

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 13/2019**

(Agenda item: 16)

# Board of Directors

**31 January 2019**

**Allied Health Professionals Strategy: six month status update**

**For: Information**

**Executive Summary**

This paper provides a summary of the progress against the strategy giving practice examples and highlights areas for further work and focus.

The strategy highlights for key priority areas for AHPs and has an underlying work plan to support delivery of these. The priority area as follows

1. **Valuing AHPs**
2. **Workforce recruitment and retention**
3. **Transforming Health and wellbeing**
4. **Research and Development**

The work plan whilst developed is constantly under review to reflect the changing needs and priorities of our health economy.

Key successes:

* Development of clinical AHP leadership at a very senior level in the organisation with the appointment of two Associate Directors of AHP in mental health and community services.
* Innovative ways to address recruitment and retention in the AHP staff group
* Commitments to new ways of working and development of service models that address the health and wellbeing of our staff, patients/service users.

Key challenges:

* Workforce in relation to addressing national and local demand
* Ensuring that AHPs have the opportunity to deliver their transformational potential.

Key priorities:

* Creation of opportunities to develop research excellence within Oxford Health AHPs.
* To review and align the AHP strategy to the new 10-year plan NHS plan.

**Governance Route/Escalation Process**

The strategy was presented to the board in June 2018. This report is the first of the six-monthly status updates. This report will be going to the Clinical Advisory Board on the 24th January 2019 in advance of the board meeting.

**Recommendation**

The Board is asked to note the report.

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1. *A risk assessment has been undertaken around the legal issues that this report presents and [there are no issues that need to be referred to the Trust Solicitors]*
2. ***Strategic Objectives*** *– this report relates to or provides assurance and evidence against the following Strategic Objective(s) of the Trust*

*1) Driving Quality Improvement*

*2) Delivering Operational Excellence*

*3) Delivering Innovation, Learning and Teaching*

*4) Developing Our Business through Collaboration and Partnerships*

*5) Developing Leadership, People and Culture*

*6) Getting the most out of Technology*

1. **Introduction**
   1. In June 2018 the Board approved and agreed to support the implementation of the Trust Allied Health Professionals (AHPs) Strategy. This report is an update on the achievements of the past six months. Since the development of the strategy NHSE has published the 10-year plan, this will be reviewed going forward alongside the AHP strategy and aligned to meet the new objectives.
   2. The AHP strategy workplan was drawn up and implemented in 2018 and covers a five-year period between 2018-23. The strategy followed the launch of the key document by the Chief Allied Health Professions Officer for England: ‘Allied Health Professions into Action: Using Allied Health Professionals to transform health, care and wellbeing. 2016/17 - 2020/21’.

* 1. The overarching aims of the OHNHSFT strategy are:

1. To ensure that the role and transformative potential of AHPs within Oxford Health is fully understood, recognised and utilised both within the Trust and externally including the Sustainability and Transformational Partnerships (STPs) and commissioning services.
2. To deliver the four key national strategic aims for AHPs (AHPs into Action (2017) *Using Allied Health Professionals to transform health, care and wellbeing*, <https://www.england.nhs.uk/wp-content/uploads/2017/01/ahp-action-transform-hlth.pdf> :
   * 1. AHPs will improve the health and wellbeing of individuals and populations.
     2. AHPs will support and provide solutions to general practice and urgent and emergency services to address demand.
     3. AHPs will support integration, addressing historical service boundaries to reduce duplication and fragmentation.
     4. AHPs will deliver evidence based/informed practice to address unexplained variances in service quality and efficiency.
3. To recruit and retain high quality staff to embrace and embed new ways of working. This will include developing a robust career pathway for AHPs in Oxford Health NHSFT.
   1. The work plan developed to support these key aims are as follows:
4. **Valuing AHPs**
5. **Workforce**
6. **Health and wellbeing**
7. **Research and Development:**
   1. This paper summarises the progress against the strategy giving practice examples and highlights areas for further work and focus.
8. **Progress update** 
   1. **Valuing and making best use of AHPs:**
      1. The Trust has now appointed two Associate Directors of AHPs as part of the wider reorganisation process. This is a very significant acknowledgement of the importance of the AHP contribution and a critical part of the development of the AHP leadership and workforce. The Trust now has AHP representation at the wider executive and well led subcommittee.
      2. Professional and clinical leadership for AHPs remain a focus for improvement. Very few posts exist with any dedicated time allocated for clinical and professional leadership. The most senior AHP/profession specific roles in the all age pathway outside of the Associate Director roles are at 8a. There are only a very small number of band 7 clinical specialist AHP roles which are all very part time.
      3. In the specialised services there has been an acknowledgement of the need for AHP leadership with the creation of a new 8b AHP role to sit over forensic and learning difficulties. This is in the process of being recruited to.
      4. We are engaging with the newly formed Bucks Integrated Care System Nursing and AHP Leadership Forum meeting to explore areas in which we can work together more closely as a system.
      5. In terms of raising the profile of AHPs we have started to increase the use of social media to share practice and we now have an Oxford Health AHPs twitter account. A SOP is in development and recruitment to a Twitter team has taken place as per Trust policy to move this forward.
      6. Oxford Health AHPs and senior managers joined with AHPs nationally to participate in the PHE Trailblazer site for the #AllOurHealth campaign which was a call to action for all healthcare professionals to use their skills and relationships to maximise their impact on avoidable illness, health protection and promotion of wellbeing and resilience.
      7. Further work is needed within the work plan to develop a Trust intranet site for AHPs.
      8. We are very proud of the results of the 2018 staff awards. AHPs won the overall award in the safe and well-being categories and were highly commended in three other categories. Our non-registered staff did particularly well reflecting the hard work and vital contribution they make.
      9. Part of our intention is to have our AHP staff working in and with our national professional bodies to contribute and influence the national and regional agenda. At the current time we have Charted Society of Physiotherapy reps for South Central in the team and a Royal College of Occupational Therapy rep in the national committee.
   2. **Workforce: recruitment and retention** 
      1. Recruitment is either planned or underway for supporting AHP clinical lead roles in Community Health, Bucks mental health and the Specialist Directorates.
      2. AHPs are contributing to the workforce strategy development
      3. We are starting to have some real challenges recruiting to AHPs posts across the Trust at all grades. We recognise that we need to do more to attract and keep the newly qualified therapists to develop their career pathways and move into more senior clinical and leadership roles. We have been very involved in supporting the recruitment agenda for the organisation through attending recruitment days at a range of universities and maintaining contact with students who have had placements with us. We need to expand this by looking at the feasibility of holding recruitment days for current students to align with when third years are looking for jobs. We support students from all our AHP groups from HEIs across the South of England. We would like to see an increase in the number of 3rd year students that live locally taking up placements and we are working closely with universities (particularly OBU) to try to work towards this.
      4. We have developed rotational band 5 posts across adult and older adult mental health, Forensic, LD and community services in Oxfordshire and adult and older adult mental health and forensic services for OTs in Buckinghamshire. We have an established rotation in Physiotherapy that has been expanded to include mental health. The latter has been a very successful way to address the recruitment problem in this area and to develop mental health specific skills sets within this professional group.
      5. We have engaged with the HEE’s return to practice programme with a recruitment drive for AHPs who want to return to practice which has had some limited success however we successfully appointed a returning dietitian.
      6. We have had national involvement with the development of the Podiatry, Occupational Therapy and Physiotherapy degree apprenticeships and are exploring the opportunities for AHPs with advanced and assistant practioner apprenticeships with Learning and Development. At the current time AHPs do not offer the development route to a qualified practioner and there are resourcing issues with supporting fully supernumerary staff within such relatively small services. This may change in the future.
      7. We have been working on developing the range and opportunities for AHPs within the Trust. There are now roles within the organisation that have previously been only open to specific professions but have broadened out in recognition of the value and skills that AHPs can bring. For example, development of AHP roles in Urgent Care supporting minor injury units, Out of Hours and EMUs. These posts have been developed through a review of the skill mix; in the LD intensive support and in the CAMHS services in SW&B teams AHP have been recruited to in traditionally nurse and/or psychologist roles. In Community Health the service is looking at the benefits of opening ward manager roles up to AHPs. We need to develop this further to ensure that AHPs have clinical, academic and leadership career pathways within the organisation both for retention, clinical quality and effectiveness and succession planning.
