

**Northumberland, Tyne and Wear NHS Foundation Trust**

**Board of Directors Meeting**

**Meeting Date:** 28 June 2017

**Title and Author of Paper:**

NTW Allied Health Professions Strategy 2017/2022

Dr Maria Avantaggiato-Quinn, Clinical Director Allied Health Professions

**Executive Lead:** Gary O'Hare, Executive Director of Nursing and Chief Operating Officer

**Paper for Debate, Decision or Information:** Decision

**Key Points to Note:**

The draft Trust AHP Strategy has had extensive and broad engagement across Care Groups and Corporate Services, which has greatly enriched and streamlined the content and enabled discussion of key activity over the next 5 years. It is supported by BDG and CDT (12/6/17) to progress to Trust Board.

For each of the NTW Six Strategic Ambitions it prioritises four AHPs actions:

1. AHPs Leading Change
2. AHPs Developing Skills
3. Evaluating, Improving and Evidencing the impact of their contribution,
4. AHPs Utilising Information and Technology

The NTW AHP strategy could be used by the NHS England Chief Allied Health Professions Officer (CAHPO) Suzanne Rastrick, as an exemplar of how organisations can actualise the vision outlined in AHPs Into Action, thereby promoting the Trust and consideration of the parity of esteem agenda.

**Risks Highlighted to Board :**

None

**Does this affect any Board Assurance Framework/Corporate Risks?**

Please state Yes or No - No

If Yes please outline

**Equal Opportunities, Legal and Other Implications:** None

**Outcome Required:**

1. Support to implement the NTW AHP Strategy 2017-2022
2. Agreement for the NTW AHP Strategy to be shared with CAHPO Office, as a National exemplar.

**Link to Policies and Strategies:** NTW Strategy (2017-2022)

NTW R&D and Clinical Effectiveness Strategies, NTW Workforce Strategy

# Allied Health Professions Strategy 2017/2022

Dr Maria Avantaggiato-Quinn



## Overview

NTW Allied Health Professionals (AHPs) are committed to support the delivery of the NTW Trust Strategy (2017-2022), which sets out our vision: co-created with service users, carers and stakeholders, in the light of national policy, practice and local need. Consequently, this AHP strategy explains why this is important: the values and principles which will drive our actions. It incorporates the NTW AHP Strategic Action Plan (2017-2022) which details how the actions required over the next five years will maximise the potential of AHPs to realise the transformational vision encapsulated in the Trust's six Strategic Ambitions.

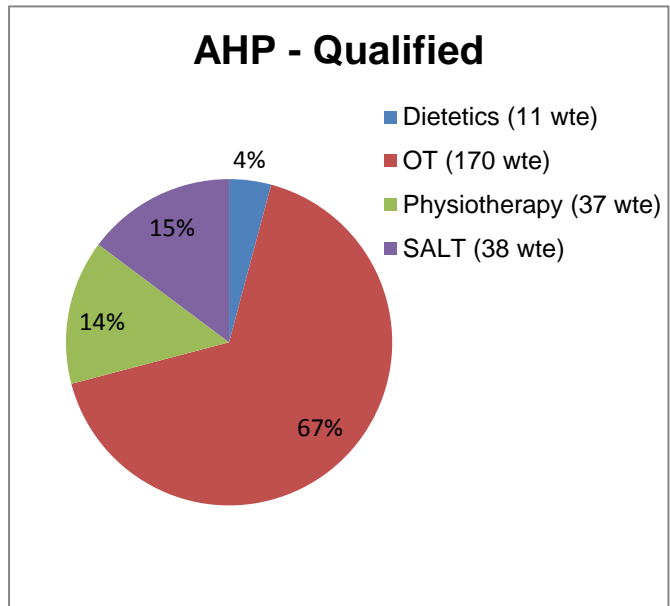
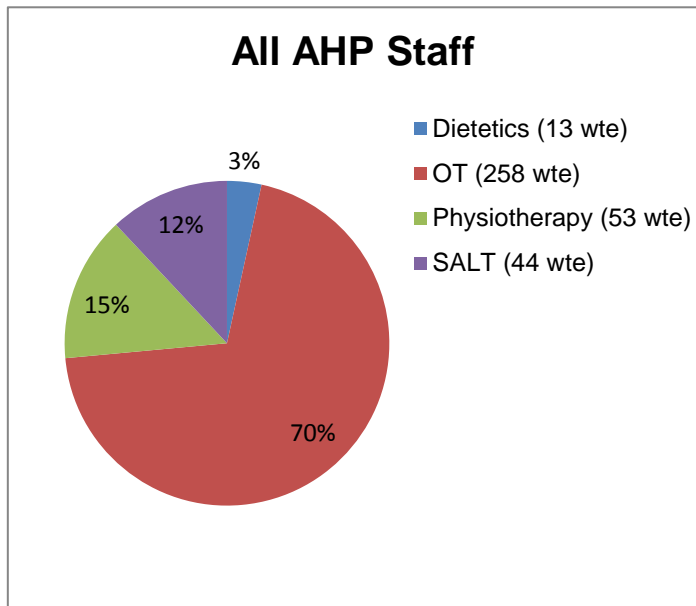
## Quality AHP Provision

