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Foreword by Clinical Director

Allied Health refers to a diverse range of therapeutic and diagnostic health services that are provided across the full range of healthcare settings. The services work directly with clients/patients and as part of a multidisciplinary team to prevent and/or minimise disability and restore or optimise function on an individual basis.

Allied Health professionals in NSW Health:

- Hold tertiary qualifications and relevant registration, licence or accreditation to practice, and/or eligibility for membership with professional associations;
- Provide a range of therapeutic and diagnostic services in either the public, primary health or private healthcare sector;
- Apply their skills and knowledge to restore and maintain optimal physical, sensory, psychological, cognitive and social function with their clients/patients;
- Use a range of complex skills including specific professional clinical skills as well as communication, clinical reasoning, reflection and evidence based practice skills;
- Work in teams including multidisciplinary, interdisciplinary and transdisciplinary teams.
- Are allied or align with each other and other members of the health professional workforce, their patients/client, their families, carers and community, working across the healthcare system.

The Allied Health strategic plan should be considered within the context of the broader Sydney Local Health District planning agenda. On 24 April 2012 Sydney Local Health District launched its Strategic Plan 2012 – 2017. A District Healthcare services planning process is underway with the development of comprehensive facility and clinical stream plans. Allied Health professionals are integrally involved in the development and implementation of these plans and the delivery of these services.

Allied Health governance is at its strongest and most effective when allied health operates as an integrated group. For this reason this strategic plan has been developed through consultation with Allied Health professional directors and senior managers from Aged Care, Mental Health, Community Health and Drug Health. By working together across the spectrum of allied health - acute, sub-acute, post acute, community based and primary healthcare services are addressed as a whole.

This strategic plan has been developed with a focus on professional leadership and clinical governance for allied health professionals. It will help ensure clarity of strategic direction, co-ordinated planning, cross professional collaboration and effective clinical governance for all allied health services within Sydney Local Health District.

Ms Paula Caffrey, Director Allied Health.
Our Organisation

Sydney Local Health District Allied Health formally encompasses the professions of Nutrition and Dietetics, Occupational Therapy, Orthoptics, Orthotics, Physiotherapy, Podiatry, Psychology, Speech Pathology and Social Work. A small number of additional allied health professions are employed in clinical streams and include the professions of Diversional, Art and Music Therapy.

Allied Health is organised operationally in an allied health stream within hospital facilities, and into clinical streams within Aged Care, Community Health, Drug Health and Mental Health. Within these structures allied health are predominantly grouped together. This strengthens effective governance as allied health can operate as an integrated group for strategic and service planning, workforce planning and development, supervision and professional development, overseeing quality and safety, credentialing and competency assessment.

A professional allied health executive structure integrates allied health across the professions to ensure clarity of strategic direction, coordinated planning, governance and cross profession collaboration. The professional director positions provide professional leadership and clinical governance for each discipline, including the establishment and monitoring of discipline specific professional standards, patient safety issues with a professional aspect and the development and monitoring of key clinical performance indicators.

Key Priorities for Our Organisation

- Ensure effective governance and integration of allied health staff through strengthening of the Allied Health professional structure for strategic and service planning, workforce planning and development, supervision and professional development, overseeing quality and safety, credentialing and competency assessment.
- Participate in to key clinical, operational and planning committees and contribute to the achievement of committee outcomes.
- Proactively participate in the implementation of the National Health Funding Reform within Allied Health and the development of new technology and business processes to support this implementation.
- Investigate opportunities for revenue raising and business development.

Our Community

Sydney Local Health District (SLHD) is located in the centre and inner west of Sydney and comprises the Local Government areas of the City of Sydney (part), Leichhardt, Marrickville, Canterbury, Canada Bay, Ashfield, Burwood and Strathfield. SLHD is responsible for providing care to more than 530,000 people. By 2021 the SLHD population is expected to reach 642,000 people.
The SLHD population is ageing, with the number of residents aged over 70 projected to increase by 29% over the next decade. Each year, almost 8,500 babies are born to mothers residing in SLHD. Almost half of the SLHD population speaks a language other than English at home and the population includes significant numbers of refugees, asylum seekers and special humanitarian entrants. SLHD is characterised by socio economic diversity, with pockets of both extreme advantage and extreme disadvantage.

