British Psychological Society response to NHS England

Psychological Professions Vision for England 2019-24

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Under its Royal Charter, the objective of the British Psychological Society is "to promote the advancement and diffusion of the knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of members by setting up a high standard of professional education and knowledge". We are committed to providing and disseminating evidence-based expertise and advice, engaging with policy and decision makers, and promoting the highest standards in learning and teaching, professional practice and research.

The British Psychological Society is an examining body granting certificates and diplomas in specialist areas of professional applied psychology.

Publication and Queries
We are content for our response, as well as our name and address, to be made public. We are also content NHS England to contact us in the future in relation to this inquiry.

Please direct all queries to:-
    Joe Liardet, Policy Administrator (Consultations)
    The British Psychological Society, 48 Princess Road East, Leicester, LE1 7DR
    Email: consult@bps.org.uk   Tel: 0116 252 9936

About this Response

The response was led on behalf of the Society by: Sabrina Kamayah, Senior Policy Advisor with contributions from The BPS Workforce Group and the DCP Workforce and Training Committee.
Dr Lisa Morrison Coulthard, BPS Head of Research and Impact; Nigel Atter, BPS Policy Advisor; David Murphy, BPS President.
Dr Geraldine Akerman CPsychol AFBPsS, Division of Forensic Psychology; Eleanor Bull CPsychol, Division of Health Psychology; Dr Lucie Byrne-Davis CPsychol, Division of Health Psychology; Philippa Capel CPsychol, Division of Counselling Psychology; Katherine Carpenter CPsychol FBPsS, Division of Neuropsychology; Dr Angel Chater CPsychol AFBPsS, Division of Healrth Psychology; Dr Esther Cohen-Tovee CPsychol AFBPsS, Division of Clinical Psychology; Dr Sarah Finnis CPsychol, Division of Clinical Psychology; Dr Jo Hart CPsychol AFBPsS, Division of Health Psychology; Professor Tony Lavender CPsychol FBPsS, Division of Clinical Psychology; Dr Venetia Leonidaki CPsychol, Division of Clinical Psychology; Rachel Lloyd CPsychol, Division of Clinical Psychology; Emily McBride CPsychol, Division of Health Psychology; Malcolm McFadyen CPsychol AFBPsS, Division of Clinical Psychology; Professor Christina Richards CPsychol FBPsS, Division of Counselling Psychology and Dr Rachel Worthington CPsychol AFBPsS, Division of Forensic Psychology.

British Psychological Society response to NHS England

Psychological professions vision for England 2019-24

	Psychological professions vision **Please specify the extent to which you agree with each section of the vision:**					
1.		**Strongly Agree**	**Agree**	**Neither agree or Disagree**	**Disagree**	**Strongly disagree**
	Vision		x			
	Mission		x			
	Principles		x			
	Key result areas		x			
	Enabling work streams for 2019-2021		x			

	Please provide feedback on the 'Vision' section of the vision:
	
	    • **What should be kept?**
	    • **What should be removed?**
	    • **What should be added?**

2.	**Overall Vision** We welcome the Psychological Professions Vision for England 2019-24 and its aim to maximise the collective impact that the professions can make to deliver the ambitions of the NHS Long Term Plan (LTP). The vision statement is ambitious and the focus on people is essential. We appreciate the recognition of the need to be more flexible in how the NHS utilises the skills and talents of psychologists and other psychological professionals. The vision statement is a promising start to what will be a challenging journey, even more so in light of Covid-19. We appreciate the difficult task of trying to encompass the complexity of this work whilst keeping the vision high level and strategic. However, we feel the vision statement could go further by extending its focus to reach beyond the individual. BPS members would like to see the vision span across the whole of healthcare, and to be inclusive of a diverse workforce, evidence-based practice, treatment, prevention, and service design, with the aim of achieving better outcomes for staff as well as for those accessing services. It is important to be clear what the Vision is seeking to communicate, and to whom. It must make clear that the vision relates to England only, perhaps by outlining how the work will be supported or replicated in devolved nations. There is a clear need for psychological professions to work together to challenge and present alternatives to the biomedical model. This will offer people a more balanced form of care with additional choice and will help to achieve the aim of parity of esteem. A more psychological and social approach to healthcare would drive forward a different way for disciplines to work together, including the psychological workforce. There has been a growing professional movement towards a biopsychosocial model, moving away from an illness centred model, (Guidance for Psychological Therapists, 2019) and we are keen that this forms part of the vision for the Psychological Professions.

