Increase awareness across H&SC Partnerships and other partners
Promote screening for early diagnosis and intervention
Develop and implement new integrated models of care and
Contribute to multiagency pathways
Produce evidence based self management information in a range
Support staff development to ensure competent, skilled and
Promote brief interventions to address both physical and mental
Develop partnerships between academic institutes and AHP
Promote a Personal Outcomes approach across all AHP services
Promote early interventions into AHP services for both physical
Enhance the role of good nutrition to support well being

Assumptions
- Please refer to Individual Work streams for additional assumptions.

Monitoring and evaluation
- Please refer to Individual Work streams for additional measures.

AILIP Logic Model

**Scoping**

**Situation**

Introduction of Health & Well-Being outcomes
Increased Focus on Personal Outcomes
Lack of Awareness of the AHP contribution to H&SC
Long waits to access many CYP & Adult AHP Services
High number of population with disabilities not in employment
Aging Population living with complex needs utilising more resources
Underutilisation of technology to drive innovative practice
Increased Demand on Health & Social Care Services
Integration of Health & Social Care
Research & Innovation
Increasing Challenges on GP and Primary Care Services
Health & Social Care Workforce Challenges

**Ambitions**

Health & Well-Being
- Access
- Awareness
- Partnership Working
- Innovative Technology to drive innovative practice
- Increased Demand on Health & Social Care Services
- Integration of Health & Social Care
- Research & Innovation
- Increasing Challenges on GP & Primary Care Services
- Health & Social Care Workforce Challenges

**Priorities 2016-2018**

**Resources**

**Inputs**

**Activities**

**Engagement**

**Outcomes**

**Short-Term December 2017**
- Population will have direct access to an AHP where appropriate
- Resources agreed and developed to support self management, early intervention for H&W
- The benefits of technology to drive self management, early intervention and H&W will be spread
- Spread of multi-agency partnership working will be accelerated to support self management, early intervention for H&W
- Testing of workforce tool and development of staff to undertake transformational change

**Medium-Term December 2019**
- Population will have access to once for Scotland evidence based resources to support self management, early intervention for H&W
- Population will benefit from technologies to support self management, early intervention for H&W
- Workforce tool influencing requirements and staff leading transformational change

**Long-Term 2020 and beyond**
- AHPs will work in partnership with the people of Scotland to enable them to live healthy, active, and independent lives, by supporting personal outcomes for Health and Well Being.
- The ethos of Active and Independent Living will underpin all community development.
- Appropriately skilled and developed workforce is contributing to the health and care needs of Scotland in a cost efficient and person centred way.

**Health & Well Being (Physical & Psychological)**

- **Well Being**
  - Promote a Personal Outcomes approach across all AHP services
  - Enhance the role of good nutrition to support well being
  - Develop and implement new integrated models of care and
  - Contribute to multiagency pathways
  - Produce evidence based self management information in a range
  - Support staff development to ensure competent, skilled and
  - Promote brief interventions to address both physical and mental
  - Develop partnerships between academic institutes and AHP
  - Promote a Personal Outcomes approach across all AHP services
  - Promote early interventions into AHP services for both physical
  - Enhance the role of good nutrition to support well being
  - Develop and implement new integrated models of care and
  - Contribute to multiagency pathways
  - Produce evidence based self management information in a range
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  - Develop partnerships between academic institutes and AHP
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  - Contribute to multiagency pathways
  - Produce evidence based self management information in a range
  - Support staff development to ensure competent, skilled and
  - Promote brief interventions to address both physical and mental

**Rehabilitation**

- **LIVING WELL**
  - National Leads (7 X WTE)
  - Musculoskeletal Programme
  - Falls & Frailty AGING WELL
  - Anticipatory Care AGING WELL
  - Dementia LIVING WELL & AGING WELL
  - E-Health including Operational Measures / Workforce Tool
  - Workforce & Practice Transformation

- **SAS**
  - Centre of Excellence for Rehabilitation Research
  - NS
  - HIS
  - NHS 24
  - Disaster Support
  - NHS Boards
  - Third Sector
  - Care providers
  - General Practice teams
  - Community Health Teams
  - Housing Organisations
  - Local Authorities
  - Other Improvement Programmes
  - National Policy makers
  - Universities / Colleges (HEIs)
  - AHP Federation
  - International Partners
  - Community Planners
  - Improvement Bodies

- **ADSG**
  - Partnership Working
  - Contribute to multiagency pathways
  - Collaborate to enhance quality of care
  - Develop and implement new integrated models of care and
  - Support staff leading to supporting self management, early intervention and H&W.

