

**Developing the Associate Practitioner Role – A Regional Approach
To Mental Health and Learning Disabilities**

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Abstract

In 2008 NHS Yorkshire and the Humber instigated a project to develop an educational commissioning framework for the workforce in mental health and learning disabilities. Part of this work is focussed on providing evidence and developing frameworks for the implementation of new ways of working. The development of associate practitioner roles is an integral part of this process and crucial to future workforce planning. Associate practitioners are workers who have skills and knowledge beyond those of current support workers; they offer the opportunity to implement roles that meet some of the challenges for service delivery by bridging gaps in delivery. They enhance the experiences of service users and work across professional and service boundaries. Evidence from the project suggests that policy drivers when considered in the context of both workforce demographics and service commissioning patterns means that the introduction of associate practitioner is an important element of future workforce planning. The development of a regional approach has brought its own challenges and the evidence found so far has been used to develop recommendations and a second stage plan for implementation of the associate practitioner strategy

Key words: associate practitioners, commissioning, competency, workforce

Introduction

A cultural shift in services will mean that people with the most experience and skills will work face to face with people who have the most complex needs. More experienced staff will then support other staff to take on less complex or more routine work. All qualified staff will be able to extend the boundaries of what they do (i.e. non medical prescription) and there will be more chances for new roles such as support time and recovery workers (STR), primary care mental health workers and assistant practitioners to take their places within teams. (Department of Health 2007).

The future development of the workforce in services for people with mental health needs and learning disabilities depends upon exploring new ways of working. Evidence from the Workforce Development Project, Mental Health and Learning Disabilities (NHS Yorkshire and Humber) demonstrates that future workforce issues cannot be addressed through current education commissioning patterns alone.

Embracing new roles, defining existing practice and a reconfiguration of workforce structures means that commissioners of education in partnership with managers of services and the education providers can be pro-active in meeting needs in the future. The associate practitioner role is a crucial development within this process. This short article describes a regional approach to this development and includes a brief analysis of some of the key issues and policy drivers

What is an associate practitioner and why would you want them? - Key issues and drivers:

The Assistant/Associate Practitioner role has been defined by Skills for Health as:

a worker who competently delivers health and social care to and for people. They have a required level of knowledge and skill beyond that of the traditional healthcare assistant or support worker. The Assistant Practitioner would be able to deliver elements of health and social care and undertake clinical work in domains that have previously only been within the remit of registered professionals. The Assistant Practitioner may transcend professional boundaries. They are accountable to themselves, their employer, and, more importantly, the people they serve. This is the definition that we have adopted for the work in the Region (Skills for Health (a) 2009).

There are several reasons to develop the role of associate practitioner, these are summarised as follows:

- Enhancement of service user experience and quality of life issues. This is the prime reason to put in place the associate practitioner role. The roles should be used to re-organise workforce and to help people in doing the right jobs, but in doing this the extra dimension brought by the roles should be clear and evidenced in evaluation (Spilsbury et al 2009)
- The flexibility of workforce that Associate Practitioners can bring to new and innovative service delivery. Implementing the role allows innovation in delivery of care packages for people. For example, Pathways and Packages (SWYPFT 2009) provides a framework for service commissioning and delivery and will form a central point for both the mental health and learning disabilities' pathways in 'Healthy Ambitions' (NHS Yorkshire and Humber 2009). This in turn will inform and drive innovation in workforce planning.
- Workforce demographics provide an area for concern, with some health communities predicting that as many as 40% of the existing workforce qualify for retirement in the next 5 years - this is now a reality that is beginning to bite.
- Difficulty in recruitment and retention to mental health and learning disability health care careers - the associate practitioner can be part of a clear career progression for staff and enhances retention within the sector, creating an ability to define the role and to develop your own roles in a way that enhances both personal and service outcomes.
- Alignment with health and social care policy drivers. The messages from policy are quite clear. Suggested sources for information on the modernisation agenda, as it applies to workforce in mental health and learning disabilities, are: Mental Health new ways of working – developing and sustaining a capable and flexible workforce' (DH 2007 (a)) and 'Valuing People Now - From progress to transformation'- Chapter 14 - improving the workforce (DH 2007 (b)). Currently the policy emphasis is upon the economic situation and the introduction of the Quality, Innovation, Productivity and Prevention (QIPP) agenda (DH 2009) and this is a central tenet of the policy direction we are taking. All commission and delivery patterns including those using pathways and packages and healthy ambitions as their basis are being subject to QIPP. In implementing QIPP, new ways of working forms a major policy driver and the development of associate practitioners will inevitably be part of this.

