

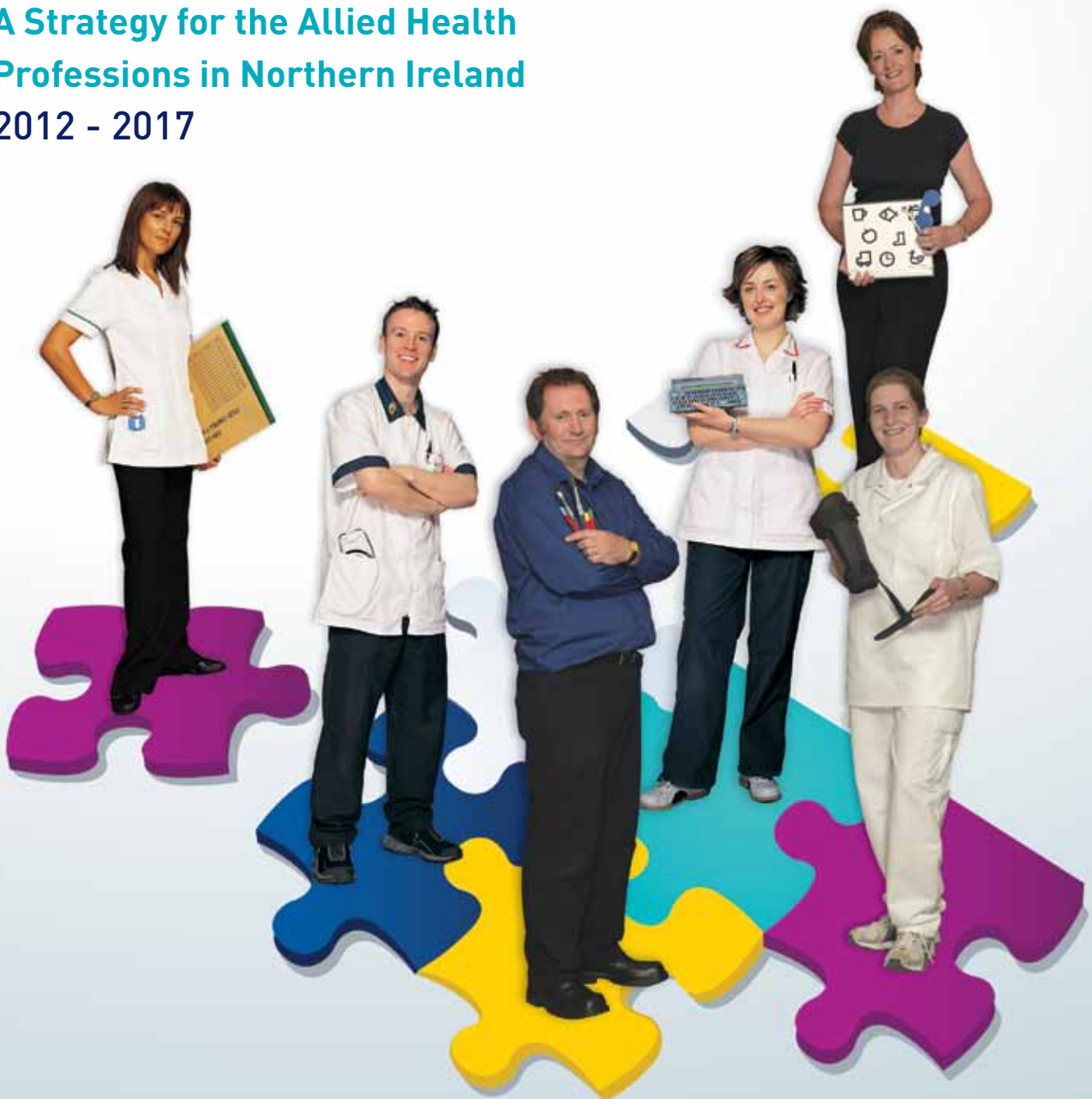


Department of
**Health, Social Services
and Public Safety**

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Improving Health and Well-being Through Positive Partnerships

**A Strategy for the Allied Health
Professions in Northern Ireland
2012 - 2017**

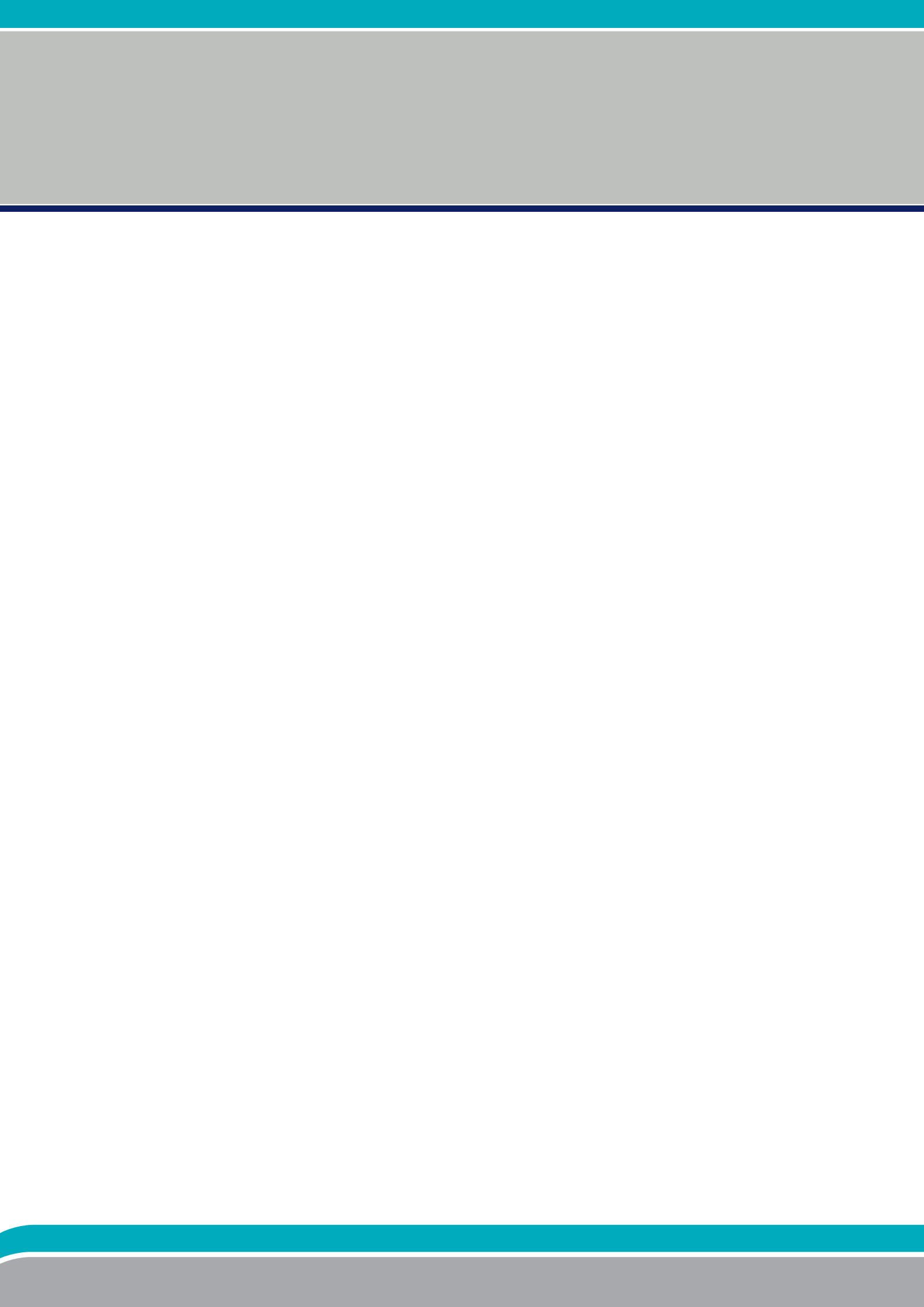




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A Message from the Minister

I am pleased to publish this document 'Improving Health and Well-being through Positive Partnerships: A Strategy for the Allied Health Professions in Northern Ireland'.

AHPs make a difference to people's lives, whether it be giving our children the best start in life, preventing diseases through health promotion or supporting through rehabilitation and re-ablement those, who through illness or disability, are unable to look after themselves as they would wish. Placing the service user at the heart of the design and delivery of AHP practice and care is crucial to achieving the vision and values in this strategy and to ensuring the best possible outcomes for them.

The diversity and wide-ranging nature of the AHP disciplines and their practices creates additional challenges for the planning, design and delivery of AHP practices to ensure individuals have access to the right person in the right place at the right time. This strategy outlines how we can achieve this by making best use of our AHP workforce.

Whilst we face challenges in the immediate future on the financial front, the examples in this strategy demonstrate how AHPs have met, and can continue to meet, my key objectives by delivering prevention and early intervention measures, helping avoid unnecessary hospital attendances and admissions, driving up the quality of services, improving outcomes and enhancing patient experience.

The increasing demand for AHP services requires that those in leadership roles ensure the skills are in place to enable the AHP workforce to meet the challenges of implementing new models of practice and care.

I am confident that through positive partnerships we can all maximise outcomes for patients and their carers using AHP resources to enhance people's lives and deliver services that are safe, timely, effective and focused on the needs of the population.

Edwin Poots, MLA
Minister of Health, Social Services and Public Safety





Foreword by the Lead Allied Health Professions Officer

The Allied Health Professions (AHP) in Northern Ireland consist of 12 distinct and unique disciplines. AHPs play key roles and add critical value across the full spectrum of primary and secondary prevention, diagnosis, treatment and care.

As Lead AHP Officer I wish to acknowledge the valuable contribution of all those who contributed to the development of this Strategy be that as Steering Group Members or those who engaged in workshops, meetings or focus groups. In particular we must also remember our late colleague Patricia Blackburn for her specific contribution to this Strategy.

'Improving Health and Well-being Through Positive Partnerships' sets out a high level road map for the development of the AHP workforce and to support the commissioning and delivery of AHP practices to enhance the health and social well-being of the population in Northern Ireland. Key to the success of this Strategy will be positive partnerships with service users and carers, other health professionals, commissioners, education and other agencies.

The Strategy is based around four Strategic Themes which, whilst generic and wide-ranging in nature, when taken together set out an overall approach for the development of AHP services and workforce to achieve the Strategy's vision. Key areas within specific themes e.g. leadership and education, span all four themes whilst being described in detail under the most relevant theme.

New models of practice and care across all sectors provide challenges for everyone including AHPs. To meet these challenges this requires continued innovation and modernisation in how AHP practices are commissioned, designed and delivered.

I am confident that as AHPs we are ready to make our contribution to these challenges through positive partnerships and this Strategy will support us in achieving this.

