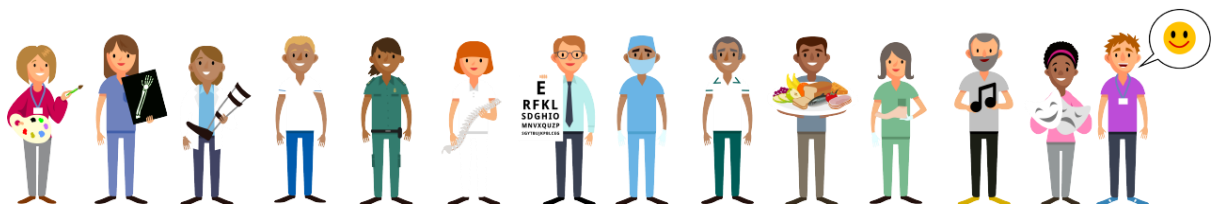


#AHPs in Mental Health & Learning Disability

Toni King

19 Aug 2021



Executive Summary

This report summarises a project coordinated via the Allied Health Professions (AHP) Faculty for Hampshire Isle of Wight (HIOW) focussed on the AHP workforce in Mental Health & Learning Disability. The project took place between March 2020 and July 2021 using multiple approaches over an extended time period due to the advent of Covid-19. Thirteen findings are presented from this robust engagement exercise.

Workforce Data

- i. AHP Workforce modelling by clinical pathway is limited by the absence of reliable, specific data
- ii. Data from this project highlights under-representation of AHPs in clinical populations highlighted for prioritised expansion in the NHS Long Term Plan.
- iii. Taking a place-based approach highlights the limited locations of small AHP professions and isolation of some clinicians.

Workforce Supply

- iv. 82% of survey respondents offer zero or one student placement per year (noting that Occupational Therapy is the only AHP that specifies MH/LD undergraduate placement). Increased awareness of their input and the wider need plus practical examples increases activation in this area
- v. Staff have detailed examples of barriers and suggested solutions to increase clinical placements
- vi. Support staff roles are relatively small in number and practical barriers have hindered the development of some who wish to train

Workforce Retention & Development

- vii. 83% of staff are happy with the clinical supervision structure in place. Senior staff and smaller AHPs are less likely to have access to profession-specific clinical supervision
- viii. 56% of staff feel they need to leave their current employer in order to progress. Confidence in effective succession planning for AHPs is low.
- ix. Awareness of how to use structures and processes which are in place to address AHP specific professional priorities (ie training / use of appraisal) is limited.
- x. Opportunities to develop additional clinical(?) skills, to be involved in innovation and to share learning were highly valued
- xi. 49% of staff felt professionally isolated. Possible associations with employer or supervision model are presented.
- xii. Aspiration to increase AHP careers in mental health & learning disability was a clear motivator for staff.
- xiii. The Forum for Advanced & Consultant practitioners in Mental Health & Learning Disability is established and valued but is not achieving its potential.

Recommendations cover five areas, detailed within the report, and summarised as:

1. Development of AHP Faculty Dashboard and improved use of Area of Work ESR coding to enable effective, agile response to workforce need by profession and clinical pathway.
2. Development of a centralised placement management system, plus increased opportunity and expectation that AHP students will have placements in mental health & learning disability services.
3. Greater focus on strengthening and developing the AHP support workforce.
4. Place-based approaches to ensuring access to supervision options, career pathways and improved awareness, access and support to undertake profession specific training and development.
5. Coordination and evaluation of the four future-proofing initiatives delivered.

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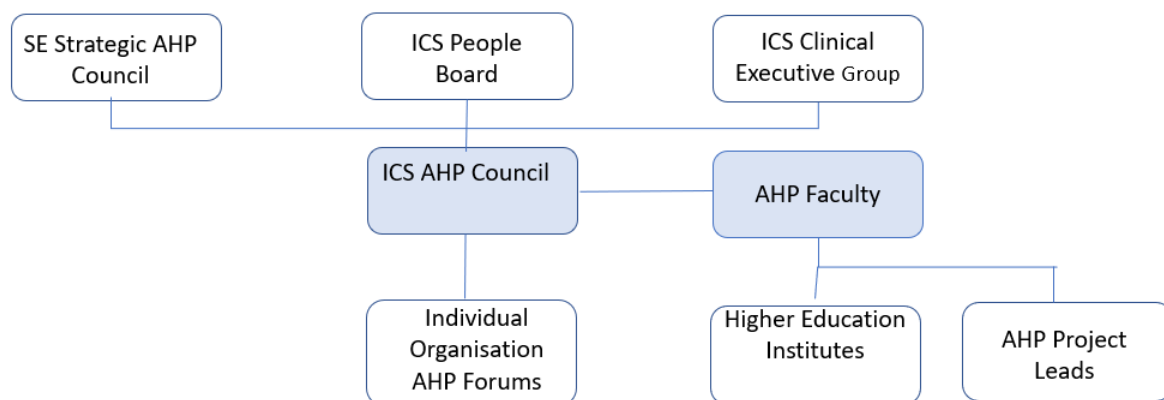
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1 Background

Health Education England forecast a required growth of over 27, 000 AHPs (Allied Health Professionals¹) in order to deliver the ambitions of the NHS Long Term Plan by 2024 in Englandⁱ. In 2019 Health Education England piloted the development of AHP Faculties in each system to support the coordination of workforce planning, development and transformation of the 14 Allied Health Professions across the multiple education, commissioning, and employing organisations involved. The Hampshire Isle of Wight (HIOW) AHP Council submitted and was successful in securing funding to undertake a ‘testbed’ project as part of these newly developing AHP Faculties. Figure 1 maps out the now established position of the AHP Faculty in Hampshire Isle of Wight (HIOW).

Figure 1 Organisational Structure. AHP Faculty in Hampshire & Isle of Wight Integrated Care System at the start of the project*.



*A review of the governance structure within the ICS is currently under way and there may be changes to the AHP reporting

The successful bid was for a project focussed on AHP workforce supply, retention and development within Mental Health and Learning Disability (MHLD) services across children and adults and adopted the title of #AHPsinMHLD. The overall vision was to work toward:

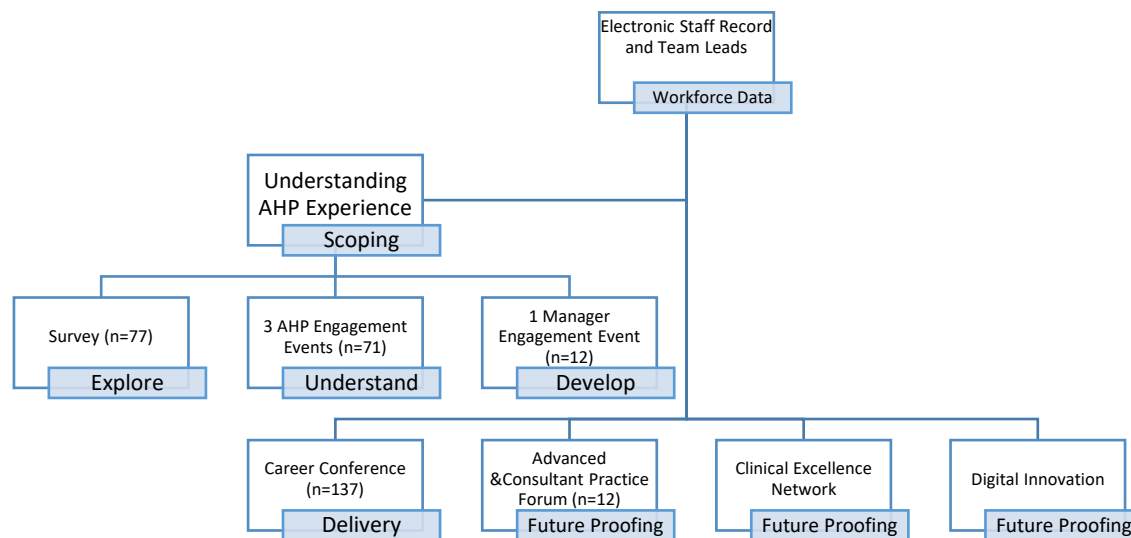
- A connected and engaged workforce
- Mid-career development and career planning
- Inspiring and supporting next generation
- Reduced AHP vacancy rates
- A well-coordinated apprenticeship programme
- Increased job opportunities
- Improved patient care

¹ Allied Health Professions are: art therapists, drama therapists, music therapists, podiatrists, dietitians, occupational therapists, operating department practitioners, orthoptists, osteopaths, prosthetists and orthotists, paramedics, physiotherapists, diagnostic radiographers, therapeutic radiographers, speech and language therapists.

