

Scottish Allied Health Professions Public Health Strategic Framework Implementation Plan

2022 to 2027

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Foreword

As we move into the recovery phase of the COVID-19 pandemic, it is more important than ever to take an explicit public health focus to how we prioritise and deliver health and social care to the people of Scotland. We have collectively experienced a period of great challenge, with widening health inequalities and access to services frequently disrupted to accommodate the response to the COVID-19 pandemic. During this difficult time, I am proud of the hard work and dedication shown by our Allied Health Professionals (AHPs) in their resilience and ability to adapt when providing their services and care.

AHPs work across health and social care in Scotland, to enable those who need services to live their lives to the full at home, in the community, in education and at work. The breadth of services they provide and their range of expertise makes them ideally placed to continue to build on good practice in public health, with their focus on early intervention, prevention and wellbeing.

I am pleased to present the Scottish AHP Public Health Strategic Framework Implementation Plan, which clearly sets the ambition that in Scotland AHPs will be leaders in public health. It is a plan of how AHPs can be supported and empowered to expand upon and develop further the leadership role in public health improvement that they already play.

The overall ambition for the role of AHPs in public health has been set through collaborative work across the four nations, with the development of the UK AHP Public Health Strategic Framework 2019 – 2024. We have taken the ambition and goals from the UK Strategic Framework and set it into the relevant context for Scotland. In order to achieve this, a Stakeholder Reference Group was established and was chaired by Dr Ruth Campbell (Consultant Dietitian in Public Health Nutrition NHS Ayrshire & Arran). I am grateful for the time, dedication and ambition that Dr Campbell has put in to the development of this Scottish Implementation Plan. I would also like to thank the members of the Stakeholder Reference Group who provided detailed engagement in setting the UK Strategic Framework's goals into the Scottish context.

We have taken a five year view when establishing the actions that are required to help us meet the ambitions of the UK Strategic Framework. We know that to achieve our goals in an ever shifting and challenging healthcare context, that a degree of flexibility will be required. It will also require the collaborative effort of all stakeholders in Scotland at national and local levels, to embed the aims of this implementation plan into their work and to recognise that public health continues to play a core part of the role of all AHPs. I am proud of the ambition of this Implementation Plan and hope that stakeholders will find it a helpful starting point to create their own implementation plans to continue to embed public health practices in their work and services locally.

Carolyn McDonald
Chief Allied Health Professions Officer

Introduction

The first UK wide Allied Health Professions (AHPs) Public Health Strategic Framework 2019-2024 was published in 2019.¹ 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 self-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 professional organisations, NHS Boards and Public Health Scotland.

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 with the expectation that local implementation plans will be made in support of this. Implementation will mark a positive step in the quest to maximise the AHP impact to population health and a National Oversight Group in reviewing progress will be key to enable this.

Allied Health Professionals

AHPs encompass a broad group of 14 health professions, who make up the third largest workforce in the NHS Scotland. These 14 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.

¹ [UK AHP Public Health Strategic Framework 2019-2024.pdf \(ahpf.org.uk\)](#)

