



BSol AHP

Five Year Strategy

2023 - 2028



Birmingham and Solihull
Integrated Care Board

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Foreword

The community of Allied Health Professions (AHPs) play a key role in enabling people to live full, meaningful lives within their family, community and workplace. Our Birmingham and Solihull (BSol) AHP Five Year Strategy provides direction for the AHP community across the Birmingham and Solihull Integrated Care System (BSol ICS). Our Strategy aims to address the issues of planning, training, retention and skills mix for AHPs, as the third largest clinical workforce in healthcare.

Our Principles support a diverse workforce to feel valued and contribute to evidence based clinical practice, care closer to home, improved prevention, and ongoing commitment to social justice and antidiscrimination. The objectives apply to the unique way in which AHPs work across pathways and a variety of settings – the NHS, social care, education, academia, research, voluntary and private sectors.

The Strategy is for the whole AHP community; students, pre-registration apprentices, assistant practitioners, support workers and registered professionals. I would encourage all AHPs to reflect on how they and the teams they work with can contribute to achieving our agreed objectives and to celebrate success as we increase our influence to transform the health, care and wellbeing of the BSol population.

Finally, I would like to express my thanks to those representatives of the AHP community in BSol who helped produce the first draft and to all those who subsequently commented to enable us to develop a truly co-produced strategic direction.

Seema Gudivada

Chair of the Chief AHP's Group (Council) and BSol AHP System Leadership Group (Faculty)

Introduction

This document provides strategic direction to the community of Allied Health Professions (AHP) across Birmingham and Solihull (BSol) Integrated Care System (ICS). This strategy applies to the AHPs listed in **Appendix 1** – List of Allied Health Professions as defined by NHS England. It will help the AHP community and those they work with, to maximise their contribution to the BSol Integrated Care Partnership Board's (ICB) vision for a bolder, healthier future for the people of Birmingham and Solihull, Figure 3, **Appendix 2** - A Bolder, Healthier Future for the People of Birmingham and Solihull which aims to improve life expectancy and health outcomes by providing quality care, and improving sustainability of health and care services.

The AHP Strategy for England: AHPs Deliver ¹, Figure 4, **Appendix 3** - The AHP Strategy for England: AHPs Deliver (2022 – 2027), which articulates an overarching commitment that the AHP community will be anti-discriminatory and anti-racist in its approaches.

This BSol AHP Strategy also draws from The Long-Term Workforce Plan from NHS England, which aims to ensure the NHS has the workforce it needs for the future, with three clear objectives: Train, Retrain and Reform.

The Long-term Workforce Plan from NHS England, the AHP Strategy for England: AHPs Deliver and the Integrated Health and Social Care Strategy have people at their centre. These were used by the BSol Chief AHPs Group (Council) and BSol AHP System Leadership Group (Faculty) to develop a strategic response with, and for, the community of AHPs across BSol. See Key Drivers mapping in **Appendix 4** – Our 6 AHP Principles mapped to key drivers.

The BSol Chief AHPs Group (Council) have been mindful of the above strategies and applied their directives to the context of the health and care needs of people living in Birmingham and Solihull.

¹ [The Allied Health Professions \(AHPs\) Strategy for England: AHPs Deliver](#)

Our BSol AHP Five Year Strategy

Our Strategy is underpinned by **Six Principles** (Fig 1), coproduced across the AHP community in BSol:

1. **Diverse AHP workforce that feels valued**
2. **Evidence based clinical practice**
3. **Care closer to home**
4. **Improve prevention**
5. **Social justice and antidiscrimination**
6. **Unified voice that is heard**

Each of our six Principles has four objectives, which apply to the unique way in which AHPs work across pathways and within different settings in BSol.

Annual workstreams will be planned to support our AHP contribution to the system-wide care pathway to improve efficiency, outcomes and patient experience. NHS England has provided funding to support the development of the AHP workforce ². In the Midlands the 2023/24 funding was allocated against a set of Domains and Priority Areas ³. **Appendix 4** – Our 6 AHP Principles mapped to key drivers illustrates how this support maps to our Strategy Principles.

During the lifecycle of the strategy, it will be important that our AHP community continues to build on the innovation demonstrated throughout the pandemic and apply this learning to the challenges services now face in recovering. Formal planning and ongoing evaluation are necessary, to demonstrate and acknowledge success.

Our BSol AHP Strategic Ambition

To deliver significant improvements for people who access services, their carers and communities, in the home and/or locally through collective commitment to agreed priorities for AHPs and Support Workers.