Pauline Mulholland

Pauline Mulholland
Lead AHP Officer, DHSSPS





Executive Summary

The purpose of the Strategy is to provide a framework to guide the Department of Health, Social Services and Public Safety (DHSSPS), the Health and Social Care Board (HSCB), the Public Health Agency (PHA) and Health and Social Care Trusts in designing, delivering, reviewing and integrating models of care, as well as providing opportunities for learning and development that will help Allied Health Professionals (AHPs) and therapy support workers deliver high quality outcomes for service users.

This Strategy has been written for the AHP workforce, irrespective of the discipline or care sector within which individuals work. Its aim is to provide a high level road map for the AHPs for the next 5 years. It focuses on the roles and responsibilities of the AHP workforce at all levels and how these can be developed to enhance the planning and delivery of AHP practices that support the health and social well-being of the population of Northern Ireland. Twelve professions are covered by this Strategyⁱ:

- Art Therapists
- Dietitians
- Drama Therapists
- Music Therapists
- Occupational Therapists
- Orthoptists
- Orthotists
- Physiotherapists
- Podiatrists
- Prosthetists
- Radiographers – Diagnostic and Therapeutic
- Speech and Language Therapists



i Further details of the AHP disciplines covered in the Strategy can be found at Appendix 1.

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Given the diversity of the AHP disciplines and the wide-ranging nature of AHP practices, the Strategy does not seek to address in detail what services are provided to service users or how they are delivered. Instead it focuses on the approach to care outlining how, by implementing key actions at strategic, organisational and individual levels, the AHP workforce can meet the challenges of planning and delivering high quality services that are person-centred, safe, fit for purpose and provide good value for money.

The AHP workforce has an increasingly crucial part to play in optimising and supporting the health and well-being of our population through:

- undertaking roles in health promotion, health improvement, diagnosis, early detection and early intervention;
- supporting service users to avoid illnesses and complications; enhancing rehabilitation and re-ablement to maximise independence;
- supporting people of all ages to manage long term conditions;
- contributing to physical and sensory disability services, mental health and learning disability services and palliative and end of life care; and
- providing essential support to children and young people living with complex disabilities, their families and carers.

This Strategy reflects the value that is added by AHPs in optimising the health and social well-being of service users and highlights the importance of appropriately facilitating their involvement (either uni-professionally or inter-professionally) in the design, delivery, review and integration of models of care.

The Strategy has been written primarily for AHPs working in the statutory sector, however the principles, values and good practice outlined throughout this Strategy will also be applicable to AHPs not employed directly by Health and Social Care (HSC), including those working in the voluntary, community and independent sectors and in education. For such individuals the Strategy,



including the key actions at organisational and individual levels, should be read in the context of their own organisation and circumstances.

The Strategy sets out a vision for the development of the AHP workforce which is: *that by continuing to work in partnership with colleagues, other professionals, other agencies and, most importantly, service users of all ages, families and carers; AHPs will actively enhance people's lives through the planning and delivery of high quality and innovative diagnostic, treatment and rehabilitation services and practices that are safe, timely, effective and focused on the service user.*

This vision is underpinned by a series of core values which together support the delivery of the best possible outcomes for service users, their families and carers. The vision and values are applicable regardless of the care setting within which therapists and therapy support staff work.

The Strategy is based around 4 Strategic Themes which reflect and support the Strategy's vision and values. These themes are:

- Promoting person-centred practice and care;
- Delivering safe and effective practice and care;
- Maximising resources for success; and
- Supporting and developing the AHP workforce.

By their nature these are broad themes that are applicable to each of the 12 AHP disciplines covered by this Strategy. A number of key areas have been identified within each strategic theme together with associated key actions through which the strategic themes can be delivered. Each key action has been assigned to one of three levels of responsibility – Strategic, Organisational or Individual. A summary of the key actions is set out in Appendix 2 of the Strategy.

Strategic Theme 1 – “**Promoting Person-centred Practice and Care**” – places the service user at the heart of the design and delivery of AHP services and highlights the importance of personal and public involvement in developing AHP practices that take due cognisance of the needs of service users. This section also highlights the need for the AHP workforce to work in partnership with



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service users, their families, carers, HSC colleagues, other professionals and organisations, as well as the wider community, to design and develop practices and relationships that are fit for purpose and enhance the service user's experience and outcomes. This strategic theme also acknowledges the role of AHPs in supporting people to manage their own health and well-being.

Strategic Theme 2 – “**Delivering Safe and Effective Practice and Care**” – outlines the importance of effective governance and accountability arrangements to achieve and assure safe and effective care. All AHPs who work within HSC, as well as those in the independent, voluntary and community sectors have an individual responsibility to ensure the delivery of high quality care that is safe, effective and focused on the service user, and to promote excellence and continuous improvement. This section outlines how effective risk assessment and clear accountability processes can support the delivery of quality care.

In Strategic Theme 3 – “**Maximising Resources for Success**” – the importance of innovation and modernisation in how AHP practices are designed and delivered is explored. Innovation and modernisation includes examining existing models of care to identify what is essential, what can be delivered more effectively and what is no longer sustainable, appropriate or necessary based on new evidence and best practice. This means considering how and what AHP services can best be developed and improved to deliver optimum outcomes that are focused on the assessed and agreed needs of service users. The crucial role of AHP leadership in driving forward innovation and modernisation is also considered.

The development of the AHP workforce is explored in Strategic Theme 4 – “**Supporting and Developing the AHP Workforce**”. This section highlights the importance of a motivated, influential, patient-focused, appropriately trained, highly skilled and flexible AHP workforce. It considers how workforce planning, learning and development can support the development of an AHP workforce that is responsive to current and future demand in terms of number and composition, as well as ensuring that therapists and therapy support workers have the knowledge, skills and competencies to deliver high quality services that are fit for purpose and meet service needs.



The concluding section - “**Where Do We Go From Here?**” - outlines how the Strategy will be taken forward and implemented across the AHP workforce. It proposes the establishment of a Regional Implementation Steering Group with a remit to ensure that the actions set out within the Strategy are progressed.

A key role of the Regional Implementation Steering Group will be to develop a Regional AHP Strategy Implementation Plan within an agreed timeframe for approval by a DHSSPS Implementation Board. The Implementation Plan will include detailed actions at an operational level, together with appropriate milestones, targets and associated timescales. The Implementation Plan will also detail the monitoring and accountability arrangements for taking forward the approach and key actions set out in the Strategy.



Introduction

Role of AHPs

1. Allied Health Professionals (AHPs) are a diverse group of clinicians working in a range of disciplines to deliver treatment and care to service usersⁱⁱ across a wide range of services in a variety of different settings and across all age groups. AHPs play key roles and add critical value across the full spectrum of primary and secondary prevention, diagnosis, treatment and care. At March 2011 there were 4,022 therapists and therapy support staff working in the Health and Social Care (HSC) workforce in Northern Ireland (3,391 WTE).
2. As specialist clinicians and clinical leaders, AHPs are vital to the delivery of high quality, people focussed services. In addition to their core clinical roles of early detection, assessment, diagnosis, treatment, discharge and rehabilitation, AHPs help people to navigate the journey out of hospital and back to home, to return to work and to participate in community life. AHPs also have an essential role in addressing health inequalities through designing and communicating important public health promotion and prevention messages to service users, carers and other partners working both with individuals and the wider community in doing so.
3. Through both leading and working within multi-disciplinary teams, AHPs have a unique contribution to make to the health and well-being of children and adults in Northern Ireland. This includes early intervention and prevention of disease and disability; applying diagnostic skills and expertise to promote early detection of disease or disability which in turn informs appropriate response and treatment; enhancing independence by helping and empowering people to maintain their functionality and supporting self management for people with long term conditions; and providing service users and their carers with strategies that can help them adapt to and manage disability.

ii Throughout this Strategy the use of “service user” should also be taken to mean “people”, “patient” or “client”. It may also include family and carers where appropriate.



4. Twelve professions are covered by this Strategy:

- Art Therapists
- Dietitians
- Drama Therapists
- Music Therapists
- Occupational Therapists
- Orthoptists
- Orthotists
- Physiotherapists
- Podiatrists
- Prosthetists
- Radiographers – Diagnostic and Therapeutic
- Speech and Language Therapists

- **Art Therapists**

Provide a psychotherapeutic intervention which enables service users to effect change and growth by the use of art materials to gain insight and promote the resolution of difficulties.

- **Dietitians**

Assess, diagnose and treat diet and nutrition problems at an individual and wider public health level. Dietitians translate public health and scientific research on food, health and disease into practical guidance to enable people to make appropriate lifestyle and food choices.

- **Drama Therapists**

Encourage service users to experience their physicality, to develop an ability to express the whole range of their emotions and to increase their insight and knowledge of themselves and others.

- **Music Therapists**

Use music, with an individual or group of service users, to improve functioning and develop potential in a number of skill areas impaired by disability, illness or trauma. These areas include communication, physical, emotional, mental, social and cognitive skills. Music therapy aims to



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achieve a better quality of life for clients through prevention, rehabilitation or treatment.

- **Occupational Therapists**
Promote health and well-being through occupation. The primary goal of occupational therapy is to enable service users to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with service users and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do; or by modifying the occupation or the environment to better support their occupational engagement.
- **Orthoptists**
Diagnose and treat eye movement disorders and defects of binocular vision.
- **Orthotists**
Design and fit orthoses (callipers, braces etc.) which provide support to part of a patient's body, to compensate for paralysed muscles, provide relief from pain or prevent physical deformities from progressing.
- **Physiotherapists**
Physiotherapists use a holistic approach in the preventative, diagnostic and therapeutic management of disorders of movement or optimisation of function, to enhance the health and well-being of the community from an individual or population perspective. Physiotherapy practice has the exercise of clinical judgement and informed interpretation, underpinned by best available evidence, at its core. It encompasses a diversity of clinical specialities to meet the unique needs of service user groups with varying health status.
- **Podiatrists**
Assess the vascular, neurological and orthopaedic status of the service users lower limbs to, diagnose and treat diseases and conditions affecting the feet. Podiatrists focus on relieving symptoms and maintaining functional independence.



- **Prosthetists**

Provide care and advice on rehabilitation for service users who have lost or who were born without a limb, fitting the best possible artificial replacement.

- **Radiographers – Diagnostic and Therapeutic**

Diagnostic Radiographers employ a range of imaging techniques to produce high quality images of injury or disease, often interpreting the images so that correct treatment can be provided. They undertake diagnostic work and independent reporting as part of a multi-disciplinary team and are a key part of the delivery of acute as well as community-based services. Early diagnosis is a vital step in care pathways and the delivery of any subsequent treatment.

Therapeutic radiographers are the only health professionals qualified to plan and deliver radiotherapy in the treatment of cancer. They manage the care pathway through the many radiotherapy processes, providing care and support for service users throughout their treatment.

