AHPs as agents of change in health and social care

The National Delivery Plan for the Allied Health Professions in Scotland, 2012–2015

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NHS SCOTLAND

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The Scottish Government, Edinburgh 2012

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Ministerial foreword

Scotland's health and social care services are entering a period of unprecedented change. The changes will be underpinned by our vision of enhanced quality, improved efficiency and financial sustainability as we strive to address the challenges of demographic change and rising demands on public services. Our plans for integration of planning and delivery of health and social care services will provide real and tangible benefits for providers and individuals, their families and carers as we strengthen our commitment to person- and family-centred services and enhanced support for carers.

Scotland's approach to meeting the demographic challenges of an increasingly ageing population are set out in *Reshaping Care for Older People: a programme for change 2011−2021* (Scottish Government, 2011). This ambitious programme aims to optimise the independence and well-being of older people at home or in a homely setting. To support this, we have committed to establishing an integrated approach to planning and delivering health and social care services that also includes integration within the NHS between primary and secondary care. We are currently consulting on plans for new legislation that will be needed to facilitate integration, including the establishment of Health and Social Care Partnerships (HSCPs)[1] with delegated integrated budgets (Scottish Government, 2012).

The success of this work will rely heavily on strong leadership. Such leadership will be essential to drive innovation and the delivery of high quality, responsive services that are developed around the needs of people who use services and their families. HSCPs will therefore need to ensure that local professional leaders, including allied health professionals (AHPs), play an active role in, and provide leadership for, local commissioning and planning of service provision.

Professional leadership, service realignment and workforce development will all be key to realisation of our aspirations. Achievement will depend largely on AHP leaders, practitioners and people who use services, their families and carers working together and employing strategies to manage demand, prevent dependency and support individuals and their families to live healthy fulfilling lives at home, or in a homely setting, for

[1] These organisations will be developed subject to the consultation process, legislation and approval of the Scottish Parliament.

as long as possible. “Enabling” approaches, including reablement, rehabilitation and supported self-management, will play a central role in underpinning this transformation, which will be realised in the way we support individuals and communities to be strong and resilient. In so doing, we will shift the paradigm away from over-reliance on hospitals and professional interventions from across health and social care.

AHPs are a vital part of this paradigmatic shift. AHPs are expert in rehabilitation at the point of registration and bring a different perspective to the planning and delivery of services. They are uniquely placed to exploit their expertise in “enabling” approaches through providing rehabilitation/reablement approaches and leadership across health and social care as well as driving integrated approaches at the point of care.

While I am aware that AHPs practice across all age groups and specialties, our immediate priorities and challenges undoubtedly have to focus on meeting the growing needs of the older population, those with long-term conditions and people with dementia. AHPs can make an immediate impact on the lives of these individuals and ensure resources are used to best effect by preventing unnecessary admissions to hospital or care, enabling people to live at home for longer, and providing alternative pathways to secondary care referral.

The Scottish Government established the Change Fund to enable health and social care partners to make better use of their combined resources in implementing local plans for older people. It provides bridging finance to facilitate shifts in the balance of care from institutional environments to primary and community settings and enables a refocus on anticipatory care and prevention of unplanned admissions to hospital or long-term care. We have also introduced the Early Years Change Fund, which is designed to support a significant change programme prioritising the early years of children’s lives and early intervention. These signal the paradigm shift in action, working “upstream” to ensure older people get the support they need in the communities in which they live and that children get the best possible start in life.

I would encourage chief executives, directors of social work and leaders across health and social care services to utilise AHP expertise to the full as we work to deliver our shared national outcomes, with which the National Delivery Plan for the Allied Health Professions in Scotland has been explicitly aligned. Their professional leadership, together with effective multi-professional team working within the new HSCPs, will be vital to ensuring we experience the full added value integration will bring.

I wholeheartedly believe that raising the visibility, accountability and impact of AHPs across health and social care will benefit all concerned.

Much success has already been achieved through the development of AHP strategic leadership in NHSScotland. I now fully expect AHP directors to be given the corporate support they require from across health and social care to strengthen their contribution to the planning and delivery of services, including use of both the Change Fund and the Early Years Change Fund. I also expect AHP directors to bring new solutions to the challenges we face and to drive the development of "enabling" approaches that will help us fully realise our aspirations for Scotland's population.

Michael Matheson, MSP, Minister for Public Health

Executive summary

As of March 2012, there were approximately 10 000 AHPs working in acute and primary care settings across NHSScotland. There were also around 500 AHP practitioners in social care, predominantly occupational therapists who, despite comprising only 1% of the total social care workforce, addressed 35% of all adult referrals.

Scotland's AHPs are already working at the leading edge of a paradigmatic shift in the public sector towards enablement and personalisation, promoting an asset-based approach, self-management, resilience and independent living and preventing over-reliance on hospitals and professional intervention.

AHPs' expertise in rehabilitation and enablement will be key to supporting the vision of health and social care integration and delivering on the nationally agreed outcomes for integration.

Reducing inappropriate admissions and unnecessary care costs are key to affordable and sustainable services in the future. AHP interventions can significantly reduce unnecessary admissions to hospital and diminish dependency on care services, resulting in significant savings in health and social care.

As first-point-of-contact practitioners, AHPs also make a vital contribution to faster diagnostics and earlier interventions in primary care. They work closely with general practitioners and community teams to provide alternative pathways to secondary care referral and prevent admissions in areas such as falls prevention and musculoskeletal services.

AHPs have a key contribution to make to the wider public health agenda, improving health and well-being by, for example, promoting physical activity and healthy nutrition, providing cancer prevention and vocational rehabilitation services, and enabling children to get the best possible start in life and achieve their full potential.

AHP directors and AHP leaders, working across health and social care, will be key to enhancing the AHP contribution to the joint planning and delivery of services, particularly for those with complex needs, long-term conditions, dementia and for children and young people.

This National Delivery Plan for the Allied Health Professions in Scotland calls for AHPs to be more visible, accountable and impact orientated. It aligns the AHP focus on delivery with the nationally agreed outcomes for integration, currently in development, and reflects the context of health and social care integration.

Better measurement, data collection and e-health will be required to support AHPs in contributing to the delivery of these national outcomes, to underpin improvement and to strengthen efficiency and productivity.

Modern, innovative and flexible working practices (including exploiting technology) and implementation of *Releasing Time to Care* and other improvement methodologies will be key to efficient and effective service delivery built around the needs of people who use services and to releasing capacity within existing resources.

