NHS
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New Roles in Mental Health Allied Health Professionals Task & Finish Group

March 2019
Final Report

Developing people for health and healthcare

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Executive Summary

Introduction

This report and implementation plan has been completed by the Allied Health Professions (AHP) Task and Finish Group for it to be presentenced at the Health Education England (HEE) Mental Health New Roles Programme Board on the 27th March 2019.

This plan draws on the conclusions drawn, key projects, recommendations and proposed next steps, which have been garnered following a number of focused meetings by the experts within the task and finish group, additionally drawing on external reports, evidence from their established networks and summaries from other sources to inform the work.

As a result of this work, the implementation plan for the AHP task and finish groups sets out a clear case for articulating the clear role and need for AHPs within not only the mental health workforce but the wider healthcare pathway.

The key recommendations from the Allied Health Professions Task & Finish Group are:

SUPPLY

- The Group review existing Reports from ESR and have developed a process to interrogate the data for AHP provider organisations. This methodology is embedded as part of the report (Appendix 8)
- The group also recommends that a project is undertaken to allow more visible understanding of capacity given the requirements for working within STP – this should be a project which is has broader implications and benefits to the MDT rather than being AHP specific – this should include provider, social care acute trusts and private provision.
- Training development should be discussed and standardised across professions which work with MH – training is limited across professions in undergraduate work which impacts on supply chain

NEW ROLES

- Shortages in Mental Health community services have unintended consequences of pressure in other service provisions. Ensuring timely assessment in primary care and monitoring in secondary care is a series of functions and competencies which AHPs can support with across a number of areas – this is outlined in competencies model to support service gaps
- Ensuring there is specialist consideration of treatment and capability within the acute care pathways and holistic specialist care in the community also has proven benefit to patients and systems – this capability should be supported to be developed within AHP working and roles

UPSKILLING

- Alignment to existing service development will help to integrate the MH agenda so alignment to the ACP framework which already exists within HEE for advanced practice would be a viable mechanism to extend specialist competencies such as specialist assessment, treatment delivery and enhanced treatment across physical and MH in community services – This includes a joint workstream to create a singular competency framework and ratification pathway for AC / RC function nationally.
- This is also applicable and able to be monitored for improved outcomes in acute care pathway such as fracture pathways and recovery for patients with a dementia.

NEW WAYS OF WORKING

- Piloted capabilities articulated from new roles should be piloted within existing trusts which are willing to undertake a gap and map analysis of capability with their AHP cohorts. The capability for this to work could then be tested and developed at scale if successful
- Additional barriers to developing new roles could then also be considered as workstreams such as ability to prescribe, S12 status extension across other professions, care coordination functions and specialist assessment training competencies.

LEADERSHIP

- Identify AHP leaders in MH and ascertain their influence and impact at national, regional and local level to determine gaps and make recommendations
- Create a talent management strategy for AHP's aspiring to become leaders and explore associated leadership development opportunities (ref: Leadership Academy and NHSI). – this needs to exist as a strand in STPs which MH team nationally must expect.

Please refer to Appendix 5 for the details of funding to support these projects

Allied Health Professionals Task & Finish Group

1. Kick Start Workshop

A 'Kick start' workshop using the HEE Star methodology was held in October 2018 for the Allied Health Professional (AHP) Task & Finish Group, to support a coherent approach across the eight groups identified.

2. Key Projects Identified.

The HEE Star was applied as the single OD methodology, bringing a common narrative and framework to the distinct conversations.

The HEE Star has two functions:

1.Primarily as an OD tool, enabling a comprehensive diagnostic of the range of workforce interventions, bringing better definition and prioritisation of solutions.

2.Secondly as an interactive resource, showcasing the products available to providers to fulfil their chosen solutions.

The HEE Star describes five key enablers of workforce transformation/improvement; Supply, Up Skilling, New Roles, New Ways of Working and Leadership and subscribes to the principle that 'improvement happens project by project'.

The purpose of the AHP task and finish group was to determine the list of projects under each of the named enablers of transformation, which resulted in a list of **20** possible projects for integration across all aspects of MH.

3. Group membership

Initial meeting

The attendees at the first meeting included representation from:

- AHP professions
- Workforce transformation leads
- Policy leads
- Other professional groups such as psychiatrist, Nursing Com and Acute and DDN, Spec services ED / Forensic.

Additional members

On discussion re: remit and intentions, the chair wished to include a full representation of MDT and operations to ensure that full consideration was given to perspectives opportunities and awareness of operational delivery.

4. Opportunities for new roles and new ways of working

The initial meeting identified a workforce with a diverse set of skills that could really add value to multi-disciplinary teams.

The work focused on key areas on understanding capacity, existing demand and skill matching to support this demand. Then moved into new ways of working in the future which could support mental health through AHPs in the future.

Overall agreement that there was a lack of transparency and clear reporting of AHPs capacity in workforce reporting and service planning resulting in a lack of visibility among workforce and service leads around the capability that AHPs can actively support multi-disciplinary working to deliver the demand profile.

A number of innovative workforce options for AHPs have been developed in mental health services. However, these tend to be developed in response to local issues with limited spread of good practice and innovation between organisations. Suggestion that spread of innovation was hampered by lack of national evidence available about the unique contribution of AHPs input in:

- Improving the individual experience of care
- Improving the health of populations
- Reducing the per capita cost of healthcare.

There are currently a number of senior multi -professional roles linked to the Mental Health Act that are open to AHPs e.g.

- Registered/approved clinician
- Approved Mental Health Professional
- Clinical Lead.

However, there is limited take up of the opportunities across the professions. Discussion indicated that this could be partly due to lack of awareness and exposure to the sider system; also, opportunity of leadership training that AHPs could access to help them progress into senior roles.

5. Context

The AHP professions comprise at 14 different professional groups most with a separate training programmes, point of registration and strong professional identify. Details of each professional group can be found here https://www.england.nhs.uk/ahp/role/

In most professions' pre-registration training follows a general route with limited exposure to mental health as part of the curriculum. The exception is:

- Occupation therapy (where pre-registration training is 50% mental health and 50% physical health.)
- Art and drama therapists, where the key focus is on mental health settings.