2 Approach

The original timelines and approach were adjusted due to the advent of Covid-19 so that an extended project rather than focussed ‘snapshot’ was undertaken. The Approach taken is outlined in Figure 2.

Figure 2. Approach of #AHPsinMHLD Project



3 Findings & Analysis

3.1 Workforce Data

Identifying workforce within clinical pathways within a whole ‘place’ is complex. The Electronic Staff Record (ESR) data extraction provided detail from the 3 community NHS Trusts i.e. the most obvious providers of relevant services. This was not a complete picture. A quality improvement approach was adopted to solving the following problem: ‘Unable to identify a complete list of HIOW AHP staff working in mental health and learning disability roles’. Via AHP Leads at the AHP Council, personalised returns were provided by team leads, extending the data to include 8 of a potential 10 providers in the Hampshire Isle of Wight Integrated Care System (ICS). Southampton City Council were not engaged during the time of this project and Portsmouth City Council only minimally. The scoping did not attempt to engage independently employed Allied Health Professionals.

Data cleansing was required to extract staff who were not AHPs. Titles included: psychologist, play therapist, cognitive behaviour therapist, practitioner. Individuals were contacted to clarify if they were AHPs; some were unsure themselves. Combining the ESR and information from Team Leads [1st Data] identified 230 staff members in total – tables and graphs provided below work from this figure. Further individuals were identified via the survey and staff engagement stages [2nd Data] of the project with staff snowballing of the invitation, totalling 236 staff. A full data set is provided in *Appendix A* and a summary in Table 1 below. Comparing the survey response with the 1st data set

found good-enough matching by profession and employer to consider the results to be representative (the only exception being Arts Therapists who did not respond in the survey).

In reviewing the HEE Workforce data for the two main provider NHS Trust (Solent and Southern Health Foundation NHS Trust) a discrepancy between current establishment and the findings of this project was identified. The need to refine the accuracy of this data had previously been recognised and is being addressed at both a regional and national level.

Table 1 Workforce Headlines:

Total	230 AHPs and support staff + (6 AHPs added by 2 nd data)
Providers	5 Employers + (4 added by 2 nd data)
Largest profession	162 Occupational Therapists
Smallest profession	2 Dieticians
Clinical Pathway From largest to smallest	Learning Disability; Adult Mental Health; Children and Adolescent Mental Health; Older Persons Mental Health
Greatest number by Grade	Band 6
Smallest number by Grade	Band 3

In considering the clinical pathway and settings in which our staff are employed, Figure 3 and Figure 4 show that HIOW have a relatively small proportion of staff working in Older Persons Mental Health and in Primary Care.

Figure 3: AHP Distribution across Clinical Pathway

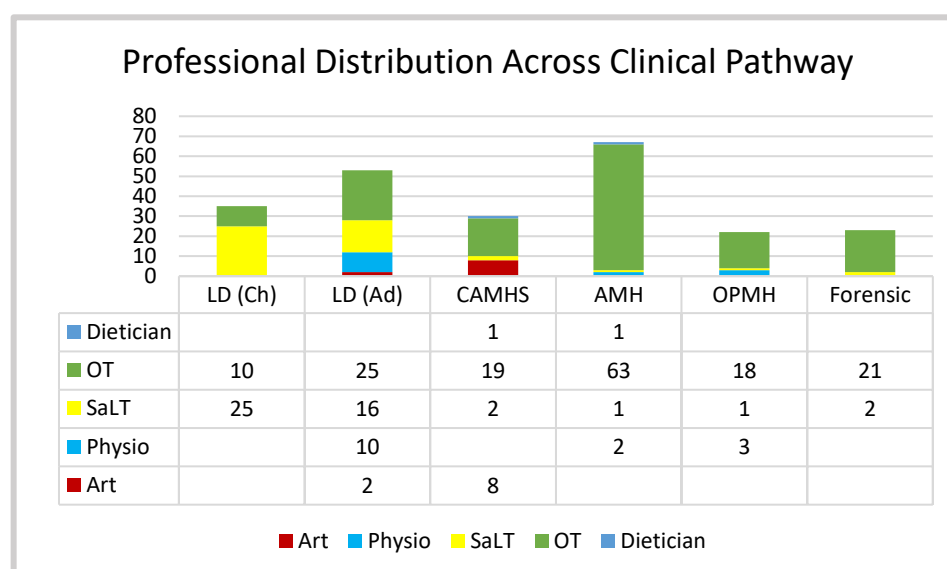
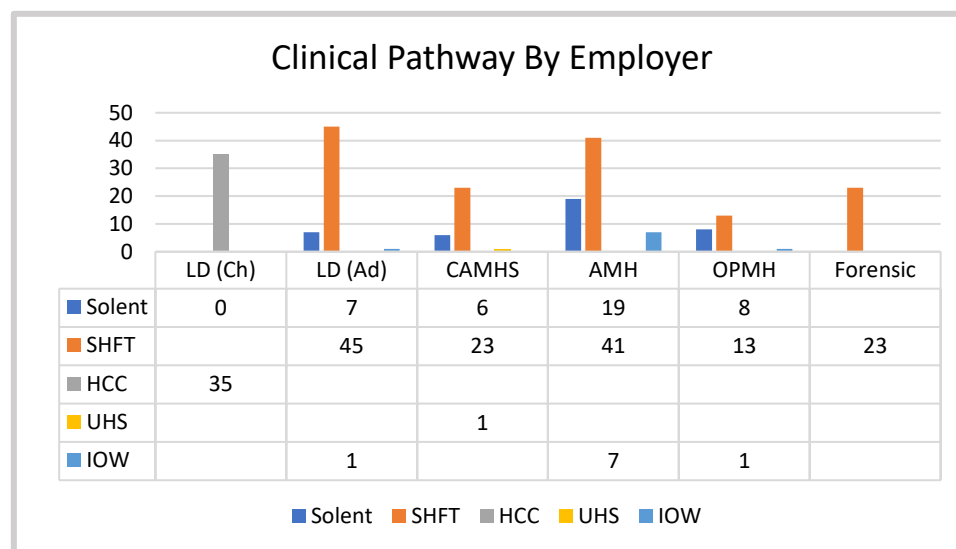


Figure 4: Who employs AHPs across each speciality



- i. AHP Workforce modelling by clinical pathway is limited by the absence of reliable, specific data
- ii. Data from this project highlights under-representation of AHPs in clinical populations highlighted for prioritised expansion in the NHS Long Term Plan.
- iii. Taking a place-based approach highlights the limited locations of small AHP professions and isolation of some clinicians.

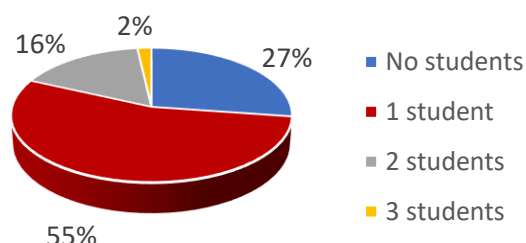
3.2 Supply

During the Covid-19 pandemic national shortfalls in available student placements, reduction of staff wellbeing and concerns about staff retention further added to the need to prioritise AHP workforce supply. Evidence from the ‘chat function’ during **engagement events** highlighted a lack of awareness of the severity and potential impact of this issue amongst a majority of clinical staff.

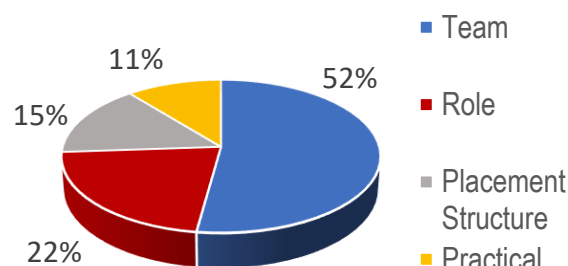
Student Placements: Survey data demonstrated low numbers of placements being offered and a dominance of the traditional format of 1 supervisor;1student model. This is outlined in Figure 5. It should be noted that Occupational Therapy is the only AHP that specifies an undergraduate placement in mental health & learning disability services.

Figure 5. Placement offer per AHP Figure 6. Barriers to offering Placements

Number of AHP Students I supervise on Placement each year



Placements: What gets in the way?