- **Speech and Language Therapists**

Speech and Language Therapists (SLTs) are concerned with the management of speech, language, communication and swallowing in children and adults. SLTs contribute to the delivery of specialist, targeted and universal services to service users and their families. They reduce long term demands on services by addressing immediate needs that arise from circumstances as well as needs that arise from underlying impairment. SLTs also provide training for the wider workforce.

5. AHPs are graduates who are statutorily regulated by the Health Professions Council (HPC) which holds an individual register for each of the allied health professions. They are autonomous practitioners from the point of registration. Therapy support workers play an important role in supporting AHPs to deliver front-line services and care for services users.



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6. References to the AHP “workforce” within this Strategy should be taken to include therapists and therapy support workers in the HSC as well as those employed by the voluntary, community, education and independent sectors.
7. AHPs are an integral part of an increasingly corporate approach to the planning and delivery of health and social care, often working as leaders or members of multi-disciplinary teams with other professionals to provide high quality, integrated services within the primary, community and secondary care sectors. They also interact with a wide range of other services and agencies within and outside the Health and Social Care sector, providing professional expertise and advice to ensure that service users receive timely and accurate support as part of an integrated and co-ordinated approach to service provision.
8. Increasing demand for the skills and expertise of AHPs across care pathways - from health prevention and promotion, detection and diagnosis through to rehabilitation and re-ablement - requires that robust AHP leadership and influence are employed in the analysis and implementation of best practice, utilising skill and grade mix. This will ensure having AHPs with the right skills in the right place at the right time, for the benefit of all those who use their services. The services provided by the AHP workforce must take cognisance of the views and where appropriate be influenced by service users, who should be at the centre of all care planning discussions. The AHP leadership should constantly review the roles and responsibilities of the workforce to ensure that the services and care they provide, often on a clinically prioritised basis, are responsive to need and provide positive outcomes for service users.
9. In reading this Strategy, reference should be made to the definitions of the responsibilities of AHP roles as outlined in the Glossary.



Care Context

10. AHPs and therapy support workers work within a constantly changing environment both in terms of how health and social care is provided and in the nature of the population for which services are designed and delivered.
11. In addition to the demands arising from demographic changes as the proportion of older people increases, the impact of lifestyle factors, such as smoking, poor diet and lack of exercise, is also leading to increased pressure on our health and social care services as lifestyles become less healthy, leading both directly and indirectly to health problems.
12. As children and young people are living longer with complex disabilities and chronic conditions, AHPs have an essential role to play in supporting them and their families and carers. AHPs are also increasingly focusing on supporting people of all ages and their carers in managing long term conditions as well as contributing to physical and sensory disability services, mental health and learning disability services and palliative and end of life care.
13. While the size of our population is estimated to increase over the next ten years, of greater significance to the demand for health and social care is that the average age of our population will continue to increase at a faster rate. Specifically estimates are that between 2008 and 2020:
 - The Northern Ireland population will increase by 142,000 people (8%).
 - The number of people over 75 years will increase by 40%.
14. As people get older they are more likely to develop one or more long term (or chronic) condition. As a result their need for health and social care interventions increases, placing pressure on health and social care services.
15. People's expectations are also changing and increasingly they tell us they want health and social care services with a focus on personal choice and well-being. Service users are becoming more active partners in making



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decisions about how their health and social care is designed and delivered, with greater engagement between health and social care professionals and individuals to improve the quality and experience of care. Increasingly, service users are also taking more responsibility for their own health and the health of their family, as well as understanding the impact of their behaviours on health and well-being, especially in terms of rising rates of long term conditions.

16. The changing context of health and social care also impacts directly on how and what AHP services are delivered. Increasingly AHPs work with other health and social care professionals in areas of population health such as health promotion, health improvement and early intervention; in diagnostics and early detection, and in providing advice and support to service users to avoid illnesses and complications developing, enhance rehabilitation and reduce avoidable hospital admissions.
17. Within the context of this changing environment it is important that people receive treatment and care that are appropriate to them delivered in the right place, at the right time, by the right people. In recent years the policy of DHSSPS has been to promote the provision of a wider range of services in the community and facilitate the shift away from dependence on hospital services, with service users, their families, carers and local communities having better access to local primary care services closer to their own homes. The role of many AHPs has changed to reflect this with more services provided by AHPs as part of multi-disciplinary teams working in the community. In some instances however, for example diagnostic radiographers, their roles will continue to be mainly hospital based.
18. At a time of increasing financial pressures, meeting service user expectations and needs will require examination of the models of care delivered to identify, across the whole HSC system, where services can be improved and modernised and how they can provide added value to the public purse - for example through interventions to improve the recovery of stroke survivors or those with musculoskeletal disorders.



19. The Strategy seeks to ensure that existing HSC resources are allocated effectively and efficiently in order to maximise the outcomes for service users. This means considering what is and what is not sustainable as well as how productivity and efficiency can be improved and innovation harnessed without compromising quality and safety. Addressing these challenges will require a phased change in how care is commissioned, planned and delivered, with greater emphasis addressing health inequalities through prevention and health improvement activities and interventions.

Aim and Scope of the Strategy

20. The Strategy has been written primarily for AHPs working in the statutory sector, however the principles, values and good practice outlined throughout this Strategy will also be applicable to AHPs not employed directly by the HSC, including those working in the voluntary, community and independent sectors and in education. In particular the principles of good governance underpinning the Strategy should be integral to the commissioning of services which are provided by AHPs working outside the statutory sector in order to ensure the delivery of safe and effective practice and care.
21. The Strategy provides a high level road map to guide the AHP workforce at all levels over the next 5 years. The breadth of its remit means that the Strategy focuses on the general roles and responsibilities of the AHP workforce and how these can be developed to enhance the planning and delivery of AHP practices that support the health and social well-being of the population of Northern Ireland. The Strategy also highlights the importance of ensuring the development of a skilled and competent workforce to meet service demand and equipped to provide innovative services across all care pathways.
22. Given the diversity of the range of AHP disciplines and the wide-ranging nature of AHP practices, the Strategy does not address the detail of services provided to service users or how they are delivered. Nor does the



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Strategy provide a specific road map for the development of each of the 12 professions included within it. Instead it outlines an approach to the planning and delivery of practices that will support the AHP workforce in meeting the challenges of providing innovative services that are person-centred, effective, fit for purpose and provide good value for money. Examples of good practice which demonstrate the added value and positive outcomes which innovative AHP services provide are included throughout the document.

23. The purpose of the Strategy is to provide a framework to guide DHSSPS, the Health and Social Care Board, the Public Health Agency and Health and Social Care Trusts in designing, delivering, reviewing and integrating models of care, as well as providing opportunities for learning and development that will help AHPs and therapy support workers deliver high quality outcomes for service users.
24. The Strategy is the culmination of a process of consultation with key stakeholders through a series of engagement workshops, meetings and focus groups and is based on the principle that the contribution of every member of the AHP workforce is valued and that each has a part to play in ensuring the delivery of high quality care that is safe, effective and focused on service users.

Strategy Vision and Values

25. The Strategy sets out a vision for the AHP workforce to maximise the health and social well-being of service users. In addition, it sets out a series of values to guide the actions of AHPs and therapy support workers in the delivery of treatment and care to service users, families, carers and local communities.



Our Vision

26. Our vision “is that by continuing to work in partnership with colleagues, other professionals, other agencies and, most importantly, service users of all ages, families and carers; AHPs will actively enhance people’s lives through the planning and delivery of high quality and innovative diagnostic, treatment and rehabilitation services and practices that are safe, timely, effective and focused on the service user.”

Our Values

27. Our vision will be underpinned by a set of core values which reflect the contribution that AHP services and practices make to enhance the experience of service users, and ensure the best possible outcomes and quality of life for them, their families and carers. These core values are common to all areas where AHPs are employed be that health and social care, education, voluntary and community or independent practice. These values are:

- Service users as partners;
- Supportive and integrated teamwork;
- Safe, effective and person-centred practice;
- Positive leadership and innovation; and
- Excellence in our practice through continued learning and development.

28. The vision and values set out above will support the reform and modernisation of AHP services through new ways of working and managing resources. They are applicable regardless of the care setting within which individual AHPs work and seek to ensure that through continuing self development and innovation, AHPs are equipped to meet the needs of individuals and communities in a changing society.

29. While the varying uni-professional AHP core standards, accountability and leadership structures are acknowledged, it is anticipated that every member of the AHP workforce should demonstrate these values in the way



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in which they interact with service users, their families and carers and with colleagues. These values are reflected throughout this Strategy.

Strategy Format

30. The structure of the Strategy has been developed around four Strategic Themes. By their nature these themes are generic and wide-ranging to encompass the different disciplines that make up the AHP workforce. It is important that the strategic themes are not considered in isolation - taken together they set out an overall approach to AHP services and the development of the AHP workforce that will support the achievement of the Strategy's vision. They are:

- Promoting person-centred practice and care;
- Delivering safe and effective practice and care;
- Maximising resources for success; and
- Supporting and developing the AHP workforce.

31. A number of Key Areas have been identified within each theme. These outline core components that together make up the theme. Included within them are a series of Actions through which the strategic themes can be delivered. These Actions have been assigned to each of three levels to ensure that there is alignment between the different levels of responsibility and clarity about how they relate to one another. These levels are:

Strategic: DHSSPS, Public Health Agency and Health and Social Care Board;
Organisational: HSC Trust and other service providers;
Individual: Allied Health Professionals and therapy support workers.

32. At the Strategic level the Public Health Agency, as part of its role, provides professional advice on AHP services (in collaboration with AHP uni-professional leadership as necessary and appropriate) to the Health and Social Care Board to assist the Board in developing its commissioning strategies for services.



33. Individuals have been identified at Strategic and Organisational levels to have lead responsibility and accountability for taking forward the key actions. In doing so, it is expected that these individuals will work with and through Trust AHP Leads and uni-professional Heads of Service as appropriate.
34. At Strategic and Organisational levels the detail of accountability in the key actions relates primarily to statutory organisations and will not be directly applicable to smaller organisations.
35. At individual level, the principles of the key actions will apply irrespective of where AHPs work – be that statutory, voluntary, community, education or independent sector.

Policy Context

36. This document has been written primarily for members of the AHP workforce at all levels and across all care sectors. It provides a strategic overview of how AHP services should be commissioned, planned and delivered, addressing major themes such as person-centred care, accountability, innovation and staff development. To this end it focuses on the approach to health promotion, early detection, diagnosis, treatment and care, rather than the operational detail of AHP services.

37. The Strategy has been developed within the context of existing legislation, guidance, policy, strategies and service frameworks in Northern Ireland, including the Department's primary care strategic framework "*Caring for People Beyond Tomorrow*" (2005)¹. This has been a driver for the shift in care that has seen health and social care delivery increasingly move out of the hospital sector and into a community setting.