² [Supporting development of AHP workforce and AHP careers](#)

³ [HEE AHP Midlands](#)

Our Six Principles

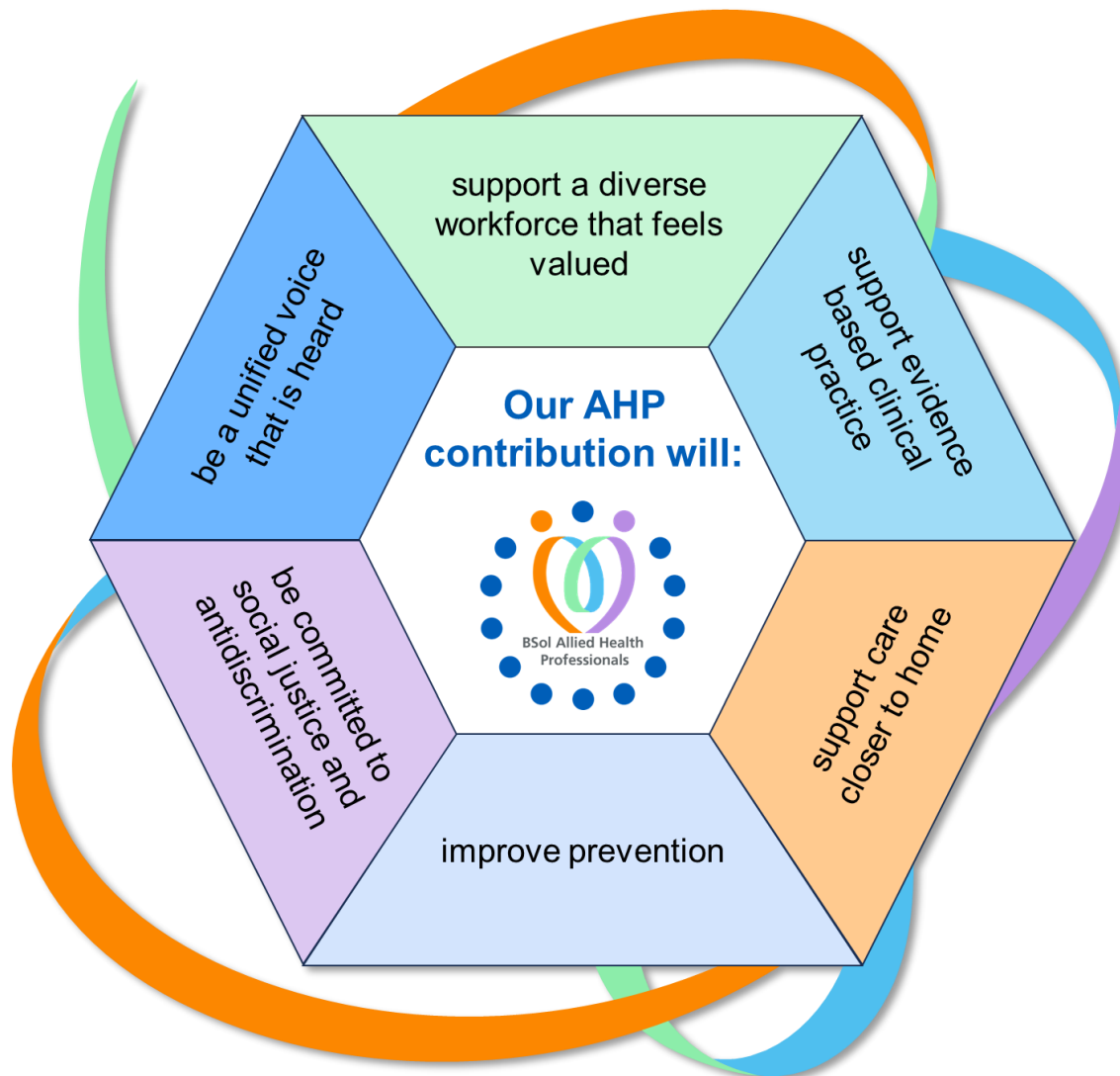
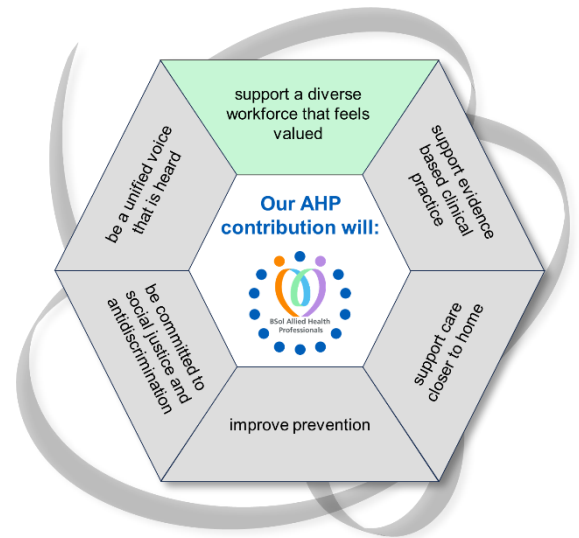


