



Regional Facilitated Workshops – Professional Collaboratives for Allied Health Professionals

National overview report of the regional AHP workshops 2022

Introduction

The Primary Care Model for Wales (PCMW)¹ is the nationally agreed approach to achieving the ambition of A Healthier Wales² in rebalancing the health and care system. Changing the focus of care from hospital-centred to a place-based approach, with effective collaboration at community level assessing population need, and both planning and delivering seamless care and support to meet that assessed need.

Core principles of equitable access, sustainability, improving quality, a skilled workforce, and strong leadership are at its centre.

The [Accelerated Cluster Development](#) (ACD) Programme is the Primary Care component of Place Based Care, delivered through [Professional Collaboratives](#), Cluster and [Pan Cluster Planning Groups](#) (PCPGs), to broaden and strengthen multi-professional engagement and to increase the influence from the community to Regional Partnership Board (RPB) decisions.

Professional Collaboratives are the mechanisms by which, General Medical Services (GMS) practices, Dental practices, Community Pharmacies, Optometry practices, Allied Health Professions³, Community Nurses, Social Services and others come together within their profession specific groups across an agreed geographical footprint to consider how they respond to regional population needs assessments.

Each Professional Collaborative considers the safety, quality, effectiveness and efficiency of local services from its unique perspective. However, a multi-professional response is needed for many service improvement proposals, particularly for complex care and the most

¹ [The Primary Care Model for Wales](#)

² [A Healthier Wales: long term plan for health and social care | GOV.WALES](#)

³ Allied Health Professions: art therapists, drama therapists, music therapists, podiatrists, dietitians, occupational therapists, orthoptists, prosthetists and orthotists, paramedics, physiotherapists, speech and language therapists, psychologists.

vulnerable groups. The Clusters and the PCPGs will provide the forum to consider and coordinate these developments.

To support the development of the Professional Collaboratives, national workshops were held with the pharmacists, optometrists, AHPs and nurses to discuss and agree how these are taken forward and implemented within their profession. The dental group will meet later in the year.

Following the national AHP workshop, it was agreed that regional workshops would be held in each of the Health Board areas to develop the thinking around the introduction of AHP Professional Collaboratives.

The agreed purpose of the workshops was to:

- Build on discussions in the national workshop and to further inform the national picture.
- Support local operationalisation of the AHP Professional Collaborative in each of the Health Board areas.
- Agree a plan and next steps to get the AHP Professional Collaborative in place, and to identify how the AHP profession will feed into the Clusters and the PCPGs.

The Executive Directors of Therapies and Health Sciences (DoTHS) Peer Group was the point of contact for each regional AHP workshops' membership, with nominations requested for AHP Leads across directorates and organisations, who will support operationalisation of the regions AHP Professional Collaborative(s). Recognising the AHP Professional Collaborative is wider than Health Board AHP inclusion. With guidance provided that primary consideration for inclusion was the 13 AHPs regulated by the Health and Care Professions Council (HCPC), but that a flexibility of approach concerning additional professions based on localised need and what makes sense, would be appropriate. The regional workshops provided the opportunity to explore this.

Chairs of All Wales Heads of Adults' Services Group (AWASH) and All Wales Heads of Children's Services Group (AWHOCS) were contacted to raise awareness, engagement and support concerning their respective members. Recognising they are key stakeholders in AHP resource and activity, and their contribution to the development and operationalisation of regional AHP Professional Collaboratives is vitally important, in enabling them to inform decision-making and propose the most effective AHP solutions for the local context.

Regional Primary Care representative(s) with responsibility for coordinating ACD implementation, and [Strategic Programme for Primary Care](#) Fund implementation in each of the Health Boards were invited.

In addition, a representative from Health Education and Improvement Wales (HEIW) Primary and Community Care Education and Development Framework team were invited. This was to ensure identified AHP learning and development needs are included in the Primary Care Education Framework programme and the [Gwella](#) Leadership Resources specifically curated to support ACD.

