



# **Allied Health Professions Co-creating Wellbeing with the People of Scotland**

**The Active and Independent  
Living Programme in Scotland**

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**Healthier  
Scotland**  
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# Allied Health Professions Co-creating Wellbeing with the People of Scotland

## The Active and Independent Living Programme in Scotland

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## Foreword by the Cabinet Secretary for Health and Sport

Improving people's health and wellbeing is a priority for health ministers across the international community.

Optimising health and wellbeing is not, however, the sole prerogative of health and social care professionals. Many of the determinants of health and wellbeing lie outside the direct influence of our NHS staff and system and go beyond the absence of illness and disease. Interventions from health and social care systems are only part of the story.

Our Health and Social Care Delivery Plan and Transforming Primary Care approach make clear commitments to prioritising prevention and early intervention. Many of the problems for which people seek help from GPs, clinics and emergency departments across Scotland could have been prevented if different lifestyle choices had been made, or earlier advice, support and interventions had been provided by the right health or care professional. We must now focus as much attention and energy on targeted approaches to prevention and early intervention as we do on treatment of ill health. The Active and Independent Living Programme (AILP) provides a vehicle for achieving measurable improvements in this approach.

While the full potential of the allied health professions (AHPs) in delivering improvements for individuals, services and systems has yet to be fully realised, I am hugely encouraged by achievements stemming from the AHP National Delivery Plan. AHPs have delivered whole-system redesign of musculoskeletal services, ensured connectivity with mental health and return-to-work pathways, led a national multi-agency approach to falls prevention, and significantly improved access to children's therapy services through partnerships with teachers, education teams and parents.

I therefore believe that AILP can succeed in its bold ambition to co-create wellbeing with the people of Scotland. I believe it will support the evolution of sustainable services for people who need them now and in the future. It is a truly cross-cutting programme that wholeheartedly embraces the contribution of all organisations, agencies, sectors and people who use AHP services towards the generation of a thriving Scotland. I commend AILP and encourage you all to get involved – and there is nowhere better to start than with our own health and wellbeing.

**Shona Robison, MSP**

Cabinet Secretary for Health and Sport, Scottish Government

## Foreword by the Chief Health Professions Officer

Allied health professionals (AHPs) in health and social care in Scotland<sup>1</sup> are making a significant contribution to driving service improvement and sustainability across community and acute sectors. Working as integral parts of multidisciplinary teams in multi-agency arrangements and focusing on people's personal outcomes, they provide preventative interventions in areas such as supported self-management, diagnostic, therapeutic, rehabilitation and enablement services. As such, they will be key to supporting delivery of The Scottish Government's plan for transforming health and social care services in Scotland.

The breadth and depth of AHP skills and their reach across people's lives, communities and organisations makes them ideally placed to lead and support services towards a greater focus on prevention and early intervention. They also contribute to supporting people to live independently in their local communities and consequently reduce dependence on health and social care services.

AHPs have embraced the concept of co-production and delivering personal-outcomes approaches. Increasingly, they are shifting their focus to an earlier stage in a person's health and wellbeing journey, away from traditional models of provision in hospitals to where people live their daily lives. AHPs locally and nationally are extending their ambitions and improvement skills towards approaches that will also deliver the wider prevention, early intervention and enablement agendas set out in the Health and Social Care Delivery Plan.

The Active and Independent Living Programme (AILP) will provide national improvement support and connectivity with other related policy work streams. A key element will be support for culture change across the professions to shape and drive improvement.

This document summarises the key ambitions of AILP, which are founded on public health and AHP evidence, current best practice and an extensive engagement process. It is not an exhaustive list, as the work will necessarily evolve as we better understand the needs of people and services through our AHP Lifecurve survey. I am nevertheless confident that actions arising from the ambitions will bring about more upstream working and improve outcomes and experiences for people who use services, their families and carers.

Our original commission from the Minister for Public Health was to make the contribution of AHPs more visible and accelerate the impact and spread of effective practice across Scotland, ensuring an explicit fit with the wider policy landscape. The AHP National Delivery Plan made measurable progress towards this goal, and we now have the opportunity to work with others to move to a clear focus on prevention and early intervention.

