**SCOTTISH ALLIED HEALTH PROFESSIONS**

**PUBLIC HEALTH STRATEGIC FRAMEWORK IMPLEMENTATION PLAN**

**2022 TO 2027**

**Version 1**

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FOREWORD

*To be added from Carolyn McDonald, CAHPO*

AHP PUBLIC HEALTH DRIVER DIAGRAM

A ***driver diagram*** is used to conceptualise an issue and to determine its system components which will then create a pathway to achieve the goal.

**Outcome Primary Drivers Secondary Drivers**

By 2027

AHPs, as well as their professional bodies and partner organisations, are supported to further develop their role in public health;

Share best practice with colleagues and partners and;

Ultimately embed preventative healthcare across all of their work.

* Strengthening AHP leadership
* Education, training and workforce review
* Transforming Roles Programme and approach

Developing the AHP Workforce

* 

Research and data collection

* Strengthening AHP leadership and visibility
* Communications strategy
* Dissemination of best practice

Demonstrating

Impact

* 
* Data collection
* Communications strategy
* Dissemination of best practice
* Transforming Roles Programme and approach

Increasing the role of the AHP Public Health role

* 
* AHP representation is established and maintained
* Dissemination of best practice
* Transforming Roles Programme and approach

Strategic connections and leadership

* 

Health and wellbeing of the workforce

* AHP representation is established and maintained
* Dissemination of best practice





INTRODUCTION

The first UK wide Allied Health Professions (AHPs) Public Health Strategic Framework 2019-2014 was published in 2019.[[1]](#footnote-1) The strategic framework sets out a united, collective approach to Public Health for AHPs across all four nations with input from professional bodies and other collaborating partners.

This Strategic Framework committed the Scottish Government to work with key stakeholders to develop and publish an implementation plan to provide more detail on delivery, monitoring and reporting in a Scottish context.

This initial implementation plan signals a key milestone in building on the role of AHPs in public health in Scotland, along with the goals and actions that we aim to take to realise this vision. It is intended to help AHPs and their partners including NHS Boards to progress, support and enable themselves to improve public health in the population, reduce health inequalities and encourage management and self-care through early intervention and prevention. This document is a first for Scotland in that it brings together the public health impact of the AHP practice in partnership with service users and carers, professional organisations and NHS Boards.

The plan has been written from the perspective of the collaborating partners, and references to “we” have been made to reflect the collective and unique roles of all partners to realise our vision.

This plan has been prepared by the Scottish Government with input from a range of stakeholders including members of a fixed-life stakeholder reference group. The group was established to advise on and support implementation of the UK wide Strategic Framework by considering significant priorities, key deliverables and lead partners for inclusion in the plan. The process behind the implementation plan’s creation are described in the ‘Our Approach’ section and the membership of the Stakeholder Reference Group who oversaw its development is presented in Appendix 1.

Areas for action by Scottish Government, NHS Boards, AHP leaders and AHPs

are presented. Implementation will mark a positive step in the quest to maximise the AHP impact to population health.

**Allied Health Professionals**

AHPs encompass a broad group of 12 health professions, who make up the third largest workforce in the NHS Scotland. These 12 professions include: Art Therapists, Diagnostic Radiographers, Dietitians, Dramatherapists, Music Therapists, Occupational Therapists, Orthoptists, Paramedics, Physiotherapists, Podiatrists, Prosthetists and Orthotists, Speech and Language Therapists and Therapeutic Radiographers.

AHPs support people of all ages to live healthy, active and independent lives. The breadth of AHP skills and their reach across the life course, communities and in health and care settings makes them ideally placed to be leaders within public health improvement. Their expertise is used to support prevention and supported self-management as well as to diagnose, treat and rehabilitate people of all ages.

**Defining Public Health**

The Faculty of Public Health has defined public health as the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society.[[2]](#footnote-2) It seeks to support and empower people to improve their health and focuses on the wider determinants of health, prevention and early intervention to help achieve this aim.

**Within the UK AHP Strategic Framework, co-designed with members including the Scottish Government, is a model that has been designed to be relevant to the roles of AHPs. This model spans four broad areas: wider determinants, health improvement, population healthcare and health protection.**



Source:[UK AHP Public Health Strategic Framework 2019-2024.pdf (ahpf.org.uk)](http://www.ahpf.org.uk/files/UK%20AHP%20Public%20Health%20Strategic%20Framework%202019-2024.pdf)

The following are examples of how AHPs contribute to public health; this will vary by profession and is not intended to be exhaustive:

* Health Improvement - describes the work to improve the health and mental wellbeing of individuals, communities or populations through enabling and encouraging healthy lifestyle choices and developing resilience.
* Population healthcare – aims to maximise value, equity and good outcomes by focusing on the needs of the population and delivering person centred services across the entire health and care system.
* Health Protection – aims to protect the population’s health from communicable diseases and other threats, while reducing health inequalities
* Wider determinants – working across different communities, especially those that are in areas of higher deprivation and therefore likely to have multiple risk factors for higher health inequality. Also ensuring access to positive influences on health such as leisure and community resources.
* Older People - prevention and early intervention should be at the forefront of support services for older people. Making day-to-day living easier and supporting older people to have full and meaningful lives by planning for the ageing process and preventing, delaying or managing crises.
* Reducing harm from alcohol, tobacco and drugs - this should include**health promotion, prevention, early intervention, treatment, and recovery focused approaches**.
* Antimicrobial resistance / Infection prevention and control - **Allied** **Health** practices must implement an **infection** **prevention** **and** **control** strategy to minimise the spread of infectious agents.

