

Speech and language therapy: Helping to deliver Sustainability and Transformation Plan goals

An essential service for all Sustainability and Transformation Plan (STP) footprints

Speech and language therapy supports and treats people with communication and swallowing difficulties. It is vital to the delivery of the NHS Five Year Forward View.

The Royal College of Speech and Language Therapists (RCSLT) is calling on STP footprint leaders to:

- ensure the full range of speech and language therapy activity is reflected in their detailed STP plans and draws on the role that speech and language therapists (SLTs) can play across all settings: from primary to acute, to community and schools, in extended scope roles, and as part of integrated teams; and
- recognise and promote commissioning of prevention, public health activity and training of the wider workforce as part of speech and language therapy services.

Three reasons to commission speech and language therapy services

Efficient

Speech and language therapy produces financial savings for NHS services and produces improved outcomes for patients.

Focus on prevention

Speech and language therapy can deliver integrated and effective community services, focusing on early intervention and rehabilitation that support people to live healthily in their own home.

Integrated

SLTs can lead the integration partnership working across health, care, housing and education sectors, and act as the point of contact and gatekeeper for patients with complex conditions.

Who is helped by speech and language therapy?

Children with communication and/or swallowing difficulties

Resulting from, for example:

- Premature babies
- Cleft palate, Down's Syndrome and cerebral palsy
- Developmental language disorder
- Social, emotional and mental health
- Communication difficulties secondary to other conditions such as autism and learning disabilities

Adults with communication and/or swallowing difficulties

Resulting from, for example:

- Stroke
- Head and neck cancer
- Progressive neurological conditions, such as Parkinson's disease, multiple sclerosis and motor neurone disease
- Dementia
- Learning disabilities
- Brain injury
- Mental health



Prevention and public health goals

Unidentified speech, language and communication needs (SLCN) put children at greater risk of poor literacy, mental health issues and poorer employment outcomes in adulthood. If left unaddressed they can affect them throughout their lives.

Figure 1



Case study: Stoke Speaks Out

Stoke Speaks Out is an award-winning programme aimed at improving school readiness for children.

Analysis by The New Economics Foundation, on behalf of the RCSLT and Public Health England, has found that the programme provides a positive return on investment: for every £1 invested in the programme, £1.19 is created. In addition, analysis suggests the long-term return on investment of the project supports improved outcomes for children in later life too, and could create savings of £4.26 for every £1 invested in the programme.

Rebuilding lives through rehabilitation

SLTs work to rehabilitate people recovering from a range of speech and swallowing conditions to allow them to enter, stay in, or return to employment.

Figure 2





End-of-life care

SLTs provide advice around feeding and swallowing in end-of-life conditions, which often enable people to die in their preferred place of care, rather than being admitted to hospital as an emergency case as their condition deteriorates.

Delivering improved integrated care

SLTs are well placed to deliver new models of care. They have experience in providing community-based support; for example, within health centres, schools and clients' homes and as part of multidisciplinary teams to support patients with multiple needs. For example, they might work with other allied health professionals, such as physiotherapists, to support the rehabilitation of stroke patients.

As specialists in speech, language and swallowing, SLTs can provide extended roles that reduce the need for medical input. For example, they can carry out independent performance and reading of videofluoroscopy examinations, take nasendoscopy clinics for voice assessment, and are able to train to take on wider advanced clinical practitioner posts that can release medical staff.

Case study: Sandwell and Birmingham NHS Trust

SLTs' work with other allied health professionals in the Sandwell and Birmingham NHS Trust's Integrated Care Service has helped to relieve winter pressures on A&E services, created financial savings and improved outcomes for patients. As a consequence, the Trust has reduced hospital admissions by 2,478 per year, reduced length of stay in hospital from 10 days to 7 days, and saved approximately 17,000 bed days, which has the potential to reduce costs by over £7million.

SLTs work in the 'rapid response therapy team' to:

- prevent unnecessary hospital admissions via a highly response service, 12 hours a day, 365 days a year, which assesses patient needs;
- work collaboratively with social work colleagues to support the patient to return home; and
- deliver urgent speech and language therapy assessment to ensure patients' swallowing can be managed at home by community staff.

As part of an integrated care approach, SLTs also work closely with the discharging and community teams to ensure that patients identified as at risk of re-admission receive appropriate support in the home setting and are psychologically and physically prepared to return home.

REFERENCES AND RESOURCES

Figure 1 references

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⁷ Information provided by the NYCC's No Wrong Door Communication Support Workers (SLT's) covering April 2016 to March 2017, and validated by Loughborough University 2017.

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Figure 2 references

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