### Jacqui Lunday Johnstone, OBE

Chief Health Professions Officer, Scottish Government

<sup>1</sup> See the [AILP community of practice](#) for a full list and brief definition of the allied health professions.

### What is AILP?

The Active and Independent Living Programme (AILP) will support allied health professionals (AHPs), working in partnership with fellow health and social care staff, to deliver key elements of the Health and Social Care Delivery Plan and other national policies, such as Transforming Primary Care and the integration of health and social care. It sets out the broad strategic direction for the programme, including the six overarching ambitions, to drive significant culture change in how people can access and receive AHP support for self-management, prevention, early intervention, rehabilitation and enablement services.

An improvement programme within AILP will drive this agenda by delivering improvements in support for people to manage their wellbeing, live active and independent lives, become or remain economically active and participate in their local communities. Priority areas will be identified over the course of the programme to ensure alignment with national policy and local developments. An action plan setting out the key deliverables and improvement programme will be published in each year of the programme, and specific articulations with national strategies and initiatives will be reflected in annual update reports.

### What is this document, and who is it for?

This document provides a framework to describe and further engage the AHP contribution to developing new approaches to active and independent living.

The target audience is chief executives of NHS boards, chief officers of health and social care integration authorities, independent contractors, executive leads for AHPs in NHS boards, and key strategic leaders across health and social care and other agencies, as well as the general public and people who use services.

### What are AILP's aims?

AILP aims to provide focus to the contribution AHPs make, working with other professions and partners across agencies to improve the health and wellbeing of the population throughout the life-course. It offers opportunities to fully realise the benefits of an emphasis on wellbeing and wellness, in addition to the effective treatment of ill health. In this context, it sits neatly within the objectives of the Health and Social Care Delivery Plan by focusing on the AHP contribution to delivering better health, better care and better value.

## **What is its focus?**

The primary focus of the AHP contribution is to ensure this work is embedded locally within partnerships, GP clusters, hospital services and integration authorities, thereby contributing to achieving targets set out in local strategic commissioning plans.

## **What will be different?**

The innovation this programme will bring to prevention, early intervention and rehabilitation will transform not only the way AHPs work, but more importantly, also help the people of Scotland to live healthy, active and independent lives, thereby supporting the national health and wellbeing outcomes. Working to the AILP ambitions and with partners across all professions and sectors, AHPs will develop their targeted and universal interventions to make a more visible, accessible and measurable contribution to supporting the populations they serve.

Prevention will no longer be the 'wicked problem'. It will be embedded in strategic plans of joint integration authorities, with clear deliverables to support the aims of the Health and Social Care Delivery Plan.

# PREVENTION AND EARLY INTERVENTION

## Background

The Minister for Public Health and Sport announced in May 2015 the need to build on the successes of the AHP National Delivery Plan 2012–2015 and provide an ongoing focus for AHPs' contributions to supporting the population's health and wellbeing. A new national programme – the Active and Independent Living Programme (AILP) – was agreed, closely aligned to the 2020 Vision and the broader policy context across health and social care. An extensive engagement process identified the vision and priorities (for further information on the engagement process, visit the [AILP community of practice](#)).

## The case for prevention and early intervention

AILP is underpinned by an acknowledgement of the importance of prevention and early intervention to people's lives. Prevention and early intervention are key themes throughout Scotland's health and social care policy agenda, and are central to the ambitions of the Health and Social Care Delivery Plan.

A significant percentage of the NHS Scotland's annual spend is on preventable conditions, and 2% of the population use 50% of hospital prescribing resources.<sup>2</sup> Services must be transformed to focus on how best to manage wellness, rather than waiting for a crisis to occur, and preventative approaches in the community need to be addressed to support the Health and Social Care Delivery Plan's target of reducing by 400,000 the number of unscheduled hospital bed days and doubling the provision of end-of-life and palliative care in communities.

The evidence base for preventative strategies, including many AHP-led interventions, is now growing in key areas such as communication in children and young people, mental wellbeing, physical activity, nutrition, and work and health. AILP aims to make a significant contribution to supporting AHPs through specific wellbeing programmes – Move & Improve, Eat Well and Making Every Communication Count (for more details on these programmes, see Appendix 1 and visit the [AILP community of practice](#)).

