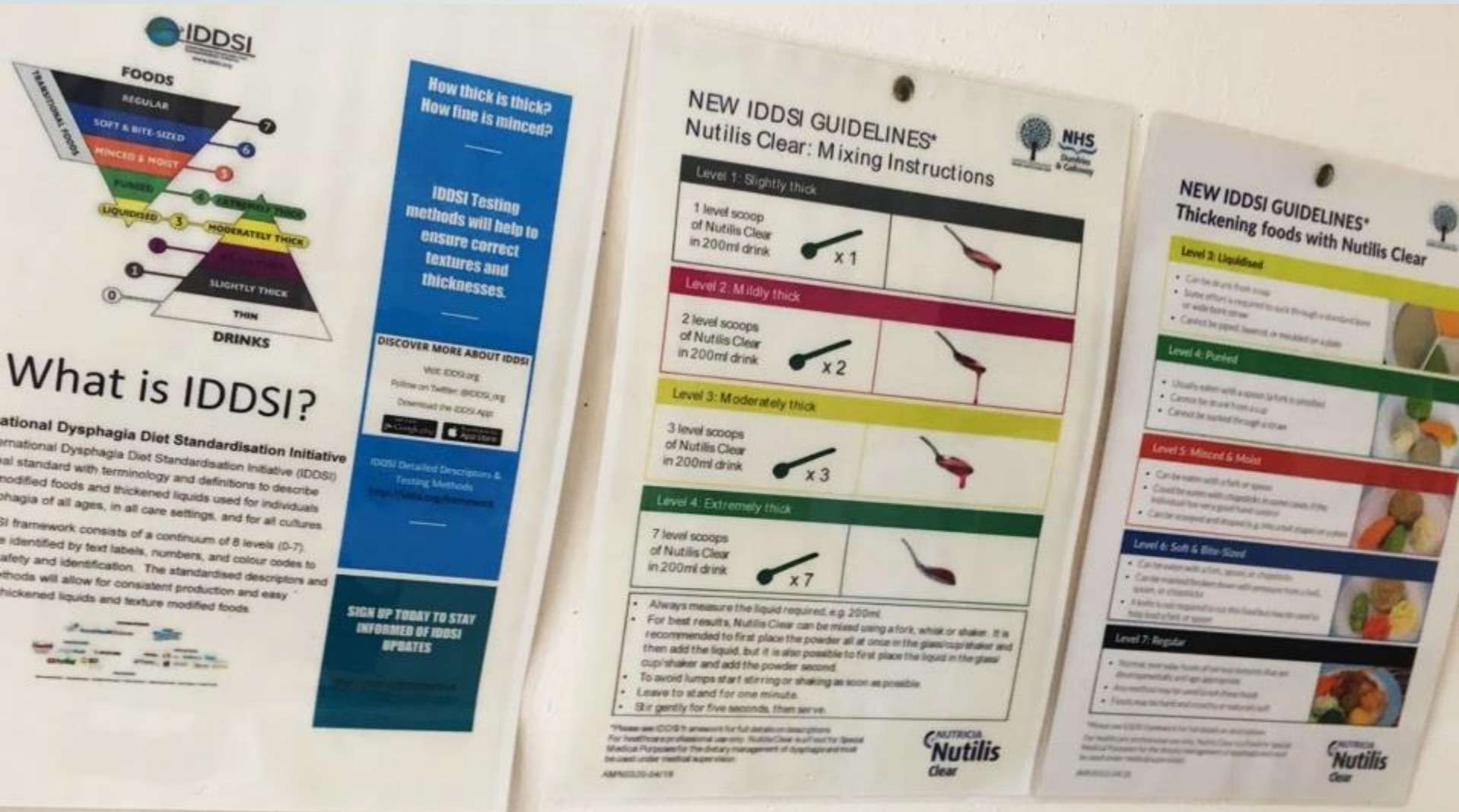
Clinical judgement remains key!

2. Texture measurements: **when & where** to use them

3. Level 7 **Easy to Chew**

I. TRAINING & EDUCATION

Create, re-use, share resources: www.iddsi.org



FOODS

- TRANSITIONAL FOODS
- REGULAR
- SOFT & BITE-SIZED
- MINCED & MOIST
- PURÉED
- LIQUIDISED
- MODERATELY THICK
- SLIGHTLY THICK
- THIN

DRINKS

What is IDDSI?

International Dysphagia Diet Standardisation Initiative (IDDSI) is an international standard with terminology and definitions to describe modified foods and thickened liquids used for individuals with dysphagia of all ages, in all care settings, and for all cultures.

The IDDSI framework consists of a continuum of 8 levels (0-7) identified by text labels, numbers, and colour codes to ensure safety and identification. The standardised descriptors and methods will allow for consistent production and use of thickened liquids and texture modified foods.

How thick is thick? How fine is minced?

IDDSI Testing methods will help to ensure correct textures and thicknesses.

DISCOVER MORE ABOUT IDDSI

Visit: IDDSI.org
Follow on Twitter: @IDDSI_1916
Download the IDDSI App

IDDSI Detailed Descriptors & Testing Methods
www.iddsi.org/framework

SIGN UP TODAY TO STAY INFORMED OF IDDSI UPDATES

NEW IDDSI GUIDELINES* Nutilis Clear: Mixing Instructions

Level 1: Slightly thick

1 level scoop of Nutilis Clear in 200ml drink

Level 2: Mildly thick

2 level scoops of Nutilis Clear in 200ml drink

Level 3: Moderately thick

3 level scoops of Nutilis Clear in 200ml drink

Level 4: Extremely thick

7 level scoops of Nutilis Clear in 200ml drink

- Always measure the liquid required, e.g. 200ml.
- For best results, Nutilis Clear can be mixed using a fork, whisk or shaker. It is recommended to first place the powder all at once in the glass/cup/shaker and then add the liquid, but it is also possible to first place the liquid in the glass/cup/shaker and add the powder second.
- To avoid lumps start stirring or shaking as soon as possible.
- Leave to stand for one minute.
- Stir gently for five seconds, then serve.

*Please see IDDSI's framework for full details on descriptions. For healthcare professional use only. Nutilis Clear is not for Special Medical Purpose for the dietary management of dysphagia and must be used under medical supervision.

AMF0020-0418

NUTRISIA Nutilis Clear

NEW IDDSI GUIDELINES* Thickening foods with Nutilis Clear

Level 3: Liquidised

- Can be drunk from a cup
- Some effort is required to suck through a standard straw or wide bore straw
- Cannot be piped, poured, or mouled on a plate

Level 4: Puréed

- Slightly eaten with a spoon, a fork is possible
- Cannot be drunk from a cup
- Cannot be sucked through a straw

Level 5: Minced & Moist

- Can be eaten with a fork or spoon
- Cannot be eaten with chopsticks in most cases, if the individual has very good hand control
- Cannot be piped and squeezed into small diameter tubes

Level 6: Soft & Bite-Sized

- Can be eaten with a fork, spoon or chopsticks
- Can be mashed between clean, moist fingers from a ball, spoon, or chopsticks
- A fork is not required to cut the food but may be used to help load a fork of spoon

Level 7: Regular

- Normal oral intake foods of various textures that are chewed naturally and swallowed
- Any modified foods used must break apart
- Food may be hard and crunchy or soft and wet

*Please see IDDSI's framework for full details on descriptions. For healthcare professional use only. Nutilis Clear is not for Special Medical Purpose for the dietary management of dysphagia and must be used under medical supervision.