NHS boards and local authorities will work collaboratively to develop local implementation plans identifying how they intend to deliver and evidence the outcomes of the National Delivery Plan. The Chief Health Professions Officer will lead annual reviews of the local implementation plans to monitor local progress and to support delivery nationally.

Introduction by the Chief Health Professions Officer

> ***"The demands for health care and the circumstances in which it will be delivered will be radically different in future years. We must be bold enough to visualise the NHS that will best meet the needs of the future in a way that is sustainable and make the changes necessary to turn that vision into reality."***
> Scottish Government (2011a)

Visibility, accountability and impact

In November 2011, the Scottish Parliament debated the importance of rehabilitation and enablement to the health and social well-being of the population of Scotland. MSPs acknowledged rehabilitation and enablement as core elements in ensuring individuals can live meaningful and productive lives and paid tribute to the crucial roles allied health professionals (AHPs) play in their promotion. They recognised the importance of rehabilitation and "enabling" approaches in underpinning safe, effective, affordable and sustainable health and social care services and declared strong support for the development of a National Delivery Plan for the Allied Health Professions in Scotland.

The National Delivery Plan was subsequently commissioned by the Minister for Public Health with the support of the Cabinet Secretary for Health, Wellbeing and Cities Strategy. It is the first of its kind in Scotland and, indeed, the UK and provides a unique opportunity to align the contribution of AHPs to the nationally agreed outcomes for integration of health and social care currently in development, the *Healthcare Quality Strategy for NHSScotland* (Scottish Government, 2010) and *Achieving Sustainable Quality in Scotland's Healthcare: a "20:20" Vision* (Scottish Government, 2011a).

Scotland's AHPs serve a population of 5.2 million people through partnerships across health, social care, education, voluntary and independent sectors. Demographic changes mean that the number of people over 60 will increase by 50% by 2033 and the rise in the over-85 population will be 144%: this is especially significant given the increased prevalence of dementia among this age group.

Almost a third of total annual spend on older people's services is accounted for by unplanned admissions to hospital: that is more than is spent on social care for older people. Delayed discharges of less than six weeks account for around £54 million per annum in bed days lost, to

say nothing of the cost to individuals and their carers of remaining in an environment not appropriately reflecting their needs.

The vision for delivering high quality health and social care services in Scotland is focused on a joint commissioning strategy to enable integrated care. The delivery of more "enabling" services, shifting the focus away from professional dependency and towards supported self-management and resilience, will be central to achieving better outcomes for people who use services, their families and carers. Key elements of shared commitments across health and social care will require professional leadership from AHPs and others to deliver our vision of effective, sustainable and affordable service provision for the future that is built around the individuals and communities who use those services.

AHP role, leadership and strategic vision

AHPs are a distinct group of practitioners who apply their expertise to diagnose, treat and rehabilitate people of all ages across health, education and social care. They work with a range of technical and support staff to deliver direct care and provide rehabilitation, self-management, "enabling" and health improvement interventions. In Scotland, the AHP group includes arts therapists, dietitians, occupational therapists (OTs), orthoptists, podiatrists, prosthetists and orthotists, physiotherapists, radiographers (diagnostic and therapeutic) and speech and language therapists.

AHPs are the only professions expert in rehabilitation and enablement at the point of registration:[2] their expertise in rehabilitation and enablement will be key to supporting the "*20:20" Vision* of everyone being able to live longer, healthier lives at home or in a homely setting and delivering on the NHS quality outcomes and the nationally agreed outcomes for integration of health and social care services.

Reablement is a key deliverable for local authorities, with the focus on maintaining independence and reducing reliance on home care support. A shift towards a more "enabling" ethos across a whole range of services can release capacity and facilitate provision of a more flexible, personalised service. This kind of shift needs to be replicated and integrated across sectors to reduce unnecessary duplication of assessments. AHPs, particularly local authority-based OTs, are core to defining, developing and reviewing person-centred goals for delivery by homecare teams: there is strong evidence that a partnership-based

[2] For all other health and social care practitioners, rehabilitation is a postgraduate sub-specialty.

approach can reduce homecare hours by around 30% with true integration of community rehabilitation teams. We published examples of these kinds of innovative initiatives in the *From Strength to Strength: Celebrating 10 Years of the Allied Health Professions in Scotland* report (Scottish Government, 2011b).

AHP leadership at strategic and practice levels will play an essential role in transforming services to ensure they are fit for the future. Leaders' distinctive expertise in supporting an "enabling" ethos will need to be effectively positioned and strengthened to maximise the added value of the AHP workforce within an integrated health and social care system.

This National Delivery Plan calls for AHP leadership to be more visible and accountable at the highest levels within NHS boards and local authorities. Robust leadership from AHP directors and AHP service leaders will be required to bring about and sustain transformational service-level change. I will work with the Association of Directors of Social Work (ADSW) and the Chief Social Work Adviser to explore how the particular contribution and leadership of AHP services in local authorities can be strengthened to enable their contribution to be fully realised within their organisations.

AHP leadership and expertise are needed now more than ever to underpin strategic planning and innovative practice. Elevating AHP leadership influence and impact will be vital to the successful delivery of the quality ambitions for the NHS and the nationally agreed outcomes for integration of health and social care services, and to initiatives focused on reshaping care for older people and those with long-term conditions.

The strategic vision for the AHPs that has driven the development of this Delivery Plan is shown in the box below.

AHP strategic vision

AHPs will work increasingly to transform well-being and recovery, promoting prevention, earlier diagnosis and reducing unnecessary referrals and admissions to hospital and care by working "upstream" and supporting early years development to strengthen user and carer capabilities and assets in the communities they serve.

The National Delivery Plan for the Allied Health Professions in Scotland

This National Delivery Plan will help to maximise AHPs' contribution and effectiveness by:

- empowering strong professional leadership
- enabling the development of integrated teams across health and social care services to support continuous improvement
- developing innovative new models of care and fully utilising innovation in health technology
- creating added value beyond health and delivering excellent outcomes for people who use services, their families and carers
- providing effective, efficient solutions to the challenges of delivering national policies within a reducing financial envelope
- strengthening partnerships with the third and independent sectors and other agencies.

The Delivery Plan applies to all AHPs in Scotland, which will be particularly important as the new health and social care partnerships (HSCPs) emerge. It has evolved following a process of national consultation which provided strong support for the vision and direction of travel of the National Delivery Plan from a wide range of stakeholders. It was particularly encouraging to see the active engagement of the third sector in the consultation process, signalling their wish to develop strategic alliances with AHPs, working in partnership with us in common purpose.