Inclusivity of the vision

The BPS finds the grouping of the '12 psychological professions' in NHS commissioned healthcare' problematic and ambiguous.

The identified 12 in the vision could be more inclusive of all of the psychological professions working in the NHS or for new roles that have, or are being created to meet workforce demands. Examples of those currently excluded include;

- established professions in sport and exercise psychology, occupational psychology, neuropsychology and educational psychology
- newer roles such as clinical associate psychologists (CAPs)
- other professions that the vision stipulates are represented by another professional leadership structure in the NHS (e.g. art, drama and music therapists), when a better fit for these professions could now fall under the umbrella term of the psychological professions.

The need to provide an inclusive and collective vision for the professions is crucial. Professional identity and belonging to a professional community of peers was identified as important to BPS members in our 2019 member survey (BPS: Briefing 2019 Member Survey, 2019) More than two-thirds of respondents working in the NHS reported feeling routinely undervalued, especially where medical professions, such as psychiatry, dominate. Psychologists reported feeling they were viewed as non-essential with a narrow remit to provide therapy (BPS: Briefing 2019 Member Survey, 2019), whereas their skillset enables a much broader and deeper contribution.

The term 'commissioned' needs clarifying. The vision paper refers to a broad church of psychological roles that fall outside of the '12' and are primarily employed outside of NHS-commissioned care e.g. educational psychologists. The NHS records all of the seven protected titles of psychologists in the NHS in the Electronic Staff Record for all providers (BPS: Engage with change, unpublished) Yet only four of the protected titles of psychologists' i.e. forensic, health, clinical and counselling are recognised in the Vision. An unintended consequence could be the potential to overlook a section of the psychological workforce. There is a risk that a vision created to unite, may actually divide.

There is also a very real possibility that competent staff may be unable to apply for job roles where only the '12' will be recognised. This is already an issue identified amongst BPS members and with shortages in many areas of the healthcare workforce, it is more important than ever to allow the best people to be employed flexibly.

To be more ambitious and flexible, the Vision should be inclusive of those who provide meaningful psychological prevention, care or treatment in the wider health and care ecosystem. Take for example a psychologist working in public health at a Local Authority on community interventions, parks and public mental health; a sport and exercise psychologist providing weight management services or a neuropsychologist managing children and young people with concussion. Their work directly and indirectly contributes to reducing demand on the NHS, but in this vision that contribution is not recognised. Therefore some members of the wider psychological workforce may not know or feel they are connected to the Vision. Similarly, occupational psychologists work at an organisational or systems level to ensure psychologically healthy workplaces. Many work in public services including prisons, police forces and, importantly for the understanding of this professional grouping, in NHS Trusts. Their work contributes to organisational development and staff wellbeing across the NHS.

We need to understand the decision-making processes and governance for any possible expansion of the group classed as psychological professions. There would need to be a clear, accountable and

transparent governance structure for this that involves extensive engagement with professional bodies and our members.

We are very concerned that if leaders and decision-makers do not have a clear understanding of what the full complement of the psychological professions have to offer, it could lead to those who do not fall within the vision being overlooked when key workforce decisions are being made. The professional grouping must be re-imagined to include all psychological professionals in the commissioning of new roles and in education, training and development opportunities in the NHS.

Public Perceptions

From a public and policy perspective, there may be a limited understanding of the particular care and services that are delivered by the psychological professions, as distinct from other healthcare professionals. To support this, the vision should seek to explain these points and articulate the transformative benefits of the psychological workforce; our unique selling point. Applied psychologists have a set of skills required for higher-case formulations, informing decision making about suitability for different types of treatment and adapting protocol-driven therapies to the needs of harder to reach client groups. They have the clinical leaderships and research skills for taking lead on evaluation projects and other trust-wide responsibilities.

