



HSCP Deliver

(selected extracts)



A Strategic Guidance Framework
for Health & Social Care Professions
2021-2026

ABOUT THIS DOCUMENT

HSCP Deliver – A Strategic Guidance Framework for Health and Social Care Professions 2021-2026, was officially launched by Dr Colm Henry, Chief Clinical Officer on 21st April 2021. This framework for achieving the collective potential of the 18,552 Health and Social Care Professions who comprise 25% of the clinical workforce was approved by the HSE CEO and Executive Management Team. It is the first national co-created strategic framework for HSCP, informed by over 16,300 contributions from stakeholders including service users, senior management, professional and representative bodies as well as HSCP.

This document contains selected extracts from the full HSCP Deliver – A Strategic Guidance Framework for Health and Social Care Professions 2021-2026. It contains the executive summary and overview of the Framework together with the sections on the Impacts, Commitments, Supports and implementation. The intention is to provide a shorter publication enabling easy access to the key elements.

The full text, including 39 examples of HSCP practice, is available on www.hse.ie as well as on the HSCP hub on www.hseland.ie or from the National HSCP Office at HSCP.NationalOffice@hse.ie.

The examples are referenced in the following extracts with page numbers included to facilitate finding the detail of each in the full text of HSCP Deliver – A Strategic Guidance Framework for Health and Social Care Professionals 2021-2026.

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EXECUTIVE SUMMARY

Background/Context

Health and Social Care Professions (HSCP) are the second largest clinical group in the Irish health service comprising 25% of the clinical workforce and 14% of the overall health service workforce. There are currently 26 Health and Social Care Professions spanning therapeutic, social care and diagnostic domains. HSCP work in all settings including acute, community, disability, specialist, mental health, older people, primary care and residential services.

Two earlier HSCP Strategies developed in 2009 and 2016 by the HSE's HSCP Education and Development Unit have been implemented. In 2017, the HSE established the National HSCP Office to strategically lead and support HSCP to maximise their potential and achieve greatest impact for the design, planning, management and delivery of people-centred, integrated care. This Office builds and expands on the original HSCP Education and Development Unit (2006-2016) and is a standalone function reporting to the Chief Clinical Officer.

Purpose of the HSCP Strategic Guidance Framework 2021-2026

Coming together as a HSCP group has led to the development of structures which make the HSCP role and impact more visible in the Irish health services. In recent years, there is increasing understanding of the diversity and breadth of the HSCP workforce and the key roles they play in delivering for service users. Realising the full impact of these roles is critical in order to deliver on the Houses of the Oireachtas Committee on the Future of Healthcare, Sláintecare Report and it is in this context that *HSCP Deliver* has been developed at this time.

HSCP Deliver was developed to:

- articulate the full collective potential of the family of 26 Health and Social Care Professions and its **impact** on our health services and most importantly, the population they serve
- describe the **commitments** that HSCP collectively make to delivering on that potential
- identify the **supports and actions** required from colleagues and other specific relevant stakeholders to realise this potential

Co-creation process

Building on the learning and experience of successful implementation of two previous HSCP Education and Development Strategies, this strategic guidance framework has been designed for action to enable HSCP, managers, leaders and policy makers to apply it in their own context, implementing in a way that supports local action on local priorities.

Key elements of the process used include:

- A co-created approach, including service users, HSCP and wider stakeholders from the outset (page 13 of the full document).
- An extensive engagement and insight generation process involving both face-to-face workshops and a 24/7 online platform accessible from any location or device, representing the first such co-created online engagement workshop implemented in the HSE.
- More than 16,300 contributions, triangulated with national policy and publications as well as senior leadership engagement and involvement to inform the framework.
- Distillation of the 16,300 contributions to reflect the collective wisdom of stakeholders and represent the collective voice.

The Framework

Impacts, Commitments, Supports and Actions

HSCP Deliver is a distillation and summary of feedback from the engagement process which included more than 16,300 contributions, triangulated with national policy and publications as well as senior leadership engagement and involvement.

This high level framework diagram summarises the Impacts, Commitments, Supports and Actions needed to realise the full collective potential of the family of 26 Health and Social Care Professions. Case studies of HSCP best practice and innovation have been included throughout to illustrate HSCP Impact and Commitments. Case studies can be accessed on page 35 of the full document.

Implementation of the strategic framework

The National HSCP Lead and National HSCP Office provide national leadership for HSCP in the HSE and, in line with its core purpose, will provide strategic leadership and support to the implementation of the strategic framework. Successful implementation will require support from senior leadership across the system, frontline HSCP, HSCP managers and professional and representative bodies.