AMF0020-0418

NUTRISIA Nutilis Clear

General Resources

Country-specific Resources

Australia

New Zealand

United Kingdom

- What is IDDSI - UK (10 mins, YouTube video)
- Comparison between the UK National Descriptors and IDDSI (YouTube video)
- Editable PowerPoint template for transition from National Descriptors to IDDSI (PowerPoint)

The following pages contain studies and FAQs for IDDSI

- Royal College of Dietitians and Nutritionists IDDSI
- British Dietetic Association IDDSI
- RCSLT Giving Voice to IDDSI

Flow Test

The International Dysphagia Diet Standardisation Initiative (IDDSI) framework of terminology and definitions includes an objective measurement for liquid thickness.

Level 4: Use IDDSI fork-lift or spoon-lift tests instead

The IDDSI flow test classifies the rate of flow.

Use a syringe following syringe chart (image below) for correct results.

IDDSI Implementation Guide: Cross Sector Master Guide

Food Service and Catering

Cross-sector key

Month	12	11	10	9	8	7	6	5	4	3	2	1	Launch!
TASKS	months to go	months to go	months to go	months to go	months to go	months to go	months to go	months to go	months to go	months to go	months to go	months to go	months to go

1. Become familiar with IDDSI

Recommendations for Industry Partners

DO

- 0 THIN
- 1 SLIGHTLY THICK
- 2 MILDLY THICK
- 3 MODERATELY THICK
- 3 LIQUIDISED
- 4 EXTREMELY THICK
- 4 PUREED
- 5 MINCED & MOIST

All manufacturers are most welcome to use the IDDSI labels once they have tested their products and are confident that they meet the IDDSI descriptors and testing methods.

We recommend that manufacturers include a statement to indicate that the testing has been performed by their own company and to be careful about claiming that the products 'meet' IDDSI standards.

Suggested wording or label inclusions

- IDDSI triangle labels (see left) available as zip file at <http://iddsi.org/resources/>
- Please use the IDDSI Colour Guide (PMS CMYK and Pantone) overlaid and at <http://iddsi.org/resources/>
- Tests performed by [company]
- Designed for/suitable for use with IDDSI framework
- Reference to www.IDDSI.org
- Translation of IDDSI labels in languages other than English <http://iddsi.org/translations/>

IDDSI

By App Data Room

This app is only available on the App Store for iOS devices.

Description

Have the IDDSI Framework at your fingertips - get access to the descriptions and look up the different IDDSI food textures and drink thickness tests easily either on the lab, office or at home.

What's New in Version 2.6.5

New self-registration has been added for new users to sign-up and sign-in!

Customer Ratings

This application hasn't received enough ratings to display a summary.

Implementation Schedule

Created a checklist of tasks to complete to work towards implementation:

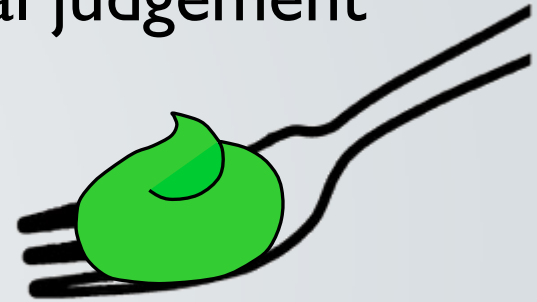
1. Seek administrative approval & support
2. Create schedule of tasks, responsibility & timeframes
3. Sign up for IDDSI news online, <http://iddsi.org/>
4. Introduce Dietary Staff to Framework
5. Laminate & post Framework
6. Draft Policy
7. Develop presentation for staff education
8. Educate staff
9. Circulate a newsletter article
10. Explain diet changes to Resident Council
11. Update resident breakfast cards
12. Recipe testing
13. To be continued...

2. OBJECTIVE MEASUREMENTS

- ? How thick is “thick”?**
? How soft is “soft”?
? How small is “small”?

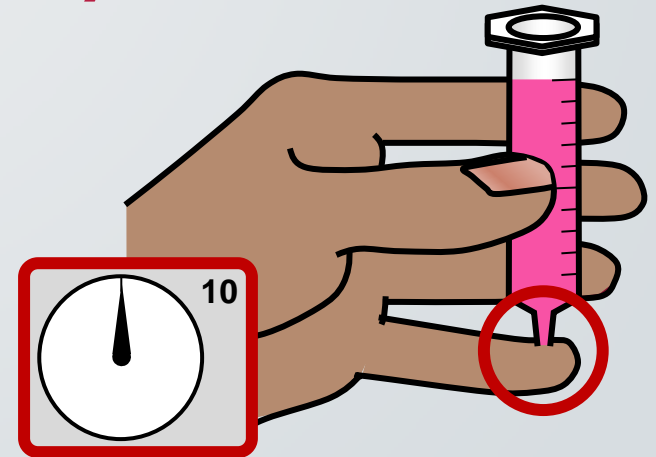
! IDDSI includes specific **measurements**, not personal judgement

- It's *possible* to use these any time...



... but testing won't be needed every time!

- Tests are most useful for:
 - Initial staff training
 - Auditing
 - Industry use to develop & test products
 - Kitchen use to develop & test recipes



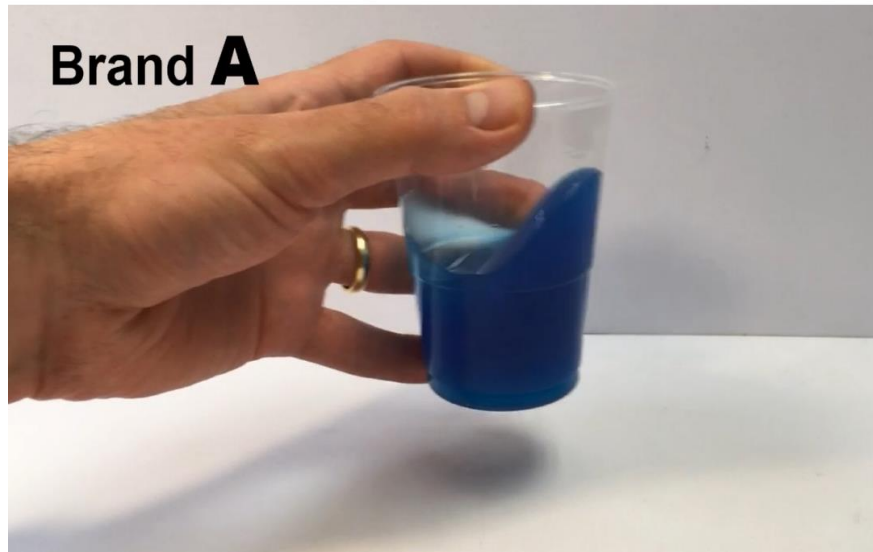
What does “large” mean?