Figure 1: Our Six Principles of the BSol AHP Strategy

1. Our AHP contribution will support a diverse workforce that feels valued

Objectives

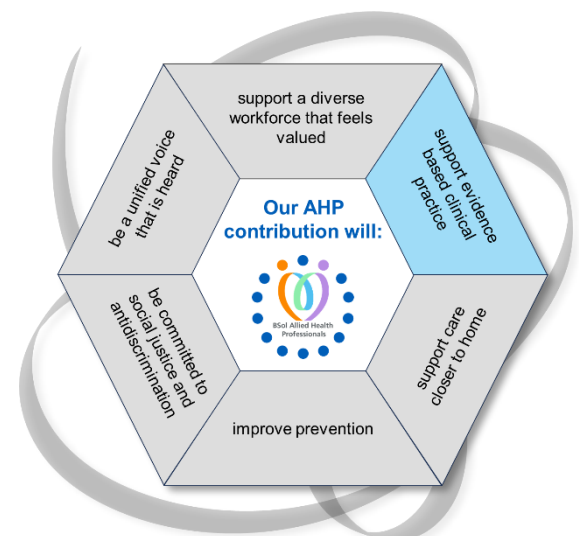
1. Provide a clear articulation of existing AHP roles within the ICS, promote and increase awareness of the AHP professions their contribution and impact
2. Develop innovative workforce plans to identify where additional AHP roles can add value and improve outcomes across the system including Support Worker, Enhanced and Advanced Clinical Practitioner as well as consultant roles
3. Develop career framework and development programmes to support the AHP workforce
4. Grow our own workforce, to better reflect the BSol population



2. Our AHP contribution will support evidence based clinical practice

Objectives

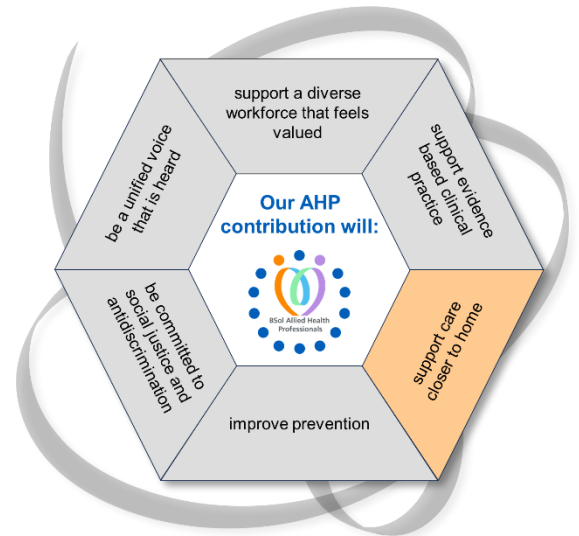
1. Establish an AHP academic research and development best practice network, including academic AHP roles, to develop new evidence-based value enhanced clinical models
2. Using evidence, streamline and deliver patient-centred AHP Pathways and drive service delivery with an AHP system patient centred approach
3. Develop system-wide clinical leadership and retain professional accountability within a changing landscape to support innovative service and workforce transformation
4. Innovate and conduct local research to improve patient and staff health and wellbeing



3. Our AHP contribution will support **care closer to home**

Objectives

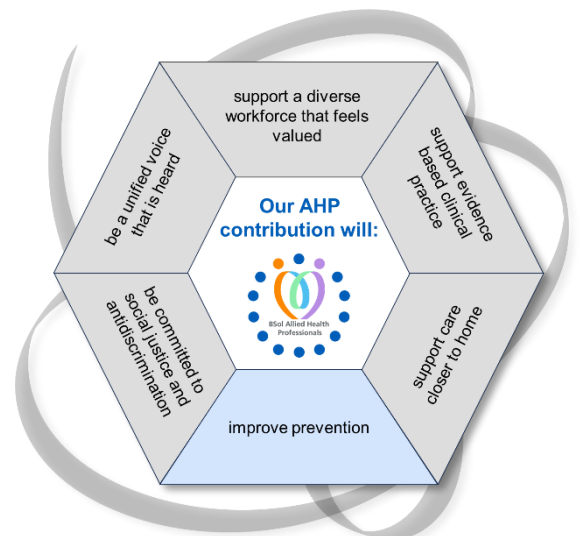
1. Increase people being seen in the community, such as in the home and in community bases
2. Support people to live a healthier future
3. Utilise different, enhanced and advanced roles to improve patient care
4. Optimise person centred care