A significant Aboriginal population resides in SLHD especially around the Redfern/Waterloo area, in the City of Sydney and Marrickville local government areas. Aboriginal people are widely recognised as having poorer health and poorer access to appropriate health services.

Estimating allied health service needs over the next decade is challenging. However growth in demand for all allied health services is anticipated across SLHD over the next five years and beyond. While the overall SLHD population increase is predicted as 11% over the next decade, the increase in the 70 – 84 year old and over population is significant, with the increase in hospital beds required across the SLHD projected as 18% over the next decade.

This anticipated growth in demand for allied health services is directly related to population growth based on:

- increasing birth rates
- increased urban density

Other significant factors influencing allied health service demand include:

- population ageing
- increasing rates of chronic disease
- high and increasing rates of obesity
- increasing demand for mental health services
- changes to hospital and health service models of care

**Key Priorities for Our Community**

- Regularly review models of care in allied health to ensure they meet the needs of the community and provide for areas of increasing demand. Partnerships and community participation will be a vital component of these reviews to ensure there is effective engagement with the local community and health care service consumers.
- Establish a strong partnership with the Inner West Sydney Medicare Local, General Practitioners and Non-Government Organisations to ensure allied health services are accessible and well coordinated.
- Strengthen the allied health focus on prevention and early intervention and support programs that improve the health of the community.
Our Clients, Patients, Carers and Consumers

Clients, patients, carers and consumers and allied health professionals work in partnership with other members of the healthcare team to improve, restore and maintain optimal physical, sensory, psychological, cognitive and social function.

A range of therapeutic and diagnostic allied health services are provided which aim to prevent and/or minimise disability, restore and optimise function on an individual basis and improve the client journey through the healthcare system. These services are provided across the full range of healthcare settings.

Care provided by allied health is person centred, based on mutual recognition, respect and trust to maximise the health potential of clients. This involves developing and valuing relationships with clients, carers and health professionals involved in the individuals’ care. Our clients, patients, carers and consumers are integrally involved in the therapeutic process and treatment outcomes.

Allied Health work within models of care that have been developed to best meet the needs of clients, are evidence based and aligned with available resources. Clinical competencies, protocols and guidelines have been developed to support the translation of evidence into clinical practice.

Carers are actively engaged in care planning and decisions about allied health care and service provision. Allied Health professionals promote and support the role and contribution of carers through advocacy, training and improvements in service delivery.

Key Priorities for Our Client, Patients, Carers and Consumers

- To provide high quality and safe person centred allied health care that is evidence based.
- Establish systems to ensure our clients have equitable access to high quality patient/client centred allied health services.
- Provide timely, up to date information to clients, patients, carers, consumers and health practitioners on:
  - Allied health service information
  - Referral processes and intake guidelines
  - Access to services, waiting times and prioritisation guidelines
  - Provision of care, particularly in shared care arrangements
- Recognise client and consumer values in the development, planning and implementation of allied health models of care and services.
- Develop practice improvement and service initiatives that better meet the needs of carers.
Our Staff

Allied Health professionals work across the spectrum of services, facilities and in all clinical streams in Sydney Local Health District. They are based across the District in acute hospital facilities, Aged Care, Community Health, Mental Health and Drug Health and summarised in Table One.

In SLHD the allied health workforce is made up of a diverse range of professional groups including allied health professionals, technicians, assistants, support workers and health education officers who work within allied health teams and are an important part of holistic service delivery models.

Within clinical streams and operational management structures allied health are predominantly grouped together. This strengthens effective governance as allied health can operate as an integrated group for strategic and service planning, workforce planning and development, supervision and professional development, overseeing quality and safety, credentialing and competency assessment.

Due to the diversity and specialty of allied health professions across the District there is a small critical mass and potentially a limited pool of skilled and qualified staff available. As a result it is especially important to retain the existing quality allied health staff. Allied Health can contribute to this retention by providing allied health professional governance and leadership that values and supports staff, and provides opportunities for career development within the District.

The role, governance and oversight of the allied health assistant and non-graduate clinical workforce require review and consideration. With the predicted population growth and limited future allied health workforce, the scope of practice and utilisation of these staff is likely to expand.