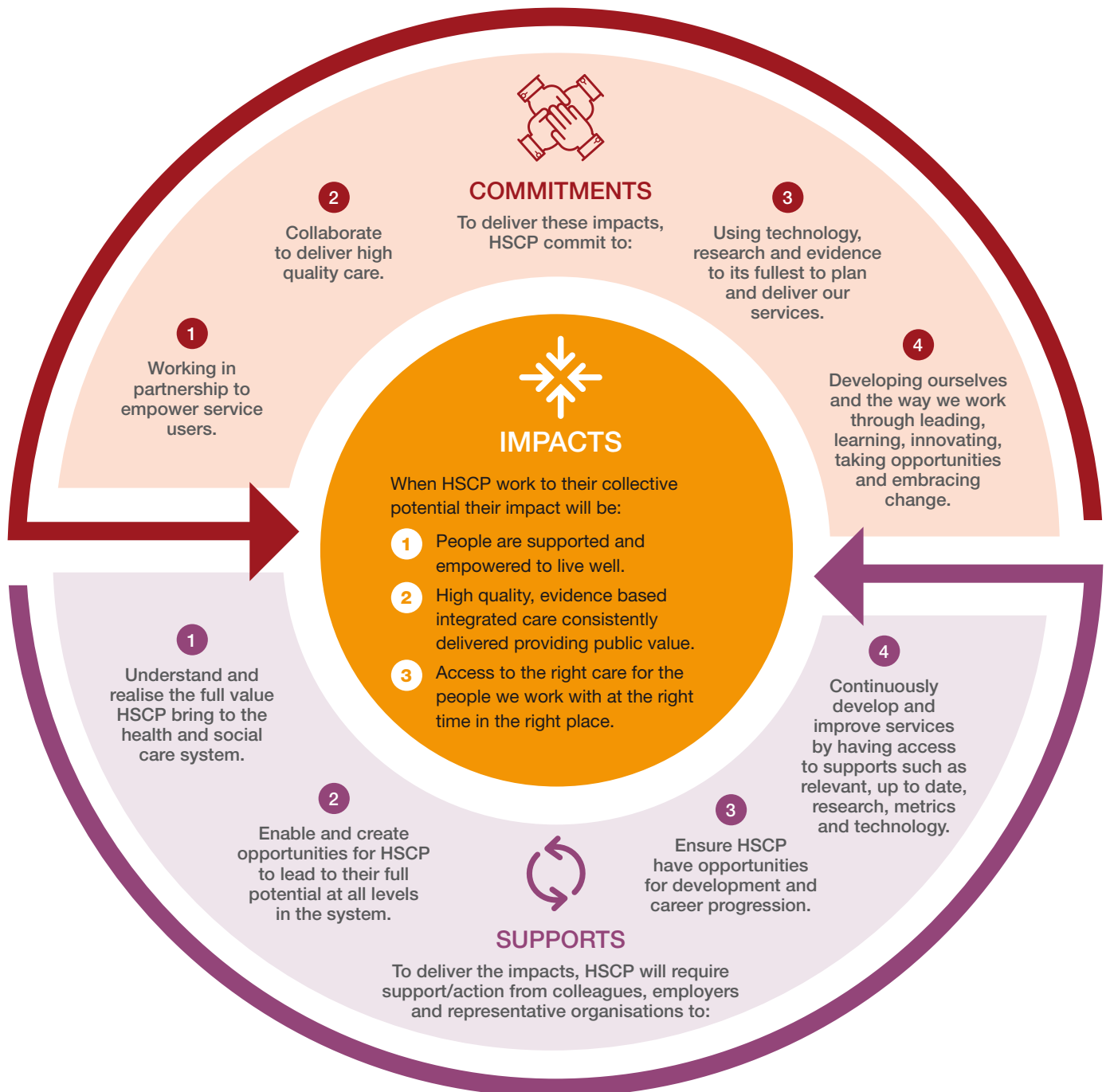
The approach to implementation has been defined in terms of:

- What the National HSCP Office will do – our commitments ([page 20](#))
- What we need from national level leadership ([page 21](#))
- What we need from organisation level leadership ([page 22](#))
- What we need HSCP to do ([page 22](#))

Overview of the Strategic Guidance Framework for Health and Social Care Professions 2021-2026

HSCP DELIVER

Co-created to articulate the **impact** of the full collective potential of the 26 HSCP on our health services and the population they serve. It also describes the **commitments** that HSCP collectively make to delivering on that potential and the **supports and actions** required from colleagues and other specific relevant stakeholders to realise this potential.



(Distilled from insights generated through over 16,300 contributions from HSCP across all service areas and education, service users, health care staff, managers and representative bodies resulting in a 'collective voice')

The following sections provide more detail about each of the elements in the high level overview of the strategic guidance framework on the previous page. The sections about the impacts, commitments and supports are colour coded for ease of reference and are set out as follows.

IMPACTS

This section sets out the impacts when HSCP work to their collective potential.

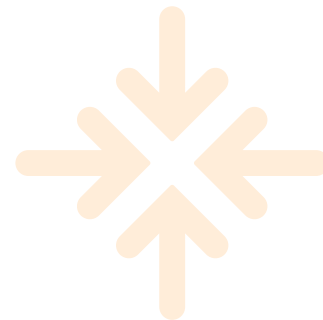
COMMITMENTS

The commitments HSCP collectively make to deliver these impacts.

SUPPORTS

The supports and actions that will assist HSCP to deliver their collective commitments.

THE HSCP IMPACTS



An overview of the impacts when HSCP work to their collective potential.

The following impacts were distilled directly from the voices of service users, HSCP and all those who participated in the co-creation workshops.

Each of the three impacts start with quotations from service users recorded during the face-to-face workshops followed by:

- A description of the impact.
- Some examples of HSCP practice that illustrate ways in which HSCP are already delivering the impact.
- Some quotations from the online workshops related to the impact.
- Reflective questions to assist readers to bring the impact to life within their own team, service or organisation.

1. HSCP will support people and empower them to live well.

“Move from surviving to thriving, back into work, happier, healthier, contributing to society.”

“focus on building and empowering service users.”

Service user quotes from face-to-face workshop

Description of the impact

HSCP are very well placed to lead and implement approaches that take a broader perspective and to support the Sláintecare principle (appendix 2 of the full document) that patients access care at the most appropriate, cost effective service level with a focus on prevention, self management and public health.

Because of the breadth and diversity of the HSCP workforce they provide services across the lifespan in diagnostic, therapeutic and social care domains and interact with and impact people across the full range of the health and social services within the public health system. Many of the HSCP professions typically build up significant relationships with service users due to the level of time and engagement they have with them.

Many of the professions within the HSCP family were trained and work within a holistic biopsychosocial model of health, encompassing psychological and social aspects, and are comfortable stepping outside the traditional medical model. HSCP are well placed to, and in many cases, already bring this holistic focus to rehabilitation, reablement, disability, mental health, older persons, community and primary care. Core to this is working in partnership with service users with a focus on ‘what matters to you?’

HSCP already have a breadth of skills to support service users to stay well, self manage and live well with chronic conditions. Timely access to diagnostic services is an important element of both early detection of problems and supporting people to live well with chronic conditions. With the publication of the new national undergraduate curriculum for chronic disease management⁶ all future healthcare graduates should be well equipped with the skills and knowledge to support people to manage their long term conditions effectively.