The common misperception that applied psychologists deal only with acute and chronic conditions in mental health patients' needs to be corrected, to encompass assessment and management of mental health and wellbeing in a wide ranges of contexts e.g. community, prevention, the secure estate, district general hospitals and university teaching hospitals, rehabilitation centres and so forth.

Evidence-based practice

To make the best-informed decisions about people's care, the term evidence-based practice should be applied more broadly to the psychological evidence. The risk of a narrow definition of evidence-based practice could result in the delivery of specific therapies, such as manualised cognitive-behavioural therapy (CBT), and undertaken by staff who are not trained with the right skills and breadth of experience needed to support people with a range of complexities. Whilst Improving Access to Psychological Therapies (IAPT) programme marked a major development within the NHS, it is primarily set up to meet mild to moderate psychological needs (Clark, D., 2018). IAPT in its current form does not offer the level of intervention needed to meet the threshold gap for people with more complex needs (NICE: Psychological treatment of depression and anxiety, 2011). Particularly where the intention is to roll IAPT out to long term conditions, recognition of the need for stepped care and appropriate supervision is critical.

Many psychological services do not make the full-range of NICE-recommended therapies available and accessible. An example comes from the Five Year Forward View for Mental Health and the NHS LTP, which have articulated a vision to extend psychological therapies for adults with severe mental illness (psychosis, bipolar, personality disorder). However, IAPT expansion has left a gap for these vulnerable groups. Interestingly this picture is similar to the one captured by previous key reports (Department of Health, 2011), (Glover, G., Webb, M., Evison, F., 2010), suggesting that the availability of such therapies has not improved as the programme matured. A major ramification of this clinical reality includes the risk of extinction of other treatment models and clinical values related to individualised and integrative practice. At the same time, the evidence base for other psychological therapies and interventions continues to grow and develop. We would welcome inclusion of evidence-based trauma informed practice in the vision.

Scale of ambition

	To maximise the utility of the psychological workforce, the profession should be enabled to work to the top of their licence or competencies to deliver the range of care required to effectively meet people's needs in the long term. This must be underpinned by the principles of equal pay for work of equal value, with appropriate banding and salary funding (Unite the Union in Health, 2020) We are concerned about the stark funding disparity for areas of the psychological workforce, e.g. counselling psychologists. NHS England funds a finite number of training places for the whole of England. The number is calculated on projected workforce needs but for some training programmes this has not increased for a number of years. BPS has highlighted the importance of continuing to grow the practitioner psychology workforce to meet the needs of the NHS and to ensure that there are accessible routes to training, for instance using apprenticeship funding. In current the Covid-19 crisis, there is an even stronger need to offer support in times of national and global emergencies.
	Please provide feedback on the 'Mission' section of the vision: **What should be kept?** **What should be removed?** **What should be added?**
3.	**Mission** In principle, we agree with the Mission section on what needs to be done to deliver the Vision. However, this section would be strengthened by including explicit aims around use of psychology to, enhance and engage with services, and the health care system (e.g. behaviour change). Currently, the mission is almost exclusively weighted towards psychological therapies, which neglects large and important sectors of the psychological workforce working at community, organisational or structural levels. The following statement could be added to strengthen the Mission section: • To make the psychological professions a valued workforce in general healthcare. We recommend widening the scope of the mission statement to be more inclusive of those who could benefit from the vision. It should be extended to different levels of the NHS structures, at a team or service level to deliver psychologically informed care. It is important to keep in mind what the psychological workforce can do beyond the individual and the value they can bring, for instance to formulating with teams. On "To innovate, and evaluate innovation, in psychological healthcare.'' The statement needs to be clarified with examples. Our suggestions include: • Culture of improvement - Emphasis on a culture of continuous learning and improvement is welcome. There is an opportunity to learn from the Allied Health Professional (AHP) workforce strategies. • Access and choice - People with psychological difficulties need easier access to, and increased choice of psychological services (Davies, S.C., 2015). The psychological workforce will increasingly be able to deliver or enhance therapeutic interventions through a variety of digital methods. • Digital - Applied psychologists could be required to offer indirect digital leadership through supervision, commissioning and policy development. They will need to be supported with development in digital information security, regulation, record keeping and data-management (BPS: Advancing our health, Prevention, 2020). This also relates to point 6.2.15 on ''digitally enabled care'' • Wider psychological roles and practice – More could be added to the Vision about the wider roles the psychological professions can play e.g., Approved Clinician role and the future potential around non-medical prescribing.