The second #AHPsinMHLD **Staff engagement event** identified several barriers in offering placements (Figure 6). Within the theme of 'team' was i) low support from the multi-disciplinary team due to their limited awareness of AHP specialisms compared to AHP willingness to support nurse / medical students; ii) Prioritisation of nurse students was felt to be increasingly problematic when social distancing measures were introduced and iii) constant transformation / service changes meaning potential supervisors were uncertain about their own future / capacity to support a placement. Grouped under 'role' were individuals feeling too generic in their clinical role; not having enough clinical time; part time or too isolated to feel able to create time or personal capacity to support a student. 'Placement structure' generated comments about timing, length, frequency and report forms, whilst 'practical' included measures relating to Covid-19, challenges with IT systems and transport. Solutions were numerous (105 comments/ votes were generated) and broadened to include increased AHP leadership (22%) to enable cross service / cross trust initiatives (43%) such as placements / roles / projects / training and shadowing plus suggestions to increase interest in AHP careers ie working with schools, digital promotion materials and work experience. In response, the **Growing in Potential AHP Conference** delivered a workshop 'Clinical Placements, Work Experience & YOU' giving an overview of innovative placement approaches from educator, clinician and student perspectives. Five staff made unprompted pledges to offer more student placements as a result.

Support staff & Return to Practice (R2P): A relatively low proportion of support staff were identified in the **workforce data** (1st data) and survey responses (Figure 7). This is more notable for some employers and particularly true for Band 4 staff (Figure 8). The **Survey** and **Engagement Events** highlighted interest amongst some support staff to undertake training to become a registered professional. Barriers to this were identified at team level where practicalities such as back-fill, workload and affording creation of a post at the end of training were identified. Within the **Growing in Potential AHP Conference** the workshop 'Apprenticeships & support worker credentials' was well attended with feedback identifying "updated information on apprenticeship opportunities" as the highlight of the day and a flurry of interactions about increasing the valuing of the support workforce (see link to the new national AHP Support worker programmeⁱⁱⁱ).

The personal Career stories of two HIOW employees also generated a lot of interest amongst attendees and updated information about support for staff wishing to R2P was shared. Seven staff made unprompted pledged to support the development of others.

Figure 7: Understanding Distribution by Band and Profession

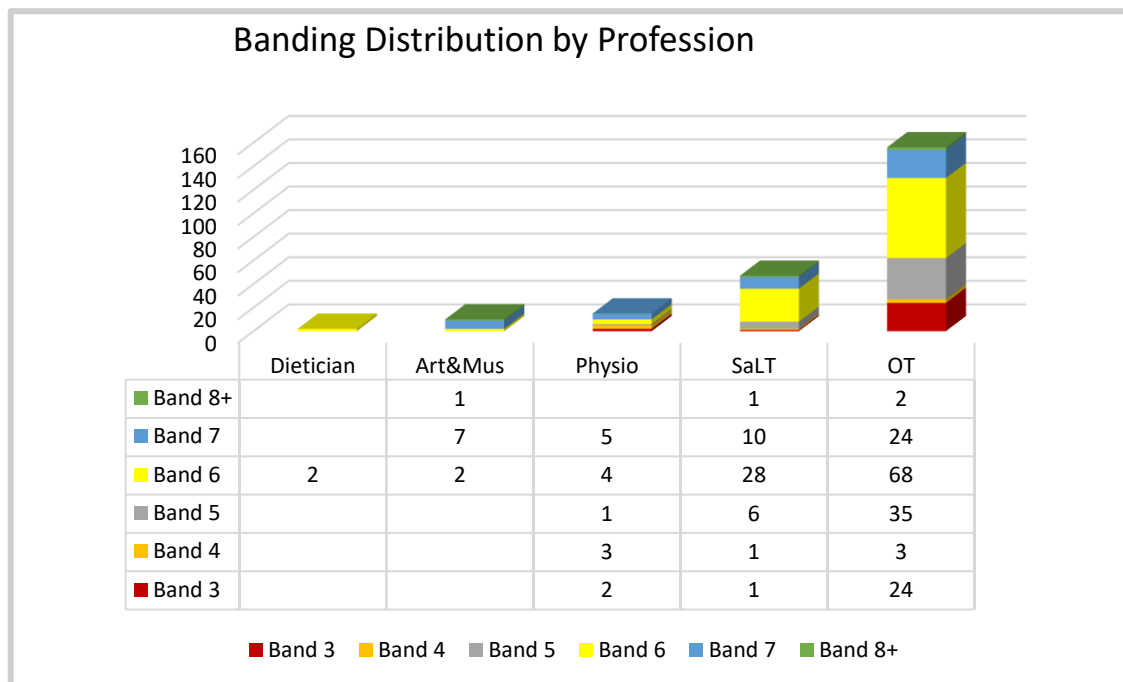
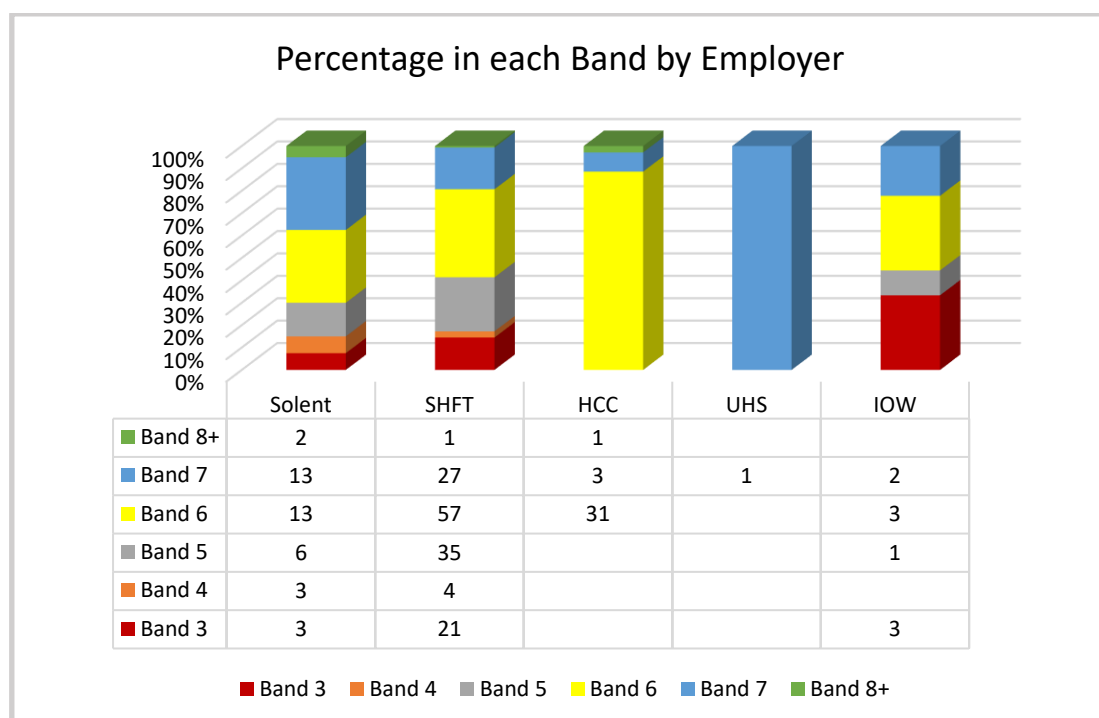


Figure 8: Range of Bands (as a percentage of total number employed) by Employer



- iv. 82% of staff offer zero or one student placement per year. Increased awareness of their input and the wider need plus practical examples increases activation in this area
- v. Staff have detailed examples of barriers and suggested solutions to increase clinical placements
- vi. Support staff roles are relatively small in number and practical barriers have hindered the development of some who wish to train

3.3 Retention

The experience of AHPs working in mental health & learning disability across Hampshire Isle of Wight identifies room for improvement and is presented in two main themes: Nurture (develop & progress) and Belonging (Professional identity, networks and supervision).