HSCP support the Making Every Contact Count programme⁷ and self management approaches. HSCP collaborate across services and sectors to provide their expertise and input to universal programmes which promote well being, healthy lifestyles, physical activity and development, both for adults and children.

Universal development focused programmes aimed at preschool and school age children can impact significantly on outcomes as well as waiting lists, providing more appropriate levels of support at an earlier stage, particularly to populations more at risk of developmental delays and disorders.

Examples of HSCP practice that illustrate ways in which HSCP support and empower people to live well

- Broadening the approach to a limiting condition: Improving the way chronic pain is managed at the Mater Hospital (page 36 of the full document)
- Evolving respiratory services to improve care for chronic respiratory disease patients in Donegal (page 38 of the full document)
- Stay Steady Falls Prevention Programme (page 40 of the full document)
- Pilot project to devise and roll out a TIERED system of SLT service provision to school age children with disabilities – starting with provision in a special school (page 41 of the full document)
- Development of online resources for healthcare professionals, patients, and carers for first-line management of malnutrition in the community (page 43 of the full document)
- Primary Care Occupational Therapy Collaborative Handwriting Initiative (page 45 of the full document)

Quotations from contributions to the online workshops

“ Partnership with other organisations and programmes to promote health e.g. Slimming World for weight reduction, exercise classes with local sports clubs for older people, function training with local gymnasiums for people with neuromuscular conditions, hydroclasses with swimming pools, occupational therapist working with teachers in school premises to address handwriting issues, ‘Happy Talk’ model for speech and language development in community.

“ There is huge potential for further development of health promotion with HCSPs leading this especially physiotherapy, dietetics, those involved in screening, psychology, OT, social care work and social work. This needs to be supported at a national strategic level to include this aspect of care as a priority so we can move to more upstream management of the health continuum.

“ HCSPs are definitely doing this, but I’m not sure that it is always recognised. Our role and capacity needs to be supported in this area. Service pressures can mean that prevention has to take second place on the priority list. Models and systems need to change to capitalise on this capability.

Quotations from contributions to online workshop

Bringing this impact to life

1. What work is already happening in your area or service that supports people to take more ownership of their own health and wellbeing and to live well?
2. What opportunities are there to enhance or strengthen this impact?
3. Are there opportunities to utilise HSCP skills to engage in more preventative and self management focused work?
4. What actions are you going to take in your local area to bring this impact to life?

2. HSCP deliver high quality, evidence based integrated care consistently providing public value.

“Easier if you see an integrated service. One user surrounded by an integrated service, not different planets.”

“Evidence based appropriate intervention for all conditions/diagnosis, even if rare. Get the services you need, an appropriate, evidence based pathway.”

Service user quotes from face-to-face workshop

Description of the impact

HSCP across all disciplines are committed to delivering the highest quality of care based on evidence, clinical knowledge and expertise. HSCP are committed to and required to maintain their professional competence and skills to fulfil regulatory, professional body and accreditation standards.

There is a strong and growing community of HSCP engaged in research both in practice and linked to more formal programmes, even where structural/organisational supports to enable active research involvement are limited or absent. There are many good examples of HSCP research leading directly to improved outcomes for service users.

Supporting and integrating research into HSCP clinical practice to grow a culture of practice-based research, together with strengthening collaboration with Higher Education Institutes, has the power to further shape and enhance the effectiveness of how HSCP work and what they do. Ensuring that clinical specialists have the time and opportunity to fulfil research aspects of their roles will further support practice based research.

Clinical specialists have an important role also in educating and supporting colleagues, building their competence and confidence, as well as providing senior clinical decision-making to enhance the care pathway.

HSCP are engaged in quality improvement and audit with some already having high levels of expertise in quality improvement methodologies.

HSCP recognise the importance of integrating care so that it works for service users and are well placed to lead coordination of care in complex cases where input is required from a number of disciplines or services. HSCP know that to deliver seamless care enhanced integration is needed within services, within and across disciplines and across services, sectors and traditional boundaries.

Fully harnessing and supporting the HSCP workforce has the potential to significantly improve integration and value for money, increase standardisation of processes and reduce unnecessary variation.

Innovation based on evidence combined with collaboration and integration, moving out of silos and across traditional boundaries has huge transformative potential.

The HSCP Best Practice and Innovation Awards⁸ and HSE Excellence awards⁹ include high quality examples of HSCP led research, service redesign and collaboration translating directly into improved care, enhanced outcomes and value for money. It is important that this work is visible so that people working on similar ideas and areas can share learning and expertise and those ideas with the strongest evidence and potential for spread and sustainability are identified and supported.

It is equally important to ensure that energy and research is targeted at key health service challenges and contributes to addressing these, in line with Sláintecare principles (appendix 2 of the full document), to achieve greatest impacts for service users and value for money. Many developments have been driven by individual skills, interests and passion. We now need to ensure focus on congruence with Sláintecare together with sustainability and spread to achieve consistency of standards and access.

Examples of HSCP practice that illustrate high quality, evidence based, integrated care providing public value

- The development of a Serum Eye Drop Programme in Galway Blood and Tissue Establishment (page 47 of the full document)
- The coordinated implementation and evaluation of dialectical behaviour therapy in adult and child/adolescent mental health services at a national level across Ireland (page 49 of the full document)
- PremSmart™: Translating Research into a New Model of Care for Preterm Nutrition (page 51 of the full document)
- Redefining and reconfiguring the Longford-Westmeath Primary Care Lifespan Psychology Service to meet the needs of Longford-Westmeath individuals and families (page 53 of the full document)
- Early Supported Discharge for Stroke: Introduction of Telerehabilitation in response to COVID-19 (page 55 of the full document)

Quotations from contributions to the online workshops

- “ Multidisciplinary team is a minimum but I think in this age we should be expecting integrated care. I would expect that.
- “ Evidence based practice and person centred outcomes are our philosophy.
- “ We need to work collaboratively with services in the community to get a seamless continuous link from the health service in the hospital and primary care settings and with existing services in the community.
- “ Ensure service planning is integrated between community and acute services – shared resources allows for flexibility for professionals to work across boundaries to meet changes in service user needs.
- “ Clinical staff need to look for opportunities to integrate with each other. It could be education opportunities, project work or service design. Managers also have a responsibility to lead by example to their staff to show that they want to work in a more integrated way and work closely with their respective HSCP managers. If managers are demonstrating integration, then staff may follow suit.
- “ I think we need to be able to demonstrate value of our professions both in terms of better outcomes for the service users, as well as showing improved cost-effectiveness for the Health service.
- “ Standardisation of practice so there is better access for service users and satisfaction for staff.