In addition, a national survey of AHPs in May 2017, in which every AHP working in adult services in Scotland was asked to undertake a 'Lifecurve' survey with two people, will provide for the first time a baseline of the stages in people's lives at which AHPs intervene. The expectation is that this will too often be revealed to be after the early intervention/prevention stage, and the survey will provide evidence to identify what work is required to shift the focus. Information on the Lifecurve can be accessed from the [AILP community of practice](#).

## Policy context in relation to prevention and early intervention

AILP is not a standalone programme and is part of a wider policy agenda supporting prevention and early intervention. It aligns to A Plan for Scotland and its four underpinning priorities for long-term improvements to the health of the population:

<sup>2</sup> See: <http://ihub.scot/a-z-programmes/lwic-pathways-for-high-resource-individuals/>



- empowering a truly community health service
- enhancing mental health
- improving population health
- supporting clinical leadership of transformation.

The overall aim of health and social care in Scotland is that people can be supported to live longer, healthier lives at home or in a homely setting. The focus is on prevention, early intervention and supported self-management. Where people need hospital care, the aim is for day surgery to be the norm, and when stays must be longer, for people to be discharged as swiftly as it is safe to do so with the right community support where appropriate. These aims are supported by Scotland's National Wellbeing Outcomes, which focus on improving the experiences and quality of services for people and their families.

The vision for primary care is that by 2030, primary and community care will be at the heart of the healthcare system. Highly skilled multidisciplinary teams will be delivering care within locality clusters, with GPs involved in strategic planning. The public will be more informed and empowered, and will be able to access directly the right professional care at the right time, while remaining at or near home wherever possible.

This vision is supported by the concepts outlined in Realising Realistic Medicine, which put the person receiving health and care at the centre of decision-making and create a personalised approach. It aims to reduce harm, waste and unwarranted variation, while managing risks and innovating to improve.

The needs of people with long-term conditions, dementia or mental health problems, or who are socially excluded or otherwise vulnerable, are also central to policy drivers. The National Performance Framework, to which all public services in Scotland are aligned, provides a clear vision with broad measures of national wellbeing covering a range of economic, health, social and environmental indicators and targets. In addition, Scotland's new Mental Health Strategy 2017–2027 sets out priorities to deliver significant improvements in the mental health of the population at key life stages.

## **AILP and prevention and early intervention**

AILP emerged as a key action of the Health and Social Care Delivery Plan. Its aim is to support people of all ages and abilities to live well, be physically active, manage their own health conditions, remain in or return to employment, and live independently at home or in a homely setting. Relevant AILP work streams are fully embedded in national health and social care policy programmes, including Transforming Primary Care, the Modern Outpatient, access and flow programmes, the Mental Health Strategy, the Dementia Strategy and a range of programmes to support the outcomes of integration, including the 400,000 bed-day reduction.

Realising the AILP vision will require a concerted and sustained focus on prevention, early intervention and enablement. Key to this will be effective partnership working, driving the inherent culture change required, alongside strengthening workforce development requirements, as set out in the National Workforce Plan.

## AILP AMBITIONS

The six AILP ambitions and the focus on the AHP contribution to prevention and early intervention have been influenced by the engagement process, evidence and current best practice, and policy imperatives.

It is expected that the governance of this programme will be supported through the Ministerial Strategic Group for Health and Community Care and that AILP-related activity will be co-ordinated nationally through the Chief Health Professions Officer's team. Locally, AHP directors and associate directors will work with their executive leads, partners and key strategic leaders across health and social care, third sector and other agencies to develop local implementation plans, reflecting the work in local delivery and integrated joint board plans where appropriate.

### Health and wellbeing

AHPs need to prioritise health promotion, prevention and early intervention strategies across all services, underpinned by personal-outcomes approaches and inclusive information.

Stakeholders in the engagement process said they wanted information and resources that allow them to manage their own health without always having to access health and social care services.