In addition to working in NHS mental health settings, AHPs are also employed in local authorities, housing, private practices and the voluntary sectors too. In addition to mental health teams in local authorities, the police and within the independent sector.

Total capacity planning for Mental Health Workforce does not have a clear mechanism for systems at present for which to support use of current resource to maximum potential, nor plan adequately for the future at STP level. For example, the MH workforce can sit across social care, acute trusts mental health trusts and third sector at present – no single report gives an understanding of gaps and / or planning for capacity at this level system wide.

The Chief Allied Health Professions Officer has been leading a project using crowd sourcing methodology to capture the voice of AHPs and, specifically, to form a national mandate for change that will support and drive AHPs transformative role in England's health and care system.
Key themes are:

- The common goals and challenges of the AHP professional bodies,
- The value that a national AHP strategy could generate and the pitfalls to avoid,
- Methods of involving AHPs, patients, service users and other stakeholders nationally within a strategy design process.

Workforce demographics.

It is difficult to identifying the AHP workforce working in NHS mental health settings (both at a registered and support workforce level) due to current ESR coding and consistency of recording. Additionally, there are challenges in identifying the proportion of AHPs who provide health and care in non-NHS settings. The lack of detailed workforce data makes it difficult to identifying the roles and demographics of this workforce.

Discussions identified some difficulties in recruiting AHPs to work in mental health setting although felt that this may be partly linked to lack of expose to such roles in pre-registration training.

2. Considerations for any new role identified or for a role that is new to Mental Health settings

Initial discussions identified the key issues are:

- Lack of awareness of the range of AHP skills and the contribution that professionals can make to the management of mental health in both physical and mental health settings, as part of multi professional team working.
- The lack of career frameworks which outlined the development and progression opportunities.
- Inter – professional role posts within Mental Health are not identified such as care coordinators / MH assessors within access services and AMHP services.

3. Key Highlights to date

- The current capacity outline for AHPs in MH does not adequately support the system.
- The system planning for workforce capacity at STP does not incorporate the MH workforce sitting across various employers.
- The career pathway outline for AHPs in MH is not clear for specialism, generic management, or academia.
- Created new format for ESR clarification reports for providers.
- Skill matched gaps to AHP capabilities across service delivery areas.
- Created model across AHP MH professions.
- Aligned to existing HEE training matrix for ACPs.
- Identified willing pilot area to complete gap and capability analysis (Solihull and Birmingham NHS Foundation Trust).

4. Affected Parties/Stakeholders

- All Mental Health Trusts, Acute Trusts and Social Care Local Authorities are affected by shortages and inability to provide appropriate specialist MH intervention.
- Patients experiencing Mental Ill Health.
- NHS England.
- NHS Improvement.
- Primary Care services.

5. Potential barriers that would need to be overcome

There is a need to review AHP needs within the Digital Footprint system level plans within MH assurance to the national MH Board – this is specified within the SLA, but assurance should be assured through to the board as well as NHS Digital.

There is a requirement for AHPs to provide evidence and adequate performance measures which demonstrate patient outcomes and clinical interventional.

6. Implementation Plan

- There is a need to review all projects as specified within Appendix Two and Priorities,
- These priorities will then be aligned to an overall strategy to support national MH demand where AHPs can best contribute and support with description of new end state,
- This will be in line with the deadlines set from the MH National Board,
- Accountable/Responsible Clinician workstream was identified as a cross cutting theme which other working groups would also need to contribute to equally and be targeted to support priority areas within MH where this could be useful.

7. High-Level Timeline/Schedule

- Complete Workshop with wider MDT scoping current state, workstreams and opportunities 30th November 2018.
- Compile report of priorities to go out to the working group 21st December 2018.
- Agree priorities and workstream rankings 25th January 2019.
- Complete depth write up of workstreams and outcomes 27th March 2019.
- Outline of Priority Projects and timelines included as additional information.

8. Any additional information

The outlined priorities for Mental Health and overall workforce gap by clinical area split into primary care, assessment and access community and acute / specialist would be helpful to understand.

The starting point where we could start to look at support functions and development of AHPs, which help the system deal with current capacity deficits. This is included as a model in additional information plus outline of intended system impacts.

9. Conclusions

There are existing capacity gaps which would support Mental Health management across the spectrum of service delivery now if empowered to do so through collaboration with the primary care team and rapid development of additional capacity across community services in the medium term.

The use of AHP professions in MH, their exposure training, transparent capacity and capability to match to system demand has to be a priority which is has embedded infrastructure and expectation at a national level to support services to their full potential.

In practical application there are significant capacity impacts for the system to be realised.

Appendix 1: Terms of Reference and Task

SITUATION

A complete Multi-Disciplinary Team (MDT) was brought together to review the capability of Allied Health Professionals to support new roles and capability within Mental Health. The groups were asked to review this capability through the HEE STAR framework. The had the following Aims and Objectives set as Terms of Reference:

AIMS AND OBJECTIVES

1. To identify the benefits and support the development or implementation of the new role within mental health services at local and national level.
2. To support the health and care system to understand where adoption of the new role will have the most benefit; identifying issues associated with the expansion of each new role.
3. To work with HEE transformation team to develop a practical regional and national action plan to target workforce service pressures.
4. To understand geographical barriers and positively influence decision makers to increase spread and adoption both regionally and nationally.
5. To work to unblock barriers within the system to enable the development of these roles.
6. To support recognition that an approach which takes into consideration the entire role pathway is necessary to embed progress.

TASK

The group defined overall aims of each of the areas included within the STAR framework through its component elements as the following for AHPs

Supply

To create greater visibility over demand, consistency amongst workforce and tools for planning for mental health workforce at organisational and STP level as Electronic staffing record does not sufficiently support this capacity transparency. Furthermore, Mental Health staff work across mental health providers, social care (S75) and often acute providers.

Upskilling

Posts where MDT can work into are identified as multi-professional or specialist posts are and core skill sets are articulated to work to core and specialist development level to help demand. a pathway in created for support posts to progress into apprenticeships.

New roles

New AHP role development is targeted to support the most difficult demand areas in mental health at present in both recruitment and emerging models.

New Ways of working

Outline visually new models of working and skill base capability match of AHPS to support these new modalities based on skill base and give examples of where this has worked well. this will give organisations and STPs a better understanding of options with AHPs.