Quotations from contributions to online workshop

Bringing this impact to life

1. What is already happening in your area or service that supports delivery of evidence based, integrated care?
2. What opportunities are there to enhance or strengthen this impact?
3. Are there opportunities working with HSCP to achieve greater public value?
4. What actions are you going to take in your local area to bring this impact to life?

3. Access to the right care for the people we work with at the right time in the right place.



Service user quotes from face-to-face workshop

Description of the impact

HSCP have much to offer to the Sláintecare goal to achieve the right care in the right place at the right time delivered by the right person. HSCP, with their breadth of professions, are a significant resource that can directly provide and support provision of services closer to home in a timely fashion, often avoiding unnecessary hospital admissions and appointments.

Strengthened HSCP input in the community, working particularly with older people and those with chronic disease, can support interdisciplinary approaches to provide diagnostics and intervention in community settings.

HSCP working with the ambulance services manage appropriate emergency calls in the community.

HSCP have a significant contribution to make at the front door of our hospitals, providing early assessment to avoid admission, reduce length of stay and enable early discharge. The impact of senior HSCP decision-makers offers huge potential.

There are numerous other examples of services HSCP can provide, both within current scope and in extended and advanced practice roles, that enable more timely, direct access to care with less steps, relieving pressure on acute services and supporting the shift of care to the community setting. HSCP are leading a number of such projects funded through Sláintecare and there were examples in the HSCP Best Practice and Innovation Awards.

Examples of HSCP practice that illustrate ways in which HSCP support access to the right care at the right time in the right place

- Improving Ulcer Preventative Offloading Care for the At-Risk Foot – An Integrated Approach (page 57 of the full document)
- Virtual fracture clinic in Our Lady of Lourdes Hospital Drogheda (page 59 of the full document)
- Establishing a Reactive Home Nasogastric feeding service for Head and Neck Cancer patients undergoing Radiotherapy and/or Chemotherapy (page 61 of the full document)
- Frailty Intervention Therapy Team (page 62 of the full document)
- Beaumont Hospital/National Ambulance Service Alternative Care Pathway ‘Pathfinder’ Service (page 64 of the full document)
- Primary Care Radiology Castlebar (page 66 of the full document)

Quotations from contributions to the online workshops

- “ For this to be achieved a key part is HSCPs working at their full potential.
- “ We need to do more linking hospital and community services and make more connections with colleagues and be more flexible about where and how service may be delivered using full skill mix.
- “ Ultimately service users or patients should have early access to the most appropriate care, from the most appropriate professional(s) working to their capacity which is best matched for the patient's current condition. This should also be delivered with real continuity of care, between all healthcare professionals but also between acute and community services.

Quotations from contributions to online workshop

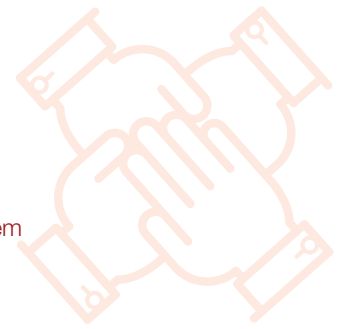
Bringing this impact to life

1. What work is already happening in your area or service to ensure access to the right care at the right time in the right place?
2. What opportunities are there for HSCP to enhance or strengthen this impact?
3. Are there untapped opportunities to support HSCP to utilise their expertise to enable enhanced access to the right care, right place, right time?
4. What actions are you going to take in your local area to bring this impact to life?

HSCP COMMITMENTS

This section sets out the commitments that HSCP have collectively agreed to make to enable them to realise the impacts set out in this document and to support delivery of the goals of Sláintecare.

The following commitments were distilled directly from HSCP contributions and as such reflect the collective voice of HSCP.



Each of the four commitments start with quotations from service users recorded during the face-to-face workshops followed by:

- A description of the commitment.
- Some examples of HSCP practice that illustrate the commitment in action.
- Some quotations from the online workshops related to the commitment.

1. Working in partnership to empower service users.



Service user quotes from face-to-face workshop

Description of the commitment

HSCP recognise service users as the experts they are in their own lived experience, priorities and resources. HSCP will work collaboratively with service users to identify their goals and priorities and use their clinical expertise and skills to support their achievement working with other colleagues and across services as needed. This was a strong message in the workshops.

A core focus of Sláintecare is improving service user experience and putting service users at the centre of everything we do. HSCP will focus on supporting people to actively manage their own health and well being and health conditions. HSCP will work to reduce rather than create dependency in the relationships and approaches we take to working with service users. HSCP will engage with service users as active partners in their care rather than passive recipients, focusing on what matters to them, helping and empowering them to identify their own specific goals and desired outcomes. For some, this may represent a major shift from the traditional model of expert-led diagnosis, deficit identification and treatment planning.

Examples of HSCP practice that illustrate HSCP commitment to working in partnership to empower service users

- Ensuring effective person-centred care and support using a solution focused approach for Speech and Language Therapy service users in Dublin South East (page 68 of the full document)
- Meaningful Moments: Facilitating sensory exposure, engagement and positive communication in the home during everyday activities (page 70 of the full document)
- Empowering parents of children with autism spectrum disorder to support and maximise their children's development potential through the use of evidence based MDT delivered parent training programmes (page 72 of the full document)
- The Medical Social Work Role in Patient/Family Liaison in the Mater Misericordiae University Hospital during COVID-19 (page 74 of the full document)
- The First Prehabilitation Exercise Service for Cancer Surgery Patients in Ireland (page 76 of the full document)

Quotations from contributions to the online workshops

“ HSCPs recognise that the service user is the ‘expert’, and we facilitate, support and empower them to achieve the outcomes that matter the most to them in relation to their own health and wellbeing... ‘nothing about me without me’.

