



Driving Improvement: Implementing *Realising Potential*

An action plan for allied health professionals in mental health

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EH1 3DG

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*thank you for all you did for me
i connected well enough to now be a support worker
i fought you all because i was terrified to be happy
when you have lived in darkness you do not recognise light
deep is the only up you know
with the help of some truly amazing people i am healing
i have had two of my poems published
i have had two exhibitions of my poems
i am going to publish an E-Book soon
i still doubt
i taught myself that when you sing it is impossible to be unhappy
i am growing
i am smiling
i am writing
i am happy
i am poet!!!
-
thank you*

The thanks in the poem is aimed at two occupational therapists and a psychologist who worked closely together to support “Robert Reid”, the poet. “Robert” also engaged with a third sector social firm and a local authority-supported training model to achieve his vocational goals, so his story provides a great example of how joint working among health professions and agencies works.

Ministerial foreword



“The new ways of working Realising Potential promoted – co-production, intersectoral partnerships and collaboration, person-centred approaches and self-management – are very much in tune with the wider policy agenda.”

Minister for Public Health Michael Matheson (centre) with representatives of the Scottish Fire and Rescue Service, NHS Tayside and Robert Gordon University involved in an innovative occupational therapy student-placement initiative. The Minister is seen holding Scotland’s national AHP delivery plan, *AHPs as Agents of Change in Health and Social Care*.

Credit: NHS Tayside

Scotland has a dynamic health and care policy environment that focuses on our ambitions to deliver integrated health and social care, reduce or remove the damaging impacts of health inequalities and ensure the provision of safe, effective and person-centred care for everyone accessing health and care services. The strategic and operational contributions allied health professionals (AHPs) make to progressing this policy agenda is clearly set out in our national AHP delivery plan, *AHPs as Agents of Change in Health and Social Care*.

Mental health is a core component of this policy context, spearheaded by our *Mental Health Strategy for Scotland: 2012–2015* and *Scotland’s National Dementia Strategy 2013–2016*. *Realising Potential*, launched in 2010, explicitly set out the role AHPs can play in supporting people with mental health problems and their carers and improving mental health and well-being in Scotland.

The new ways of working *Realising Potential* promoted – co-production, intersectoral partnerships and collaboration, person-centred approaches and self-management – are very much in tune with the wider policy agenda. Notable successes have resulted in areas such as strengthening the links between mental health and physical health professionals, delivering psychological therapies and promoting vocational rehabilitation, with AHPs adopting a range of creative approaches that are enabling service users to maximise their potential and achieve their aspirations. In addition, *Realising Potential* has redefined AHP leadership in mental health and supported AHPs’ contributions to the development and implementation of strategic initiatives in NHS boards and nationally.

Realising Potential has been a significant trailblazer for AHPs. It has brought all the different AHP disciplines in mental health together in common purpose, promoting understanding

and respect for the contributions they each make to core mental health services and supporting people with mental health problems. It has encouraged multidisciplinary and multisectoral team-working and helped people to understand the added value AHPs bring to mental health services. It has helped AHPs working in physical health services to better understand the mental health impacts of physical conditions and the key contribution all AHPs can make to national and local initiatives aiming to support people with dementia and their carers. And it has allowed the narrative on AHPs' person-centred approaches to improving outcomes for people who use services to be expanded.

I have seen some of the evidence of service improvements driven by AHPs working with *Realising Potential* in visits I have made to NHS boards. I take great encouragement from the range, variety and versatility of the initiatives AHPs are taking forward to realise not

only the potential of service users and carers, but also of AHPs themselves. This report captures some of these elements and outlines a way forward for the next three years. It stresses the importance of AHPs continuing to drive improvements for people with mental health problems and their carers, working closely with fellow AHPs in different areas and sectors of health and social care. The report concludes with a gaze forward into the future, building on the momentum created to ensure the benefits gained do not diminish or disappear, with members of the Strategic Mental Health AHP Leads Group defining their priority areas for action.

The action plan is completed, but the *Realising Potential* story is far from over. We have so much more to do, and so much more to give.

Michael Matheson, MSP
Minister for Public Health



"I have seen some of the evidence of service improvements driven by AHPs working with Realising Potential in visits I have made to NHS boards." Mr Matheson learns about a local collaborative initiative in NHS Grampian.

Credit: Kalyan Veera, Medical Illustration, University of Aberdeen

Moments to be proud of

AHPs in mental health have been recognised through various award schemes since the launch of *Realising Potential*

Scotland's Dementia Awards, 2013



Credit: Alzheimer Scotland

NHS Lanarkshire's "Dementia is Everyone's Business", co-developed by AHP Consultant Sandra Shafii (fourth from right), won the Best Dementia-friendly Community Initiative Award. The group works in innovative partnerships with public services, shops and businesses in the Motherwell area.

Advancing Health Care Awards, 2014



Credit: Chamberlain Dunn

The Scottish Government's awards recognise initiatives aiming to improve quality and demonstrate impact. Lisa Greer, AHP Lead (second from left) and Jean McQueen, AHP Consultant (third from left), won an award for their work in transforming vocational rehabilitation in mental health in NHSScotland. They are pictured with Jacqui Lunday Johnstone, Scotland's Chief Health Professions Officer, and Roy Lilley, the well-known NHS writer, broadcaster and commentator.

Health Service Journal National Awards, 2012



Credit: Health Service Journal

Jean McQueen, AHP Consultant in Forensic Mental Health, and Elaine Hunter, then AHP Advisor in Mental Health to the Scottish Government, were Highly Commended in the prestigious HSJ National Awards for promoting improved partnership-working between health and local government.

Therapist of the Year, Scottish Health Awards, 2013



Credit: Fife Free Press

A proud Gail Hogg moments after receiving her award. Gail, an occupational therapist in NHS Fife, works tirelessly to provide a cognitive stimulation therapy programme for people with cognitive impairment. The award also recognised her efforts in developing a bespoke carers' group.

Churchill Fellowship, 2012



Credit: Clive Totman, The Winston Churchill Memorial Trust

Norma Clark, AHP Mental Health Lead and Occupational Therapist in NHS Fife, is presented with a Churchill medallion at a prestigious biennial award ceremony in London after successfully completing her Winston Churchill Travelling Fellowship. Norma studied occupational therapy recovery approaches used to support students undertaking higher education programmes to successfully self-manage their mental health. She receives her medallion from Dame Mary Peters, DBE, Olympic gold medal-winning pentathlete and a 1972 Churchill Fellow.

College of Occupational Therapists The Elizabeth Casson Memorial Lecture, 2013



Credit: College of Occupational Therapists

Elaine Hunter, then AHP Advisor in Mental Health to the Scottish Government, now AHP Consultant at Alzheimer Scotland, delivers the 2013 Elizabeth Casson Memorial Lecture on "Transformational leadership in occupational therapy – delivering change through conversations". The Elizabeth Casson Trust was established to support the training and development of occupational therapists and to further the profession.