Service users, carers and the public, can be assured that AHP practice in NTW is of a high standard. Qualified AHPs must be registered with their Regulatory Body, the Health Care Professions Council (HCPC). AHPs work has to meet HCPC national Standards of Conduct, Performance and Ethics (SCPE) 2016 and profession specific HCPC Standards of Proficiency. AHPs have to meet Standards of Continuing Professional Development (CPD), which involves undertaking and providing evidence of engaging in regular activities which enable them to formally declare their competence to practice every two years. AHP support staff carry out delegated duties on behalf of registered staff. There is an embedded culture of regular professional supervision and appraisal for all AHP staff, to ensure that AHP practice is continuously reviewed in line with the NTW Clinical Effectiveness and Research and Development Strategies.

## The Current NTW AHP Workforce

Allied Health Professions (AHP) are an integral part of multidisciplinary working, for the benefit of service users and carers. This is reflected in Trust Workforce Strategy which outlines the untapped potential for the deployment of AHPs in extended/new roles, to provide a long term sustainable workforce to scaffold and augment chronic supply issues in other professions.

The charts below shows the breakdown of professions which make up the NTW AHP workforce as of June 2017. Firstly showing all 368 w.t.e. AHP staff (including profession specific support staff) by professional grouping. The second chart shows the professional split of all 256 w.t.e HCPC Registered AHPs. See Appendix 3 for profession specific breakdown by A4C banding. NB. These figures exclude Art Therapies (Art, Music and Drama) who report via Psychological Services.



## Wider AHP Context

The national AHP Strategy (2017-2022): AHPs into Action, sets out a national collective vision of how AHPs can contribute to the transformational change required in these challenging times (see Appendix 1). As the third largest workforce in health and care in England, AHPs have great potential, often unrealised, to transform care.

The NTW Strategy (2017-2022), encapsulates all of the AHP Into Action desired **impacts** and **commitments** (see Appendix 4). The process for creating this NTW AHP Strategy involved a series of engagement activities with AHP Leads, Service user/carer Governor, Care Groups, Business Delivery Meetings and Corporate Decision Team (CDT): which reviewed, revised and honed the priorities for the final NTW AHP Strategy 2017- 2022. It involved using the recommended AHPs Into Action framework, to support how to utilise the potential of AHPs with NTW, through the use of focussed questions to encourage staff to think more laterally to realise the potential of Allied Health Professions to transform NTW service provision.

The process of analysis against the six NTW strategic ambitions and engagement with NTW staff has resulted in creating detailed NTW plans against the 4 national priorities for action, which have been used to structure our action plan:

## Four priorities for Action:

<b>AHPs Can Lead Change</b>	<b>AHPs Skills can be Further Developed</b>
<b>AHPs evaluate, improve and evidence the Impact of their contribution</b>	<b>AHPs Can Utilise Information &amp; Technology</b>

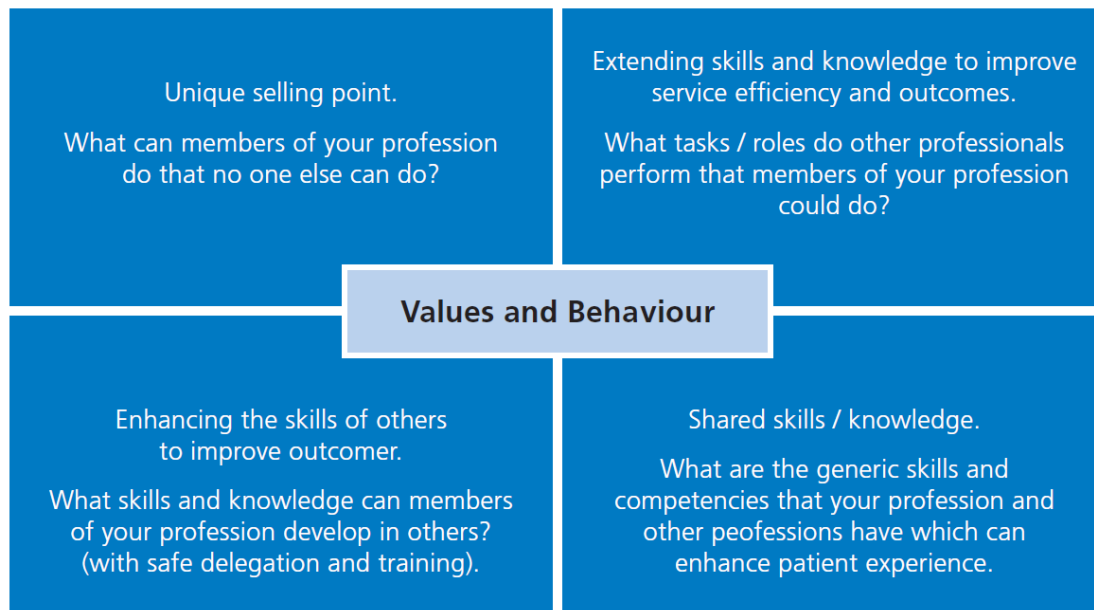
### NTW Clinical Business Units & Collective Leadership