“ We should focus on secondary prevention and health promotion – no one is better placed than HSCPs, particularly in community settings to look at this. Establishing peer support groups/ education in symptoms and symptom management/red flags.

“ HSCP colleagues in mental health services are very recovery-focused and innovative, using positive risk, promoting personal responsibility, and supporting people to live well... Evidence-based interventions such as DBT, and internationally renowned movements such as the Hearing Voices network are primarily HSCP led, and demonstrate that there are therapeutic interventions which can rival or out perform medication-only based treatment. In the long term, these HSCP-led interventions prove to be much more cost-effective to services, and sustain quality of life for service users.

Quotations from contributions to online workshop

2. Collaborate to deliver high quality care.



Service user quotes from face-to-face workshop

Description of the commitment

HSCP are committed to collaborating across traditional service boundaries to understand the services available, cooperate around individual service users to ensure smooth transitions and plan together to create agreed end to end care pathways that work across services and settings.

HSCP are also committed to working creatively across boundaries to work with other community and voluntary services to create opportunities to support service users in community settings and in a range of contexts including rehabilitation, reablement, maintenance of wellness and function and prevention and health promotion.

Collaboration and integration at multiple levels is at the core of providing joined up seamless care for service users. HSCP are committed to working collaboratively to understand other services better. They are committed to doing this with a focus at an individual level so that they can better guide service users and colleagues to appropriate resources.

HSCP are also committed to working together nationally and organisationally so that they can continue to identify synergies and harness their collective value in contributing to strategy and service development.

Examples of HSCP practice that illustrate HSCP commitment to deliver high quality care

- Striving for excellence in care for people with Motor Neurone Disease: The evolving journey of the multidisciplinary team (page 78 of the full document)
- Development of a universal HSCP referral process within the Regional Hospital Mullingar (page 80 of the full document)
- An interagency approach to prevent falls and frailty in the community (page 82 of the full document)
- Covid-19 Pandemic: Formulation and validation of a virus lysis buffer to allow testing of patients to continue: an Irish multi-centred case study (page 84 of the full document)
- Tracheostomy speaking valve modification in children: A standardised approach leads to widespread use, Children's Health Ireland (CHI) at Crumlin (page 86 of the full document)

Quotations from contributions to the online workshops

- “ As a professional and as the mother of a service user this should be priority. There are far too many appointments for families to attend and often in different areas with none of the disciplines communicating meaning that the pressure is on the parent to case manage and inform each discipline of the others plans.
- “ If we are only prepared to entertain new ways of working if given resources, our attempts at innovation will move at a snail's pace, if at all. If a new (or at least better, if not so new) service delivery model is at hand, why would we insist on keeping the old ways going rather than making a change to the new with at least some of our existing resource? Especially if we can build a new resource from multiple small contributions. Our great strength is in building relationships and collaborating, and being boundary spanners thanks to our training and employment experiences, and we should use those skills to change the system around us, not because someone has given us permission but because we have authorised ourselves to make the best and most sensible use of the resources that are within our own control.
- “ Many service users avail of services from a number of agencies. There is a need for HSCP to work together, collaborate and share skills and knowledge so that the best outcome can be achieved for the service user.

Quotations from contributions to online workshop

3. Using technology, research and evidence to its fullest to plan and deliver our services.

Description of the commitment

HSCP deliver evidence based/informed practice and will continue to do so. HSCP want to have access to and use cutting edge research, technology and evidence to inform and shape the services they deliver and how they work together and with service users.

Technology is already an integral part of the work of many HSCP. HSCP embrace appropriate technology and seek to use it effectively to provide best outcomes for service users whether related to the realm of assistive technology, telehealth, remote monitoring, clinical equipment or electronic records.

The COVID-19 pandemic has accelerated the need for and adoption of telehealth in its broadest sense. HSCP have embraced the opportunity, rapidly adapting and developing new ways of working and delivering services.

HSCP will continue to both engage in and access research to inform and shape service delivery.

HSCP will collect and use data and evidence to evaluate their work, and use quality improvement methodologies to plan and make tests of change to continuously improve. They will harness the full impact of available evidence and technology to plan and deliver their services. This has been to the fore during COVID-19 where the flow of emerging information and evidence about a new disease accelerated the pace of change and requirement to continuously review and adapt practice.

HSCP are ready and able to take up leadership roles and contribute at organisational level to the planning and development of services.

Examples of HSCP practice that illustrate HSCP commitment to using technology, research and evidence to its fullest to plan and deliver our services

- Pen to Pad: HSCP Come Together to Lead and Drive Change from Paper to Electronic Records at St. James's Hospital (page 88 of the full document)
- OPTIMEND – Optimising Early Assessment and Intervention by Health and Social Care Professionals in the Emergency Department (page 90 of the full document)
- Home Based Virtual Pulmonary Rehabilitation Programme for COPD Patients. Our Lady of Lourdes Hospital, Drogheda (page 92 of the full document)
- Benefits of Remote Follow-up in a Cardiac Physiologist-led Cardiac Devices Clinic (page 94 of the full document)
- Clinical Engineering – finding innovative ways to promote and sustain medical device use and safety training during Covid-19 restrictions (page 96 of the full document)
- Using an electronic patient record and medication barcode scanning to improve haemophilia patient care (page 98 of the full document)

Quotations from contributions to the online workshops

“ Provide HSCP telehealth services in the home – support patients and their families to be more adherent with long term treatments.

“ eHealth can enhance service users ability to make choices, e.g. self booking of appointments, access to their own health information, ability to input information to own health record via patient portal, links to useful/reliable information etc. It is important that HSCPs lead and innovate in this area to facilitate service users in making informed choices re their own care.

“ HSCPs have strong skills in the assessment and provision of assistive technology devices (including electronic assistive technology) to their service users. They match the most appropriate technology for the service users needs taking into consideration the person, the activities/tasks the person wants or needs to be able to do and the context/environment in which the activities/tasks take place. Each area is examined independently and collectively to ensure the assistive technology device is appropriate and effective.

