



TO:
Regional Strategy Team
C.4.
Castle Buildings
Stormont
Belfast
BT4 3SQ

23rd March 05

Dear Sir/Madam,
I am pleased to enclose the following response by Email. A hard copy will also be forwarded to you this week.
My contact details are below if you require any further correspondence.

Yours sincerely

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Country Policy Officer

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Regional Strategy Team
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RCSLT

Response to DHSSPS

A Healthier Future: A Twenty-Year Vision For Health and Well Being in Northern Ireland 2005-2025

Please find attached the RCSLT response to your Strategy for consultation. The report was considered in detail and has been responded to on behalf of our members in Northern Ireland. We trust that you will find our comments helpful in considering this strategy which has such potential in improving the 'Health and Wellbeing' of our users. We would also welcome your feedback and the opportunity to engage further in any of the future policy directives.

Yours sincerely

Prof. Sue Roulstone
Chair of Royal College of Speech and Language Therapists

Kamini Gadhok
Chief Executive RCSLT

Alison McCullough
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**RESPONSE TO DEPARTMENT OF HEALTH, SOCIAL SERVICES AND
PUBLIC SAFETY**

**A HEALTHIER FUTURE: A TWENTY-YEAR VISION FOR HEALTH AND
WELL BEING IN NORTHERN IRELAND – 2005- 2025**

Introduction

1. The Royal College of Speech and Language Therapists (RCSLT) welcomes the opportunity to respond to this consultation document from the perspective of the speech and language therapy profession and the role the profession plays within the health, social service agenda.
2. Whilst we recognise that there are set questions within the document, we are pleased to note that any views will be taken note of.
3. RCSLT would like to take the opportunity of raising areas where we feel the speech and language therapy profession could add value and also where we feel there may be gaps in some areas of strategy.

Policy Directions 1/2

Policy Direction 1: Our overall aim is to improve the physical and mental health and social wellbeing of the people of Northern Ireland.

Policy Direction 2: We remain committed to Investing for Health, as the overarching cross-governmental policy for promoting population health and wellbeing and reducing health inequalities.

4. Para 1.14, page 12 outlines some of the causes of health inequality and cites those from poorer socio- economic groupings.
5. In Para 1.20 the examples given do not include the development of Sure Start projects, which play a key public health role in supporting the next generation of children to break out of the cycle of social exclusion.
6. There is evidence that children's early communication development is highly variable and that there is a strong association between rate and extent of language acquisition and socio-economic status at a population level. In the first 3 years this gap widens resulting in substantial inequities experienced by children from low socio- economic status groups before they start school .The educational curriculum is heavily language based, so children with restricted speech, language and communication skills are disadvantaged from the outset. They may never

catch up potentially leading to lower educational attainment, restricted employment opportunities and increasing likelihood of low or erratic income. Thus continuing the spiral of poverty and social exclusion. Add to this the link between speech, language, communication and mental health problems, offending behaviour and low self-esteem and there is a compelling requirement for speech and language therapists (SLTs) to develop evidence-based interventions along with partner organisations and with communities to break the cycle of inequalities.

7. RCSLT hopes that the Department for Health, Social Services and Public Safety will undertake to include and expand upon this work through Sure Start projects and recognise the contribution from the SLT profession in supporting this important public health agenda.
8. This issue also links to the section on *Partnerships Across Government*.
9. RE: CAN our system COPE (pg 19) RCSLT recognise the significant difficulties in recruitment and retention within our Profession. We are key providers in Primary and Secondary Care. It is disappointing that the Strategy fails to mention the significant contribution AHPs provide in these contexts. (1.53 + 1.55+1.62) Community Care Packages are reliant upon a significant input of AHP services. In order to develop more community based services AHPs need to be valued and consulted at a strategic level.

Policy Direction 3

Promoting health and wellbeing is the responsibility of everyone across the HPSS, including commissioning organisations and service delivery organisations.

10. RCSLT welcomes (Para 1.47 page 20) the statement that: *A Regional Strategy Group for Special Education promotes commonality. This Group provides the forum to discuss and address issues such as the provision of nursing services to children with special educational needs and also speech and language therapy provision.*
11. RCSLT would want the DHSSPS to take account of the findings and recommendations of the recent report published by NICCY 'Overview of Speech and Language Therapy Services in NI' which highlight that difficulties still exist in cross departmental planning and funding processes.
12. This report highlights that the majority of children with speech, language and communication needs do not have a statement of special educational needs and yet would have difficulties in accessing the curriculum and in their education.
13. RCSLT would want reassurance that the DHSSPS would work in partnership with RCSLT, the SLT profession and NICCY and **WE WOULD ALSO LIKE TO ADVOCATE** greater **User** consultation within this strategy group to ensure that parents and children can influence the planning and development of work in this area.

