

AHPF response to The People Plan

1. The AHPF welcomes the publication of the People Plan, in particular;

- the naming of allied health professionals in the new clinical placements fund – this is very encouraging, although this does need to be available to all AHPs,
- additional places for undergraduates – this will help to secure the future health and social care workforce required to identify and meet people’s needs, however this commitment needs to be backed up with reintroduction of full bursaries to cover the cost of undergraduate provision. The removal of the bursary has had a particularly detrimental impact on AHPs and its absence for certain AHPs such as Arts Therapies. The cost of a bursary could be reimbursed by ensuring that graduates work in the NHS for a minimum of 2 years post-graduation, as is the case in Wales,
- the focus on the funding for continuing professional development (CPD), which we feel should be directly accessible to staff. That staff will be released to do CPD and to also support student placements is welcomed as a starting point,
- the promise around PPE – while this is welcome, it is not sufficient (please see below),
- that all NHS posts will be open to flexible working patterns; many AHPs are currently juggling work, family and study obligations, therefore they would welcome this promise. However, it must be noted that the current plan does not clearly identify what is meant by flexible work patterns. In order to ensure this is not open to interpretation locally, any work on improving flexibility must be done through the mechanism of the staff council. We believe asking bank staff for feedback on why they chose to take up these positions instead of being directly employed by the trust, may help identify where the issues are and therefore what flexible work patterns should mean,
- that all NHS organisations across England will provide a risk assessment for vulnerable staff, particularly in the COVID-19 context,
- the focus on supporting and caring for staff - this will help them deliver better care for their patients and the people they work with, as well as promote a healthier workforce, We welcome all staff to have a personalised plan and believe that as per NICE guidelines, this should incorporate both physical exercise and dietary advice as well as mental health. As recommended in the AHP public health strategic framework, the expertise of the NHS AHP workforce should be utilised to deliver these workplace health initiatives,
- the recognition that discrimination, violence and bullying have no place - we look forward to that being translated into concrete action and real, lasting change being effected, and
- that leaders are expected to act with kindness – sadly, this is not always the reality on the ground so we hope strong action will be taken against bullying cultures wherever they are found with robust enforcement.

2. **However, the AHPF would have liked to have seen more recognition of the role of allied health professionals.** It is disappointing that the Plan does not give more recognition to the role of allied health professionals as the NHS’s third largest workforce. During the pandemic we have all played a crucial role in supporting individuals and will be central to the next phase given, in particular, our expertise in supporting people’s holistic recovery and rehabilitation.

3. Issues we hope the NHS will strengthen under the People Plan are:

- While the People Plan sets out an agenda for equality and recognition of all professions in their contribution towards the Long-Term Plan, there is a clear target to gain 50,000 more Nurses and no equivalent figure for AHPs. This inequity makes it difficult to get the same voice, priority and recognition.
- AHPs are a core part of the mental health workforce and the plan should consider how their numbers will be increased. AHPs are uniquely positioned to meet both the physical and mental health needs of those under their care. Engagement with an AHP allows for identification of unaddressed holistic needs and further referral for these issues.
- That in developing talent management, the Government reviews the role of AHPs on Boards and removes the requirement in Foundation Trusts that a Medical or Nursing Director should be a doctor or nurse. This is discriminatory and adds further inequality within the workplace as a doctor or nurse at board level can oversee AHPs, but not vice-versa. We suggest the development of more Clinical Directors that allow for all HCPs, including AHPs, to hold this post. In order to change this, we want to see it made mandatory for all trusts to have AHP leaders (with relevant training opportunities available) on their management boards to provide AHP leadership and representation at all levels of NHS decision making.
- That the expansion of clinical leadership placements will include an increased number of all AHPs. Trusts will need to be supported to implement innovative ways to meet the needs of additional placements and we feel this commitment should be followed on with preceptorship programmes. To acknowledge the supervisors' time and expertise, we would welcome additional financial recompense for student training.
- Ensuring access to appropriate PPE for all AHPs. We remain deeply concerned about some AHPs' ability to access the appropriate level of personal protective equipment (PPE) to do their jobs safely and reduce the risks to their patients and themselves. This is because the UK Government's PPE guidance does not include all the aerosol generating procedures (AGPs) that some AHPs require.
- How Local People Boards (which will review local People Plans) will be constituted and ensuring they have AHP representation.
- Institutional racism and active anti-racism - we welcome that the Plan recognises the COVID-19 pandemic has been a time of national awakening about social and health inequalities and that the pandemic has had a disproportionate impact on BAME staff working in the NHS. In that context, we think the Plan could have taken a more active anti-racism stance and been more explicit about how any institutional racism is going to be tackled in the interest of BAME colleagues and BAME patients.
- While we welcome the commitment to addressing systemic inequality, it is vital to ensure that in doing so, work is meaningful, sustained and effectively monitored.
- That opportunities to extend prescribing, social care and how any new proposed ways of working will be implemented without any detriment to staff.

- That staff wellbeing services implemented during the COVID response (including psychological support, Schwartz Rounds, workplace wobble rooms and free car parking) continue beyond the COVID pandemic as we know staff experienced similar physical and mental health concerns prior to COVID. To ensure safe and effective patient care now and in the future, we feel it is imperative that we expand the number of roles, and the training and development of our support worker workforce. We would like to see a commitment to further funding in this area. This would be helped by opening out the individual training budgets to support workers and ensuring a fit with the forthcoming support worker capability framework being developed by HEE.

Although the people promises are to be achieved by 2024, the plan is currently only looking as far ahead as 2021. It is therefore essential that if these promises are to be achieved and provide the necessary outcomes required, more funding is provided within the governments forthcoming spending review specifically ring-fenced to address the promises. We await further information on the metrics to accompany and track the impact of the actions in this plan due by the end of September 2020.

Annex A: The AHPF

The AHPF's Vision is that; "The AHP workforce is positioned to improve the health and well-being of the population". Our mission is; The Federation provides collective AHP leadership and representation to influence national policy and guidance at a strategic level". In all areas, the AHPF promotes parity between mental and physical health.

The Allied Health Professions Federation (AHPF) is made up of twelve professional bodies representing Allied Health Professionals (AHPs):

- The British Association for Music Therapy (BAMT)
- The British Association of Art Therapists (BAAT)
- British Association of Dramatherapists (BADth)
- The British Dietetic Association (BDA)
- British Association of Prosthetists and Orthotists (BAPO)
- British and Irish Orthoptic Society (BIOS)
- Royal College of Occupational Therapists (RCOT)
- Chartered Society of Physiotherapy (CSP)
- The College of Paramedics (CoP)
- The College of Podiatry (CoPoD)
- Royal College of Speech and Language Therapists (RCSLT)
- Society and College of Radiographers (SCoR)