- **H&SC Partnerships**
  - Research & Innovation
  - Identify innovative ways of delivering services to provide better outcomes for users
  - Work with Partners to spread innovation through technology to transform AHP delivery
  - Ensure R&D will underpin any service development where appropriate
  - Develop partnerships between academic institutes and AHP services

- **IDC**
  - Workforce & Practice Transformation
  - Ensure optimum number of AHPs working in the right settings to maximise impact
  - Support staff development to ensure competent, skilled and knowledgeable workforce
  - Support AHP workforce to undertake the cultural transformational change that will be required to drive the AHP contribution to support the H&SC agenda

- **AILIP**
  - AILIP will have required staff and financial resources to deliver and link to other AILIP.
  - AILIP will capture local learning that is relevant and transferable to other H&SC Partnerships.
  - AILIP will link with other AILIPs to maximise impact.
  - AILIP will have funds to deliver and link to other AILIP.
  - AILIP will have the ability to capture learning that is relevant to H&SC Partnerships.

- **AILIP Logic Model**
  - Knowledge Management
  - Capture and report learning and outputs from AILIP and other National Programmes
  - Report impact through AILIP Measurement Framework
  - Communicate AILIP through Managed Knowledge Network

- **Stakeholders**
  - Public
  - H&SCP
  - NHS Boards
  - Third Sector
  - Care providers
  - National Policy makers

- **Outputs**
  - Spread of multi-agency partnership working will be accelerated to support self management, early intervention for H&W.
  - Testing of workforce tool and development of staff to undertake transformational change

- **External Factors**
  - Please refer to Individual Work streams for additional external factors

- **Scottish Government will cease to fund the AHP contribution to H&W as a priority**

- **Short Term Outcome**
  - Population will have direct access to an AHP where appropriate
  - Resources agreed and developed to support self management, early intervention for H&W
  - The benefits of technology to drive self management, early intervention and H&W will be spread
  - Spread of multi-agency partnership working will be accelerated to support self management, early intervention for H&W.
  - Testing of workforce tool and development of staff to undertake transformational change

- **Medium Term Outcome**
  - Population will have access to once for Scotland evidence based resources to support self management, early intervention for H&W
  - Population will benefit from technologies to support self management, early intervention for H&W
  - Workforce tool influencing requirements and staff leading transformational change

- **Long Term Outcome**
  - AHPs will work in partnership with the people of Scotland to enable them to live healthy, active, and independent lives, by supporting personal outcomes for Health and Well Being.
  - The ethos of Active and Independent Living will underpin all community development.
  - Appropriately skilled and developed workforce is contributing to the health and care needs of Scotland in a cost efficient and person centred way.
**AILIP Logic Model**

**Outcomes**
- The transformational learning around access will be spread to all AHP services
- Resources agreed and developed to support self management, early intervention for H&W
- The benefits of technology to drive self management, early intervention for H&W
- Population will benefit from technologies to support self management, early intervention for H&W
- The ethos of Active and Independent Living will underpin all community development

**External Factors**
Please refer to Induction Programme streams for additional external factors

**Assumptions**
- Please refer to Individual Work streams for additional assumptions
- AHP will work in partnership with the people of Scotland to enable them to live healthy, active, and independent lives by supporting personal outcomes for Health and Well Being
- Appropriately skilled and developed workforce is contributing to the health and care needs of Scotland in a cost efficient and person centred way

**Resources**
- Health & Well Being (Physical & Psychological)
  - Promote Health and Well Being
  - Promote early interventions into AHP services for both physical and mental health problems
  - Produce evidence based self management information in a range of formats
  - Promote brief interventions to address both physical and mental health problems