Do we agree how thick is “thick”?

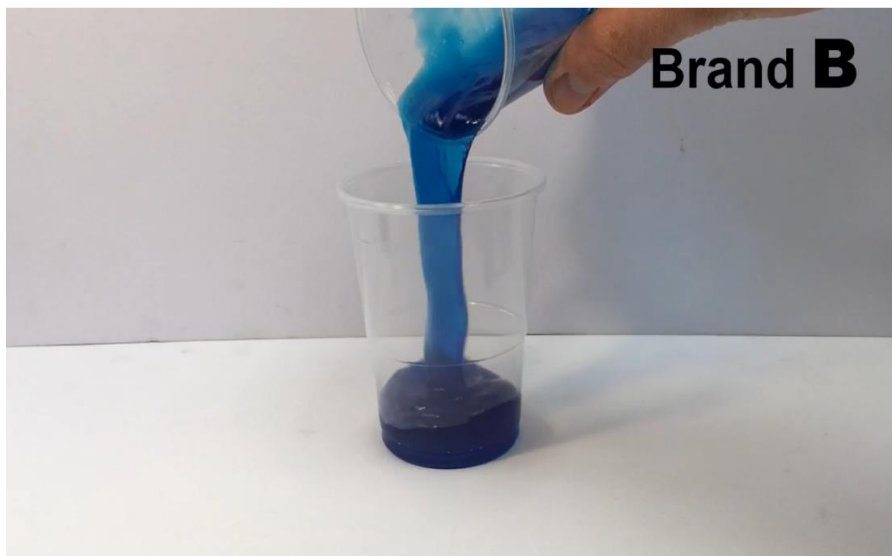
What **is** stage 1?

Brand A



What **is** stage 2?

Brand B

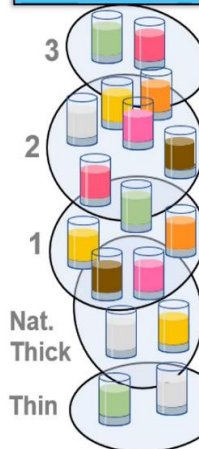


LIQUIDS: From UK National Descriptors to IDDSI



Subjective, estimated

The categories were not clearly defined.



"Needs to be taken with a spoon..."

"Leaves a thick coat on the back of a spoon..."

"Leaves a thin coat on the back of a spoon..."

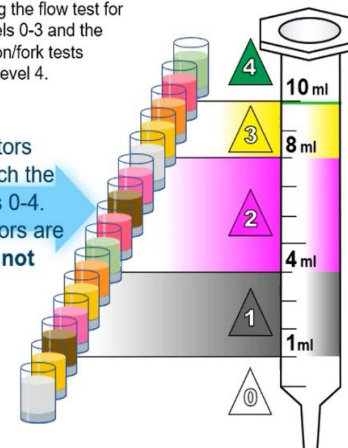
"Leaves a coating on an empty glass"

Objective, measured

The IDDSI Levels are defined by measurement using the flow test for Levels 0-3 and the spoon/fork tests for Level 4.



The descriptors broadly match the IDDSI levels 0-4. But descriptors are subjective, not specific.



3. LEVEL 7 EASY TO CHEW (L7EC)



- International survey in Sep/Oct 2018, and discussion since.
 - “Easy to Chew” preferred.
 - Sub-set of Level 7, not Level 6.
 - Many UK colleagues are keen not to exclude L7EC from individuals with dysphagia.
- IDDSI.org to be updated with L7EC information and guidance. User handouts online already (*for all levels*)
- Clinical judgement is paramount.
- If an individual is not safe to eat L7 unsupervised, then this L7EC by itself does not mitigate that risk.
- L7EC could be used as part of a supervised rehabilitation programme, or for assessment.
 - In fact it is necessary in many of those situations
 - But only under clinical supervision

IDDSI - A joint approach to implementation



- RCSLT & BDA part of the IDDSI UK Expert Reference Group
- Consulted with expert advisors and membership to inform decision to adopt IDDSI
- Implementation to take place April 2018 – April 2019
- Guidance on RCSLT's website
https://www.rcslt.org/clinical_resources/dysphagia/dysphagia_diet
- Further resources on IDDSI's website <http://iddsi.org/>
- RCSLT, BDA & NHSI worked together to issue a joint Patient Safety Alert on the term 'soft diet'
- Webinar with IDDSI, Feb 2019 <https://www.rcslt.org/past-events-and-webinars/rcslt-and-iddsi-webinar-making-iddsi-work-for-you>
- IDDSI Congress & Festival, Feb 2019

Concerns regarding implementation



- Level 7 Easy to Chew
 - Worked through Dr Ben Hanson and IDDSI have responded
- Paediatric dysphagia
 - Dr Ben Hanson is supporting work with manufacturers and members to resolve
- Implementation in the community and cross sector strategic approach
 - RCSLT encouraging members to share good practice
 - Guidance on website to support a strategic approach to local implementation

Paediatric dysphagia



- Carobel and IDDSI
 - As mentioned, Carobel (Nestle) have agreed to get their product IDDSI-aligned
 - Working with Dr Ben Hanson (IDDSI) and Louise Bax (GOSH)
- Paediatric specific guidance
 - Setting up working group

Current RCSLT dysphagia projects



- **Interprofessional Dysphagia Framework –**
consultation live till 26 May

<https://www.rcslt.org/news/consultation-on-the-interprofessional-dysphagia-framework>

- **Updating RCSLT's online clinical guidance for dysphagia –** still looking for peer reviewers

<https://www.rcslt.org/members/get-involved/current-rcslt-projects/dysphagia-current-projects#section-5>

Workshop

1. Peer discussion and identifying opportunities for joint actions
2. Identifying actions for RCSLT to consider



Thank you!



RCSLT South Central Hub Day

3 April 2019

#SCSLTHub



Children's Services Strategy Project Update:

April 2019

Lorna Baxter, RCSLT Professional Guidance Manager
[*lorna.baxter@rcslt.org*](mailto:lorna.baxter@rcslt.org)



Context

- Bercow 10 years on

- Scottish Government Action plan for breaking the intergenerational cycle of poverty

- Publication of guidance document
- Publication of position statements:
 - Assessment only services
 - Caseload management
 - Supporting access and engagement



The guidance

Building a theory of change through conversations with members, parents/carers, other professionals

Developing guiding principles

The strategy: a two-pronged approach

What happens now?