Churchill Fellowship to Australia, 2012



Credit: Tommy McLeod

Tommy McLeod, an occupational therapist from NHS Highland, and the catering group at the Early Psychosis Prevention and Intervention Centre (EPPIC) in Melbourne, Australia. A multidisciplinary group of psychologists, occupational therapists, nurses and social workers helped to run this group, which provided meals for young people who had psychosis and provided an opportunity for them to gain a recognised qualification in catering. Tommy spent six weeks working with the group as part of his fellowship.

Mental Health Nursing Forum Scotland Awards, 2014



Credit: Occupational Therapy Department, NHS Dumfries & Galloway

The IDEAS Team from NHS Dumfries & Galloway, a multidisciplinary team addressing non-pharmacological management of stress and distress in dementia, were not only winners in the “Practice Excellence in Dementia” category, but were also “Practice of the Year” overall winners. The picture shows the occupational therapists who work with nursing, psychology and other colleagues in the team.

Introduction by the Chief Health Professions Officer

It is people who make the real difference in delivering change, and implementing policy to transform services relies on people who are engaged, motivated and informed.

Realising Potential has undoubtedly delivered positive impacts – as you will see from the accounts set out in this report – through the people who have embraced the agenda and led the work with energy and passion.

We've seen so many examples from all over Scotland of how *Realising Potential* is driving change, changing attitudes and creating improvements for users of services and AHPs. But I don't think any of that would have happened without the stake in the ground of integrated AHP leadership in mental health.

While the individual disciplines were ploughing their own furrow, we were no more than the sum of the parts. Now, the synergy of common purpose provides support and reinforcement that creates comprehensive, person-centred services.

The national Strategic Mental Health AHP Leads Group and AHP mental health leads in NHS boards have grown from strength to strength, validating the importance of leadership and the structures that create governance and accountability frameworks, shaping expectations of how things should be done and defining the responsibilities of each of the AHP disciplines in playing their part. This has been vital in sustaining the momentum around *Realising Potential*: it set a vision and direction of travel, but backed it up with the infrastructure that allowed the vision to be realised.

I see *Realising Potential* not only as a driver of improvement in mental health services, but also as a contributor to Scotland's wider policy agenda. Demographic, health, social and policy changes in Scotland require

us to rethink our models of care. *AHPs as Agents of Change in Health and Social Care* – our national delivery plan for AHPs – embodies this. It takes some of the learning from *Realising Potential* and shows that what has worked well in mental health can be made to work in other sectors of health and social care.

The national delivery plan is helping leaders in Scotland understand AHPs' potential contribution to addressing existing health and social care pressures and challenges, showcasing their added value in preventative spend, cost-avoidance and improved outcomes and quality of life through asset-based approaches, partnership-development and new ways of working. Exciting developments in areas such as direct and self-referral to AHP services, a facility that has particular resonance in mental health, are now happening across Scotland as a result.

AHPs are now engaged in conversations that matter about how they can adopt these ways of working with confidence within complex health and social care systems. Essentially, it calls for a paradigm shift, from a position of "we need to do it all" to one in which we see ourselves as enablers and empowerers of others across a wide range of sectors. Brokering the alliances, partnerships and relationships that allow us to explore shared and common purpose with other groups and moving towards enabling and empowering have been big shifts since *Realising Potential* began.

AHPs are central to this paradigmatic shift. We support users of services to move away from dependency on professional inputs towards self-determination and empowerment. But the rising expectation of what AHPs can deliver makes it vital that we produce evidence of our impacts to ensure we remain core to future mental health services.



Credit: Care Inspectorate

AHPs in mental health are naturally comfortable with personal narrative and have shared service users' stories very effectively to demonstrate the impacts of their inputs. As *Realising Potential* has evolved, the Strategic Mental Health AHP Leads Group has begun to look more closely at how they can robustly evidence the outcomes.

That's very important. Otherwise, how will we know that change has led to improvement? How will we know that the work we are doing is having a positive impact on the health, well-being and quality of life of the people who use our services?

Data are being gathered through tools like MOHOST (the Model of Human Occupation Screening Tool) and individuals are reflecting how they attain the goals they set for themselves, but these data are not yet being aggregated. We have many stories and anecdotes of how *Realising Potential* has driven improvements, but we now need wider evidence of its impact.

In building on the achievements of *Realising Potential*, the next phase for AHPs in mental health should be about moving "upstream". AHPs have done a lot for people with pre-existing mental

health conditions by improving the quality of their interventions and ways of working. Now we need to look at how we can utilise our expertise to support prevention and early interventions, working closer with general practice and primary care to enable people to remain in work and self-manage their stress and distress.

It's about realising our own assets across populations and communities. By increasing our efforts on upstream interventions and prevention, we'll reduce the energy we have to spend downstream.

Realising Potential has given us a really solid platform. It has enabled us to build the leadership structure, common purpose, will and skills to let us extend our influence across sectors and present a wider range of opportunities to people with existing mental health problems than has been possible previously. Now we have an opportunity to extend our reach even further to support people whose mental health challenges are just emerging.

Jacqui Lunday Johnstone
Chief Health Professions Officer
Scottish Government

Realising Potential - then to now

Realising Potential,¹ the action plan for allied health professionals (AHPs) in mental health, was launched in June 2010, bringing together for the first time the work of AHPs in mental health in partnership with service users and carers, professional organisations and NHS boards.

The three-year *Realising Potential* action plan set out a blueprint for maximising the AHP contribution to supporting people with mental health problems of all ages, both within mental health services and in mainstream settings. It provided strategic direction for AHPs in mental health and promoted their contribution to the modernisation of mental health services in Scotland.

Twelve recommendations were presented (Table 1) covering actions in five broad areas:

- early intervention and timely access for service users and carers
- supported self-management
- designing and delivering psychological interventions
- integrating vocational rehabilitation
- support for change – making it happen.

The underpinning principles also reflected these broad areas:

- enhance timely access to AHP services for service users and carers
- explore and develop the concept of supported self-management for service users and carers
- promote recovery and strengths-based approaches
- develop partnerships with service users and carers, other disciplines and agencies
- provide leadership for change
- develop the evidence base for practice
- promote mental health and well-being among the population.

The action plan was accompanied by a DVD that linked policy to practice through demonstrating service users' lived experience of mental illness and how their stories shaped – and continue to shape – AHPs' practice.

Realising Potential recognised that AHPs in mental health offer an enabling service that isn't about a person's diagnosis, but is about the person. The essence running through *Realising Potential* is about individual and community assets. Those assets include AHPs' potential as social entrepreneurs and catalysts of, and agents for, change.

A report from the National Allied Health Professional Mental Health Clinical Leads' Group (now the Strategic Mental Health AHP Leads Group) on the first year of implementation of the action plan was published in 2012. This report, *Realising Potential: our own and others*, showed that while it was still early days and significant challenges had to be faced, much had been achieved in year 1 through strong and committed leadership, partnership-working and AHPs' enthusiasm to take advantage of the opportunities *Realising Potential* presented to improve services. Tangible examples of progress against the action plan's five broad areas of focus were presented from NHS boards across the country.