**Layers of public health and the role of AHPs**

Public Health can impact different levels of society, which can be regarded as layers. These layers refer to sections of society and cover the individual level, community and whole populations:

1. **Individual** – This is the provision of care to individuals across all settings, taking into account their family, social and environmental links together with consideration of the wider determinants of health. This is where AHPs have the opportunity to apply their breadth of skills and work across settings through early intervention and prevention, by providing advice and support to individuals at risk regarding preventable causes of illness or premature mortality.
2. **Community** – This is the work with the public and communities to improve health and well-being and reduce inequalities. Developing resources to support the improvement of health and wellbeing and the reduction of inequalities within communities.
3. **Population** – The**health outcomes of a group of individuals**, often geographical populations such as nations or communities, but also other groups such as ethnic groups, disabled persons, prisoners, or any other defined group. Ensuring the right infrastructure and processes are in place is important to support regional and national strategies to improve health and wellbeing and reduce inequalities.

AHPs make a significant contribution across each of these levels of public health through their routine work providing integrated care in health, social care, education, voluntary sectors and private sector settings. Our vision is that AHPs will continue to demonstrate leadership and impact with renewed effort to reduce health inequalities, enable and empower people and communities to take positive action for health and wellbeing.

**AHPs in action – case studies**

AHPs represent a diverse range of professions that work across a broad range of settings, which can make it more challenging to understand the myriad ways in which their work can improve upon public health. This section provides case studies that demonstrate just how innovative and important AHP interventions with a clear public health focus can be for the people who receive their services.

**Case study 1: ‘Nothing we can do’ is never the answer – Speech & Language Therapy makes the difference, NHS Tayside**

“It’s Primary Progressive Aphasia,” the neurologist said. “I’m afraid there’s nothing we can do.”

Really? Firstly, what is Primary Progressive Aphasia?

According to Alzheimer Scotland, ‘Progressive Non Fluent Aphasia (PNFA) is a condition that affects a person’s ability to use language. It forms part of a group of related conditions referred to as Frontotemporal dementia (FTD for short)’.

Alzheimer Scotland also says: “Currently, there is no cure or specific treatment for PNFA. There may be ways to treat some of the symptoms but these will depend on the individual’s needs.”

The woman with Primary Progressive Aphasia went home with the leaflet she couldn’t understand and wondered about her future. She wanted it all to end.

I booked a home visit and, using supported language with visual cues, written choices and gesture, she was able to discuss her confusion and fear.

We made regular plans for appointments and set goals together. We created a communication book about her life with key words and phrases she could turn to if she felt ‘stuck.’ She looked out old photographs and we talked about family events and memories.

She wrote down three things she did daily so she could use the speech she had left to chat with her husband. We plan to develop this into a video diary to record her diminishing voice. We researched PPA together and she began to understand the condition. I referred her to the dietitian as she was losing weight and to the occupational therapist to help in the kitchen. She told me she was feeling more positive and hopeful. She started to live well with her diagnosis.

Nothing we can do?

The army of Allied Health Professionals is mobilised and ready for action.

References:

Alzheimer Scotland: Progressive Non-Fluent Aphasia Information Leaflet <https://www.alzscot.org/assets/0002/.../Progressive_Non_Fluent_Aphasia>

Reproduced with permission from the author, the original can be found here: [RSPH | Case Studies](https://www.rsph.org.uk/our-work/resources/allied-health-professionals-hub/case-studies.html)

**Case Study 2: Art at the Start, Dundee**

‘Art at the Start’ offers a range of arts-based interventions to promote the mental health and wellbeing of parents and their infants (aged 0-3 years). It is a collaboration between University of Dundee and Dundee Contemporary Arts, running from 2018-2022, led by an art therapist.

**Overview**

The project aims to support infant mental health by building strong attachment relationships through art making. By embedding an art therapy service within a gallery, a public building with visible creativity and a social community space, and by providing a spectrum of art-based activities, the art therapist is able to meet the needs of a diverse range of families:

* Parent-infant art therapy groups support poor attachments and parents struggling with their mental health through targeted referrals. They help parents and infants to experience positive interactions by engaging in playful art making together, whilst giving therapeutic support to parental wellbeing, encouraging attuned responsive parenting, and increasing behaviours which build secure attachments.
* Messy play sessions, open to all parents and infants aged 0-3 years, encourage engagement with the gallery and more shared art making, giving parents ideas and infants new experiences and potential for connection through art making. Outreach through additional activity within the community, targeting marginalised groups, helps to broaden participation in these sessions.
* Home Art Boxes supported vulnerable families during COVID-19 lockdown by providing materials and encouragement for parents to try art making with their infants at home.



**Feedback and outcomes**

Feedback shows families involved in the project have appreciated the opportunity to get involved in the arts and the support offered. Results from the Art Boxes showed that they encouraged positive interactions between young children and their parents (Armstrong & Ross, 2021) with increased parental involvement in the play and positive signs of infant engagement. In pilot results from our parent-infant art therapy, parental wellbeing increased, as did positive, attachment-focused, behaviours (Armstrong et al, 2019), offering an early intervention which could have a long-term impact on children’s mental health and parental recovery from perinatal mental health conditions.