On "To increase access to psychological healthcare for those groups that have traditionally had poorer access.'' We suggest adapting the statement 'to ensure equitable access for all.' Traditional face to face services are essential but increased choice of the mode (digital or face to face) and setting (clinic, home or workplace) for psychological interventions is necessary to increase access, reduce stigma and ensure interventions do not disrupt people's employment and family life" (BPS: Advancing our health, Prevention, 2020).

On "To enable all NHS-commissioned health services to deliver psychologically informed care that increases the wellbeing of service users, carers and families'', this could be more inclusive with the addition of staff'. A strong focus must be placed on the need to improve NHS working conditions for all staff, and the psychological workforce in particular.

In 2019, the BPS member survey found that wellbeing was a challenge for those employed in the NHS, with themes of experiencing discrimination, bullying and harassment, a lack of support, high levels of stress, negative emotions, being overworked and finding the work emotionally exhausting. The American Psychological Association recognises that building psychologically healthy workplaces can support improving people's motivation, confidence and performance in the workplace (Grawitch, M.J., & Ballard, D.W., 2016)

Occupational psychology as a discipline can be applied across different areas of the NHS to support developing a healthier workforce, including in leadership, motivation and engagement, work design, organisational change and development, and wellbeing at work.

The following statement could be added to strengthen the section:

- To create a psychologically healthy workforce.

On ''To use psychological knowledge more widely to prevent avoidable distress and illness'' the scope of the statement could be bolder, and needs to encompass a focus on prevention and recovery with the aim to support people to flourish.

We strongly support the statement "To create joined-up professional leadership of the psychological professions.'' Psychological professions are often underrepresented at a senior leadership or director levels of NHS trusts. This is often due to a tendency of psychological professions towards specialising and offering consultation, unlike the other professions who work in the NHS who tend to take on more direct senior and board level positions.

The BPS conducted an audit of the psychological leadership in the NHS, which found that 60% of those who responded were in roles at least one level below Board level (BPS: Leadership Survey Audit, 2020). Despite the NHS endorsing professional diversity at board level, foundation trust boards can only appoint an executive director (ED) who is a registered doctor or dentist and a registered nurse/midwife. However, for trust boards, at least one additional ED position can be filled with someone with a clinical background, including psychologists (NHS Improvement. Clinical leaders, 2019). The vision provides a strong platform to promote the need for the psychological professionals to be appointed and represented at all decision-making levels.

The BPS have an ambitious workforce programme underway to help ensure the right leadership of the psychological professions at all levels – local, system regional and national. Along with other psychological professional bodies, we recently called for the establishment of a Chief Psychological Professions Officer to provide national leadership of the profession, as well as place the role on par with other professions such as the medical profession.

The BPS have formed a taskforce to investigate issues of diversity, equality and inclusion in the psychological profession, and are tasked with developing a clear set of recommendations on how to

improve membership experiences of these issues when working in the NHS and wider. We would like to see the EDI agenda embedded in the Vision, given the significant challenges this presents for the psychological professions.

To aid clarity, we believe the following these two sentences should be moved from the principles section to the Mission section. The mission being about the 'what' and the principles being the 'how':

''To recruit a more diverse psychological professions workforce that better represents the communities we serve'' and ''To make the psychological professions a great career choice with a more integrated training and career path.''