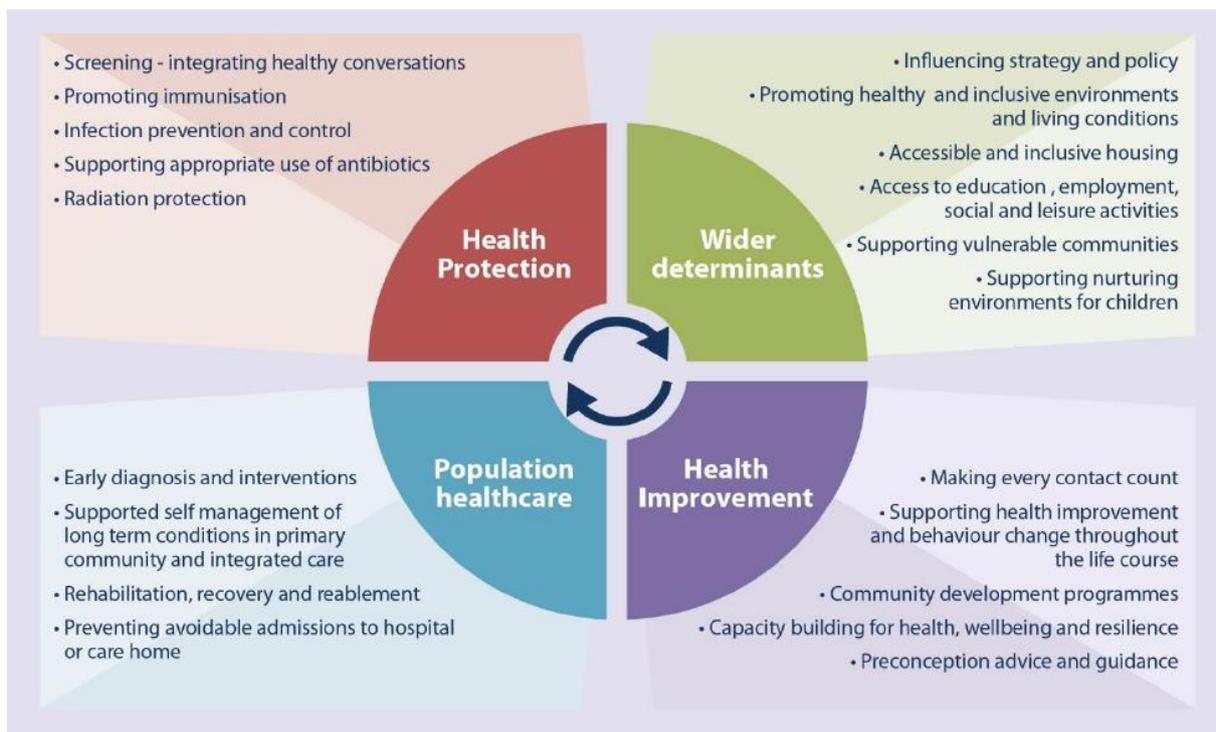
AHPs support people of all ages to live healthy, active and independent lives. The breadth of AHP skills and their reach across the life course, third sector, communities and in health and care settings makes them ideally placed to be leaders within public health improvement. Their expertise is used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

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 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.

Image 1: the public health potential of AHPs – a model



Source: [UK AHP Public Health Strategic Framework 2019-2024.pdf \(ahpf.org.uk\)](https://ahpf.org.uk/wp-content/uploads/2019/07/UK-AHP-Public-Health-Strategic-Framework-2019-2024.pdf)

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

² [UK AHP Public Health Strategic Framework 2019-2024.pdf \(ahpf.org.uk\)](https://ahpf.org.uk/wp-content/uploads/2019/07/UK-AHP-Public-Health-Strategic-Framework-2019-2024.pdf)

- 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 is 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 includes health promotion, prevention, early intervention, treatment, and recovery focused approaches.
- Antimicrobial resistance and Infection prevention and control for Allied Health practices implements an infection prevention and control strategy to minimise the spread of infectious agents.
- Children and young people – prevention and early intervention is at the heart of children’s services. AHPs works with children and young people, their parents, carers, families, stakeholders and communities to improve their well-being and outcomes.

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

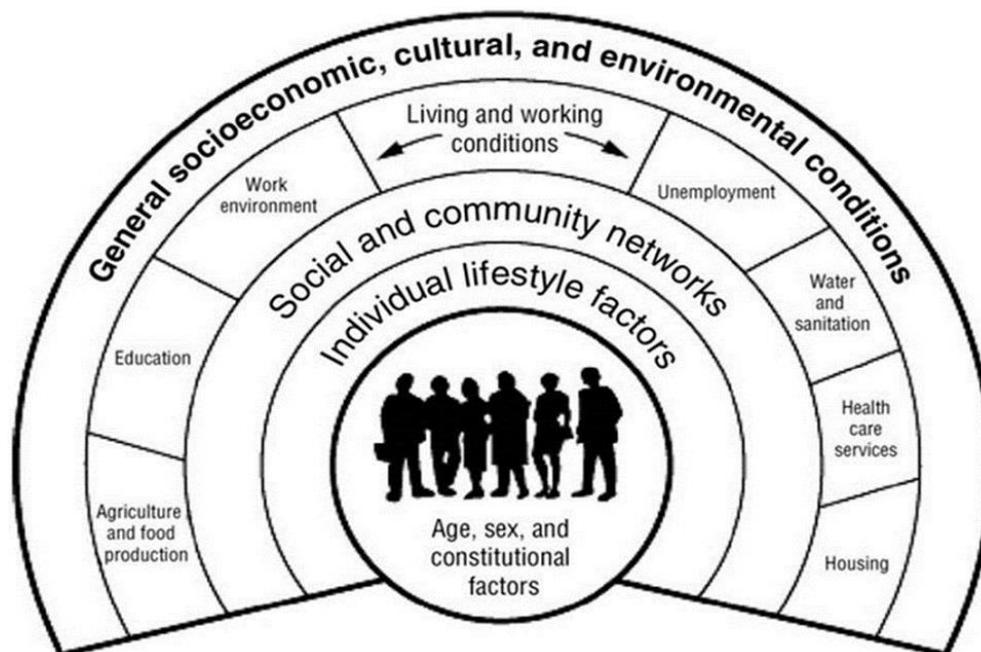
support the improvement of health and wellbeing and the reduction of inequalities within communities.