NTW Operates on a Collective Leadership structure aligning services to localities and having collective leadership teams, to support devolution. Twelve Associate AHP Directors are embedded into these new structures, supported by a Director of AHP and Psychological Services, ensuring that AHPs directly influence service delivery and transformation, thereby realising the potential of AHPs to “contribute a wealth of knowledge and skills and play important roles in strategic development, service redesign, new ways of working and service management” (NTW Restructure, April 2017. p.9). The revised 2017 NTW leadership structures: acknowledges the centrality of their contribution and an opportunity to realise their transformational potential.

### Overarching AHP Strategic Intent

The NTW AHP Strategy uses the AHPs Into Action ‘State of Readiness’ model set out below and advocates the broader use of this tool to facilitate inter-professional and MDT discussion for NTW future workforce planning. It captures a range of actions which aim to ensure that the value of AHP core skills are fully utilised and how extending their skills or knowledge would improve patient care. It also identifies clinical areas where AHPs can support the development of others (patients, carers and the MDT), in order for the Trust Strategic Ambitions to be realised. Developing shared knowledge and skill base is identified, enabling a transparent analysis of the effective deployment of specialist clinical staff into broader roles.

## State of readiness for future care



### AHP Workforce Vision: AHPs Unique Selling Points (USPs)

***Each of the AHPs in NTW provides a unique service:*** Dietetics, Occupational Therapy, Physiotherapy and Speech and Language Therapy. The Trust AHP Steering Group decided to maintain use of the term AHPs, throughout the Action Plan, to allow profession specific actions to be worked up as part of CBU/Group and Trust actions, rather than detail the range of possible contributions, as was included in lengthy version 3. This in no way minimises or genericises the work of AHPs, the unique uni-professional contributions will be laid out in detail within CBU/Group/Trust AHP Action Plans year on year.

***NTW AHP workforce development plans*** are detailed in Strategic Ambition 6, with recommendations to identify workforce strategies within CBU's and Groups and collated into a Trust wide AHP workforce strategy. Fundamentally, the intent is to have career pathways from newly employed support staff, growing our own AHP staff by utilising apprenticeships at all levels, providing rotational opportunities for newly qualified AHPs, developing clinical specialist advanced and consultant practitioners, through to routes into clinical leadership, management, Associate and Director Roles.

***AHPs as Integrators of Care:*** Interagency working and collaborative working with external partners, a corner stone of STP plans, is a well-established element of AHP current practice. AHP workforce development is detailed in Strategic Ambition 6, with recommendations to identify practitioner posts to facilitate AHP skill development and

integrate best practice across localities, bridging transitions with primary care, acute hospitals and community.

**Prompting Transitions for Clinical & Cost effectiveness:** to develop AHP advanced practitioner roles to augment early discharge from NTW, prompting transition to other services, preventing unnecessary readmissions, reducing OATs, promoting positive therapeutic risk taking and developing effective self-management and independent living skills.

**Sensory Interventions:** Supporting the Trust Talk First Strategy, an AHP Advanced Practitioner in Applied Sensory Skills, could support AHP advanced skill development, provide specialist advice for service users, scaffolding to adapt and develop new environments e.g. Chill Out Rooms across in-patient services/transitions to home, reducing sensory based challenging behaviour.

#### **AHP Offer to Service Users and Carers:**

##### **Control:**

- AHPs offer **client centred approaches** to assessment and intervention
- **Self-management skills** to be as independent as possible
- Expertise in the use of **therapeutic equipment and technology**, and environmental controls for independent living
- **Focussed on your own goals** towards rehabilitation and recovery
- **Responsive to your feedback** – AHPs are keen to work together and learn how to make our AHP services better for you.
- **Promote and protect the interests of service users and carers**, set out in Standards of conduct, performance and ethics (SCPE) by HCPC

##### **Hope:**

- AHPs are motivated to **improve the quality of your life** and **skilled** to nationally regulated standards, **in how to analyse the best way to help you**
- Enable you to **achieve your potential**
- AHPs strive for and believe in **maximising independent living skills**
- Honesty about how we can help and support to have **realistic expectations** of yourself and others.
- **Each of the AHPs** have **Standards** which they must work by, these can **assure you that their practice is of a high standard**, which they are supported to maintain.
- AHPs will **deliver evidence based/informed practice** to address unexplained variances in quality and efficiency.