4. Developing ourselves and the way we work through leading, learning, innovating, taking opportunities and embracing change.

Description of the commitment

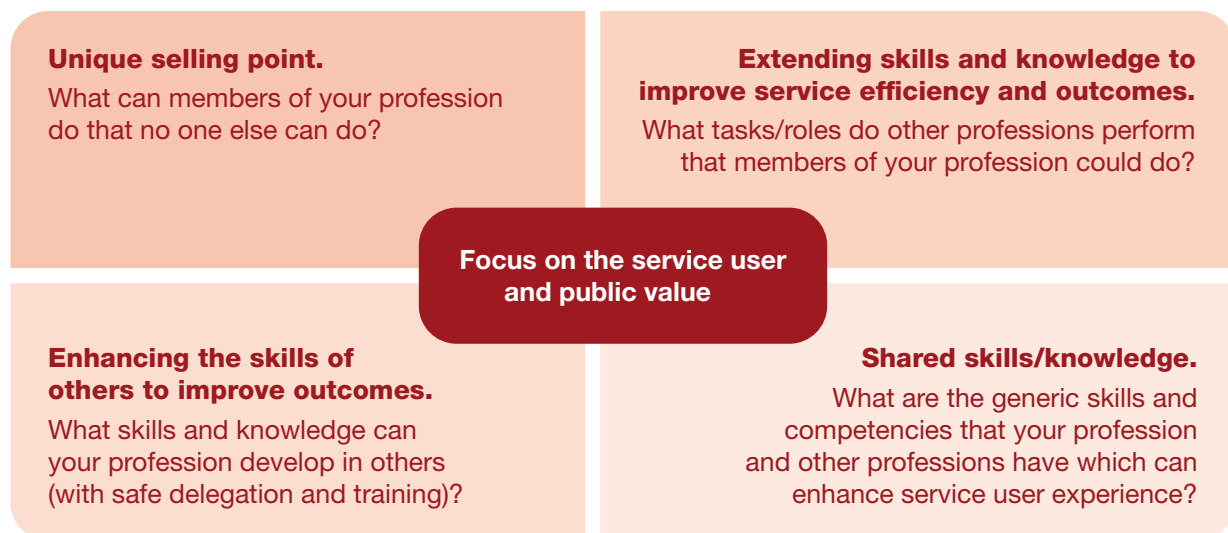
Sláintecare sets out the roadmap for Ireland and HSCP are committed to being part of the solution. HSCP will seek out and take opportunities to develop services and work in new and different ways.

HSCP are passionate about and focused on delivering for service users. HSCP 'think outside the box' and, are by their nature, problem solvers and innovators. It is internationally recognised that sustainable delivery of health and social care services into the future will not be achieved by simply more of the same (Global Strategy on Human Resources for Health, Workforce 2030, WHO¹⁰).

HSCP are committed to continuous professional development and life long learning. This commitment not only applies to continuing to develop their discipline specific clinical skills but also to wider domains such as clinical redesign, quality improvement and leadership, to enhance impact and outcomes.

A more systematic approach to upskilling and skill mix is needed. The following framework, adapted from AHPs into Action¹¹, and reproduced with permission, represents core elements to be considered.

Focusing on service users and the core principle of delivering public value should support the decisions, actions and behaviours needed to adopt a flexible approach to support each of the four aspects.



Source: Adapted from Allied Health Professions into Action¹¹, Using Allied Health Professionals to transform health, care and wellbeing. 2016/17 – 2020/21

Skill mix and maximisation of the value of each role in the system will be a key enabler to delivering Sláintecare. There were core messages around skill mix from the workshops. These centred around commitments to advanced and specialist practice, working with assistants, the need for administration support to free up clinical time, stepping away from traditional 'turf' boundaries to recognise and use shared skill sets and cross discipline working.

For the **unique selling point** of each profession to be effective, it is essential that disciplines are clear on what members of their profession can do that no one else can do. Individuals can also extend their skills to take on roles that are traditionally outside their scope or that are typically undertaken by another profession.

There are roles and tasks that one profession can take on from another in the interests of effectiveness and efficiency with appropriate education/training and governance. In order to deliver the Sláintecare ambition for a better patient experience, it will be essential to have professions work to the top of their license and provide timely access to the right care in the right place. HSCP are clear about the significant opportunities they see to further develop their skills and expertise to take on senior clinical decision-making roles as specialists or advanced practitioners.

Advanced practice needs to be formally developed for HSCP to realise this potential. Existing regulation under the Health and Social Care Professions Act (2005)¹² does allow for this where designated professions ‘*must act within the limits of your knowledge, skills, competence and experience*’. HSCP are committed to working to realise this potential and the benefits it will bring to service users and delivery of care.

There are also areas where there are shared skills and knowledge and where there may be overlap in skills. Feedback from the workshops spoke about the need to capitalise on this area rather than focusing on discipline specific territory.

There are areas where HSCP can train or develop skills in others to take on tasks/roles that can enhance service delivery with safe delegation and governance. It is also clear that access to administrative support and better use of technology can release significant front line clinical time for client care.

Putting service users and what they need at the centre of our focus will help us take the right actions and use our collective skills and knowledge to maximum effect.