2019 overview



Jan

Feb

March

April

May

June

July

Aug

Sep

Oct

Nov

Dec

Webinar part 1

Placing children and young people at the heart of delivering quality speech and language therapy – an introduction to your guidance and how you can be involved

Webinar part 2

Placing children and young people at the heart of delivering quality speech and language therapy – involving children, young people and their parents/carers in decision-making

Sharing best practice

Bringing the guidance to life through best practice examples
Linking up with leadership mentors
All resources to be accessible on new RCSLT children's services website/hub
Share available/existing resources e.g. through short videos
NB. RCSLT to develop evaluation criteria for best practice e.g. ensure it aligns with one or more of guiding principles

Workshops

Supporting members with implementation of guidance – how to apply the guiding principles to their service

Social media

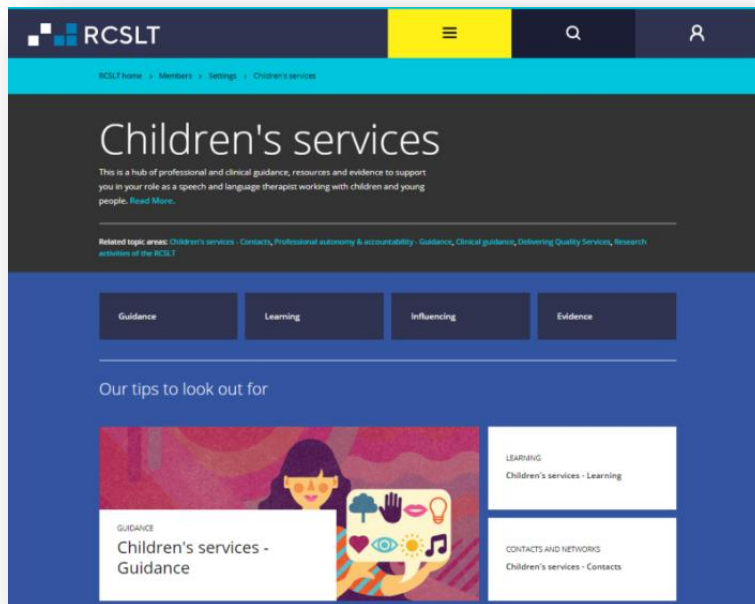
Raising awareness
Signposting to events and resources

Learning journey TBC

To be developed later in the year once sufficient resources have been developed

Recent achievements

- Launch of children's services **digital hub** – December 2018



- Public pages
- Member pages
 - Guidance
 - Learning
 - Evidence
 - Influencing
 - Contacts

Recent achievements

- **Webinar Part I** to introduce the children's services guidance and digital hub – January 2019
- **Webinar Part II** on the importance of involving children and their parents/carers in decision-making (with National Network of Parent Carer Forums) – March 2019

Chair of webinar:



Kamini Gadhok MBE
CEO, RCSLT

Presenters:



Morag Dorward

Chair of the RCSLT Strategy for Children's Services
Steering Group and CYP & AHP for NHS Tayside



Lorna Baxter
Professional Guidance
Manager, RCSLT

Presenters:



Mrunal Sisodia
Co-chair, National Network of Parent
Carer Forums



Glenn Carter
AHP Coordinator and Head of
Speech and Language Therapy,
NHS Forth Valley

What's next?



- Ongoing collation and sharing of **best practice**
- Children's services **workshops** to help members make best use of the guidance – April 2019 onwards

Workshop activity pilot

Reviewing the guiding principles to identify gaps



- In pairs/ small groups, you will be given one of the following high-level guiding principles:
 - Access to a needs-led service
 - Delivering quality services
 - Building effective partnerships
 - Demonstrating leadership

- Go through the detailed principles to assess which you are achieving in your service and where there are gaps – use a scale from 1 – 5 (with 1 being that you are not achieving the principle at all, and 5 that it is being fully achieved)

- If your service is achieving (or partially achieving) the principle, add examples/ evidence to demonstrate this and think about next steps

- If your service is not achieving the principle think about an action/next step you could take to help you work towards it

- Share your answers and ideas with the wider group

Feedback



- What worked?
- What didn't work?
- Who would benefit most from this activity?
- Any other suggestions

Thank you!



- Are you using the guidance? Get in touch to let us know how!
- Are you aware of any examples of good practice taking place in children's services that you think the RCSLT should know about?

For more information about this project please contact:

Lorna.baxter@rcslt.org

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3 April 2019

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Public Health

South Central Hub 3rd April 2019

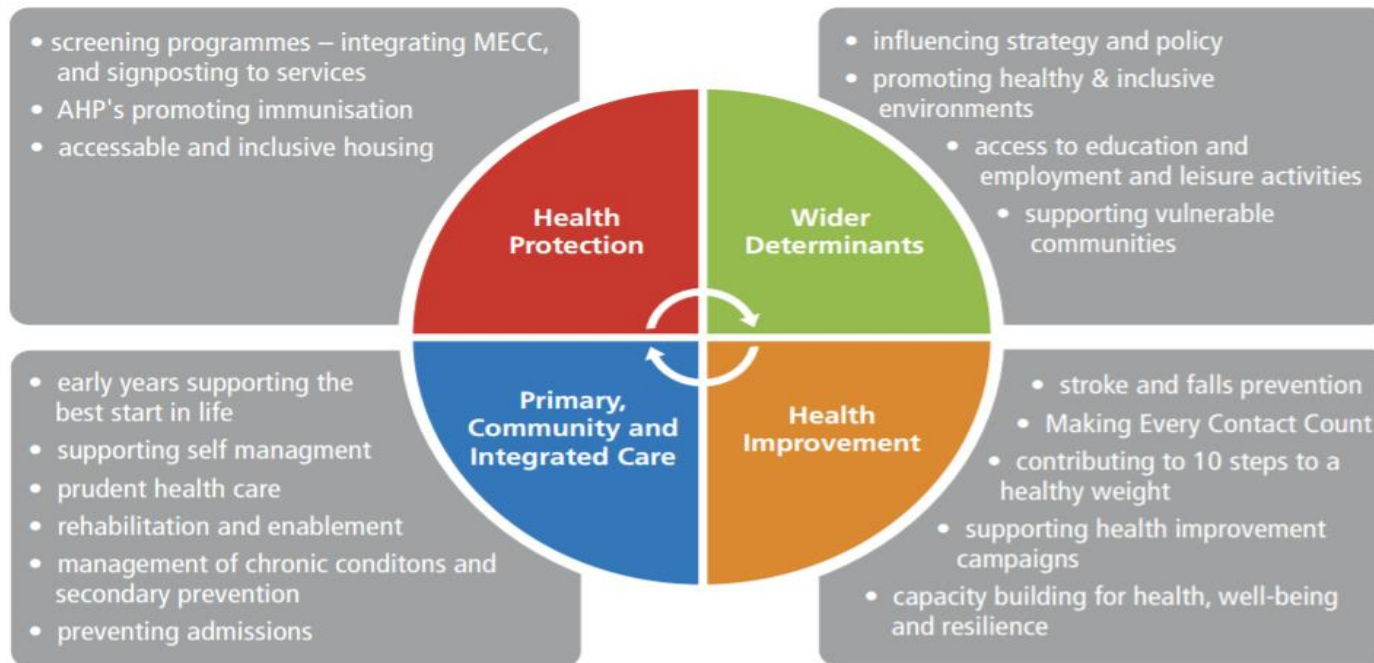


We will cover...