Reproduced with permission from the author, the original can be found here: [RSPH | Case Studies](https://www.rsph.org.uk/our-work/resources/allied-health-professionals-hub/case-studies.html)

**Case Study 4**

To be added

**Case Study 3**

To be added

**Case Study 5**

To be added

WHY IS PUBLIC HEALTH IMPORTANT?

Even before the COVID-19 pandemic, Scotland, like the rest of the UK was facing a number of significant public health challenges due to its changing demography. This change in demographics is driven by improvements in life expectancy with people living longer and reaching older ages. Along with this, there has been a decrease in fertility, people are having fewer children or having children later in life, younger people moving away from remote and rural areas towards towns and cities.[[3]](#footnote-3) We know that this brings both opportunities and challenges for the delivery of public services and society at national and local levels.

The public health emergency presented by the COVID-19 pandemic has undoubtedly impacted population health as a whole, with the greatest impact upon those already experiencing inequality, exacerbating inequality for many.[[4]](#footnote-4) It is evident that COVID-19 has impacted individuals, groups and communities in different ways.

We recognise that there are widening gaps in healthy life expectancy for people in the most deprived areas of Scotland compared with the least deprived. There has also been a general stall in life expectancy in Scotland, with it decreasing in the most deprived areas. Public Health Scotland has identified COVID-19, enduring health inequalities, stall in life expectancy, drug-related deaths, environmental sustainability and climate change as significant challenges currently facing the people of Scotland.[[5]](#footnote-5)

Scotland’s ageing population will require a focus on preventative and early intervention measures that can help enable people to continue living well independently and in the community as they get older. Local lockdowns during the pandemic has undoubtedly negatively impacted the health, mobility and independence of many people both young and old.

Pre-pandemic, children and young people living in areas of higher deprivation were already more likely to experience poorer mental health and socio-economic disadvantage which can impact them across their life course.[[6]](#footnote-6) We know that children and young people have had their access to school, social activities and employment severely impacted by the COVID-19 pandemic which has negatively impacted on their mental and physical health.[[7]](#footnote-7) The effects of this are thought to have had a more significant impact on mental and physical health in areas of higher deprivation than lower.[[8]](#footnote-8)

We are also acutely aware that there are many ways in which being a member of a minority or marginalised group can increase the likelihood of experiencing health inequalities or socio-economic disadvantage, this is even more the case when you take an intersectional view of how people are impacted. The COVID-19 pandemic has exacerbated the poorer health and wellbeing outcomes that people in these groups experience. The Scottish Government remains committed to tackling health inequalities that impact groups with protected characteristics, with the ‘Race Equality: Immediate Priorities Plan’ detailing how this is being coordinated and the different reports, expert groups and streams of work that are feeding in to this.[[9]](#footnote-9)

The Scottish Government is also committed to ‘building back better’ and has published a COVID-19 Recovery Strategy which sets out our vision for recovery and the actions we will take to address the systemic inequalities that have worsened due to the pandemic, make progress towards a wellbeing economy, and accelerate inclusive person-centred public services.[[10]](#footnote-10)

The aim of the COVID-19 Recovery Strategy is not only to drive the recovery of our NHS, but to redesign the service with an improved public health focus, through increased work on prevention, improving life expectancy and promoting physical and mental health. This will be achieved by creating a whole system approach and community approaches, putting in place services, environments and wider approaches that support people to live healthy lives.[[11]](#footnote-11)

In this context, it is clear that an explicit focus on public health is essential to address these challenges that we are facing at a population level, focusing on prevention and early intervention and creating conditions for wellbeing in our communities.

**Public Health Scotland**

Recognising the significant health inequalities that existed across Scotland, in June 2018, the Scottish Government and the Convention of Scottish Local Authorities (COSLA) published Scotland’s Public Health Priorities.[[12]](#footnote-12) The priorities represent agreed core areas for improving Scotland’s health and wellbeing, and are now the core priorities for Public Health Scotland which was established in April 2020.

Public Health Scotland’s six priorities are:

* A Scotland where we stay in vibrant, healthy and safe places and communities
* A Scotland where we flourish in our early years
* A Scotland where we have good mental health and wellbeing
* A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs
* A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all
* A Scotland where we eat well, have a healthy weight and a physically active

These priorities have acted as a foundation for the whole system: for public services, third sector, community organisations and others, to work together better to improve Scotland’s health, and to empower people and communities. These priorities have only become more important in light of the COVID-19 pandemic and this implementation plan seeks to enhance the role that AHPs can have in achieving them.

**Scotland’s National Performance Framework**

The strategic aims of this implementation plan are in alignment with Scotland’s National Performance Framework (NPF) which sets out our ambitions to create a more successful country, give opportunities to all people living in Scotland, increase the wellbeing of people living in Scotland, reduce inequality and give equal importance to economic, environmental and social progress.[[13]](#footnote-13) It is made up of national outcomes that describe the vision for Scotland that the NPF is designed to help create, which are represented in the image below.

The NPF is designed to inform and guide the discussion and planning of policy and services in Scotland, and to involve the public sector, businesses, civil society and communities collaboratively to achieve these ambitions.[[14]](#footnote-14) This approach is essential in improving public health in Scotland, as reducing health inequalities and the drivers of poor health outcomes requires collaboration across a range of stakeholders.



Image: Scotland’s National Performance Framework, [National Performance Framework | National Performance Framework](https://nationalperformance.gov.scot/)

OUR APPROACH

In setting the context for our vision for this Implementation Plan, understanding the progress we have made is vital.