**Activities**
- Deliver access and care allocation to people to access AHP services for AHP referrals across services
- Services to promote early intervention. meet demands
- Capture and report learning and outputs from AILIP and other National Programmes
- Report impact through AILIP Measurement Framework
- Communicate AILIP through Managed Knowledge Network

**Knowledge Management**
- Awareness
  - Increase awareness across H&SCP Partnerships and other partners of AHP contribution to the National Outcomes

**Partnership Working**
- Contribute to multi-agency pathways
- Collaborate to enhance quality of care
- Develop and implement new integrated models of care and support
- Work with Partners to spread innovation through technology to transform AHP delivery
- Ensure NAO will undergo any service development where appropriate
- Develop partnerships between academic institutes and AHP services

**Workforce & Practice Transformation**
- Ensure optimum number of AHPs working in the right settings to maximise impact
- Support staff development to ensure competent, skilled and knowledgeable workforce
- Support AHP workforce to undertake the cultural transformational change that will be required to drive the AHP contribution to support the H&SCP agenda

**Long Term December 2019**
- Population will have direct access to an AHP where appropriate
- Population will have access to once for Scotland evidence based resources to support self management, early intervention for H&W
- Population will benefit from technologies to support self management, early intervention for H&W
- Workforce tool influencing requirements and staff leading transformational change

**Medium Term December 2017**
- The transformational learning around access will be spread to all AHP Services
- Resources agreed and developed to support self management, early intervention for H&W
- The benefits of technology to drive self management, early intervention for H&W
- Population will benefit from technologies to support self management, early intervention for H&W
- The ethos of Active and Independent Living will underpin all community development

**Short Term**
- Population will benefit from technologies to support self management, early intervention for H&W
- Workforce tool influencing requirements and staff leading transformational change
- Appropriately skilled and developed workforce is contributing to the health and care needs of Scotland in a cost efficient and person centred way

**Scoping**
- Introduction of Health & Well-being Outcomes
- Increased Focus on Personal Outcomes
- Lack of Awareness of the AHP contribution to H&SCP
- Long waits to access many CYP & Adult AHP Services
- High number of population with disabilities not in employment
- Ageing Population living with complex needs utilising more resources
- Underutilisation of technology to drive innovative practice
- Increased Demand on Health & Social Care Services
- Integration of Health & Social Care
- Research & Innovation
- Increasing Challenges on GP and Primary Care Services
- Health & Social Care Workforce Challenges

**Priorities 2016-2018**
- Well Being
- Children & Young People
- Starting Well
- Access
- Awareness
- Long waits to access many CYP & Adult AHP Services
- GPs
- Awareness
- High number of population with disabilities not in employment
- Social Care
- Health & Social Care
- Innovative practice
- Technology to drive
- Utilising more resources
- Workforce Challenges

**Health & Social Care Partnerships**
- Deliver on Ready to Act ambitions
- Undertake tests of change relating to the 5 ambitions in Ready to Act
- Drive contribution to transformation change plans in Primary Care
- Deliver outcomes to all the National Work streams
### Scoping

<table>
<thead>
<tr>
<th>Situation</th>
<th>Ambitions</th>
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<tbody>
<tr>
<td>Introduction of Health &amp; Well-Being Outcomes</td>
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<tr>
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<td>Access</td>
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<tr>
<td>Improving Challenges on GP and Primary Care Services</td>
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<tr>
<td>Health &amp; Social Care Workforce Challenges</td>
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### Priorities 2016-2018

| Health Well-Being | Children & Young People STARTING WELL | Vocational Rehabilitation LIVING WELL |

#### Resources

<table>
<thead>
<tr>
<th>TEAM</th>
<th>CHP &amp; Team</th>
<th>Programme Director (1 x WTE)</th>
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<tr>
<td></td>
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<td>IA (3 x WTE)</td>
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#### Activities

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<tr>
<th>Health &amp; Well Being (Physical &amp; Psychological)</th>
<th>Promote Health and Well Being</th>
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<tbody>
<tr>
<td>Promote early interventions into AHP services for both physical and mental health problems</td>
<td>Produce evidence based self management information in a range of formats</td>
</tr>
<tr>
<td>Promote brief interventions to address both physical and mental health problems</td>
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</tbody>
</table>