- The SLT role in public health
- Social prescribing – where does it fit?
- What more can I do to promote public health?
- Resources to help

Public Health definition

"The science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society."

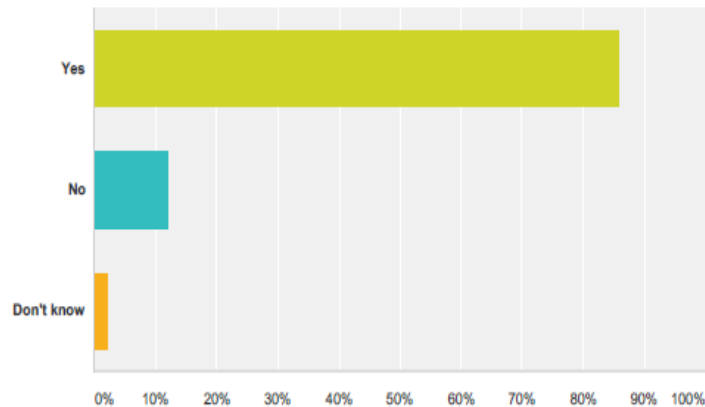


Is public health a part of an SLT's role?

Allied Health Professions and Public Health: 2016 Survey

Q7 Do you consider public health (including prevention, health promotion and early intervention) to be a core part of your professional role?

Answered: 141 Skipped: 21



Answer Choices	Responses
Yes	85.82% 121
No	12.06% 17
Don't know	2.13% 3
Total	141

- Allied Health Professions and Public Health Survey 2016, Lowe, Hindle, Pattinson and Kilner 2017 (submitted for publication).
- These responses from SLTs.

Discussion

What do you do that has a public health dimension?

A smorgasbord of interventions...



Preventing future academic/social problems

Awareness raising to support prevention

Baby babble

Enabling self care

rehabilitation

helplines

Patients reach their potential

Voice care

Preventing hospital admissions

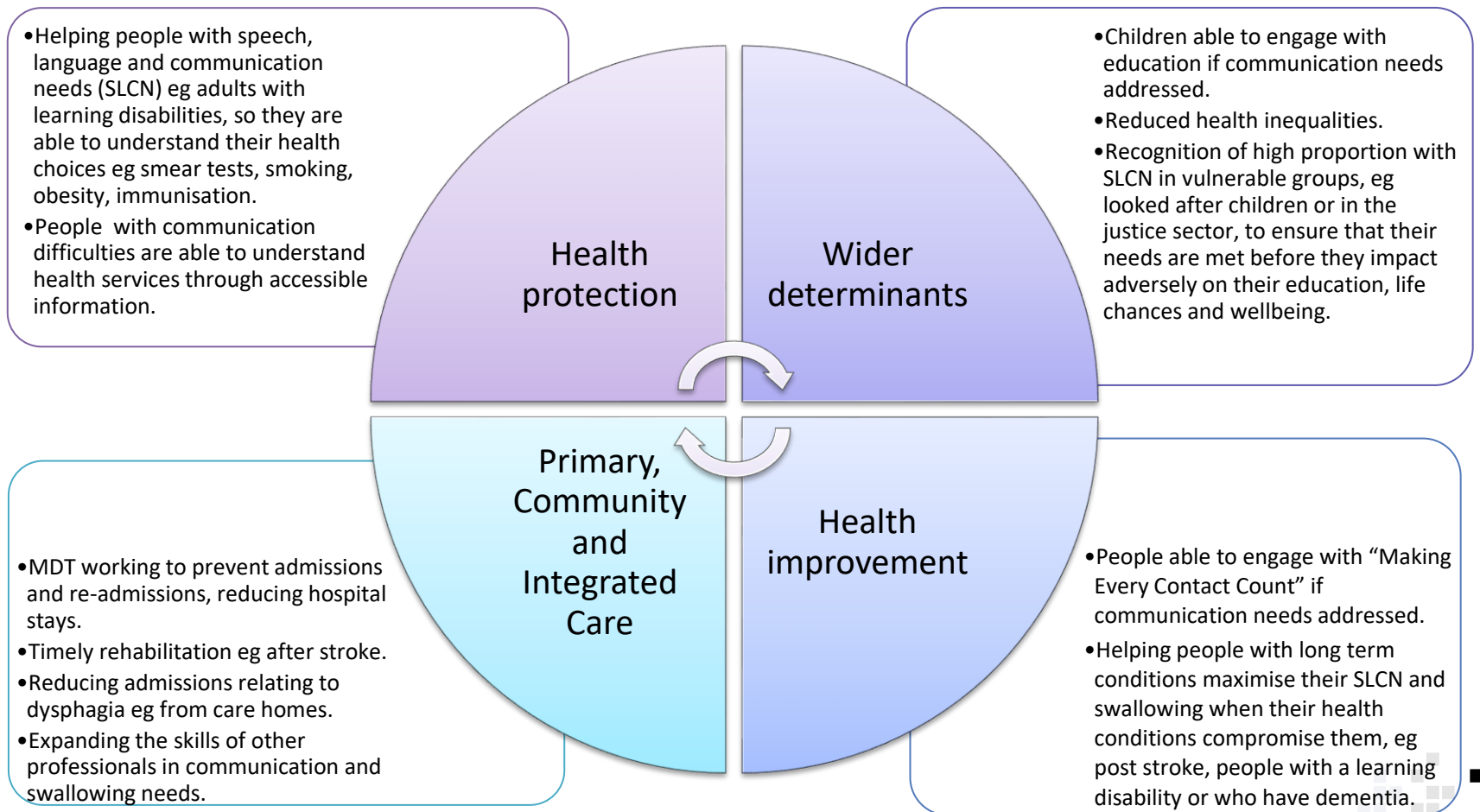
Taxi driver test

Signposting

Training others

Advocating

Four domains of public health: the Speech and Language Therapy role



Social prescribing – where does it fit?

“Social prescribing is a way for local agencies to refer people to a link worker. Link workers give people time, focusing on ‘what matters to me’ and taking a holistic approach to people’s health and wellbeing. They connect people to community groups and statutory services for practical and emotional support.” *NHS England website.*

Do you use social prescribing in your work?

Is it available?

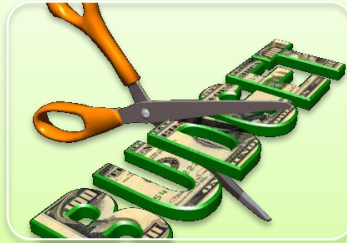
Do you see it as different to signposting?

