Evidence from the Royal College of Speech and Language Therapists

June 2026

RCSLT welcomes the Bill

The Royal College of Speech and Language Therapists (RCSLT) welcomes the Health Bill, particularly:

- efforts to improve joined-up care through the proposed Single Patient Record;
- the Bill's focus on prevention, early intervention, and neighbourhood health services;
- measures intended to strengthen integration between health and social care; and
- the ambition to reduce fragmentation and improve local decision-making within the NHS.

These reforms could improve care coordination and earlier access to support for people with speech, language, communication needs, and difficulties with eating, drinking, and swallowing, and their families and carers, provided speech and language therapy services are fully included in implementation and workforce planning.

Strengthening needed

However, to ensure the best possible outcomes for people who rely on speech and language therapy, and to maximise the impact of speech and language therapists in the wider health and social care system, the Bill needs strengthening in the following ways.

The Bill needs amending to ensure that:

- allied health professional (AHP) expertise is represented within ICB leadership and all decision-making structures, preferably through a director of AHPs in each ICB
- neighbourhood health plans include appropriate involvement from AHPs, including speech and language therapists
- future ICB mergers and larger commissioning footprints do not weaken accountability to local population need or lead to increased variation in access to community health services, including speech and language therapy
- local authority representation on ICBs is retained to ensure a joined up approach to planning services
- the Single Patient Record includes data that capture patient's therapy outcomes and progress across services and settings
- professional bodies are consulted on significant service reconfiguration and redesign

- provider flexibility and new models of care that enable AHPs to work at the top of their scope of practice is supported
- accountability for workforce planning is enshrined in law
- consistent workforce planning and data collection across the country as one part of tackling the postcode lottery of access to services

Principled commitment call

Impact assessment

The Bill contains no requirement to assess the impact of transition on allied health professional services before the abolition provisions take effect. AHP services operate in community and mental health settings with no acute bed and no headline waiting time target. Deterioration in these services is not immediately visible. They are therefore the services most at risk of absorbing the disruption of reorganisation without that disruption being detected.

The government's own response to a Parliamentary question in April 2026 confirmed that retention data for allied health professionals is currently not available. The government is proposing to reorganise a system whose current state it cannot fully measure.

The RCSLT calls on the Committee to seek a commitment from the Minister that before the provisions of Clause 1 are brought into force the Secretary of State will publish an assessment of the impact on AHP services covering:

(a) the continuity of AHP clinical leadership during the transition period;

(b) the risk of service disruption in community and mental health settings; and

(c) AHP vacancy rates, waiting times and workforce pipeline stability as a baseline against which the effects of transition can be measured.

Local AHP Leadership

The Bill abolishes integrated care partnerships and integrated care strategies (clause 23). These partnerships were the space at system level where allied health professionals could sit alongside local authority, voluntary sector and community input in shaping health strategy. Their abolition removes the mechanism without replacing it.

RCSLT calls on the Committee to seek commitment from the Minister that ICBs will be expected to make structure engagement with AHPs when making commissioning decision that affect AHP services. Without that commitment there is no mechanism at local level for AHP expertise to inform the commissioning of service that depend on it.

Amendments proposed by RCSLT

Clause 2

Clause 2, (3) (b) after line 2 insert

(c) make provision for the continuation of central leadership functions in relation to Allied Health Professions currently exercised by NHS England in connection with the transfer of functions under this Act

RCSLT explanation: The Bill must enable the continuation of central leadership functions for Allied Health Professions currently exercised by NHS England following the transfer of functions. At present this is at risk. The Department of Health and Social Care must include the Chief Allied Health Professions Officer that exists in NHS England at DG level. Without it, valuable experience and expertise is at risk of being excluded, with potentially negative consequences for the people who AHPs support.

Clause 5: Patient involvement and choice

Clause 5, page 4, line 5, insert -

1CC Duty as to communication and information support

In exercising functions in relation to the health service, the Secretary of State must secure that patients, and their carers and representatives (if any), are provided with information and communication support necessary to enable them to—

(a) understand their condition and treatment options, and

(b) participate effectively in decisions relating to their care or treatment."

RCSLT explanation: This amendment is proposed to ensure that the duties on patient involvement and choice are effective in practice. Such effectiveness depends on patients, carers and representatives having access to appropriate communication and information support to enable full understanding and meaningful participation in decisions about care and treatment.