### **Opportunity:**

- AHPs offer a **range of rehabilitation and recovery focussed specialist interventions** to improve your health and well-being and overall quality of life.
- **Early intervention** to maximise your skills, in order to minimise the impact of ill-health/disability on your day to day life.
- AHPs will work with you and others involved in your care to address your needs in the best way possible, **supporting integration**, to reduce duplication and fragmentation.
- **Skills and tips** to enable you to **more fully participate in life** whatever health and well-being challenges you are facing.
- To enable a **quickenning of the recovery journey**, as a result of **expert** AHPs assessment skills **positive therapeutic risk taking** will improve patient outcomes.

### **Localised AHP Strategic Action Plans**

The AHP Strategic Action Plan below provides detail and timelines for its delivery. Whilst overall responsibility for actions is held at Trust level by the Executive Director of Nursing, via the Director of AHPs and Psychological Services, the drive for innovation, excellence and efficiency is devolved to AHP staff throughout NTW. This strategy seeks to corral these collective endeavours such that service users and carers may receive the greatest benefit and maximum impact. The Associate AHP Director as part of the Clinical Business Unit (CBU) Collective Leadership Team (CLT) has responsibility for the development of a local AHP action plan for the delivery of this AHP strategy, in line with local needs. They will work collectively with Dietetic, OT, Physio and SALT staff to annually report local progress against the AHP Strategy and contribute to an annual overarching Trust AHP report, developed by the Director of AHPs and Psychological Services.

### **How AHPs will action the Trusts Strategic Ambitions 1- 6**

Working co-productively with service users/carer, the coming years will provide an opportunity to capture the impact of the effective and efficient use of AHPs, to improve health and wellbeing and enable people to be as independent as possible.

AHPs as part of the MDT, can utilise their collective leadership skills to keep service user needs in the forefront of service developments. The skills of AHPs in maximising potential, rehabilitation, recovery and self-management can be fully realised to address quality of life and employability for service users/carers, where possible. Flexible AHP provision is responsive to the needs of users and families and delivered closer to home. AHPs added value is both in front end specialist assessment and in maximising throughput for services, through the provision of specialist therapies which aim to resolve



issues and foster a spirit of agency and service user autonomy/control, enhancing quality of life.

## **Conclusion**

The NTW AHP Strategy (2017-2022) has been collectively developed, to clarify AHP values and explain why AHPs are important for the transformation of service delivery, as set out in the Trust Strategy. As client-centred autonomous practitioners NTW Allied Health Professions are committed to support service users and carers to fulfil their potential: to have control over their life, to make their own decisions and set their own direction. AHPs offer hope and provide the opportunity to acquire and build on skills to be able to participate more fully in the things that are important in life. AHPs offer a range of enablement, rehabilitation and recovery focussed specialist interventions to improve health and well-being and overall quality of life.

How AHPs will deliver their vision, is outlined in the AHP Strategic Action Plan (SAP) (2017-2022) below. AHPs can lead change, develop their skills, better evaluate their impact and use information and technology to meet the challenges of changing care needs. It is crucial for AHPs to be aware of and provide evidence based/informed best practice and to continually reflect on their skills and develop new capabilities. Delivering the following AHP Strategic Action Plans 1-6, will ensure more efficient and effective AHP and Trust services for our service users, carers and the wider community.

What the results of this AHP SAP will look like over the coming five years will vary across localities and CBUs, as Associate Directors of AHPs, in collaboration with others, refine these actions to the needs of local communities, services, service users and carers. Annual reporting of progress against this plan at Locality and Trust levels, will enable its impact to be monitored and evaluated thereby facilitating informed discussion to address any shortfalls.

## **NTW AHP Strategic Action Plan (2017-2022)**

Please see below the following six page AHP Strategic Actions Plan (2017-2022), which details how the NTW AHP Strategy (2017-2022) will contribute to delivering the NTW Strategy.