Leadership

Standardise strategic expectations of development of AHP contribution to the system and that this is driven at an STP level and organisational level.

Individual Projects

Individual projects were then developed within the model and then scored according to priority by the group (Figure One). Analysis Scoring is embedded as an Excel sheet below.

Project Summary

Copy of AHP project overall analysisDHv2 (

Analysis Scoring is embedded as an Excel spreadsheet.

Figure 1 Analysis Scoring of Projects

Appendix 2: Proposed Projects

AHP - MH Task and Finish Group

Proposed Projects

Supply

- Highlight the shortfalls of recording current standards - approach to establishing the AHP workforce baseline across all MH settings (inc: ESR data, primary care, social care and independent sector). This needs to be in place for STPs – Create outline structural workforce recording requirements – feedthrough to ESR
- Map the current AHP workforce profile (including infrastructure & numbers) to understand organisational and regional variation against gaps for both specialist and generic posts
- Map the breadth of career opportunities and pathways for AHP's in mental health from entry to advanced level.

Up-skilling

- Produce a core competency framework for all disciplines across acute and community /MH core competency framework (aligned to professional bodies, Skills for Health framework and best practice examples)
- Define the competencies beyond this for advanced practice development
- Align support workers competency development to apprenticeship progression and organisation need and take up

New roles

- Explore examples of generalist vs specialist AHP roles (and current operating models) and identify gaps to inform new roles
- Capture and share good practice of joint assessment with a view to wider spread and adoption (eg: Suffolk model, findings from RCOT/BAAT report – see other slide for captured examples)
- Explore models of cross-professional supervision and mentorship at higher levels; investigate good practice and explore barriers to uptake.
- Scope the range and implementation of preceptorship models and make recommendations

New ways of working

- Map AHP resource/activity within MDT's to identify gaps and determine the future AHP workforce requirement (inc. innovative practice where AHP's have helped to address capacity issues in early intervention psychosis; GP surgeries; primary /secondary care / Acute wards specialist pathways
- Undertake an assessment of current AHP Responsible Clinician activity to establish baseline, barriers and gaps and make recommendations
- Map the maximum potential of each profession across both community and acute care in development showing stages

Leadership

- Identify AHP leaders in MH and ascertain their influence and impact at national, regional and local level to determine gaps and make recommendations (eg: call for evidence).
- What does AHP Leadership in MH look like? / How is this being considered in STPs?
- Create a talent management strategy for AHP's aspiring to become leaders and explore associated leadership development opportunities (ref: Leadership Academy and NHSI). – this needs to exist as a strand in STPs which MH team nationally must expect

New Roles in Mental Health
Allied Health Professionals Task & Finish Group

Supply

Up-skilling

- Explore the scope of current and future Apprenticeship activity to include:
  - Mapping standards and developments to date (exploring Apprenticeship provision across HE and FE providers)
  - Scoping current use of the Apprenticeship Levy
- Advocate true Parity of Esteem across national curriculum for MDT training and placements – only two have ensured MH placements
- Establish oversight of best practice examples of AHP's supporting wider workforce wellbeing and make recommendations (ref: HEE/RCOT/ BAAT on line debate https://ahpsdebate.clevertogether.com/welcome-to-ahpsdebate).

New roles

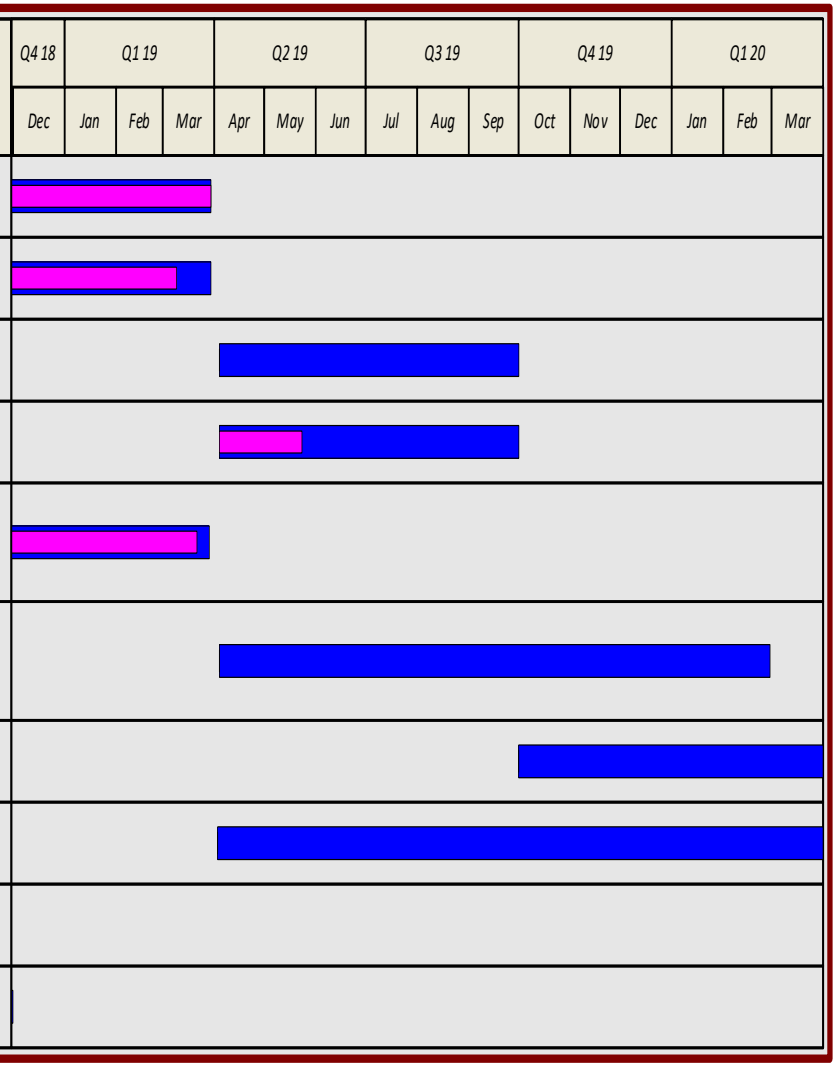
- Develop a communication plan to:
  - Promote the range and breadth of AHP roles, their associated competencies and 'value added' (eg: matrix format)
  - Highlight innovative implementation of the role in MH (eg: case studies)