PCC was commissioned to provide independent facilitation to support discussions and prepare a report setting out a summary of discussions and actions agreed. The feedback and

information captured in each of the seven regional workshops has been used to develop this overarching national AHP Professional Collaboratives report.

The purpose of this national report is to inform and support uniformity of the AHP approach with localisation and flexibility of application concerning operationalisation.

The workshop and attendance

The AHP regional workshops were held in each of the seven Health Board areas between July and September 2022. There were 175 participants across the workshops contributing their views and thoughts on the establishment of AHP Professional Collaboratives in their Health Board area.

The table below sets out the number of attendees at each of the workshops:

Regional area	Date of workshop	Number of attendees
Hywel Dda University Health Board (HDdUHB)	27 July 2022	21
Cardiff and Vale University Health Board (CVUHB)	17 August 2022	36
Powys Teaching Health Board (PTHB)	23 August 2022	18
Aneurin Bevan University Health Board (ABUHB)	30 August 2022	15
Swansea Bay University Health Board (SBUHB)	31 August 2022	24
Betsi Cadwaladr University Health Board (BCUHB)	1 September 2022	39
Cwm Taf Morgannwg University Health Board (CTMUHB)	6 September 2022	22

Representatives attended from each of the Health Boards, Welsh Ambulance Service NHS Trust (WAST), Health Education and Improvement Wales (HEIW) and the Strategic Programme for Primary Care (SPPC).

The workshops were facilitated by two facilitators from PCC: either Helen Northall, Helen Simmonds or Wendy Crew.

Each workshop started with an introduction and overview from Kerrie Phipps, National AHP Lead for Primary and Community Care. This included an overview of the vision for Professional Collaboratives and the proposed structures. A summary of the discussions from

the national workshop was provided, including the agreed key expectations of the AHP Professional Collaboratives:

- The planned changes are an opportunity for AHPs as a professional group to:
 - Have an equal voice and contribution in how services are planned and delivered to meet the needs of the local population.
 - Highlight the skills and roles covered by AHPs and how these can contribute to improved outcomes for the local population. With interventions and services backed up by evidence base and the impact they have.
 - Focus on key areas of importance e.g. prevention, reduction in inequalities and the retention / satisfaction of AHPs working locally.
- AHP Professional Collaborative meetings need to have:
 - An agreed purpose.
 - A clear structure.
 - Inclusive representation, underpinned by leadership development and peer support.
 - Collaboration and engagement across the 13 professions and all settings, with open and honest communication based upon a shared vision and objectives.
 - Developed and skilled AHP workforce to participate in the Professional Collaboratives, Cluster and PCPG discussions.

There was a standard agenda used across the seven workshops and the agenda set out a number of questions for consideration by the group to support discussions. The detailed discussions and contribution from participants covered the key themes of the agenda, however, not all of the specific questions set out were considered in detail. A copy of the agenda is included in Annex 1.

Discussions were split into three overarching themes:

- Establishing AHP professional collaboratives locally.
- Infrastructure requirements to support the setup.
- Next steps and planning.

Contributions were captured through verbal feedback and discussions in the chat function within MS Teams. Mentimeter (interactive presentation software) was also used for some of the questions. These contributions have been used in the creation of the individual reports and summarised in this national overview report.

Establishing AHP Professional Collaboratives locally

Local configuration of Professional Collaboratives

The workshops commenced with a discussion about the formation of the AHP Professional Collaboratives in the respective Health Board region.

Through discussions, all areas reached a consensus on the configuration of the AHP Professional Collaboratives locally.