The Delivery Plan focuses on the period 2012−2015 and provides a strategic platform for future AHP activity. We recognise that further support will be required to support implementation, and I will be working with AHP leads and others to develop appropriate resources for this purpose.

The Plan demonstrates the contribution AHPs can make and the impact they can have on the delivery of national policy, on the experiences of people who use services, their families and carers, and on outcomes across health and social care sectors. It makes explicit the alignment of AHP leadership and practice towards the delivery of the nationally agreed outcomes for integration of health and social care services and shows how better value can be extracted from AHP expertise from strategic to frontline levels, demonstrating the added value of

preventative, upstream approaches in enabling people to live well and for as long as possible in their own homes and communities.

Fundamentally, the Delivery Plan defines the future vision for AHPs and the services they deliver. In doing this, it focuses specifically on a number of high-level outcomes that AHP services will effect, with key actions defined.

Moving forward together

AHPs strongly support the ADSW position statement on integration, which states that "a better outcome for individuals should become a common ethos". We recognise that early intervention, personalised care, power, choice and control for individuals, supporting and empowering communities and carers, seamless pathways of care, equitable access and an evidence-based approach to best value and preventative spend should be our priorities.

AHP directors and leaders will want to work closely with their social care colleagues and other professional leaders to ensure that these principles underpin local joint commissioning and planning of services, and that we strive to tackle inequalities and promote equality. In doing so, we will make significant progress towards building services around the needs of individuals and the communities we serve.

Jacqui Lunday, Chief Health Professions Officer, Scottish Government

ACTIONS

No.	Action by	Delivery by end of
1	NHS boards and local authorities will develop local implementation plans identifying how they intend to deliver and evidence the outcomes of the National Delivery Plan for the Allied Health Professions in Scotland.	2012
2	The Chief Health Professions Officer will lead annual reviews of progress against local implementation plans.	Ongoing, annually

1. Professional leadership to drive innovation and delivery

> ***"The integration of services needs to be improved to deliver better health and social care services: services should be characterised by strong and committed clinical and care professional leadership."***
> Nicola Sturgeon, MSP, Deputy First Minister and Cabinet Secretary for Health, Wellbeing and Cities Strategy, 12 December 2011

AHPs have a significant leadership role to play in the integration of health and social care service delivery. New HSCPs as they emerge will need innovative thinking and solutions to underpin their development and to support the transformation of services to be fit for the future.

Doing things differently in what are daunting and unprecedented times requires new ways of working and new ways of thinking. It calls for leadership styles that cut across silos and organisations and address the "here-and-now" issues. The output will be "enabling" services that support people in their own homes and communities through teams that are shaped to work in a truly integrated way

AHP leaders' influence is already high in a number of NHS boards, but AHP directors need to be appropriately positioned to impact on local planning and influence future developments for integration. Their visibility and accountability for delivery of organisational priorities needs to be strengthened through a new and innovative approach to leadership. This will support AHP directors and designated leads of AHPs to have a locus of influence across HSCPs and drive key elements of the nationally agreed outcomes for integration of health and social care services and other national policy directives. A number of health and social care partners are already considering joint appointments for these key posts.

AHPs, with their expertise in enablement and rehabilitation, can bring a fresh perspective to the integration agenda. They need to be working as equal partners alongside their social work, nursing and medical director colleagues towards a common purpose of improving outcomes for people who use services, their families and carers through excellence in professional leadership and practice.

In this way, they can exert influence and bring new thinking and solutions to the challenges of demographic change and sustainability

and affordability of services, and to the delivery of more “enabling”, rehabilitation and intermediate care services.

ACTIONS

No.	Action by	Delivery by end of
1.1	AHP directors and directors of social work should work together to strengthen and embed professional leadership and governance infrastructure for AHPs working across health and social care to enhance integrated service delivery and outcomes for people who use services.	2014
1.2	AHP directors and AHP leads within community health care partnerships (CHCPs) (and the new HSCPs as they emerge) will provide professional leadership to strengthen the development of “enabling” services, including rehabilitation and reablement, across health and social care.	2014
1.3	AHP directors, with support from NHS Education for Scotland (NES) and the NHSScotland Quality Improvement Hub, will further develop AHP capacity and capability in leadership and quality improvement methodologies to improve the quality of care within agreed priority areas.	2014

2. Reshaping care and enabling independent living

> ***"AHPs should be positioned in frontline service delivery and leadership roles to drive the reshaping of care for older people and post-diagnostic support for people with dementia. AHPs already straddle local authority and health settings and are the professional group with the right skill set to deliver on all of this."***
> Henry Simmons, Chief Executive, Alzheimer Scotland

Scotland has committed to establishing an integrated approach to planning and delivering health and social care services (Scottish Government, 2012). Scottish Government, the Convention of Scottish Local Authorities (COSLA) and other key stakeholders are working together to develop nationally agreed outcomes for integration of health and social care services.

Scotland's AHPs can and should make a significant contribution to reducing unnecessary hospital referrals and admissions and to preventing over-reliance on professional interventions in the future. National guidance on *Maximising Recovery & Promoting Independence: intermediate care's contribution to reshaping care, a framework for Scotland* (Scottish Government, 2012a) describes some of this work and has been developed through a partnership involving the Joint Improvement Team, the Chief Health Professions Officer and key stakeholders in rehabilitation and reablement across health and social care.

AHPs are strongly placed to support self-management and enablement and drive integration at the point of care. They have an "enabling" ethos that is rooted in a person-centred approach and sits in the spectrum between a "treatment-based" approach and a "care-based" model. They can be pivotal in creating a paradigm shift away from professional dependency towards resilience and an asset-based approach that builds personal capabilities and community resilience.

Reducing inappropriate admissions and unnecessary care costs are key to affordable and sustainable services in the future. AHP interventions can significantly reduce unnecessary admissions to hospital (through AHP services being based in accident and emergency departments, for instance) and reduce dependency on care services (through integration of rehabilitation and homecare services). An excellent example of this is the integrated falls and fracture care pathways spanning prevention and

self-management, early identification of risk, avoidance of unnecessary admissions to hospital and other care settings and evidence-based secondary prevention.

Falls can have far-reaching consequences for an older person. Besides the pain, injury and distress experienced, there can often be a loss of confidence and independence. Such consequences can be life-changing for some (44% of care home residents are admitted as a result of frequent falls) and, for others, even life-limiting. Falls can nevertheless be prevented for many individuals, and an integrated approach to falls prevention can make a significant difference to the lives of the "at-risk" population. Good personal footcare makes an important contribution to this work, especially for people who are unable to care for their own feet and rely on carers or relatives, and this is a priority for people who use our services.