**Strategic Ambition One: Working together with service users and carers we will provide excellent care, supporting people on their personal journey to wellbeing.**

1	HOW WILL WE GET THERE	Year				
		1	2	3	4	5
<b>AHPs Leading Change</b>	<b>Trust AHP Collective leadership:</b> An AHP annual report will be provided at Business Unit, Group and Trust level, to identify progress against NTW AHP strategy and revised priorities.		→			
	To identify and evaluate <b>leadership</b> opportunities, schemes and development programmes for AHPs, to maximise the potential of their therapeutic contribution to service delivery.	→				
	AHPs will have a <b>framework to evidence</b> AHP practice development to ensure that AHP practice is developed and monitored against <b>quality and safety standards</b> and supported by robust professional supervision and specialist skills development.	⇒		→		
	<b>External AHP Links:</b> To ensure there is NTW Strategic AHP influencing of key external fora (LWAB, STPs, HEE NE AHP subgroup, CAHPR, NHSE/I, CAHPO, Professional Bodies).		→			
<b>Developing AHP Skills</b>	To undertake yearly <b>audit of CPD logs (at appraisal)</b> , to provide assurance that AHP HCPC registrants are actively engaged in relevant monthly CPD.	⇒	→			
<b>Improving, Evaluating and Evidence the Impact of the AHP contribution:</b>	To develop <b>standardised packages</b> of evidence based/informed AHP intervention options based on assessment findings/presentation of problems and readiness to change.	→				
	Provide evidence of responding to <b>AHP Points of You</b> Service User/Carer feedback: You said/we did, using methods co-produced as suitable with client group e.g. AHP Feedback bulletin, service user forums.	⇒	→			
	AHPs will have a repository of <b>outcome measures</b> which will be used across specialisms and will contribute to Trust Outcomes Measurement Group.	⇒	→			
<b>Utilising Information and Technology for Therapy:</b>	AHPs will have critical appraisal skills & champion the use of <b>Therapeutic Technology</b> for service user independence (e.g. Telehealth, Apps, sensory equipment, communication aid).	→				
	To develop a Trust repository of evidence and expertise in <b>evaluation and research of therapeutic technology</b> used in AHP interventions.	⇒	→			

**Strategic Ambition Two: With people, communities and partners, together we will promote *prevention, early intervention and resilience***

2	HOW WILL WE GET THERE	Year				
		1	2	3	4	5
<b>AHPs Leading Change</b>	Promoting <b>health, wellbeing and social integration</b> will be embedded in collaborative working and scaffolding via local multi-agency AHP forums within/outside NTW, to prevent/reduce handoffs between AHPs.	⇒	→	→	→	→
	Associate AHP Directors to develop business cases for <b>Consultant AHP roles</b> (e.g. AC/RC, Prescribing, Sensory Lead; Neurology, Employment/Vocational Rehabilitation), to address service user/community health and well-being.		→	→	→	→
	AHP Advanced Practitioner roles will be developed to <b>augment early discharge</b> , promote <b>early transition</b> to other services and <b>prevent unnecessary readmissions</b> , promoting positive therapeutic risk taking and effective self-management skills.		→	→	→	→
<b>Developing AHP Skills</b>	AHP staff to extend public health (PH) knowledge and coaching skills utilising an AHP approach to setting personally meaningful goals/maximising motivation to provide multiple PH interventions and <b>Making Every Contact Counts (MECC)</b> .	⇒	→	→	→	→
<b>Improving, Evaluating and Evidence the Impact of the AHP contribution:</b>	AHPs will provide information and support to service users and carers to facilitate a <b>positive discharge</b> experience and <b>manage expectations</b> .		→	→	→	→
	AHP staff will have <b>self-management programmes</b> and evidence of their effectiveness.	⇒	→	→	→	→
	To develop an <b>AHP model of scaffolding and augmentation</b> of other services, sharing skills to facilitate patient pathways to increase flow, reduce waste, increase throughput and have better clinical outcomes, both locally and Trust wide.	⇒	→	→	→	→
<b>Utilising Information and Technology for Therapy:</b>	To develop an <b>AHP Digital Strategy</b> , informed by AHP staff and service users: seeking resourced/funding to address any technology/kit and skills gap for AHP staff.		→	→	→	→
	Provide <b>Sensory Training through NTW Academy</b> , supporting the Talk First Strategy to optimise the well-being and clinical outcomes of patients with sensory challenges.		→	→	→	→

**Strategic Ambition Three: Working with partners there will be “no health without mental health” and services will be “joined up”.**

3	HOW WILL WE GET THERE	Year				
		1	2	3	4	5
<b>AHPs Leading Change</b>	Develop stronger links with primary care, community and in-patient care: <b>integrating solutions</b> to meet physical and mental health needs (e.g. <b>Locality AHP networking</b> ).	⇒	→	→	→	→
	Realise the potential of <b>AHPs in liaison, crisis and addiction services</b> , to improve service user clinical outcomes.	→	→	→		
	To ensure AHP interventions are incorporated into Trust and Local <b>standards and protocols for integrated Mental Health/Physical Health</b> .	→	→	→	→	→
<b>Developing AHP Skills</b>	Establish practitioner posts to work with external partners. To facilitate AHP skill development and integrate best practice across Localities <b>bridging transitions</b> with primary care, acute hospitals and community.	→	→	→	→	→
	Establish an AHP Advanced Practitioner in <b>Applied Sensory Skills</b> , to support AHP advanced skill development, provide specialist advice for service users, scaffolding to adapt and develop new environments e.g. Chill Out Rooms across in-patient services	→	→	→	→	→
<b>Impact of the AHP contribution:</b>	Scope suitable <b>metrics</b> which capture activity related to integration of Mental and Physical health.		→	→		
<b>Utilising Information and Technology</b>	To ensure that the new <b>AHP Digital Strategy</b> addresses specific technological issues highlighted through inter-agency working (e.g. Prescription of Assistive Equipment) and kit meets agreed standards/protocols and needs.	⇒	→	→	→	→