Key Priorities for Our Staff

- Implement and monitor a robust professional governance structure to ensure all allied health professionals have the necessary skills to undertake their roles through:
  - Access to and participation in clinical supervision appropriate to their qualifications and level of experience;
  - Assessment and review of registration and competence to practice in their profession;
  - Access to appropriate and relevant learning, teaching and continuing professional development:
    - Credentialing and grading of positions and professionals.
- Recruitment to positions within available resources and staffing targets is supported.
- Strengthen opportunities for career development and succession planning through the structuring of allied health teams and participation in SLHD leadership programs and management opportunities.
- Actively work to improve the opportunities to recognise, provide positive feedback and promote the achievements of allied health staff.
- Review the role, governance and oversight of the allied health assistant, health education officer and non-graduate clinical allied health workforce.
### Table 1: SLHD Allied Health Staffing

<table>
<thead>
<tr>
<th>Profession</th>
<th>RPA Hospital</th>
<th>Concord Hospital</th>
<th>Balmain Hospital</th>
<th>Canterbury Hospital</th>
<th>Other Hospital</th>
<th>Aged Care and Rehab Community</th>
<th>Community Health</th>
<th>Drug Health</th>
<th>Mental Health</th>
<th>Profession Total</th>
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<tbody>
<tr>
<td>Nutrition Dietetics</td>
<td>25.5</td>
<td>17</td>
<td>2.25</td>
<td>4</td>
<td>1.6</td>
<td>4.03</td>
<td>1</td>
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<td></td>
<td>55.38</td>
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<tr>
<td>Orthotics</td>
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<td></td>
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<td>4</td>
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<tr>
<td>Orthoptics</td>
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<td></td>
<td></td>
<td>1.95</td>
<td></td>
<td></td>
<td>1.58</td>
<td></td>
<td>3.53</td>
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<tr>
<td>Occupational Therapy</td>
<td>16</td>
<td>17</td>
<td>5.5</td>
<td>5</td>
<td>2.6</td>
<td>24</td>
<td>7.89</td>
<td></td>
<td></td>
<td>100.79</td>
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<tr>
<td>Physiotherapy</td>
<td>42</td>
<td>30.5</td>
<td>7.8</td>
<td>10.5</td>
<td>6.84</td>
<td>5.55</td>
<td></td>
<td></td>
<td></td>
<td>103.19</td>
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<tr>
<td>Podiatry</td>
<td>7.69</td>
<td>1.21</td>
<td>1.61</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>10.51</td>
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<tr>
<td>Psychology</td>
<td>12.8</td>
<td>6.7</td>
<td>0.9</td>
<td>1</td>
<td>1.6</td>
<td>14.21</td>
<td>6</td>
<td>39.5</td>
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<td>82.71</td>
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<td>Speech Pathology</td>
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<td>2</td>
<td>2</td>
<td>0.74</td>
<td>1.4</td>
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<td>Social Work</td>
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<td>20.63</td>
<td>4</td>
<td>5.2</td>
<td>1</td>
<td>22</td>
<td>34</td>
<td>3.33</td>
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<td>148.28</td>
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<td>Diversional Therapy</td>
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<td></td>
<td></td>
<td>2.8</td>
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<td></td>
<td>2</td>
<td></td>
<td>4.8</td>
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<tr>
<td>Art Therapy</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Music Therapy</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>0.8</td>
<td></td>
<td>0.8</td>
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<tr>
<td>Facility / Stream Total</td>
<td>143.76</td>
<td>102.26</td>
<td>22.45</td>
<td>29.31</td>
<td>4.34</td>
<td>60.24</td>
<td>83.65</td>
<td>9.34</td>
<td>96.5</td>
<td>550.19</td>
</tr>
</tbody>
</table>

(Based on 2012/13 target Full Time Equivalents in hospital facilities, and actuals as at November 2012 for clinical streams)
Our Services

Sydney Local Health District Allied Health formally encompasses the professions of Nutrition and Dietetics, Occupational Therapy, Orthoptics, Orthotics, Physiotherapy, Podiatry, Psychology, Speech Pathology and Social Work. A small number of additional allied health professions are employed in clinical streams and include the professions – Diversional, Art and Music Therapy.

Allied Health services are integrated into all facilities and clinical streams in SLHD. They work across the spectrum of services – acute, sub-acute, post acute, community and primary healthcare, and deliver services in a broad range of healthcare and community settings. A professional allied health executive structure integrates allied health services across the professions to ensure clarity of strategic direction, coordinated planning, governance and cross profession collaboration.