AHPs often intervene too late in people's trajectories, resulting in missed opportunities to empower and enable them to make better choices for health and wellbeing. AHPs must be equipped to work within a personal-outcomes framework to support people at a much earlier stage. AHPs need also to engage with people who find it difficult to access self-help information and ensure appropriate services and resources are available to them.

So action will be taken nationally to:

- further develop and scope the AHP contribution to public health
- work with higher education institutions to incorporate personal-outcomes approaches in undergraduate training
- evaluate personal-outcomes and health-promoting approaches
- work with partners across health, social care and the third sector to develop supported self-management information and tools in a range of formats
- use technology to support early intervention, advice and education.

Local systems will be supported and encouraged to:

- encourage awareness of resources available in communities in which AHPs work
- use AHPs' specialist skills and knowledge in promoting health and wellbeing more widely.

### Access

People need easily accessible routes to AHP services and information when required.

People want quick access to appropriate AHP services to prevent something minor becoming major. They want to be able to access AHP services outside office hours and be aware of, and know how to access, service and resource options in their area rather than defaulting to other services, such as emergency departments, or out-of-hours or GP services.

People still tend to expect a referral from a GP to see an AHP, when in fact many AHPs can accept direct referrals: onward referrals from the AHP to fellow professionals without being routed via a GP or hospital consultant needs to become the norm.

AHPs now need to develop a range of clear access routes and models to successfully address people's needs through earlier interventions and self-management. Most access models deliver in traditional ways, with face-to-face contact being considered the default approach. AHP services have already begun to work on solutions to this by, for instance, exploring technological options (such as web-based access and telephone triage) to improve access to their services and using a request-for-assistance model, which represents the principal of single point of access for the public.

#### So action will be taken nationally to:

- share the request-for-assistance model across AHP services
- develop information to enable the public to adopt a more proactive role in their health and wellbeing
- analyse patterns of demand and health inequalities nationally
- build on work around information-sharing and IT systems, and maximise telehealthcare
- develop AHP skills to make a culture-shift towards early intervention and prevention
- support a national approach to triage, request-for-assistance models and caseload management across health and social care.

#### Local systems will be supported and encouraged to:

- introduce clear points of access for local populations to receive appropriate AHP services
- introduce the request-for-assistance model to appropriate services
- review hours of business in identified clinics
- review and streamline processes for intra-professional, inter-professional and cross-agency referrals.

### Awareness

The public and other stakeholders need to be aware of AHP services in their local communities.

The public and fellow professionals are not always aware of who AHPs are, what roles they play and the contribution they can make to health and wellbeing. AHPs must make information on their services publicly available in a range of formats.

#### So action will be taken nationally to:

- promote a consistent AHP public message through linking closely with partners.

#### Local systems will be supported and encouraged to:

- support AHPs to understand the community in which they work and resources and facilities available to service users
- help AHPs develop the necessary influencing and advocacy skills to promote AHP contributions
- increase awareness of who AHPs are, what services they can provide and how they can be accessed across communities, professions and sectors: this will include connecting with GP services to support distribution of information and how to access AHP services
- ensure AHPs are embedded in local plans.

## Partnership-working

AHPs need to think about different ways of working with people who use AHP services.

People have told us they want better communication across sectors. All partners – AHPs, social workers, local authority workers, the wider multi-disciplinary team and volunteers – need to understand what each other does.

AHP practice should be based on partnerships across services and sectors, but AHPs have not always worked effectively with communities and third-sector organisations. They have a long history of supporting people to reach their goals, but how they do this could be clearer.

AHPs working with a broader range of partners will help people access support earlier, and help AHPs target their interventions to those who most need them.

So action will be taken nationally to:

- support AHPs to contribute to strategy and policy development
- extend the range of partnerships across agencies.

Local systems will be supported and encouraged to:

- support AHPs to develop better understanding of each other's roles
- work with partners on improvement projects and programmes
- develop partnerships with community organisations on preventative strategies to address health inequalities
- adopt personal-outcomes approaches to boost partnership-working with service users
- put multi-agency pathways in place.

## Research and innovation

AHPs need to deliver excellence through improvement, innovation and research.

