

**Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#)  
ar [Graffu ar Gynllun y Gaeaf ar gyfer Iechyd a Gofal Cymdeithasol 2021 i 2022](#)  
[Llywodraeth Cymru](#)**

**This response was submitted to the [Health and Social Care](#)  
[Committee](#) consultation on [Scrutiny of the Welsh Government's Health and](#)  
[Social Care Winter Plan 2021 to 2022](#)**

**WP 04**

**Ymateb gan: | Response from: Coleg Brenhinol Therapyddion Iaith a  
Lleferydd | Royal College of Speech & Language Therapists**

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## **Senedd Cymru Health and Social Care Committee scrutiny of the Welsh Government's Health and Social Care Winter Plan for 2021-22**

### **Executive summary**

The Royal College of Speech and Language Therapists (RCSLT) Wales welcomes the opportunity to provide written evidence as part of the committee's scrutiny of the Welsh Government's Health and Social Care Winter Plan for 2021-22. Our response focusses on the key questions raised within the terms of reference and is based on discussions with our members across Wales.

### **Key points**

- Our members report that services are experiencing severe pressures this winter due to patient flow issues within hospitals exacerbated by COVID infection control measures and staff sickness and requirements to isolate.
- We are concerned about the wellbeing of the speech and language therapy workforce given these pressures as staffing shortages mean that staff are regularly required to work additional hours.
- We welcome the recognition within the Welsh Government's winter plan of the importance of early intervention and direct access Allied Health Professional (AHP) services. As experts in supporting people with swallowing and communication difficulties, speech and language therapists (SLTs) have a key role to play within multi-professional teams. However, winter pressures funding is often announced very late and is very short-term which negatively impacts the ability of NHS managers to recruit and train staff to maximise benefits.
- We fully appreciate the whole system pressures currently faced and the issues within the nursing and health care support worker workforce. The vaccination programme is an unprecedented call to action. However long-term, we believe it is essential that SLTs are protected from redeployment given their central role in enabling people to live well at home.
- We welcome references within the plan to ease pressures during the winter and across the year, a focus and investment in rehabilitation and community support programmes is also essential to effectively support the 'home first: discharge to recover and assess' pathway.
- Given the importance of the role of Regional Partnership Boards (RPBs) within winter planning, greater clarity is required around RPBs' membership, accountability and transparency arrangements.

## **About the Royal College of Speech and Language Therapists**

1. RCSLT is the professional body for speech and language therapists, SLT students and support workers working in the UK. The RCSLT has 17,500 members in the UK (650 in Wales) representing approximately 95% of SLTs working in the UK (who are registered with the Health & Care Professions Council). We promote excellence in practice and influence health, education, care and justice policies.
2. Speech and language therapy manages the risk of harm and reduces functional impact for people with speech, language and communication support needs and/ or swallowing difficulties.
3. As part of emergency care and discharge planning, SLTs work closely with other services, such as physiotherapists and occupational therapists, to assess and support patients' needs. They help to prevent a cycle of emergency readmissions by working with individuals and their families to develop personalised strategies to manage their speech, language, communication and swallowing difficulties. For example, they develop feeding plans and daily exercises that patients can follow at home and that community-based staff can supervise. By developing personalised care plans, SLTs can help patients to understand their own health needs and support them to feel safe and confident when they return home.

### **How well services are coping, including any particular pressure points and areas of concern as we move further into winter and the effectiveness of this year's approach to winter planning;**

4. The Welsh Government Health and Social Care Winter Plan 2021-22 notes the need for the workforce to be ready to respond to rapidly changing circumstances<sup>1</sup>. Once again, the speech and language therapy workforce has supported the mass vaccination drive with many members at all levels volunteering to act as vaccinators and vaccination assistants within their free time to avoid adding additional pressure to already stretched services. We applaud members for their contribution to the national effort.
5. Our members report that ensuring a sustainable workforce is of concern as we enter the peak winter period due to a combination of factors including the high level of Covid circulating in the community resulting in hospitalisations and self-isolation for the workforce. Many services are working through business continuity plans given the scale of pressures faced. This includes cancellation of training and non-essential meetings, postponement of non-urgent appointments until later in the month, movement of urgent appointments to virtual where possible (to reduce footfall and reduce risk of transmission). There is an important caveat that face to face appointments should continue if urgent and red-flagged. This often includes appointments where we are looking at a person's understanding of spoken language and where a person has difficulties with their speech.
6. As the winter plan acknowledges, recruitment and retention of key staff is a challenge across professions, beyond the winter period<sup>2</sup>. Within speech and language therapy, we have seen a number of key staff take early retirement in recent years and the student