Examples of asset-building work being taken forward by AHPs in mental health in Scotland – there are many – will be summarised in two forthcoming publications that will evidence our work in co-production and self-management. In the meantime, one of the most encouraging elements to arise from *Realising Potential* is the realisation that good practice developed in one area is being replicated in others.

¹ Access at: www.scotland.gov.uk/Publications/2010/06/15133341/0

Table 1. The 12 recommendations from *Realising Potential*

Number	Who	What
1.	NHS boards	Should fully engage AHPs in leading the rehabilitation of people with mental health problems, developing new models, systems and ways of working to facilitate early intervention and timely access for service users and carers.
2.	AHP mental health leads, working with AHP leads in community health partnerships (CHPs)	Should promote an integrated approach to service delivery by encouraging collaborative working between primary care services and AHPs in mental health and by linking specialist, community and social care AHP teams to ensure integrated services and smooth transitions between services for service users and carers.
3.	AHP services in mental health	Will use the Scottish Recovery Indicators tool as part of team approaches to service delivery to promote recovery-orientated services by June 2011.
4.	AHP mental health leads	Should ensure the provision of evidence-based, socially inclusive and accessible physical activity rehabilitation programmes for service users and carers.
5.	AHP mental health leads	Should ensure regular nutritional screening is available to service users at each stage of their care journey, with nutritional services working closely with specialist AHPs.
6.	AHP mental health leads	Should work with partners to promote and enhance the provision of evidence-based, socially inclusive and accessible therapeutic activity provision in a range of settings.
7.	NHS boards	Should ensure the delivery of evidence-based psychological interventions by appropriately trained AHPs to support rehabilitation, self-management and recovery approaches as part of local delivery strategies.
8.	AHP mental health leads	Should ensure that AHPs in mental health who deliver psychological interventions as a primary role have access to clinical supervision within protected time.
9.	AHPs in mental health, working from a recognition of the importance of work in promoting recovery	Should explore work issues at all initial service user assessments and provide ongoing signposting or support to increase service users' potential for work.
10.	AHP mental health leads, working with key stakeholders	Should ensure the provision of alternative occupational, leisure and educational activities for service users whose vocational goals are not employment-focused.
11.	NHS boards and AHP directors	Should identify an AHP mental health lead, developing a sustainable clinical leadership function that reflects proposed service delivery changes.
12.	AHPs	Should use information gathered while providing AHP interventions to evaluate the service user experience, enhance the evidence base and improve services using patient-reported outcome measures and standardised assessments.

The driving forces behind this are many, but central is *Realising Potential's* impact on defining and refining the leadership role in the allied health professions. Thanks to *Realising Potential*, each territorial NHS board now has a defined AHP mental health clinical lead in place to provide coordination and direction to the AHP contribution to mental health services, supported nationally by the Strategic Mental Health AHP Leads Group.

Now the initial three-year *Realising Potential* action plan has been completed, an opportunity exists to reflect on the progress that has been made through implementation of the policy and consider how the future should be shaped.

This report attempts to do that. The informatic starting on page 13 sets out facts and figures highlighting areas of achievement, and our picture gallery (starting on page 27) illustrates some activities that have been progressed in NHS board areas. But the report does not set out to be a formal and comprehensive evaluation of implementation – you should contact the AHP mental health lead in your NHS board area for this information – nor does it provide a recommendation-by-recommendation audit of impact. Instead, it captures the reflections of some key players – AHP mental health leads, a service user, an executive nurse director and an improvement specialist from Healthcare Improvement Scotland – who have been instrumental in visioning, developing and implementing the policy.

Each of these individuals' stories represents an important element of the overall *Realising Potential* story. AHP mental health lead Lisa Greer speaks of the emerging field of vocational rehabilitation and her colleague Samantha Flower of the crucial importance of leadership in developing and implementing the action plan. Graham Morgan and Sarah Muir share a service user/AHP perspective on its impacts, while

Derek Barron provides a view from nursing, focusing very much on the development of a shared psychological therapies skills base across the professions. And June Wylie focuses on how improvement methodology can help AHPs in mental health to keep progressing.

Their stories describe the lived experience of *Realising Potential* – the impact it has had not just on the implementation of recommendations, but also on the way people (and services) think and behave, and the successes and challenges that *Realising Potential* has brought. Importantly, they also describe the optimism and hope *Realising Potential* has created for ongoing improvements in services for people with mental health problems and their carers.

Realising Potential aspired to identify how AHPs can do things differently, moving them from where they were to where they, service users and carers want them to be. Progress has been speedy because of the structures and support that have been put in place and the peer support that comes from people sharing learning and experience. The receptivity of AHPs in mental health to co-production, empowerment and enablement has allowed them to lead the way for AHPs in other sectors, who now have the potential to replicate their success.

Elaine Hunter, AHP Consultant, Alzheimer Scotland, and
Christine Breslin, AHP Officer, Mental Health, Scottish Government

Realising Potential - in numbers*

*Numbers accurate as of June 2014

Realising Potential in numbers

DEMENTIA SELF-MANAGEMENT

40 



AHPS ATTENDED
SELF-MANAGEMENT
MASTERCLASS AND
FOLLOW UP-ROADSHOWS

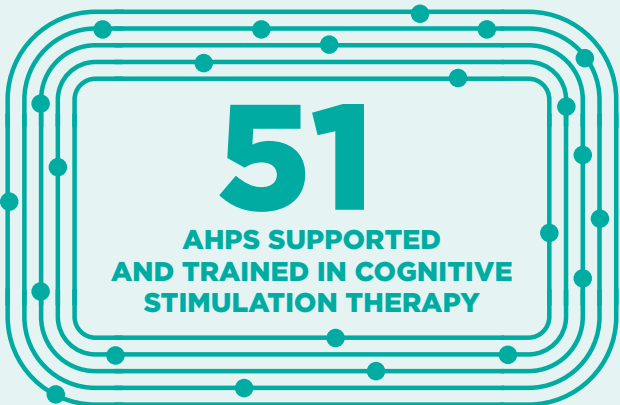
12 **EVENTS IN
9 BOARDS,
OVER
330 STAFF
ATTENDING**