AHPs want to be supported to be involved in, and contribute to, new and innovative ways of working through research and better use of technology. Strengthening links with academic partners for undergraduate and postgraduate education will help to better equip the future workforce.

Developing a workforce that is curious and committed to investigating and researching new evidence bases is essential to ensuring AHP practice remains focused on meeting present and future population needs. AHPs need to explore technological opportunities and innovations to transform service delivery.

#### So action will be taken nationally to:

- work with analytical service colleagues in The Scottish Government to perform national economic analyses and investigations of the health-economic basis of AHP interventions
- develop strong links with academic partners
- strengthen links between improvement science and research
- support and evaluate innovative interventions on meeting personal outcomes.

#### Local systems will be supported and encouraged to:

- create capacity and infrastructure for staff to access research evidence and develop improvement skills
- employ the practice education workforce across health and social care to support learning and development
- scope opportunities to support clinical-academic careers.

## Workforce

AHPs will comprise a competent, skilled and knowledgeable workforce that is flexible and responsive to the needs of the population.

AHPs want a commitment to staff and team development, training and education to prepare the workforce for change. They want to develop extended professional roles to support sustainable multi-disciplinary team-working, explore ways of enhancing skill mix and making better use of support worker roles, and define shared roles and competencies across professions and organisations.

With rising demand on health and social care services, the development of a nationally agreed, evidence-based AHP workforce planning tool should be explored, as set out in the National Workforce Plan. This will make a major contribution to supporting senior managers across health and social care in planning an effective workforce.

#### So action will be taken nationally to:

- explore an AHP workforce planning tool and workforce prediction tools for skill-mixed AHP services
- develop operational-measures tools to capture current and future ways of working
- explore national frameworks and infrastructure to address professional governance issues
- progress definitions and skill sets to support advanced practice/senior practitioner roles and develop nationally agreed generic competencies to support future pathways through the Transforming Roles programme.

#### Local systems will be supported and encouraged to:

- develop advanced practice and support worker roles that use nationally agreed definitions, based on service needs and configuration
- scope opportunities for role development across partner organisations
- work with local health and social care partnerships to ensure AHPs are working effectively across health and social care.

## WHAT PEOPLE CAN EXPECT

The table below lists the six ambitions, summarises the long-term objectives and describes what people can expect when AHP services are working to them.

THE VISION FOR AILP			
Allied health professionals will work in partnership with the people of Scotland to enable them to live healthy, active and independent lives by supporting personal outcomes for health and wellbeing			
	AILP ambition statements	Outcomes	What people can expect
<b>AILP ambitions</b>	To meet the health, care and wellbeing needs of the population now and in the future:	By 2020, working with local partners, the programme aims to:	What people can expect:
<b>Health and wellbeing</b>	AHPs need to prioritise health promotion, prevention and early intervention strategies across all services, underpinned by personal-outcomes approaches and inclusive information	prioritise prevention and early intervention as a key focus of AHP service delivery, whether through direct preventative approaches or partnership-working with other agencies	<ul style="list-style-type: none"> <li>• availability of evidence-based, inclusive self-management information provided by AHPs</li> <li>• access to AHP interventions at the earliest time for maximum benefit</li> <li>• brief interventions from AHPs to promote health and wellbeing</li> <li>• discussions with an AHP regarding their health and wellbeing will be routine, as and when appropriate</li> </ul>
<b>Access</b>	people need easily accessible routes to AHP services and information when required	offer timely access to AHP services to people who need assistance or advice to live independently	<ul style="list-style-type: none"> <li>• easy access and self-referral to all AHP services</li> <li>• simple re-routing from AHP services to other services if required</li> <li>• use of web-based technology to access services/information/advice</li> </ul>
<b>Awareness</b>	the public and other stakeholders need to be aware of AHP services in their local communities	ensure that the general public, third sector organisations and health and social care staff have a better understanding of the contribution AHPs make to promoting healthy and independent living	<ul style="list-style-type: none"> <li>• AHP services embedded within the 'Know Who To Turn To' directory of services</li> <li>• AHPs who are aware of the health and wellbeing resources and amenities available in the communities in which they work to signpost people to the most appropriate services</li> </ul>
<b>Partnership-working</b>	AHPs need to think about different ways of working with people who use AHP services	have developed AHP pathways that are multi-agency where appropriate, and partnership approaches that improve people's health and wellbeing	<ul style="list-style-type: none"> <li>• pathways across agencies that set out the AHP contribution to supporting health and wellbeing</li> <li>• people's goals inform AHP actions</li> <li>• less duplication of assessment</li> </ul>
<b>Research and innovation</b>	AHPs need to deliver excellence through improvement, innovation and research	ensure that research and innovation will be key to any service redesign	<ul style="list-style-type: none"> <li>• technology supporting interventions, if required</li> <li>• evidence-based interventions</li> <li>• AHPs at the forefront of research into prevention and early intervention, and rehabilitation</li> </ul>
<b>Workforce</b>	AHPs will comprise a competent, skilled and knowledgeable workforce that is flexible and responsive to the needs of the population	have an AHP workforce that will be delivering the right care in the right place	<ul style="list-style-type: none"> <li>• appropriately trained and informed AHPs</li> <li>• an appropriate number and skill mix of AHPs providing local services</li> <li>• information about the recommended skill mix and number of AHPs working in their local area</li> </ul>