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.

Image 2: the Dahlgren and Whitehead model of health determinants and interconnectedness of health inequalities

The broad social and economic circumstances that together determine the quality of the health of the population are known as the ‘social determinants of health.’



Source: Dahlgren and Whitehead (1991)

This shows:

- personal characteristics occupy the core of the model and include sex, age, ethnic group, and hereditary factors
- individual ‘lifestyle’ factors include behaviours such as smoking, alcohol use, and physical activity

- social and community networks include family and wider social circles
- living and working conditions include access and opportunities in relation to jobs, housing, education and welfare services
- general socioeconomic, cultural and environmental conditions include factors such as disposable income, taxation, and availability of work.

It is recognised action on health inequalities will require AHP action across all of the social determinants of health and across the life course.

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 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 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

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 We know that children and young people have had their access to school, social activities and employment

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-for-the-future-2019/pages/10-12-population-and-demography.aspx)

⁴ [Coronavirus \(COVID-19\): impact on equality \(research\) - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-impact-on-equality-2020/pages/1.aspx)

⁵ [Scotland's public health challenges - About Public Health Scotland - Our organisation - Public Health Scotland](https://www.gov.scot/publications/scotland-public-health-challenges-2020/pages/1.aspx)

⁶ [Young people - Population groups - Public Health Scotland](https://www.gov.scot/publications/young-people-population-groups-2020/pages/1.aspx)

- 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 are 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 delivering on national priorities such as mental health and wellbeing, physical activity, diet and healthy weight and health literacy as examples.

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 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 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.

¹³ [National Performance Framework | National Performance Framework](#)

¹⁴ [Wellbeing Report - Chapter 1 | National Performance Framework](#)



Image 3: Scotland's National Performance Framework, [National Performance Framework | National Performance Framework](#)

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 – the Framework was published on the Scottish Government Website, promoting the optimisation of population health and wellbeing.¹⁵ In January 2016, Ready to Act - A transformational plan for Children and young people, their parents, carers and families who require support from AHPs was published on the Scottish Government Website, to support the health and wellbeing of children and young people to meet evolving needs¹⁶; an essential component of AILP.

Its core ambitions included a focus on public health, earlier 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 by a National Oversight Group 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.

¹⁵ [The active and independent living programme 2016-2020 - gov.scot \(www.gov.scot\)](http://www.gov.scot)

¹⁶ <https://www.gov.scot/publications/ready-act-transformational-plan-children-young-people-parents-carers-families/pages/2/>

