



Health and Care Bill Committee stage briefing – January 2022

Executive summary on workforce issues

- Allied health professionals (AHPs) are the third largest section of the health workforce, supporting people of all ages with a range of diagnostic and therapeutic interventions both within and beyond health and social care settings.
- Their contribution can often be overlooked in a narrative that frequently focuses on the role of doctors and nurses.
- This is reflected in leadership positions within the NHS - for instance, AHPs are not routinely able to sit at Board level.
- It is also reflected in workforce planning in England, which does not take account both the totality of settings in which AHPs work and the fact that many AHPs are not actually employed by the NHS.
- This risks AHPs not being trained to meet patient need. It also poses risks to the wider health and care system, including through exacerbating workforce pressures in the NHS.
- Amendments 40, 172 and 214 are designed to address these issues. They would enable AHPs to undertake leadership roles, some of which are currently legally barred to them. They would ensure workforce planning covers the whole of the health and social care workforce, both in terms of the settings in which they work and the type of organisation in which they are employed. They would also ensure that workforce planning was informed by the unique clinical experience and expertise of AHPs, including speech and language therapists.
- If accepted, the Amendments would:
 - maximise the contribution of AHPs, including speech and language therapists, to improve patient care and reduce system pressures; and
 - ensure there is a sufficient workforce to meet people's needs now and in the future.

Maximising the contribution of allied health professionals, including speech and language therapists: Amendments 40, 172, 214

Amendment 40

BARONESS FINLAY OF LLANDAFF

Schedule 2, page 137, line 30, at end insert: “a member who is regulated by the Health Professions Order 2001 (S.I. 2002/254).”

Explanation: This amendment would require Integrated Care Boards to include at least one person who is an allied health professional.

AHPs include speech and language therapists, art therapists, dramatherapists, music therapists, podiatrists, dietitians, occupational therapists, operating department practitioners, orthoptists, osteopaths, paramedics, physiotherapists, prosthetists and orthotists, and radiographers. They are the clinicians working on the boundaries between health and social care and are, therefore, crucial to delivering integration.

In addition, they work in a range of other settings, not just health and social care, supporting people of all ages with diagnostic and therapeutic interventions. For example, many speech and language therapists work in education settings.

They have a key role to play in delivering many of the Bill’s ambitions and the ambitions of NHS England’s Long Term Plan. But for that to happen, AHPs’ experience and expertise must be harnessed. Amendment 40 would ensure that ICBs are as informed as possible by the widest and broadest experience and expertise.

If ICBs do not include AHPs, there is a risk that the totality of patients’ needs will not be adequately assessed and supported. This risks systemic decisions being skewed, taken without a full understanding of the impact on, and implications for, patients and the wider workforce.

The situation for speech and language therapists and the people who rely on them

The Government recognises the role that speech and language therapy has to play in delivering the NHS Long Term Plan. In response to a written question from Steve McCabe in January 2020, Caroline Dinenage, then a health minister, commented, ‘The NHS Long Term Plan recognises the importance of speech and language therapy. Local areas will design and implement models of care that are age appropriate, closer to home and bring together physical and mental health services.’¹

¹ [Written questions and answers - Written questions, answers and statements - UK Parliament](#)

So, the inclusion of an AHP, such as a speech and language therapist, on an ICB would, for example, contribute to delivering improved patient care pathways by helping to ensure that the diagnostic and intervention needs of people with communication and swallowing needs were identified and appropriately supported. Vitally, they would bring both profession-specific knowledge and the broader AHP perspective.

Amendment 172

BARONESS FINLAY OF LLANDAFF

Clause 35, page 42, line 19, at end insert:

“(3) The report must include an assessment of the total demand and expected supply of non-regulated staff.

(4) The report must include an assessment of the demand from—

- (a) the NHS in England and the devolved administrations,
- (b) other employers of health and care staff,
- (c) independent practice,
- (d) social enterprises,
- (e) the voluntary sector, and
- (f) the third sector.”

Explanation: This amendment would mean the duty to report would include the whole health and care workforce, not only those directly employed by the NHS in England.