**Strategic Ambition Four: The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them.**

4	HOW WILL WE GET THERE	Year				
		1	2	3	4	5
<i>AHPs Leading Change</i>	Reporting to BDG, CDT and the Trust Board: the AHP Steering Group will provide governance and support for AHPs to <b>extend skills and knowledge to improve service efficiency and outcomes</b> through: CPD/specialist skills and professional networks; annual AHP Conference.	→				
	<b>AHP Income generation:</b> To explore opportunities and maximise the potential of AHPs to income generate through the provision of specialist training (int/external), the development of others and external consultation e.g. Links with the <b>NTW Academy &amp; NTW Solutions</b>		→			
	To contribute to Trust performance measures/priorities, to link AHP outputs and <b>Positive Therapeutic Risk Taking (early discharge/transition and preventing readmissions).</b>	→				
<i>Developing AHP Skills</i>	<b>CBU AHP Forums</b> to implement the <b>AHP Workforce Strategy</b> and develop robust, fair and consistent career pathways, with <b>optimal skill mix</b> to deliver clinical and cost effective AHP provision.	→				
<i>Improving, Impact of AHP:</i>	<b>Capture Outcomes that matter:</b> Striving for independent living, early intervention and self-management, <b>AHPs provide clinical and cost effective services</b> , in deviating people from costly extended stay/in-patient services and reliance on primary care.	⇒ →				
	Build an NTW <b>repository of case studies</b> detailing the <b>clinical and cost effective Impact</b> of AHP provision, contributing to and learning from local, Regional and National data.	→				
<i>Utilising Information and Technology for Therapy:</i>	<b>AHPs</b> using data to <b>identify inefficiencies and reduce wasted resources</b> , to reduce DNA's, enable remote access video conferencing, reducing travel time/costs & evaluate effectiveness of alternative provision.	→				
	To <b>scope demand</b> and support the implementation of <b>7 day services</b> , developing business cases to support increasing access and service innovation through a <b>flexible and adaptive</b> AHP workforce.	→				

Strategic Ambition Five: The Trust will be a centre of excellence for mental health and disability.						
5	HOW WILL WE GET THERE	Year				
		1	2	3	4	5
<b>AHPs Leading Change</b>	AHPs involved in commissioning, <b>agreeing and leading on delivering CQUINs and targets</b> (e.g. Rehab transitions, recovery, parity of esteem, physical integration, falls)	⇒	→	→	→	→
	To have an <b>AHP research aware and active culture</b> , supported by career pathways for AHPs in research from interested to expert research leader and supported by Trust & AHP R&D Groups. To identify AHP research champion roles in locality groups.	→	→	→	→	→
	Ensure that CPD/CWD, updating via conferences/literature/audit are an embedded part of the <b>improvement culture for services</b> , ensuring AHPs are up to date with latest evidence.	→	→	→	→	→
	Increase awareness of the developing <b>NTW Innovation Pathway</b> and utilise support available to ensure innovation can be evaluated, promoted/published and utilised.	→	→	→	→	→
	To forge sustainable 'quid pro quo' <b>links with Universities for academic support</b> and networking (to increase research outputs) and to support HEIs in best clinical practice (e.g. developing Honorary Contracts/Visiting Scholar opportunities).	→	→	→	→	→
<b>Developing AHP Skills</b>	AHPs will extend their skills/knowledge to improve service efficiency/outcomes and develop the evidence base through evaluation and research. To utilise skills and knowledge in the use of data collection and analysis and <b>evaluating evidence to develop and improve the delivery of services</b> , supported by NTW Library & Knowledge Services and training.	→	→	→	→	→
	Develop business case for Trust wide AHP Consultant in <b>R&amp;D to facilitate and lead increased research activity</b> across AHP community, to improve AHP confidence, develop clinical academic careers, successful NIHR applications and generate research income.	→	→	→	→	→
<b>Improving, Evaluating and Evidence the Impact of AHP:</b>	Develop <b>commercial research portfolio</b> , reinvesting income generation in further research initiatives.	⇒	→	→	→	→
	Ensure AHPs involved in research, <b>publish and disseminate findings</b> and contribute to NTW R&D activities & that all AHP staff use HCPC recommended half day a month for CPD.	→	→	→	→	→
<b>Utilising Info &amp; Technology</b>	To establish mechanisms for AHPs to respond swiftly and successfully to <b>research funding opportunities</b> (e.g. ACCs, Strategic Clinical Networks, AHP CPD/R&D Groups).	→	→	→	→	→