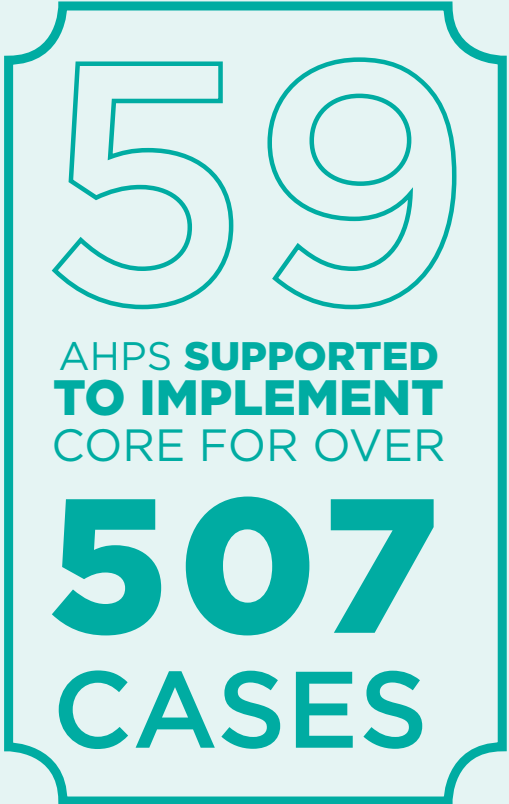


PSYCHOLOGICAL THERAPIES

 **328** 

AHPS IN **ADULT SERVICES
TRAINED BY NES IN 2 YEARS,**
CONTRIBUTING TO
**ACHIEVING SCOTTISH
GOVERNMENT HEAT TARGET**


51
AHPS SUPPORTED
AND TRAINED IN COGNITIVE
STIMULATION THERAPY


59
AHPS SUPPORTED
TO IMPLEMENT
CORE FOR OVER
507
CASES

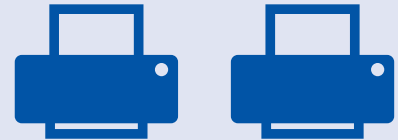
VOCATIONAL REHABILITATION

50% OF PEOPLE IN NHS
LOTHIAN USING *THE
WORKS SERVICE*
NOW ACHIEVE PAID
EMPLOYMENT, UP
FROM 3%

EIGHT
NHS BOARDS WITH
IPS PROGRAMMES

49 AHPs
TRAINED
IN 


**6 AHPs TRAINED
AND SUPPORTED
AS IPS FIDELITY
REVIEWERS**



**2 NATIONAL
POLICY DOCUMENTS
PUBLISHED
AND
IMPLEMENTED**

WORKFORCE DEVELOPMENT

SIX NHS BOARDS
PILOTING
ADVANCED
FRAMEWORK

ONE 
NHS BOARD
RUNNING COT-ENDORSED
SUPERVISION COURSE

574 CARE HOME STAFF IN 1
BOARD TRAINED IN
INFORMED-LEVEL
DEMENTIA AWARENESS 



87 CARE HOME STAFF
TRAINED IN USING
MEANINGFUL ACTIVITY 

69 AHP
DEMENTIA
CHAMPIONS
IN PLACE

137 OCCUPATIONAL
THERAPISTS
TRAINED AND
IMPLEMENTING
AMPS

LEADERSHIP

13

THIRTEEN
AHPs APPOINTED
TO AHP MENTAL
HEALTH LEAD POSTS
IN NHS BOARDS



5 AHP MENTAL HEALTH
CONSULTANTS
IN POST

Realising Potential in numbers

EVIDENCE-BASED PRACTICE AND RESEARCH

SIX

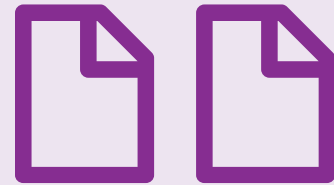
NHS BOARDS IMPLEMENTING THE **TAILORED-ACTIVITY** PROGRAMME WITH THE ONLY ACCREDITED THERAPISTS IN EUROPE

112

POSTERS OF GOOD PRACTICE PRODUCED AND SHARED



AWARD-WINNING POSTERS



49 PUBLICATIONS IN LOCAL AND NATIONAL DOCUMENTS

SHARING GOOD PRACTICE

TWO

NATIONAL NEWSLETTERS (DEMENTIA AND VOCATIONAL REHABILITATION) DEVELOPED

TWO

VOCATIONAL REHABILITATION AWARDS

4370

PAGE VIEWS IN 1 YEAR FOR DEMENTIA COMMUNITY OF PRACTICE WEBSITE



4 AWARDS FOR DEMENTIA-FRIENDLY COMMUNITIES, IN PARTNERSHIP WITH ALZHEIMER SCOTLAND



EIGHT

THOUSAND ACCESS THE NEWSLETTERS VIA SOCIAL MEDIA



2000 ACCESS THE NEWSLETTERS BY E-MAIL



THREE

BLOGS DEVELOPED, 7 GUEST BLOGS WRITTEN, WITH 3875 TOTAL HITS TO ONE BLOG SITE

14

AHP MENTAL HEALTH LEADS TWEETING WITH 11413 COLLECTIVE FOLLOWING (16 MAY 2014)



THREE COMMUNITIES OF PRACTICE DEVELOPED



***Realising Potential* - telling the story**

Some of the key players in the *Realising Potential* story speak of their experience of implementation of the action plan in their areas

Lisa Greer: improving services, empowering service users and staff, and developing partnerships

Lisa Greer's experience of *Realising Potential* is spread over her three roles. She is not only the seconded national lead for vocational rehabilitation in mental health for Scotland – a role that emerged as a direct consequence of *Realising Potential* – but is also an occupational therapist in NHS Lanarkshire, where she is responsible for developing a vocational rehabilitation pathway in mental health and providing wider AHP leadership for the board.

Lisa's national role has seen her deliver on the pledge in *Realising Potential* to scope models of vocational rehabilitation in mental health in Scotland, develop guidance then lead on introducing changes to implement evidence in AHP practice. She recognises that *Realising Potential* has raised the profile of vocational rehabilitation and has had a big impact on the way it is implemented.

“The main model we now use with people with severe and enduring mental illness is Individual Placement and Support (IPS),” she says.² “Despite having a robust international evidence base, this wasn't a well-known model for AHPs in practice before *Realising Potential*, but it's starting to become embedded in mental health services and AHPs have led the way. Two of its main principles – and attractions – are partnership-working and empowerment of staff and service users.”

IPS originated in the United States and is geared towards helping people with severe and enduring mental health conditions into paid employment. It challenges perceptions that people using mental health services are unable to work.

“Before the recovery movement and *Realising Potential*,” Lisa says, “services tended to recommend voluntary or sheltered work or training to service users who said they wanted to work. The key thing about IPS is that if people say paid employment is what they want, then that's what we go for.”

Central to the success of the IPS approach is specialist employment support and advice, and this is now being provided from within mental health teams in Scotland, as Lisa explains.

“The IPS concept of having employment specialists who are not health workers integrated within mental health teams was pretty much unheard of before *Realising Potential*, but it's happening now, reflecting the policy's strong partnership approach.”

Occupational therapists have been trained to be employment specialists in some IPS services; others have taken in secondees from Job Centre Plus or employment agencies, and some have recruited employment specialists. Lisa believes this represents an example of how the model is being implemented in new and innovative ways. “People in mental health services are thinking creatively about how they can work in partnership with limited resources to achieve best outcomes,” she says.

² For more information on IPS, visit the IRISS website at: <http://www.iriss.org.uk/resources/assisting-those-mental-health-problems-employment>

A key principle of IPS is the provision of time-unlimited support. “This can be challenging for services that are under pressure to discharge people who are clinically stable,” Lisa explains. “However, we think creatively about how we can offer people ongoing support when they are working and help to identify what wider support is available to them.”