AHP Public Health Driver Diagram

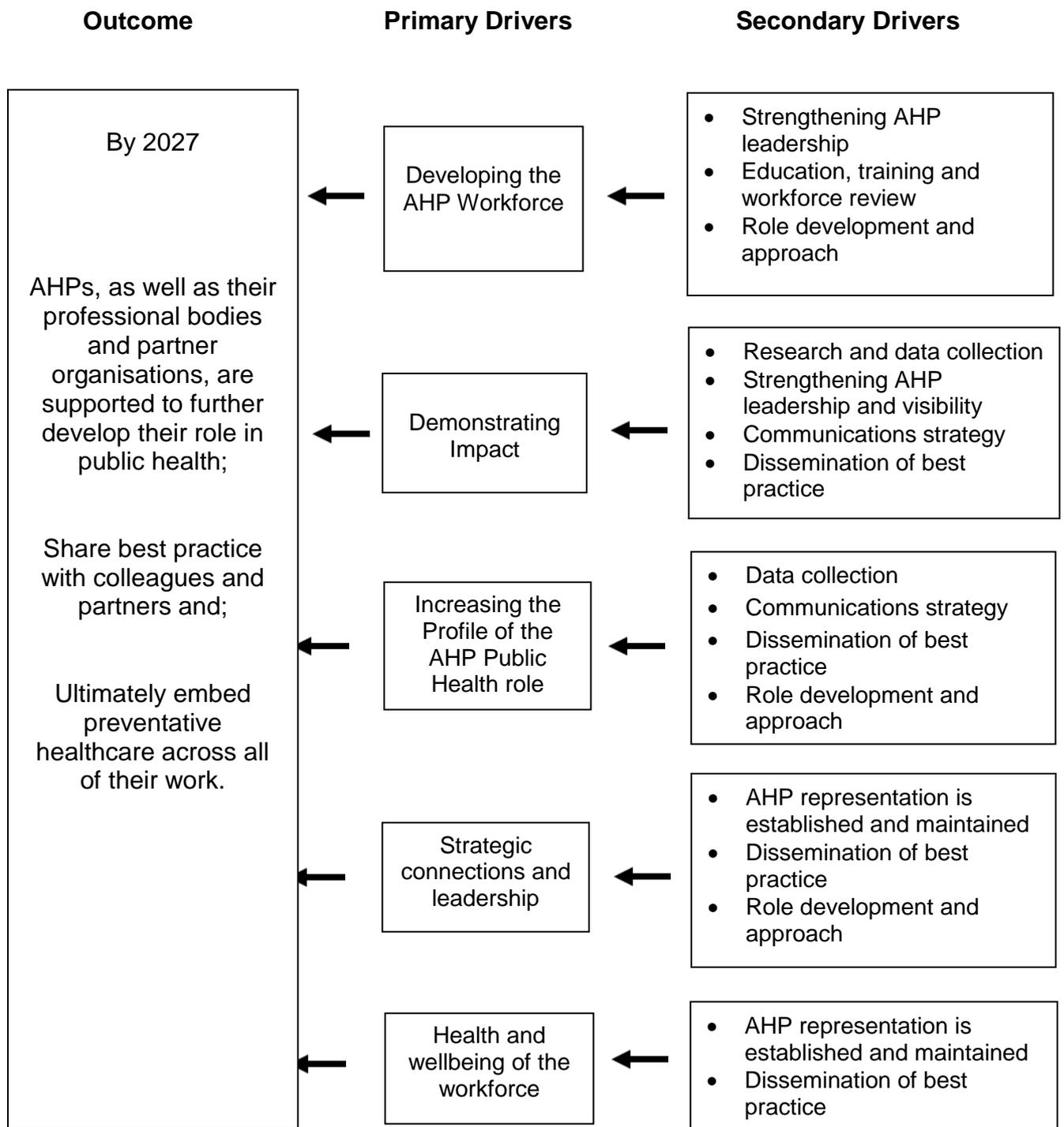
Driver Diagrams are structured charts that translate a high level improvement goal into a logical set of high level primary drivers that need to be influenced in order to achieve your goal.

The direct drivers towards our vision focus on five strategic goals in alignment across the four Nations which are underpinned by specific action over 2022 – 2027. Below outline our specific goals:

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

These are summarised in Chart 1 and discussed in more detail further in the plan.

Chart 1 – Driver Diagram



- Each strategic objective (primary driver) 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 further develop 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 five 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: Developing the AHP Workforce

To ensure the AHP workforce will have the skills, knowledge and behaviours to promote, improve and protect the health and wellbeing of individuals, communities and populations.

We recognise that a foundation in public health is already included in 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. It is also key this extends to continued professional development offers available on TURAS and Learn Pro.

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 across the career pathway. 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.

Key outcomes include:

- AHPs on qualification have basic skills, knowledge and attributes to promote, improve and protect the health and wellbeing of individuals, communities and populations;
- AHP students have opportunities to experience public health work during practice placements;
- AHPs already in practice have basic knowledge and skills to promote, improve and protect the health and wellbeing of individuals, communities and populations.