Examples of HSCP practice that illustrate HSCP commitment to developing ourselves and the way we work through leading, learning, innovating, taking opportunities and embracing change

- Hand Therapy Service Provision within the Plastic Trauma service of the RCSI Hospital Group (page 100 of the full document)
- Direct access to vestibular rehabilitation: A physiotherapy, audiology and ENT integrated care initiative (page 102 of the full document)
- Home enteral feeding CHO DNCC (page 104 of the full document)
- National Musculoskeletal Physiotherapy Triage Initiative (page 106 of the full document)
- Role development of the Radiographer to screen videofluoroscopic examinations of swallowing and the resulting expansion of the videofluoroscopy clinics carried out by Speech and Language Therapists (page 108 of the full document)
- A pilot programme to expand the scope of practice of image guided radiation therapy (IGRT) specialist radiation therapist to include clinical responsibility for the IGRT localisation of the target at the treatment unit (page 110 of the full document)

Quotations from contributions to the online workshops

“ *Stop working in silos. cross competency based working to alleviate all disciplines of burden with heavy caseloads and break the barrier that OTs are for equip and physios are for mobility etc.*

“ *Huge potential to deliver diagnostics, such as Cardiology and Radiology, in Primary Care Centres, so that at a minimum appts are delivered closer to home, but hopefully multiple appointments are delivered on same day. These must be delivered under the governance of the hospital to ensure seamless referral pathways and quality assurance. HSCPs have the ability to lead and deliver this shift in service but we must embrace this change.*

“ *HSCP's are incredible problem solvers and have a high level of education that starts at university and continues during our work lives through CPD. We need to be brave and push into areas where we feel we can make a difference, we often have the clinical skills to do so, maybe not the confidence or support!*

Quotations from contributions to online workshop

SUPPORTS HSCP NEED TO DELIVER THEIR POTENTIAL



To deliver the impacts set out above and to support HSCP in delivering their collective commitments, HSCP will require support/action from colleagues, employers and representative organisations to:

1. Understand and realise the full value HSCP bring to the health and social care system.

To realise the impacts set out in this framework and to support HSCP to deliver on the commitments they collectively agreed, others need to understand and recognise the value that they bring and the full potential that is possible. It is only in achieving this recognition that some of the barriers can be removed. Fundamental to this will be including HSCP alongside doctors, nurses and midwives in all aspects of clinical design, planning and leadership at all levels in the health system.

2. Enable and create opportunities for HSCP to lead to their full potential at all levels in the system.

While clinical leadership is something to be fostered at all levels, there are limited formal opportunities for HSCP to lead. Leadership structures within HSCP are underdeveloped in comparison with other clinical colleagues in medicine, nursing and midwifery. This effectively creates a ceiling beyond which it is impossible to advance while still being able to maintain the HSCP professional role. The route upwards in management terms is predominantly to exit ones profession. Registration, currently, is only available for active clinicians or educators of the profession and effectively, is not possible beyond the level of discipline manager. This is different to the situation for nursing, midwifery and medicine. It is also noteworthy that a significant amount of leadership opportunities that would provide development stretch and preparation for HSCP for later more senior roles are frequently not open to this staff cohort. This diminishes the potential pool of leadership talent available to the system and is a disincentive for HSCP to remain within their professions. The report *HSCP Leadership – An examination of context, impact, supports, challenges and areas for consideration*¹³ provides some insights and identifies areas for consideration at national, organisation and individual level.

3. Ensure HSCP have opportunities for development and career progression.

HSCP are passionately committed to continuing development personally, professionally and within their careers. Many of the existing career structures are several decades old and offer little opportunity for development and progression to a highly educated workforce. This has a negative impact on the development potential of this workforce and fitness for purpose for the future services required. Development opportunities for HSCP in terms of continuing professional development and access to formal academic programmes to develop skills and competencies needed for service delivery are limited with minimal resources available. This is in stark contrast to other clinical colleagues.

4. Continuously develop and improve services by having access to supports such as relevant, up to date, research, metrics and technology.

Data, research, metrics and technology are the tools that HSCP need to be able to access, to analyse, understand and further develop, enhance, measure and evaluate their services. HSCP need to access appropriate technology to enhance efficiency and effectiveness of services and will need support to identify gaps and develop standardisation in advance of introduction of an electronic health record and shared records. HSCP have embraced the opportunities provided by telehealth solutions to continue to provide services safely during the pandemic. HSCP need to be supported to manage the clinical transformation and people, processes and technology aspects necessary to successful realisation of the potential of this mode of service delivery.

(These supports and actions were distilled directly from contributions through the face-to-face and online workshops.)

IMPLEMENTATION OF THE STRATEGIC FRAMEWORK

Previous sections have described at high level the impacts that can be achieved through full realisation of the potential of the HSCP workforce.

The commitments that HSCP are prepared to make and what they have articulated through the co-creation process is also set out. There is no doubt that the focus of HSCP on these commitments will play a significant part in delivering Sláintecare. The experience of the COVID-19 pandemic has already demonstrated the kind of change that can be achieved at pace across the health and social care services.

Through the co-creation process HSCP also clearly outlined the key areas of support required to enable the realisation of the transformative potential of this workforce.

The National HSCP Lead and National HSCP Office provides national leadership for HSCP in the HSE and in line with its core purpose will provide strategic leadership and support to the implementation of the strategic framework. Successful implementation will require support from senior leadership across the system, frontline HSCP and HSCP managers, professional and representative bodies.

Next steps will include:

1. Establishment of a national steering group to support and oversee implementation. The group will be reflective of key stakeholders including service user representation.
2. Widespread sharing of the strategic framework, provision of support tools and engagement across the country to support HSCP to consider and develop collective actions and local plans to transform care.

What the National HSCP Office will do – our commitments

1. Support local adoption and implementation of the framework, facilitate and actively promote the sharing of learning, innovation and new ways of working.
2. Continue to champion HSCP skills to support Sláintecare to ensure that the potential of HSCP to support health promotion and prevention and the shift of care closer to home is realised.
3. Hold the system to account for inclusion of HSCP at all levels to ensure that the full impact of the second largest clinical group is maximised and that policy, plans, design, resourcing and development is cognisant of and based on proper understanding of the HSCP contribution.
4. Promote and champion development of advanced HSCP practice so that the opportunities to transform service delivery are achieved.
5. Develop an action plan to address HSCP leadership based on the findings of *HSCP Leadership – An Examination of context, impact, supports, challenges and areas for consideration*¹³.
6. Support HSCP in working in partnership with service users to ensure a people centred focus in improvement, change and design work. Recommend People's Needs Defining Change – Health Service Change Guide⁵ as a detailed reference resource and tool.
7. Work with relevant stakeholders to address HSCP workforce issues through supporting implementation of the Health Services People Strategy 2019-2024¹⁴, with particular focus on the following aspects of the People Strategy
 - a. Access to leadership opportunities, engagement and capacity building for HSCP.
 - b. The workforce planning gap for HSCP so that models of care and service development can be informed by appropriate workforce data.