AHPs have always worked across health and social care sectors and organisational boundaries to focus on the needs of people who use services, their families and carers. AHP directors and leads working across health and social care will be key to enhancing the AHP contribution to the joint planning and delivery of services, particularly for those with complex needs, long-term conditions and dementia. Telecare/technology will play an increasingly important role in supporting older people to live safely in their homes, particularly those with dementia.

Approximately 82 000 people in Scotland were thought to have dementia in 2011 (of whom 3500 were under 65 years). That number is projected to double over the next 25 years, with 7000 people in Scotland being diagnosed with dementia each year.

Scotland's National Dementia Strategy (Scottish Government, 2010a) is a key part of the wider agenda on reshaping care for older people and the delivery of an integrated system of health and social care services across Scotland. It was designed to make real and measurable improvements in dementia services and achieve transformation of care and people's experience in care, underpinned by a rights-based approach.

AHPs have the expertise to support people with dementia, their families and carers to live well with the condition through the promotion of supported self-management and provision of specialist functional assessments and environmental adaptations. They are well-positioned

to lead on reablement, early and post-diagnostic intervention but will need support to build capacity and capabilities in and across sectors to enhance care pathways for people who use services, their families and carers.

We need to ensure that AHPs from health and social care settings are empowered to lead teams and direct delivery of this agenda. Improving post-diagnostic services is enshrined in a national commitment that will guarantee a minimum of a year's dedicated support for those diagnosed with dementia, their families and carers, coordinated by a named person.

A significant proportion of the Change Fund has already been invested in services led and delivered by AHPs. Further work is now required to evaluate the effects of this investment to determine which services have the greatest impact on service delivery.

ACTIONS

No.	Action by	Delivery by end of
2.1	AHP directors will work within their NHS boards to ensure dedicated AHP support is established within emergency admission services, in line with best practice for emergency care (RCP, 2007), to prevent unnecessary admissions to hospital.	2014
2.2	AHP directors will work within their NHS boards to support falls leads within CHCPs (and HSCPs as they emerge) to implement integrated falls and fracture care pathways to reduce falls-related admissions to hospital in the over 65s by 20%.	2014
2.3	AHP directors will work with directors of social work and their NHS boards to maximise the AHP contribution to achieving delayed discharge targets and reduce overall length of stay in hospital, which will support the delivery of the legal treatment time guarantee.[3]	2014
2.4	AHP directors will work with directors of social work to support older people and those with disability and complex needs to live independently in their own home/homely setting	2015

[3] Patient Rights (Scotland) Act 2011: http://www.scotland.gov.uk/Topics/Health/PatientRightsBill

	for as long as possible, delaying or reducing admissions into institutional care.	
2.5	AHP directors will work with directors of social work to reconfigure “enabling” services, such as rehabilitation and reablement, to deliver best value and enhance care experiences for people who use services and their families and carers.	2015
2.6	AHP directors and AHP leads in local authorities, working in partnership with Alzheimer Scotland, will work to ensure the multisectoral delivery of early intervention and post-diagnostic support for people with dementia and their families and carers, in line with the national commitment.[4]	From 2013 onwards
2.7	AHP directors will work with AHP leads in health and social care and partners in care organisations, voluntary services and older people’s groups to implement the National Personal Footcare Guidelines once published in late 2012.	2013

[4] A guaranteed minimum of one year’s post-diagnosis support coordinated by a skilled named person.

3. Improving health and well-being

> ***"Taking an asset-based approach involves mobilising the skills and knowledge of individuals and the connections and resources within communities and organisations, rather than focusing on problems and deficits. The approach aims to empower individuals, enabling them to rely less on public services."***
> NHS Health Scotland (2011)

AHPs are fully committed to improving the health and well-being of the people of Scotland. Improving health is often integral to their specific role: many are involved in health screening, health promotion, public health, social inclusion and participation initiatives and in advising individuals, family members and carers who access their services.

They are also involved in health improvement activity across areas of national priority, such as cancer and mental health services. AHPs deliver a wide range of cancer services, including diagnostic and screening programmes and radiotherapy. They also provide support throughout the cancer journey, including rehabilitation after surgery, radiotherapy and chemotherapy and when palliative care services are accessed.

Improving mental health is a key priority area for Scotland, and *Realising Potential: an action plan for allied health professionals in mental health* (Scottish Government, 2010b) spearheads the AHP contribution to improving mental health and well-being. *Realising Potential* doesn't ask AHPs to do *extra*: it asks AHPs to do *differently.* The work carried out under *Realising Potential* has achieved many successes to date, including the establishment of AHP leads for mental health across all NHS boards. AHP directors will wish to continue supporting these leaders and strengthen their role in ensuring full delivery of the 12 recommendations of *Realising Potential*.

While there is a strong tradition of community capacity building in social care, there is an equally strong tradition of AHPs building capabilities at an individual level. These approaches have been used very effectively across a range of care groups, particularly by mental health AHPs, to address aspects of social determinants of health and well-being and to mobilise communities to build capabilities, strengthen resilience and promote assets.

AHPs, in partnership with all health and social care professionals, make a significant contribution to improving health and reducing health inequalities as a component part of their delivery of services. There is now an opportunity to strengthen and promote their role in the area of public health, focusing on the promotion of good health through primary and secondary prevention in partnership with other agencies, including the third sector.

Now, more than ever before, AHPs must use each and every consultation as an opportunity to improve people's health and well-being. The AHP−individual relationship is built on engagement and trust. This allows AHPs opportunities to interact with individuals on issues that are important to their general health, such as physical activity, good nutrition, mental well-being and work, and alcohol, tobacco and substance use. AHPs' understanding of their local communities and wider national resources enables them to signpost individuals to services, organisations and information that will help them to develop and maintain better health and well-being.

AHP directors, in partnership with the Scottish Government's Physical Activity Champion, have recently established the *AHP Directors' Pledge to Increasing Physical Activity in Scotland* (Scotland's AHP Directors, 2012) to support an increase in physical activity as a normal community-based activity for all. This important piece of work builds on the valuable contribution AHPs are already making to the health and well-being of the people of Scotland through initiatives such as those focusing on supporting return to work and vocational rehabilitation.