Social prescribing – new developments

- NHS England summary guide available <https://www.england.nhs.uk/publication/social-prescribing-and-community-based-support-summary-guide/>
- RCSLT – contributing to an AHP framework development. Publication around July.

How can you can help promote the
role of SLT within public health?

Why promote the SLT role in public health?



Prevention and wellbeing work seen as an “easy” cut in a difficult financial environment.



SLTs know the evidence supports prevention and early intervention – others do not – spread the word!



The case has been made for smoking and obesity – work to do for speech, language and communication needs

Locally

- Public health profiles
<https://fingertips.phe.org.uk/>
- Share information on SLCN issues affecting the local population.
- Get to know your Public Health Colleagues.
- STP/ICS role – prevention at the heart of many of these. Do you know what your STP or ICS is and how to influence them?

Nationally

- Contribute to the Royal College of Speech and Language Therapists requests for case studies - your contribution is important- every one helps!
- RCSLT and 2 SLT reps feed in to PHE's AHP group.
- There is a Basecamp group – new communities group available in due course.
- Public Health Strategic Framework for Allied Health Professions (AHPs) – new one coming out early summer. Current one is here <http://www.ahpf.org.uk/files/AHP%20Public%20Health%20Strategy.pdf>
- PHE health profile for England <https://www.gov.uk/government/publications/health-profile-for-england>

Working with PHE at the national level

- RCSLT has worked in partnership with Public Health England and the Department for Education to develop a programme of work which aims to support children's early language and communication.
- The programme includes the development of a speech, language and communication pathway, a new assessment tool and a training package for health visitors to improve early identification and support for children with speech, language and communication needs.
- RCSLT has been part of the expert advisory group for all three areas, drawing on the expertise of its members, and has worked closely with both Public Health England and the Institute of Health Visiting to inform the content of the health visitor training.

Working with PHE at the national level

- The Speech, Language & Communication Pathway will be for children under 5 years
- It aims to support development of fully integrated SLC pathways for children in local areas
- It will support local areas to review their provision against an integrated model SLCN pathway at a universal, targeted & specialist level

Some resources

Promoting the role of SLTs

Resources to make the case

- RCSLT public health webpages
<https://www.rcslt.org/members/clinical-guidance/public-health>
- RCSLT public health factsheet
<https://www.rcslt.org/members/clinical-guidance/public-health/public-health-learning#section-4>
- STP factsheet (scroll down)
<https://www.rcslt.org/policy/englishand#section-4>
- RCSLT webinar
<https://www.rcslt.org/past-events-and-webinars/public-health-and-communication-needs>

Giving Voice | Speech and Language Therapy transforms lives

ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

Speech and language therapy promoting public health

How can public health outcomes be improved with speech and language therapy?

No matter what age people are, their lives are transformed every day by public health interventions from speech and language therapists (SLTs). Investing in speech and language therapy (SLT) services is cost effective and places the communication needs, health and wellbeing of people first.

SLT is cost effective

For children...

- every £1 invested in speech and language therapy for children with communication needs generates £6.43 through increased lifetime earnings¹
- every £1 invested in SLT for children with autism generates £1.46 through lifetime cost savings.²

For adults...

- every £1 invested in SLT for adults with dysphagia after stroke, generates £2.30 in health care cost savings through avoided chest infections.³
- every £1 invested in SLT for adults with aphasia after stroke generates £1.30 due to improved health and ability to perform daily activities.⁴

How SLT can transform public health outcomes

SLTs prevent longer term public health problems. They do this by:

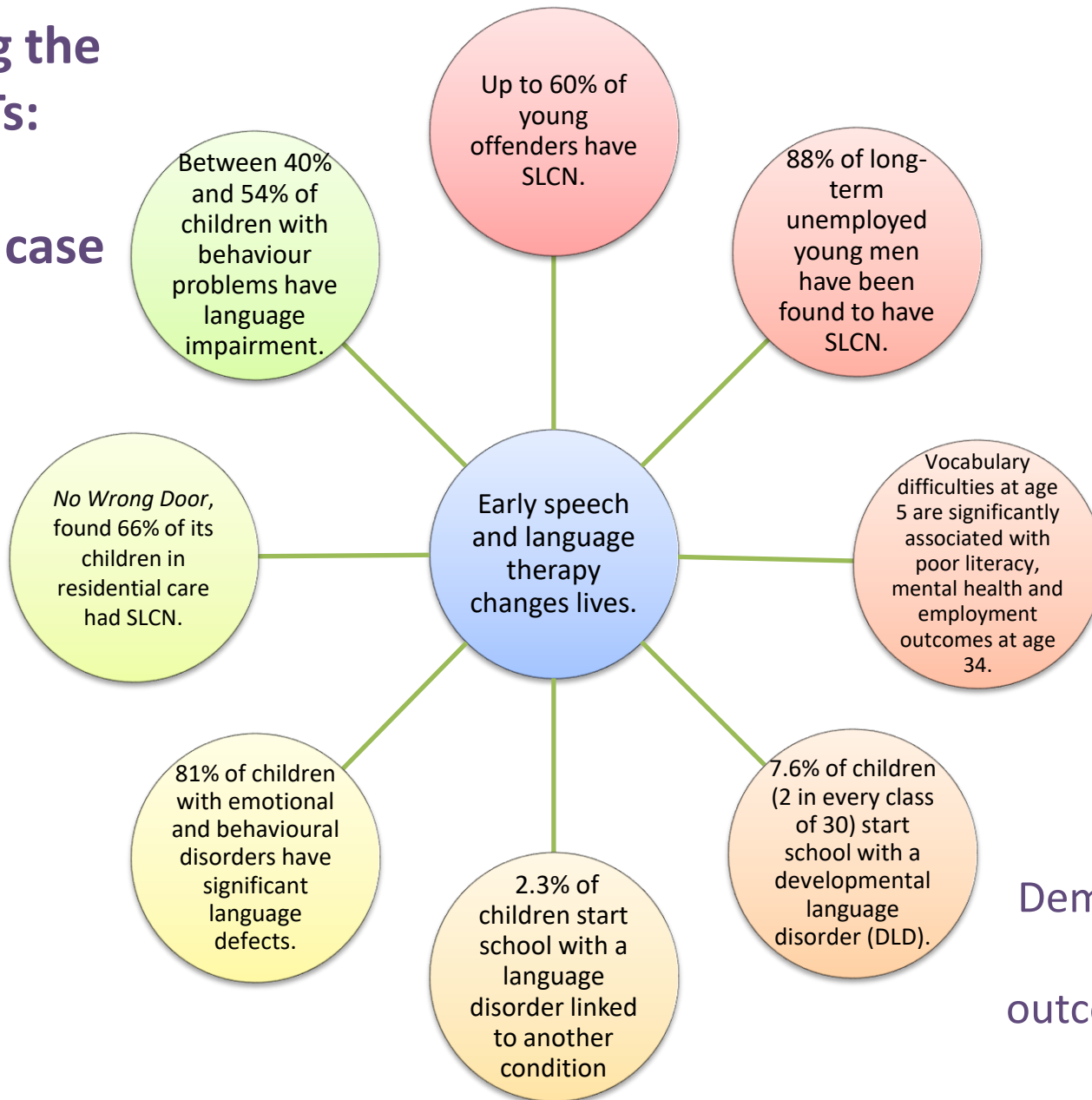
- identifying and working to address communication needs in children, young people and vulnerable adults who struggle to understand and express themselves and help to transform their life chances - take a look at the iCan Talk Better programme, for example.⁵
- undertaking a whole range of prevention work, particularly as part of multi-disciplinary teams, that results in reduced hospital admissions, re-admissions and shorter lengths of stays;
- training and expanding the skills of other professionals in understanding communication needs and the impact of this on physical and mental health, to underpin prevention, on-going support in the case of developmental difficulties, rehabilitation

