SUBMISSION FROM ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS

The Royal College of Speech and Language Therapists (RCSLT) represents approximately 1,400 Speech and Language Therapists (SLTs) and SLT Support Workers in Scotland.

As the professional body for SLTs we work to promote excellence in SLT practice and service provision for the estimated 250,000 Scots with speech, language and communication needs (SLCN) and the many thousands with eating, drinking and swallowing difficulties.

SLT in Integrated Health and Social Care

Majority of older people in social care can benefit from SLT

- SLCN and / or eating, drinking and swallowing difficulties are commonly experienced by people who had a stroke (approx. 30%), head and neck cancer, Parkinson's Disease (100%), dementia and Alzheimer's (100%) with learning difficulties (80%), Autistic Spectrum Disorder (100%) to list a few.
- Adults and potentially children with SLCN are at high risk of harm because of lack of capacity to recognise and / or report harm verbally or in writing.

Benefits generated by SLT exceed costs.

An economic evaluation of SLT\textsuperscript{iii} (2010) for SLT major care groups concluded the provision of SLT services deliver an annual net benefit (in relation to health and social care cost savings, quality of life, and productivity gains) of £61.2 million to the Scottish economy;

- £1.3 million - aphasia patients (communication disability following stroke)
- £1.1 million - dysphagia patients (eating, drinking, swallowing difficulties after stroke)
- £0.8 million - children with autism
- £58 million - children with Specific Language Impairment (SLI)

SLTs, along with their AHP colleagues, already contribute to all 7 of the “Health and Care Integration Outcomes”

Around (560) 40% of Scotland’s SLTs work with adults at home, in care homes as well as acute hospital - optimising service providers ability to communicate with service users; carers capacity to care and individuals communication and safe eating, drinking and swallowing ability
Dysphagia training in community hospitals and care homes

The Aberdeenshire Adult Community Speech and Language Therapy Service collaborate with the Dietetic Service to provide joint training in community hospitals and care homes across the area. This training covers swallowing and nutrition and offers practical advice to all staff involved (trained nurses, care assistants and catering staff) on how to manage patients or residents with dysphagia and it includes practical workshops on feeding, thickening fluids and texture-modified diets.

Outcomes
The feedback has been very positive from staff working in these settings. Effective staff implementation of knowledge gained will help prevent unnecessary hospital admissions (e.g. because of aspiration pneumonia or malnutrition) and promote faster recovery from other illness.

RCSLT and the Integration of Health and Social Care Bill

1. RCSLT call for AHP professional leaders to be defined in statute, either in the Bill or subsequent regulation, as essential members of commissioning and planning groups of Health and Social Care Boards.

2. RCSLT members fully support integration of health and social care believing, with the right leadership, it will improve outcomes for the people of Scotland.

Statutory AHP Leadership in HSC Boards – Why?

- Would ensure local agencies “harness(ed) the strengths and skills of key public sector partners to deliver the best possible quality services in local areas” as boards would better reflect those delivering care in the community.
- Would drive culture change by introducing, through statute, a new perspective to Scotland’s Board tables – consistently across Scotland.
- Would address in one stroke a major disconnect particularly within and beyond the NHS. (“Health and Care Integration Outcomes” 7)
- Has fit with key principle of strengthened role of clinicians and care professionals. Break up of CHCPs actually represent a diminution of the statutory AHP leadership role.
- Would ensure delivery of the visions of Consistency of outcomes across Scotland; Clear accountability for delivering agreed national outcomes; Professional leadership by clinicians and social workers; and simplifying structures. 1 AHP lead could represent 11 professions strategically.
- Reflects the Scottish Parliament Health and Sports Committee recommendation in respect of “… the development of strong and collaborative leadership from representatives of all sectors in commissioning services at a local level.”

Inquiry Questions:
1. **What are local authorities doing or considering doing in terms of alternative delivery methods? What has worked and what hasn't?**

RCSLT gathered information from members in Highland in early 2012. They reported

Integration of Health and Social Care (IHSC) is a positive development for SLT service users if appropriate, accountable professional clinical leadership and governance structures and procedures are in place, supported and utilised to ensure safe, effective and person centred services for service users.

Lessons learned from the exercise (at March 2012) are;

a) Positive progress is crucially dependent on inclusive, mutually respectful and informed collaboration and communication between all those professions and other stakeholders involved in service changes.

b) Even with this – change is progressive and takes time.

c) Ensuring quality clinical governance at a uni-professional level in new agencies can prove challenging particularly where people work across care or age groups.

d) Efficient and effective change management of this size requires clear, widely owned and understood project planning from the start.

2. **What is hindering moves toward developing shared and innovative service delivery models?**

Recent evidence suggests there is low awareness and understanding of role, impact and preventative spend savings delivered by SLTs and other AHPs. This creates high risk of short termism and erroneous budget decisions which, in the short, medium and longer term incur greater costs and impact negatively on service users and carers.

Very positively the AHP National Delivery Plan (2012) makes clear the key role of AHPs in health and social care.