Nurture - Develop and progress:

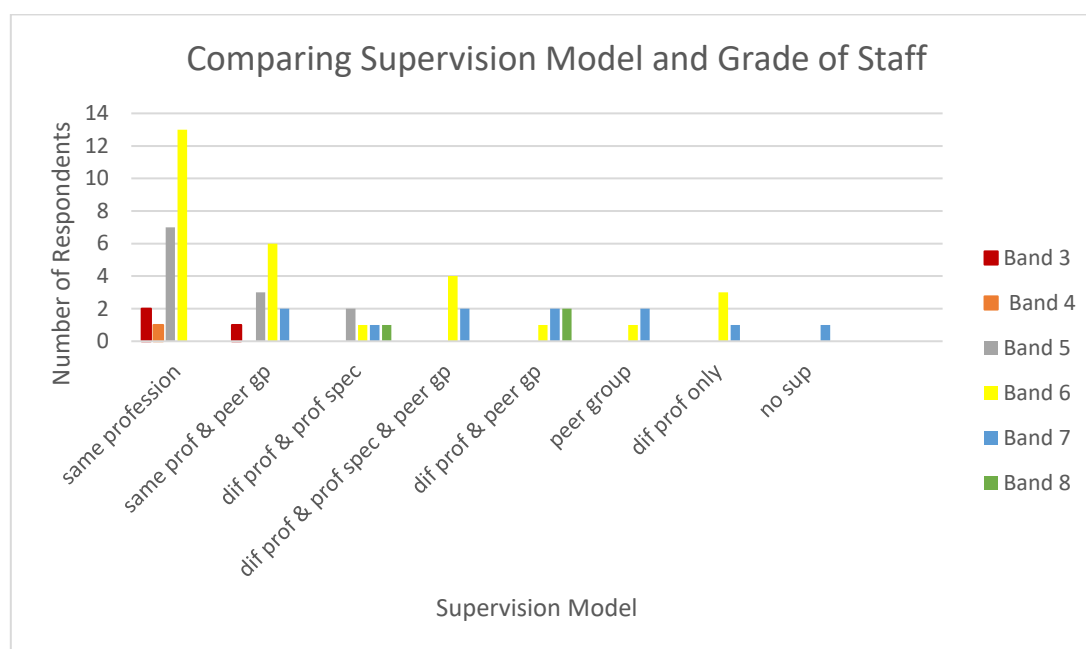
Supervision. A range of supervisory models are used across HIOW, this is presented in Table 2. Overall 83% of staff reported they 'agreed or strongly agreed' with the statement that they were satisfied with the supervisory structure. There were no relationships found between the model of supervision received and this level of satisfaction.

Table 2. Supervision Models

Supervision Provided by:	Number	Percent
Same Profession	23	39
Same Profession & Peer Group	12	21
Different Profession & Profession Specific	5	8
Different Profession & Profession Specific & Peer Group	6	10
Different Profession & Peer Group	5	8
Peer Group	3	5
Different Profession only	4	7
No Supervision	1	2

Access to profession specific supervision is mainly concentrated at Band 6 and below, whilst supervision for more senior staff is less likely to include this (see Figure 9). A small number of more senior staff (n=5) are employed in roles which do not specifically require AHP registration and this has an impact on this result. Notably 60% of this latter group of staff were Not Confident about meeting their HCPC re-registration requirements. In the **Engagement Events** a lack of profession-specific supervision related to mental health / learning disability was noted for smaller AHP professions.

Figure 9. Comparing Supervision Model by Staff Grade



Progression: A stark finding in the **survey** data was that 56% of staff felt they would have to change employer in order to progress. Whilst $\frac{3}{4}$ felt supported by their immediate line manager the **Engagement Events** indicate this was a sense of being personally supported rather than professionally, for example team / service requirements were prioritised over profession-specific development. Of the 99 comments and votes on this subject:

- training was identified by 54% as a barrier, specifically lack of availability, money, time and difficulty being released due to low-value placed on profession-specific training by others. Examples ranged from shadowing through to Masters level study.
- 39% of comments group under a theme of 'career pathway' with staff identifying limited opportunity for promotion or development of new skills; lack of finance or limited AHP leadership restricting the creation of new / extended roles; lack of senior clinical roles or requirement to become a 'manager'; and an overall sense of scarcity with concerns about unfilled vacancies if promotions are created.
- The final 7% identified limited access to networks or supervision as barriers to professional development.

Solutions and actions generated in this area focussed on development of career pathways; networks to share and support skill & project development across clinical, research and education settings. Improved clarity about available training and funds. Access to career coaching and inclusion of own-profession lead within appraisal processes to support balance in profession-specific development. Within the **Growing in Potential Conference** attendees at the 'Whats New? Advanced & Consultant Practice' and 'Be a Better Clinician through QI, Research & Education' workshops were highly

satisfied and 14 staff made unprompted pledges to discuss their career plan and / explore quality improvement or research as areas to develop further. The focus on both vertical promotion and horizontal development within role was commented on as helpful by several staff who do not wish and sometimes feel pressured to consider a move into more senior roles.

Innovation was highlighted as important by many in the survey with 85% feeling they can contribute to service improvement and 62% interested in digital innovation and wishing to develop this further. In the **Engagement Events** barriers included time (38%) and practical issues (28%) such as space / equipment / governance. 18% felt limited awareness was a barrier with colleagues gaining opportunities ahead of them, 9% identified low confidence or absence of training opportunity as a barrier and 7% identified the importance but lack of time available to invest in skilling up patients to work with in this area. Several examples of initiatives underway were highlighted, high value placed on sharing examples to inspire others and a consistent request for an infrastructure to enable networking across providers was made.

Belonging - Professional Identity and Networks:

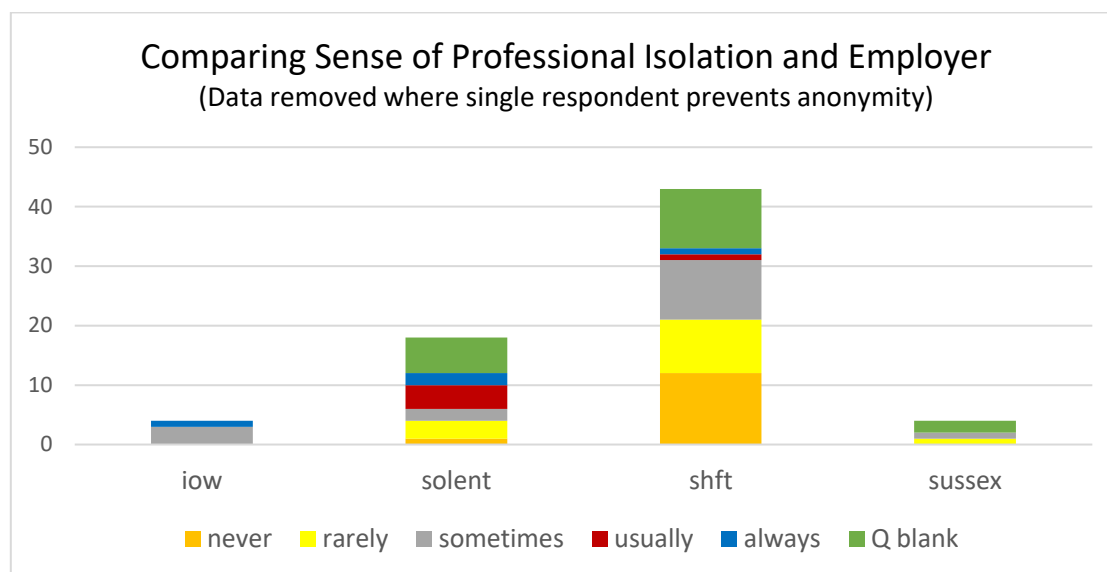
49% of staff in the **survey** reported feeling ‘sometimes; usually or always’ professionally isolated. In the **Engagement Events** this experience related to being “the only one of my profession” or the only mental-health focussed individual in the team/ service (20%); ‘sitting across management/ business structures’ (6%). Feeling misunderstood including a lack of clarity about roles and the use of titles which did not reflect what individuals did (24%) and the diversity of AHP roles meaning that like-for-like comparisons – perhaps particularly in mental health are more challenging (50%) .

Whilst analysis is limited due to small sample size, two patterns are identified. Respondents feeling sometimes – always professionally isolated can be grouped by employer. Table 3 shows this a percentage of those who responded, whilst Figure 10 shows the range of responses by number of respondent.