AHPs have been leading on this change in attitude and aspiration about what is possible for people with severe and enduring mental illness and have been changing their own attitudes and aspirations as a result.

“It’s really only in the last year that the ball has started rolling, but it’s really exciting,” says Lisa. “*Realising Potential* has been a powerful catalyst for change. It has enabled us to set up a national vocational rehabilitation network with an AHP vocational rehabilitation lead from practically every health board, which means the work we do nationally can have a local identity. NHS boards aren’t working in isolation and having to reinvent the wheel each time – we’re working together. That’s the value of *Realising Potential*.

“It has also provided a framework that allows the newest, most inexperienced AHP and support worker colleagues to engage with policy, contribute to national work and see the benefits,” she continues. “For example, vocational rehabilitation leads in most boards have been supported by their strategic mental health AHP leads to create local special-interest or peer-support groups on vocational rehabilitation. This has enabled clinicians to take part in something that is changing and developing and which is producing positive outcomes. That’s very exciting.”

Lisa recognises that the gains made by *Realising Potential* are vulnerable without ongoing commitment.

“*Realising Potential* could only give us a start – it could never be the complete answer,” she says. “It helped us to really understand where our strengths as AHPs lay and what we needed to do going forward. It has enabled us to get our own identity sorted, so we can more confidently say ‘this is what we can do and what we can offer’. But we’re only three years down the line – it’s still early days.

“Hearts and minds have to be won, and we’re still having to convince people that ‘asking the employment question’ is a positive way forward for people with severe and enduring mental health problems. But the evidence of AHP impact is growing all the time and is lending strength to the *Realising Potential* case. The more service users and carers experience the benefits, the more AHPs will spread the word.”

Samantha Flower: a perspective from an NHS board

As one of three mental health AHP leads in NHS Greater Glasgow & Clyde, Samantha Flower led on the roll-out of the *Realising Potential* action plan in the board.

“We are a big health board, so ensuring coverage is always an issue,” she says. “We needed to make sure everyone was aware of the action plan and what it meant for their service, but our heads of mental health were very keen that implementation didn’t follow a ‘top-down’ approach – they didn’t want me producing an action plan for the board and imposing it on their services.

“Rather, they wanted people to define their local priorities and see how they fitted with *Realising Potential* before developing their own local action plans and informing us centrally about them. So we had a bottom-up, top-down approach, which meant we had to ensure effective communication across the board area around implementation.”

Samantha understood that some local teams might need support to develop action plans that were achievable and which highlighted the elements of *Realising Potential* that were most relevant to individual teams, service users and families. She asked the board’s AHP educational projects leads to support teams in action plan development and help them to focus on what they could actually deliver. The action planning process therefore took on a professional development, as well as a professional delivery, focus.

“The teams responded very positively,” Samantha says. “We set up a process for reporting back to us on how the plans are going, and it has worked really well. It helps us to understand how the recommendations are being implemented in different parts of the board area.”

Samantha also set up a rolling programme in which members of different teams feed back on what they had been doing to the board’s central executive group, using an agreed template. “This is good from a developmental point of view, as it allows people who perhaps aren’t accustomed to speaking to bigger formal groups the opportunity to spread the word about their progress,” Samantha says.

Samantha believes the implementation model she and her colleagues introduced is sound and fit for purpose.

“The model has given us enough of a handle to spot not only where things are progressing well, but also where they may be stalling,” she says. “A lot of what we do as AHPs is not about working in our own little corner – we engage with a wide range of agencies, and sometimes problems can occur that are outside our immediate control. The model helps us spot these problems early and respond accordingly.”

Samantha believes that AHPs in mental health in the board have embraced *Realising Potential* and have used it as a government-driven justification for working the way that they, service users and carers want them to work.

“I’ve been involved in *Realising Potential* from the beginning, and we’ve reflected what AHPs were telling us at every step,” she says. “That meant the final report and recommendations resonated with AHPs across all health boards.”

And it isn’t just those in mental health who could see its relevance. Samantha made a number of presentations to her acute physical health colleagues, explaining what *Realising Potential* was and why it had been developed in an effort to raise awareness of the mental health aspects of AHPs’ work in physical health services.

“These colleagues were much more receptive and excited than you might think,” she says. “They used the *Realising Potential* concept to try and encourage their own physical health AHPs to be much more mental health focused. The physiotherapy practice development lead in acute services,

for instance, worked with the GIPSI [Glasgow Institute for Psychosocial Intervention] psychological therapies team to train physiotherapists in the musculoskeletal service, increasing their awareness of the effects of musculoskeletal problems on mental health. So *Realising Potential's* impact has stretched further than mental health AHPs, in line with its original intention.

“I’ve now got operational managers asking me about *Realising Potential*, rather than me telling them about it,” she continues. “I think this reflects the fact that we were committed as a group to taking it forward, and that *Realising Potential* is such an easy-to-understand policy that produces results on the ground.”

The *Realising Potential* action plan technically completed in June 2013, but Samantha and her colleagues are determined that the momentum it has created in the board will be sustained.

“It’s always challenging to maintain momentum, but my hopes for my health board are that *Realising Potential* will help not only to continue improvements in services for people with mental health problems and others, but will also make a contribution to the board’s implementation of the national mental health strategy and other policies. So I’m hoping it will act as a springboard for taking forward new policy.”

Samantha is confident this will happen, because teams are still reporting on progress on their action plans and important related work, such as developing a best practice toolkit that reflects *Realising Potential's* key principles and recommendations.

“We’ve achieved important progress, and we can achieve more by continuing to link *Realising Potential* to other policy initiatives,” she says. “It’s about synergy, continuity and having the confidence to step up to the plate.”

Graham Morgan and Sarah Muir: a joint service user/AHP mental health lead perspective

Graham Morgan, Advocacy Manager for HUG (Action for Mental Health), a campaigning network of people with experience of mental health problems in the Highlands, has been an active proponent of *Realising Potential* in his advocacy work since its launch.

“HUG works at a very grassroots level,” he explains. “We were involved from the beginning with *Realising Potential* and have used it when working on a day-to-day basis with occupational therapists and other AHPs to ensure our voice is heard and to influence the way they work. We don’t walk around with the report and constantly refer to it, but that doesn’t mean we haven’t been responding to it, or working with it.”

Graham and his colleagues’ experience over the last three years since the launch of the action plan have been very positive, he reports.

“We’ve made all sorts of links with AHPs, building bridges and challenging assumptions, but always learning from each other,” he says. “We’ve also launched a number of projects – a creative writing group is an example. It was set up initially when I was a patient in hospital just over three years ago with Maggie, a speech and language therapist. Once I left, Maggie and Sarah kept the group going, and I still play a part.

“That’s been enormously positive,” Graham continues. “It provides a link and a bridge between inpatient and community patients, facilitating peer support and sharing of stories of recovery and well-being for people who may be in a difficult position in hospital, and showing them what they might be interested in doing once they’re discharged.