## Measuring success

The measure of success for the programme will be not only how well the six ambitions have been achieved, but also the impact specific targeted approaches have had on people's experiences, key national actions from the Health and Social Care Delivery Plan and objectives from NHS boards' and integration authorities' strategic plans. Identified priority work streams will be measured through rigorous improvement methodologies and national evaluation strategies and will be published through the [ALP community of practice](#).

Delivering this transformational programme will require leadership for quality improvement, research and real partnership-working across health and social care, as well as the third sector and other agencies. It will also require AHPs to work in new, flexible and innovative ways, thereby supporting the people of Scotland to live healthy, active and independent lives.

## APPENDIX 1. WELLBEING APPROACHES ACROSS THE LIFE-COURSE

WELLBEING APPROACHES			
	Move and Improve	Eat Well	Make Every Communication Count
Starting well	AHPs will work collaboratively with partners to improve physical activity in children and young people, building on evidence and current best practice and linking with public health. Examples include further expansion of the Daily Mile in schools, nurseries, colleges and universities.	AHPs will work with colleagues, including midwives, health visitors and school nurses, to build on successful evidence-based interventions and develop multidisciplinary programmes to support early maternal nutrition, breastfeeding, weaning and healthy eating approaches for mums and children.	AHPs will develop and deliver a national programme based on evidence and current best practice to support children in their speech, language and communication competencies, enhancing participation and attainment through developmental and targeted approaches, in partnership with teachers, education teams and parents.
Living and working well	AHPs will work across agencies to generate a range of approaches to support physical activity in the working-age population, including the expansion of the Daily Mile to workplace settings, linking with Healthy Working Lives and other partners, particularly in support of mental health exercise-based interventions for people with depression and links with wider workplace-based initiatives, including Eat Well and the delivery of the Mental Health Strategy.	AHPs will work across agencies and with partners, including Healthy Working Lives, to support adults in the workplace in making healthy eating choices and creating workplaces that enable healthy approaches to support staff wellbeing, including Move and Improve, as well as enhancing staff engagement and productivity.	AHPs will use every contact and clinical encounter as an opportunity to explore what 'matters to you', the work question and generate conversations that matter about future health and wellbeing, in particular relating to Move and Improve and Eat Well. In addition, AHPs will strive to exemplify inclusive communication as standard in the information and advice generated and approaches developed going forward.
Ageing well	AHPs will support the implementation of Care About Physical Activity (CAPA), a programme of work funded by Active Scotland Division and led by the Care Inspectorate, which aims to build on the skills, knowledge and confidence of social care staff to enable those they care for to increase their levels of physical activity and move more often.	AHPs will work with GPs and other partners to explore and co-produce evidence-based approaches and pathways to support healthy eating within the older population, including managing malnutrition, the social dimension of food and eating, and the appropriate prescription and review of oral nutritional supplements in community settings.	AHPs will continue to support the Making Every Moment Count (MEMC) initiative in the care sector and work in partnership to explore integrating this work in other care sectors.





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