In April 2016, the national AHP Active and Independent Living Programme (AILP) was launched with a vision to support the people of Scotland to live active, independent healthy lives by supporting them with their personal outcomes.[[15]](#footnote-15)

Its core ambitions included a focus on public health, earlier patient access to AHPs, greater public awareness of AHP services, partnership working in the health and social care system, research and innovation, and workforce planning; the improvement programmes within AILP drove this agenda further and supported the maximisation of AHP skills and knowledge and this implementation plan aims to build on this work further.

**The Scottish AHP Public Health Strategic Framework Implementation Group**

The Scottish AHP Public Health Strategic Framework Implementation Plan was developed through the work of the fixed-life stakeholder reference group, the Scottish AHP Public Health Strategic Framework Implementation Group. It included representatives from the Scottish Government, Public Health Scotland, NHS Education for Scotland, Higher Educational Institutions, Allied Health Professionals Federation Scotland, NHS Boards, Professional Bodies, Scottish Ambulance Service and Alzheimer Scotland.

This group was established to advise on and support the development of this implementation plan by considering the significant actions required, appropriate progress indicators and lead delivery organisations for inclusion in the plan.

This five-year plan will be kept under review and discussions will be held with delivery partners regarding the scheduling of associated actions, in alignment with wider pressures across the system. It is intended to set out a roadmap for the journey to achieving our long-term vision.

It focuses on five strategic goals in alignment across the Four Nations which are underpinned by specific action over 2022 - 2027:

|  |  |
| --- | --- |
| 1 | Developing the AHP Workforce |
| 2 | Demonstrating Impact |
| 3 | Increasing the Profile of the AHP Public Health Role |
| 4 | Strategic Connections and Leadership |
| 5 | Health and Wellbeing of the Workforce |

* Each strategic objective sets out the context and the work we will do to move forward.
* The actions are set in the short term (approximately 1-2 years), medium term (approximately 2-3 years) and long term (3 plus years).
* They are the first steps to achieving our long term vision.

Delivering on our vision requires action across the Scottish Government, NHS Boards, higher education, public, community and voluntary sectors. It will build on the significant progress already being made to expand the contribution AHPs make to improving population health and to deliver the Scottish Government’s wider public health priorities. We hope that many more actions than those identified here will be undertaken in order to improve and promote the role of AHPs in contributing to public health outcomes.

In taking forward this approach we will be:

* **Collaborative** – recognising that knowledge and expertise sits across the system and change cannot be delivered by one organisation alone.
* **Flexible** – this plan is a roadmap and should not be seen as prescriptive nor set in stone, although the plan does outline specific actions we intend to develop and take forward over the next 5 years in collaboration with partners.
* **Patient** – we recognise that improvement is a journey and work will be required beyond 2027.
* **Realistic** – we recognise that the system is already under pressure and whilst we are ambitious, we need to balance our ambitions with the recognition of changing priorities.
* **Transparent** – we will be open in what we do, with clear measurements for success so that everyone can understand the progress being made and we can be held to account for our collective performance.

STRATEGIC GOAL 1: EDUCATION AND DEVELOPING THE AHP WORKFORCE

We recognise that a foundation in public health is already included in undergraduate courses for AHPs. In order to move this knowledge from the theory to being embedded in all AHP services, it is important that more exposure to public health theory and practice is included at every level of AHP education and in placements and secondments.

Working with stakeholders such as Higher Education Institutions, professional bodies and NHS Education for Scotland, we can ensure that public health principles are a fundamental part of each AHP’s education. This will have the potential to vastly improve the scale on which AHPs feel confident to apply public health concepts to their practice and to make a difference to the health outcomes of the people of Scotland.

**Increasing AHP access to funded quality improvement and educational opportunities**

The Scottish Government funds the Dementia Champion programme which is open to AHPs and other healthcare professionals. It is an intensive 8-month long programme delivered by the University of the West of Scotland in partnership with Alzheimer Scotland. It enables participants to develop practical knowledge in delivering dementia care and to make a significant difference to their care of people living with dementia.

The Scottish Government is supportive of increasing the role of some AHP professions in non-medical prescribing. As part of this, the Scottish Government provides funding to NES for a Non-Medical Prescribing module. The funding for this module has been increased to include certain AHPs: physiotherapists, podiatrists, therapeutic radiographers, and paramedics as independent prescribers and dietitians and diagnostic radiographers as supplementary prescribers.

**Public Health Scotland – Introduction to Public Health**

Public Health Scotland has developed a learning hub with resources on an Introduction to Public Health. It is intended to provide an overview of public health and how it is delivered in Scotland. It provides examples of sectors that have a public health role, support learners to reflect on their learning of public health, and embeds the message that everyone has a role to play in public health.