38. The need for the commissioning, planning and delivery of care to be focused on and responsive to service users is at the core of this Strategy. The Strategy has therefore been informed by and reflects:



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- Circular HSC (SQSD) 29/07 “*Guidance on Strengthening Personal and Public Involvement in Health and Social Care*”²;
 - “*Improving the Patient and Client Experience*” (2008)³;
 - “*A Partnership for Care – NI Strategy for Nursing and Midwifery 2010-2015*” (2010)⁴;
 - “*Living Matters:Dying Matters a Palliative and End of Life Care Strategy for Adults in Northern Ireland*” (2010); and
 - “*Quality 2020 - A 10 Year Quality Strategy for Health and Social Care in Northern Ireland*” (2011)⁵.
39. In addition, account has also been taken of the Department’s draft Policy Framework “*Living with Long Term Conditions*” (issued for consultation February 2011) and the draft Physical and Sensory Disability Strategy (issued for consultation December 2010).



Strategic Theme 1 - Promoting Person-centred Practice and Care

Placing the service user at the heart of the design and delivery of AHP practice and care is crucial to achieving the vision and values set out in this Strategy and to ensuring the best possible outcomes for service users.

Person-centred practice and care means working in partnership with service users, their families, carers and communities to design and develop practices, treatment and care that are fit for purpose and responsive to need.

Increasingly, person-centred practice and care are focused on supporting people to take responsibility for their own health and social well-being, including health promotion and prevention of ill health. The AHP workforce, working in partnership with individual service users as well as professional colleagues and partners, plays a key role in supporting people, such as those with long term conditions, to manage their own conditions and to enhance their health and social well-being, independence and quality of life.

“Improving the Patient and Client Experience” (2008) complements a person-centred approach to practice and care by defining a series of 5 standards that patients and clients can expect from HSC services and which should underpin the commissioning and delivery of care. The 5 standards are Respect; Attitude; Behaviour; Communication; and Privacy and dignity. These standards, which apply across the HSC workforce, should be central to the planning and delivery of services provided by the AHP workforce.

Increasingly care pathways cross boundaries that reach beyond traditional health care services. AHPs should continue to work across boundaries with a range of stakeholders including other services and organisations to ensure seamless practices and care that optimise resources and service user outcomes.



Strategic Theme 1 - Promoting Person-centred Practice and Care

Promoting person-centred care requires a focus on four key areas:

- Ensuring personal and public involvement
- Improving the service user experience
- Promoting and supporting self management
- Working in partnership

Exemplars

Colinglen schools

A nationally recognised partnership model between health and education led by Speech and Language Therapists for Primary 1 children in the Colinglen area of Belfast has resulted in:

- Improved identification of children with speech, language and communication difficulties
- Improved support with goals of therapy linked to class targets
- Increased knowledge, skills and confidence of teaching staff in identifying and supporting children in the classroom
- Increased access to services with a 2 week wait for assessment and 50-70% increased uptake of the service compared to local community clinics
- 59% of those accessing the service were discharged with age appropriate speech and language skills

*“The liaison between the SLT and school staff was imperative and valuable. It has provided me with the ability to support pupils who are having speech and language difficulties when the SLT is not here”
(Teacher)*



Condition Management Programme

Multi-agency Condition Management Programmes (CMP) are designed and delivered by a range of professionals including Occupational Therapists, Physiotherapists and Dietitians. Via this multi-disciplinary programme the cycle of poor health, unemployment, welfare dependency and social exclusion is broken by supporting individuals to self manage their health conditions and improve their potential for employment.

Last year one Trust in Northern Ireland had 560 referrals to CMP. 17% of those who completed the programme are now in paid employment saving an estimated £3.5 million to the Northern Ireland economy.

Music Therapy in Children and Adolescent Mental Health Services (CAHMS)

Within CAHMS services attendance rates at clinics are traditionally low. Music Therapy in two Trusts in Northern Ireland has clearly demonstrated its 'added value' achieving attendance rates of 90% and meeting patients' expectations.

Outcomes for children and young people include:

- building concentration
- helping with aggression and anger
- improving low self- esteem
- addressing difficult behaviour at home and in school

"My son was sent to see if it would help him work out his anger and aggression. He loved music therapy. He couldn't wait for the next session. It was great to have that half hour for someone to work one to one with him... Music therapy made him feel special and from that point it helped."



Strategic Theme 1 - Promoting Person-centred Practice and Care

Ensuring Personal and Public Involvement (PPI)

Effective service user and public involvement is central to the delivery of high quality health and social care services which are safe, effective and focused on the service user. The DHSSPS Personal and Public Involvement Policy (2007)⁶ seeks to improve the quality of HSC services through pro-actively engaging and working with individuals, organisations and communities in informing and influencing the commissioning, design and delivery of health and social care services to ensure high quality outcomes for service users and the best use of resources.

PPI seeks to empower the general population, communities and voluntary groups to give them more confidence and opportunities to influence the delivery of health and social care services in ways that are relevant and meaningful to them. At an individual level, PPI means engaging with and listening to service users and carers, drawing upon their knowledge, personal experiences and expertise to improve practices and ensuring they are actively involved in decisions about their care and treatment.

At a Strategic Level

Action 1

Secure the effective engagement of service users and the public in shaping health policy and participating in decisions about the planning, commissioning and delivery of health and social care services.

Led by: The Lead AHP Officer (DHSSPS) to support the Director of Nursing and AHPs in the Public Health Agency (PHA) and the Assistant Director for AHPs and PPI (PHA).



At an Organisational Level

Action 2

Ensure that the principles of personal and public involvement are continuously embedded within AHP practice.

Led by: The Accountable Executive Directorⁱⁱⁱ in conjunction with Trust AHP Leads and Professional Heads of Service.

At an Individual Level

Action 3

The AHP workforce will engage effectively with service users and as appropriate their carers, as partners in identifying and assessing needs and in the planning and delivery of their practice and care.

Improving the Service User Experience

“Improving the Patient and Client Experience” sets out standards and guidance for all health and social care staff. The standards are based around 5 themes aimed at improving how care is provided to patients, clients and, where appropriate, carers. The standards are focused on Respect; Attitude; Behaviour; Communication; and Privacy and dignity. *“Improving the Patient and Client Experience”* recognises that patients and clients have a right to experience respectful and professional care in a considerate, supportive and collaborative environment where their privacy is protected and dignity maintained. The standards set out in *“Improving the Patient and Client Experience”* should be promoted and implemented into practice across the AHP workforce.



iii The Accountable Executive Director is the Director at Trust Board level who has governance responsibility for AHP services within their Trust.

Strategic Theme 1 - Promoting Person-centred Practice and Care

At a Strategic Level

Action 4

Support the DHSSPS and PHA to oversee the regional implementation and monitoring of “*Improving the Patient Client Experience*” standards.

Led by: The Lead AHP Officer (DHSSPS) and the Assistant Director for AHPs and PPI (PHA).

At an Organisational Level

Action 5

Ensure appropriate actions are in place within AHP practice to support the delivery of the “*Improving the Patient and Client Experience*” standards.

Led by: The Accountable Executive Director in conjunction with Trust AHP Leads and Professional Heads of Service.

At an Individual Level

Action 6

The AHP workforce will continue to work with colleagues to deliver services which improve the outcomes for, and experience of, service users in line with the “*Improving the Patient and Client Experience*” standards.

Promoting and Supporting Self Management

Self management provides people with the knowledge and skills they need to take control of and manage their own health with appropriate levels of support, and to be active partners in decision-making about their treatment and care. A key role of the AHP workforce is to work in partnership with service users to maximise health, independence and social well-being through promoting and



supporting self management and helping to prevent other related conditions or complications.

Advances in how long term, or chronic, conditions are managed have led to changes in the planning and delivery of AHP interventions and practices to support people in self management.

At a Strategic Level

Action 7

Ensure that supporting self management becomes integrated within the development of policy and standards and the commissioning and design of AHP practice.

Led by: The Lead AHP Officer (DHSSPS) in conjunction with the Director of Nursing and AHPs (PHA) and the Assistant Director for AHPs and PPI (PHA).

At an Organisational Level

Action 8

Ensure that the AHP workforce promotes and supports self management as an integral element of their practice.

Led by: The Accountable Executive Director in conjunction with Trust AHP Leads and Professional Heads of Service.

At an Individual Level

Action 9

The AHP workforce will engage and work with people as partners to support them to self manage their own health and well-being.



Strategic Theme 1 - Promoting Person-centred Practice and Care

Working in Partnership

In improving the service user experience and supporting people to self manage their conditions, AHPs work in partnership with service users, their families and carers to ensure the best possible outcomes for health and well-being. In addition to working with individual service users, AHPs also interface with a range of statutory, voluntary, community and independent services and organisations, including housing, education, community and voluntary sector services, prisons and the youth justice system.

Service users often have complex needs which cannot be addressed by a single health care professional. The benefits of multi-disciplinary team working in population health promotion and prevention, early detection, diagnosis, treatment and ongoing care are well recognised. AHPs have a key role to play working in partnership with colleagues as leaders and members of multi-disciplinary and multi-agency teams. They provide professional expertise, advice and support as part of an integrated approach to the planning and delivery of health and social care.

AHP interventions should dovetail with and complement other interventions to deliver what service users require. Establishing and maintaining effective communication, collaborative working, and teamwork are critical to building relationships that deliver co-ordinated and integrated care for the benefit of service users.

At a Strategic Level

Action 10

Develop and further promote partnership working arrangements across relevant Government Departments and other key stakeholders to enhance the health and social well-being of service users.

Led by: The Lead AHP Officer (DHSSPS).



Action 11

Promote and support effective partnership working within AHP services and across other agencies and organisations.

Led by: The Director of Nursing and AHPs (PHA) in conjunction with the Assistant Director of AHPs and PPI (PHA).

At an Organisational Level

Action 12

Engage with relevant stakeholders to ensure effective policy development and inter-agency working with other statutory, independent, voluntary and community sector organisations.

Led by: The Accountable Executive Director in conjunction with Trust AHP Leads and Professional Heads of Service.

Action 13

Ensure that any barriers to good partnership working, both within and outside the organisation, are identified and addressed.

Led by: The Accountable Executive Director, in conjunction with Trust AHP Leads and Professional Heads of Service.

At an Individual Level

Action 14

The AHP workforce, with appropriate professional support, will work effectively in multi-disciplinary and multi-agency teams to deliver co-ordinated and integrated practices and care.



Strategic Theme 2 - Delivering Safe and Effective Practice and Care

Safe and effective practice and care is the responsibility of all staff and should be at the heart of all AHP services. Good governance and accountability arrangements, alongside continuing education, research and service development, are essential to achieve and ensure this.

The DHSSPS Framework Document⁷ describes the roles and functions of the various HSC bodies, the parameters within which each body must operate and the necessary governance and accountability arrangements to support the effective delivery of health and social care in Northern Ireland.