Clause 7: Education and Training

Section 7 page 4, line 25, 0 — inserting new subsections after Clause 7(2):

(2A) In exercising the duty under subsection (1) the Secretary of State must—

(a) within 12 months of this section coming into force, and at least once every 3 years thereafter, prepare and publish an assessment of the allied health professional workforce in England (an 'AHP workforce assessment'); and

(b) lay each AHP workforce assessment before Parliament.

(2B) An AHP workforce assessment must address—

(a) current and projected demand for services delivered by allied health professionals;

(b) current vacancy rates and workforce supply, including training pipeline data for each AHP profession;

(c) any risk to the continuity of AHP services arising from structural reorganisation of the health service; and

(d) the steps the Secretary of State proposes to take to address any gaps identified.

(2C) In preparing an AHP workforce assessment the Secretary of State must consult—

(a) the professional bodies representing allied health professions; and

(b) each integrated care board.

RCSLT explanation: The Clause 7 workforce duty is general and unspecific. Without a published assessment obligation, it can be discharged without any regard to AHP workforce gaps. The government has confirmed that AHP retention data is currently not available. There is no baseline from which to measure whether the duty is working.

Speech and language therapy and other AHP professions operate in community settings with no headline waiting time target. Deterioration will not be automatically visible without a specific reporting mechanism.

Clause 7: Education and Training

Section 7 page 4 – new clause to be inserted after clause 7

(1) The Secretary of State must ensure that, following the coming into force of section 7 of this Act, a designated senior officer with responsibility for allied health professional

workforce strategy and clinical leadership is maintained within the Department of Health and Social Care.

(2) The Secretary of State must consult the designated officer referred to in subsection (1) when exercising functions under section 1F of the National Health Service Act 2006 (as amended by section 7 of this Act) that relate to—

(a) allied health professional workforce planning or assessment;

(b) commissioning of services delivered by allied health professionals; or

(c) setting of standards relating to allied health professional practice.

(3) In this section 'allied health professional' has the meaning given in regulations made by the Secretary of State.

RCSLT explanation: Clause 7 removes NHS England from the workforce planning duty but creates no requirement for designated AHP professional leadership within DHSC to exercise it.

Clause 21: Membership of Integrated care boards

Clause 21, (a) (5) page 16 insert -

The constitution must provide for the ordinary members appointed as mentioned in sub-paragraph (2) to include at least one allied health professional member whose provides health services within the integrated care board's area

RCSLT explanation: At present there is an absence of allied health professional voice and involvement at ICB level, which with the move to neighbourhood health provides a significant gap in oversight of therapy areas such as rehabilitation planning. There needs to be strengthened duty for ICBs to work with allied health professionals and for their meaningful involvement in planning, service design and development of neighbourhood health.

Clause 24: Neighbourhood health plan

Clause 24, (2) (6) page 18, insert -

In preparing a plan under this section, the responsible local authority and each of its partner integrated care boards must involve local clinicians including allied health professionals in the development of the plan.

RCSLT explanation: This amendment creates a duty for local authorities and ICBs to ensure that clinicians involved in the delivery of healthcare are actively involved in the creation of Neighbourhood Health Plans.

Clause 47: Single Patient Record

Clause 47, (2) (7) , line 43, page 34 insert -

“health care” includes the use of therapy outcome measures in connection with the provision of such care.

RCSLT explanation: the Single Patient Record must ensure that patients can access all information relating to their health care and treatment which includes their progress measures. This is only included implicitly included at present.

Schedule 3: Constitution of NHS Foundation Trusts

Schedule 3, page 81, line 10, at end insert -

(1A) (c) at least one other person who is a registered allied health professional

RCSLT explanation: The Minister has laid an amendment to allow FT boards to have at least one person who is a registered medical practitioner or a registered dentist and (b) at least one other person who is a registered nurse or a registered midwife. This specifically excludes allied health professionals.

Other amendments supported by the RCSLT

The RCSLT supports the amendments proposed by the Health and Social Care Committee:

- that the statutory requirement for ICBs to have at least one member jointly nominated by local authorities be retained.

- to require the Secretary of State to review the effective use of Section 75 of the NHS Act 2006, and to produce guidance to support NHS bodies and local authorities making use of section 75 arrangements to pool budgets and jointly commission health and social care services.
- that the Secretary of State's duties in relation to health inequalities in clause 4 of the bill be strengthened and that all ministers should be under a duty to consider how policies they enact might contribute to or reduce health inequalities.

About the RCSLT

The RCSLT is the professional body for speech and language therapists (SLTs), speech and language therapy students, and support workers, with more than 23,000 members across the UK.