[Course: Introduction to Public Health (publichealthscotland.scot)](https://learning.publichealthscotland.scot/course/view.php?id=611)

|  |  |  |
| --- | --- | --- |
| **What?** | **By when? (short, medium or long term)**  *Short: 1-2 years Medium: 2-3 years*  *Long term: 3+* | **Partner** |
| We will conduct a review into the strategic requirements for AHP education, to ensure the required skills mix and expansion to deliver on Health and Social Care priorities. The review will consider whether our AHP education provision is congruent with the future health needs of the people of Scotland and the requirements of current and future students including identifying gaps in programmes and actions required to meet these needs. The review will also consider AHP workforce policy which will help to ensure the development of a more sustainable and informed approach to workforce planning for AHPs. | Short | All |
| We will work with partners to undertake a Scoping and Learning Needs Analysis for AHPs to identify learning needs that will enable the AHP workforce to better fulfil their public health role. This will include all AHPs within and between health and other sectors including voluntary, social care, education and criminal justice. | Short | NHS Education for Scotland |
| We will collaborate with partners (HEIs) to support the implementation of Council of Deans Guidance on Public Health Content within the Pre-Registration Curricula for Allied Health Profession. | Medium - Long | Higher Education Institutions |
| We will support partners to develop or reconvene a suitable network to enable HEIs delivering AHP programmes in Scotland to share best practice and discussion on public health education. | Medium | Higher Education Institutions |
| We will explore the opportunities and barriers to expanding Allied Health Professional (AHP) student placements in public health settings from the perspective of students, Higher Education Institutions, practice placement coordinators, Health Boards and potential providers of public health placements including providers in the voluntary sector with the aim of facilitating an increase in student placements in public health settings. | Medium | NHS Education for Scotland  Scottish Government  Practice Placement Providers |
| We will promote public health related opportunities that help AHPs to make the most of work-based learning. This includes shadowing, professional activity such as mentoring or involvement with a professional body and self-directed learning. | Medium | AHP Practice Education Leads (PEL) Network  NHS Boards |
| We will initiate a joint approach to promoting existing resources to support AHPs in developing their knowledge and skills in tackling a range of health inequalities issues. We will do this by promoting access to learning modules, event information and resources on Public Health Scotland's Virtual Learning Environment, Allied Health Professions Public Health Hub and all websites for each AHP professional body. | Short - medium | Oversight Group  Public Health Scotland  AHP Directors  NHS Boards |
| We will increase AHP access to funded quality improvement and educational opportunities to support the development of knowledge, skills and confidence to make a difference to population health. | Short – medium | Scottish Government  NHS Education for Scotland |
| We will task a working group to review the integration of public health into AHP Advanced Practice through the re-establishment of the ‘Transforming Roles’ Programme. | Short - medium | Scottish Government  NHS Education for Scotland  AHP Directors  Health Workforce |

STRATEGIC GOAL 2: DEMONSTRATING IMPACT

We know that across the AHP professions that significant impact is made on the health and quality of life that people experience as a result of the services, support and care that they receive from AHPs.

Nevertheless insufficient data collection means that AHPs have the opportunity to better evidence the vital differences that their expertise and skills make to the health and wellbeing of the wider population. Improving the scope and the quality of data collection from AHPs will improve the opportunity to learn from best practice both within and across Health Boards, as well as driving innovation in AHP led service design and delivery.

**NHS Education for Scotland (NES) AHP Fellowship Project Report**

In July 2021, a report was produced on the work carried out in NHS Ayrshire and Arran scoping the potential contribution that AHPs could make to the six national Public Health Priorities published jointly by the Scottish Government and the Convention of Scottish Local Authorities (COSLA) in July 2018.

The project focused on six AHP disciplines: dietetics, occupational therapy, orthotics, physiotherapy, podiatry and speech and language therapy, although it was acknowledged that the learning from the project would be relevant to the other AHP professions.

AHPs were invited to participate in an appreciative inquiry session or complete an online questionnaire to identify factors that would enable AHPs to fulfil their contribution to the Public Health Priorities and the barriers that hinder their contribution. From the responses, it was apparent that there was variation between and within professions on participant’s knowledge and understanding of the social determinants of health and population health. In addition, there was low awareness of the six national Public Health Priorities among AHPs. As a consequence it was difficult for some participants to identify and articulate what their profession’s contribution to the Public Health Priorities and improving population health could be. There was a clear desire and commitment to the public health agenda although there are various constraints that have to be addressed.

The report recommended that insights from the project should be used locally to inform service redesign and nationally to inform the development of an implementation plan for the UK AHP Public Health Framework in Scotland.

|  |  |  |
| --- | --- | --- |
| **What?** | **By when? (short, medium or long term)** | **Partner** |
| We will promote the use of the UK-wide Allied Health Professions Hub as a repository of information, best practice and success stories of professionals who do incredible work every day to protect and improve the public's health. | Short | AHP Directors  AHP Federation Scotland |
| We will support career development for the AHP workforce in the public health sector in Scotland through the AHP Careers Fellowship Scheme and disseminate evidence based learning across Scotland from work-based projects aimed at addressing health inequalities. | Short - medium | Scottish Government  NHS Education for Scotland  NHS Boards |
| We will promote and disseminate the King’s Fund ‘My role in tackling health inequalities: a framework for allied health professionals’  and other existing Four Nation resources to support professional development and practice. We will also review the need for any additional Scottish-specific resources for AHPs. | Short | Health Boards |
| We will commission a review to map existing tools available to support AHPs in measuring the impact of their interventions on population health and use this to identify any gaps and further opportunities. | Short - medium | Scottish Government |
| We will promote implementation of NHS HEE ‘Embedding Public Health into Clinical Services’ to transform AHP practice and include more prevention and early intervention approaches. | Short - medium | NHS Education for Scotland |

STRATEGIC GOAL 3: INCREASING THE PROFILE OF THE AHP PUBLIC HEALTH ROLE

It is important to improve the awareness and recognition that AHPs receive for their role in public health promotion and in having innovative services that improve the health and outcomes of the people that use them.