Technology

14. RCSLT recognises the impact that new technology on the future of healthcare.
15. Technology may also impact on improving independent living, functional communication (communication aids) and maximize the quality of life for people with physical and/or learning disabilities or long term rehabilitation needs e.g. after a stroke. This will be important given the demographic shifts taking place and the potential loss of support networks in the future versus the focus on care in the community and the role SLTs play in supporting this.
16. RCSLT is concerned that there is no mention of the development and funding of communication aids. We would assume that, given the focus on equality and the Disability Discrimination Act, this issue will be included in the future development of services and would want reassurance that a strategy will be developed to address this specific issue.
17. Technology also plays a key role in enabling babies to survive but with a multiple of need. EPICure is the first study in the UK that has followed a group of babies born extremely prematurely at 25 or fewer weeks gestation in 1995 and assessed them at 2½ and 6½ years of age.
18. Reference: Marlow N, Wolke D, Bracewell M, Samara M. Neurological and developmental disability at 6 years of age following extremely preterm birth. *New England Journal of Medicine* 2005; 352: 9-19.
19. The 2½-year assessment published in 2002 showed that of the 302 surviving babies available for follow-up, 50% had no disabilities, 25% had some level of disability and 25% had a severe disability. This information and other information about shifts in morbidity and mortality also need to be considered under the section on *Demographics and Lifestyles and The Future Service*.
20. The paper makes reference (Para 2.19, page 29) to the use of technology for self-treatment. However, the potential of 'self-care' may be limited for more socially excluded members of society. To ensure that these developments do not increase health inequalities, it would be important to support capacity and use of resources to these groups.

Policy Direction 4

We will make it a strategic priority to fully engage with, and support the development of, people and caring communities who will: (i) actively promote health and wellbeing; (ii) have a central role in managing chronic conditions and (iii) be partners in the design and management of our health and social services.

21. RCSLT is already supporting the SLT profession in other parts of the UK to identify how the profession can review its role within the changing environment and the shift of emphasis to providing care in the community. RCSLT would hope that the SLT profession would be actively engaged along with other AHPs to identify their particular contribution to any changes and/ or developments.
22. RCSLT welcomes the statement in Para 4.4 (page 42) that the HPSS needs to create equality and not just react to those who 'shout loudest' and is pleased to note that a list of potentially excluded people has been identified (page 44). RCSLT suggests that the DHSSPS should consider how to support and provide advocacy for those with communication difficulties to enable them to achieve equality and to have accessible information regarding services. The profession has key skills in this area and would value working alongside DHSSPS in addressing these issues.

Policy Direction 5

We will break down organisational, sectoral and professional boundaries over the next twenty years to improve the ability of our services to respond to people's individual and collective needs.

23. RCSLT, with involvement from the profession, has been working in partnership with the policy leads in other countries in identifying how to support the development and delivery of seamless care pathways.
24. We feel that our learning to date and our ability to engage with the profession will be extremely helpful within the context of changes in N. Ireland. For example, RCSLT has established a network of SLTs working with older people with Dementia in order to share good practice in service delivery and support the implementation of government policy in the development of services to this group.
25. Historically our service has a high profile within Education and Health and we are therefore well aware of the need for services to be planned across organisational boundaries to ensure that individuals receive a responsive service.
26. RCSLT is investing in supporting Workforce planning to deliver a more targeted responsive workforce through the appointment of a Project Officer. We would strongly support the DHSSPS in working alongside the Profession to explore more collaborative working models.

Policy Direction 6/7

Policy Direction 6: We will place an emphasis on delivering effective community-based services with a special focus on chronic condition management and the problems associated with disadvantage.

27. RCSLT supports the involvement of Speech and Language Therapists in initiatives such as the joint CREST Working Group on guidelines for Enteral feeding, and would hope that better role definition in Paediatric Palliative Care would be supported in the drive to provide more effective care for those with Long Term Chronic Conditions.
28. RCSLT is also working with the allied health professions to identify the role of AHPs with people with long-term conditions. The Allied Health Professions Federation (AHPF) have just produced a joint publication with the DH (England) to illustrate the role of AHPs with this population group and would hope that this work could be mirrored with the DHSSPS in N. Ireland. We hope that such joint initiatives will support delivery of service change required to meet future health and social care needs.