The evidence base within Scotland, the UK and internationally that being in work is good for health is now well established. In addition to having a negative impact on the health of the individual affected, worklessness also has a significant impact on children and families, with health inequalities strongly evident. Employability status correlates highly with perceived well-being in individuals: low levels of job satisfaction (or no work) has close links with increased reported illness, disability and health problems.

Health and social care workers are frequently the first or only point of contact for an individual of working age who has health issues affecting their ability to work. This is why we need health and social care services that help individuals improve their physical and mental well-being so that they can return to full function, including work if appropriate.

All of these factors mean that the role of the AHP professions has never been more vital. AHPs are recognised as being among the principal groups of professionals who can make accurate functional capacity assessments, intervene through vocational rehabilitation activities as part of treatment and recovery and advise colleagues, the individual and the employer on reasonable adjustments for rapid and successful return to work.

As first-point-of-contact practitioners, AHPs also make a vital contribution to faster diagnostics and earlier interventions in primary care. They work closely with general practitioners and community teams to provide alternative pathways to secondary care referral and prevent admissions to hospital and care settings. Indeed, AHPs are experienced and competent in working in teams across partnerships with social care, education, third and independent sectors. They will also need to ensure the communication needs of people who use services, their families and carers are effectively met and to mainstream best inclusive communication practice throughout AHP services and across health and social care more generally.

A significant amount of work still has to be done, however, in strengthening partnership working at community level to enhance access to, and delivery of, “enabling” services and intermediate care. This will include interventions aimed at improving the health and well-being of adults of working age who have health conditions.

ACTIONS

No.	Action by	Delivery by end of
3.1	AHP directors will work with primary care leads, general practitioners and across their NHS board to support enhanced pathways in primary care which maximise AHP expertise as first-point-of-contact practitioners to improve the care experience and reduce unnecessary referrals to secondary and unscheduled care.	2014
3.2	AHP directors and AHP leads in local authorities will work in partnership with the third and private sectors, as well as other agencies, to enhance community capacity building and support early interventions as part of the implementation of the asset-based model and redesigning “enabling” services.	2013
3.3	AHPs from health and social care will ask people who use their services about their work status as an essential component of their consultation and will initiate support to individuals to enable them to remain in or return to work.	2013
3.4	AHPs from health and social care will use each consultation as an opportunity to improve overall health and well-being with people who use their services, focusing on issues such as physical activity, nutrition and mental well-being, and including signposting to relevant resources.	2014

4. Supporting early years

> ***"It is particularly important to consider the need for effective AHP leadership within children and young people's services to drive forward the changes needed to ensure an equitable and sustainable service model in a planned and coordinated way across all sectors."***
> Dagmar Kerr, Area Coordinator for Greater Glasgow & Clyde,
> Action for Sick Children, Scotland

AHPs have a significant responsibility in relation to services for children and ensuring that children have the best possible start in life. AHPs within children and young people's services focus upon maximising a child's potential, which is embedded in the Getting it Right for Every Child principles and the Early Years Framework. The AHP approach must therefore be comprehensive and holistic to facilitate social and health outcomes: essential to this is working in partnership with parents, families, education partners and other health care professionals and ensuring early and consistent access to AHPs within multidisciplinary teams.

The objective of the Early Years Change Programme is to accelerate the conversion of the high-level principles set out in the Early Years Framework into practical action. The expectation is that all partners will:

- consider how they can support universal services to deliver better outcomes for children in their early years and their families
- raise public awareness of the significance of the early years to children's healthy development and consider how they can build the capacity of families and communities to secure better outcomes for themselves
- deliver tangible improvement in outcomes and reduce inequalities for Scotland's vulnerable children
- put Scotland squarely on course to shifting the balance of public services towards early intervention and prevention
- sustain these changes.

AHPs have a vital role in the delivery of this agenda, facilitated by the moves to early intervention, anticipatory care, prevention and health promotion. Their inputs deliver not only positive benefits for children and families, but also realise economic gains. However, visible and effective professional leadership is essential to ensuring that AHPs remain

empowered to deliver child- and family-centred approaches across all settings.

Achieving the services required for children and young people will require transformational change within many health boards. The need to assure children and young people's equity of access to AHPs is imperative and the work in establishing core services needs to be built upon. In particular, it will be essential to reduce the unnecessary variation in waiting times for AHP treatment between children and adult services and bring the former in line with the national guidelines on *New Ways of Defining and Measuring Waiting Times* (NHS National Services Scotland, 2007). Significant transferable learning should be drawn from work undertaken in child and adolescent mental health teams on the delivery of national waiting times over the last two years. Considerable local support and leadership will be imperative to ensure equity and consistency in improving access for children's services.

An integrated system of self referral will be of significant benefit to children and families and it is imperative that robust and equitable triage and demand management systems are also established to ensure that children can access the right services at the right time and from the right practitioner.

Strong leadership is needed to support this and the shift away from a predominantly "specialist" approach, following referral by another health care or education colleague. The appointment of an AHP lead for children and young people's services in several NHS boards has already made an impact on the implementation of Getting it Right for Every Child, integrated working and service planning. This inclusive model should be adopted by all NHS boards to support the sustainable development of AHP children and young people's services across all allied health professions.

In particular, consideration should be given to how to support children with communication difficulties to access the curriculum and to achieve their full potential through partnership approaches and creative working across agencies, including justice. The ability to communicate and connect with people is a vitally important life skill and is key in supporting educational attainment. Children's social and personal development and emotional and behavioural control can significantly impact on their quality of life, life experience and life chances.

Many young people who encounter the justice system as a result of offending behaviour have existing speech, language and communication difficulties; it is clear that there can be a connection between such difficulties in early years and the social and behavioural impact in later life. This important work should be reflected in the AHP children and young people's service plan set out in Action 4.1. The implementation of the Augmentative and Alternative Communications (AAC) (Scottish Government, 2012b) programme in partnership with local stakeholders should also be supported by professional leaders in speech and language therapy.

ACTION

No.	Action by	Delivery by end of
4.1	AHP directors will work with AHP leads for children's services and AHP leads in social care to develop a transformational children and young people's service plan to meet the evolving needs of this care group and to provide an equitable and sustainable national model that reflects the early years agenda and the move towards integration of health and social care.	2014

5. Maximising workforce engagement and development

> ***"The current context presents us with many practical and resource challenges, but with the right support and encouragement, health and social care professionals can work together to transform services and drive better outcomes for people who use services, their families and carers."***
> Peter Macleod, President of the Association of Directors of Social Work

Recent years have witnessed a slowing of growth in numbers of AHPs seen over the first decade of the 21st century. As of March 2012, there were approximately 10 000 AHPs working in acute and primary care settings across NHSScotland. There were also around 500 AHP practitioners in social care, predominantly OTs who, despite comprising only 1% of the total social care workforce, addressed 35% of all adult referrals.