Increasing AHP access to funded quality improvement and educational opportunities

The Scottish Government commissions NHS NES to deliver a Dementia Champion programme which is open to AHPs, nurses and other healthcare professionals. It is an intensive 8-month long programme delivered by the Alzheimer Scotland Centre for Policy and Practice, University of the West of Scotland in partnership with people with lived experience. It enables participants to develop enhanced knowledge as defined by Promoting Excellence (Scottish Government 2021) in delivering rights based dementia care and to make a significant difference to their care of people living with dementia and their families.

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 \(publichealthscotland.scot\)](http://publichealthscotland.scot)

What?	By when? (short, medium or long term)	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	Short	All

more sustainable and informed approach to workforce planning for AHPs.		
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 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 NHS Education for 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 Advancing Practice through role development – outlined by NHS Education Scotland, a commitment to maximising the contribution of the Nursing, Midwifery and Health Professions (NMAHP) workforce and pushing the traditional boundaries of professional roles, ¹⁷ supporting a Once for Scotland approach.	Short medium	Scottish Government NHS Education for Scotland AHP Directors Health Workforce
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	Medium	NHS Education for Scotland Scottish Government

¹⁷ <https://www.nes.scot.nhs.uk/our-work/transforming-nmahp-roles/>

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.		Higher Education Institutions 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 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

Strategic Goal 2: Demonstrating Impact:

To ensure AHPs will be able to demonstrate their contribution to improved population level health outcomes through robust evaluation and research.

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.

Key outcomes include:

- AHPs understand that inequalities require to be a fundamental consideration of their practice;
- AHPs have access to agreed tools which demonstrate the impact of their contribution to public health;
- AHP practice incorporates early intervention and prevention approaches;
- AHPs have access to practical resources to enable them to fulfil their public health role.

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 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. 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.

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 hosted on the Royal Society of Public Health website 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 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 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 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 create Scottish-specific resources and promote resources such as the NHS Health Education England '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

To ensure AHPs will be recognised as valuable public health experts through ongoing profile raising of the AHP contribution to public health.

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 repository¹⁸ and the AHP Scots Blog,¹⁹ 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.

Key outcomes include:

- AHPs understand their profession's role and contribution to public health, prevention and early intervention;
- External partners understand the AHP contribution to public health, prevention. and early intervention.

The Royal Society for Public Health's Allied Health Professions Hub: [RSPH | Allied Health Professions hub](#)

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.

AHP Scot Blog: [AHPs across health and social care. \(wordpress.com\)](#)

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.

¹⁸ [RSPH | Case Studies](#)

¹⁹ [AHPs across health and social care. \(wordpress.com\)](#)

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.	Ongoing	Scottish Government AHP Directors Chief Allied Health Profession Officer
<p>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.</p> <p>These webinars will feature AHP leaders working across all settings and will reflect both local and national work with opportunity for wider collaboration and engagement across the Health and Social Care system to support AHPs in raising their profile.</p>	Short	Chief Allied Health Profession Officer Scottish Government NHS Education for Scotland Public Health 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
We will task a working group to identify and develop a communication plan and support the development of a community of practice which includes effective use of social media and other communication channels to promote the AHP contribution to public health, strengthening links with the existing national AHP social media group.	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.	Short Medium	AHP Federation Scotland

Strategic Goal 4: Strategic Connections and Leadership:

To ensure effective relationships will exist between AHPs and system leaders at local and national levels to make best use of AHPs to improve public health and reduce inequalities.

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 key leadership will enable AHPs to feel listened to and better valued.

Key outcomes include:

- AHPs have leadership skills to articulate their contribution to public health, prevention and early intervention;
- AHPs have strong relationships and connections with system leaders to improve population health and reduce inequalities.

What?	By when? (short, medium or long term)	Partner
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 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 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
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

Strategic Goal 5: Health and Wellbeing of the Workforce

To ensure the expertise of AHPs will be used to protect and improve the health and wellbeing of health and care workers.

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.

Key outcomes include:

- AHPs are supported to protect and improve their own health and wellbeing;
- AHPs will contribute to improving the health and wellbeing of the health and care workforce.