#### Knowledge Management

- Capture and report learning and outputs from AILIP and other National Programmes
- Report impact through AILIP Measurement Framework
- Communicate AILIP through Managed Knowledge Network

### Outputs

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>H&amp;SCP</td>
<td>NHS Boards</td>
</tr>
<tr>
<td>Third Sector</td>
<td>Care providers</td>
</tr>
<tr>
<td>General Practice teams</td>
<td>Community Health Teams</td>
</tr>
<tr>
<td>Other Programmes</td>
<td>Local Authorities</td>
</tr>
<tr>
<td>National Policy makers</td>
<td>Universities / Colleges (HEIs)</td>
</tr>
<tr>
<td>AHP Federation</td>
<td>International Partners</td>
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<tr>
<td>Community Planners</td>
<td>Improvement Bodies</td>
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</table>

### CEOs

<table>
<thead>
<tr>
<th>Resources</th>
<th>Activities</th>
<th>Engagement</th>
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<tr>
<td>AILIP will have direct access to an AHP where appropriate</td>
<td>The transformational learning around access will be spread to all AHP Services</td>
<td></td>
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<tr>
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<tr>
<td>Population will have access to once for Scotland evidence based resources to support self management, early intervention for H&amp;W</td>
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</tr>
<tr>
<td>Population will benefit from technologies to support self management, early intervention for H&amp;W</td>
<td>Spread of multi-agency pathways to support their self management, early intervention for H&amp;W</td>
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### Workforce Tool

<table>
<thead>
<tr>
<th>Workforce tool influencing requirements and staff leading transformational change</th>
<th>Testing of workforce tool and development of staff to undertake transformational change</th>
</tr>
</thead>
</table>

### Assumptions

- AILIP will have required staff and financial resources to deliver and sustain improvement activity
- HSCP will have the will and capacity to engage with local AILIP improvement activity
- AILIP will have access to and be able to influence development of National and Systems
- AILIP can capture local learning that is relevant and transformational and disseminate to other HSCP
- AILIP will reach all H&SC Partnerships and other partners |

### Monitoring and evaluation

<table>
<thead>
<tr>
<th>Term</th>
<th>Short - Term</th>
<th>Medium - Term</th>
<th>Long - Term</th>
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</thead>
<tbody>
<tr>
<td>December 2017</td>
<td>Population will have access to once for Scotland evidence based resources to support self management, early intervention for H&amp;W</td>
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<tr>
<td>December 2019</td>
<td>Population will benefit from technologies to support self management, early intervention for H&amp;W</td>
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<tr>
<td>2020 &amp; beyond</td>
<td>The ethos of Active and Independent Living will underpin all community development</td>
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</table>

### External Factors

- Scottish Government is no longer identifying the AHP contribution to H&W as a priority | | |
- AILIP will have access to once for Scotland evidence based resources to support self management, early intervention for H&W | |
- The benefits of technology to drive self management, early intervention and H&W will be spread |
- The ethos of Active and Independent Living will underpin all community development | |
- Appropriately skilled and developed workforce is contributing to the health and care needs of Scotland in a cost efficient and person centred way |
- AHPs will work in partnership with the people of Scotland to enable them to live healthy, active, and independent lives by supporting personal outcomes for Health and Well Being | | |
**Situation**
- Introduction of Health & Well-Being
- Increased Focus on Personal Outcomes
- Lack of Awareness of the AHP contribution to Health & Social Care (H&SC)
- Long waits to access many CYP & Adult AHP Services
- High number of people with disabilities not in employment
- Underutilisation of technology to drive innovative practice
- Increased Demand on Health & Social Care Services
- Integration of Health & Social Care Services
- Increasing Challenges on GP and Primary Care Services
- Health & Social Care Workforce Challenges

**Priorities 2016-2018**
- Health & Well-Being
- Children & Young People
- Vocational Rehabilitation
- Musculoskeletal Programme

**Resources**
- TEAM
  - Health & Well Being (Physical & Psychological)
    - Promote Health and Well Being
    - Promote early interventions into AHP services for both physical and mental health problems
    - Produce evidence based self management information in a range of formats
    - Promote brief interventions to address both physical and mental health problems
- CHP & Team
- Programme Director (1X WTE)
- LA (3 x WTE)
- National Leads (7 X WTE)