	Please provide feedback on the 'Principles' section of the vision: **What should be kept?** **What should be removed?** **What should be added?**
4.	**Principles** We encourage the development of a Vision that pushes the boundaries of healthcare to its limits, with the principles and values, including parity of esteem underpinning it. This highlights the importance of having a national vision and strategy, improving diversity in the profession, ensuring governance and accreditation across all roles, and developing leadership at all levels. However to maximise impact and make this work effectively in practice we call for the vision to be: • supported by commissioners to fund the service developments and new posts needed • supported by providers, recognising the need to recruit and retain properly trained and qualified psychological professionals rather than assuming other professionals can be 'upskilled' to perform these roles. We would welcome an understanding of how this vision will be communicated to these groups. **Expansion** The NHS LTP pledges to deliver more psychological treatments, which means that a significant expansion of the NHS psychological workforce is required. There is an opportunity to look at the psychological workforce that are being trained but are unable to find appropriate employment (BPS: Briefing 2019 Member Survey, 2019). There is a large number of psychology undergraduates who are keen to work in mental health. **Regulation** The BPS 2019 member survey found overwhelming agreement that statutory regulation protects the public through training requirements, standards, continual professional development (CPD) and increased public confidence (BPS: Briefing 2019 Member Survey, 2019). Though, it is widely acknowledged the vital gaps needed to improve the protection of applied psychology. With new and different roles being created in the psychological workforce, professional regulation would be required to support consistency. **Co-creation** Outcome measures are often service driven not user recovery driven. The statement ''To achieve and report measurable outcomes for patient recovery'' could challenge the status quo to achieve and report meaningful outcomes for patient recovery by integrating rich qualitative data about the experience of care and recovery.

The following statement could be added to strengthen the section:

- To implement the vision through co-production with healthcare staff, people, carers and families

Inclusion
The principles section states: "to work together as 12 psychological professions to create greater impact for patients, carers and families than we can working in isolation." The principles should also encompass greater impact for healthcare professionals in multidisciplinary teams (in addition to patients, carers and families). For instance, applied psychologists have specialist knowledge and expertise in supporting healthcare professionals in ways that are evidence-based to improve health outcomes and quality of care (e.g. communication style, cultural changes, stress management).

There is a risk that a Vision like this could exacerbate the elitism of psychology when it needs to be positioned as an inclusive and equal workforce. Framing the vision in the right way is vital to positive messaging for the professions. To be bolder the Vision could weave in more psychologically informed principles and approaches to support capacity building at all levels of healthcare and the delivery of integrated care. The role of the multidisciplinary team is essential to this with the need for the sufficient diversity of disciplines e.g. psychology, to collaborate effectively together. This would support good leadership and team dynamics, and support organisations to be more enabling environments for people and staff.

The principles section states: "To tackle inequality of access and outcomes, enabling more people [regardless of their background] to benefit from psychological healthcare, regardless of background." Psychological "healthcare" could be changed to "expertise" to incorporate the diversity in the psychological workforce and its wider impact.

The areas highlighted in this section are key to the success and utility of the Vision.

Please provide feedback on the 'Key result areas' section of the vision:

What should be kept?
What should be removed?
What should be added?

| 5. | **NHS expansion areas**

We want a vision that is more ambitious than just a focus on improving psychological healthcare in the areas that have been identified in the NHS LTP. This section of the Vision should not have a sole focus on the delivery of a traditional adult mental health model. By doing this, it promotes the narrow view of a psychological workforce being corralled with the ability to only work in the mental health sector.

There are areas of healthcare provision where there is no consistent or systematic psychological provision, where there ought to be. A holistic psychological approach (including prevention) which encompasses a wide range of psychological expertise is important in the treatment of most mental and physical health conditions.

To embed the parity of esteem agenda, a clear focus on the delivery of integrated care is required, yet there is a growing disconnect between the rhetoric and the reality of delivering this. Services are struggling to meet current demand, let alone to deliver the ambition of offering more care in the |

community (Charles A. King's Fund. Community Health Services Explained, 2020) Despite the pressures, the psychological workforce and policy-makers are not standing still. There are examples of local primary care services that have been piloting a range of delivery models to address people's mental and physical health needs in the round (O'Shea, N., 2019), (Parsonage, M., Hard, E., & Rock, B., 2014).

The 12 NHS primary care community mental health pilot sites will largely inform the design and delivery of care models to be rolled out nationally, and how the psychological workforce could be directly employed to primary care teams or indirectly sought for expertise. We believe that to maximise this opportunity to deliver a more integrated approach to care the psychological workforce could be directly employed by primary care teams going forward. We welcome a psychological vision that seeks to underpin how the psychological workforce can support the delivery of integrated care in primary care networks and community models of care.