Quality and professional standards for health and social care are set out in “*Supporting Good Governance and Best Practice in the HPSS*”⁸. This identifies the standards that the public, service users, families and carers can expect - and the standards the statutory sector is required to meet - in the planning, commissioning, delivery and review of health and social care services. These standards contribute to the implementation of clinical and social care governance and are used by organisations, service users, carers and the wider public to assess the quality of care provision. “*Quality 2020*” the Department’s 10 year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland builds on this foundation.

Effective governance frameworks (including risk assessment, risk management and clear accountability arrangements) should be embedded across all levels and be central to the planning and delivery of safe and effective practice and care.

AHPs who work in the health and social care system, as well as those in the independent, education, voluntary and community sectors play a key role in assessing, managing and reducing risks. They have an individual responsibility to ensure the delivery of high quality practices and care that are safe, effective and focused on the service user and to promote excellence and continuous improvement in the services provided. This should be supported by appropriate



training and education and demonstrated by the establishment of clinical audit and evidence-based quality outcomes for practices and care.

AHP registrants must seek to ensure that their Continuing Professional Development (CPD) contributes to the quality of their practice and service delivery and that ultimately it benefits the service user⁹.

Delivering safe and effective care requires a focus on two key areas

- Risk assessment and management
- Clear governance and accountability frameworks

Exemplars

Home Enteral Feeding Co-ordinators

Dietitians as Home Enteral Tube Feeding (HETF) Co-ordinators have improved the quality of care for patients across Southern HSCT. Working across the primary and secondary care interface they reduced risk of medical crises and emergency callouts through extended scope practice. They act as a single point of contact for patients, families/ carers, other professionals and external agencies to support people with feeding tubes at home.

In one year alone they avoided 149 A&E attendances saving in excess of £74,500.



Strategic Theme 2 - Delivering Safe and Effective Practice and Care

A&E Super Hand Clinic

In South Eastern HSCT Occupational Therapy input to hand clinics provides early and comprehensive specialist treatment to reduce risk of complications from hand injuries. Development and centralisation of this specialist service on a single Trust site has achieved the following outcomes for service users and services:

- Reduced need for referral to fracture clinics
- Reduced need for referral to plastic surgery trauma clinics
- Access to extended scope expertise of Occupational Therapists in diagnostics and reading x-rays
- Increased productivity
- More timely access to treatment

Risk Assessment and Management

The AHP workforce, collectively and as individuals, is accountable for the identification, assessment and management of risk in order to support safe and effective practices and care. This requires AHPs to use their specialist skills and competencies to take a pro-active and anticipatory approach to risk assessment and risk management which also includes positive risk taking and enablement. This means prioritising those clinical activities that target effective risk management and in doing so minimising risk for service users, families, carers, colleagues and the organisation.

The planning, commissioning and delivery of AHP practices should be driven by an emphasis on quality, which includes the safety of service users. Adopting a culture of sharing the learning where complaints, serious adverse incidents and “near misses” do occur, and taking appropriate action to ensure that lessons learned are applied, should result in measurable improvements in the quality of care.



At a Strategic Level

Action 15

Contribute to the development of policy to support good practice and ensure that effective risk assessment and management processes for AHP practices are in place and that lessons are learned and applied from complaints, adverse incidents, “near misses” and reviews.

Led by: The Lead AHP Officer (DHSSPS) and the Director of Nursing and AHPs (PHA) in conjunction with the Assistant Director for AHPs and PPI (PHA).

At an Organisational Level

Action 16

Provide an assurance to HSC Trust Board that effective risk assessment and management processes for AHP practices are in place and implemented and that lessons are learned and applied from complaints, serious adverse incidents, “near misses” and reviews.

Led by: The Accountable Executive Director in conjunction with Trust AHP Leads and Professional Heads of Service.

At an Individual Level

Action 17

The AHP workforce will be supported to continue to work to recognised standards, guidelines, policies and procedures for the identification, assessment and management of risk for service users. This will include uni-disciplinary and collaborative approaches appropriate to their scope of practice.



Strategic Theme 2 - Delivering Safe and Effective Practice and Care

Clear Governance and Accountability Frameworks

AHPs are autonomous practitioners who practice across the full spectrum of health and social care both as individuals and as members of multi-disciplinary teams. The decisions made and the practices delivered by the AHP workforce directly impact on the health and social well-being and quality of life of service users.

It is essential that effective accountability arrangements are in place, regionally and at local level, to ensure good governance and the delivery of high quality practices and care that are safe, effective and focused on the service user. Appropriate and effective supervision and support, together with clarity of roles and responsibilities, can provide a structured framework to support good governance. This is particularly so where the scope of AHP roles and responsibilities are being extended.

Where AHPs interface with other agencies and service providers, these relationships and interactions must also be clearly defined so that responsibility and accountability of AHP roles are clear.

At a Strategic Level

Action 18

Establish a Regional Accountability Framework for AHPs.

Led by: The Lead AHP Officer (DHSSPS) in partnership with relevant stakeholders.

Action 19

Establish a mechanism that provides leadership, support and guidance for AHP governance and accountability arrangements.

Led by: The Director of Nursing and AHPs (PHA) in conjunction with the Assistant Director for AHPs and PPI (PHA).



At an Organisational Level

Action 20

Develop, support and monitor AHP workforce compliance with agreed accountability and governance frameworks.

Led by: The Accountable Executive Director in conjunction with Trust AHP Leads and Professional Heads of Service.

At an Individual Level

Action 21

The AHP workforce will be supported to use relevant standards, guidelines, protocols and procedures and to report and escalate issues of concern regarding poor practice or poor performance of others in line with organisational, professional body and regulatory guidance.



Strategic Theme 3 - Maximising Resources for Success

The context within which AHP practices are commissioned, designed and delivered is dynamic and increasingly challenging. Demographic changes, including the increasing prevalence of long term conditions, are leading to greater levels of demand, which inevitably places pressure on financial and other resources as well as having implications for areas such as access to services. Within this context it is essential that all resources are deployed as effectively, efficiently and economically as possible, whilst ensuring that service users continue to receive high quality care that is safe, effective and focused on their needs.

New models of practice and care in the primary, community and secondary care sectors provide a challenge for AHPs. To meet such challenges requires continued innovation and modernisation in how AHP practices are commissioned, designed and delivered. This will necessitate examining existing services and models of care across the whole HSC system to identify what is essential, what can be delivered more effectively and what is no longer appropriate or necessary based on new evidence and best practice. It means optimising and ensuring the most effective and efficient use of resources, including the AHP workforce itself as well as extending the use of technology, aids and equipment that support health promotion, early detection, diagnosis, treatment and rehabilitation. It also means considering the sustainability of AHP services over the longer term and determining how the services AHPs provide can best be developed and improved to deliver outcomes that are focused on the needs of service users, their families and carers irrespective of where services are provided.

Innovation and modernisation will vary across the AHP disciplines however it should be guided and informed by evidence-based best practice which is identified, promoted and communicated. Existing service design and delivery models should be benchmarked against this to inform service development and improvement that ensures the optimum use of resources and the provision of practices and care that are fit for purpose.



Key to successful innovation and modernisation will be capitalising on the knowledge, expertise and professional experience of the AHP workforce and communicating and sharing good practice, particularly in areas such as public health, diagnostics and re-ablement. All appropriate steps should be taken to maximise how the research, knowledge and skills of the AHP workforce are utilised to deliver safe and effective practices and care to meet the changing needs of the population of Northern Ireland, for example, through deploying extended scope practitioners.

Maximising resources for success requires a focus on two key areas:

- Innovation and service modernisation
- Effective leadership

Exemplar

“Living your life to the full” A Southern HSCT Re-ablement initiative

Re-ablement is a new exciting, innovative model of care for older people targeted at maximising their independence; choice and control by ***helping people do things for themselves, rather than doing things to or doing things for people.***

Led by Occupational Therapists this service aims to help motivate and support people to regain the ability to live as independently as possible reducing their need for support in the future.

Over a 6 month period 134 referrals were received by the service each week with an average of 50% being discharged without needing other services.

Traditionally these individuals collectively would have commenced services estimated to cost more than £500,000 per year.



Strategic Theme 3 - Maximising Resources for Success

Self Referral

Self referral to Physiotherapy initiatives for people with Musculoskeletal Disorders (MSD) can

- Stop people going off work
- Get people back to work
- Facilitate managed return to work
- Reduced GP visits releasing capacity for other priorities

Cost savings from self referral have been realised across the UK

- | | |
|------------------|---|
| Cambridge | - 75% of self referrals did not require a GP prescription saving £12,000 per GP practice per year |
| NHS Scotland | - identified cost benefits of £2.5 million per year |
| Northern Ireland | - 2008 Audit Office report confirmed 80% of Civil Servants avoided sickness absence |
| | - 80% had sickness absence reduced by an average of 6 weeks |

Orthoptic and optometry service redesign

A joint orthoptic and refraction clinic led by orthoptists from NHSC was recognised as Leading Innovation in the 2011 National Advancing Healthcare Awards. This one stop clinic has allowed children to begin treatment immediately with numerous benefits including:

- Single assessment appointment
- Shared care plan and records thus reducing paperwork and avoiding duplication
- Reduced waiting times for refraction clinics
- Fewer appointments for children to attend
- Consistent advice to children and parents
- Administration costs halved
- Enhanced multi-disciplinary working and practice evaluation
- Improved staff morale



Fractures Reporting

Advanced Practitioner Diagnostic Radiographers in South Tyneside have modernised their hip fracture services through redesign of the care pathway with significant outcomes for service users including:

- Diagnostic Radiographers reporting x-rays
- Managing bed admissions procedures
- 97% of patients admitted to hospital bed within 1 hour of arrival at A&E
- Release of Orthopaedic and A&E Medical staff time

Innovation and Service Modernisation

Innovation and modernisation means commissioning, designing and delivering AHP services that ensure the right things are done by the right person, in the right place and at the right time. This requires being positive about change through examining existing models of care holistically to identify how practices can be improved and resources deployed more effectively to ensure capacity building and the longer term sustainability of services. The focus of this should be to ensure that services are in place that are more accessible, flexible and responsive to the needs of service users and which facilitate the achievement of key targets and standards.

Modernising services necessitates identifying quality outcomes for service users and taking a whole systems approach to considering where new or evolving services can be extended or further developed. Utilising research, knowledge, evidence, best practice and the unique skills of AHPs to change and improve ways of working for the benefit of service users is essential.

The AHP workforce, working in partnership with professional colleagues and service users, is best placed to make improvements in practices and procedures to ensure the best possible outcomes. A key element of this will be the promotion of research and identifying evidence-based best practice.