The table below sets out the initial formats agreed for each of the AHP Professional Collaboratives:

Regional Area	Agreed format for AHP Professional Collaboratives
HDdUHB	One AHP Professional Collaborative across the Health Board area
CVUHB	One AHP Professional Collaborative across the Health Board area
PTHB	One AHP Professional Collaborative across the Health Board area
ABUHB	One AHP Professional Collaborative across the Health Board area
SBUHB	One AHP Professional Collaborative across the Health Board area
BCUHB	Three AHP Professional Collaboratives across the Health Board area, based on the Integrated Health Community (IHC) areas, with a requirement for these to connect with each other on a pan-BCUHB basis
CTMUHB	One AHP Professional Collaborative across the Health Board area

Additional considerations were also identified through the discussions, and the common themes across the workshops included:

- The opportunities for the AHP professions to be able to have a voice and influence the way in which services are shaped for local populations, at all levels of geographical operation i.e. Cluster, PCPGs through to RPB.
- The need to involve and engage with the 13 professions (and potentially wider) within the AHP family, and those working in other organisations, such as WAST and the Local Authorities.
- The AHP Professional Collaboratives will support AHPs to build stronger understanding and relationships between their professions across a regional footprint.
- The AHP Professional Collaboratives will provide a forum where ideas can be shared, and good practice discussed on a local and regional basis.
- A recognition that this approach will require a level of leadership skills development and support.
- Consideration of how the AHP Professional Collaboratives can be developed through existing meeting infrastructures within the Health Boards.
- A recognition that 2022/23 is a transitional year, and the shape and format of the AHP Professional Collaboratives may need to be adjusted and altered over time.

- A recognition that this is a new structure and culture for a number of professions including AHPs, so it will take time for the Professional Collaborative to develop and become fully operational.

In addition, some of the specific points noted in each of the workshops included:

HDUHB: The AHP Professional Collaborative will cover all age groups, not just adult services. The set-up of meetings needs to support discussion of local issues as well as regional factors.

CVUHB: The development of the AHP Professional Collaborative is a significant culture shift from treatment-focussed care to population based / preventative care.

PTHB: There is a pan-Powys infrastructure in place, so this proposed configuration would align with this. To have better conversations together as a whole system, to understand what the priorities are, consider the skill set needed and then match against the workforce.

ABUHB: The structure will need to support individuals representing the AHP Professional Collaboratives, to ensure they are informed and supported to have good conversations at both the Cluster and PCPG meetings. Need to consider the capacity and current workload of the AHP profession, and how this will impact the development and operation of the AHP Professional Collaborative.

SBUHB: The intended aim of Professional Collaboratives is about bringing professionals together to have better conversations to assess the population needs of the local population. There is a need to understand and agree how the AHP Professional Collaborative will inform the Cluster and PCPG plans to ensure representation of all 13 professions.

BCUHB: There will need to be a wider range of expertise contributing to the AHP Professional Collaboratives; those with technical expertise and those with a geographical understanding of how systems work in different areas.

CTMUHB: Consideration of a flexible approach for attendance; to have a core team with additional individuals brought in for specific discussions. This approach will make the workload more manageable for individuals.

Representation at the AHP Professional Collaborative meetings

Each of the workshops considered who will sit around the table of the AHP Professional Collaborative. All groups identified the need for good representation at the Professional Collaborative table and how effective representation is fed through to the Cluster, with somebody who understands the local needs of that area, as well as the full AHP picture.

There was a general consensus across all of the workshops on the representation at the Professional Collaboratives. The primary suggestions included:

- All 13 AHP professions; encompassing physical and mental health needs, from across all organisational directorates and settings. Including WAST and Local Authorities (LA).
- DoTHS representatives.
- Healthcare science areas i.e. Audiology.
- AHP Heads of Service (HoS), Service Leads or deputies.

- AHP education workforce.

Specific considerations identified in each of the regional workshops included:

HDUHB: The membership of the Professional Collaborative may change over time.

CVUHB: There isn't any limit on the number of people attending the AHP Professional Collaborative. It's about what works best locally to be able to feed into the local population health needs.

PTHB: The need for those AHPs working on the ground to be able to input into the Professional Collaborative.

ABUHB: Whether there a risk that those individuals sitting around the table will naturally lean towards their own professional strength?

SBUHB: Whether there is a risk that group membership could be so large that it may be difficult to agree priorities?