We welcome the establishment of ''Problem Gambling Mental Health Support'' and it is pleasing to see the expected expansion of psychologists as part of this.

On ''Learning Disability and Autism (LTP Section 3.31-3.36) – Significant expansion of posts for psychologists will be required to support improved learning disability care and timely autism assessment'' it would be useful to specify the indicative staff numbers needed.

To strengthen the Vision, an explicit focus on children and young people is required. We welcome the expansion areas of perinatal and children and young people's mental health services. However, children and young people are omitted from key sections of the Vision. This is a key population group in our society that is routinely overlooked in national policy-making.

According to NHS England, liaison mental health services play a valuable role in supporting people in a crisis. They can help people to escape lengthy stays in hospital and can speed up discharge (NHS England, Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care, 2016) A National Survey on Mental Health services for Children and Young People (CYP) in the Emergency Department found a wide variation in the degree of provision of liaison mental health services. Areas of concern included children and young people not feeling safe, long waits to be seen by any mental health decision maker, the availability of services, facilities and expertise in ED was either lacking or variable (RCEM. 2018).

On ''Adult Common Mental Health Problems (LTP Section 3.90 - 3.92) – Indicative expansion by 2,860 posts for psychotherapists and psychological professions, we are concerned that psychologists are not deemed essential here. While in the ''Adult Severe Mental Illness'' only a fifth of the suggested posts will be designed for psychologists and psychotherapists. We would welcome further clarification on these areas and how these figures were developed. The vision of tailored formulation-based interventions delivered flexibly will not easily be implemented without the presence of applied psychologists.

On ''Mental Health Crisis Care and Liaison'' the indicative numbers of the professions needed is for up to 580 therapists. In the NHS Implementation Plan, the 580 therapists in fact specifically refer to the Ambulance mental health provision.' It would useful to confirm the types of 'therapists' and understand why others roles such as psychologists are not considered essential to this programme.

It has been promising to see national workforce reports e.g. Stepping Forward, NHS Mental Health Implementation Plan, Interim People Plan, recognising the need for psychological staff. But it would be useful to clarify:
  i)   what economic modelling has been carried out to inform the indicative numbers from the Implementation Plan,
  ii)   the terms used to categorise 'psychologists', 'psychotherapists and psychological professions' and 'support to clinical staff / other therapists '. It is not clear if these categories align back to the 12 outlined in the Vision.

Impact areas

Once the Vision has been finalised, meaningful indicators should be selected to determine if impact areas are being achieved. At the heart of measuring change, we want to see a strong focus on diversity in the Profession and challenging the impacts of stigma.

NHS LTP areas

On ''Older Age and Dementia'' it would be useful to separate dementia out from older age mental illness. In addition, dementia does not only affect those over the retirement age.

On ''Prevention and Health Inequalities – Deploy psychological expertise to support community and public health activities.''

The NHS LTP places emphasis on prevention and health inequalities, which should be clearly reflected in the national psychological profession Vision. The identified areas for prevention are behavioural and include smoking and diet, physical activity, attending cancer screening, uptake of vaccines, optimal sleep, antimicrobial stewardship and others. To be more ambitious the Vision should stretch the concept of prevention to focus on areas beyond this to support community and public health activities. (BPS: A psychological manifesto, 2019) called for a truly transformational approach to health – People's psychological health is our society's most vital asset. Meaningful prevention would mean delivering interventions that reduce demand on the NHS and intervene to improve people's lives, families and communities.

Prevention and reducing health inequalities can be supported at every level of the NHS workforce. For example, through psychologists upskilling the current workforce in brief interventions. Or training and employing psychologists utilising varied and specialist skill sets for higher intensity work.

If the impact areas outlined are set to include only those areas where psychological professions are not already established, then prevention and health inequalities should become an expansion area. There are already many applied psychologists employed within health, local authority and third sector organisations, adding psychological expertise to prevent ill health and reduce inequalities, which should be clearly incorporated.