**Strategic Ambition Six: The Trust will be regarded as a “great place to work”.**

6	HOW WILL WE GET THERE	Year				
		1	2	3	4	5
<i>AHPs Leading Change</i>	<p><b>Develop Trust/CBU &amp; AHP Workforce Action Plans:</b> Develop detailed Workforce Plans within CBUs, which incorporates a variety of professions, including AHPs and which places emphasis on the future skills of the workforce and how care will be delivered differently in the future, in line with the 5YFVMH. Including:</p> <ul style="list-style-type: none"> <li>• Develop AHP career pathways which delivers a flexible workforce &amp; reflects fair and equitable opportunities across professions (Bands from 3-8c and progression to operational management.</li> <li>• Apprenticeships: Grow Your Own: to train as AHPs &amp; higher apprenticeships for CPD</li> <li>• Preceptorship for Band 5 AHPs and IPL with MDT</li> <li>• Developmental ‘run-through’ posts (B5/6) and rotational opportunities</li> <li>• Consultant posts/Advanced practitioners/Extended scope, AC/RC/Non-medical prescribing, Leadership Skills &amp; Succession planning</li> <li>• Each CBU to carry out Exit interviews and Develop Trust Retention strategy for AHPs</li> </ul>					
	<p><b>AHP Governance and Assurance</b></p> <ul style="list-style-type: none"> <li>• Support specialist training via CWD/CPD support, networking across professions</li> <li>• CPD integral part of job plan, AHP/IPL CPD Forums, incl audit of CPD at appraisal)</li> <li>• Actively supporting staff awards and nominations to professional recognition awards</li> <li>• Building resilience and preventing burnout, implementing Trust H/Well Being Strategy</li> </ul>					
<i>Developing AHP Skills</i>	<p><b>AHP Specialist Skills Training Needs Analysis:</b> Develop tools to capture needs of AHPs in partnership with NTW Training Academy and led by Dir AHPs/PS.</p>					
<i>Improving, Impact of the AHP:</i>	<p>Trust AHP Steering group: To <b>develop profession specific recruitment &amp; retention strategies</b>, identifying hot spots and clinical risks in CBU.</p>					
<i>Utilising Information and Technology for Therapy:</i>	<p>Dir AHP/PS to monitor AHP <b>vacancy rates</b> data/shortages &amp; run recruitment campaigns to ensure adequate supply of AHP Bank staff to fill S/T gaps, to <b>minimise agency spend</b>.</p>					
	<p>To contribute workforce planning information to support NTW <b>Workforce planning</b>, HEE and STP initiatives.</p>					

# AHPs into Action

#AHPsintoAction



Our collective commitments and priorities will deliver significant impacts for patients, their carers, communities and populations.



## The Impact

of the effective and efficient use of AHPs for people and populations

- 1 Improve the health and well-being of individuals and populations.
- 2 Support and provide solutions to general practice and urgent and emergency services to address demand.
- 3 Support integration, addressing historical service boundaries to reduce duplication and fragmentation.
- 4 Deliver evidence based/informed practice to address unexplained variances in service quality and efficiency.

## How?



## Our Commitments

to the way services are delivered

- 1 Commitment to the individual.
- 2 Commitment to keep care closer to home.
- 3 Commitment to the health and well being of populations.
- 4 Commitment to care for those who care.



## Our Priorities

to meet the challenges of changing care needs

- 1 AHPs can lead change.
- 2 AHPs skills can be further developed.
- 3 AHPs evaluate, improve and evidence the impact of their contribution.
- 4 AHPs can utilise information & technology.

A blueprint to support system leaders make decisions about AHPs, the services they offer, and how they can be most efficiently and effectively utilised.

16,128 contributions were submitted from services users, carers, citizens and health and care staff including AHPs, through a process of crowdsourcing. 'AHPs into Action' represents their collective voice.

<https://www.england.nhs.uk/ourwork/qual-clin-lead/ahp/>



## Appendix 2

### LIST OF ACRONYMS AND ABBREVIATIONS

- A4C – Agenda for Change
- ACC – Academic Clinical Collaborative
- AC/RC – Approved Clinician/Responsible Clinician
- AHP – Allied Health Professional
- ASD – Autism Spectrum Disorder
- CAHPO – Chief Allied Health Professionals Officer
- CAHPR – Council for Allied Health Professions Research
- CBU – Clinical Business Unit
- CLT – Collective Leadership Team
- CPD - Continuing Professional Development
- CWD – Continuous Workforce Development
- HEE NE – Health Education England – North East
- IPL – Inter Professional Learning
- LD – Learning Disabilities
- LWAB – Local Workforce Action Board
- MDT – Multi-Disciplinary Team
- NIHR – National Institute for Health Research
- NHSE - NHS England
- NHSI – NHS Improvement
- OATs – Out of Area Treatments
- R&D – Research and Development
- STPs – Sustainability and Transformation Plans
- 5YFVMH – Five year forward view for mental health