Workforce planning in England focuses on planning for the NHS, both in terms of the settings in which AHPs work and their employer. It does not take sufficient account of the non-health settings, such as education and justice, in which AHPs work. Nor does it take account of the fact that AHPs may be employed by organisations other than the NHS, for example in the voluntary or third sectors or that they may work in independent practice. With speech and language therapists, for example, many are employed directly by schools and a large number work as independents.

The current focus of workforce planning on the NHS risks not enough AHPs being trained to meet patient and system need, thereby increasing pressure on already overstretched services and exacerbating existing workforce pressures in the NHS.

Amendment 172 would address this by taking a holistic approach to the health and care workforce, looking at the totality of settings in which they are employed and the totality of their employers.

The situation for speech and language therapists and the people who rely on them

There are around 19,500 speech and language therapists in the UK, many of whom have a portfolio career and work part-time. We estimate that around two-thirds spend at least some of their working time in the NHS.

Those not working in, or employed by, the NHS may be working for local authorities, in schools, the justice sector, the third sector and in independent practice. However, as argued above, these settings are not represented in current workforce planning. This risks not enough speech and language therapists being trained to meet current and future demand. In turn, this risks people of all ages with communication and swallowing needs not being able to access the speech and language therapy they and their families require.

Both the Department of Health and Social Care and NHS England has recognised that speech and language therapy is a profession in short supply. In its submission to the Migration Advisory Committee's Full Review of the Shortage Occupation List, the Department of Health and Social Care argued that speech and language therapists should be added to the Shortage Occupation List because the profession is facing a range of pressures including increasing demand, in mental health in particular. The NHS Long Term Plan identified speech and language therapy as a profession in short supply.^{2,3}

The scale of backlog - unmet needs and increased demand post-Covid - that we have identified from initial discussions with speech and language therapy services, suggests a minimum increase in the skilled workforce is required in the region of 15%. In recent years the profession has grown by 1.7% net per year.

Amendment 214

BARONESS FINLAY OF LLANDAFF

After Clause 79, insert the following new Clause—

“Workforce boards

- (1) Each integrated care board must establish a workforce board to advise on —
 - (a) the number of persons in that area regulated under any of the following —
 - (i) the Health Professions Order 2001;
 - (ii) the Dentists Act 1984;
 - (iii) the Opticians Act 1989;
 - (iv) the Osteopaths Act 1993;

² [28_05_2019_Full_Review_SOL_Final_Report_1159.pdf \(publishing.service.gov.uk\)](#)

³ [NHS Long Term Plan v1.2 August 2019](#)

- (v) the Chiropractors Act 1994;
- (vi) the Nursing and Midwifery Order 2001;
- (vii) the Medical Act 1983;
- (viii) the Pharmacy Order 2010 and the Pharmacy (Northern Ireland) Order 1976;

(b) the number of any other persons required to provide safe and effective care for the population served by the integrated care board; and

(c) the training and development of the health and care workforce, including persons regulated by the Health Professions Order 2001, in that area.

(2) Each workforce board must include —

(a) at least one person regulated under the Health Professions Order 2001,

(b) at least one person regulated under the Nursing and Midwifery Order 2001,

(c) at least one person regulated under the Medical Act 1983, and

(d) at least one representative of trade unions recognised as representing NHS employees.

(3) Each workforce board must consult with professional bodies representing health or social care staff.”

Explanation: This probing amendment would require ICBs to establish an advisory workforce mechanism with representation from all of the professions including AHPs to help plan the workforce and to ensure training and continuous professional development is planned and supported.

Ensuring appropriate workforce planning is essential to better planning, better delivery of services, and improved patient care pathways. Amendment 214 would ensure that workforce planning takes into account the experience and expertise of the whole health workforce.

By ensuring representation from all professions, workforce planning would maximise the contribution of AHPs, including speech and language therapists, and ensure there is a sufficient workforce to meet current and future demand. This would, in turn, help to ensure that patients receive the diagnostic and therapeutic input they need in as timely a way as possible.

The situation for speech and language therapists and the people who rely on them

For speech and language therapists, establishing an advisory workforce mechanism would help to address the current weaknesses of workforce planning in England. In turn this would support better service planning and delivery ensuring there were sufficient speech and language therapists to meet current and future patient need.

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