AHPs have and will continue to benefit from being more aware of best practice examples that are happening in Scotland, and using methods such as case studies, posters and conferences will be a core method of sharing this information across services and Health Boards. Using resources such as the Royal Society for Public Health’s AHP Case Study repository[[16]](#footnote-16) and the AHP Scots Blog,[[17]](#footnote-17) AHPs can demonstrate how they are working to support public health priorities and learn from best practice examples across Scotland and the UK.

As well as promoting greater communication among AHPs, this goal also focuses on the importance of awareness raising with the public so that the people of Scotland are aware of the expertise that AHPs can provide when dealing with a range of conditions.

**AHP Scot Blog:** [AHPs across health and social care. (wordpress.com)](https://ahpscot.wordpress.com/)

The AHP Scot Blog is a Scottish resource for AHPs to share resources and best practice in the innovative ways they are working in Scotland.

**The Royal Society for Public Health’s Allied Health Professions Hub:** [RSPH | Allied Health Professions hub](https://www.rsph.org.uk/our-work/resources/allied-health-professionals-hub.html)

The RSPH AHP Hub was created through a new collaboration with RSPH, Public Health England, the Welsh Government, the Northern Ireland Government, the Scottish Government, the Public Health Agency and key partner organisations. It will be continuously updated with the latest guidance, advice and reports to support the work of all Allied Health Professions.

The aim of the hub is to provide information, encourage best practice and tell success stories of professionals who do incredible work every day to protect and improve the public's health.

|  |  |  |
| --- | --- | --- |
| **What?** | **By when? (short, medium or long term)** | **Partner** |
| We will continue to ensure that the public health skills of AHPs are recognised and reflected in the development and delivery of Scottish Government policy through the leadership role of the Chief AHP Officer and effective engagement with the AHP Directors. |  | Scottish Government  AHP Directors  Chief Allied Health Profession Officer |
| We will initiate a series of recorded webinars chaired by the Chief Allied Health Professions Officer through which we will highlight a range of AHP interventions and approaches being utilised across Scotland. 6 webinars will be available annually across each of the six Public Health Scotland priorities.  These webinars will be aimed at AHP leaders working across all settings and will reflect both local and national work. | Short | Chief Allied Health Profession Officer  Scottish Government  NHS Education for Scotland  Public Health Scotland |
| We will task a working group to identify and develop a communication plan / support the development of a community of practice which includes effective use of social media channels to promote the AHP contribution to public health. | Short - Medium | Scottish Government  NHS Education for Scotland |
| Building on the work of Scotland’s Allied Health Professions Compendium 2020, we will develop and disseminate a new Public Health focused Compendium Report to help Scotland's leaders and citizens better understand the difference Allied Health Professionals make to public health. |  | AHP Federation Scotland |
| We will continue to support AHPs to showcase their contribution to public health through attendance at local and national seminars, conferences, written blogs and case studies. This will include the Chamberlain Dunn Awards and the Scottish Health Awards. | Short | Scottish Government  AHP Directors |

STRATEGIC GOAL 4: STRATEGIC CONNECTIONS AND LEADERSHIP

For AHPs to realise their full potential in public health improvement, their services must be fully integrated into their local health and social care system. In order to improve this, AHPs will be supported to develop stronger relationships with local leadership, to ensure that their expertise and experience in public health are recognised, feed in to service design and influence local decision making.

Greater strategic connections and involvement with leadership will enable AHPs to feel listened to and better valued.

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| **What?** | **By when? (short, medium or long term)** | **Partner** |
| We will develop a National Leadership Development Programme (NLDP) and continue to promote the Project Lift Offer to support leadership and development in NHS Boards. | Short - Medium | Scottish Government |
| We will encourage AHP Directors to strengthen relationships between senior AHPs and senior Public Health/Health Improvement staff within NHS Boards and Health & Social Care Partnerships. | Medium | Health Boards |
| We will enable and engage AHPs to connect to the development of ambition for Public Health in Scotland to be a world class public health system. | Long | Public Health Scotland |
| We will develop a mechanism to draw on and disseminate learning from national AHP leads using public health principles while working in a diverse range of settings and sectors including in the NHS, Social Security Scotland, voluntary sector and social care sector. | Short | Scottish Government |
| We will support AHP Directors to strengthen integration of public health priorities into service transformation including early intervention and prevention, workforce planning and workforce development and whole system working. | Medium - long | Scottish Government  Chief Allied Health Professions Officer  Public Health Scotland |

STRATEGIC GOAL 5: HEALTH AND WELLBEING OF THE WORKFORCE

Providing more support to the NHS workforce to improve their health and wellbeing has been made all the more important in the context of recovering from the COVID-19 pandemic. The unprecedented demands and changing ways of delivering services has taken its toll on the resilience and wellbeing of the workforce, which is why increasing the support available to them is so essential. The Scottish Government recognises this and a range of tailored support has been made available.

For the AHP workforce to provide a consistent and high-functioning service, the health and wellbeing of AHPs must also be prioritised. AHPs will benefit from access to greater support to manage and promote their own wellbeing, which will help to keep individuals feeling well and in the workforce. The expertise of AHPs that work within wellbeing and mental health promotion will also be used to greater effect to support the health and care workforce, thus recognising the role that AHPs can play in supporting their colleagues.