Despite this key role however no AHPs have been openly engaged in groups responsible for development of the Bill thus far.

RCSLT recognise that SLT is not immune to the significant financial stress which local authorities operate under both now and in the future. RCSLT recognise too that COSLA is not in a position to ask councils to protect these budgets.

In a recent letter from COSLA to the Health and Sports Committee in respect of SLT provision (to be discussed by Committee on 5th February 2013) COSLA indicated local authorities are making cuts to the services required to fulfil obligations (under the ASL Act) and clear Scottish Government guidance to work in partnership. COSLA also says they don’t “hold information on the impact of cuts to education budgets on Speech and Language Therapy” and “(they) would be reluctant to undertake a more detailed survey of our member councils “.

A recent RCSLT survey showed local authorities in Scotland are cutting SLT provision. Argyll and Bute threatened to cut services as much as 50% in 2012 and anecdotal evidence from elsewhere this year threatens 100% cuts.
3. **What legislative barriers are there to developing shared and innovative service delivery models to their full potential?**

RCSLT believe that there is high risk that the Integrated Health and Social Care Bill (as consulted on) could lead to legislative barriers to developing shared and innovative service delivery models to their full potential.

Self management and independent living require rehabilitation, reablement, “social model”, asset based approaches to care (delivered predominantly by AHPs), as well as a “medical model” of care.

The local decision making, resource allocation structures proposed in the IHSC Bill consultation however appear to promote an erroneous, traditional view of the health service and particularly a “medical model” approach to service planning.

RCSLT do note the Bill consultation identified that there a range of “barriers in the current system that prevent professionals and staff from using considerable skills and resources to best effect” and went on to make the commitment to place a duty on Health Boards and Local Authorities to consult on how to consult with broad professional groups.

RCSLT are disappointed however that the only concrete proposals on health professional representation on decision making groups (and the support needed to do that), in appearance at least, exclusively focus on the GPs role in planning and commissioning.

RCSLT hasten to add, we do not imply GPs are not an important party in the process of planning and commissioning integrated services. Our point is that GPs are only one part of the service users and carers want and need.

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4. **In what areas is there scope for national shared services along the lines of the shared recruitment portal for local authorities, ‘myjobscotland’?**

RCSLT, along with partner organisations in Communication Forum, have played a leading role in developing Inclusive Communication assets for Scotland’s public sector- with significant funding from Scottish Governments Equality Unit. Inclusive Communication practice enables people, even with literacy difficulties, to better access, respond to and therefore benefit from public services. Communicating effectively first time, every time with the broadest spectrum of the population also delivers equality, effectiveness, efficiency and economic benefits to providers.

Projects RCSLT members have led or have engaged with include:
- The “Talk for Scotland” Toolkit which provides tools to public service providers to enable them to engage effectively with people with communication support needs
- The “Principles of Inclusive Communication” development and role out to local authorities – including integration in to the Public Service Improvement Framework.
RCSLT suggest these initiatives could be built on – delivering both consistent quality and economies of scale across the public sector. For example by development of a shared Communication Access / Support Portal. Through this public sector providers could access online training in inclusive communication; communication accessible standard forms and information leaflets etc.

A shared multi-professional referral and advice portal (using NHS24 technology) could also deliver economies and efficiencies.

5. What has been learned from elsewhere, for example Nottingham Early Intervention City or Birmingham total place initiative?

Speech, language and communication development is identified as a key aspect of children’s development, for example by the Early Years Collaborative.

Scotland, unlike England and Northern Ireland has no strategic initiative focussed on speech, language and communication development.

RCSLT suggest that Scotland could learn from the significant investment (£54 million) in England in Early Years speech, language and communication needs.

In England the “Better Communication Action Plan” and associated “Better Communication Research Project” have been ongoing since 2008.

The Better Communication Research Programme has just published its results (see http://www.education.gov.uk/researchandstatistics/research/better). The three year research programme funded by the Department for Education, involved 10 research projects and the analysis of data from around 6,400 children, 560 parents, 600 speech and language therapists and 750 teachers / special educational needs coordinators.

The main recommendations from the programme include the need for

- a framework setting out the different levels of support required for different levels of need;
- a comprehensive programme of initial and post qualification training for teachers, teaching assistants, early years practitioners and speech and language therapists to meet the varied needs of children with communication needs;
- joint commissioning and effective collaboration by health and education services to ensure every child gets the most appropriate model of support;
- more systematic collection of evidence about outcomes for children, including the perspectives of children and their parents.

For Further Information on this submission please contact:
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Various reports in the literature – available on request

See http://www.rcslt.org/asp_toolkit/csn/communication_for_asp for list of relevant references

“An economic evaluation of speech and language therapy,” Matrix Evidence, Kevin Marsh, Evelina Bertranou, Heini Suominen & Meena Venkatachalam, December 2010

RCSLT full response to the IHSC Bill available at http://www.rcslt.org/governments/docs/rcslt_response_to_ihsc_bill