4. Our AHP contribution will **improve prevention**

Objectives

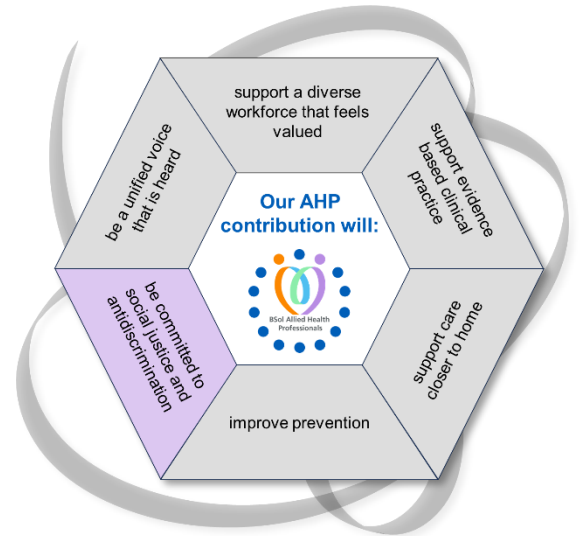
1. Develop AHP Early Intervention prevention strategies
2. Utilise a system-wide AHP approach to improve prevention awareness and the delivery of prevention interventions through staff education
3. Develop an education and training plan for AHP staff
4. Optimise medication through the development of AHP advanced practice prescribing roles



5. Our AHP contribution will be committed to **social justice and antidiscrimination**

Objectives

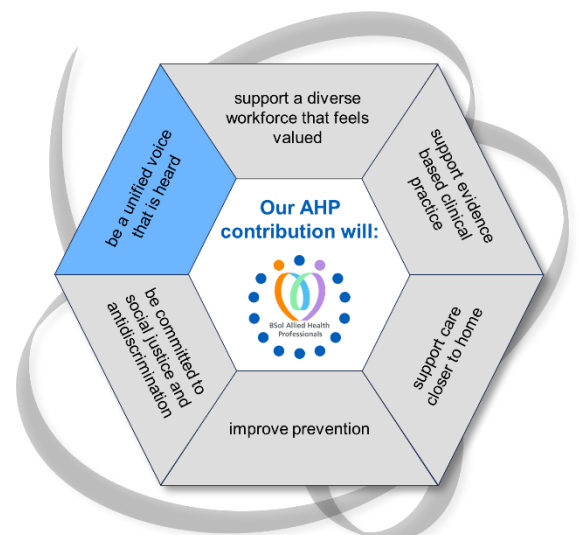
1. Understand the health needs of the population and identify clinical pathways, by working with Public Health
2. Use health needs data to identify the clinical pathways where AHPs are most able to have an impact on health and care inequalities
3. Develop coproduced system-wide AHP action plans for the clinical pathways to achieve equitable access to meet identified health needs
4. Enhance diversity within workforce from supply to senior leadership roles to ensure the workforce reflects local population by offering accessible routes into AHP professions and celebrating diversity in all its forms



6. Our AHP contribution will be a **unified voice that is heard**

Objectives

1. AHP staff to be equitably represented in the formal governance structure, workforce transformation and clinical remodelling within the BSOL ICB and ICS
2. AHP staff to proactively collaborate and work together at all levels across statutory and third sector with MDT colleagues to improve outcomes for service users and families
3. To review leadership capacity at both ICB and provider level to provide professional leadership, representation and AHP voice across the ICS
4. Increase interprofessional awareness of AHP roles and responsibilities




Implementation

Developing this strategy is an important part of sharing the vision for the BSol community of AHPs. To support implementation the Principles and Objectives can be applied at an individual level, team level or within the community of AHPs. The workstream domains will be resourced each year to help support delivery of the strategy. An indication of priority has been provided in **Appendix 5** – Timeline for our Objectives which suggests a timeline for tackling the objectives in the short, medium and long term.

The worksheets in Fig 2, below can be used to support all AHPs to reflect on how their practice contributes to the Principles of the Strategy and how their Team can work together to achieve the objective of the strategy. These are available in the electronic version of this Strategy. Using the worksheets within existing review and team meetings ensures that the Strategy is a living document.

How can I demonstrate this Principle in my role?

How can my team contribute to achieving these Objectives?



The figure displays six worksheets, each corresponding to a principle of the BSol AHP Strategy. Each worksheet is structured as follows:

- Header:** BSol AHP Strategy - Principle [X] - Implementation Worksheet
- Form Fields:**
 - Profession: Select a Profession from the list
 - Setting: Select a Setting from the list
 - People: Select People type from the list
 - Our AHP contribution will: [Text box]
- Reflection Tables:**
 - How can I demonstrate this in my role?** (Table with 2 columns: Role, Contribution)
 - How can this be achieved in my team?** (Table with 2 columns: Team, Contribution)
- Principle Objectives:**
 - Principle 1:** support a diverse workforce that feels valued
 - Principle 2:** support evidence based clinical practice
 - Principle 3:** support care closer to home
 - Principle 4:** improve prevention
 - Principle 5:** be committed to social justice and anti-discrimination
 - Principle 6:** be a unified voice that is heard

Figure 2: The implementation Worksheets

This Strategy will be reviewed against the Timeline. Implementation and impact assessment will be monitored by the BSol Chief AHPs Group (Council) and supported by the ICB.