Table 3. Professional Isolation and employer (percentage)

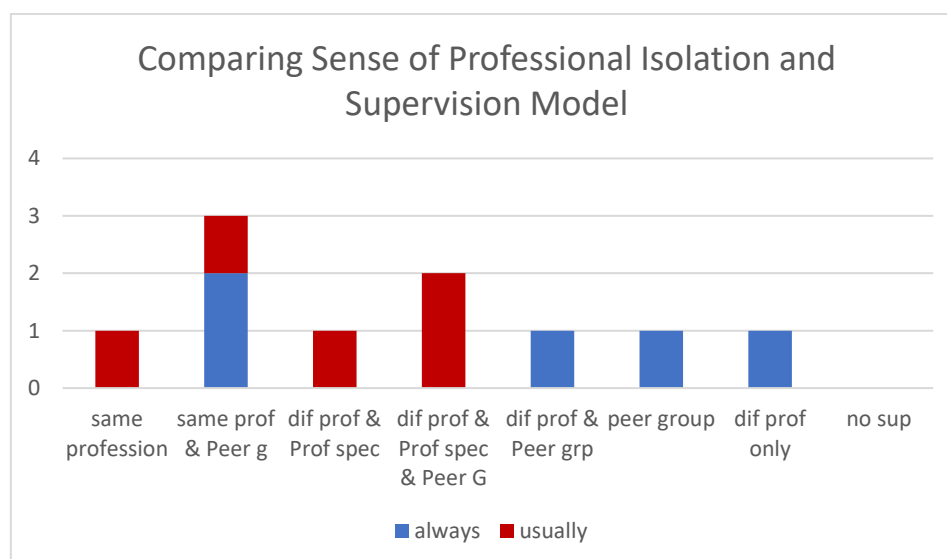
	Percentage of those who responded who felt sometimes – always professional isolated
Isle of Wight (IOW)	100% (n=4)
Solent NHS Trust (Solent)	73% (n=8)
Southern Health Foundation trust (SHFT)	39% (n=12)
Sussex NHS Foundation Partnership trust (SPFT)	50% (n=1)

Figure 10. Range of experience of Professional isolation and Employer



The second potential pattern relates to supervision model, where distance from a senior of the same profession may have a link with the degree of professional isolation felt.

Figure 11. Comparing Sense of Professional Isolation and Supervision Model

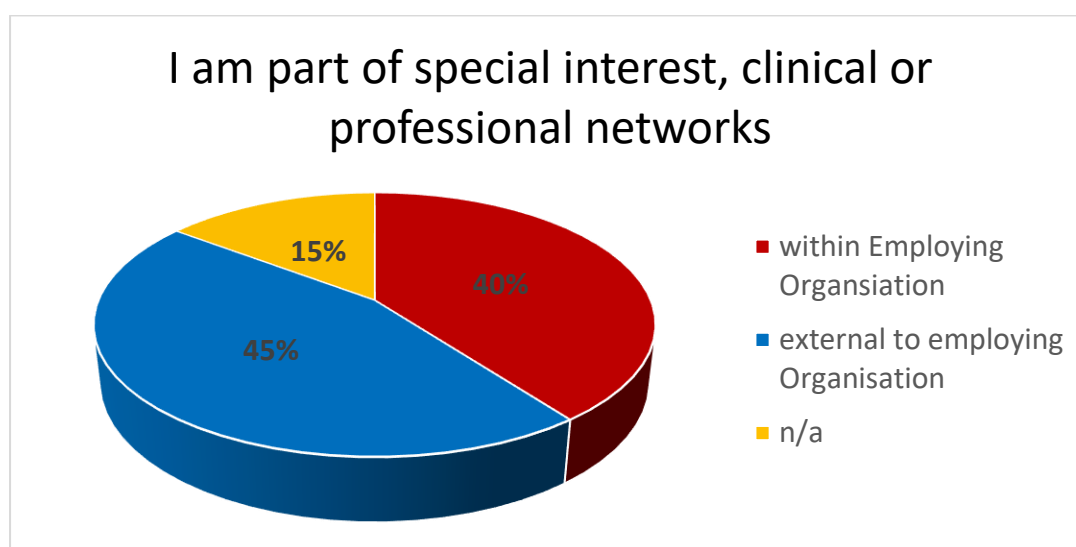


The attendance of 137 people at the **Growing in Potential Conference** was unexpectedly heartening given the strains within the health and care system at this time. The conference aim was: 'All AHPS and support staff from every profession to feel valued and inspired by the importance of their contribution'. As such the unprompted feedback that 32 staff felt brave / inspired / hopeful after the event was a welcome outcome. A summary of the conference is in *Appendix B*. The keynote

speakers Beverley Harden and Professor Jane Melton provided inspiring clarity about the benefits of retaining the unique skills of each profession and communicating as a collective AHP group; the growing need for and future of AHPs in the mental health & learning disability space. Attendees were unanimous in welcoming and uniting to achieve these ambitions.

Networks Across the approaches used in the #AHPsinMHLD Project, staff calls for networks across services and providers were consistent. The baseline data from the survey identified that 40% were currently engaged within their service (see Figure 12). Attendance and participation in the survey, engagement events and conference demonstrate that is not just an aspiration – rather that staff were making time to invest in these opportunities.

Figure 12 Baseline: network membership

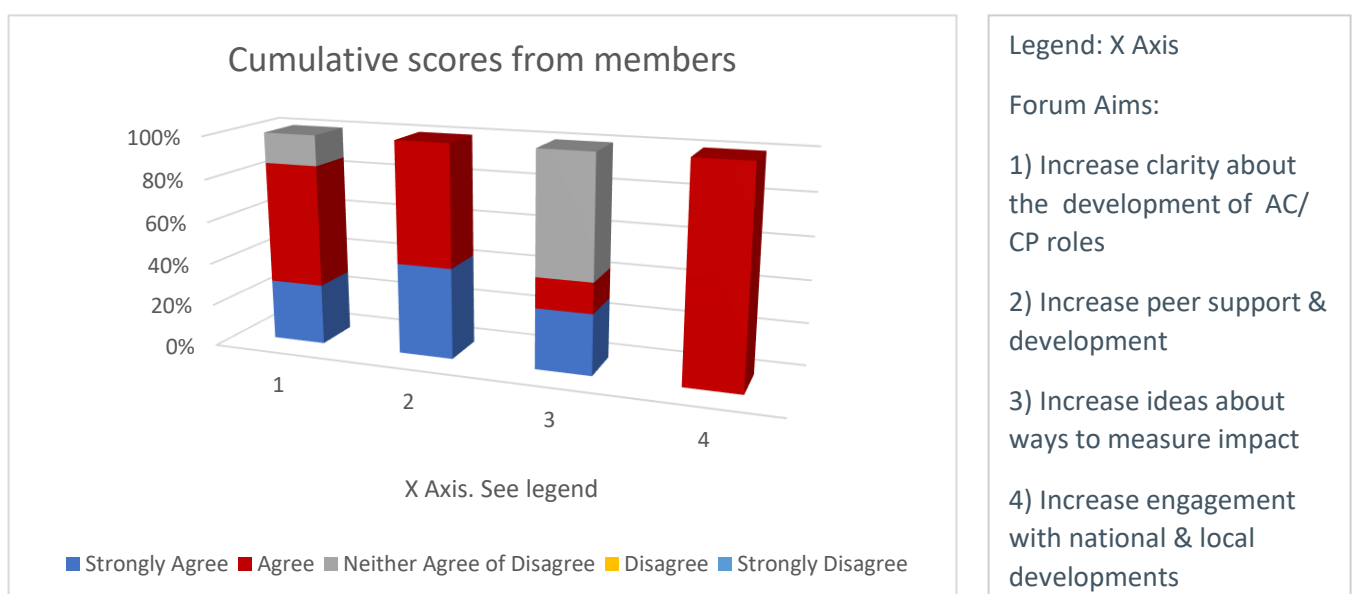


Early identification of the potential benefit of a network for **Advanced & Consultant practitioners in Mental Health & Learning Disability** was established. The scoping and early experiences of this network (which is open to nurse and AHP colleagues) are summarised in *Appendix C* as are the Terms of Reference. This forum has run (on a virtual platform) four times per year since May 2020. Attendance has fluctuated with changing membership. Attendees evaluate the Forum positively see Figure 13 . Progress on two of the Forum aims: 2) to increase awareness and engagement with local and national developments and 4) to provide peer support are being consistently met. The remaining aims: 1) to increase clarity about the development of these roles and 3) to measure impact have been less consistent (see Figure 14). It is hypothesised that because providers are at different stages of readiness in creating structures to evolve advanced practice, this has influenced their awareness and utilisation of the Forum to date.

Figure 13 Word Cloud. Words you associate with this Forum are:



Figure 14: Summed Ratings following each Forum.