and end of life care. SLTs can train health visitors, primary and secondary care health practitioners and other workers, teaching and other education staff, care and nursing staff and families.

The scale of society's speech, language, communication and swallowing needs

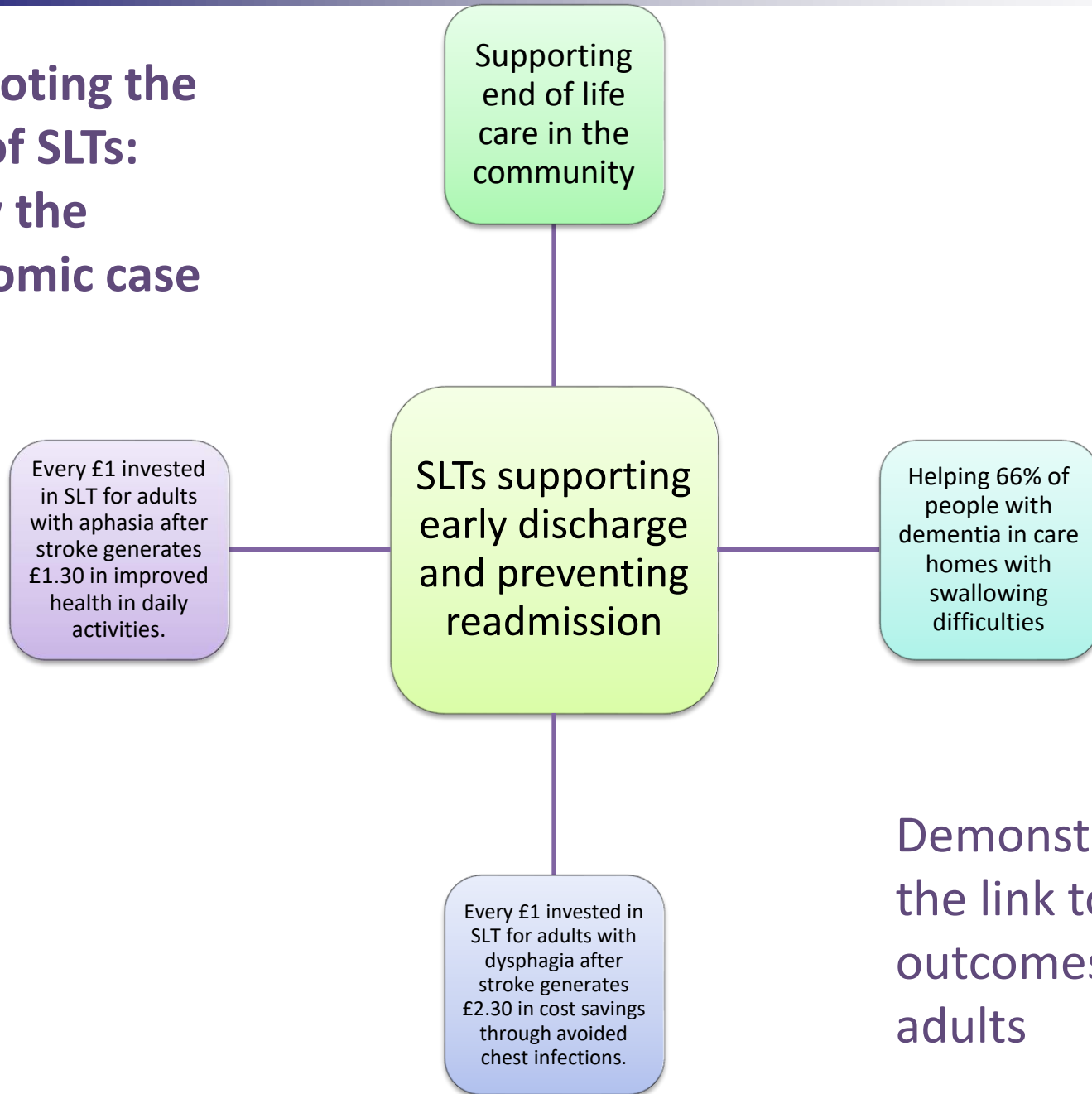
- **7.6%** of children (two in every class of 30) start school with a developmental language disorder (DLD) and a further **2.3%** of children start school with a language disorder linked to or co-occurring with another condition.⁶
- Vocabulary difficulties at age five are significantly associated with poor literacy, mental health and employment outcomes at age 34.⁷
- As many as **60%** of young offenders have speech, language and communication needs (SLCN).⁸
- **88%** of long-term unemployed young men have been found to have SLCN.⁹
- No Wrong Door, the service for looked after children in North Yorkshire, found **21 of its 34** looked after children had communication needs. Of those only two had met a speech and language therapist before.¹⁰
- In the UK around **2%** of the population has been diagnosed with hearing disability but only **0.46%** of those diagnosed are known to social services.¹¹
- SLTs help the **two-thirds** of people with dementia in residential care who also have difficulties with eating, drinking and swallowing (dysphagia).¹²
- About **63,000** adults per year in the UK have post-stroke dysphagia and **53,000** adults have post-stroke aphasia (communication problems) requiring speech and language therapy.

Promoting the role of SLTs: know the economic case



Demonstrating the link to the outcomes for young people

Promoting the role of SLTs: know the economic case



Demonstrating the link to the outcomes for adults

Further reading...

- Making Every Contact Count <https://www.e-lfh.org.uk/programmes/making-every-contact-count/>
- Everyday interactions toolkit <https://www.rsph.org.uk/about-us/news/launch-of-new-toolkit-to-help-healthcare-professionals-measure-their-impact-on-the-public-s-health.html>
- PHE “All our health” plus guidance on various topics <https://www.gov.uk/government/collections/all-our-health-personalised-care-and-population-health>
- AHPs into action <https://www.england.nhs.uk/wp-content/uploads/2017/01/ahp-action-transform-hlth.pdf>

Thank you

To get in touch...