Appendix 1 – List of Allied Health Professions ⁴

Art Therapists

Art therapists use art as a form of psychotherapy to encourage clients to explore a variety of issues including emotional, behavioural or mental health problems, learning or physical disabilities, life-limiting conditions, neurological conditions or physical illnesses.

People of all ages from children to the elderly, regardless of artistic experience, use art therapy in this way as an aid to supporting them with their particular concern. It is not a diagnostic tool but rather a mode of communication and expression.



Dietitians

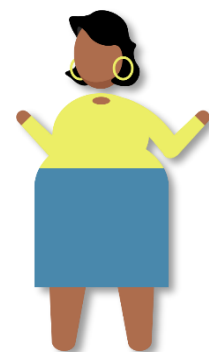
Dietitians are the only qualified health professionals who assess, diagnose and treat diet and nutritional problems at an individual and wider public health level.

Uniquely, dietitians use the most up-to-date public health and scientific research on food, health and disease, which they translate into practical guidance to enable people to make appropriate lifestyle and food choices. Dietitians are the only nutrition professionals to be regulated by law, and are governed by an ethical code to ensure that they always work to the highest standard.

Dietitians work in the NHS, private practice, industry, education, research, sport, media, public relations, publishing, government and Non-Government Organisations (NGOs). Dietitians advise and influence food and health policy across the spectrum from government, to local communities and individuals.

Dramatherapists

Dramatherapists are both clinicians and artists that draw on their knowledge of both theatre/drama and therapy to use performance arts as a medium for psychological therapy. Clients are able to explore a wide variety of different issues and needs from autism and dementia to physical/sexual abuse and mental illness in an indirect way leading to psychological, emotional and social changes.



Dramatherapists can be found in many varying settings such as schools, mental health care, general health social care, prisons and in the voluntary sector.

⁴ [NHS England - List of Allied Health Professionals](#)

Music Therapists

Music therapists engage clients in live musical interaction so as to promote an individual's emotional wellbeing and improve their communication skills. Clients do not need to have any previous experience of playing a musical instrument (or even singing) as this established psychological clinical intervention utilises their unique connection to music and the relationship established with their therapist to help: develop and facilitate communication skills, improve self-confidence and independence, enhance self-awareness and awareness of others, and improve concentration and attention skills.



In particular, music therapy is an effective intervention for those clients who cannot speak due to disability, illness or injury as their psychological, emotional, cognitive, physical, communicative and social needs can be addressed through the musical interaction with their therapist.

Music therapy can be beneficial for individuals of all ages and physical abilities however, from new born babies in terms of establishing the parent-child bond to those receiving palliative, end-of-life care.



Occupational Therapists

Occupational therapists (OTs) work in the NHS, local authority social care services, housing, schools, prisons, voluntary and independent sectors, and vocational and employment rehabilitation services as well as in education and research. Occupational therapists work with people of all ages with a wide range of problems resulting from physical, mental, social or developmental difficulties.

OTs support people with a range of interventions to enable them to return to or optimise participation in all the things that people do; for example, caring for themselves and others, working, learning, playing and interacting with others. Being deprived of or having limited access to any or all of these occupations can affect physical and psychological health and hence OTs positively impact upon the wellbeing and rehabilitation of patients in most care pathways and in the broader public health and social care environment.

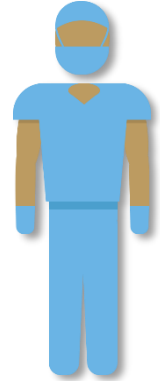
Operating Department Practitioners

Operating Department Practitioners (ODPs) are highly skilled healthcare practitioners that support patients of all ages during each phase of the patient's perioperative care:

- Anaesthetic – provide patient-centred care and prepare specialist equipment and drugs
- Surgical – prepare all the necessary equipment and instruments for operations and providing these to the surgical team during the operation
- Recovery – supporting the patient throughout their time in the recovery ward, assessing vitals and fitness for return to the ward

As well as providing this specialised care, ODPs are responsible for preparing the operating theatre and maintaining communication between the surgical team, operating theatre and wider hospital.

ODPs typically work in operating departments however their skills are increasingly being needed in other critical care areas within a hospital.