Strategic Theme 3 - Maximising Resources for Success

Examples of how to maximise resources may include working in partnership with colleagues to develop integrated working practices; identifying how multi-disciplinary and multi-agency team working can be improved; extending information and communication systems to share good practice; identifying how new and extended AHP roles can be utilised to improve service design and optimise patient outcomes and utilising technology to support improved outcomes for service users. The knowledge and skills of the AHP workforce can also be used in health promotion and prevention as well as to facilitate earlier diagnosis and interventions, self referrals and effective discharge arrangements.

The development of innovative AHP practices depends on workforce capacity and capability. AHPs should have access to continuing professional development, including opportunities to lead and participate in audit and research projects and education and training that will support the development and improvement of new and existing skills and expertise which will enable staff to be innovative in the development and delivery of high quality, person-centred services. Ensuring that skilled and competent staff are in place is an essential part of maximising resources and this is explored further in Theme 4 - *“Supporting and Developing the AHP Workforce”*.

At a Strategic Level

Action 22

Contribute to, and lead as required, the development of policy and strategies to promote the commissioning, design and delivery of evidence based best practice and service improvement.

Led by: The Lead AHP Officer (DHSSPS).



Action 23

Ensure effective service design and delivery models are commissioned and in place which allow for more innovation in the provision of accessible, flexible and responsive services to ensure improved clinical outcomes, user satisfaction and value for money.

Led by: The Director of Nursing and AHPs (PHA) in conjunction with the Assistant Director of AHPs and PPI (PHA).

At an Organisational Level

Action 24

Ensure that services are in line with strategic policy and principles, are accessible, flexible and responsive to the needs of service users and carers, and make the most effective use of the AHP workforce.

Led by: The Accountable Executive Director in conjunction with Trust AHP Leads and Professional Heads of Service.

Action 25

Work with HSCB/PHA to ensure identification and implementation of effective service design and delivery models which allow for more innovation in the provision of accessible, flexible and responsive services to maximise performance and ensure improved clinical outcomes, user satisfaction and value for money.

Led by: The Accountable Executive Director in conjunction with Trust AHP Leads and Professional Heads of Service.



At an Individual Level

Action 26

The AHP workforce, in conjunction with Professional Heads of Service, will continue to review their practice and consider innovative ways in which the services they deliver can be modernised and improved to the benefit of service users and carers.

Effective Leadership

Positive and effective professional and clinical leadership is vital to achieve the vision for AHP services set out in this Strategy. Effective leaders identify priorities; challenge assumptions; facilitate change; drive the creativity for service re-design and modernisation; motivate and support people to achieve their best; and develop and nurture partnership working.

Effective professional and clinical leadership at all levels, and in particular at strategic level, is an essential resource for ensuring the current delivery and future development of quality AHP services that are focused on achieving optimum outcomes for service users. Developing and supporting the AHP leaders of the future is crucial and this is explored in more detail in Theme 4 “*Supporting and Developing the AHP Workforce*”.

At a Strategic Level

Action 27

Provide effective professional leadership for the AHP workforce, working in partnership with relevant groups and other key stakeholders.

Led by: The Lead AHP Officer (DHSSPS) and the Assistant Director of AHPs and PPI (PHA).



At an Organisational Level

Action 28

Provide effective professional leadership and act as positive role models for staff by demonstrating commitment to the innovation and modernisation of AHP practices, the development of staff and the delivery of high quality care that is safe, effective and focused on best outcomes for service users.

Led by: The Accountable Executive Director in conjunction with Trust AHP Leads and Professional Heads of Service.

At an Individual Level

Action 29

The AHP workforce will take personal ownership of, and demonstrate a high level of commitment to, the delivery of high quality, innovative practices and care leading to improved clinical outcomes, service user satisfaction and value for money.



Strategic Theme 4 – Supporting and Developing the AHP Workforce

A responsive and skilled workforce means that the right people are in the right place with the right skills, at the right time to deliver the right outcome. It is essential to have a motivated, patient-focused, appropriately trained, highly skilled and flexible AHP workforce to meet service needs into the future. A strategic and forward looking approach to workforce planning, including continuing professional development, extended roles and changing work practices, will help facilitate this.

The increasing demand for AHP services requires that those in leadership roles for AHPs should ensure that the skills and grade mix are in place that will enable the workforce to meet assessed demand and service users' needs. Workforce planning should not only take into account existing models of service delivery but should also address essential future skill mix that will support the strategic shift in how and where care is delivered; moving away from the hospital sector to delivering a wider range of more responsive, accessible, timely and integrated services, including prevention and anticipatory management, in the community. Effective workforce planning needs to be supported by appropriate learning and development to ensure the availability of a skilled and adaptable AHP workforce. This will support AHPs to progress in their careers, deliver a quality service and acquire the range of skills needed for delivery of services into the future.

This Strategy encourages, through research, education and learning, the development of the AHP workforce. This is particularly important in the context of the diversity of emerging needs arising from demographic change, the reform and modernisation of services and increasing service user expectations. The development of the AHP workforce should also recognise the need to provide a supportive environment within which AHPs work.



Supporting and developing the AHP workforce requires a focus on three key areas:

- Workforce planning
- Learning and development
- Workforce development

Exemplars

Supplementary prescribing

Investment in learning and development of Physiotherapists, Podiatrists and Radiographers as supplementary prescribers provides service users with quicker and more efficient access to medicines.

An audit evaluating more than 1000 non medical prescribing episodes by Podiatrists and Physiotherapists in North West England identified that for those seen by an AHP:

- 20% avoided a GP clinic appointment
- 11% avoided the need for a GP home visit
- 15% avoided both new and unnecessary follow up by a consultant led hospital clinic
- 8% avoided hospital admissions

(North West Allied Health Professional Non Medical Prescribing Audit 2010).



Strategic Theme 4 – Supporting and Developing the AHP Workforce

Skill Mix In Podiatry Services

Podiatry Support Workers in Northern Ireland have successfully completed the Society of Chiropodists and Podiatrists competency programme. Outcomes for podiatry services include;

- Delegation of non-professional tasks e.g. decontamination of equipment
- Professional time optimised and used more effectively
- More timely access to podiatry for patients through more efficient management of waiting lists

In 2010/2011 use of a Podiatry Support worker released 1.0 wte Podiatrist to manage more complex cases and achieved cost savings of £5,500 per year.

Dietetic Support Worker

Southern HSCT invested in the learning and development of Dietetic Support Workers (DSW) through the development of a training and competency framework manual which:

- Identifies key areas for in house nutrition training
- Is formally linked to QCF Level 3 Allied Health Professional Support Qualification
- Provides assurance that DSWs have the level of nutrition knowledge and skills to be competent to perform delegated tasks

Trained DSWs now manage a caseload of routine non-complex review patients safely and effectively, releasing professional dietetic staff thus maximising resources.



Workforce Planning

Good workforce planning means taking account of current, short term and future demand and making plans to ensure this can be met in terms of both the number of staff and their skills and competencies to meet service need. Workforce reviews will seek to inform the effective management of supply and demand across the professions, including support staff.

It is also important that workforce planning takes account of the changing work practices and skills required within the workplace and the wider context of health and social care reform. In particular, both undergraduate and post graduate training and clinical placements should be regularly reviewed to ensure they equip AHPs to meet the increasing demands for AHP services and for innovation in how these are commissioned, designed and delivered to maximise resources. The challenge of growing and sustaining the workforce requires creative and flexible responses from all the professions¹⁰.

At a Strategic Level

Action 30

Continue to ensure that a strategic approach is taken to regional workforce planning to meet identified service needs and take into account the workforce implications of the modernisation of HSC services.

Led by: The Lead AHP Officer (DHSSPS).

Action 31

Carry out, influence and contribute to workforce reviews for individual Allied Health Professions and for multi-disciplinary and multi-professional programmes of care as appropriate.

Led by: The Lead AHP Officer (DHSSPS) in conjunction with the Director of Nursing and AHPs (PHA), the Assistant Director for AHPs and PPI (PHA), Trust AHP Leads and Professional Heads of Service.



Strategic Theme 4 – Supporting and Developing the AHP Workforce

At an Organisational Level

Action 32

Ensure appropriate input to organisation level workforce planning, as well as representation and participation to inform regional workforce planning.

Led by: The Accountable Executive Director in conjunction with Trust AHP Leads and Professional Heads of Service.

At an Individual Level

Action 33

The AHP workforce will use their experience and specialist expertise to inform workforce planning.

Learning and Development

Learning and development underpins the establishment of a skilled, competent and adaptable workforce. All AHPs must be registered with the Health Professions Council (HPC) in order to practise and must continue to meet the standards they have been set by the Council in order to maintain registration. Included in these is the maintenance of competency to practise through continuing professional development, applicable to all AHPs irrespective of the care sector or setting within which they practice.

Resources are provided by the DHSSPS and employers to support the commitment to learning and development, including shared learning opportunities with other health and social care professionals. A Workforce Learning Strategy¹¹ has been developed to help maximise the return on this investment.



At a Strategic Level

Action 34

Inform and support the learning and development of AHPs.

Led by: The Lead AHP Officer (DHSSPS) in conjunction with the Director of Nursing and AHPs (PHA), the Assistant Director for AHPs and PPI (PHA), Trust AHP Leads and Professional Heads of Service.

At an Organisational Level

Action 35

Support the commitment to the learning and development of the AHP workforce through mentorship and ensuring that staff are supported in the acquisition of new skills and competencies as necessary to respond to emerging needs of the service.

Led by: The Accountable Executive Director in conjunction with Trust AHP Leads and Professional Heads of Service.

At an Individual Level

Action 36

AHPs, in conjunction with their Professional Heads of Service and managers as appropriate, are responsible for their continued professional development and meeting the requirements for their ongoing professional registration.



Workforce Development

Ensuring the AHP workforce has the skills and competencies to meet emerging needs and challenges within health and social care is essential for continued high quality service delivery, particularly so as AHPs have become more involved in public health initiatives and programmes. Valuing staff and committing to their development is vital for staff retention and motivation. High skills standards and

Strategic Theme 4 – Supporting and Developing the AHP Workforce

staff involvement in service development help ensure that services are designed and delivered based on the most up to date knowledge and best practice.

An ongoing commitment to workforce development is needed to ensure that the range of knowledge and skills required to meet service demands into the future is available, from AHP support staff through to advanced consultant practitioners and those who provide leadership for the AHP workforce at strategic and organisational levels. This ensures support is provided to Therapy Support Workers for skills acquisition relevant to QCF level. Trusts and other organisations should identify workforce development needs and ensure that these are addressed through the commissioning of appropriate training and development.

For their part, individual AHPs and therapy support workers will be expected to build on their core competencies, adding additional knowledge and skills through lifelong learning to enable them to provide new and improved services to service users and carers.

At a Strategic Level

Action 37

Advise DHSSPS of workforce developments in consultation with relevant groups and other key stakeholders and commission appropriate training and development which aligns with service needs.