- c. Supply, capacity and sustainability of the HSCP workforce in terms of links with:
 - i. Higher Education Institutes on graduate supply and practice placements,
 - ii. All relevant stakeholders to support and promote student practice placement to nurture and develop the next generation and ensure future workforce supply,
 - iii. Professional bodies and system leadership to identify mechanisms to support CPD and further professional development that supports improved performance in line with regulatory requirements and evidence informed practice.
 - d. 'Ensure career structures are fit for purpose and aligned to new models of care and advanced levels of specialisation, keeping pace with rapidly evolving professional practices, service needs and evidence informed outcomes for service users.' (page 19, People Strategy¹⁴)
 - e. Development of appropriate retention strategies through ensuring that relevant HR and service managers are aware of current issues impacting HSCP retention. Consider mechanisms to recognise and value generalist expertise while allowing for progression/development. Current progression for many is primarily into specialist or management roles.
8. Work with Clinical Design and Innovation to ensure appropriate HSCP input to all relevant clinical and integrated programmes, clinical advisory and steering groups and to develop a sustainable model to resource HSCP input to key priority areas.
 9. Ensure and support HSCP input to development of the Electronic Health Record and E-health.

The National HSCP Office cannot achieve implementation of this strategic framework alone. Input is needed from HSCP and other stakeholders as set out below.

What we need from national level leadership

1. Ensure appropriate HSCP input at strategic and policy levels in order to realise the significant potential that HSCP have to offer to transformation of health service delivery and Sláintecare implementation.
2. Ensure HSCP input to design and planning of services at National Level, to include national level design and planning groups across all aspects of health service delivery as well as the National Clinical Programmes and associated Advisory Groups.
3. Support the sustainability of HSCP expert clinical input at national level so that HSCP can provide this as part of their role. Currently expert HSCP clinical input to Clinical Programmes and related work is, with few exceptions, on a volunteer basis on top of full time front line clinical jobs.
4. When new posts are created that require clinical expertise but not delivery of a defined clinical skill set, open them to all appropriately qualified clinical personnel with relevant experience including HSCP.
5. Ensure opportunities for HSCP access to leadership development opportunities including both formal programmes and other leadership competency development opportunities outside of their discipline specific stream.
6. Ensure development opportunities and progression routes that enable and encourage HSCP to remain within clinical roles if they wish. Current pathways lead to exit to management or academic roles.
7. Support creation of joint clinical/academic appointments for HSCP to enable closer links and collaboration with Higher Education Institutes and strengthen research capacity.
8. Ensure HSCP input in development of metrics to ensure development of relevant metrics and access to relevant data and metrics to inform service improvement and development.
9. Support HSCP services to evidence the quality and value for money of their services to drive further innovation and improvement.
10. Some of these recommendations will coincide or overlap with other organisational strategies and therefore it will be important to ensure that HSCP are included in their planning and implementation.

What we need from organisation level leadership

1. Ensure appropriate HSCP leadership and input at organisation level in order to realise the significant potential that HSCP have to offer to transformation of health service delivery and Sláintecare implementation.
2. Support and ensure HSCP have access to relevant data, research, and technology to further develop and improve their services.
3. Ensure HSCP have access to the relevant tools and resources to apply and maximise the potential of technology and informatics in their work.
4. Support and encourage an improvement mindset and ensure HSCP access to quality improvement training and supports.
5. Foster a culture of collective leadership and encourage clinical leadership at all levels.
6. Consider opportunities to support HSCP staff to progress, develop and be recognised and fulfilled to improve retention, engagement and satisfaction.
7. Review and consider actions arising from *HSCP Leadership – An Examination of context, impact, supports, challenges and areas for consideration*¹³. Specifically:
 - a. Consideration should be given to the establishment of a HSCP Leadership post at institutional level, positioned at executive level to ensure full harnessing of HSCP potential and transformative value.
 - b. Ensure, where they exist, that HSCP Leads/Heads of Clinical Services (HSCP who lead multiple HSCP Heads of Discipline) at organisation level are included at executive level.
 - c. Consideration should be given to establishment of HSCP networks within individual institutions. These could form a basis for a representative approach for HSCP as well as joint educational and service initiatives.
8. Consideration should be given when advertising new leadership roles which may traditionally be restricted to certain professions to opening to appropriately qualified HSCP candidates.
9. Create development opportunities for HSCP at Head of Discipline level to lead on organisational or cross organisational projects to provide leadership development opportunities that will broaden skill sets and experience.

What we need HSCP to do

1. Use the opportunity that this national strategic framework offers to inform and influence leaders in your organisations to ensure they understand the contribution and potential of their HSCP.
2. Use the document as a framework against which to review and consider your own service and discuss with colleagues and identify areas for action.
3. Embrace an improvement mindset and take opportunities to develop and enhance improvement knowledge and application.
4. Utilise available data and metrics to understand the services being provided and seek opportunities to further enhance effectiveness, outcomes and value for money.
5. Seek out up to date research and technology developments and seek to apply as appropriate to your work.
6. Work together to have a clear voice and clear collective input.
7. Continue to take every opportunity to measure and demonstrate your value and effectiveness and share learning.
8. Seek out development opportunities both within and outside your normal clinical stream to broaden outlook and skills. Actively seek out and engage in processes such as professional supervision.
9. Actively seek out leadership development opportunities, both formal and informal to build capacity and skills.
10. Actively support collective leadership within your own teams and seek to support each others development and leadership.
11. Actively nurture clinical leadership and development at all levels. Tap into the ideas, skills and potential of fellow HSCP colleagues at all levels.
12. Seek out opportunities to be involved in interdisciplinary strategic developments and groups at organisation and national level.
13. Ensure maintenance of professional standards as set out by CORU and/or relevant professional bodies.

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