Orthoptists



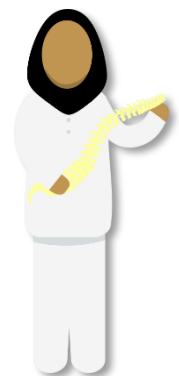
Orthoptic clinical practice encompasses both diagnosis and treatment and is wide ranging. Orthoptists help premature infants with retinopathy of prematurity, children with reduced vision due to squint, adults and children with eye movement defects due to diabetes, hypertension, endocrine dysfunction, cancer, trauma and stroke. Extended scope orthoptic practitioners now work in high volume ophthalmic specialities such as glaucoma, cataract and age-related macular degeneration.

Orthoptists work in acute hospital and community settings in health and education often as part of a multi-disciplinary medical, nursing and AHP team.

Osteopaths

Osteopaths take a holistic view of the structure and function of the body to diagnose and treat a wide variety of medical conditions. Their work is centred on the principle that the skeleton, muscles, ligaments and connective tissues of an individual need to function smoothly together so as to maintain wellbeing.

Osteopaths use a number of non-invasive treatments such as touch, physical manipulation, stretching and massage to restore bodily equilibrium through increasing the mobility of joints, relieving muscle tension, enhancing blood and nerve supply to tissues, and encouraging an individual's own healing mechanisms.



Paramedics

Paramedics are the senior ambulance service healthcare professionals at an accident or a medical emergency. Often working by themselves, paramedics are responsible for assessing the patient's condition and then giving essential treatment. They use high-tech equipment such as defibrillators, spinal and traction splints and intravenous drips, as well as administering oxygen and drugs.



Physiotherapists

Physiotherapy uses physical approaches to promote, maintain and restore physical, psychological and social well-being, working through partnership and negotiation with individuals to optimise their functional ability and potential.

Physiotherapists address problems of impairment, activity and participation and manage recovering, stable and deteriorating conditions – particularly those associated with the neuro-muscular, musculo-skeletal, cardio-vascular and respiratory systems – through advice, treatment, rehabilitation, health promotion and supporting behavioural change.

Physiotherapy uses manual therapy, therapeutic exercise, the application of electro-physical modalities and other physical approaches in response to individual need. Physiotherapists work across sectors and settings, including acute, community and workplace settings, and with a large number of population and patient groups including children, the working population, and older people.

Podiatrists

Podiatrists provide essential assessment, evaluation and foot care for a wide range of patients with a variety of conditions both long term and acute. Many of these falls into high-risk categories such as patients with diabetes, cerebral palsy, peripheral arterial disease and peripheral nerve damage where podiatric care is of vital importance.

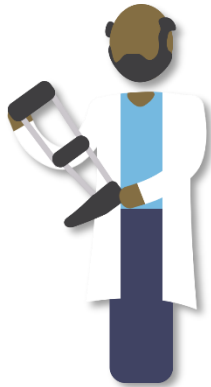
Many podiatrists have become further specialised into either the area of biomechanics or surgery. Biomechanics is often associated with treating sports related injuries but spans across a wide range of conditions including children and the elderly.

Podiatric surgeons offer surgical interventions in all aspects of foot health management. Podiatrists work in both the community and acute settings and while many are employees of the NHS many podiatrists now provide healthcare services in the private sector.



Prosthetists and Orthotists

Prosthetists are autonomous registered practitioners who provide gait analysis and engineering solutions to patients with limb loss. They are extensively trained at undergraduate level in mechanics, bio-mechanics, and material science along with anatomy, physiology and pathophysiology. Their qualifications make them competent to design and provide prostheses that replicate the structural or functional characteristics of the patients absent limb.



They treat patients with congenital loss as well as loss due to diabetes, reduced vascularity, infection and trauma. Whilst they are autonomous practitioners they usually work closely with physiotherapists and occupational therapists as part of multidisciplinary amputee rehabilitation teams.

Orthotists are autonomous registered practitioners who provide gait analysis and engineering solutions to patients with problems of the neuro, muscular and skeletal systems. They are extensively trained at undergraduate level in mechanics, bio-mechanics, and material science along with anatomy, physiology and pathophysiology. Their qualifications make them competent to design and provide orthoses that modify the structural or functional characteristics of the patients' neuro-muscular and skeletal systems enabling patients to mobilise, eliminate gait deviations, reduce falls, reduce pain, prevent and facilitate the healing of ulcers.

They treat patients with a wide range of conditions including diabetes, arthritis, cerebral palsy, stroke, spina bifida, scoliosis, musculoskeletal, physiotherapy, sports injuries and trauma. Whilst they often work as autonomous practitioners, they increasingly often form part of multidisciplinary teams such as within the diabetic foot team or neuro-rehabilitation team.

Radiographers

Diagnostic radiographers use a range of techniques to produce high quality images to diagnose an injury or disease. They are responsible for providing safe and accurate imaging examinations and increasingly also the resulting report. Diagnostic imaging is a component of the majority of care pathways.

Radiographers are also key team members in Breast Screening and Ultrasound monitoring of pregnancy.