The Regional Approach

Within the regional project work, the aim is to introduce a range of practitioners who can deliver quality care within protocols. There are several proposed models; one example is being developed to meet the needs of a new personality disorder service at the Humber Mental Health NHS Teaching Trust and will implement a role to work across the client group and working to an inter-professional and broad based job description. They will work with the full range of registered practitioners. This allows the practitioner to follow the patient pathway through, rather than being aligned to a single discipline. This also provides a rationale for the use of the term Associate rather than the more commonly used Assistant Practitioner. Favoured by several Trusts is the concept of a community health worker who acts as a co-coordinator and care navigator. In practice this could be part of the solution to issues on equal access to quality health care for people with learning disabilities raised by the Michael Report (2008). Such a role is being considered for learning disabilities and is being supported through a framework of education and service partnerships being developed with the West Yorkshire Lifelong Learning network. Discussions have taken place on the development of some specific roles. An early discussion, again in learning disabilities, concerns an associate practitioner to work with people who have very specialist physical health care needs such as PEG feeding and catheter care. These are just examples of the work so far but hopefully demonstrate the flexibility of models that can be implemented.

The regional approach is underpinned by a set of principles that were agreed with service and educational providers at a workshop and through a consultation process. The full set of principles, along with other information and resources, can be found on the website listed at the end of this article. However some of the key principles are worthy of note and these include the encouragement to use annex U (Agenda for Change) as training contracts for associate practitioners, ensuring that on completion of a training programme there is a job role. The current training programmes are being developed in the form of Foundation Degrees but as long as the programme is equivalent to a Diploma, as required in the national standards, other forms of preparation can be used. Another principle is a commitment to develop a map of competences that allows workforce planners, managers and education providers to articulate clearly the competencies needed for the associate practitioner role. This work is supported by Skills for Health, will align to existing competences and draw from initiatives such as the Calderdale Competency work (Skills for Health (b) 2009) and Nationally Transferrable Roles and National Standards for assistant/associate practitioners (Skills for Health 2009 (c): 15-17).

A second stage action plan is under development and will include a Regional Conference in early 2010 with local workshops for managers and staff on medium term workforce planning. The competency work is being supported by the development of an evaluation tool which is collaboration between the Universities of Hull, York, Huddersfield and Sheffield Hallam. Details of these initiatives will appear on the website in January 2010. One of the current factors in the development of the Associate Practitioner role is the slow uptake by managers responsible for workforce planning at unit/service delivery level. The second stage plan will include working with the health communities in raising awareness of the need to consider strategic change in the configuration of workforce and a drive to consider new roles.

The development of the associate practitioner in mental health and learning disabilities is part of a wider debate on the future workforce for Yorkshire and Humber. This includes an exploration of pre-registration and pre-qualifying programmes, in particular the development of a commissioning framework that meets both the demands of the workforce and changes in pre-qualifying programmes, in particular the review of pre-registration nursing project

being undertaken by the Nursing and Midwifery Council. It also includes issues of continuing professional development (CPD).

For information on the project, who is involved and the outcomes so far, please visit www.fhsc.hull.ac.uk or contact Sue Beacock or Carol Parker directly on S.Beacock@hull.ac.uk; C.Parker@hull.ac.uk.

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