“Quite apart from that is the great sense of liberation being able to express yourself in a warm and homely environment gives you, and the feelings of pleasure and achievement at having written something and having it acknowledged by the group. For many of us, it’s not only the first time we’ve written creatively, but also the first time we’ve read our work out to other people.”

Instrumental to these kinds of projects is Sarah Muir, AHP and Occupational Therapy Lead for Mental Health at New Craigs Hospital in Inverness.

“*Realising Potential* has been enormously influential for us, not just in terms of innovations and interesting projects like the creative writing group Graham describes, but also in the fantastic way it has pulled us together as AHPs,” she says.

“We were all in separate AHP departments before, but *Realising Potential* has created leadership to enable us to sign up to a plan together. We were ready for the kinds of things it promotes – co-creation, co-production and assets-based approaches – but I don’t think we would have been able to integrate them into our work so effectively without *Realising Potential*. It has given us a sense of joint ownership and has provided the encouragement we need to develop wider relationships with organisations like HUG and other voluntary groups. It has been the main influencer.”

Now that the *Realising Potential* action plan has completed, Graham and Sarah could be forgiven for being concerned that innovations and joint projects might fall off the agenda, but no such doubt crosses their minds. Instead, what they show is a determination to keep going.

“We have the relationships now, and that’s what’s most important,” says Sarah, who featured in the original *Realising Potential* DVD. “The policy has supported us to develop experiences, relationships and a renewed sense of partnership and joint working that will endure.”

“Our group is committed to influencing change in the NHS and promoting the health and social care integration agenda – we won’t stop doing that,” asserts Graham. “Austerity and pressures on the NHS can make it hard to progress, but we have lots of things we want to do in partnership with AHPs, and documents like *Realising Potential* can provide the framework for liberation of the time and resources to make things happen.”

“I absolutely agree,” says Sarah. “We need to make sure that the priorities we’ve set under *Realising Potential* continue to be our priorities as we move beyond it.”

Derek Barron: a view from nursing

Derek Barron, Associate Nurse Director, Mental Health Services for NHS Ayrshire & Arran, doesn't have to look far to see the positive impacts *Realising Potential* is having on mental health services locally and nationally.

“One of my occupational therapy colleagues in Ayrshire & Arran, Aileen Fyfe, now sits on the national psychological therapies strategy group,” he explains. “Before *Realising Potential*, I don't think AHPs would have automatically been considered for that position. AHPs' key roles in supporting people's physical rehabilitation had been recognised for decades, but I don't think there was a strong perception that they also have a key role in promoting psychological recovery.”

Derek believes that AHPs like Aileen are making personal journeys with *Realising Potential*, developing their confidence and competence and having a big impact not only on service users and carers at care interfaces, but also nationally. “This is a strong example of the additional involvement and influence AHPs are now having,” he says. “It provides evidence of change in their thinking and impact and sets an important benchmark of the momentum *Realising Potential* has created.”

Psychological therapies is an area that is also close to nursing's heart, and Derek believes the shared skills sets nurses and AHPs now possess in the field are helping to create even stronger bonds between the professions.

“Scotland's Psychological Therapies Matrix sets out quite clearly the different levels of interventions and the skills and competencies required of therapists at each level,” he explains. “This has opened doors to nurses and AHPs to really add value to the quality of services they provide after accessing appropriate training, support and ongoing supervision. It reflects an approach that is about meeting people's needs, not about promoting one profession over another, reflecting a true embodiment, I feel, of the concept of 'NMAHPs' – nurses, midwives and allied health professionals – that we hold dear in Scotland, with all the professions bringing their diverse skills together to benefit service users and carers.”

Nurses and AHPs who can appreciate the psychological impacts of illness and disability and who have skills to support people psychologically – meaning that they adopt a “psychological mindedness” approach to service delivery – are in a much stronger position to really make a difference, Derek feels. “The more professionals who can competently provide these services, the better enabled we will be as a board to deliver the service improvements in psychological therapies the Scottish Government seeks,” he says.

Derek acknowledges the key part mental health teams play in supporting AHP and nursing colleagues to provide effective psychological therapies. “We are now seeing whole teams emerging who are psychologically minded,” he says. “Psychologists have always delivered psychological therapies, nurses have had greater engagement since *Rights, Relationships and Recovery*, the report of the national review of mental health nursing in Scotland, and many more AHPs are active in the area with *Realising Potential*. But mental health teams are providing a platform for them to practise their skills by placing psychological mindedness at the heart of what they do.

“Team members recognise the input and value of adopting psychological ways of working and practising psychologically in their day-to-day work, without necessarily having specific skills in delivering psychological therapies,” he continues. “It’s changing how nurses, AHPs and their teams are relating to service users and carers and driving more ambitious aspirations about what it is possible to deliver within services.”

The focus on people’s thoughts and feelings, as well as behaviours, that teams practising in psychological ways promote is creating a greater sense of compassion in services, which Derek welcomes. “It also means that whichever member of the wider mental health team a service user meets at any part of their journey, the same positive principles, understandings and approaches are underpinning the interaction.”

Derek recognises *Realising Potential’s* “fit” with the wider policy context in Scotland by promoting integration, partnerships and self-managed care, reducing inequalities and breaking down the barriers that impede service users’ and carers’ access to services, emphasising the important part it is playing in pushing these agendas. Ultimately, however, he feels *Realising Potential’s* most significant achievement can be condensed to a single word – *confidence*.

“For me, *Realising Potential* has more than anything given AHPs the confidence to change,” he explains. “It is supporting AHPs to recognise that they can move beyond the immediate traditional confines of their professional group and contribute in different ways – a physiotherapist going beyond a focus on a person’s movement and mobility to address the psychological impacts of disability, for instance. AHPs see the added value they bring and have the confidence to ask: ‘I know what I can do – now what else can I do?’ ”

June Wylie: a focus on quality and improvement

June Wylie is well known throughout Scotland as a champion of the benefits AHPs can and do provide for the people they serve. June was instrumental in her previous role in the Scottish Government in laying the foundations for what was to become the *Realising Potential* action plan, working with the AHP National Officer to provide opportunities for AHPs in mental health to work nationally within the government.

She remains strongly committed to promoting the AHP agenda in her current role at Healthcare Improvement Scotland (HIS), but her career trajectory has now taken her into a broader remit focusing on quality and improvement.

June is Head of Implementation and Improvement at HIS. “It’s very much about trying to help people in the service to drive improvement and building capacity and capability for improvement,” she explains. “There are four workstreams – networking, capacity and capability, implementation and improvement, and measurement. The scope includes designing and creating new ideas and supporting existing initiatives, like the national person-centred care collaborative.”

Which leads to the obvious question to someone in June's position – has *Realising Potential* been a driver for improvement?

“For me, there is no doubt that the existence of a policy acts as a significant driver for change and improvement,” she replies. “If you don’t have a policy, it’s much more difficult to initiate change, particularly at national level. The fact that *Realising Potential* exists and presents a series of cogent and achievable recommendations is important.”