Therapeutic radiographers play a vital role in the treatment of cancer. They are also responsible as they are the only health professionals qualified to plan and deliver radiotherapy. Radiotherapy is used either on its own or in combination with surgery and/or chemotherapy.

Therapeutic radiographers manage the patient pathway through the many radiotherapy processes, providing care and support for patients throughout their radiotherapy treatment.

Speech and Language Therapists

Speech and language therapists (SLTs) in the UK work with children and adults to help them overcome or adapt to a vast array of disorders of speech, language, communication and swallowing.

These include helping young children to access education, working with young offenders to enable them to access the programmes designed to reduce reoffending, reducing life-threatening swallowing problems in the early days after stroke and providing essential support to adults with a range of acquired neurological communication difficulties to help them return to work, and their roles in their family and society.



Appendix 2 - A Bolder, Healthier Future for the People of Birmingham and Solihull

The BSol partnership ICB published a 10-year Integrated Health and Social Care Strategy ⁵ with one aim: to improve life expectancy for the people of Birmingham and Solihull. (Figure 2) This Strategy contains six objectives:

Reduce inequalities – means acting intentionally to reduce inequalities in everything that we do.

Deliver integration for people – means a renewed commitment from all of us to working together to deliver joined up integrated services.

Protect people from harm - We will be a system that actively protects people from harm, that is prepared for emergencies and acts quickly to respond to problems.

Be there across the life course - Every child in Birmingham and Solihull should have the best start in life and we are committed to being there for people as they grow, age and die.

Build a great, inclusive workforce - We want to be a system that is playing its role anchoring communities and providing great employment to a diverse local workforce that delivers great services.

Contribute to the wider determinants of health - Collectively, the ICS is a major employer, purchaser and has a significant physical presence in Birmingham and Solihull in the buildings we own and provide services from.

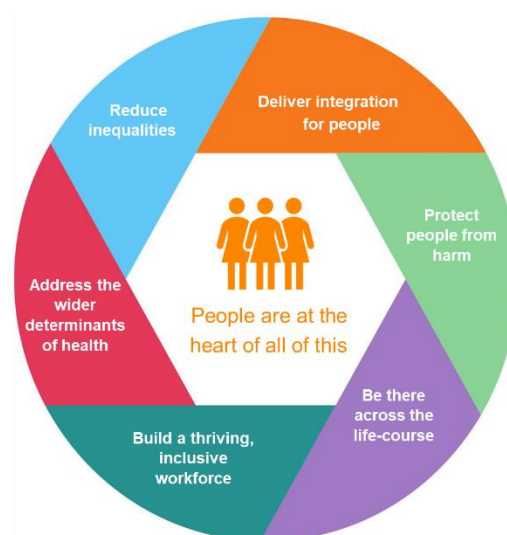


Figure 3: The Six Objectives from A Bolder, Healthier Future for the People of Birmingham and Solihull

⁵ [A Bolder, Healthier Future for the People of Birmingham and Solihull 2023-2033](#)

Appendix 3 - The AHP Strategy for England: AHPs Deliver (2022 – 2027)

The AHP Strategy for England: AHPs Deliver, describes four enhanced foundations; Leadership, Skills & Workforce, Data & Digital and Research & Innovation

Five 'areas of focus' have been identified for the next five years, each complemented by a set of ambitions, namely; People First, Optimise Care, Social Justice, Greener AHPs and AHP Community.