What?	By when? (short, medium or long term)	Partner
We recognise that work and employment are one of the determinants of the health and wellbeing of the workforce and we will support AHPs in supporting people into work and returning to work.	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

<p>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.</p> <p>To build on this, we will promote the use of mental health first aiders resource widely Scotland's Mental Health First Aid (smhfa.com).</p> <p>We will continue to raise awareness of the full range of support available to the health and care workforce from local Occupational Health services.</p>	Ongoing	AHP Directors Health Boards and Managers
<p>We will continue to support delivery of a range of initiatives to promote the health and wellbeing of student AHPs.</p>	Ongoing	HEIs Health Boards and Managers
<p>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.</p>	Short Medium	Scottish Government
<p>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.</p> <p>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.</p>	Medium	Scottish Government NHS Boards
<p>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.</p>	Medium Long	Scottish Government

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.

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 Scottish Directors of Allied Health Profession (SDAHP).

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 four nations and AHP professions. A National Oversight Group will support this. 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 National 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 five strategic goals.

Appendix 1: AHPs in Action – Examples of Good Practice

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.

All case studies have been reproduced with permission from the author.

Case study 1: Speech & Language Therapy – a transformational approach for children and young people, NHS Forth Valley

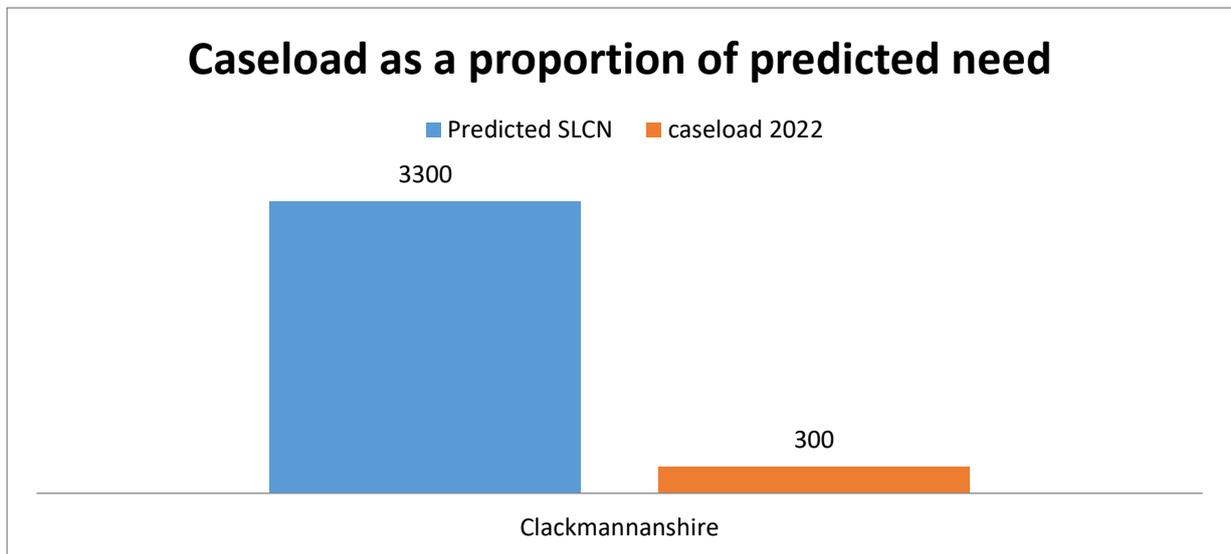
Beginning in 2019, NHS Forth Valley Speech and Language Therapy (SLT) has worked in partnership with three local authorities to undertake a transformational approach to improving outcomes for children and young people (C&YP). Amongst the key drivers for change was the need to address health inequalities, with recognition that many families living in poverty were not accessing AHP expertise in the traditional 'refer, assess, treat model'. We aimed to answer the fundamental question; 'What do children with communication needs require in order to be safe, healthy, achieving, nurtured, active, respected, responsible and included?'

Our shared vision is that C&YP in Forth Valley will demonstrate improved outcomes through access to a SLT service that is based on relationships, is accessible, person centred, outcome focused, integrated and delivers quality universal, targeted and individualised support.