- vii. 83% of staff are happy with the supervision structure in place. Senior staff and smaller AHP Professions are less likely to have access to profession-specific supervision
- viii. 56% of staff feel they need to leave in order to progress. Confidence in effective succession planning for AHPs is low.
- ix. Awareness of how to use structures and processes which are in place to address AHP specific priorities (ie training / use of appraisal) is limited.
- x. Opportunities to develop additional skills, to be involved in innovation and to share learning were highly valued
- xi. 49% of staff felt professionally isolated. Possible associations with employer or supervision model are presented.
- xii. Aspiration to increase AHP careers in mental health & learning disability was a clear motivator for staff.
- xiii. The Form for Advanced & Consultant practitioners in Mental Health & Learning Disability is established and valued but is not achieving its potential.

4 Future Proofing

To conclude this aspect of the #AHPsinMHLD project, two final stages remain.

Digital Innovation. Funds from the original Faculty bid to HEE have been used to support Digital Innovation. Seven digital bundles including handheld camera and oculus headsets have been purchased and disseminated so that each employer holds their own. AHPs within the **staff engagement events** and the Digital Competition which was launched at the **Growing in Potential Conference** identified many uses for these. These included development of materials for students, work experience, introducing service users to clinical spaces or to clinical interventions and for training colleagues and other stakeholders.

Clinical Excellence Network. In response to the consistent identifications of networks as part of the solution needed if AHPs in HIOW are to achieve their potential a Clinical Excellence Network was discussed and developed at **Staff Engagement Events** and will establish over the next year. *Appendix D* contains the agreed format which will be led by a rotating lead organisation. Templates to support this will ease organisational burden and ensure consistency. An #AHPsinMHLD space on a virtual platform 'Slack' has been created as a central resource space. This has been populated with materials from the conference and is accessible by all AHPs in HIOW. The use of this to establish smaller topic or profession specific networks is to be encouraged and evolved over time.

5 Recommendations

The HIOW AHP Council are advised to review the following recommendations and embed within system and organisational level AHP strategic workforce plans as appropriate.

Overview

- 1 **AHP Faculty Dashboard:** Workforce data gathered in this project is dynamic and therefore serves only as a snapshot in time. As identified in AHP Faculty Test Beds (2021) the suggested Faculty Dashboard (including information about vacancies, whole time equivalents, net leavers, those in training, work experience etc) will require resource and infrastructure to develop but will be essential in identifying local risks and quantifying progress for employers, Higher Education Providers and the ICS.
- 2 **Addition of Area of Work coding to ESR Data:** In line with the national projectⁱⁱⁱ, consistent application of secondary and tertiary Area of Work coding should be retrospectively and then consistently documented for AHP staff. This enables effective workforce modelling based on 'area, function or speciality where the work activity takes place'. This work will be coordinated by AHP leads, HR and Business Information Teams with guidance from the AHP Council. The work area codings are included in *Appendix E* and demonstrate the utility of this level of detail.
- 3 **Clinical Pathway & AHP numbers:** If improved data collection identifies a trend similar to that in this report, increased recruitment to Older Adults, Primary care and Children & Adolescents Mental Health in line with the priorities identified in the Long Term Plan^{iv}, AHPs into Action^v and Public Health England FingerTips profiling for HIOW.

Supply

- 4 **Student Placements:** AHPs generated a number of barriers and solutions to increasing placement provision. These were shared with the HIOW AHP Systems Learning Environment Leads to embed into the larger programme of work. A centralised Placement Counter or similar would offer a means of clinical staff remaining aware of the system's need and the impact of their contribution in meeting this.
- 5 **Promoting Mental Health & Learning Disability careers** Focussed work to increase student placement opportunities, shadowing across servicers and employers for current staff and use of materials produced by the Campaign to Inspire (Prof Jane Melton) is recommended.
- 6 **Support Staff** Application of the recommendations of the HEE AHP Support Worker programme and place-based sharing of solutions to team-level barriers is indicated to ensure optimal use of AHP support roles in quality services.

Retention

- 7 **Supervision** A place-based approach to addressing identified gaps in supervision would enable staff in specialty; senior roles; or those who feel isolated; to gain and provide profession / speciality specific supervision. Staff in roles which do not specifically require AHP registration may benefit from increased access to peer +/- or profession specific supervision. Employers and AHP Leads will want to consider these findings.
- 8 **AHP career pathway** on a page documents have been undertaken by AHP Leads in some provider organisations. Shared learning on this plus collective approaches to developing new roles (ie AHP advanced practice, Approved / Responsible Clinician, First Contact Practitioners etc) are critical to growth in this area. Critically, sharing of these materials to increase awareness of non-AHP managers will increase a common understanding and in turn sense of belonging for AHP staff.
- 9 **Training** Optimising use of forums and communication channels to remind clinical staff and non-AHP supervisors and managers about effective use of the appraisal process, CPD opportunities. Inclusion of profession-specific leads in the appraisal process is recommended. Increased use of Job Plans to ensure clarity and support staff in protecting profession-specific aspects to their role is necessary.
- 10 **Advanced & Consultant Practice Forum.** Support from AHP & nurse leads to optimise use of this forum is recommended
- 11 **Digital innovation.** The AHP Faculty will coordinate the distribution and evaluation of this resource. Showcasing of products developed at the Clinical Excellence Network and similar events is recommended as this project has found that sharing examples of innovation inspires AHPs to act.
- 12 The **Clinical Excellence Network** is the beginning of a potentially powerful resource to address many of the problems identified in this report. Leadership is required to maintain momentum, to support those who are co-ordinating events and to evaluate this initiative. Increasing the use of Slack (or replacing this with an improved platform) will be key to creating a space in which clinicians feel able to use their initiative and create a self-sustaining AHP Network space.

6 Acknowledgements

A project of this size can't happen in isolation. Huge thanks to Dr Clare Mander and Susanna Preedy for having the belief in me to develop and deliver this project - which so quickly changed direction due to Covid-19 rather my stewardship - and guiding me to its conclusion. Thanks to Susanna Preedy, Pieter Joubert, Erin Power and Dawn Bowman for rolling up their sleeves at engagement events and cheerleading in between. To all the AHP Leads across Hampshire and Isle of Wight thank you for the support, encouragement and practical advice which has been consistent throughout.

And in particular to all the AHP staff who despite the most challenging year in the history of the NHS and Social Care, still pitched up to think, to inspire and to translate thoughts in to action –
THANKYOU.

7 Appendices

Appendix A Workforce Data

Appendix B #AHPsinMHLD Conference

Appendix C Forum for Advanced & Consultant Practitioners in MHLD in HIOW

Appendix D #AHPsinMHLD Clinical Excellence Network

Appendix E National Workforce Data Set. Classification and Codes.

Appendix A Workforce Data

Workforce Data 3 July 2020 Strand 1 Scoping Phase. Deep Dive: Understanding the Mental Health & Learning Disability AHP workforce across HIOW.

Submission includes; range of AHP professions, workforce numbers, banding and clinical speciality, by employer

Table 1: Band, Employer & Profession

Column	Art	Art2	Art3	Art4	Art5	Phys	Phys	Phys	Phys	Phys	SLT	SLT2	SLT3	SLT4	SLT5	OT	OT2	OT3	OT4	OT5	dietic	dietic	SUM
Band	Solent	SHFT	HCC	UHS	IDW	Solent	SHFT	HCC	UHS	IDW	Solent	SHFT	HCC	UHS	IDW	Solent	SHFT	HCC	UHS	IDW	Solent	SHFT	
3							2					1				3	18			3			27
4							3				1					2	1						7
5							1					6				6	28			1			42
6		2				1	3					5	23			12	45	8		3		2	104
7	2	5					5				3	5	2			8	12	1	1	2			46
8+	1										1						1	1					4
	3	7				1	14				5	17	25			31	105	10	1	9		2	
SUM	10					15					47					156					2		230

Table 2: Understanding Distribution of AHPs by Clinical Pathway

	Art	Art2	Art3	Art4	Art5	Physio	Physio2	Physio3	Physio4	Physio5	SLT	SLT2	SLT3	SLT4	SLT5	OT	OT2	OT3	OT4	OT5	dieticia	dieticia	dieticia	SUM
Specialis	Solent	SHFT	HCC	UHS	IDW	Solent	SHFT	HCC	UHS	IDW	Solent	SHFT	HCC	UHS	IDW	Solent	SHFT	HCC	UHS	IDW	Solent	SHFT	IDW	
LD(Ch)													25					10		0				35
LD(Ad)		2					10				4	12				3	21			1				53
CAMHS	3	5										2				3	15		1	0		1		30
AMH						1	1				1					17	39			7		1		67
OPMH							3					1				8	9			1				22
Forensic												2					21							23
	3	7				1	14				5	17	25			31	105	10	1	9		2		
SUM		10					15					47					156					2		230