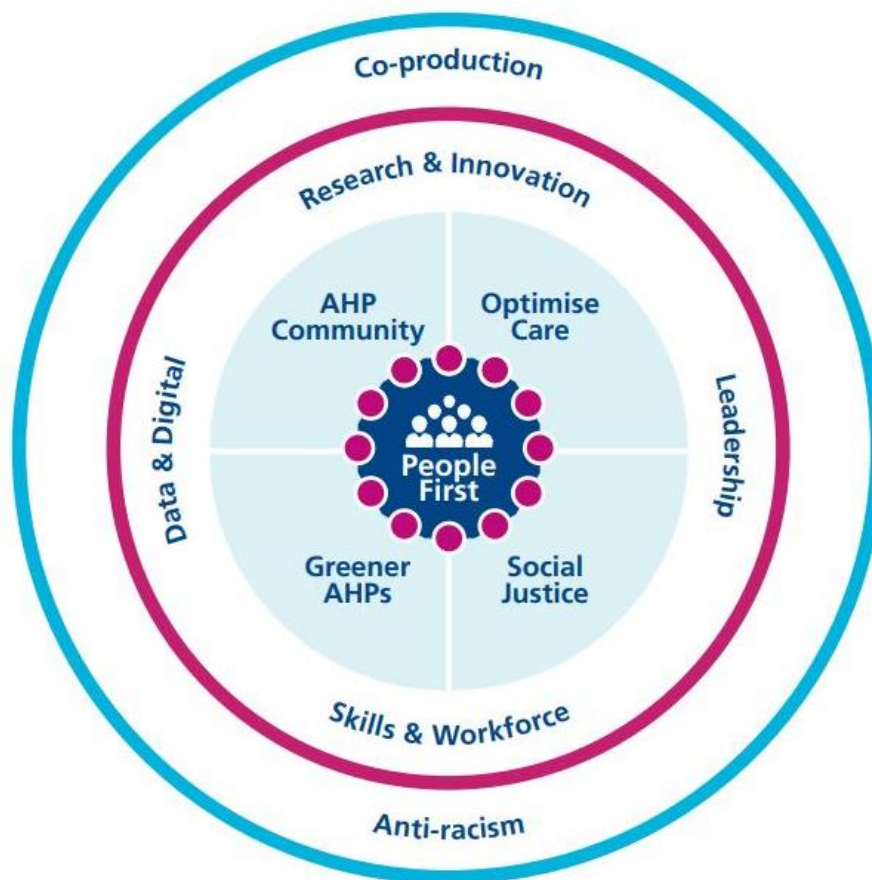


Figure 4: The AHP Strategy for England: AHPs Deliver – Enhanced foundations and areas of focus

Appendix 4 – Our 6 AHP Principles mapped to key drivers

Our AHP Principles	Domains	BSol partnership ICB: A Bolder, Healthier Future for the People of BSol	Allied Health Professions Strategy for England: AHPs Deliver	NHSE Long Term Workforce Plan
Diverse workforce that feels valued – to support recruitment, retention and career progression	Growing the workforce Working differently and productively (In a) Compassionate and Inclusive Culture	Build a great, inclusive workforce	Skills and Workforce AHPs in the right place, at the right time, with the right skills Optimising Care Environmental sustainability, greener AHPs	Train – Grow the workforce Retain – Embed the right culture and improve retention Reform – Working and training differently
Evidence based clinical practice - to increase patient satisfaction and outcomes	(In a) Compassionate and Inclusive Culture	Be there across the life course Protect people from harm	AHPs commit to research, innovation, and evaluation	Reform – Working and training differently
Care Closer to home – to use a collaborative model including enhanced care beds within social care	Working differently and productively	Deliver integration for people	Co-production of services	Reform – Working and training differently
Improve prevention – to reduce pressure on services	Growing the workforce	Contribute to the wider determinants of health	AHPs further harness digital technology and innovation through data	Reform – Working and training differently
Social justice and antidiscrimination – to meet the needs of our diverse population	Working differently and productively (In a) Compassionate and Inclusive Culture	Reduce inequalities	Committing to being anti-racist People First Social justice: addressing health and care inequalities	Train – Grow the workforce
Unified voice that is heard - to increase resilience and influence across primary care, secondary care and the third sector	Growing the workforce Working differently and productively (In a) Compassionate and Inclusive Culture	Build a great, inclusive workforce	AHPs champion and promote diverse and inclusive leadership Strengthening and promoting the AHP community	Retain – Embed the right culture and improve retention

Our 6 AHP Principles related to NHSE Domains and Priority Areas for 2023/24

Domain		Priority Area	
Our AHP contribution will support a diverse workforce that feels valued			
G	Growing the workforce	G1	Supply optimisation – whole workforce
		G2	Supply optimisation – student retention
		G3	Improving practice education – capacity, availability and utilisation
		G4	Improving practice education – quality
W	Working differently and productively	W1	AHP career pathways that attract, develop and retain
C	(In a) Compassionate and Inclusive Culture	C1	Improving equality, diversity, inclusion and belonging across the AHP community
Our AHP contribution will support evidence based clinical practice			
C	(In a) Compassionate and Inclusive Culture	C2	Embed sustainable ICS AHP workforce roles, functions and programmes into wider ICB structures
Our AHP contribution will support care closer to home			
Year 2 Domain			

Our AHP contribution will **improve prevention**

G	Growing the workforce	G4	Improving practice education – quality
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Our AHP contribution will be committed to **social justice and antidiscrimination**

W	Working differently and productively	W1	AHP career pathways that attract, develop and retain
C	(In a) Compassionate and Inclusive Culture	C1	Improving equality, diversity, inclusion and belonging across the AHP community
		C2	Embed sustainable ICS AHP workforce roles, functions and programmes into wider ICB structures

Our AHP contribution will be **a unified voice that is heard**

G	Growing the workforce	G2	Supply optimisation – student retention
W	Working differently and productively	W1	AHP career pathways that attract, develop and retain
C	(In a) Compassionate and Inclusive Culture	C1	Improving equality, diversity, inclusion and belonging across the AHP community

Appendix 5 – Timeline for our Objectives