The AHP workforce has a significant role to play in the delivery of quality services that meet people's needs within modern health and social care services. In the context of health and social care integration, the issues facing the collective workforce have changed significantly since the publication of *A Force for Improvement: the workforce response to Better Health, Better Care* (Scottish Government, 2009).

The Cabinet Secretary for Health and Wellbeing and Cities Strategy has agreed to the development of an NHS workforce initiative in the summer of 2012. Work is currently underway to support the development of this 20:20 workforce vision and AHP directors need to engage fully with this initiative, as the AHP workforce can provide the solution to many of the challenges being faced by the NHS workforce and services as a whole. AHP directors will therefore wish to be involved with the three emerging work streams of the 20:20 workforce vision: leadership and capability; modernisation and capacity; and staff governance and engagement.

There are many instances in which AHPs have been pivotal to service redesign and the achievement of performance targets. This is particularly evident where AHP advanced practice has become integral to the development of sustainable and affordable multidisciplinary teams, with tasks shifting between professions and non-medical leadership of pathways of care emerging. Examples include AHP-led musculoskeletal services, radiographer reporting of diagnostic imaging,

and podiatric surgery being undertaken by consultant podiatrists as part of an integrated orthopaedic team.

The AHP Workforce Planning Project was commissioned by the Chief Health Professions Officer to scope the AHP workforce in the community and primary care, to identify current workforce issues and to make recommendations about future workforce development needs. The key recommendations of the report include:

- the need to define appropriate AHP national waiting time targets
- AHPs should develop more partnership working with general practitioners to ensure early and direct access
- AHPs need to continue to develop capacity to match future service demands, including flexible working and the shift from acute to community
- the need to review and update Scottish Workforce Information Standard System (SWISS) AHP workforce data to increase the validity of workforce location of service delivery data.

The AHP workforce planning report will be published in late 2012.

It is now important to develop the AHP workforce at all levels to underpin sustainable and affordable services by strengthening advanced and consultant-level practice and introducing assistant and assistant practitioner roles to enhance the skill mix and ensure best use of AHP resources and expertise.

The Scottish Government will continue to work in partnership with NHS Education for Scotland (NES) to maximise educational opportunities for the AHP workforce. This will ensure that the skills of AHP staff working at all levels of the career framework are fully utilised through educational support that connects practice to policy. NES has produced a wide range of tools and supporting educational resources to enable AHPs to transform their leadership capabilities, skills base, skill mix and services.

All services need to be safe, effective and person centred and service redesign needs to involve both people who use services and, where possible, a health economic analysis as part of its evaluation. At the very least we must commit to demonstrating the impact that our improvement work delivers for both the individual user and the organisation before we begin to implement the changes. Such approaches will support evidence-based workforce planning for the future.

Work with NES to develop an AHP data platform to provide ongoing intelligence and analysis on the AHP workforce will continue. This will assist AHP directors to undertake annual workforce modelling, enabling the projection of AHP workforce requirements to meet service needs. This should be carried out with key stakeholders from higher education institutions, health and social care.

AHPs in Scotland have experienced significant review and restructuring of their services. AHP directors have worked in partnership with staff side and professional leaders to plan and deliver sustainable and affordable services for the future. This work needs to continue and develop further to identify AHPs' contribution to greater efficiency and productivity and explore how AHPs can ensure appropriate and flexible delivery of services beyond traditional patterns of working. This is particularly relevant to "key" or essential AHP services supporting diagnostics, treatment of at-risk individuals, preventing admission to hospital/rapid response, supporting patient flow and enabling timely and safe discharge from hospital.

The *Releasing Time to Care Stocktake Report* (Health Improvement Scotland, 2012) showed that AHPs are starting to implement and benefit from this improvement programme. Implementation of the recommendations in the report will support AHPs to further reduce waste, increase productivity and release time to improve the quality of services and meet increased demands.

In many parts of Scotland the shift of focus towards "upstream" community AHP service provision has progressed quickly and some NHS boards now report that over 50% of their staff are primarily providing interventions in a community setting. This is a tremendous achievement, but more needs to be done if AHPs are to make the desired impact in delivering better outcomes for people across health and social care.

For that reason, this National Delivery Plan seeks to move closer to a 70% community/30% acute care split and accelerate the pace of change towards the sustainable delivery of community AHP services. It has been recognised that this community focused approach needs to be balanced with the continued delivery of "key" and essential AHP services within the acute setting, which are essential to existing pathways of care, patient flow and also to overall efficiency and productivity.

AHP directors and AHP professional leaders will therefore need to explore and challenge models of practice that are at odds with this approach and develop supporting evidence around service impact. They will also need to work closely with directors of strategic planning to develop a robust plan that will enable this shift towards "upstream" service delivery to take place in a measured way, appropriate to local need and context.

The Scottish Government will also work in partnership with AHP directors and the AHP Federation Scotland to develop a consensus statement on AHP quality standards in Scotland in 2013.

The robust evaluation of such initiatives, together with good financial data, will be key to demonstrating the impact of change and to supporting the roll out of best practice and best-value approaches at scale, where this is considered to be desirable.

ACTIONS

No.	Action by	Delivery by end of
5.1	AHP directors and AHP leads in local authorities will drive modern and productive working practices and undertake a review of existing working practices with a view to promoting efficiency, productivity and flexibility, with implementation of findings. This will include implementation of the recommendations in the *Releasing Time to Care Stocktake Report*.	2014
5.2	AHP directors will work within local planning arrangements to develop and drive implementation of a robust plan for delivering the shift towards increased AHP community-based activity.	2015
5.3	AHP directors will work in partnership with analytic and research colleagues to grow the health economic base for AHP interventions across health and social care services.	2014
5.4	AHP directors will work with senior radiology managers to report nationally on a standardised measure of musculoskeletal plain image reporting undertaken by radiographers. They will also work with strategic planners to develop and	2013

	implement a regional/local plan to ensure effective use of reporting radiographers in their NHS board, driving sustainable multi-professional team delivery of diagnostic imaging services.	
5.5	AHP directors will work with directors of strategic planning and clinical leaders to explore, develop and implement a sustainable regional model of podiatric surgery integrated within orthopaedic services.	2014
5.6	AHP leaders across health and social care will lead innovation and improvement in the quality of their services, underpinned by data gathered from people who use services, their families and carers, to improve outcomes and demonstrate service impact.	2014

6. Driving improvement: delivering sustainable quality

> ***"Scotland's ambition to become an acknowledged leader in health care quality will be underpinned every day by the consistently person centred, effective and safe clinical encounters delivered by AHPs and their multi-disciplinary colleagues. Partnerships with patients is an acknowledged strength in the way AHPs work and it will be important to build on this in shaping services for the future."***
> Scottish Government (2011b)

AHPs have a significant contribution to make to quality improvement and to preventative spending as part of the delivery of safe, effective and person-centred services across health and social care and are committed to the delivery of the quality ambitions as set out in the *Healthcare Quality Strategy for NHSScotland* (Scottish Government, 2010). They have particular skills in person-centred approaches which are integral to "enabling" practice and is evidenced in the consistently positive experiences of users and families.