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RCSLT South Central Hub Day

3 April 2019

#SCSLTHub



Learning & Development Team



Mark Singleton
Learning Officer



Vicky Harris
Learning Manager

Sources of CPD from the RCSLT

Events



**Conferences,
study days &
workshops**

Getting involved



Networking online



Resources



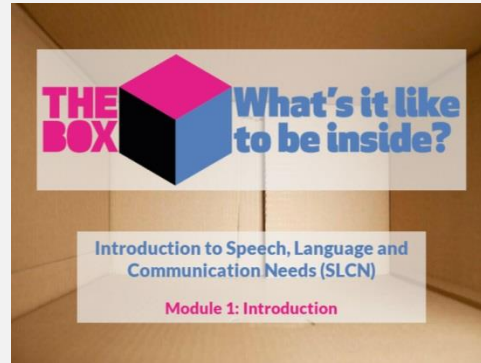
eHealth

- Aimed at SLTs!
- RCSLT's first learning journey to be published
- Split into four sections
- www.rcsltcpd.org.uk

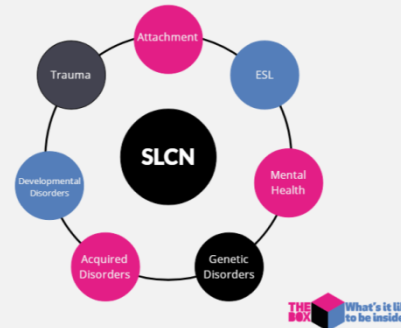


The Box learning journey

- Aimed at CJS workers (police, courts, etc.)
- Covers the basics of SLCN, how to recognise and basic support strategies
- Designed to increase awareness and identification of SLCN within the CJS
- Lives here: www.rcsltcpd.org.uk



SLCN and related issues



Language and communication processing

How do we do it?

Have a conversation with someone for a couple of minutes (or think of a recent conversation if you're on your own).

While you speak, and listen, try to think about the skills you and your communication partner have to use, and write them down in the box below.

Enter your thoughts here



Managing emotions

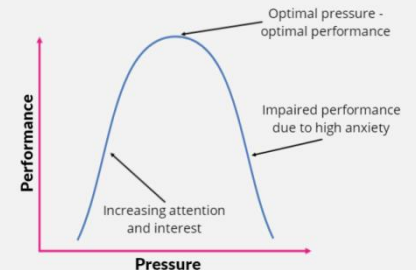


“ When I found things hard, it was a bit upsetting, and sad, and really angry too ”

- Spotting the signs**
1. Seb has a certain level of self-awareness regarding his SLCN.
 2. He knows that he has difficulties with communication, but he did not have the skills to do it any differently.
 3. Not being able to be heard, and get your point across, can be very frustrating.

“ People who come into contact with the CJS are far more likely to have SLCN than members of the general population. People with SLCN are more likely to also have other related conditions, including attachment issues and developmental disorders. ”

Stress and the stress response curve



Leadership and Local Influencing

- Aimed at SLTs!
- Objectives:
 - Understand your leadership & influencing style
 - Build confidence in your leadership & influencing skills
 - Lead and influencing at different levels
 - Build skills for change and transformation
- Includes self-assessment tools, resources and scenarios to help you embed your learning



CPD Platform



Welcome

This website is the online learning / CPD system for the Royal College of Speech and Language Therapists. You may have arrived here from clicking a link on the main website, or have been given access to a course by an admin user. There are courses for non-members too, although you will get more benefits from being a member. Use the links on this page to see what is available to you. If you do not yet have an account you can sign up to create one.



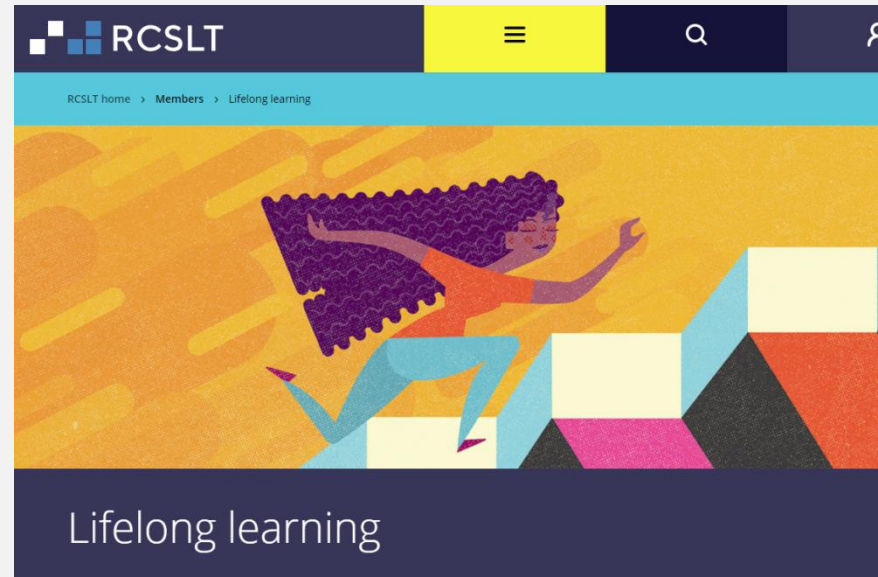
www.rcsltcpd.org.uk

Other Resources

Log in to the main website for CPD information:

<https://www.rcslt.org/members/lifelong-learning>

- CPD toolkit and guidance
- Links to networks
- Links to learning opportunities: webinars, events, videos
- For CPD help call 020 7378 3012 or email info@rcslt.org



The background of the slide features several glowing incandescent light bulbs of various shapes and sizes, hanging from above. The bulbs are illuminated, casting a warm, golden glow. The background is black, making the light from the bulbs stand out. A semi-transparent grey banner is overlaid on the top half of the image, containing the main text.

Learning Champions – activists for lifelong learning for the profession

<https://www.rcslt.org/members/lifelong-learning/resources#section-11>

Leadership Mentors



What?

- Adviser to help other members with leadership & business issues

Why?

- Develop own leadership skills
- Access to staff and resources at the RCSLT
- Give something back to the profession
- Counts as CPD!

How?

<https://www.rcslt.org/members/lifelong-learning/leadership#section-3>

Stay up to Date!



- Enewsletter stories
- Bulletin
- @RCSLTLearn
- Learning flyer



Any questions?

Where do you go for your CPD?

- What medium do you use (elearning, video, article, etc.)



When do you complete CPD?

- Dedicated time at work, or is it completed at home/in your own time (lunch breaks, evenings, etc.)?



Is the CPD offered by the RCSLT useful/relevant to your learning and CPD needs?

- We've seen what we currently offer
- If it is relevant, what about it is most useful?
- If it's not, what can we do differently?

What else would you like to see from us?

- What's a pressing need for you at the moment?

Would you like to get involved?

- Learning Champions
- Leadership Mentors
- Peer reviewers/user testing

Thank you!



RCSLT South Central Hub Day:

3 April 2019

#SCSLTHub