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| **What?** | **By when? (short, medium or long term)** | **Partner** |
| We will build on the work of the AHP National Delivery Plan and enable AHPs to use their unique skills to improve overall health and well-being with people who use their services, focusing on issues such as physical activity, nutrition and mental well-being, and including signposting to relevant resources | Ongoing | All |
| We will provide wellbeing support to the health and social care workforce through the NHS Recovery plan, recognising the extreme pressure that the COVID 19 pandemic brought to this workforce. We are providing £8 million to support the mental health and wellbeing of the health and care workforce. This includes targeted support to the primary care and social care workforce of £2 million. | Short - Medium | Scottish Government |
| We will support the ongoing development of a National Wellbeing Programme, including a dedicated National Wellbeing Hub and a National Wellbeing Helpline, to embed wellbeing into everyone’s working lives.  We will continue to signpost AHPs to the National Wellbeing Hub for information and resources to protect and improve their own health and wellbeing and that of their colleagues. | Medium | Scottish Government  NHS Boards |
| We will increase funding for psychological therapies and interventions in Health Boards by £2.5 million to March 2023, to increase the capacity and capability to provide psychological support to the health and social care workforce. | Medium – Long | Scottish Government |
| We remain committed to the health and well-being of the health and care workforce. That is why staff health and wellbeing is embedded in supervision and personal development reviews.  To build on this, we will promote the use of mental health first aiders resource widely [Scotland's Mental Health First Aid (smhfa.com)](http://www.smhfa.com/index.aspx).  We will continue to raise awareness of the full range of support available to the health and care workforce from local Occupational Health services. | Ongoing | AHP Directors  Health Boards and Managers |
| We will continue to encourage AHP engagement and leadership in the design and delivery of local workplace health initiatives.  This will include encouraging AHPs to participate in local team discussions that improve staff health and wellbeing using tools such as IMatters, WRAP and Wellness at Work and ensuring AHPs are connected to local workplace health teams, Occupational Health Teams and organisational Staff Wellbeing Groups to contribute their skills and expertise to the development of initiatives that promote workplace wellbeing. | Ongoing | AHP Directors  Health Boards and Managers |
| We will continue to support delivery of a range of initiatives to promote the health and wellbeing of student AHPs. | Ongoing | HEIs |

MOVING FORWARD

Each Programme for Government acknowledges at the outset the Scottish Government’s strong commitment to recovery, population health and ensuring that the vision and objectives of the National Performance Framework are at the heart of our activity and that of our partners. This Implementation Plan will support us in delivering on this commitment in collaboration with our partners.

Policy coherence is defined by the OECD as the systematic promotion of mutually reinforcing policy actions across government departments and agencies creating synergies towards achieving the agreed objectives. Put simply, it means that any part of Government taking forward a policy action should consider how it supports – or potential detracts from – the goals of this plan. This embedding must translate to how we spend our money, through the Scottish Budget and procurement processes. The annual Programme for Government sets out the actions the Scottish Government will take in the coming year and beyond and it includes the legislative programme for this parliamentary year.

The Chief Nursing Officer Directorate has policy responsibility for Allied Health Professionals and therefore plays a key role in working collaboratively across the Scottish Government and with external partners to ensure that the role of AHPs is maximised within both key policy priorities and more generally throughout the development and delivery of Scottish Government policy.

We do this through working collaboratively with other Scottish Government Directorates in the development of their policies and through the development and delivery of strategies and action plans developed with key stakeholder groups such as the Scottish Executive Nurse Directors (SEND) and AHP Directors Scotland Group (ADSG).

**Delivery and governance**

The Implementation Plan needs to be implemented locally but supported nationally.The Chief Allied Health Professions Officer (CAHPO) in collaboration with lead partners (including professional bodies) of the Scottish AHP Public Health Implementation Plan 2022-2027, will provide strategic leadership to oversee the implementation of the Scottish AHP Strategic Framework across all 4 nations and AHP professions. To support this, a dedicated national Oversight Group will be set up. But fundamentally, it is AHPs in NHS boards who will be supported to drive implementation and further impact in the area of AHP public health practice. To facilitate this, it is recommended dedicated AHP professional forums should continue to be developed and strengthened in each NHS board, to oversee local delivery of the Implementation Plan in accordance with NHS board structures.

**Monitoring**

The Oversight Group, including lead partners, will oversee progress monitoring and programme management of the AHP Public Health Implementation Plan providing an annual progress report (the first due on 31 March 2023). The group will report to the Chief Allied Health Professions Officer (CAHPO), as Chair and the Strategy and Policy Team in the Chief Nursing Officer Directorate at Scottish Government providing an update on progress highlighting, as appropriate, any changing situations that may impact on delivery of the agreed actions within the 5 strategic goals.

APPENDIX 1: STAKEHOLDER REFERENCE GROUP MEMBERS

Membership of the Stakeholder Reference Group:

Chair: Dr Ruth Campbell, Consultant Dietitian in Public Health Nutrition, NHS Ayrshire & Arran