June believes *Realising Potential* has been especially effective in two crucial areas – promoting the evidence base for practice, and increasing the visibility and confidence of AHPs in mental health.

“Corralling people around an evidence base is very important, whatever form that evidence may take,” she says. “*Realising Potential* has energized AHPs and given focus to what they do, creating enormous potential for the service users and carers they work with. So developing the policy, identifying the evidence base, then providing the opportunity to improve practice through facilitative leadership has undoubtedly moved services on and increased the profile and confidence of AHPs in mental health. Their contribution has been acknowledged and they’ve been in the spotlight for three years – that’s helped them to galvanise their energy and create positive networks and learning opportunities.”

Looking forward, June feels that learning and experience from the wider quality and improvement field signals the need to define the impacts individual AHPs can have on service users as a key benchmark for future improvement.

“*Realising Potential* was launched the same year as the *Healthcare Quality Strategy for NHSScotland*,” she says. “Three years down the line, we now have a much better understanding of how you need to support people to take improvement forward. There’s an increasing recognition that if we want to be successful, we need to focus on the human dimensions of change – the beliefs and motivating factors that underpin it. And this is in tune with the mind-sets of AHPs in mental health services, as so much of what they do is about getting to the core of individuals and identifying what works for them.”

June recognises that substantial change takes time and understands the challenges of gathering evidence of positive change through interactions that are often highly personalised and not conducive to “traditional” research and evaluation methods. But she nevertheless believes AHPs need to start collecting the evidence to provide proof of their impacts.

“*Realising Potential* is only three years down the line, and we often speak about improvement in terms of decades,” she notes. “But it’s important that AHPs look at capturing how all the examples of good practice that have emerged since its launch are translating into positive outcomes. They need to continue to build on what’s been achieved by evidencing the outcomes of their interventions. And *Realising Potential* will have played a big part in creating the conditions for AHPs in mental health to take it to the next stage, driving greater improvement through evidence of impact.”

June believes there is great potential for AHPs to push the improvement agenda, supported by policies like *Realising Potential*.

“We now have three AHP improvement advisors nationally who have gone through an accredited course – it was zero a year ago,” she says. “It’s a start, but we need more to help support the creation of conditions for improvement at system level, making it is easier for people treating patients to do the right thing every time.”

Realising Potential - **picture gallery**

Showcasing examples of impacts AHPs working to *Realising Potential* across Scotland are having in promoting service users' energies, creativity, interests and skills

Mosaic group, NHS Borders and Scottish Borders Council



Credit: Claire Martin, NHS Borders

This colourful mosaic was started by an occupational therapist and an individual patient but was augmented by service users from a mosaic group at Galashiels Resource Centre. The group focuses on the potential of purposeful daytime activity and creative arts to support the recovery process.

Creative art group, NHS Fife



Credit: Angela Howard, Whyteman's Brae Hospital, NHS Fife

Spring - Tulips from Amsterdam was created by artists from this group in the Mental Health Occupational Therapy Department at Whyteman's Brae Hospital, Kirkcaldy. The group aims to build people's confidence and increase socialisation.

Gardening and ecology group, NHS Lanarkshire



Credit: Gardening and ecology group, NHS Lanarkshire

People accessing a range of mental health services come together in this group to nurture and enjoy an allotment. Members gain structure to their day, learn practical gardening skills and increase their understanding of food and ecology issues.

"Get Active, Live Active" climbing group, NHS Greater Glasgow & Clyde



Credit: Iain Laidlaw, NHS Greater Glasgow & Clyde

The aim of this occupational therapy-led initiative is to challenge fears and anxieties and develop skills in using appropriate techniques to overcome them. It also encourages physical activity, use of community facilities and team-building skills.

“Branching out” walking group, NHS Tayside



Credit: NHS Tayside

A joint venture involving Dundee Community Mental Health Service and the Countryside Rangers from Dundee City Council, “Branching out” promotes members’ physical and emotional well-being through countryside walking. It forms part of AHP-led employability and physical activity pathways for service users, who are able to work towards a John Muir Award.

“Adopted station” group, NHS Lanarkshire



Credit: George Simpson, Occupational Therapy Assistant Practitioner, NHS Lanarkshire

The group created this “Willow Athlete” statue as part of the “adopted train station” initiative supported by Scotrail, Clydesdale Community Initiatives and NHS Lanarkshire to mark the Commonwealth Games in Glasgow in 2014. The statue was created in a public space at Hamilton West train station, requiring group members to show awareness of social norms and language behaviour and appreciation of health and safety issues.

Fairburn Activity Centre, NHS Highland



Credit: NHS Highland

Participants at a leadership and team-building day developed by AHPs in NHS Highland that built on the philosophy “we can all be leaders in our sphere of influence”. The day highlighted the importance of clear communication, leadership, the need to celebrate successes and gathering data on what works to support sustainability.

Walkways at the Royal Edinburgh Hospital, NHS Lothian



Credit: Ewen Meldrum, NHS Lothian

Recognising the positive physical and mental health benefits of exposure to green spaces, occupational therapist Heather Spenceley led a project that created a matrix of walkways within the grounds of the Royal Edinburgh Hospital. Heather and her partners created three routes of varying length, taking into account patient, staff and visitors’ mobility and fitness capacities.

The walkways project is a great example of how NHS land can be used to support positive health outcomes for staff, patients and visitors, and supports the national “Greening the NHS” Green Exercise Partnership agenda.

Realising Potential - where now?

Realising Potential has inspired many successes, as this report and others published since the action plan's introduction have shown. With the action plan now formally completed, it is important that we continue to focus on how AHPs in mental health and, indeed, those in all services can continue to drive forward improvements for service users and carers.

Our experience and the stories in this report show that the strategic leadership *Realising Potential* put in place has been a great facilitator of progress, with AHP mental health leads harnessing their energy and commitment to drive its implementation. We must ensure this strong leadership ethos within the allied health professions continues to thrive and develop.

The underpinning principles set out earlier in this report are being realised in practice through a range of developments. There is clear evidence of progress in relation to vocational rehabilitation, care of people with dementia and their families, psychological therapies, adopting recovery, strengths and asset-based approaches, and in promoting the physical health of people with mental health problems.

Realising Potential has had an impact beyond mental health services as interventions to address the psychological effects of long-term conditions and chronic pain become a standard part of the AHP offer in physical health services. We have witnessed new and strengthened partnerships as AHPs in mental health develop collaborations and alliances with service users, carers, the organisations that support them and a wide range of services and agencies beyond the health sector.

We must now aim to build on these achievements to create even greater success.

We will turn our focus to **early interventions and timely access**, a core component of *AHPs as Agents of Change in Health and Social Care*, our national delivery plan. This will involve AHP teams identifying new ways of working with partners to facilitate early access and reviewing existing working patterns to ensure they are available when service users need them.

As Jacqui Lunday Johnstone in her introduction and June Wylie in her reflections on *Realising Potential* describe, measuring impact is difficult, but absolutely essential. We will continue to **collect stories and evidence from service users and carers** as a means of finding out what works for them, closely protecting their confidentiality in the process, but will be more assiduous in capturing these stories and sharing good practice through national, regional and local networks.