Policy Direction 7: We will work, over the next twenty years, towards providing services against clear standards of access. Our vision is that, when people need health and social care, they will have immediate access to services based in their communities and to an appropriate form of emergency care. People in the future will not wait more than three months for any form of treatment or care. Access standards will apply equally across all dimensions and across all areas, including urban and rural areas.

29. In order to meet the access targets set in the consultation document, RCSLT hopes that the DHSSPS will work with RCSLT and the SLT profession to identify the added value and role of the profession in achieving these targets. We are particularly pleased to note that there will be a focus on expanding intermediate care and rehabilitative services and feel that SLTs as well as other AHPs could play a role in becoming the key worker as outlined in Para 5.13.

Policy Direction 8

We will develop Multi-skilled Teams and Networks based primarily in communities but supported by, and including, people working in hospitals.

30. RCSLT is very concerned about figure 5.1 page 53 as this suggests that AHPs are not part of the **core** team but only the extended team. Clearly this is not the case. There are many instances, in supporting those with chronic diseases and in working with children where AHPs and SLTs would be the key worker or part of the core team. This differentiation needs to be explored and the rationale and appropriateness of this split more clearly defined.
31. SLTs and other allied health professionals provide the care and interventions that enable people to remain at home and have for many years worked across boundaries of health, education and social services. They are at the **core** of community service provision and are therefore well positioned to identify innovative ways to enhance team working. (5.20) AHPs will also play an active part in these new Primary and Community care teams.

32. RCSLT welcomes the view that the extended team needs to go beyond health and social care as outlined in Para 5.21 page 54.

Technology Supporting Change

33. In England, RCSLT is taking the lead in ensuring representation of SLTs and other AHPs in the development and use of technology as part of modernising services, including the development of the electronic patient care record and the use of knowledge information to support decision-making. We look forward to having a similar level of engagement with the other AHPs as part of ongoing developments in N. Ireland.
34. RCSLT has developed clinical guidelines for the profession which are now on our website and which aim to support the profession in delivering evidence-based practice.
35. RCSLT welcomes the statement that *‘Northern Ireland has a key role in developing, promoting, and disseminating its own Research and Development.’* RCSLT also has an R&D strategy, which aims to support the profession to fill gaps in research to inform evidence – based practice. RCSLT is concerned that SLTs as with other AHPs have not had equality of access to R&D funding and we hope this issue will be re-dressed through the N. Ireland strategy.

A Primary and Community Care Infrastructure

36. RCSLT is pleased that the consultation document has acknowledged the need for locally based services. As a result of economies of scale, we are aware that some services may be better delivered through a ‘hub and spoke’ model as has been developed for cleft lip and palate services as in England.

Policy Direction 9

We will work to enhance the role of hospitals in supporting community-based services and in providing services that cannot be provided appropriately in the community setting.

37. Many SLTs and other AHPs provide care in a hospital setting. The demand for intensive care is rising in all parts of the UK.
38. RCSLT is supporting its’ members to identify how SLTs add value to the delivery of intensive care services and has already run two study days on the development of ‘critical care’ services. A position paper is to be commissioned on this on this area and we hope that this will support members in N. Ireland in any developments in the area.

Policy Direction 10

We will place a special emphasis on meeting the needs of key groups by tailoring services to those needs and by placing a greater emphasis on them.

39. RCSLT welcomes the proposal for a 'person- centered' approach and the mention of the complexity of meeting the needs of people with acute and complex needs. We assume that the SLT profession will be consulted in any developments to support this work.

Older People

40. RCSLT welcomes the need to take an inclusive approach to older people and to supporting older people to maximize their quality of life. RCSLT has been working with its members to develop a network of SLTs providing services to older people with Dementia in order to share and disseminate best practice as well as develop the capacity of the profession to analyze national policy and inform local policy development and implementation.
41. RCSLT assumes that the SLT profession, as with other AHPs will be engaged from the outset of any new developments of services for older people.

Dementia

42. In addition to setting up the network as mentioned (Para 40) above, RCSLT has produced a position paper to support the development of SLT services for people with dementia, as a result of members of the SLT profession raising concerns on the current provision of services. This will be an important source of information in implementing any future strategy.