**Activities**
- Access
  - Utilise technology to support access and care allocation
  - Ensure visible pathways across acute, community and 3rd sector
  - Drive contribution to transformation change plans in Primary Care

**Engagement**
- Knowledge Management
  - Capture and report learning and outputs from AILIP and other National Programmes
  - Report impact through AILIP Measurement Framework

**Outputs**
- Public
- HSCP
- NHS Boards
- Other Improvement Programmes
- Universities / Colleges (HEIs)
- AHP
- Federation
- International Partners
- Community Planners
- Improvement Bodies

**Outcomes**
- Short – Term December 2017
  - The transformational learning around access will be spread to all AHP Services
- Medium – Term December 2019
  - Resources agreed and developed to support self management, early intervention for H&WB
- Long – Term 2020 and beyond
  - AHPs will work in partnership with the people of Scotland to enable them to live healthy, active, and independent lives, by supporting personal outcomes for Health and Well Being.

**Assumptions**
- Please refer to Individual Work Streams for additional assumptions.

**Monitoring and evaluation**
- Please refer to Individual Work Streams for additional measures.

**External Factors**
- Scottish Government no longer identifies Health and Wellbeing (H&WB) as a priority
- The ethos of Active and Independent Living will underpin all community development.

**External factors**
- Please refer to Individual Work Streams for additional external factors.

**Scoping**
- Awareness
- Workforce & Practice Transformation

**Workforce & Practice Transformation**
- Ensure optimum number of AHPs working in the right settings to promote early interventions into AHP services for both physical and mental health problems
- Simplify processes for inter AHP referrals across services
- Promote brief interventions to address both physical and mental health problems
- Provide flexible services to meet demands

**Musculoskeletal Programme (MSP)**
- Utilising technology to support access and care allocation
- Enhance approaches to self management and well being
- Create efficient pathways across acute, community and 3rd sector
- Drive contribution to transformation change plans in Primary Care
Scoping

Introduction of Health & Well-Being
Increased Focus on Personal Outcomes
Lack of Awareness of the AHP contribution to H&SC
Long waits to access many CYP & Adult AHP Services
High number of population with disabilities in employment
Ageing Population living with complex needs utilising more resources
Underutilisation of technology to drive innovative practice
Increased Demand on Health & Social Care Services
Integration of Health & Social Care Services
Increasing Challenges on GP & Primary Care Services
Health & Social Care Workforce Challenges

Aims

Well Being
Children & Young People
Vocational Rehabilitation
Musculoskeletal Programme
Falls & Frailty

Activities

Health & Well Being (Physical & Psychological)
- Promote Health and Well Being
- Promote early interventions into AHP services for both physical and mental health problems
- Produce evidence based self management information in a range of formats
- Promote brief interventions to address both physical and mental health problems

Vocational Rehabilitation Living Well
- Partner with HSCP to drive Falls/Frailty pathways
- Simplify processes for inter AHP referrals across services
- Ensure timely access into services to promote early intervention.
- Provide flexible services to meet demands

Musculoskeletal Programme Living Well
- Promote brief interventions to address both physical and mental health problems
- Produce evidence based self management information in a range of formats
- Support staff development to ensure competent, skilled and appropriate staff leading transformational change
- Utilise technology to support access and care allocation

Falls & Frailty Ageing Well
- Falls and Frailty
- Support full implementation of the Framework for Action 2016-20
- Enhance approaches to Falls prevention and frailty
- Partners with HSCP to drive Falls/Frailty pathways
- Drive contribution to transformation changes in Primary Care

Workforce & Practice Transformation
- Ensure optimum number of AHPs working in the right settings to maximise impact
- Support staff development to ensure competent, skilled and appropriate staff
- Support AHP workforce to undertake the cultural transformational change that will be required to drive the AHP contribution to support the H&SC agenda

Resources

AHP and HCPO & Team
- Programme Director (1 X WTE)
- IA (3 x WTE)
- National Leads (7 X WTE)
- Partners/Suppliers

