



From reactive to proactive

The AHPF three year plan

Year 2

March 2011 – February 2012

9th February 2011

Mission

The Allied Health Professions Federation will provide collective leadership and representation on common issues that impact on its member professions.

Purpose

The Allied Health Professions Federation will promote inter-professional working to enable the Allied Health Professions to provide high quality care for patients/clients and their carers.

Vision

The strategic direction takes the AHPF from a reactive to a proactive organisation where it can be seen to be leading the AHP agenda.

The strategy and activity of the AHPF must add value over and above that delivered by the individual professional bodies that make up the membership of the Federation.

Key message themes

- AHPs are key to the delivery of a high quality patient-centred service delivered along complete care pathways at the right investment level to enable it to be sustainable. They provide key services to enable the delivery of the QIPP productivity savings.
- AHPs are key to the cross boundary working that delivers optimum productivity gains
 - This is particularly important in the light of *Liberating the NHS* and the forthcoming Health and Social Care Bill in that mental and physical health are overtly recognised to be linked, social care will be integrated into health and there will be more and closer links between the various provider options delivered by the NHS, social enterprise, voluntary and private sector organisations
- Empowered AHPs can lead change and service transformation
 - *Liberating the NHS* clearly talks about empowered clinicians and AHPs need to be seen alongside their doctor and nurse colleagues as specialist clinicians that are key to delivering quality integrated care in the new environment
- AHPs are key to inspiring individuals to take the preventative approach to long term health that is so important to the public health agenda

March 2011 – February 2012

The current direction from the coalition government expressed first in *Liberating the NHS* and subsequently in a number of consultation documents and further white papers will result in a different landscape for health and social care in England. This landscape is summarised in the following diagram taken from the public health white paper, *Healthy Lives, Healthy People*:

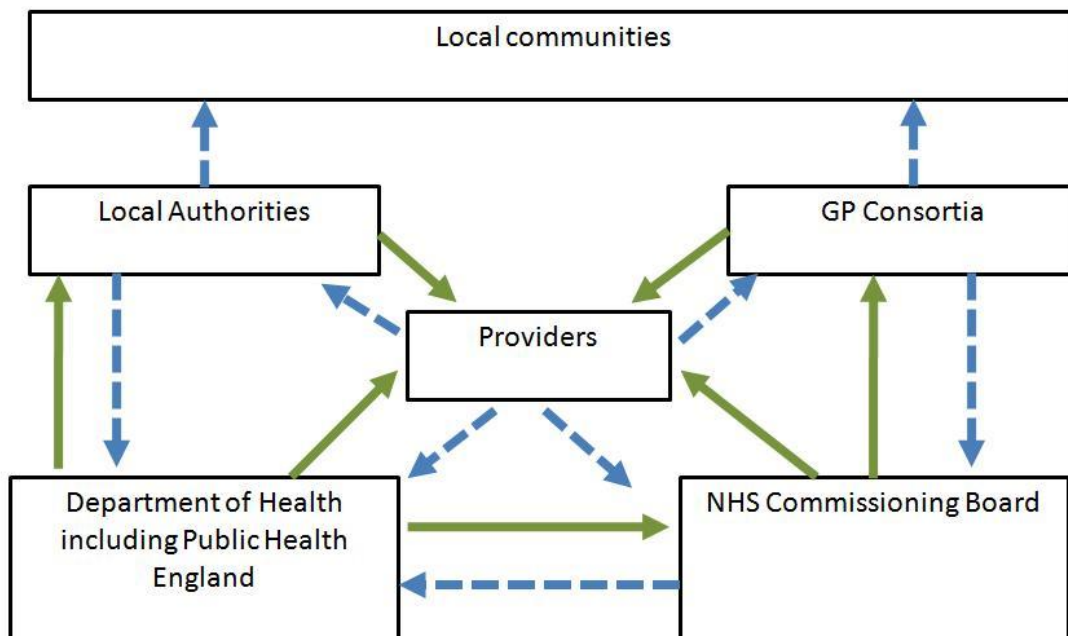


Diagram to show funding and accountability flow in the new health and social care environment
- Taken from *Healthy Lives Healthy People*, November 2010

→ Route for funding
← Route for accountability

Key decisions that will affect AHPs and the services that they offer will be made in all five of the areas involved in funding routes.

There is a single overriding outcome for the AHPF in 2011-12. This is for the AHPF to engage in activity that will influence the engagement and representation of AHPs in all appropriate decision making fora in this new model of health and social care delivery.

Therefore the plan will focus on an influencing campaign that spans across GP Consortia, Local Authorities, the NHS Commissioning Board, the provider network and the new Department of Health.

Other activity that does not directly influence this outcome will only undertaken when to *not undertake the activity will actively harm* achievement of the outcome.

2010-11 AHPF operational activity

The AHPF in England

The activity within each decision making area will be a mixture of primary, secondary and reactive activity. This document defines an initial primary activity plan with the specific balance of primary, secondary and reactive activity evolving as the details of the health and social care landscape evolves.

Activity focus definitions

- Primary: the activity undertaken that when successful is the most likely to deliver the outcome
- Secondary: activity undertaken to support primary activity
- Reactive: activity only undertaken when to *not undertake the activity will actively harm* the primary focus

Potential activity

The activity within each decision making area could include:

- Generation of *comment* (not evidence)
- Propagation of comment
 - Letters to specific individuals
 - Letters to journals and other media
 - Evolving website
 - Meetings with specific individuals
- Active involvement in specific networks e.g. Healthcare Professionals Commissioning Network
- Co-branding of relevant activity
 - Generated by the professional bodies
 - Generated by local leaders or networks (existing or nascent)
- Speaking at local events (e.g. Regional AHP conferences)
- Meetings and communication with other named shared interest groups
- Shared messages with other groups e.g. RCN, BMA