      8. Paramedics now have prescribing rights and we will look to ensure that we make best use of this new opportunity within the Trust.
      9. We are developing profession specific competencies within Dietetics, SLT, OTs and physiotherapy. We understand that competency development is needed for core and service specific skills with all clinical staff but that this need to be led across all services through L&D. There are several competencies that have been developed by different AHP groups and this work will aim to pull this together to support the Trust wide work.
      10. AHPs have been actively engaged in and supported the development of the innovative Flyer programme which incorporates the preceptorship requirements for AHPs and Nurses. Of the first intake of 72 there are 16 band 5 AHPs accessing the programme.
   3. **Health and wellbeing**
      1. OTs have been actively involved in the development of the peer support worker roles in mental health. The lead for the new lived experienced network for Oxfordshire is one of the Professional Lead OTs who was previously part of the project board and delivered on training and tutor for the inpatient peers. Where they exist, the Occupational Therapists have taken on the mentor roles for the peers. The Associate Director for AHPs has now taken over the leadership for this workstream and work will focus on the learning from the experience of Oxford and the roll out of the scheme to Buckinghamshire.
      2. AHPs sit on the Trust’s Health and Wellbeing board and contribute to the development of the employee assistance programme.
      3. In addition to the ongoing work with the Mental Health Partnership, we have developed partnership working projects, service developments and new ways of working with the Oxford GP federations and SCAS.
      4. AHPs are working closely with the recovery colleges in Oxford and Bucks and delivering coproduced programmes. Some of the new and emerging work has been with Artscape in Bucks and the mental health Physiotherapy team in Oxford. We would like to support more coproduced programmes to help move forward the health and wellbeing and public health work. The Forensic service has completed a very successful pilot Recovery College spoke in Oxford and are hoping to make this permanent with an expansion into Buckinghamshire and Milton Keynes forensic services.
      5. The Forensic Health and Fitness team are working with the Modern Matron to develop a workstream for ‘wearable technology’ (ie fitbits) to support people with improving health.
      6. AHPS were all fully involved in supporting the Trusts first Healthfest initiative. We are involved in the steering group alongside Artscape to ensure that this year’s event will be a fantastic opportunity to promote the work of AHPs and support the health and wellbeing agenda and the Trusts charity.
      7. The physiotherapy team in Community Health are working with GP practices to undertake Musculoskeletal assessments in primary care. This work reduces the burden of work of the GPs and ensures that the right profession sees the patient for triage and onward referral for treatment.
      8. Therapists in Community Health are currently undertaking a pilot to attend fallers with paramedics. This means that patients can be assessed for risk of falls and equipment provided at a much earlier stage and before an admission to hospital is required.
      9. Big Bold and Balance exercise classes for patients with Parkinson’s disease and their carers are being delivered across the county in partnership with our Physios and Age UK.
      10. The Children Integrated Therapy services are working with Autism charities and running educational and support groups for parents.
   4. **Research and Development**
      1. We have had two AHP abstracts submitted to national conferences and a third accepted for the RCOT conference. One of our Occupational Therapists was invited to present her PhD thesis research on *regaining wellbeing through Occupation* at the 2018 Qualitative Health Research conference in Nova Scotia, Canada.
      2. We have continued to develop close working relationships with the Centre for Movement, Occupational and Rehabilitation Sciences (MOReS) at the Department of Sport, Health Sciences and Social Work at Oxford Brookes University. We are currently developing research themes in Occupational Therapy and Physiotherapy that can work alongside the requirements of the undergraduate and MSc students to improve our links, support best practice, develop research and engage in quality improvement.
      3. Last September we recruited three AHPs to the OHI Quality Improvement scholarship programme. This was an opportunity to provide some developmental and career development opportunities, to focus on quality improvement areas that were important to AHPs and to start to build quality improvement capability within the AHP workforce. This has been very successful so far and we will be repeating and building on this for the new intake in September 2019.
      4. Work has started on identifying and implementing an outcome measure that can be used across AHPs which builds on the early success of this tool in SLT. The Therapy Outcome Measure (TOMs) has been chosen as a straight forward, valid and reliable low-cost outcome measure based on the international classification of the WHO Function, Disability and Health (ICF) and looks at impairment, activity, participation and wellbeing. The Community Health directorate are in the process of identifying the key adapted scales for use and working with the CAST team to get them on community carenotes to roll out. Mental health services are reviewing the adapted scales to look at expanding them and working with the TOMs author to get them approved. One of the QI scholars is also looking at piloting TOMs within community services.
      5. Occupational Therapists have been engaged in two areas of research over the last year. The first is as clinical researchers in *Using memory aids in Early Stage Dementia: a pragmatic randomised controlled trial*. which started in November 2018 and a second where one of our Occupational Therapists is the Principle Investigator for the Trust for *interventionists in an RCT on memory strategies* in collaboration with University of Manchester. We have an Occupational Therapist employed as a Research Practioner within the NIHR Clinical Research Network who is linking in with our professional group and supporting us to think about further development of non-medical principle investigator roles.
      6. Further work is needed to develop clinical academic roles within Oxford Health and with our academic partners. This will be an area of focus for the year ahead.

**3.0 RECOMMENDATION**

The board is asked to support and approve the progress with the AHP strategy.