BCUHB: Membership will need to reach out to the profession to make sure that the AHP Professional Collaboratives are inclusive.

CTMUHB: The structure should allow for anyone delivering services with an interest to be able to contribute, noting that they may not sit at the table, but views need to be captured.

Representation at the Cluster meetings

Each of the workshops discussed representation at the Cluster meetings. There was a recognition across all of the workshops of the importance of AHPs participating in the Cluster meetings, alongside other professionals, as equal partners around the table.

There was a general consensus across the regional workshops for the need for more than one individual chosen to attend the Cluster meetings within the Health Board area. The reasons noted included:

- Membership may change depending on the topics for discussion.
- To cover absence.
- Ensure appropriate representation for specific pieces of work.
- The need to share the responsibility.
- The significant time commitment to attend each of the Cluster meetings.

There was a recognition that there needed to be consistent representation at the Cluster meetings; to build relationships, understanding and trust, with enough knowledge to bring specialists or expertise in as needed, to support productive collaborative outcomes.

All groups recognised the need for further discussion to agree how representation at the Clusters meetings achieved.

Representation at the PCPG meetings

There was a recognition across each of the regional workshops of the importance of AHP participation in the PCPGs. Most of the workshops identified that further discussions will be

required to identify the appropriate representation at the PCPGs. SBUHB noted that representation had been identified for the PCPG.

Infrastructure requirements to support the setup

Each of the workshops considered the infrastructure requirements to support the setup of the AHP Professional Collaboratives. There was a consensus across all of the workshops that the following are essential to support the set up:

- Administrative support to organise and support the running of meetings.
- Protected time to be able to prepare and attend meetings, and to be able to action any follow up required; and for this to be a recognised part of the job role. This includes the time and space required by those Cluster and PCPG nominated leads to make the connections and fully understand the offer of the services that they are representing.
- Technical, IT and digital infrastructure. This included suggestions such as a portal / share point for a central source of information to support discussions.
- Leadership development and support. It was noted the HEIW is working with the SPPC to development leadership support including online resources through [Gwella](#).

Other suggestions that were identified through the discussions included:

- Additional support such as project management and facilitation to support the setup of the AHP Professional Collaboratives.
- Quality Improvement support, Data Analysis skills and collaboration with Higher Education Institutes for Research.
- Financial resources to set up the AHP Professional Collaboratives. It was noted there is funding associated with the ACD programme to help implementation in the transitional year through the recurring SPPC fund. Health Boards were invited to apply for funds to support ACD implementation, and identifying requirement of needs would inform future applications.
- Additional resources, such as a who's who directory, to provide names and roles of individual participants. This type of communication resource could include information on all 13 of the professions, to help when individuals are representing other health professions and need to draw in expertise.

Projects and potential opportunities to take forward at cluster level to improve population health

Each of the workshops recognised that the regional workshops were one of the first steps in the development of the AHP Professional Collaboratives. The regional workshops considered some of the potential opportunities that could be considered to take forward.

It was noted that not all professions and areas were represented in the workshops, so the list of projects identified was not a definitive list but some potential opportunities that could be taken forward. Across the seven workshops there were over 100 suggestions and ideas to improve population health. An extract of recurring examples included:

- Focus on Prevention
- Focus on Early Intervention
- Hard-to-Reach and Vulnerable groups
- Self-Management
- Psychological care and support for people with long-term conditions
- Prehabilitation
- Stratified Rehabilitation Model
- Working with wider partners and community including voluntary services
- Multi-professional team models
- Weight Management
- First Contact Practitioners
- Education, Development and Research
- Vocational Rehabilitation
- Primary mental health and wellbeing support
- AHP Fit note

Next steps and planning

All of the workshops identified a number of key actions and next steps to take forward the establishment of the AHP Professional Collaboratives. Common actions identified included:

- Further discussions with relevant Heads of Service (HoS), Clinical Directors and management teams.
- Development of representation from AHPs outside of the Health Board structure
- A review of existing meeting structures to identify possible groups that could be developed into the AHP Professional Collaboratives.
- Map out the requirements and timeline for developing the AHP Professional Collaboratives, including administrative support.
- Consider and agree how representation will be made into Cluster and PCPGs meetings.