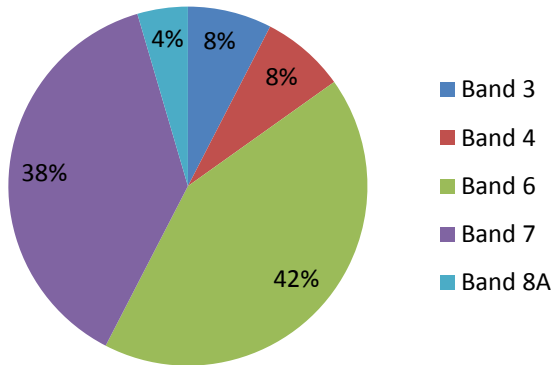
▪ **Lead in Time**



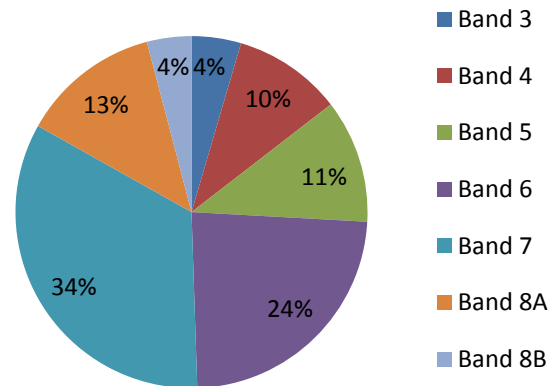
▪ **Active Phase**

## Appendix 3

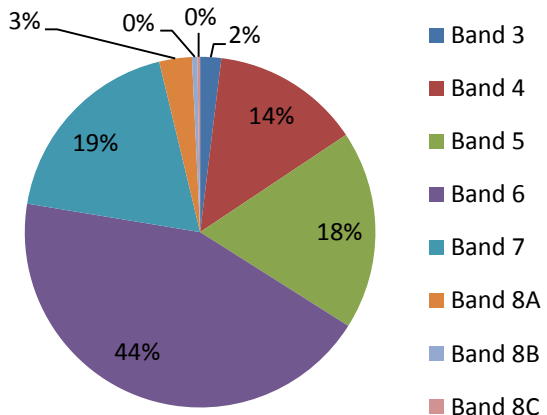
### Dietetics



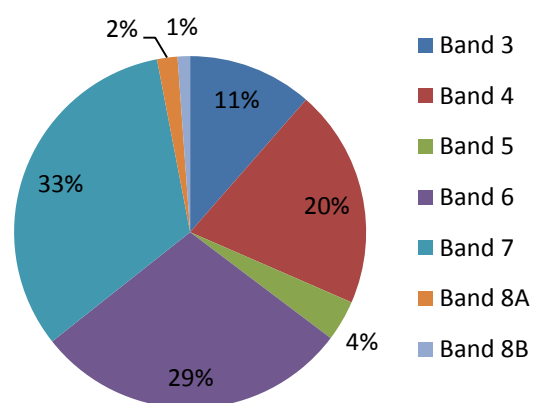
### Speech and Language Therapy



### Occupational Therapy



### Physiotherapy



## Appendix 4

### Mapping Trust Strategic Ambitions (SA) 1-6 with National AHP Strategy

This table shows how the Trust strategic ambitions map onto the National AHP Strategy. In essence, the Trust Strategy captures all elements of the commitments and desired impacts of AHPs into Action and provides assurance that there is a confluence of ideas about what is required over the coming years.

Commitments (C) and desired Impacts (I)

		SA1 SU/carer s Excellent care, support personal journey	SA2 Community / Partners EI, Resilience, Prevention	SA3 Partners No Health without MH Joined Up	SA4 Sustaina ble Services Real Value £	SA5 Centre of Excellenc e	SA6 Great Place to Work
C1	Individual	✓		✓		✓	✓
C2	Keep care close to home	✓	✓	✓	✓		
C3	Health and well-being of populations		✓	✓	✓	✓	✓
C4	Care for those who care	✓	✓	✓			✓
Impact 1	Improve Health and wellbeing of Individual and population	✓	✓	✓	✓	✓	✓
Impact 2	Decrease demand on GP & Emergency care	✓	✓	✓	✓		
Impact 3	Support Integration and reduce duplication and fragmentation	✓		✓	✓		
Impact 4	Deliver evidence based/informed practice to address unexplained variance in service quality and efficiency	✓				✓	✓