Led by: The Lead AHP Officer (DHSSPS) in conjunction with the Director of Nursing and AHPs (PHA), the Assistant Director for AHPs and PPI (PHA), Trust AHP Leads and Professional Heads of Service.



At an Organisational Level

Action 38

Ensure that appropriate induction, mentorship and supervision are in place to support transitions along the career pathway.

Led by: The Accountable Executive Director in conjunction with Trust AHP Leads and Professional Heads of Service.

Action 39

Inform and influence the commissioning of appropriate training and development to align with service needs.

Led by: The Accountable Executive Director, Trust AHP Leads and Professional Heads of Service.

At an Individual Level

Action 40

Action: The AHP workforce, in conjunction with Professional Heads of Service and their managers as appropriate, will identify their training and development needs and build on their core competencies, adding additional knowledge and skills through life-long learning and accepting responsibility for improving their own practice through continuing professional development.



Where do we go from here?

This document sets out the strategic direction for the AHP workforce, irrespective of the care setting or sector within which individual AHPs or therapy support staff work. Each of its strategic themes has identified key areas and actions through which, together, we will achieve our vision of working in partnership with service users to actively enhance people's lives through the delivery of high quality and innovative diagnostic, treatment and rehabilitation services and practices that are safe, timely, effective and focused on the service user.

The implementation of the Strategy will be taken forward by a Regional Implementation Steering Group which will be established within 3 months of publication of this Strategy. The Regional Implementation Steering Group will include key stakeholders, including service users, and will have a remit to ensure that the approach and actions set out within the Strategy are progressed. Terms of Reference for the Regional Implementation Steering Group will be developed and agreed by the Department and the Implementation Steering Group. The PHA and HSCB will provide the leadership to the Implementation Steering Group to ensure effective implementation of the Strategy. This may also include considering how the strategic direction and roles for the individual disciplines within the AHP workforce can be developed over the Strategy period.

The PHA/HSCB will be required to provide regular reports to the Department of progress against the Strategy's key actions, including a formal report at least annually.

A key role of the Regional Implementation Steering Group will be to develop a Regional AHP Strategy Implementation Plan within an agreed timeframe for approval by a DHSSPS Implementation Board. The Implementation Plan will include detailed actions at an operational level, together with appropriate milestones, targets and associated timescales. It will detail monitoring and accountability arrangements for taking forward the approach and key actions set out in this Strategy for ensuring the future development of the AHP workforce and the services it provides.



DHSSPS through the HSCB and PHA will support and monitor the progress of this Strategy and its implementation within the HSC, whilst HSC Trusts will be instrumental in ensuring that the Strategy and its action points are taken forward at an operational level. It will be the responsibility of all members of the AHP workforce however, wherever they work, to embrace the actions expressed in this Strategy as part of their everyday practice.

This Strategy will be reviewed at the end of the five year period to measure progress and to set the future direction of travel.



Appendix 1

AHP Disciplines Covered in the Strategy

- **Art Therapists**
Provide a psychotherapeutic intervention which enables clients to effect change and growth by the use of art materials to gain insight and promote the resolution of difficulties.
- **Dietitians**
Assess, diagnose and treat diet and nutrition problems at an individual and wider public health level. Dietitians translate public health and scientific research on food, health and disease into practical guidance to enable people to make appropriate lifestyle and food choices.
- **Drama Therapists**
Encourage clients to experience their physicality, to develop an ability to express the whole range of their emotions and to increase their insight and knowledge of themselves and others.
- **Music Therapists**
Use music, with an individual client or group of clients, to improve functioning and develop potential in a number of skill areas impaired by disability, illness or trauma. These areas include communication, physical, emotional, mental, social and cognitive skills. Music therapy aims to achieve a better quality of life for clients through prevention, rehabilitation or treatment.
- **Occupational Therapists**
Promote health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do; or by modifying



the occupation or the environment to better support their occupational engagement.

- **Orthoptists**
Diagnose and treat eye movement disorders and defects of binocular vision.
- **Orthotists**
Design and fit orthoses (callipers, braces etc.) which provide support to part of a patient's body, to compensate for paralysed muscles, provide relief from pain or prevent physical deformities from progressing.
- **Physiotherapists**
Physiotherapists use a holistic approach in the preventative, diagnostic and therapeutic management of disorders of movement or optimisation of function, to enhance the health and well-being of the community from an individual or population perspective. Physiotherapy practice has the exercise of clinical judgement and informed interpretation, underpinned by best available evidence, at its core. It encompasses a diversity of clinical specialities to meet the unique needs of patient groups with varying health status.
- **Podiatrists**
Assess the vascular, neurological and orthopaedic status of the patient's lower limbs to diagnose and treat diseases and conditions affecting the feet. Podiatrists focus on relieving symptoms and maintaining functional independence.
- **Prosthetists**
Provide care and advice on rehabilitation for patients who have lost or who were born without a limb, fitting the best possible artificial replacement.
- **Radiographers – Diagnostic and Therapeutic**
Diagnostic Radiographers employ a range of imaging techniques to produce high quality images of injury or disease, often interpreting the images so that correct treatment can be provided. They undertake diagnostic work

Appendix 1

AHP Disciplines Covered in the Strategy

and independent reporting as part of a multi-disciplinary team and are a key part of the delivery of acute as well as community-based services. Early diagnosis is a vital step in care pathways and the delivery of any subsequent treatment.

Therapeutic radiographers are the only health professionals qualified to plan and deliver radiotherapy in the treatment of cancer. They manage the patient pathway through the many radiotherapy processes, providing care and support for patients throughout their treatment.

- **Speech and Language Therapists**

Speech and Language Therapists (SLTs) are concerned with the management of speech, language, communication and swallowing in children and adults. SLTs contribute to the delivery of specialist, targeted and universal services to service users and their families. They reduce long term demands on services by addressing immediate needs that arise from circumstances as well as needs that arise from underlying impairment. SLTs also provide training for the wider workforce.



Appendix 2

Summary of Action Points

Action	Led By
1. Secure the effective engagement of service users and the public in shaping health policy and participating in decisions about the planning, commissioning and delivery of health and social care services.	Strategic The Lead AHP Officer (DHSSPS) to support the Director of Nursing and AHPs in the PHA and the Assistant Director for AHPs and PPI (PHA)
2. Ensure that the principles of personal and public involvement are continuously embedded within AHP practice.	Organisational The Accountable Executive Director in conjunction with Trust AHP Leads and Professional Heads of Service
3. The AHP workforce will engage effectively with service users as partners in the planning and delivery of their practice and care	Individual
4. Support the DHSSPS and PHA to oversee the regional implementation and monitoring of “ <i>Improving the Patient Client Experience</i> ” standards.	Strategic The Lead AHP Officer (DHSSPS) and the Assistant Director for AHPs and PPI (PHA)
5. Ensure appropriate actions are in place within AHP practice to ensure the delivery of the “ <i>Improving the Patient and Client Experience</i> ” standards.	Organisational The Accountable Executive Director in conjunction with Trust AHP Leads and Professional Heads of Service

Appendix 2

Summary of Action Points

Action	Led By
6. The AHP workforce will continue to work with colleagues to deliver services which improve the outcomes for, and experience of, service users in line with the “ <i>Improving the Patient and Client Experience</i> ” standards.	Individual
7. Ensure that supporting self management becomes integrated within the development of policy and standards and the commissioning and design of AHP practice.	Strategic The Lead AHP Officer (DHSSPS) in conjunction with the Director of Nursing and AHPs (PHA) and the Assistant Director for AHPs and PPI (PHA)
8. Ensure that the AHP workforce promotes and supports self management as an integral element of their practice.	Organisational The Accountable Executive Director in conjunction with Trust AHP Leads and Professional Heads of Service
9. The AHP workforce will engage and work with people as partners to support them to self manage their own health and well-being.	Individual
10. Develop and further promote partnership working arrangements across relevant Government Departments and other key stakeholders to enhance the health and social well-being of service users.	Strategic The Lead AHP Officer (DHSSPS)

Action	Led By
11. Promote and support effective partnership working within AHP services and across other agencies and organisations.	Strategic The Director of Nursing and AHPs (PHA) in conjunction with the Assistant Director of AHPs and PPI (PHA)
12. Engage with relevant stakeholders to ensure effective policy development and inter-agency working with other statutory, independent, and voluntary and community sector organisations.	Organisational The Accountable Executive Director in conjunction with Trust AHP Leads and Professional Heads of Service
13. Ensure that any barriers to good partnership working, both within and outside the organisation, are identified and addressed.	Organisational The Accountable Executive Director in conjunction with Trust AHP Leads and Professional Heads of Service.
14. The AHP workforce, with appropriate professional support, will work effectively in multi-disciplinary and multi-agency teams to deliver co-ordinated and integrated practices and care.	Individual



Appendix 2

Summary of Action Points

Action	Led By
<p>15. Contribute to the development of policy to support good practice and ensure that effective risk assessment and management processes for AHP practices are in place and that lessons are learned and applied from complaints, adverse incidents, “near misses” and reviews.</p>	<p>Strategic</p> <p>The Lead AHP Officer (DHSSPS) and the Director of Nursing and AHPs (PHA) in conjunction with the Assistant Director for AHPs and PPI (PHA)</p>
<p>16. Provide an assurance to HSC Trust Board that effective risk assessment and management processes for AHP practices are in place and implemented and that lessons are learned and applied from complaints, serious adverse incidents, “near misses” and reviews.</p>	<p>Organisational</p> <p>The Accountable Executive Director in conjunction with Trust AHP Leads and Professional Heads of Service</p>
<p>17. The AHP workforce will be supported to continue to work to recognised standards, guidelines, policies and procedures for the identification, assessment and management of risk for service users. This will include uni-disciplinary and collaborative approaches appropriate to their scope of practice.</p>	<p>Individual</p>
<p>18. Establish a regional accountability framework for AHPs.</p>	<p>Strategic</p> <p>The Lead AHP Officer (DHSSPS) in partnership with relevant stakeholders</p>

Action	Led By
19. Establish a mechanism that provides leadership, support and guidance for AHP governance and accountability arrangements.	Strategic The Director of Nursing and AHPs (PHA), in conjunction with the Assistant Director for AHPs and PPI (PHA)
20. Develop, support and monitor AHP workforce compliance with agreed accountability and governance frameworks.	Organisational The Accountable Executive Director in conjunction with Trust AHP Leads and Professional Heads of Service
21. The AHP workforce will be supported to use relevant standards, guidelines, protocols and procedures and to report and escalate issues of concern regarding poor practice or poor performance of others in line with organisational, professional body and regulatory guidance.	Individual