Some of the discussions also identified what success may look like for the AHP Professional Collaboratives. Feedback included:

- That the AHP Professional Collaborative has been set up and is functioning; meetings are being held and links being made across the profession.
- There are good lines of communication.
- The AHP voice is being heard at Cluster meetings and the PCPG.
- A decrease in silo working.
- Improved AHP relationships and understanding of each other.
- Improvement in working experience
- Improved experience and outcomes for the individual, community and local population.

Post event feedback

A short survey was circulated (via Survey Monkey) to participants at the end of the session, and also in a follow up email to gather additional thoughts and next steps.

A total of 44 responses were received from the participants across the seven regional workshops.

The key learning points identified from the respondents included:

- Communication is essential.
- The importance of relationships and working collaboratively.
- Better understanding of the proposed structures.
- Planning for the set-up and organisation of the AHP Professional Collaborative(s).
- The challenges and issues to be addressed in setting up the Professional Collaboratives.
- Information and support required.
- Better understanding of their local Population Needs Assessment (PNA) and Wellbeing Needs Assessments.

The overarching themes of the actions and next steps identified by the respondents included:

- Discussion.
- Review.
- Explore.
- Develop / sharing of information.
- Plans and actions.
- Engage and communicate.

Annex 1 – agenda



The Strategic Programme for Primary Care

Regional Workshop

Professional Collaboratives for Allied Health
Professionals



Agenda

Meeting:

Time:

Venue: Virtual meeting

1.	<p>Setting the scene - the national perspective for professional collaboratives</p> <p>Kerrie Phipps, National AHP Lead for Primary and Community Care</p> <p>The AHP ambition in Wales is for <i>well-integrated services, rooted in the community, with the full range of practitioner levels and prudent optimisation of AHP skill set.</i></p> <p>With the Primary & Community Care AHP Workforce Guidance: Organising principles to optimise utilisation fully aligned to Accelerated Cluster Development in order to achieve this ambition.</p>
2.	<p>Establishing AHP professional collaboratives locally</p> <ul style="list-style-type: none">• What will the local configuration look like?• Who will sit at the table?• What challenges do we need to overcome?• How do we ensure AHP collaboratives are enabled to take an equitable approach to inclusion across the different organisations or directorates within same organisation?• How do we ensure AHP collaboratives are fully connected to all threads but particularly into Clusters – to ensure pathways for influence and action?• How do we support socialisation locally with all partners, and improve local partnership working?

	<ul style="list-style-type: none"> • How do we develop a shared understanding of each other's roles, value and impact, in order to articulate this and fully represent these views? <p><i>Group discussion facilitated by PCC</i></p>
3.	<p>Infrastructure requirements to support the set up</p> <ul style="list-style-type: none"> • Resources required <ul style="list-style-type: none"> ○ Time ○ Financial ○ Additional support • Lead role <ul style="list-style-type: none"> ○ Appointment process ○ Learning and development needs ○ How do we enable equitable opportunity for leadership representation? • What could be the opportunities or requirements in this space? E.g.: <ul style="list-style-type: none"> ○ What projects are currently running that would be helpful to share understanding of, so can strengthen / support next steps ○ Could proposed AHP projects or service developments be discussed in this space to strengthen and support next steps? <p><i>Group discussion facilitated by PCC</i></p>
4.	<p>Next steps and planning</p> <ul style="list-style-type: none"> • What are the next steps and actions? <ul style="list-style-type: none"> ○ In the next month? ○ In the next six months? • Who is going to do what? • How will we measure success? <p><i>Group discussion facilitated by PCC</i></p>

Annex 2 – Post event survey

Q1 Please select the regional workshop you attended

Q2 Please advise which area / profession you're representing

Q3 What are your three key learning points from the session?

Q4 What three key actions will you take forward from the session?