Table 3: Comparing HEE Workforce Data in Mental Health with Unrefined Faculty Data

HEE Workforce Data - Mental Health Submitted 31 March 2019		SOLENT			Faculty Data	SOUTHERN HEALTH			Faculty Data
STAFF CATEGORY		Baseline		Forecast		Baseline		Forecast	
		Staff In post	Establishment	2020	May-20	Staff In post	Establishment	2020	May-20
Occupational Therapist	Perinatal	0	0	0		1	1	1	
	Children Young People	7.58	7.92	4.08	3	1	2	2.08	15
	IAPT	0	0.03	0.03		0	0	0	
	MH Community Adult & Older exc dementia	7.65	9.45	15.38		6.3	6.3	6.57	
	MH Liason Adult & Older	0	0	0		0	0	0	
	Adult Crisis	1.02	0.02	1.02		2.4	2.4	2.5	
	Adult & Older Ward Exc dementia	6.88	9.2	9.88	25	6.5	6.5	6.77	69
Other therapy (not psychology)	Perinatal	0	0	0		0	0		
	Children Young People	15.47	15.67	12.92	3	0	0		8
	IAPT	26.09	26.96	27.26	2	1	1		
	MH Community Adult & Older exc dementia	9.29	9.96	10.61		0	0	0	
	MH Liason Adult & Older	0	0	0		0.8	0.8		8

	Adult Crisis	0.18	2.1	2.14		6.3	6.3	6.3	
	Adult & Older Ward Exc dementia	1.28	2.5	1.93		0.5	0.5	0.5	
TOTAL	Occupational Therapist	23.13	26.62	30.39	28	17.2	18.2	18.92	84
	Other therapy (not psychology)	52.31	57.28	54.86	5	8.6	8.6	8.6	16

Appendix B #AHPsinMHLD Conference

Summarising: Growing In Potential Career Conference



Background

- ✓ Allied Health Professions (AHP) are critical to achieving the aspirations of the NHS Long Term Plan
- ✓ People with learning disabilities and mental health issues in Hampshire Isle of Wight could miss out on key quality of life improving input if gaps and suboptimal use of our Allied Health Professions workforce is not understood and addressed.
- ✓ The April 2021 Career Conference was 1 aspect of a larger project to address these issues

Aim

- All AHPs and support staff from every profession to feel valued and inspired by the importance of their contribution.
- ✓ See how potential and expectation of AHPs at every level (local to national) will improve life for our service users (and us)
- ✓ See how their role contributes to that 'bigger picture'
- ✓ Feel part of a network so we can deliver together
- ✓ See where their next step could be in their career – and/or how they can support others development.

Speakers



National Picture for AHP Workforce
Future AHPs in Mental Health & Learning Disability
5 Career Stories
3 Skills sessions



"Really great day that I found inspiring and motivating! Lovely to hear personal stories and have passionate presenters. I hadn't planned to attend all day but I did because it captured my attention and I put my other jobs back on the to-do list! :-)"

Workshops

- ✓ Be a Better Clinician through QI, Research & Education
- ✓ Apprenticeships & Support worker credentials
- ✓ Whats New? Advanced & Consultant Practice
- ✓ Clinical Placements, Work Experience and You

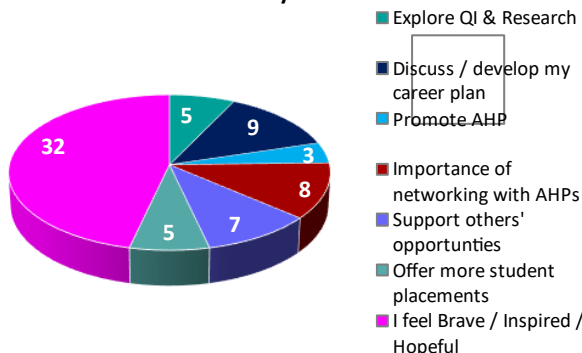
On the Day

Attendees

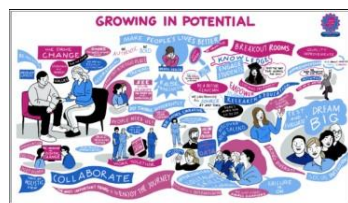
- ✓ 137 attendees
- ✓ 8 AHP professions

Evaluation & Comments

What Next for you?



Visual Minutes



"Would love a face to face conference however this was easily the most engaging virtual conference that I've attended, and it was certainly successful"

Since

Shared resource site



Use Slack to view presentations, download attendance certificates, set up networks and share resources

Digital Bundle Competition Winner

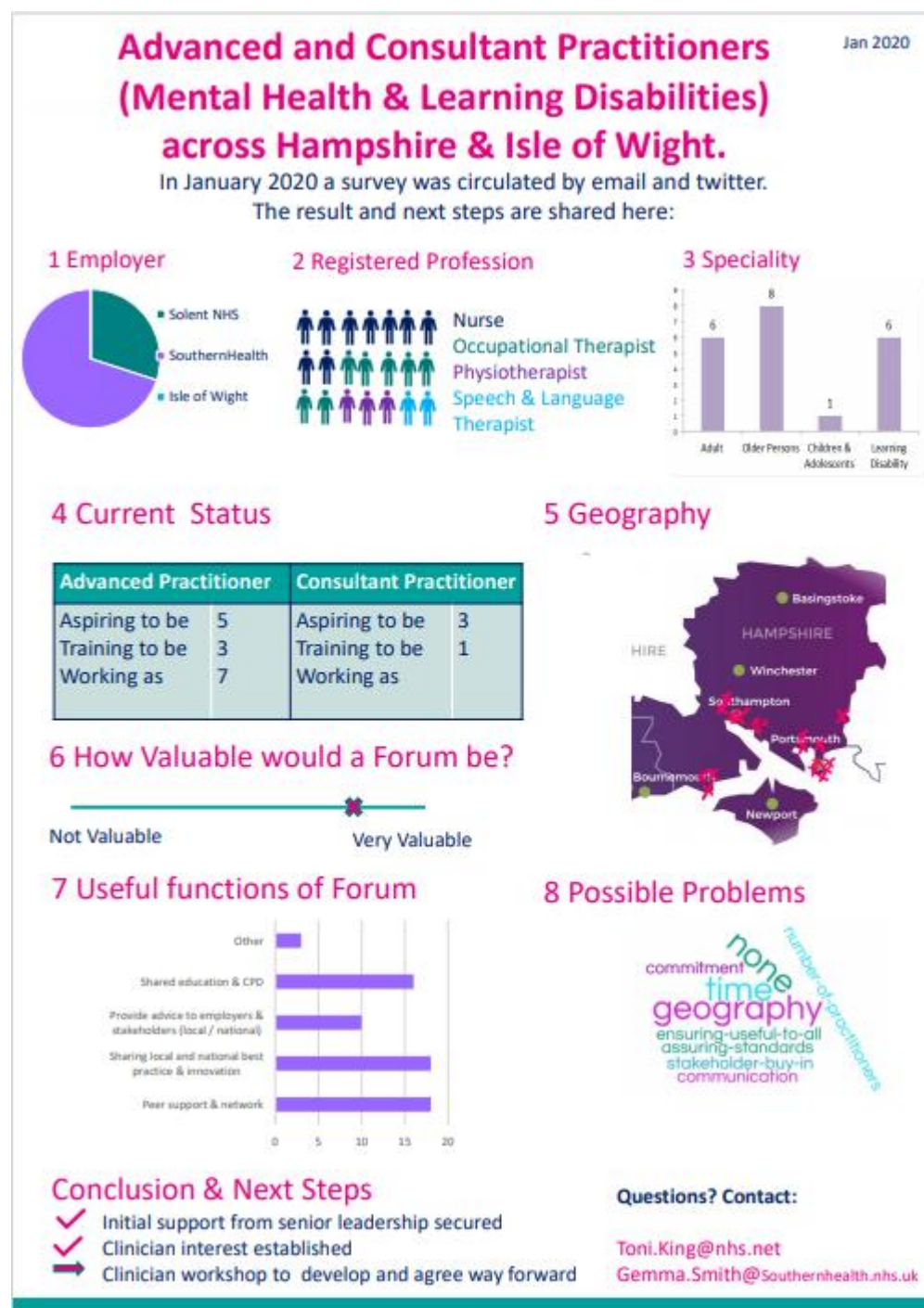


★ **UHS Dementia & Delirium team are the 1st to use our digital bundles.**
A digital bundle can be accessed via your AHP Lead