New ways of working

Leadership

Appendix 3: Gantt Chart

ID	Task Name	Start	Finish	Duration	% Complete
1	Develop and Prioritise Projects for maximum system capacity impact	30/11/2018	29/03/2019	17.2w	100%
2	SUPPLY -Outline Way of making Capacity more Transparent for ESR providers	30/11/2018	29/03/2019	17.2w	75%
3	SUPPLY Outline Longer Term Mechanism to improve Capacity Transparency for STP	04/04/2019	30/09/2019	25.6w	0%
4	Develop Capacity Gains competencies and map against exiting provider as pilot	04/04/2019	30/09/2019	25.6w	25%
5	NEW WAYS WORKING Develop Existing capabilities across assessment, treatment discharge for system	30/11/2018	28/03/2019	17w	85%
6	UP-SKILLING Complete Advanced ACP capabilities training outlinealigned to HEE framework	04/04/2019	28/02/2020	47.4w	0%
7	Evaluate Pilot Capability and develop implementation pilot	01/10/2019	31/03/2020	26.2w	0%
8	ACP comptency framework inclusion to reviewed for barriers (legislative / MHA)	03/04/2019	03/04/2020	52.6w	0%
9	Review Implementation pilot outcomes	06/04/2020	09/09/2020	22.6w	0%
10	Longer Term implementation plan based on pilot and ACP capability	30/11/2018	30/11/2018	.2w	0%



Appendix 4: Actions & Projects

SUPPLY

- The Group review existing Reports from ESR and have developed a process to interrogate the data for AHP provider organisations. This methodology is embedded as part of the report (Appendix 8)
- The group also recommends that a project is undertaken to allow more visible understanding of capacity given the requirements for working within STP – this should be a project which is has broader implications and benefits to the MDT rather than being AHP specific – this should include provider, social care acute trusts and private provision.
- Training development should be discussed and standardised across professions which work with MH – training is limited across professions in undergraduate work which impacts on supply chain

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- Alignment to existing service development will help to integrate the MH agenda so alignment to the ACP framework which already exists within HEE for advanced practice would be a viable mechanism to extend specialist competencies such as specialist assessment, treatment delivery and enhanced treatment across physical and MH in community services – This includes a joint workstream to create a singular competency framework and ratification pathway for AC / RC function nationally.
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NEW WAYS OF WORKING

- Piloted capabilities articulated from new roles should be piloted within existing trusts which are willing to undertake a gap and map analysis of capability with their AHP cohorts. The capability for this to work could then be tested and developed at scale if successful
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LEADERSHIP

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Appendix 5: Implementation Plan Recommendations that require Investment

Recommendations and deliverables to support implementation	Outcome	Finances	Timeline	Regionally or Nationally	Lead
Recommendation 1. **Ccompetency model to support service gaps for AHPs working in Mental Health:** To create an interactive 'Pie Chart' to demonstrate skill use across existing gaps for mental health This capability should be supported to be developed within AHP working and roles.	An interactive tool to demonstrate the upper capabilities and competencies of AHPs working in MH services. To support: -timely assessments in primary care and monitoring in secondary care achieved through input by AHPs as part of the MDT in MH. -specialist consideration of treatment and capability within the acute care pathways and holistic specialist care in the community also has proven benefit to patients and systems.	£10,000	Over the next 3 months	Nationally	HEE & NHS E
Recommendation 2. **Pilot capabilities articulated from new roles** Piloted within existing trusts which are willing to undertake a gap and map analysis of capability with their AHP cohorts. The capability for this to work could then be tested and developed at scale if successful	Early adopters identified across the 7 regions and capabilities evaluated. Following evaluation, if successful for widespread adoption at pace and scale.	£90,000		Regionally via AHP leads	HEE & NHS E
Recommendation 3. **To host bespoke AHP workshops to be developed around** - ability to prescribe, - S12 status extension across other professions, - care coordination functions specialist assessment training competencies.	Barriers to developing new roles reduced and allows for the development of these at scale.	£35,000 (£5,000 per region)		Regionally	HEE & NHS E
Recommendation 4. Create a talent management strategy for AHP's aspiring to become leaders and explore associated leadership development opportunities (ref: Leadership Academy and NHSI). – this needs to exist as a strand in STPs which MH team nationally must expect.	Building the structural leadership capacity within the system	TBC		AHP Regional Leads	HEE, NHS Leadership Academy & NHS E
TOTAL		**£135,000**			

APPENDIX 6A: SKILL USE ACROSS EXISTING GAPS FOR MENTAL HEALTH

Primary Care		Occupational Therapist	Physiotherapist	Speech and language Therapist	Paramedic	Art Therapist	Music Therapist	Drama Therapist	Dietician
Primary Care	**Assessment**	OA / MH assessment Occupational formulation and Risk Assessment mgt, Medically unexplained symptoms (MUS), Mood Disorder Mental Capacity Act. (MCA)	OA / MH assessment mgt, MUS, Mood Disorder, MCA	MCA assessment, Dementia standardised assessment / referral /Neuropsych ASD / ADHD Ax, spec diagnosis differential diagnosis	TIA recovery clinics mgt, dual diagnosis enhanced assessments, prescribing BNF norms Selective serotonin reuptake inhibitors (SSRIs) mood disorder Standardised Ax				
	Treatment	First Contact Practitioner role for low level MH /Falls/Fit notes, dementia assessment diagnosis, Prescribing, IPS/Work retention interventions falls assessment HV and mgt ADHD / ASD assessment Sensory Interventions CAMHS, social prescribing	Prescribing, diagnostics and screening pain mgt /MUS within BNF mood disorder / Fit note onward referral / social prescribing	Differential diagnosis dysphagia: screening, assessment, training patients/families and other staff Specialist children assessment and mgt including behavioral mgt and liaison Talking therapies / IAPT Mental capacity	Fit Note, clozapene clinics, Dementia Standardised assessments, screening falls assessments,	Social prescribing / community integration	Social prescribing / community integration	Social prescribing / community integration	Prescribing
	Referral / management	Onward referral to secondary care and secondary care pathway specific e.g. Dementia CT scan, Tier II / III CAMHS Signpost to Third Sector organisations. Perinatal and Public Health Role	Onward referral to secondary care and secondary care pathway specific e.g. Dementia CT scan, Tier II / III CAMHS	CAMHS all tiers telecare	Onward referral to secondary care and secondary care pathway specific e.g. Dementia CT scan				