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<sup>1</sup> Welsh Government. Health and Social Care Winter Plan 2021-22. Available here: <https://gov.wales/sites/default/files/publications/2021-10/health-and-social-care--winter-plan-2021-to-2022.pdf> Accessed 6 January 2022.

<sup>2</sup> Ibid

streamlining process has also had an impact on service provision. For example, prior to the winter, some children and adults have had to wait longer to see AHPs as implementation of streamlining forced some Health Board departments to wait until September for graduates to start work when they were needed in the Spring. Conversely, some Health Board departments have had to take graduates earlier (rather than throughout the year) and in greater number than needed at present which is placing a significant financial burden on departments or wider within Health Boards. A large intake of graduates places a very high demand for supervision on a department. Usually such recruitment would be spread over a longer period of time easing this demand. This reduces the capacity for clinical work carried out by staff who are working as supervisors to new graduates. This cohort of students will have experienced significant disruption to their studies due to the pandemic thus effective supervision is even more critical.

7. We strongly support the focus of the winter plan on ‘promoting recovery, independence and getting people safely home’<sup>3</sup>. SLTs have a key role to play as part of multi-professional teams in supporting people both to stay well at home and return home from hospital. However, ongoing issues with regards to vacancies within the nursing and the health and social care workforce are impacting on the ability to deliver speech and language therapy interventions in some areas as SLTs are required to support ward staff with fundamentals of care. Length of stay is also impacted significantly by difficulties in securing care packages for patients who need them, and the ability of social care carers to modify diet and/or fluids to enable people to return home safely. In some hospitals pressure is so acute that we understand that senior leadership are considering closing/de-escalating non urgent services and redeploying staff.
  
8. We welcome the drive towards integration and an increasing focus on moving services closer to home within a Healthier Wales<sup>4</sup> and the winter plan. It is positive to see recognition within the plan of the need to ensure that ‘virtual wards’ and community resource teams have ‘an appropriate range and number of allied health professionals embedded’ and the availability of ‘direct access and early intervention Allied Health Professional services to pre-empt crises and maximise place-based care and rehabilitation’. A number of speech and language therapy services have been able to benefit from monies under the Integrated Care Fund (ICF) and the Transformation Fund with the aim of supporting those with swallowing and communication difficulties to keep safe and well at home including within care-home settings. However, funding streams such as the ICF are often very short-term which can lead to recruitment challenges, in particular for smaller professions. The AHP Framework for Wales recognises that;

‘too often, short term innovations in the AHP services have been established as pilots without long term sustainable funding in place. This has limited the opportunity to scale up and support wider adoption across Wales when innovations as detailed above are proven to be effective’<sup>5</sup>.

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<sup>3</sup> Welsh Government. Health and Social Care Winter Plan 2021-22. Available here: <https://gov.wales/sites/default/files/publications/2021-10/health-and-social-care--winter-plan-2021-to-2022.pdf> Accessed 6 January 2022.

<sup>4</sup> Welsh Government. A Healthier Wales: Our Plan for Health and Social Care <https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf> Accessed 6 January 2022

<sup>5</sup> Welsh Government (2019). Allied Health Professional Framework for Wales. Available here: <https://gov.wales/sites/default/files/publications/2020-02/allied-health-professions-framwework-for-wales.pdf>

We strongly recommend that those interventions that deliver high value outcomes are identified and adopted across Wales to improve community rehabilitation services as a key enabler in supporting discharge and reducing hospital admissions. A focus and investment in rehabilitation and community support programmes is also key to the implementation of the 'home first: discharge to recover and assess' pathway. This would fit with the assertion within the plan that;

'The resilience of our services to be able to deliver safe and high-quality patient care this winter is our key priority. However, to achieve this it is vital that our services continue their work towards **sustainable service models** alongside immediate actions for the winter period'<sup>6</sup>.(our emphasis)

9. Given the multiple references to the importance of AHP services within the winter plan, we strongly recommend that speech and language therapists are not redeployed from services that are already under extreme pressure as they attempt to restore services, reduce waiting lists and meet targets. Between November 2020 and February 2021, the RCSLT conducted a UK-wide survey of people's experiences of accessing speech and language therapy during the first UK-wide lockdown when many speech and language therapists were redeployed (March–June 2020)<sup>7</sup>. The findings present a worrying picture on the impact on people of all ages.