Children and Young People

43. The document highlights the importance of improving life chances of children in care (page 71) but this section needs to be strengthened to include children from lower socio- economic groups as out lined in para above.
44. Whilst RCSLT welcomes the view that a register should be set up for all children with a disability (page 72), we feel that it is important for this group to be defined and for the Departments to work together in identifying how to collect information for those children who do not fall into this category.
45. The need for identifying prevalence and incidence of differing types of difficulty should include all children and not just those with autistic spectrum disorders. (Para 5.90 page 72).
46. RCSLT welcomes the development of a Family and Parenting Strategy (page 73). SLTs can play a significant role at a strategic level to identify how to support parents with parenting skills (as shown through Sure Start projects). RCSLT is already working with the National Literacy Trust, in supporting their 'Talk to Your Baby' campaign. In NI. We support and provide a wide range of Parent/Staff

Training Programmes including HANEN, Makaton Workshops, Eklan, Dysphagia Workshops and Challenging Communication. RCSLT is committed to sharing our skills with those who will benefit and we recognise the importance of empowering users.

47. RCSLT welcomes the formation of a Children's Task Force and Children's Directorate and recommends the inclusion of AHPs in these groups to ensure that we can assist in delivering the **governance** agenda.
48. RCSLT assumes that NICCY and the SLTs working in N. Ireland will be involved in the review of services for children with a disability (page 76).
49. RCSLT welcomes the development of a 'child centred' approach to meeting the needs of children and young people and would want to be formally involved in ensuring that the needs of children, functions required and competencies for the workforce are appropriately defined. RCSLT has a competency framework for SLTs and is involved in workforce planning in the other UK countries.

People with Physical and Sensory Disability

50. As raised in para 33 above under the heading of technology, RCSLT is concerned that there is no mention of the development and implementation of a strategy to support access and availability to communication aids. We hope that this omission will be redressed. We also have concerns that the strategy only mentions those with physical or sensory disabilities. Communication Disability is now being recognised as a Core Disability and needs to be addressed in similar terms. People with Communication Disability have the same right to accessible information and services.

People with Mental Health Problems

51. SLTs work with people of all ages with mental health problems and the profession would wish to be engaged in any service reviews or developments in this area.

Learning Disability

52. In response to the *Valuing People White Paper (England)*, RCSLT has set up a national steering group, which has established regional 'champions' across the UK to support dissemination of best practice, the implementation of national policy and the RCSLT position paper. The profession in N. Ireland has been involved in 'Equal Lives' the NI Mental Health and Learning Disability Review and will therefore be well placed to support the development of services to this client group. This is a client base that requires significant support through ICT in order to exert their Human Rights. SLTs are the professionals who assess and determine the need for Augmentative/Alternative Communication provision to help them achieve their aspirations.

Teams which Deliver: Policy Direction 11/12

Policy Direction 11: We must ensure that health and social services employers become 'employers of choice' in order to recruit and retain adequate numbers of staff.

Policy Direction 12: We will promote the development of shared learning and common competencies throughout the health and social services including the HPSS, the private sector, the independent sector and the community and voluntary sector.

53. RCSLT welcomes the understanding that the NHS will need to compete to recruit and retain staff in the future. RCSLT is concerned that the DHSSPS should ensure that the impact of Agenda for Change on the current career structure for SLTs is monitored and action taken if there is a clear 'flattening' of the career structure as seems to be the case from the early implementer sites. This will clearly affect retention of staff and not make SLT a career of choice for the future. RCSLT has already heard that students training to be SLTs are considering an alternative career. This should be of concern to the DHSSPS.
54. RCSLT as a professional body sets codes of conduct and is the process of revising its current quality standards. RCSLT would want its members to be involved in the development of the Integrated Common Learning Framework (page 85).
55. RCSLT's Education and Workforce Development Board (EWDB) consists of both managers and HEI staff. The EWDB plays a role in the certification of pre-registration courses and in setting up new courses. The Board is also overseeing the development of the RCSLT CPD strategy which aims to support SLTs across the UK to:
- Have a certificate from RCSLT
 - Re-register with the HPC
 - Support members with their career development – and so link to the Knowledge and Skills Framework (KSF).
56. The EWDB also oversees the development of courses to support returners to the profession.
57. RCSLT is developing an international strategy for the SLT profession, which we feel will be of importance in any workforce development within NI.
58. RCSLT has developed strong working relationships with the KSF policy leads in DH. RCSLT is also represented on a UK wide project (led by DH England) to develop a competency and career framework for AHPs. The aim of the *AHP Career Framework* project is to:

- “Develop National Workforce Competences (NWCs) to cover the functions carried out by Allied Health Professionals (AHPs) particularly in leading edge clinical settings and environments
 - Incorporate these competences into a competence framework linked to the Health Functional Map (HFM) and the Knowledge and Skills Framework (KSF)
 - Identify and map transferable roles
 - Gain approval for the NWCs as National Occupational Standards (NOS)
 - Develop a competence-based career management framework linked to previous work undertaken by the Changing Workforce Programme (CWP) wider work on the overall NHS competence framework and Agenda for Change
 - Communicate with and involve relevant stakeholders and the constituency of direct and indirect users at every stage”
59. We would assume that this work would be used to inform any developments on competencies within the workforce in N. Ireland.
60. RCSLT has also established good working relationships with Skills for Health (UK wide) and inputting into the competency development work that they are leading on.
61. RCSLT is keen to support the development of ‘extended practitioner ‘ roles and skill mix in the team We have developed a position paper to support the profession to develop more SLT assistants. We have an officer who leads on this area of work.
62. We have also set up a UK wide network of ENT champions who are taking forward the development of extended practitioner roles within SLT, which are having an impact on waiting times, and the workload of ENT consultants. RCSLT is currently working with ENT UK, the RCN and the British Academy of Audiology to establish a national steering group to develop an inter-disciplinary approach to this work.
63. RCSLT welcomes the need to support a work life balance, improve working lives and address the ‘glass barrier’ for women.
64. RCSLT has a developed a Diversity Strategy 2002. The current SLT workforce is 98% women who describe themselves as white. RCSLT is working with the other AHPs to develop greater diversity in the workforce and we hope that learning from a project funded by DH in England (the New Generations Project) could be duplicated in N. Ireland.

Planning an Integrated workforce: Policy Direction 13

We will build integrated workforce plans which cross professional, organisational and sectoral boundaries. These will provide for changing roles and competencies across the health and social services over the coming years.

65. RCSLT has recently appointed a project officer to develop guidance for the profession on workforce planning and is working closely with policy leads across the UK to ensure 'fit' with current policy developments.
66. A key concern that this work has raised is that, whilst there are strong arguments for developing generalist practitioners within a specific care pathway (for one diagnosis), there is also the need to have professional groups who can demonstrate the core skills that they can contribute to the care group and the added value that they bring.
67. Below are examples from real life experiences:
- i. *A gentleman was referred by an ENT surgeon with vocal cord palsy and swallowing difficulties to a regional dysphagia clinic run by speech and language therapists. It was evident on first meeting the man without even seeing the videofluoroscopy, but by listening to his speech and voice and an oral examination that his problems were due to an underlying progressive neurological condition. The subsequent assessments and referral to a neurologist confirmed the diagnosis. The training and experience of the speech and language therapists meant that the suspected diagnosis was immediately picked up.*
 - ii. *A gentleman being treated on a stroke rehabilitation unit presented with swallowing and dysphonia. The medical team did not suspect any other underlying conditions but speech and language therapist identified the presentation of the voice and dysphagia did not 'fit' with the typical pattern of someone with a stroke. Following continued queries from the SLT a referral on was made and an unrelated ENT diagnosis made.*
68. These important changes to the patients' care may not have been possible if the practitioners were solely trained as either ENT or stroke practitioners but were due to their speech and language therapy backgrounds.
69. People do not always have one diagnosis such as stroke or autism but could concurrently be also deaf, have a mental illness or have Parkinson's Disease (Multiple pathologies) for example.
70. Meeting the complex needs of patients, supporting integrated service provision and maximising skills and resources without diluting the quality of care in an environment where patients have access to information and a heightened awareness of the choice of care packages will be a key challenge. We also need to manage patients expectations for access to the 'expert' and minimal errors in assessment, diagnosis and care pathways.

Policy Direction 14

We will work to meet explicit quality standards in line with the new statutory duty of quality, which has already been placed on the health and social services.

71. As mentioned earlier, RCSLT is in the process of reviewing its quality standards (Communicating Quality 2) with active involvement of the profession across the UK.
72. We would therefore welcome the opportunity to be involved as required in the development of standards by the DHSSPS through the HPSS Regulation and Improvement Authority. RCSLT is already inputting into the work of NICE and SIGN and involves its' specialist advisors in this process.
73. RCSLT hopes that the issues that have been raised in this response will be considered within the objectives to support the implementation of the vision. RCSLT and its members will be able to contribute and add value to these objectives and hope that we can forge close partnership working as with the other AHPs to achieve this end.

Policy Direction 15

We will set in place flexible plans, appropriate organisational structures and effective, efficient processes to support the implementation of A Healthier Future. RCSLT assumes that structures will be put into place to enable SLTs and AHPs to inform the planning process. This is crucial to ensure that the new patients/users they serve are adequately reflected in the commissioning provision of services.

Policy Direction 16

We will continue to develop a proactive and responsive relationship with private, community and voluntary sector providers here over the coming years. A number of RCSLT work privately and we would want to keep them updated on any developments in partnership working with the private sector.