Community Services		Occupational Therapist	Physiotherapist	Speech and language Therapist	Paramedic	Art Therapist	Music Therapist	Drama Therapist	Dietician
Community Services	Assessment	S12 spec assessment function, Rapid holistic assessment re-ablement MH	Dementia Mult Co Morbid HV falls prevention Mov Handling plan CH/NH in reach	Care Coordination especially dual diagnosis LD / MH S12	A / Older adult community mental health teams (OA CMHT) reviews, duty prescribing Care Coordination eventually	Care Coordination / Relapse prevention trigger recognition liaison secondary care through Recovery colleges	Relapse prevention trigger recognition liaison secondary care through Recovery colleges	Relapse prevention trigger recognition liaison secondary care through Recovery colleges	
	Treatment	Integrated treatment models OA, re-ablement and HV admission previously Care Co-ordination, Relapse prevention Co-produciton Recovery Colleges Self management education. Physical Assessment/equipment	Integrated treatment models OA	Care Coordination especially dual diagnosis LD / MH S12CAMHS Care Coordination roles Nursing/Care home specialist assessment and supporting care staff to adapt interventions and manage challenging behavior.	A / OACMHT reviews, duty prescribing Care Coordination eventually				
	Referral / management								

Acute Care		Occupational Therapist	Physiotherapist	Speech and language Therapist	Paramedic	Art Therapist	Music Therapist	Drama Therapist	Dietician
Acute Care	**Assessment**	MHL dual assessment front door acute MH / OA – Rehab Accountable Clinician / Responsible Clinician (AC/RC) development forensic step down		Ward Mgt Rehab esp OA Spec Comm Transitions	Enhanced Assessments based on emergency presentation	OA rehab / RA Augmentation Forensic & PD	OA rehab		
	Treatment	Already active treatment in acute	MHL Adv Dementia Mgt in modified pathways i.e. # reduce Average Length of Stay (ALOS) OA admission avoidance	Forensic Services Assessment/Capacity assessments/adapted treatment programs.					
	Referral / management								

CAMHS		Occupational Therapist	Physiotherapist	Speech and language Therapist	Paramedic	Art Therapist	Music Therapist	Drama Therapist	Dietician
CAMHS	**Assessment**	Initial assessment, mental health lead (MHL) A and CAMHS	Mother and baby admission avoidance – lack of access	Spec Tier II / III screening referral Assessment and differential diagnosis	Assessment, prescribing CC eventually	School Tier II / III traded services	School Tier II / III traded services	School Tier II / III traded services	
	Treatment			Treatment and intervention training					
	Referral / management			Support to Tier 4					

Older Adult & comm **roles**	Occupational Therapist	Physiotherapist	Speech and language Therapist	Paramedic	Art Therapist	Music Therapist	Drama Therapist	Dietician

Older Adult & comm Roles	Assessment	Re - ablement comm signif	Spec acute & comm roles	CC OA Community mental health team (CMHT)	CH/NH work holistic care	Relapse prevention & CC	Relapse prevention & CC	OA rehab	
	Treatment								
	Referral / management								
Potential in future		Prescribing capability perpetuate RC capability							

APPENDIX 6B: ABBREVIARTIONS

Abbreviation	Meaning
AC	Approved Clinician
ADHD	Attention Deficit Hyperactivity Disorder
AHP	Allied Health Professional

AMHP	Approved Mental Health Practitioner
BNF	British National Formulary
CAMHS	Child and Adolescent Mental Health Services
CC	Care Coordination
CH	Care Home
MDT	Multi-disciplinary team
MHA	Mental Health Act
MHL	Mental Health Liaison
NH	Nursing Home
OA	Older Adult
RA	Risk Assessment
RC	Registered Clinician
S12	S12 approved Mental Health status
Tier II / III	The levels of provision with CAMHS community services Tier II talking therapies and counselling Tier III Secondary care Mental Health Child and Adolescent Community Mental Heath Team

Appendix 7: Enhanced AHP Roles System Support Skill Use

Allied Health Professionals:
Summary Enhanced delivery capability to Mental Health

NHS
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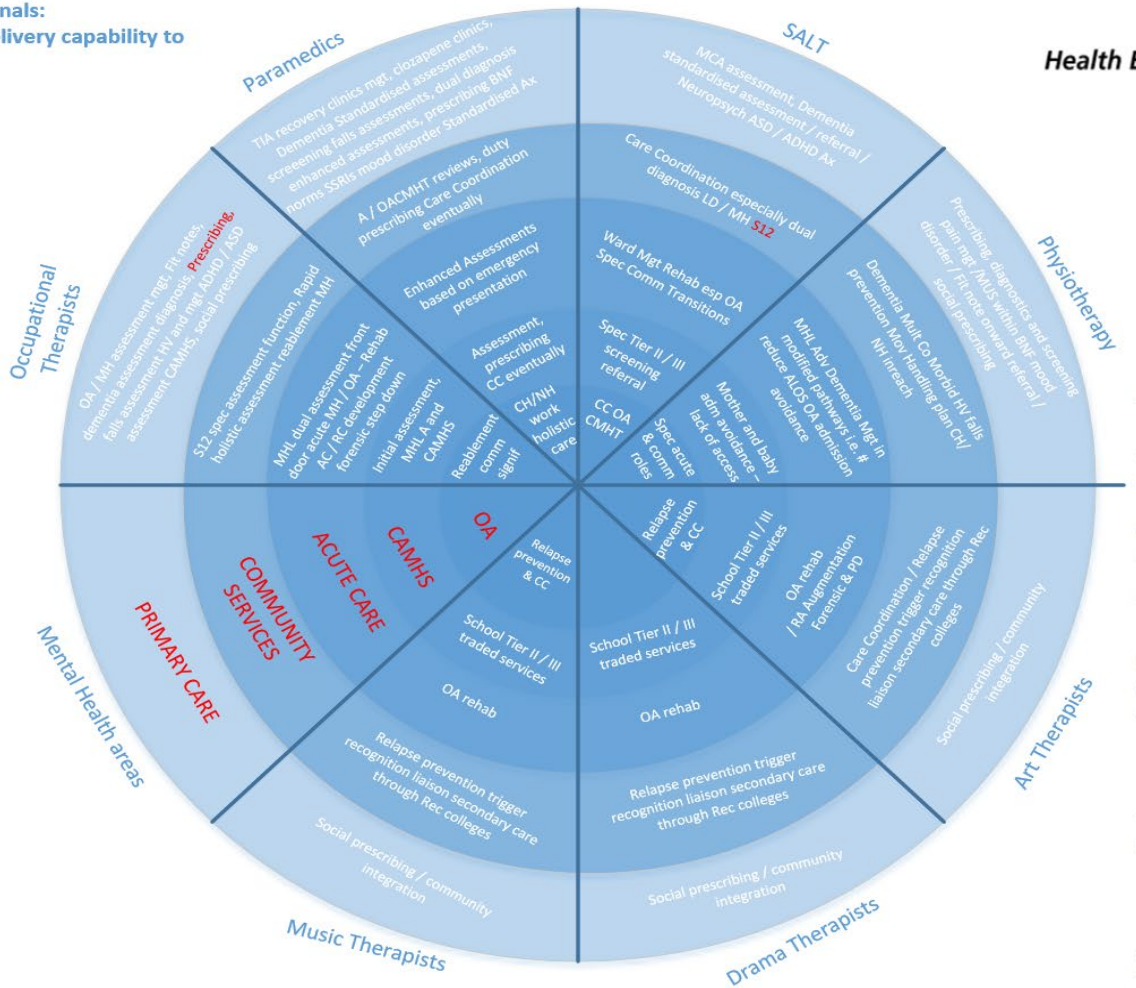