Outcomes

Short Term December 2017
- The transformational learning around access will be spread to all AHP Services
- Resources agreed and developed to support self management, early intervention for H&WB
- Spread of multi-agency partnership working will be accelerated to support their self management, early intervention for H&WB
- Testing of workforce tool and development of staff to undertake transformational change

Medium Term December 2019
- AHPs work in partnership with the people of Scotland to enable them to live healthy, active, and independent lives by supporting personal outcomes for Health and Well Being.
- The ethos of Active and Independent Living will underpin all community development.
- Appropriately skilled and developed workforce is contributing to the health and care needs of Scotland in a cost efficient and person centred way

Long Term 2020 and beyond
- The transformational learning around access will be spread to all AHP Services
- The benefits of technology to drive self management, early intervention for H&WB
- Population will benefit from multi-agency pathways to support their self management, early intervention for H&WB
- Workforce tool influencing requirements and staff leading transformational change

Assumptions

Please refer to Individual Work streams for additional assumptions.

Monitoring and evaluation

Please refer to Individual Work streams for additional measurements.

External Factors

Please refer to Individual Work streams for additional external factors.

AILIP Logic Model
Increase awareness across H&SC Partnerships and other partners
Create Pathways to facilitate AC planning
Develop and implement new integrated models of care and
Simplify processes for inter AHP referrals across services
Support staff development to ensure competent, skilled and
Collaborate to enhance quality of care
Support AHP workforce to have “good conversations”
Undertake pilot projects to test AC approaches
Promote Health and Well Being
Identify innovative ways of service deliver to provide better
Utilise technology to support access and care allocation
Promote early interventions into AHP services for both physical
Ensure visible routes for people to access AHP services
Ensure R&D will underpin any service development where
Ensure timely access into services to promote early intervention.
Drive contribution to transformation change plans in Primary Care
Promote brief interventions to address both physical and mental
Contribute to multiagency pathways

Scope

<table>
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<tr>
<th>Situation</th>
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<td>Workforce &amp; Practice Transformation</td>
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<td>Community Planners</td>
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<td>Improvement Bodies</td>
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<thead>
<tr>
<th>Assumptions</th>
<th>Please refer to Individual Workstreams for additional assumptions</th>
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<tbody>
<tr>
<td>AHP workforce will have required staff and financial resources to deliver all tools</td>
<td>AHP workforce will have access to and be able to influence development of dataset and Systmes</td>
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<tr>
<td>AHP NCS will have the ability to engage with local AHP improvement activity</td>
<td>AHP NCS will have the ability to engage with local AHP improvement activity</td>
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<tr>
<td>AHP will capture local learning that is relevant and transferable to other H&amp;SC</td>
<td>AHP will have the capacity to lead learning interventions</td>
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<tr>
<th>Monitoring and evaluation</th>
<th>Please refer to Individual Workstreams for additional measures</th>
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<tr>
<td>Individual Workstreams</td>
<td>Available Work Days, Team Workload, Budget Variance</td>
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<tr>
<th>External Factors</th>
<th>Please refer to Individual Workstreams for additional factors</th>
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<tbody>
<tr>
<td>Scottish Government will have direct access to an AHP stream for additional external factors</td>
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<tr>
<th>Short Term December 2017</th>
<th>Medium-Term December 2019</th>
<th>Long-Term December 2020 and beyond</th>
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<tbody>
<tr>
<td>Population will have access to once for Scotland evidence based resources to support self management, early intervention for H&amp;WB</td>
<td>Population will benefit from technologies to support self management, early intervention for H&amp;WB</td>
<td>The ethos of Active and Independent Living will underpin all community development</td>
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</tbody>
</table>

| Outcomes | The transformational learning around access will be spread to all AHP Services | The benefits of technology to drive self management, early intervention and H&WB will be spread | Appropriately skilled and developed workforce is contributing to the health and care needs of Scotland in a cost efficient and person centred way |