Appendix 2

Summary of Action Points

Action	Led By
22. Contribute to, and lead as required, the development of policy and strategies to promote the commissioning, design and delivery of evidence-based best practice and service improvement.	Strategic The Lead AHP Officer (DHSSPS)
23. Ensure effective service design and delivery models are commissioned and in place which allow for more innovation in the provision of accessible, flexible and responsive services to ensure improved clinical outcomes, user satisfaction and value for money.	Strategic The Director of Nursing and AHPs (PHA) in conjunction with the Assistant Director of AHPs and PPI (PHA)
24. Ensure that services are in line with strategic policy and principles, are accessible, flexible and responsive to the needs of service users and carers, and make the most effective use of the AHP workforce.	Organisational The Accountable Executive Director in conjunction with Trust AHP Leads and Professional Heads of Service
25. Work with HSCB/PHA to ensure identification and implementation of effective service design and delivery models which allow for more innovation in the provision of accessible, flexible and responsive services to maximise performance and ensure improved clinical outcomes, user satisfaction and value for money.	Organisational The Accountable Executive Director in conjunction with Trust AHP Leads and Professional Heads of Service



Action	Led By
<p>26. The AHP workforce, in conjunction with Professional Heads of Service, will continue to review their practice and consider innovative ways in which the services they deliver can be modernised and improved to the benefit of service users and carers.</p>	<p>Individual</p>
<p>27. Provide effective professional leadership for the AHP workforce, working in partnership with relevant groups and other key stakeholders.</p>	<p>Strategic The Lead AHP Officer (DHSSPS) and the Assistant Director of AHPs and PPI (PHA)</p>
<p>28. Provide effective professional leadership and act as positive role models for staff by demonstrating commitment to the innovation and modernisation of AHP practices, the development of staff and the delivery of high quality care that is safe, effective and focused on best outcomes for service users.</p>	<p>Organisational The Accountable Executive Director in conjunction with Trust AHP Leads and Professional Heads of Service</p>
<p>29. The AHP workforce will take personal ownership of, and demonstrate a high level of commitment to, the delivery of high quality, innovative practices and care leading to improved clinical outcomes, service user satisfaction and value for money.</p>	<p>Individual</p>

Appendix 2

Summary of Action Points

Action	Led By
30. Continue to ensure that a strategic approach is taken to regional workforce planning to meet identified service needs and take into account the workforce implications of the modernisation of HSC services.	Strategic The Lead AHP Officer (DHSSPS)
31. Carry out, influence and contribute to workforce reviews for individual Allied Health Professions and for multi-disciplinary and multi-professional programmes of care as appropriate.	Strategic The Lead AHP Professional Officer (DHSSPS) in conjunction with the Director of Nursing and AHPs (PHA), the Assistant Director for AHPs and PPI (PHA), Trust AHP Leads and Professional Heads of Service
32. Ensure appropriate input to organisation level workforce planning, as well as representation and participation to inform regional workforce planning.	Organisational The Accountable Executive Director in conjunction with Trust AHP Leads and Professional Heads of Service
33. The AHP workforce will use their experience and specialist expertise to inform workforce planning.	Individual
34. Inform and support the commitment to the learning and development of AHPs.	Strategic The Lead AHP Officer (DHSSPS) in conjunction with the Director of Nursing and AHPs (PHA), the Assistant Director for AHPs and PPI (PHA), Trust AHP Leads and Professional Heads of Service

Action	Led By
<p>35. Support the commitment to the learning and development of the AHP workforce through mentorship and ensuring that staff are supported in the acquisition of new skills and competencies as necessary to respond to emerging needs of the service.</p>	<p>Organisational The Accountable Executive Director in conjunction with Trust AHP Leads and Professional Heads of Service</p>
<p>36. AHPs, in conjunction with their Professional Heads of Service and managers as appropriate, are responsible for their continued professional development and meeting the requirements for their ongoing professional registration.</p>	<p>Individual</p>
<p>37. Advise DHSSPS of workforce developments in consultation with relevant groups and other key stakeholders and commission appropriate training and development which aligns with service needs.</p>	<p>Strategic The Lead AHP Officer (DHSSPS) in conjunction with the Director of Nursing and AHPs (PHA), the Assistant Director for AHPs and PPI (PHA), Trust AHP Leads and Professional Heads of Service</p>
<p>38. Ensure that appropriate induction, mentorship and supervision are in place to support transitions along the career pathway.</p>	<p>Organisational The Accountable Executive Director in conjunction with Trust AHP Leads and Professional Heads of Service</p>



Appendix 2

Summary of Action Points

Action	Led By
39. Inform and influence the commissioning of appropriate training and development to align with service needs.	Organisational The Accountable Executive Director, Trust AHP Leads and Professional Heads of Service
40. The AHP workforce, in conjunction with Professional Heads of Service and their managers as appropriate, will identify their training and development needs and build on their core competencies, adding additional knowledge and skills through life-long learning and accepting responsibility for improving their own practice through continuing professional development.	Individual



Appendix 3

Membership of the AHP Steering Group

Martin Bradley (Chair) (until retirement June 2011)	Chief Nursing Officer	DHSSPS
Angela McLernon (Chair) (wef July 2011)	Acting Chief Nursing Officer	DHSSPS
Jacqueline Magee	Service User Facilitator	HSC Board
Michelle Tennyson	Assistant Director of AHPs and Personal Public Involvement	Public Health Agency
Margaret Moorehead	Assistant Director of AHPs	SEHSCT
Paula Cahalan	AHP Services Manager	BHSCT
Denise Killough (wef June 2011)	Acting AHP Services Manager	BHSCT
Carmel Harney	Assistant Director AHP Governance, Workforce Development and Training	SHSCT
Paul Rafferty	Head of AHP Services	WHSCT
Elizabeth McKnight	AHP Professional Body Representative	AHP Federation NI
Hazel Winning	Chair of Health Professionals Forum	NHSCT
Pauline Mulholland (wef January 2011)	Lead AHP Officer	DHSSPS
Gillian Seeds	Primary Care Development Unit	DHSSPS
Michael Sweeney	Physical and Sensory Disability Unit	DHSSPS

Appendix 3

Membership of the AHP Steering Group

Sandra O'Hare	Nursing, Midwifery and AHP Directorate	DHSSPS
Anne Mills	Nursing Officer	DHSSPS
Joyce Cairns	Human Resources Directorate	DHSSPS
Karen Dawson	Primary Care Development Unit	DHSSPS
Mark Anderson	Nursing, Midwifery and AHP Directorate	DHSSPS



Abbreviations and Glossary of Terms

Accountability Framework	Identifies systems of control within an organisation including professional management structures and practices, reporting arrangements, and risk management processes.
Accountable Executive Director	The Accountable Executive Director is the Director at HSC Trust Board level who has governance responsibility for AHP services within their Trust.
Allied Health Professions Federation (AHPF)	<p>The Allied Health Professions Federation (AHPF) is a UK-wide organisation which provides collective leadership and representation on common issues that impact on its member professions and their service users.</p> <p>The AHPFNI is a regional umbrella organisation which works in partnership with key decision makers and stakeholders in health, social care and education to promote better understanding of the unique contribution of the allied health professions.</p> <p>The AHPFNI represents the interests of 11 AHP professional bodies throughout Northern Ireland.</p>
Assistant Director with responsibility for Allied Health Professions and Patient and Public Involvement (PHA)	The Assistant Director for AHPs and PPI (PHA) is responsible (through the Director of Nursing and Allied Health Professions) for AHP leadership and professional inputs both within the Public Health Agency and Health and Social Care Board as well as leadership more broadly across the Health and Social Care system. The key areas through which this is achieved are in setting direction, service delivery and service development.

Abbreviations and Glossary of Terms

Continuing Professional Development (CPD)	A structured approach to skills enhancement through which professionals maintain, improve and broaden their knowledge, skills and professional competence.
Corporate Governance	Corporate governance in healthcare is defined as “the systems and processes by which health bodies lead, direct and control their functions, in order to achieve organisational objectives, and by which they relate to their partners and the wider community” (Audit Commission definition).
Department of Health, Social Services and Public Safety (DHSSPS)	The Department has three main business responsibilities: Health and Social Care (HSC) - including policy and legislation for hospitals, family practitioner services and community health and personal social services; Public Health - policy, legislation and administrative action to promote and protect the health and well-being of the population; and Public Safety - policy and legislation for fire and rescue services.
Director of Nursing and Allied Health Professions (PHA)	The Director of Nursing and Allied Health Professions (PHA) has overall responsibility for nursing, midwives and allied health professionals in the HSC in addition to service and public health issues and the Local Supervising Midwifery Authority.
Health Professions Council (HPC)	A regulatory body established to protect the public. The HPC maintains a register of health professionals who meet specified standards in place for their training, professional skills, behaviour and health.



Health and Social Care (HSC)	Hospital services, family and community health services and personal social services.
Health and Social Care Board (HSCB)	The Health and Social Care Board has 3 main functions: <ul style="list-style-type: none"> • To commission a comprehensive range of modern and effective health and social services; • To work with the Health and Social Care Trusts that directly provide services to people to ensure that these meet their needs; • To deploy and manage its annual funding to ensure that all services are safe and sustainable.
Lead Allied Health Professions Officer	This is the lead officer in DHSSPS who provides advice to the Minister in relation to AHP issues and leads the professions in Northern Ireland.
Multi-disciplinary Team (MDT)	A group of people from different disciplines who work together to provide and/or improve care for service users. The composition of the multi-disciplinary team will include people from both health care and non-healthcare disciplines.
Personal and Public Involvement	Involving and empowering people and communities to influence the planning, commissioning and delivery of services in ways that are relevant and meaningful to them. It includes involving individuals in planning and decision making about their specific care or treatment.
Public Health Agency (PHA)	The PHA was set up to focus on public health and well-being. It brings together a wide range of public health functions under one organisation. Main areas of responsibility are:

Abbreviations and Glossary of Terms

	<ul style="list-style-type: none"> • health and social well-being improvement • health protection • public health support to commissioning and policy development • HSC research and development.
Primary care	Family and community health services and major components of social care which are delivered outside the hospital setting and which an individual can access on their own behalf. Primary care will usually be the person's first contact point with the HSC e.g. GP, Community Nurse, dentist.
Professional Head of Service	The term Professional Head of Service in this strategy refers to the most senior uni-professional AHP in the HSC who has professional accountability and governance responsibility for their specific profession.
Secondary care	Care that is usually provided in a hospital or a particular specialised centre. Secondary care may be accessed by a person directly but is usually as a result of referral from primary care.
Self management	Empowering people to take control of and manage their own health and well-being and providing them with the knowledge skills and support they need to be able to do so.
Serious adverse incidents & near misses	Any event or circumstance arising during the course of business of an HSC organisation/Special Agency or commissioned service that led, could have led, to serious unintended harm, loss or damage.



Trust AHP Lead	Trust AHP Lead in this strategy refers to the most senior AHP in HSC Trusts who has a collective responsibility for AHP professional and/or operational service delivery.
Therapy Support Worker	Part of the AHP workforce, therapy support workers provide support and assistance to Allied Health Professionals in the delivery of patient care.

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