#### **Children and young people**

- 81% of children and young people received less speech and language therapy during lockdown; 62% did not receive any speech and language therapy.
- 70% reported no improvement in their communication or swallowing. 47% said it had stayed the same. 24% said it had got worse.
- 67% said that receiving less speech and language therapy had negatively impacted their education; 45% said it had negatively impacted their mental health.
  - Families and carers were also affected. 64% said their home and domestic life had become worse because their children had less speech and language therapy. 58% said it impacted on their mental health.

#### **Adults:**

- More than half of the respondents (52%) received less speech and language therapy during lockdown, with 44% not receiving any speech and language therapy during this time.
- 80% reported no improvement in their communication or swallowing. 43% said it had stayed the same. 37% said it had got worse.
  - 56% reported a decline in mental health as a result of receiving less speech and language therapy.
  - Families and carers were also affected. 62% said their mental health was worse because their loved ones had less speech and language therapy. A similar percentage said their home and domestic life became worse.

<sup>6</sup> Welsh Government. Health and Social Care Winter Plan 2021-22. Available here: <https://gov.wales/sites/default/files/publications/2021-10/health-and-social-care--winter-plan-2021-to-2022.pdf> Accessed 6 January 2022.

<sup>7</sup> RCSLT (2021). Speech and language therapy during and beyond COVID-19: building back better with people who have communication and swallowing needs. Available here: <https://www.rcslt.org/wp-content/uploads/2021/03/Building-back-better-March2021.pdf> Accessed 7 January 2022.

10. Whilst understanding of the all too real system pressures, we believe there are more cost-effective alternatives to redeployment of AHPs that have been used successfully in some areas and could be used more widely and would not create gaps in service for patients who vitally need support now for difficulties they have in communication and swallowing. These could include, bringing back retired staff or using volunteers or students to increase system capacity.

### **Lessons to be learnt for next winter**

11. As the winter plan acknowledges, it is essential that we work towards the creation of 'sustainable service models'. In our view, this will require increasing capacity through long-term funding arrangements to ensure a robust enough system year around. This would ensure the workforce would be trained and available for winter surges. It would also facilitate recruitment and reduce the reliance on locums which is a particular issue for smaller professions including within Speech and Language Therapy.
12. We are all too aware of the huge pressures on services in the winter but taking decisions which involve closing outpatient departments and moving qualified staff into healthcare support worker roles has very real knock-on effects on discharge. We believe a helpful alternative may be to consider redeployment into community resource teams.
13. It is clear that moving forwards RPBs are viewed as a key vehicles in terms of winter planning. We are concerned that currently RPBs vary significantly in their levels of transparency and co-production across Wales. It can be very difficult to engage with boards and clearly understand their vision and function. We understand that similar concerns were raised by a number of organisations in the summary of responses to the recent white paper on balancing care and support<sup>8</sup>. Greater clarity around RPBs' membership, accountability and transparency is required as a priority to support effective integrated planning.

### **Further information**

14. We hope this paper will be helpful in supporting the committee discussions around winter planning. We would be happy to provide further information if this would be of benefit. Please see below our contact details.

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<sup>8</sup> Welsh Government (2021). Rebalancing Care and Support – a Summary of Responses. Available here: [https://gov.wales/sites/default/files/consultations/2021-06/summary-of-responses\\_2.pdf](https://gov.wales/sites/default/files/consultations/2021-06/summary-of-responses_2.pdf) Accessed 7 January 2022

## **Confirmation**

This response is submitted on behalf of The Royal College of Speech and Language Therapists in Wales. We confirm that we are happy for this response to be made public.