Outcomes

- Speech and Language Therapists are now closer to the communities we serve, working with individual education settings to offer a balanced system (Gascogne, 2018) with quality universal, targeted and individualised approaches to the many children with an 'unseen need.'
- In Clackmannanshire for example, 3300 C&YP have a predicted Speech, Language and Communication Need (SLCN). As the current caseload is 300 C&YP, this indicates that individualised supports alone would only meet the needs of 10% of C&YP with SLCN.
- This academic year, C&YP in Clackmannanshire have accessed targeted and universal SLT support through
 - **Environment**– 15 education placements trained in excellent communication environment
 - **Workforce** - An increasingly skilled and knowledgeable workforce – 46 training events delivered within placements to 530 staff in total
 - **Identification** – 252 targeted, pre-request support conversations with education staff

- The request rate from education has dropped from 55% to 34% between 2018/19 and 2021/22
- **Intervention** - SLTs delivering interventions in whole classes 50 times, and in targeted groups 44 times.



C&YP are now accessing expertise without the need for a request for assistance and as we increase our early intervention and prevention offers fewer C&YP are requiring to be stepped into individualised level.

In partnership with education we have transformed our service. A greater number of C&YP living in poverty are accessing quality services closer to their community and there is evidence to demonstrate that we are closing the spoken language gap, improving attainment, participation and the wellbeing of the people we serve.

Case Study 2: Art Therapists 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. 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.



A parent painting a picture with her young child.

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.

Case Study 3 – Physiotherapy Programme at Robert Gordon University – NHS Orkney

As part of the newly developed undergraduate Masters of Physiotherapy programme in Robert Gordon University (RGU) which incorporates public health learning, a split physiotherapy student placement was established in NHS Orkney between the Paediatric Physiotherapy Service and the Public Health Department. This placement was an opportunity to consolidate and embed the principles of Public Health learnt through the undergraduate physiotherapy programme in RGU into practice.

To achieve the learning outcomes required within the Public Health aspect of the placement, the student was given opportunities to visit partner organisations with a focus on child health and wellbeing such as Home Start Orkney and Bookbug sessions. A child health and wellbeing focus was chosen as much as possible to support the connection between the two split areas of work.

Within the department, the student shadowed smoking cessation staff and the WELL programme staff who deliver face to face public health-based interventions to individuals. The student was challenged to use their developing people skills and note taking skills to practice how they would approach these interventions. They observed 'Living Life to the Full' group sessions lead by Public Health and then were supported to develop and deliver desk-based exercise workshops for delivery to staff at Orkney Islands Council.

Within this placement, the student was required to present to the Public Health team on the topic of 'How to Achieve a More Active Scotland'. This activity challenged the student to consider the national and local context of physical activity in Orkney and make evidence-based recommendations for future Public Health work.

The student managed well with the split placement and achieved the outcomes required in both areas of work. The main benefits from the Public health aspect of the placement which the student identified were increased knowledge of the Public Health system, being aware of services to sign post people to and learning how to communicate with people in relation to sensitive issues.

RGU has a commitment to offering authentic and contemporary placements to its physiotherapy students. This partnership with NHS Orkney allowed the student to explore at first hand the importance of Public Health and role of physiotherapy within Public Health. This placement also offered development of broader professional skills including communication, collaboration, networking, and partnership working all of which are essential for the evolving healthcare environment.

Case Study 4 - Get Nourished: preventing, identifying and treating malnutrition in older people in Dundee – NHS Tayside

It is estimated that one in ten people over the age of 65 are malnourished or at risk of malnutrition. It is both a cause and consequence of ill-health but is often overlooked¹. It was predicted that the COVID-19 pandemic would exacerbate nutritional risk due to limited access to shopping and a reduction in essential care and support². Restrictions on face-to-face activities required innovative ways of working and partnership with a number of organisations. Five initiatives were used to prevent and improve the detection and management of malnutrition in older people in Dundee.