AHPs are integral to delivering rehabilitation and "enabling" services to support the reshaping of care for older people. They should therefore lead on developing and testing new models of rehabilitation, which may radically change the way AHP services are delivered. Our work to redesign musculoskeletal services and pulmonary rehabilitation using NHS 24 technology offers excellent examples of this, with potential to be rolled out throughout Scotland across a broad range of care groups and clinical areas. Work has also been commissioned to explore the health economic benefits of the falls prevention work being led by AHPs in communities and in care home settings and the use of telecare in dementia.

The vision for Scotland is to ensure that telecare, telehealth and the use of technology are integral parts of providing equitable access to high quality, safe and effective services, including the provision of advice and information to support self-management through a range of care options remotely via telephone, mobile phone, digital TV and broadband. Deployed effectively, telehealth improves access to high quality and effective care and enhances the user experience.

Recent research identified that using telehealth at scale resulted in a 20% reduction in emergency hospital admissions, 14% reduction in bed days and elective admissions and 45% reduction in mortality rates. It

does this by establishing new productive working practices in parallel with enhanced methods of accessing health care for the public. AHPs now need to escalate their use of technology. To avoid duplication and unnecessary effort, AHPs should use existing advice and information resources developed to support people living with a range of conditions and problems that are provided through NHS 24's technology platform.

In 2010, with support from the Scottish Government, NHS 24 appointed an AHP director to lead and develop the AHP technology agenda and an AHP strategic framework was subsequently published (NHS 24, 2010). It sets out a clear direction of travel that aims to transform services and working practices through use of technology, aligned to national priorities, and focuses on improving access and efficiency, supporting self-management and improving outcomes.

People who use services, their families and carers consistently say that AHP services make a real difference to their health and well-being and, importantly, to their quality of life. This enables individuals and families coping with the challenges of caring for a loved one with increasing complexity, frailty, illness or confusion to stay resilient and access support when they need it most. Improving access to AHP services is a long-standing priority for service users. We need to address the responsiveness of our services and take steps to reduce unnecessary variation in AHP waiting times, in line with Action 6.2

This approach is fully aligned with the "personalisation" philosophy promoted in social care. A personalisation approach seeks to promote a focus on personal outcomes so that services can be designed around a person and their family. This individualised approach to service provision will be key to the wider delivery of self-directed support (SDS) for people who use services, their families and carers.

Self-directed Support: a National Strategy for Scotland (Scottish Government, 2010c) sets out an ambitious vision for the transformation of the social care landscape in Scotland in which the quality of life of people who use services, their families and carers is improved through increased choice and control over the services and care they receive. Self-directed support (SDS) is a means to achieving better and more sustainable outcomes for people who use services, their families and carers and was cited in the Christie Commission (Scottish Government, 2011c) as a key way in which public sector services can become more responsive and accountable to citizens.

The implementation of the SDS strategy will be underpinned by primary and secondary legislation. The Social Care (Self-directed Support) (Scotland) Bill is passing through the Scottish Parliament and will enshrine in law, for the first time, the principle of the “right to choose” for everyone eligible for social care. The Bill sets out the full range of options from which people can choose, including taking a direct payment and having a high level of control, or asking the local authority to arrange a package of care and support on their behalf. Critically, the Bill will impose a duty on local authorities to ensure that the choices people make are actioned and that they fully understand the options before making their choice.

There is no policy to introduce personal budgets for clinical care, but NHSScotland has a significant role in facilitating jointly funded health and social care packages and in supporting the very large group of people who are recipients of both health and social care services. The integration of health and social care will also drive increased cross-fertilisation of ideas and approaches, including learning from the principles and approach of SDS in supporting people to live independently for as long as possible in their own homes and communities. AHPs can play a key role in this through, for example, promoting self-management through appropriate advice and training for carers/personal assistants where they are employed to provide someone’s support.

Better Together, Scotland’s patient experience programme, collects annual data on the experiences of people who use services, their families and carers in hospitals and in communities to underpin a better understanding of the health care experience. AHPs are gathering local information on user and carer experiences using Emotional Touch Points or Talking Points and have also begun using the Consultation and Relational Empathy (CARE) measure: this has been validated for AHP use and reflects the presence of empathy and engagement for the user in their consultation/clinical encounter.

Enhancing carer support is a key strand of the commitment to use the Change Fund effectively across health and social care services. AHPs are already doing much in this area, but they will be able to evidence their effectiveness and impact and support ongoing service improvement by using tools to measure user and carer experience and engagement. AHP leaders of health and social care teams will drive improvement locally, strengthening the connection between quality improvement for people who use services, their families and carers and the collection of

data to demonstrate outcomes and service impact. AHPs now need to strengthen their contribution to quality improvement, understanding how whole systems work from the perspective of people who use services, their families and carers and testing and measuring improvements.

AHPs must embrace the opportunity to learn and use skills and techniques around improvement science to identify areas for greater efficiencies to ensure high quality, effective services are delivered. This will include a reduction in unnecessary variation, improved services and a consistent approach to waiting times.