System Support

Assessment
Primary Care MH assessment, treatment administration, onward referral to secondary care / Specialist assessment ADHD / ASD Risk Assessment

Treatment
Prescribing and review, CMHT Care Coordination extension, Section 12 assessment, Fit Note, AC / RC roles
Reduced LOS Acute Pathway / Secondary care transition / MHL specialism

Referral / Management
Dementia onward referral / Secondary care gateway, Forensic Transitions, CAMHS joint assessment

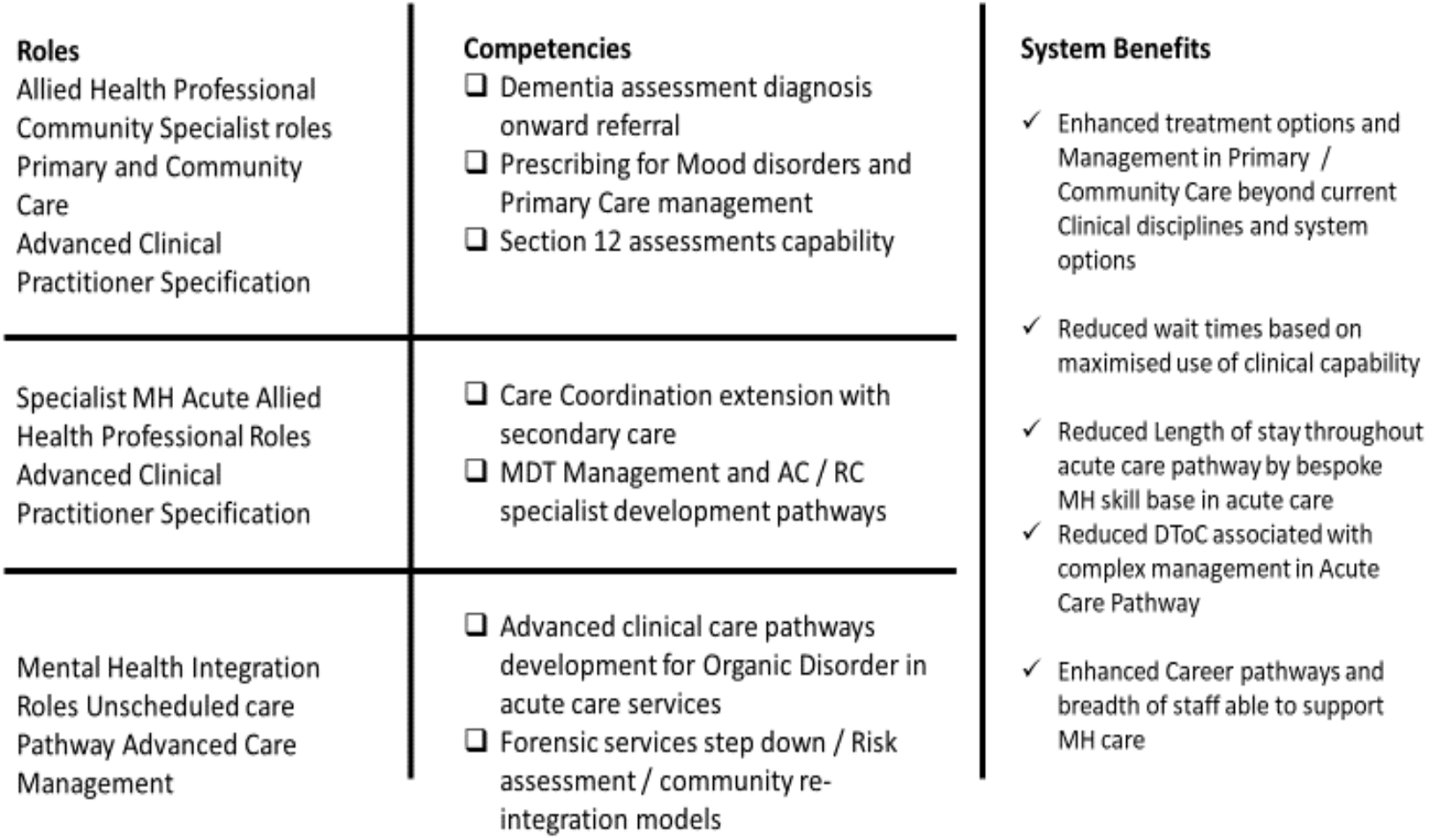
Appendix 8: ESR BESPOKE AHP CLEANSE REPORTS (PROVIDER METHOD)

Workforce Process Map

Workforce process map.pptx

Figure 2: Embedded in the PowerPoint:
Process approach for curating NHS Digital published ESR monthly data records.