Alan White - NHS Fife/ Occupational Therapist

Amanda Wong – NHS Fife / AHP Directors

Anne Brockman - NHS Grampian/ AHP Lead

Catherine Totten - State Hospital for Scotland & ADSG/ Lead AHP

Claire James - NHS Lanarkshire/ Podiatry

Eithne MacPherson - NHS Greater Glasgow & Clyde/ Therapeutic Radiography

Elaine Hunter – AHP Dementia National Lead, Alzheimer’s Scotland

Euan Clipston – NHS Tayside/Diagnostic Radiotherapy

Fiona Macdonald – Workforce Development Lead, Public Health Scotland

Gail Morrison – NHS Greater Glasgow and Clyde/ Prosthetics & Orthotics

Glenn Carter - NHS Forth Valley/ Speech and Language Therapist

Hannah Casey - NHS Orkney/ Physiotherapy

Helen Gallagher - Glasgow Caledonian University/ Academic Heads Group

Helen McFarlane – NHS Education Scotland

Kate Pestell – NHS Lothian/Arts Therapies

Jane Holt – NHS Ayrshire and Arran

Linda Currie- NHS Highland/ AHP Lead

Lesley Leishman – Robert Gordon University

Moraig Rollo - Scottish Ambulance Service/ Paramedics

Paula Callaghan – NHS Lanarkshire, Senior Orthoptist

Pauline Beirne – AHP Professional Advisor for Children and Young People, Scottish Government

Samantha Flower - NHS Greater Glasgow and Clyde

Sheena McDonald – NHS Dumfries and Galloway

Steven Hull - Scottish Ambulance Service/ Paramedics

Tracy MacInnes – AHP Federation Scotland/ Dietetics

Scottish Government - Chief Nursing Officers Directorate, Strategy and Policy Team

APPENDIX 2: PUBLIC HEALTH RESOURCES

1. [UK AHP Public Health Strategic Framework 2019-2024.pdf (ahpf.org.uk)](http://www.ahpf.org.uk/files/UK%20AHP%20Public%20Health%20Strategic%20Framework%202019-2024.pdf) [↑](#footnote-ref-1)
2. [UK AHP Public Health Strategic Framework 2019-2024.pdf (ahpf.org.uk)](http://www.ahpf.org.uk/files/UK%20AHP%20Public%20Health%20Strategic%20Framework%202019-2024.pdf) [↑](#footnote-ref-2)
3. [A Scotland for the future: opportunities and challenges of Scotland's changing population - gov.scot (www.gov.scot)](https://www.gov.scot/publications/scotland-future-opportunities-challenges-scotlands-changing-population/) [↑](#footnote-ref-3)
4. [Coronavirus (COVID-19): impact on equality (research) - gov.scot (www.gov.scot)](https://www.gov.scot/publications/the-impacts-of-covid-19-on-equality-in-scotland/) [↑](#footnote-ref-4)
5. [Scotland’s public health challenges - About Public Health Scotland - Our organisation - Public Health Scotland](https://www.publichealthscotland.scot/our-organisation/about-public-health-scotland/scotland-s-public-health-challenges/) [↑](#footnote-ref-5)
6. [Young people - Population groups - Public Health Scotland](http://www.healthscotland.scot/population-groups/young-people#:~:text=The%20Children%20and%20Young%20People%E2%80%99s%20Health%20Support%20group,and%20young%20people.%20The%20Year%20of%20Young%20People) [↑](#footnote-ref-6)
7. [Covid+and+Inequalities+Final+Report+For+Publication+-+PDF.pdf (www.gov.scot)](https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2020/09/the-impacts-of-covid-19-on-equality-in-scotland/documents/full-report/full-report/govscot%3Adocument/Covid%2Band%2BInequalities%2BFinal%2BReport%2BFor%2BPublication%2B-%2BPDF.pdf) [↑](#footnote-ref-7)
8. [Covid+and+Inequalities+Final+Report+For+Publication+-+PDF.pdf (www.gov.scot)](https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2020/09/the-impacts-of-covid-19-on-equality-in-scotland/documents/full-report/full-report/govscot%3Adocument/Covid%2Band%2BInequalities%2BFinal%2BReport%2BFor%2BPublication%2B-%2BPDF.pdf) [↑](#footnote-ref-8)
9. [Race equality: immediate priorities plan - gov.scot (www.gov.scot)](https://www.gov.scot/publications/immediate-priorities-plan-race-equality-scotland/pages/8/) [↑](#footnote-ref-9)
10. [Covid Recovery Strategy: for a fairer future - gov.scot (www.gov.scot)](https://www.gov.scot/publications/covid-recovery-strategy-fairer-future/) [↑](#footnote-ref-10)
11. [NHS recovery plan - gov.scot (www.gov.scot)](https://www.gov.scot/publications/nhs-recovery-plan/#:~:text=The%20NHS%20recovery%20plan%20sets%20out%20key%20ambitions,meet%20ongoing%20healthcare%20needs%20for%20people%20across%20Scotland.). [↑](#footnote-ref-11)
12. [Scotland's public health priorities - gov.scot (www.gov.scot)](https://www.gov.scot/publications/scotlands-public-health-priorities/) [↑](#footnote-ref-12)
13. [National Performance Framework | National Performance Framework](https://nationalperformance.gov.scot/) [↑](#footnote-ref-13)
14. [Wellbeing Report - Chapter 1 | National Performance Framework](https://nationalperformance.gov.scot/wellbeing-report-chapter-1) [↑](#footnote-ref-14)
15. [The active and independent living programme 2016-2020 - gov.scot (www.gov.scot)](https://www.gov.scot/publications/allied-health-professions-co-creating-wellbeing-people-scotland-active-independent/) [↑](#footnote-ref-15)
16. [RSPH | Case Studies](https://www.rsph.org.uk/our-work/resources/allied-health-professionals-hub/case-studies.html) [↑](#footnote-ref-16)
17. [AHPs across health and social care. (wordpress.com)](https://ahpscot.wordpress.com/) [↑](#footnote-ref-17)