

PE1384/M

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Alison Wilson
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Your ref:
Our ref:
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Dear Alison

CONSIDERATION OF PETITION PE1384

Thank you for your letter of 26 June 2012 to Anne Lillico, Office of DG Health and Social Care, regarding the above Petition.

The Committee had asked that the four points raised by the petitioner in her most recent response be taken into account when formulating the final AHP Delivery Plan. We received 107 responses to the consultation document, including the response from the petitioner on behalf of the Royal College of Speech and Language Therapists. The Delivery Plan was published on 20 June 2012 and can be found [here](#). I have set out below how each of the points raised by the petitioner has been addressed.

1. The AHP Delivery Plan must have a wider, more inclusive vision of people's needs, independent living, the value of all AHPs and the AHP contribution to Scotland's performance.

The consultation document focused mainly on the care of older people and a number of those who responded to the consultation suggested that the final AHP Delivery Plan should be broader. We have listened to those respondents and ensured that the final plan demonstrates the contribution all AHPs can make and the impact they can have on delivery of national policy; on the experiences of people who use services, their families and carers; and on outcomes across health and social care sectors. It makes explicit the alignment of AHP leadership and practice towards the delivery of the nationally agreed outcomes for integration of health and social care services and shows how better value can be extracted from AHP expertise from strategic to front line levels, demonstrating the added value of preventative, upstream approaches in enabling people to live well and for as long as

possible in their own homes and communities. The Plan recognises that AHPs, in partnership with all health professionals, make a significant contribution to improving health and reducing health inequalities as a component part of their delivery of services. The Delivery Plan gives us an opportunity to strengthen and promote their role in the area of public health, focusing on the promotion of good health through primary and secondary prevention in partnership with other agencies, including the third sector.

The Delivery Plan includes a chapter on „Supporting Early Years“ and contains specific reference to the need to improve children’s services and in particular states that consideration should be given to how to support children with communication needs to access the curriculum and achieve their full potential through partnership approaches and creative working across agencies, including justice.

The Plan includes a specific action relating to children’s services which states:

“AHP directors will work with AHP leads for children’s services and AHP leads in social care to develop a transformational children and young people’s service plan to meet the evolving needs of this care group and to provide an equitable and sustainable national model that reflects the early years agenda and the move towards intergration of health and social care.”

2. The AHP Delivery Plan should commit to gradual improvement of access to essential AHP services.

Improving access to AHP services is a long-standing priority for service users, the Plan recognises the need to address the responsiveness of AHP services and to reduce unnecessary variation in AHP waiting times. A specific action relating to waiting times is included in the Plan:

“AHP directors will drive the delivery of AHP waiting times within 18 weeks from referral to treatment, inclusive of all AHP specialties (except diagnostic and therapeutic radiographers) with a target of 90% by December 2014.”

A recent census of AHP waiting times indicated that while only 4% of adults and 7% of children waited over 18 weeks for their first AHP treatment. While the number of patients waiting more than 18 weeks is small, in some cases children waited over 1 year for their first AHP treatment. This means the introduction of a waiting times target for this group will be particularly challenging, but should lead to an improvement in the services provided for children.

3. The AHP Delivery Plan should set desirable target which are achievable because they are rooted in reality of current service.

We believe the 27 specific actions included in the AHP Delivery Plan are ambitious but achievable. The process we followed in developing the Delivery Plan included close working with the AHP Directors from across Scotland and while they recognise that the actions contained in the plan are challenging, they are committed to ensuring that they are achieved in the timescales set out in the plan and as Chief Health Professions Officer for Scotland, I have offered my support to the AHP Directors and to social work colleagues to enable that to happen.

4. The AHP Delivery Plan should “Do as it says” and commit to stronger AHP leadership – from the Scottish Government’s Health Directorates – to NHS and Integrated Health and Social Care Boards across Scotland.

Strengthening leadership is a key commitment in the Delivery Plan and there are specific actions in the Plan relating to leadership within NHS Boards and local authorities and within Community Healthcare Partnerships as well as an action focused on developing AHP capacity and capability in leadership and quality improvement methodologies. The letter to NHS Chief Executives regarding implementation of the Delivery Plan (CEL27 (2012)) which was issued on 6 August 2012 states that each NHS Board will require robust leadership from an AHP Director and that AHP service leaders from health and social care will be required to bring about and sustain transformational service level change in the context of integration.

I hope you find this response helpful and that it reassures the Committee that the AHP National Delivery Plan recognises the key contribution AHPs can make to the wider public health agenda and will help to maximise AHPs’ contribution and effectiveness. NHS Boards and local authorities will now develop local implementation plans identifying how they intend to deliver and evidence the outcomes of the National Delivery Plan and I will lead annual reviews of progress against those local implementation plans.

Yours sincerely

JACQUI LUNDAY
Chief Health Professions Officer