Appendix 9: RESULTS AND BENEFITS FOR MENTAL HEALTH SYSTEM



Appendix 10: New Roles in Mental Health: Case Studies

Setting	Profession Group	Project Summary	Location
1. Mental Health Crisis	Occupational Therapy	This Initiative was launched in partnership with City of London Police, in which an occupational therapist and social worker travel with officers to incidents where there is an immediate threat to life flagged by the emergency control room. The service operates 24 hours a day  9 Case Example OT.docx	Central and North West NHS Trust
2. Addressing the Physical Health of MH Health Patients	Occupational Therapy	A Health and Wellbeing Clinic facilitated by Occupation Therapists from the RBKC Adult Community Health Teams. The clinic is aimed those who are taking Clozapine or other medications and/or have high cardio metabolic risk factors. The intervention aims to improve service users' physical health and wellbeing through positive life-style changes. The OTs work with Peer support workers who provide support to enable service users to engage with health-focused initiatives and services in the community  OT physical health clinic for community	Royal Borough of Kensington & Chelsea (RBKC) Adult Community Mental Health Teams. SK&C MHC
3. Eating Disorder Services	Occupational Therapy	The Step Up to Recovery service is an occupational therapy-led eating disorders intensive day service. The service seeks to understand individuals' subjective experience of their eating disorder and its impact on their daily lives. Through practical discussions and support, Step Up works with individuals towards their goals.  OTs contribution to eating disover servc	South London and Maudsley NHS Foundation Trust (England)
4. Eating Disorder Services	Art Psychotherapist	Art psychotherapy group for service users with Anorexia Nervosa being supported in a specialist community team. The aims of this group are to provide a safe space to use creative methods to facilitate communication and depth of understanding in a gentle but clear approach.	

		 Art Psychotherapist in eating disorder se	
5. CAMHS	Drama Therapy	Group for young people that aims to increase confidence in being with other people, out in the community, managing social anxiety and increase resilience. The group takes place outside the mental health services base in a local theatre. This project has been shortlisted for several awards  Drama therapy in CAMBs settings.doc	Hertfordshire Partnership University NHS Foundation Trust
6. Working with Primary care to support people to remain in work	Occupational Therapy	Details of occupation therapy lead vocational clinics based in GP practices to help people with mental health and/or musculoskeletal problems remain in work using the Allied Health Professions Advisory Fitness for Work Report (AHP Fit Note)  OT led vocational clinics.docx	Clinics in Southampton Solent NHS Trust And South Pembrokeshire GP Cluster via Hywel Dda University Health Board
7. Psychosis services	Drama Therapy	The focus of the group is on strengthening the ego and resilience by building sense of self and identity, confidence in ability, reducing isolation and building communication. This is done through drama exercises. The arts therapies have been recommended in the NICE guidelines for psychosis since 2009 yet people experiencing psychosis only made up a small percentage of local referrals from community services.  Drama therapy groups in psychosis	
8. Medium Secure	Occupational Therapy	Examples of an Occupational Therapist leading the implementation of 'Safewards' Calm Down Methods intervention, using a sensory approach. The Intervention focuses on encouraging patients to implement skills in order to lower levels of arousal.	St Andrew's Healthcare, Northampton, England.
9. Addressing high intensity service users	Occupational Therapy	Examples of how an Occupational Therapist has worked with high intensity users of emergency services to help address mental health issues	N/A

		OT high intensity user.docx	
10. Delivery of health and well being services for NHS staff	Occupational Therapy Physiotherapy	The health and well being service is delivered by a multi-disciplinary team that includes Occupational Therapists and Physiotherapists. In 2015 the Trust was identified as one of 12 exemplars in the country by NHS England for the measures it has in place to improve the health of staff in the workplace. OT lead occupational health	Bradford District Care NHS Foundation Trust
11. Delivery of student health and well being services	Occupational Therapy	Examples of two student health and well-being services that are delivered by Occupational Therapists as part of a multi-disciplinary team. OT student wellbeing service Po OT student wellbeing service lee	Portsmouth University Leeds University
12. All mental health settings	Occupational therapy	This is a partnership between Greater Manchester Mental Health Trust (occupational therapists) and Greater Manchester Fire and Rescue Service. Occupational therapists are trained to incorporate identification of fire risks in to routine or requested occupational assessments. They carry out assessments & interventions with the fire service to reduce fire risks. There is also reciprocal training for the fire service around mental health so they can sign post concerns. Case Study 41.docx	Manchester
13. Dementia sufferer with swallowing difficulties	Speech and Language Therapy	Summary highlighting Speech and Language Therapy work with a patient with dementia to address swallowing difficulties and develop a treatment escalation plan to reduce the risk of unnecessary acute admissions in the future, that would not have been in the patient's best interest.	

		SaLT Dementia services.docx	
14. Enabling communication with MH staff	Speech and Language Therapy	Summary highlighting the input of a Speech and Language Therapist in helping a patient with communication difficulties to communicate with nurses, care staff, Consultants and Social Workers, enabling her to participate holistically in her own discharge planning meeting. SaLT supporting communication nee	Avon and Wiltshire Mental Health Partnership NHS Trust
15. Optimising Technology	Occupational Therapy	Ten examples of where OTs have worked with individual patients to optimise technological solutions to improve outcomes OT using technology to enha	Dorset CC
16. Medicine compliance	Speech and language therapy	Example of how speech and language therapy input has resulted in fewer violent episode requiring restraint and better medicine compliance. Laura Watling.docx	St Andrews Healthcare
17. Reducing the use of seclusion	Speech and language therapy	Details of Speech and language therapists service that moves people out of seclusion, which require an intensive staffing requirement, and progress care and treatment on the ward Jasmin Hernon.docx	Avon and Wiltshire Mental Health Partnership
18. Patient involvement	Speech and language therapy	This service has increased patient participation and involvement, to allow people to express their concerns as well as their wishes and preferences.	Nottinghamshire Healthcare NHS Foundation Trust

