**Racial Equality Action Plan, consultation**

**Joint response from the Allied Health professional organisations**

1. **Introduction**

The Allied Health Professional Bodies are responding jointly to the consultation, with the aim of drawing together key themes and points of agreement for the Welsh Government to consider. Some organisations will have responded individually to this same consultation and these comments are to complement those submissions. This response will cover some main points from the AHP bodies, including leadership, underrepresentation, data, and tackling inequalities.

We welcome the opportunity to respond to the consultation and welcome the plan as a positive step for action against racism. In particular, we support the aim to make Wales anti-racist.

1. **A stronger focus on inclusive leadership**

We are pleased that there are a number of actions around leadership responsibility/accountability at both board and strategic level. This is something we as professional bodies have been calling for as a means to effectively address inequalities.  However we feel that the plan should include a much stronger focus on the importance of **resilient, inclusive and culturally responsive leadership**, since it is leadership that makes a significant contribution to shaping the culture of organisations.  Inclusion is core to the NHS Constitution, yet it remains one of the biggest challenges that health systems face globally, nationally and systemically. Leadership has a critical impact on staff experience and in turn this has a direct impact on the experience of the people at the centre of services, so leadership also affects quality.

1. **Underrepresentation of the AHP workforce**

We welcome the Welsh Government’s plans to identify plans and targets to increase reach and recruitment from ethnic minority backgrounds who are currently underrepresented in the NHS Wales.  In Wales, the diversity of most Allied Health Professions is not reflective of the diverse populations that we serve. We acknowledge that we too as a professional bodies have a responsibility to increase diversity within or professions and are ready to fully support positive and constructive action from Welsh Government on behalf of the profession, staff and service users. We do however feel that there needs to be more clarity and detail in regards to the proposed plans and targets intended for reach and recruitment.

1. **Workforce data**

We welcome actions in eth plan around ensuring that health workforce data in relation to race and ethnicity is actively collected and understood as this will be essential to drive and inform continued improvements both for the workforce and in services. Ethnicity data capture and quality for the AHP workforce in Wales is currently poor and disjointed. This deficit interferes with the accuracy of most analyses relating to NHS staff or health outcomes by ethnic group. We as professional bodies are ready to support the Welsh Government to collaboratively work on developing targeted interventions to improve  workforce data quality and capture and work towards ensuring the AHPs  feel safe and confident to provide ethnicity data and have a greater understanding of why the information is needed, leading to greater trust. This should be a priority area of work to ensure the Government knows what the baseline data is and can measure change.

1. **Tackling Health inequalities**

As we move through the pandemic, we are noting an increasing focus on population health and health prevention. We would in particular like to emphasise the AHP role in contributing to better population health and reducing health inequalities. The Right to Rehab campaign, led by the professional AHP bodies is focussed on ensuring everyone can access Rehab and the long term preventative and health benefits associated with it. This rights based approach to health services can have an impact on health inequalities.

We support targeted investment from Welsh Government in preventing health inequalities from arising. The action plan could stipulate that a rebalance is needed in spend away from crisis to long-term prevention and providing the necessary transition funds to support the long-term shift to a preventative approach. Investment should be targeted at infrastructure and services that offer sustainable solutions to the underlying causes of health inequalities, ensuring access for all.

1. **Other considerations – post pandemic**

*Focus on primary and community care*

On the whole the actions in plan are appropriate but seem to have a very strong focus on hospital services. There appears to be a lack focus on primary and community care. To deal with inequalities in health and care there will need to be an equal focus on these areas. The Primary Care Model for Wales is based on a more preventative and coordinated care system which includes general practice and a range of services for communities and care closer to home. This model will become ever more important in response to those experiencing health inequalities.

The pandemic may result in the increasing use of contracted services to deliver care services that are under pressure. The plan should be inclusive of this sector or any provider that is preforming a public function.

*Digital exclusion*

The NHS has accelerated the adoption of digital technology to manage the demand for care via Telehealth. The shift from face-to-face consultations to Telehealth is likely to become adopted as routine practice for the foreseeable future and will be part of the recovery period and long-term reforms. The plan does not focus on the inequalities exacerbated by services exclusively delivered by virtual means. This includes language barriers, gender equality, and poverty issues, being barriers to access health services. The plan should have this as a stronger element of its actions to address, in light of the pandemic’s impact.