On ''NHS Staff – Provide staff wellbeing interventions, psychological interventions and clinical supervision and training across disciplines, including new roles.'' To support wellbeing at work, it is essential for the psychological professions to have good access to clinical supervision as distinct from managerial supervision (Care Quality Commission, 2014). This section should also incorporate the recommendations of the HEE Pearson review on Staff and Learner Wellbeing.

On 'Making Best Use Resources'' it is important to find a method of recording the indirect work the profession carry out, to support measuring the valuable contributions made.

	Please provide feedback on the 'Enabling workstreams for 2019-2021' section of the vision: **What should be kept?** **What should be removed?** **What should be added?**
6.	**Expanding the psychological workforce** The section appears to be more about the planning and monitoring of the workforce than the expansion of the workforce. The following statements could be added to strengthen this section: • To recruit more and different psychological professionals • Improve recruitment retention through recruitment by competencies rather than by the titles of psychological professionals On ''Establish a standard taxonomy of psychological professions occupations and align NHS Digital reporting and careers to this'' there is work to do around the taxonomy of the psychological professions and how this aligns with NHS Digital's coding system. We need to understand the flexibility of adding a new code onto the system and the governance arrangements for this. This also needs to link to the inclusivity of the group of 12 psychological professions as outlined at the beginning of this response. **Optimising training and career paths section** On ''Align the training of psychological professions to the competences required to deliver the NHS Long Term priorities.'' There are wider consequences to the alignment of training with a sole focus to deliver the NHS LTP. A level of adaptability and flexibility is required to inform the development of competences as the professions work inside as well as outside of the NHS. The focus should be on providing meaningful care in the NHS and wider. A finalised Vision should align with the care workforce agenda. Training pathways linked to the NHS LTP for the psychological professions need to be developed and funded with clear career trajectories. To promote a single shared view of high-quality psychological care, system partners (e.g. Health Education England, Higher Education Institutions) required to deliver this, should be outlined in this section. The new service model underpinning the NHS LTP requires substantial cultural change, notably from the current workforce who will be required to adapt to new ways of working. Psychological professions can be at the heart of implementing new care models with a focus on culture-change applied to health professionals. Long-term conditions in particular, such as diabetes, cancer, coronary heart disease, pain management and obesity, remain some of the greatest burdens for patients and the health care system. All of which health psychologists have been working with for a significant period with strong research/practice-evidence. On ''Determine whether deploying extra new psychologically informed roles at graduate or non-graduate entry level could support delivery of Long Term Plan. If additional new roles are warranted to design and deliver a programme of systematic national implementation'', the statement is now redundant. New roles have and are being developed to support the delivery of the LTP (e.g. Clinical Associate Psychologists)

and apprenticeships are now available. These are seen as an alternative in some cases to academic routes, meaning a graduate basis for entry would be prohibitive to diversification of the workforce. We welcome clarification on the expectations of a non-graduate entry level role to deliver against the NHS LTP.

The following statements, 'Improve recruitment and retention through a programme to promote psychological careers'' and "Establish a long term sustainable funding solution for salaries during postgraduate training for psychological professional roles'' should move to this section. To strengthen the statement on recruitment and retention, 'onboarding' can be added to support the integration process of new staff.

The right leadership of psychological professions

On "Establish the right psychological professions leadership at all levels to enable delivery of this vision across the whole system'', there is a clear opportunity to link this section to the roll out of the NHS Leadership Compact and to establish the role of the psychological professionals in the development and roll out of the compact to embed its principles in Trusts.

Please specify ways in which the vision should be presented for maximum impact for all members of the psychological professions:

Full Report	x
Executive Summary	x
Oral presentation	x
Real life Examples	x
Animation	x
Infographic	x
Other (please specify below)	

Please make any further comments about the vision:

We welcome the Vision as a movement to articulate a clear narrative for the Psychological Professions. This presents an opportunity for the NHS to position the benefits of a psychological workforce to work in flexible ways as part of a multi-disciplinary team to support treating people's needs holistically. This will be crucial in the current COVID-19 context and beyond, in how we support building psychologically informed systems to respond effectively to psychological distress. We look forward to working with NHSE and its counterparts in the devolved nations to maximise the impacts of the Profession as set out in a final Vision.

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End.