		 Gemma Douthwaite.docx	
19. Increase staff understanding	Speech and language therapy	This service wanted to increase patient involvement and choice. Through service redesign the patient was placed at the centre allowing them to raise their concerns and express their wishes  Gemma Douthwaite -.docx	Nottinghamshire Healthcare NHS Foundation Trust
20. Preventing avoidable serious incidents relating to dysphagia	Speech and language therapy	Two examples of services supporting people with eating, drinking and swallowing difficulties which, before managed were resulting in serious incidents relating to dysphagia. These services introduced support for staff as well as users resulting in fewer preventable incidents  Fiona Brettell.docx  Emma Pearce.docx and	Leicestershire Partnership Trust And Leeds and Yoirk Partnership FT
21. Differential diagnosis	Speech and language therapy	Speech and language therapists support differentiation between and accurate diagnosis of people with ASD and mental health problems.  Ann Wilson.docx	Berkshire Healthcare Trust
22. In patient CAMHS	Speech and language therapy	This inpatient service achieved a complete culture shift focussing on the young people and recognising their co-occurring ASD and mental illness.  Angela Watson.docx	Birmingham Women's & Children's Hospital NHS Foundation Trust
23. Across Mental Health Service	Dietetics	Examples of how Dieticians can contribute across mental health services  Dieticians working across services.docx	Avon and Wiltshire Mental Health Partnership Trust

Appendix 11: AHP Profession Specific Supporting Evidence

Professional Group working in MH.	Supporting Evidence
AHP Advanced Practice Framework (Mental Health)	AHP Advanced Practice Framework (Mental Health) Iteration 1 – for piloting and feedback. This is Iteration 1 of the AHP Advanced Practice Framework (Mental Health). It is intended to be a working document that will change and evolve as a result of feedback from the people who use it. It will also be informed by plans to review the Senior AHP Framework and the AHP Advanced Practice Education and Development Framework (Musculoskeletal). This will create opportunities for the Mental Health Advanced Practice Framework to evolve alongside its partner documents. https://www.nes.scot.nhs.uk/media/2588985/ahp_advanced_practice_framework_mental_heath_2014_02.pdf
Art Therapists	**Upper Capabilities Summary** Examples of activities undertaken by experienced arts therapists, and arts therapists in senior roles, under the four pillars of practice associated with advanced practitioners. These examples indicate that experienced arts therapists are integrating specialist knowledge and skills with generic leadership and management roles to address mental health needs of their direct service users, and to support professionals in the wider health and social care system with theirs at local, national and international levels.  Art Therapists upper capabilities.pdf
Occupational Therapists	**Career Development Framework** Offers a structured process to guide careers ,learning and development within the profession. Four interacting Pillars of Practice (Professional Practice; Facilitation of Learning; Leadership; and Evidence, Research and Development), each with nine Levels, make up the Career Framework. Used together, the career Pillars and Levels highlight the breadth and range of opportunities available,  OT Career dev framework.pdf
Paramedics	1. **Paramedic Curriculum Guidance:**

	Providing a set of standards that could be used as a reference point for all; including paramedics, educational providers, patients, employers, policy makers and regulators. https://www.collegeofparamedics.co.uk/publications/post-graduate-curriculum-guidance **2. Upper Capabilities Summary** AHP UPPER CAPABILITIES SUMM
Physiotherapists	**1. Career Development Framework** The Physiotherapy Framework defines & describes the behaviors (& underpinning values), knowledge & skills required for contemporary physiotherapy practice at all levels – and across a variety of occupational roles and settings Physio career framework .pdf **2. Agenda for Change National Profile** Physio A f C profiles .pdf
Speech and Language Therapists	**1. Briefing on workforce capabilities** A summary of the 5 core capabilities of the profession with links to evolving roles information and a summary of the 6 specialist competency frameworks RCSLT Briefing on workforce capabilities **2. Underpinning competencies reference framework** This framework provides a guide to the range of knowledge and skills a Speech and Language Therapist needs in order to work at a basic and competent level with a given client group.

	 SLT competencies-project. **3. AfC National Profile**  SLT profileSpeech_and_La

Appendix 1 2: Nominated membership of the group

Name	Role and Organisation
Thomas Kearney (Chair)	Deputy Chief Allied Health Professions Officer, NHSE
Helen Van-Ristell	Professional Advisor at RCOT
Steve Dye	Consultant Psychiatrist, Norfolk and Suffolk NHS Foundation Trust
Lynne Shaw	Acting Executive Director of Workforce and OD Northumberland, Tyne & Wear NHS FT
Alan Metherall	Associate Director of Nursing, Avon and Wiltshire NHS Partnership Trust
Lucy Locks	AHP Leadership Fellow, Health Education England
Deborah Derbyshire	MH Service Operations Manager Community, Cornwall
Debbie White	Director of Operations Norfolk, Norfolk and Suffolk NHS Foundation Trust
Jonathan Hammond Williams	Paramedic, South Western Ambulance Service NHS Foundation Trust
Srikanth Kota	Physiotherapist Lead, Derbyshire NHS Mental Health Foundation Trust
Steve Dye	Consultant Psychiatrist, Norfolk and Suffolk NHS Foundation Trust
Michele Wood	Principal Teaching Fellow
Oriana Morrison-Clarke	Community Service Manager (Speech & Language Therapist)
Christian Lee	Dietetics Lead
Fiona Williams	Manager of Bristol Inpatient Arts Psychotherapies Service, Bristol Head Arts Psychotherapist, BPC Accredited Practitioner of Mentalization Based Treatment (MBT)
Esther Cohen-Tovee	Director of AHPs and Psychological Services
Ursula Rolfe	Senior Lecturer Emergency & Urgent Care, Faculty of Health and Social Sciences, Bournemouth University

Attendance by HEE Workforce Transformation Programme Team

Kirstie Baxter	National Head of Workforce Transformation
Lucy Dodkin	Development Manager - National Workforce Transformation Team. Project Manager – Topol Review
Helen Podmore	Workforce Transformation Lead, HEE
David Marsden	Transformation Collaborative rep, North (on behalf of Bev Harden)

With attendance from the HEE Mental Health Programme Team

Debbie Hilder	Mental Health Workforce Specialist HEE
Sue Hatton	New Roles Senior Project Lead