1. Staff and volunteers were trained to use the Patients Association Nutrition Checklist to identify people at risk of malnutrition, give basic advice and signpost to services for further support. Feedback indicated that it was easy to use.
2. A telephone advice line was established for people concerned about malnutrition risk either in themselves or someone they care for. Individuals were screened for malnutrition risk, provided with first line nutritional advice and signposted to other services where appropriate. Seventy people called the advice line over a one year period, 51% of whom were able to fully implement the advice provided and 25% implemented it partially.
3. People identified as being at risk of malnutrition were offered Boost Boxes. These contained 14 nutritious snacks to provide extra nourishment when appetite was reduced. Trained volunteers delivered the Boost Boxes, reviewed their use weekly and refilled the boxes where appropriate for three weeks. Ideas for suitable snacks were discussed if appetite remained reduced after the three-week period, enabling self-management of long term conditions to prevent avoidable admissions to hospital or care homes. Over a one-year period, 150 Boost Boxes were delivered. Some of those referred had complex and chaotic lives and food insecurity was the main issue rather than poor appetite. Availability of Boost Boxes needs to be continuously advertised to promote their use.
4. An existing supper club was adapted to provide a weekly meal delivery service and social check-in. Meals were cooked by staff in a local school that had been furloughed and delivered by healthcare support workers. Additionally they received weekly telephone calls to reduce social isolation. Between March and October 2020, over 3000 meals were delivered and over 1600 phone calls were made. Evaluation indicated a number of benefits including being better nourished, feeling physically healthier and feeling valued and supported by the community. One recipient commented “It has helped me a great deal especially as I have no family nearby. Getting a phone call and knowing where to turn for support is brilliant. I really appreciate everything. I would like to come to the supper club when it starts up again.”
5. Short training videos were developed and made available on YouTube, which enabled training to be delivered quickly, efficiently and consistently. A professionally produced training video on recognising the signs of symptoms of malnutrition is being developed. This will be endorsed by the Care Inspectorate and Healthcare

Improvement Scotland, with the aim that care providers will include it within their mandatory training.

References

¹Malnutrition Task Force (2021) *State of the Nation 2021: Older People and malnutrition in the UK today*. Available from <https://www.malnutritiontaskforce.org.uk/> (Accessed: 28th February 2022).

Appendix 2: Public Health Resources

NHS Education for Scotland and Public Health Scotland

[Mental health improvement, and prevention of self-harm and suicide](#)

BDA

[Who can have healthy conversations?](#)

Scottish Government and Scottish Third Sector Research Forum

[Why Involve the Third Sector in Health and Social Care Delivery?](#)

AHP Third Sector - Alzheimer Scotland

A suite of evidence based AHP led self-management resources are easily accessible for people worried about their memory or supporting a person with dementia. All available at www.alzscot.org/ahpresources and shared daily at @AHPDementia and on a weekly blog at <https://letstalkaboutdementia.wordpress.com/>

Public Health Information Network for Scotland

[Local Developments in Public Health Information](#)

TURAS

[Quality Improvement Zone](#)

NHS Inform

[12 Week Weight Management Programme](#)

Appendix 3: 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 - Occupational Therapist, NHS Fife

Amanda Wong – Associate Director of Allied Health Professions, NHS Fife representing Scottish Directors of Allied Health Profession (SDAHP)

Anne Brockman - AHP Lead, NHS Grampian

Catherine Totten – AHP Lead, State Hospital and SDAHP

Dr Claire James - Deputy Head of Podiatry, NHS Lanarkshire

Eithne MacPherson - Therapeutic Radiography, NHS Greater Glasgow & Clyde

Professor Elaine Hunter – National AHP Consultant, Alzheimer’s Scotland

Euan Clipston – Diagnostic Radiography, NHS Tayside

Fiona Macdonald – Workforce Development Lead, Public Health Scotland

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

Glenn Carter - Speech and Language Therapy, NHS Forth Valley

Hannah Casey – Physiotherapy, NHS Orkney

Professor Helen L Gallagher, Vice-Dean of the School of Health and Life Sciences and Representative for the AHP Academic Heads Group

Helen McFarlane – NHS Education Scotland

Kate Pestell – Arts Therapies, NHS Lothian

Jane Holt – Physiotherapy, NHS Ayrshire and Arran

Linda Currie – Associate AHP Director, NHS Highland

Lesley Leishman – Robert Gordon University (deputy for Helen Gallagher)

Moraig Rollo – Paramedics/Scottish Ambulance Service

Paula Callaghan – Orthoptist, NHS Lanarkshire

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

Samantha Flower – AHP Professional Lead, NHS Greater Glasgow and Clyde (deputy for Elaine Hunter)

Sheena McDonald – Dietetics, NHS Dumfries & Galloway

Tracy MacInnes – Dietetics and representative for AHP Federation Scotland (AHPFS)

Scottish Government – Chief Nursing Officer Directorate, Strategy and Policy Team



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