Clinical Excellence Network

16 Nov 2021
16 Feb 2022
16 June 2022
1-3.30
Sign up to attend

Appendix C Forum for Advanced & Consultant Practitioners in MHL in HIOW

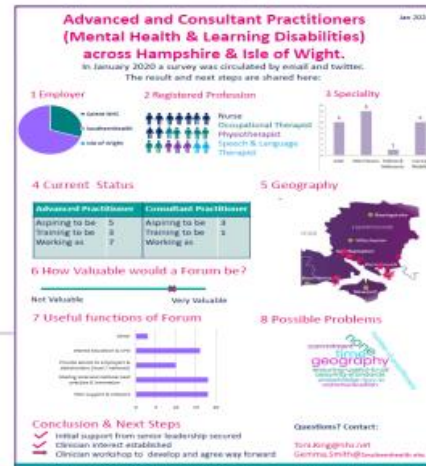


Forum for Advanced & Consultant Practitioners in Mental Health and Learning Disabilities

The Issue

People with learning disabilities and mental health issues may not receive quality of life improving input due to gaps and suboptimal use of our workforce. Advanced & consultant practitioners could meet many of these needs if there were greater clarity in local pathways and retention was improved.

Scoping the Appetite



Idea into Action

Forum for clinicians to come together across the STP and ensure quality through:

- Clarity & awareness re: job roles & pathway
- Peer support & development
- Measuring impact
- Engaging with local & national developments

Where are we now?

1 Governance



2 Coproduced vision & Terms of Reference over 4 consultation meetings

3 Early Impact:



The ACP Forum has provided opportunities to network and share current practice. As an trainee ACP I have benefited from career coaching and opportunities to discuss future ambitions.

As a newly appointed ACP, I am hopeful that this forum will provide necessary peer support to encourage me to grow and embed in my role. Whilst I focus on my own PDP I am hopeful I can inspire and develop the next generation of ACPs within my field of practice.

ANP OPMH Community Services

@Gemma93297889
@SouthernHealthNHSTrust

Toni King, Becky Edwards, Gemma Smith, Wendy Link, Anna Mould.

We are aspiring, training or employed as Advanced or consultant practitioners across the age span and clinical pathways in mental health & learning disability services. We are nurses, Speech & Language Therapists & Occupational Therapists.

Engaging with National & Local Developments
- I have engaged with..





Forum for Advanced & Consultant Practitioners in Mental Health and Learning Disabilities



2021-2022

This forum is open to all aspiring, current and training ACP and CP currently working in Mental Health & Learning Disability services across Isle of Wight NHS Trust, Solent NHS Trust & Southern Health Foundation NHS Trust.

Dates for your Diary:

Tues 14 Sept 2021	2.00-4.00	Your Meeting Invite has been sent with a Teams Link. Confirmation nearer to the time is helpful so that we can prepare breakout rooms please. You are welcome to share with interested colleagues. Please cc Gemma & Toni
Thurs 16 Dec 2021		
Tues 15 March 2022		
Wed 15 June 2022		

Agenda:

Introductions	15 mins
Update on actions	10 mins
Update on Local & National actions	15 mins
Topics for Action Learning	5 mins
Action Learning	50 mins
Themed topic / speaker	20 mins
Close	5 mins

Please contact:

Gemma.Smith@southernhealth.nhs.uk

Or toni.king@nhs.net

For more information or to be added to the distribution list

Advanced & Consultant Practice Forum (Mental Health and Learning Disabilities) Community Trusts HIOW

Terms Of Reference

Mission Statement

The purpose of the forum is to enable peer-support, promote and develop trainee and established Advanced Clinical Practitioner [ACP] and Consultant Practitioner [CP] roles in Mental Health & Learning Disability across Community Trusts in the Hampshire Isle of Wight [HIOW] sustainability and transformation partnership [STP]. The forum will focus on quality indicators. Thereby supporting workforce development; delivery in line with the NHS Long Term Plan; and ensuring the improvement of quality of care delivered to patients in our region.

Membership

This forum is open to all aspiring, current and training ACP and CP currently working in Mental Health & Learning Disability services across Isle of Wight NHS Trust, Solent NHS Trust & Southern Health Foundation NHS Trust. Wider membership to include other employers across the STP will be explored.

Meetings

Meetings will take on a virtual platform quarterly.

Purpose

- To provide an opportunity for peer support, action learning sets to explore role-specific issues and an arena for networking
- Platform for ensuring consistency in quality indicators in ACP/CP roles eg Job descriptions; person specifications; maintaining professional capabilities
- Sharing best practice, dissemination of research/QI/service improvement projects, supporting service user involvement / feedback, innovation and vision.
- Sharing of supervision models, educational links and opportunities for Continuing Professional Development
- Share and respond to national developments in advancing practice, including the new and emerging speciality specific capabilities frameworks
- Easy to access conduit for employers to ensure two way communication and dissemination of information pertinent to roles

Benefits

- Quality assurance – safe practice and service user confidence in role
- Forum increases recognisable coherence across roles, mitigates risk of unwarranted variability therefore improving care delivery.
- Single point of communication to gain and provide guidance across diverse workforce.
- Increased retention of staff forging new roles through valuing forum and peer support.
- Opportunities to network with colleagues across disciplines and Trusts'

Governance

- Minutes to be taken by and shared with members
- Matters for escalation to be raised with HIOW AHP Council. Until wider governance is agreed members of the Council have agreed to feed issues [in to](#) the relevant forums within each Trust.
- Materials to be centrally stored

Version 3/3 10.6.21

Appendix D #AHPsinMHLD Clinical Excellence Network

Virtual meet 3 times per year (2 ½ hours)

Employers to rotate coordination over the year

		Aim
5	Intro	Group Agreement, practicalities, welcome
30	Speaker	Attract & inspire audience, develop skills & knowledge beyond own speciality
40	Update from attendees (x4 with Qs) Show case innovation* Share practice ideas Id like help with..	Build confidence presenting / research / QI / clinical skills Instil pride & maintain focus on achievements Create networks around themes
	break	
40	Action Learning AND/OR themed workshops (Unconference style – attendees submit what they want to present on)	Encourage innovation, networking, taking pride and being bold. For action Learning suggest wise crowds liberating structures - Bing structure. Facilitator not required.
20	Space to network in breakout rooms; post problems or projects you are seeking help with; sign post new / shared resources	
10	Ensure updates / next steps are in Slack and handed over to next organising team	Encourage use of slack / virtual platform to create momentum of building AHP network

**request examples from digital projects

DATES

16 Nov 2021	Solent NHS Trust & IOW
16 Feb 2022	Southern Health Foundation NHS Trust
16 June 2022	Hampshire County Council & Sussex Partnerships NHS Foundation Trust

TIME 1-3.30

Appendix E National Workforce Data Set. Classification and Codes.

Primary	Secondary	Tertiary
Mental Health	Mental Health Mental Health Mental Health Mental Health Mental Health Mental Health Mental Health Mental Health Mental Health Mental Health Child and Adolescent Learning Disability Other Learning Disability Other Mental Health Adult Mental Health Adult Mental Health Primary Care Mental Health Primary Care Mental Health Primary Care Mental and Physical Health Integrated Care	Mental Health Mental Health Crisis Care and Home Treatment Team Mental Health Eating Disorders Mental Health Early Intervention in Psychosis Mental Health Forensic Mental Health Liaison Mental Health Perinatal Care Mental Health Promotion or Public Mental Health Mental Health Substance Misuse Mental Health Child and Adolescent Learning Disability Other Learning Disability Mental Health Mental Health Adult Mental Health Older People Mental Health Primary Care Mental Health Primary Care – IAPT Mental Health – Community Mental and Physical Health Integrated Care

8 References

ⁱ Rastrick S 2020 AHPS Day Twitter Presentation

ⁱⁱ <https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/developing-role-ahp-support-workers>

ⁱⁱⁱ 'Allied Health Professions ESR Area of Work Framework': A framework to improve the recording of AHP staff on ESR

^{iv} Long Term plan

^v AHPS in to Action