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<tr>
<th>Short Term</th>
<th>Medium Term</th>
<th>Long Term</th>
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<tbody>
<tr>
<td>Outcome 1</td>
<td>Outcome 2</td>
<td>Outcome 3</td>
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<thead>
<tr>
<th>Timeline</th>
<th>Activity 1</th>
<th>Activity 2</th>
<th>Activity 3</th>
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<tbody>
<tr>
<td>December 2017</td>
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<td>December 2020</td>
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<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Actions</th>
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<tbody>
<tr>
<td>Increase awareness across H&amp;SC</td>
<td>Promote Health and Well Being</td>
<td>Promote early interventions into AHP services for both physical and mental health problems</td>
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<tr>
<td>Create Pathways to facilitate AC planning</td>
<td>• Produce evidence based self management information in a range of formats</td>
<td>• Promote brief interventions to address both physical and mental health problems</td>
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<td>Develop and implement new integrated models of care and</td>
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<td>Simplify processes for inter AHP referrals across services</td>
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<td>Support staff development to ensure competent, skilled and</td>
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<td>Collate to enhance quality of care</td>
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<td>Support AHP workforce to have “good conversations”</td>
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<td>Undertake pilot projects to test AC approaches</td>
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<td>Promote Health and Well Being</td>
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<td>Identify innovative ways of service deliver to provide better</td>
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<tr>
<td>Utilise technology to support access and care allocation</td>
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<td>Promote early interventions into AHP services for both physical</td>
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<td>and mental health problems</td>
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<td>Produce evidence based self management information in a range</td>
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<td>of formats</td>
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<td>Promote brief interventions to address both physical and mental</td>
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<td>health problems</td>
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</table>
Increase awareness across H&SC Partnerships and other partners
Drive contribution to transformation change plans in Primary Care
Ensure optimum number of AHPs working in the right settings to support staff development to ensure competent, skilled and
Work with Partners to spread Innovation through technology to ensure timely access into services to promote early intervention.
Support AHP workforce to undertake the cultural transformational change that will be required to drive the AHP contribution to support the H&SC agenda

**Resources**

- **TEAM**
  - CHPD & Team
  - Programme Director (1.5 WTE)
  - National Leads (7 X WTE)

- **Partners/Suppliers**
  - ADG
  - H&SC Partnerships

- **Vocational Rehabilitation LIVING WELL**
  - Musculoskeletal Programme LIVING WELL

- **Falls & Frailty AGEWELL**
  - Anticipatory Care AGEWELL

- **Dementia**
  - LIVING WELL & AGING WELL

- **SPREAD**
  - NHS 24

**Activities**

- Health & Well Being (Physical & Psychological)
  - Promote Health and Well Being
  - Promote early interventions into AHP services for both physical and mental health problems
  - Produce evidence based self management information in a range of formats
  - Promote brief interventions to address both physical and mental health problems

- Access
  - Utilise technology to support access and care allocation
  - Ensure visible routes for people to access AHP services
  - Simplify processes for inter AHP referrals across services
  - Ensure timely access into services to promote early intervention
  - Provide flexible services to meet demands

- Awareness
  - Increase awareness across H&SC Partnerships and other partners of AHP contribution to the National Outcomes

- Partnership Working
  - Contribute to multiagency pathways
  - Collaborate to enhance quality of care
  - Develop and implement new integrated models of care and care support

- Research & Innovation
  - Identify innovative ways of service delivery to provide better outcomes for users
  - Work with Partners to spread innovation through technology to transform AHP delivery
  - Ensure R&D will underpin any service development where needed

**Engagement**

- Capture and report learning and outputs from AHP and other National Programmes
- Report impact through AILIP Measurement Framework
- Communicate AILIP through Managed Knowledge Network

**Outputs**

- The transformational learning around access will be spread to all AHP Services
- Resources agreed and developed to support self management, early intervention for H&WB
- The benefits of technology to drive self management, early intervention and H&WB will be spread
- Spread of multi-agency partnership working will be accelerated to support their self management, early intervention for H&WB
- Testing of workforce tool and development of staff to undertake transformational change

**External Factors**

Please refer to Individual Work streams for additional external factors

**Assumptions**

- Please refer to Individual Work streams for additional assumptions

- AILIP will have required staff and financial resources to deliver all workstreams
- H&SC will have the will and capacity to engage with and develop the AHP improvement activity
- AILIP will have access to and be able to influence development of datasets and -Systems
- AILIP will capture local learning that is relevant and transformational and share with H&SC
- AILIP will deliver all relevant roles for staff working with H&SC across Scotland
- AILIP will have the capacity to pass learning between academic institutes and AHPs
- AILIP will work in partnership with the people of Scotland to enable them to live healthy, active, and independent lives, by supporting personal outcomes for Health and Well Being.
- The ethos of Active and Independent Living will underpin all community development.
- Appropriately skilled and developed workforce is contributing to the health and care needs of Scotland in a cost efficient and person centred way.
**Situation**

