



Advancing our health: prevention in the 2020s RCSLT submission

From life span to health span

Which health and social care policies should be reviewed to improve the health of: people living in poorer communities, or excluded groups?

The paper should recognise upfront that an important underlying factor impacting on prevention for many vulnerable members of society is misunderstanding information given to them or being misunderstood. Whilst the importance of communication skills is recognised in the proposals for the Healthy Child Programme, the paper should also consider children with conditions that will persist throughout their lives, and young people and adults whose needs have not been addressed in the early years.

Speech, language and communication needs (SLCN) affect people with a range of conditions including developmental language disorder (DLD), learning disabilities, autism, dementia and stroke. The impact of these risks include health inequality, poor health literacy, social isolation and poor mental wellbeing, and ultimately lead to barriers in accessing and engaging with NHS and social care, for example information regarding screening, health checks, immunisations such as the flu jab, may not be understood and ignored.

Over 10% of children and young people have SLCN. In areas of social disadvantage around 50% of children start school with delayed language and other identified SLCN. If those issues are not addressed they have long-term impact seen in later years in the NHS and the community:

- Young adults with language difficulties experience higher levels of anxiety than their peers
- 88% of long term unemployed young men have SLCN.
- 60% of young offenders have SLCN.
- Speech and language therapy needs to be provided to offenders to enable them to engage with treatment programmes and education gain the skills to gain employment on release.

Intelligent health checks

Do you have any ideas for how the NHS Health Checks programme could be improved?

Evidence shows that there is low take-up of the NHS Health Check. There is a need for a clear communication to the public on the benefits of this.

Gaining access to healthcare requires a high level of health literacy. Many people have lower levels of health literacy, and as a result letters sent regarding screening, health checks, immunisations such as the flu jab, may not be understood and ignored. For example, adults with learning disabilities often miss population wide screening services if they do not understand the importance of them, for example cervical screening. Clear and accessible information should be used on all patient information leaflets, following RCSLT's five good communication standards.

People need support to make good decisions, whether through accessible information, professional speech and language therapy support or through trained healthcare workers. Use of signs, symbols and pictorial support is critical for people with communication difficulties.

Taking care of our mental health

There are many factors affecting people's mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the green paper?

Good communication skills are a protective factor against developing mental health problems. Research shows that communication difficulties are also a risk factor, increasing the risk of developing mental health problems.

Communication is challenging for people with mental health problems, and is a barrier to accessing verbally delivered psychological programmes which are reliant on participants' language and verbal reasoning capabilities.

When communication difficulties are not identified, it can lead to inaccurate diagnoses of mental health problems, preventing timely access to appropriate interventions.

Speech and language therapists can help by advising other team members how to adapt their communication and differentiate materials and resources.

Gaining timely access to healthcare services often requires a high level of health literacy.

People with communication difficulties may have lower levels of health literacy and as a result have less understanding of, and insight into, managing and maintaining their own mental health. Speech and language difficulties create barriers to recovery and affect longer term resilience of patients.

The incidence of dysphagia (swallowing difficulties) in the mental health population is increased by the side effects of psychiatric medication, with increased risk, if not treated, of aspiration pneumonia or death.

The Department of Health and Social Care should:

- Provide guidance to commissioners about the links between communication difficulties and mental health, and the benefits of embedding speech and language therapists in mental health teams
- Ensure access to speech and language therapy for children and adults in all mental health services.
- Commission research into the impact of speech and language therapy interventions on people's mental health.

Prevention in the NHS

Have you got examples or ideas for services or advice that could be delivered by community pharmacies to promote health?

The RCSLT and its partners will soon be launching a nationally recognised symbol to represent communication access in the UK similar to the more widely known disability access symbols such as the wheelchair access symbol and the visual and hearing impaired symbols. If an organisation displays this symbol it will show that they are meeting defined standards both at operational and organisational levels, creating a more inclusive environment for people with communication difficulties.

We recommend that pharmacies should be trained under the scheme and therefore more able to help all people, including people with communication needs, access health care.

Prevention in wider policies

What government policies (outside of health and social care) do you think have the biggest impact on people's mental and physical health? Please describe a top 3.

1) The longer someone is out of work the greater the negative effect on their mental health. Evidence shows that there are higher rates of communication difficulties amongst long-term unemployed adults. This highlights the importance of offering speech and language therapy within employability programmes. The Royal College of Speech and Language Therapists is calling for clarification in legislation to address the inconsistencies between the Equality Act and its accompanying Guidance. Currently there is inconsistent application of this legislation and it is unclear if communication disabilities, such as developmental language disorder and voice loss, are covered by the Equality Act. It is widely recognised that work is good for your health; however communication support in the workplace needs to be boosted:

- Frequent voice users, such as teachers and call centre workers, are at risk of developing voice disorders due to the nature of their work. Information about voice care and voice rest must be provided to reduce the chance of health problems arising in the first place.
- People are staying in work longer, often managing long-term conditions which require more support to prevent them from falling out of work for health related reasons. • A number of people in the workplace will have communication difficulties and physical disabilities. Workplaces must be communication accessible – adopting clear and accessible policies and procedures.

2) Speech and language therapy must be provided to people in the justice system who have communication needs to enable them to engage better with treatment programmes.

Local action

What more can we do to help local authorities and NHS bodies work well together?

Issues:

Integrated Care Systems (ICSs) and CCGs must identify the needs of children and young people in their local population and jointly commission services to meet their needs.

- More than 10% of children have long-term speech, language and communication needs (SLCN) which require some level of specialist support.
- SLCN and swallowing difficulties co-occur in many long-term conditions that affect children and young people, including autism, learning disability, deafness, cerebral palsy and cleft lip and palate.
- Current provision is not adequate to meet need, with a high degree of local variation; only 15% of survey respondents in the Bercow: Ten Years On review said speech and language therapy was available as required in their local area. A report from the Children's Commissioner for England in June 2019 found enormous variation in spending across the country.
- Joint commissioning arrangements are currently the exception rather than the norm.

Solutions:

- The NHS should use the CCG Improvement and Assessment framework as a lever to ensure CCGs enter into joint commissioning arrangements – an indicator about joint commissioning could be added to the annual CCG stakeholder 360o survey.
- The nature of SLCN – cutting across primary and specialist care, physical and mental health, and local authority, health and social care – means it provides a useful test for ICS implementation, and should be included within new accreditation/accountability measures.
- The statutory guidance on joint strategic needs assessments (2013) could be updated to require areas to include SLCN in JSNAs, and give guidance on joint commissioning and commissioning on outcomes.

Next steps

What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?

We're delighted that the green paper recognises the speech, language and communication skills are an important indicator of children's wellbeing, and welcome the fact that the government continues to prioritise early speech and language outcomes.

We would like to see the government extend this approach to improve support for children and young people with speech, language and communication needs (SLCN) beyond the age of 5. This would improve outcomes for the 10% of children and young people who have long-term speech, language and communication needs, and reduce the risk of them developing mental health problems, and other negative health outcomes, as a result of their communication difficulties.

Solution:

The Department of Health and Social Care should work with the Department for Education to develop an evidence-based integrated pathway for children and young people with SLCN aged 0-25, building on the pathway which Public Health England is developing for children aged 0-5. This should include ensuring effective support is provided during transition.