ACTIONS

No.	Action by	Delivery by end of
6.1	AHPs across health and social care services will monitor the quality of AHP service delivery, including user experience, by implementing the national data set and using quality measures/dashboard agreed for national and local reporting, particularly in relation to the nationally agreed outcomes for integration of health and social care services.	2013
6.2	AHP directors will drive the delivery of AHP waiting times within 18 weeks from referral to treatment, inclusive of all AHP professions and specialties (except diagnostic and therapy radiographers) with a target of 90% by December 2014. NHS boards will be expected to deliver a maximum wait of no more than 4 weeks for AHP musculoskeletal treatment within the same period.	2014
6.3	AHP directors will drive the expansion of self referral to all therapeutic AHP services (not diagnostic) as the primary route of access.	2015
6.4	AHP directors and leaders in social care should work collaboratively to significantly increase the utilisation of telecare and telerehabilitation as an integral approach to “enabling” services development, implementing pulmonary rehabilitation roll out as an exemplar model.	2014

Next steps

The National Delivery Plan for the Allied Health Professions in Scotland sets out a roadmap on how AHPs can add value to the evolution of health and social care services and contribute to reshaping and redesigning services around individuals, families and carers

To drive this forward, the following steps will be taken in the short term:

- a set of resources to support implementation of the National Delivery Plan will be developed and disseminated by the Chief Health Professions Officer
- AHP directors will be responsible for developing and delivering local implementation plans, embedding actions within local delivery plans and community planning processes, including the Change Fund initiatives
- the Chief Health Professions Officer will monitor implementation and continue to provide support.

Summary of recommendations

No.	Action by	Delivery by end of
1	NHS boards and local authorities will develop local implementation plans identifying how they intend to deliver and evidence the outcomes of the National Delivery Plan for the Allied Health Professions in Scotland.	2012
2	The Chief Health Professions Officer will lead annual reviews of progress against local implementation plans.	Ongoing, annually
1.1	AHP directors and directors of social work should work together to strengthen and embed professional leadership and governance infrastructure for AHPs working across health and social care to enhance integrated service delivery and outcomes for people who use services.	2013
1.2	AHP directors and AHP leads within community health care partnerships (CHCPs) (and the new HSCPs as they emerge) will provide professional leadership to strengthen the development of “enabling” services, including rehabilitation and reablement, across health and social care.	2014
1.3	AHP directors, with support from NHS Education for Scotland (NES) and the NHSScotland Quality Improvement Hub, will further develop AHP capacity and capability in leadership and quality improvement methodologies to improve the quality of care within agreed priority areas.	2014
2.1	AHP directors will work within their NHS boards to ensure dedicated AHP support is established within emergency admission services, in line with best practice for emergency care (RCP, 2007), to prevent unnecessary admissions to hospital.	2014
2.2	AHP directors will work within their NHS boards to support falls leads within CHCPs (and HSCPs as they emerge) to implement integrated falls and fracture care pathways to reduce falls-related admissions to hospital in the over 65s by 20%.	2014

2.3	AHP directors will work with directors of social work and their NHS boards to maximise the AHP contribution to achieving delayed discharge targets and reduce overall length of stay in hospital, which will support the delivery of the legal treatment time guarantee.[5]	2014
2.4	AHP directors will work with directors of social work to support older people and those with disability and complex needs to live independently in their own home/homely setting for as long as possible, delaying or reducing admissions into institutional care.	2015
2.5	AHP directors will work with directors of social work to reconfigure "enabling" services, such as rehabilitation and reablement, to deliver best value and enhance care experiences for people who use services and their families and carers.	2015
2.6	AHP directors and AHP leads in local authorities, working in partnership with Alzheimer Scotland, will work to ensure the multisectoral delivery of early intervention and post-diagnostic support for people with dementia and their families and carers, in line with the national commitment.[6]	From 2013 onwards
2.7	AHP directors will work with AHP leads in health and social care and partners in care organisations, voluntary services and older people's groups to implement the National Personal Footcare Guidelines once published in late 2012.	2013
3.1	AHP directors will work with primary care leads, general practitioners and across their NHS board to support enhanced pathways in primary care which maximise AHP expertise as first-point-of-contact practitioners to improve the care experience and reduce unnecessary referrals to secondary and unscheduled care.	2014

[5] Patient Rights (Scotland) Act 2011: http://www.scotland.gov.uk/Topics/Health/PatientRightsBill
[6] A guaranteed minimum of one year's post-diagnosis support coordinated by a skilled named person.

3.2	AHP directors and AHP leads in local authorities will work in partnership with the third and private sectors, as well as other agencies, to enhance community capacity building and support early interventions as part of the implementation of the asset-based model and redesigning “enabling” services.	2013
3.3	AHPs from health and social care will ask people who use their services about their work status as an essential component of their consultation and will initiate support to individuals to enable them to remain in or return to work.	2013
3.4	AHPs from health and social care will use each consultation as an opportunity to improve overall health and well-being with people who use their services, focusing on issues such as physical activity, nutrition and mental well-being, and including signposting to relevant resources.	2014
4.1	AHP directors will work with AHP leads for children’s services and AHP leads in social care to develop a transformational children and young people’s service plan to meet the evolving needs of this care group and to provide an equitable and sustainable national model that reflects the early years agenda and the move towards integration of health and social care.	2014
5.1	AHP directors and AHP leads in local authorities will drive modern and productive working practices and undertake a review of existing working practices with a view to promoting efficiency, productivity and flexibility, with implementation of findings. This will include implementation of the recommendations in the Releasing Time to Care Stocktake Report.	2014
5.2	AHP directors will work within local planning arrangements to develop and drive implementation of a robust plan for delivering the shift towards increased AHP community-based activity.	2015
5.3	AHP directors will work in partnership with analytic and research colleagues to grow the health economic base for AHP interventions across health and social care services.	2014

5.4	AHP directors will work with senior radiology managers to report nationally on a standardised measure of musculoskeletal plain image reporting undertaken by radiographers. They will also work with strategic planners to develop and implement a regional/local plan to ensure effective use of reporting radiographers in their NHS board, driving sustainable multi-professional team delivery of diagnostic imaging services.	2013
5.5	AHP directors will work with directors of strategic planning and clinical leaders to explore, develop and implement a sustainable regional model of podiatric surgery integrated within orthopaedic services.	2014
5.6	AHP leaders across health and social care will lead innovation and improvement in the quality of their services, underpinned by data gathered from people who use services, their families and carers, to improve outcomes and demonstrate service impact.	2014
6.1	AHPs across health and social care services will monitor the quality of AHP service delivery, including user experience, by implementing the national data set and using quality measures/dashboard agreed for national and local reporting, particularly in relation to the nationally agreed outcomes for integration of health and social care services.	2013
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6.3	AHP directors will drive the expansion of self referral to all therapeutic AHP services (not diagnostic) as the primary route of access.	2015

6.4	AHP directors and leaders in social care should work collaboratively to significantly increase the utilisation of telecare and telerehabilitation as an integral approach to “enabling” services development, implementing pulmonary rehabilitation roll out as an exemplar model.	2014

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