Introduction of Health & Wellbeing Services

Increased Focus on Personal Outcomes

Lack of Awareness of the AHP contribution to H&SC

High number of population with disabilities not in employment

Ageing Population living with complex needs requiring access to more resources

Underutilisation of technologies to drive innovative practice

Increased Demand on Health & Social Care Services

Integration of Health & Social Care Services

Increasing Challenges on GP and Primary Care Services

Health & Social Care Workforce Challenges

**Priorities 2016-2018**

**Well Being**

**Children & Young People**

**STARTING WELL**

**Vocational Rehabilitation**

**LIVING WELL**

**Musculoskeletal Programme**

**LIVING WELL**

**Falls & Frailty**

**AGING WELL**

**Anticipatory Care**

**AGING WELL**

**E-Health including Operational Measures / Workforce Tool**

**Dementia**

**LIVING WELL & AGING WELL**

**Centre of Excellence for Rehabilitation Research**

**SAS**

**NES**

**Assumptions**

Please refer to Individual Work streams for additional assumptions.

**Resources**

**Team**

CHPO & Team

Programme Director (1 x WTE)

IA (3 x WTE)

National Leads (7 x WTE)

**Outputs**

**Activities**

Health & Wellbeing (Physical & Psychological)

- Promote Health & Wellbeing
- Promote early interventions into AHP services for physical and mental health problems
- Produce evidence-based self-management information in a range of formats
- Promote brief interventions to address both physical and mental health problems

Access

- Utilise technology to support access and care allocation
- Ensure visible routes for people to access AHP services
- Simplicity processes for inter AHP referrals across services
- Ensure timely access into services to promote early intervention.
- Provide flexible services to meet demands

Aim to increase awareness across H&SC Partnerships and other partners

- Ensure R&D will underpin any service development
- Produce evidence-based self-management information across a range of formats
- Promote early interventions into AHP services where appropriate
- Simplify processes for inter AHP referrals across services
- Support AHP workforce to undertake the cultural transformational change

**Engagement**

**Knowledge Management**

- Capture and report learning and outputs from AILIP and other National Programmes
- Report impact through AILIP Measurement Framework
- Communicate AILIP through Managed Knowledge Network

**Organisations**

- Support staff development to ensure competent, skilled and knowledgeable workforce to underpin all AHPs working in the right setting
- Workforce and Practice Transformation
- Support the cultural transformational change to drive the AHP contribution to

**Stakeholders**

- NHS Boards
- Third Sector Care providers
- General Practice teams
- Community Health Teams
- Housing Organisations
- Local Authorities
- Other Improvement Programmes
- National Policy makers
- Universities / Colleges (HEs)
- AHP Federation
- International Partners
- Community Planners
- Improvement Bodies

**Outcomes**

**Short-Term December 2017**

- The transformational learning around access will be spread to all AHP Services

**Medium-Term December 2019**

- Resources agreed and developed to support self management, early intervention for H&WB

**Long-Term 2020 and beyond**

- The ethos of Active and Independent Living will underpin all community development.

**Extrinsic Factors**

Please refer to Individual Work streams for additional extrinsic factors.

**Scottish Government**

- AHPs will work in partnership with the people of Scotland to enable them to live healthy, active, and independent lives, by supporting personal outcomes for Health and Wellbeing.

**External Factors**

- Appropriately skilled and developed workforce is contributing to the health and care needs of Scotland in a cost efficient and person centred way.

**Wales**

- The ethos of Active and Independent Living will underpin all community development.

**Scotland**

- Resources agreed and developed to support self management, early intervention for H&WB

**England**

- The benefits of technology to drive self management, early intervention and H&WB will be broad

**Northern Ireland**

- Development of multi-agency pathways to support their self management, early intervention for H&WB

- Workforce tool influencing requirements and staff leading transformational change