We will progress work already begun to **standardise assessment methods and tools**³ across AHP services in Scotland, including those that focus on areas such as psychological therapies, dementia care and vocational rehabilitation. This will enable us to measure the impact of specific treatments or interventions and share data to drive improvement by evidencing best practice.

We need to develop a mechanism for **measuring the economic impact** of AHP interventions. Evaluations have already been completed with the support of specialist expertise in NHS Fife, NHS Tayside and nationally in relation to dementia, and we now need to apply that economic intelligence to all the work we do as AHPs.

³ Examples of tools include: Assessment of Motor and Process Skills (AMPS), The CORE Outcome Measure (CORE-OM) Emotional Touch Point, Worker Role Interview (WRI) and Canadian Occupational Performance Measure (COPM).

We will build our **research capacity and capability**, working in common purpose with university partners to ensure AHP research remains focused on issues that are important to service users and carers. Closely linked to this is the need to increase our knowledge and skills in improvement methodology, enabling AHPs to make a greater contribution to strengthening services in NHSScotland. Improvement advisers are already working with mental health teams as part of implementation of the *Mental Health Strategy for Scotland: 2012–2015* and *Scotland's National Dementia Strategy 2013–2016*.

We will continue to promote the **inclusion of AHPs** and enable them to share their experiences and learning with colleagues throughout mental health services.

An evidence-based policy document outlining **the contribution of AHPs to an integrated community model** (the eight-pillars model) in dementia will be published by the Scottish Government in partnership with Alzheimer Scotland in spring 2015. We will support the development and implementation of this work, linking with colleagues in physical health care and social work services.

The implementation of *Realising Potential* has enabled AHPs in mental health to align their priorities with national strategic drivers. It provided a

platform to support and inspire creative local delivery and encouraged all AHPs to participate in shaping local and national agendas. The Strategic Mental Health AHP Leads Group has played a key role in communicating national policy aspirations to local services and continuation of this group will ensure **maximisation of the AHP contribution to future mental health service and policy development**.

More than anything, we will **continue to listen to the stories and narratives of mental health service users, people with dementia and their carers** to ensure that the services we provide remain person-centred and meet people's needs as they define them.

We, our fellow AHP mental health leads and AHP consultants remain committed to supporting our AHP colleagues throughout the country to continue to develop services and partnerships that will realise the potential of all those who work in, and who access, AHP mental health services in Scotland. The Strategic Mental Health AHP Leads Group looks forward to working with you over the next three years to maintain and increase the momentum *Realising Potential* has created in mental health services in Scotland.

Morag Geddes and Jane Fletcher
Joint Chairs, Strategic Mental Health
AHP Leads Group

1. Continue to develop a data/evidence base that demonstrates AHPs' added value and positive contribution in mental health
2. Promote early intervention and supported self-management through the developing community-clinics model

jacqueline.terrance@lanarkshire.scot.nhs.uk

1. Support AHPs to reach "Skilled" level of practice in Promoting Excellence
2. Support testing of the eight-pillars model in North Lanarkshire, ensuring the AHP role and contribution is highlighted and understood

sandra.shafii@lanarkshire.scot.nhs.uk
@AHPRunRideTeddy

1. Improve data collection and demonstrate the value and impact of AHP interventions in mental health
2. Continue to promote early access to AHP interventions for people with a range of mental health needs

morag.geddes@nhs.net
@MoragAHPMH

1. Develop our evidence base by implementing the baseline outcome measure toolkit, building a research infrastructure and training our trainers
2. Extend our vocational rehabilitation role beyond the NHS, strengthening our co-production skills with third sector partners

normaclark@nhs.net
@normaAHPMH

1. Ensure AHPs are demonstrating their impact by using meaningful outcome measures
2. Ensure AHPs deliver a safe, effective and person-centred service that meets patients' changing needs over time and within available resources

janes.fletcher@nhs.net
@janeahpmh

1. Ensure AHP staff are supported to provide the safest, highest-quality and patient-centred service possible, with the focus on integrated working
2. Gather relevant and robust data to support current and future workforce planning

swason@nhs.net
@sheilaahpmh

1. Translate the ambitions of the AHP delivery plan to improve the mental health and well-being of people living in Ayrshire and Arran
2. Be part of an empowered workforce committed to improving services

aileen.fyfe@aapct.scot.nhs.uk
@aileenahpmh

1. Maintain an AHP mental health focus while acknowledging that NHS Greater Glasgow & Clyde has invested in a multidisciplinary AHP organisational structure
2. Promote evidence-based AHP practice, measuring impact and monitoring value for money

Samantha.Flower@ggc.scot.nhs.uk

1. Promote the role of mental health AHPs in the patient journey of recovery
2. Continue to ask powerful questions in the right place and at the right time

anne.suttle@borders.scot.nhs.uk
@CEAW9

1. Support AHPs to develop leadership skills for the new community partnerships
2. Continue to improve AHP services by measuring quality as it is experienced by people using services

sarah.muir2@nhs.net
@sarahahpmh

1. Respond to people's needs to ensure AHP services can be accessed at the right time and right place
2. Demonstrate the impact of AHPs working in integrated services in keeping people safe at home

screegan@nhs.net
@shelaghAHP

1. Raise awareness of how AHPs contribute to helping people with dementia and their families to live well
2. Continue to support AHPs to bridge the gap between research evidence and practice

jenny.reid2@nhslothian.scot.nhs.uk
@JennyAHPDem

1. Develop AHP mental health leadership skills through action learning
2. Build on the measurement framework to evidence the impact and outcomes of AHP mental health interventions

alison.meiklejohn@nhslothian.scot.nhs.uk

1. Ensure people with mental health conditions can access the right evidence-based vocational interventions
2. Ensure AHPs use the best available evidence and are supported to produce high-quality research in priority areas

jeanmcqueen@nhs.net
@Jeanahpm

1. Demonstrate AHPs' potential contribution to caring for people with dementia in acute hospital settings
2. Promote a culture of risk enablement in acute AHP services for people with dementia

christine.steel@ggc.scot.nhs.uk
@ChristineAHP

1. Support AHPs leading on vocational rehabilitation to implement and evaluate individual placement support
2. Work with the National AHP Vocational Rehabilitation Network to ensure that AHPs have the skills and capacity to provide effective work-retention interventions

lisa.greer@lanarkshire.scot.nhs.uk
@Lisaahpvr

1. Work with the Scottish Government and our partners to provide strategic leadership to support AHPs to support people with dementia and their carers
2. Write (in partnership) commitment 4 of Scotland's Dementia Strategy to transform AHP services for people with dementia and their families

ehunter@alzscot.org
@elaineahpmh

1. Continue to provide a strategic link for the Strategic Mental Health AHP Leads Group and, through them, the wider AHP family to the Scottish Government
2. Support efforts to ensure service users and carers' voices underpin the work we do as AHPs in mental health

christine.breslin@aapct.scot.nhs.uk



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