Allied Health services play an integral role in healthcare models of care. They assist patient flow through Emergency Departments; provide therapy and treatment to inpatients and support prevention, hospital avoidance and early discharge. Allied Health clinical care is coordinated, multidisciplinary and considers clients, carers and their families holistically.

The demonstrated and predicted increase in demand for allied health has implications for staffing. Many models of care that focus on prevention, hospital avoidance, reduced length of stay and early discharge involve the provision of services by allied health staff. To address this demand allied health will need to develop innovative solutions and models of care, develop interdisciplinary skills and review scope of practice.

Key Priorities for Our Services

- Investigate and explore innovative service delivery models in the provision of allied health services that include extended scope of practice and interdisciplinary practice.
- Regularly review and monitor allied health clinical services to ensure they are innovative, sustainable and evidence based and strive to make these timely and accessible.
- Manage service demand through the implementation of prioritisation guidelines for each service that are reviewed to ensure they reflect evidence and service changes and communicated to referrers, clients, consumers and other healthcare providers.
- Proactively participate in the development and implementation of new clinical services and models of care across health services and streams to ensure early identification and resourcing of allied health service needs.
- Establish an effective system of monitoring, reviewing and reporting allied health clinical and performance indicators.
Our Research and Education

Allied Health professionals have a responsibility to engage in lifelong learning, to keep up-to-date with the changing environment and current evidence and to ensure that they invest time in their own professional development (NSW Department of Health, 2005). In a number of industrial awards and through professional registration requirements for Allied Health, there are clearly outlined requirements in relation to role expectations for clinical education and training.

Allied Health clinicians in SLHD facilitate not only their own learning, but the learning of others through sharing of knowledge, resources and information and utilising opportunities to engage in both formal and informal workplace learning situations. This work based learning and sharing is important to promote a learning culture within the workplace, help achieve high standards of client/patient care and facilitate the exchange of knowledge and evidence into practice.

Education and training is a shared responsibility between SLHD as an organisation, and allied health clinicians and managers. It is considered core business and is supported through the development of a culture of learning, teaching and professional development. SLHD allied health staff have developed partnerships with the Centre of Education and Workforce Development, other Local Health Districts and Specialty Networks, tertiary institutions, Medicare Locals, private healthcare practitioners, the Health Education and Training Institute (HETI), Clinical Excellence Commission, the Agency for Clinical Innovation and the Ministry of Health for the development and delivery of education and training.

The provision of clinical education to students training in allied health professions is considered a priority in SLHD and serves as both an educational opportunity and a workforce strategy. New graduate programs are offered annually in allied health professions. Table Two summarises the number of clinical placements provided by Allied Health across Sydney Local Health District.

The integration and translation of research evidence and education is vital for the delivery of high quality allied health services. Allied Health clinicians participated in and contributed to the SLHD Research Strategic and Education and Training Plans. These plans build on the strong foundations of research and education in the Sydney Local Health District and set future directions for the continued integration of high quality healthcare delivery, education and research.

Allied Health professionals in SLHD lead and participate in a range of research projects through formal agreements with tertiary institutions (list these here) and other research is generated at service level and/or in partnership with relevant services.

Key Priorities for Our Research and Education

- Strengthen and formalise the role of SLHD as a provider of education and training to current and future allied health professionals through partnerships with the Centre for Education and Workforce Development, universities, HETI and the Inner West Sydney Medicare Local.
- Support allied health in the development of advanced training and specialisation in work relevant areas through support to complete graduate programs and higher research qualifications.
- Maximise learning opportunities through the development of structures, processes and tools that support learning, teaching and continuing professional development of allied health professionals in the workplace.
- Support, value and promote allied health research and the translation of research and evidence into local practice.
- Develop and provide an increased range of generic, interdisciplinary allied health education and training courses and create an Allied Health educator position in SLHD in partnership with the Centre for Education and Workforce Development.
- Strengthen the governance of education and training in SLHD through the inclusion of educational goals and objectives related to the development of allied health professional skills in annual performance review.

Table 2: Allied Health Students Placements across SLHD in the financial year 2011/12

<table>
<thead>
<tr>
<th>Profession / Stream</th>
<th>No of Students</th>
<th>Student Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiotherapy</td>
<td>111</td>
<td>2,675</td>
</tr>
<tr>
<td>Speech Pathology</td>
<td>23</td>
<td>347</td>
</tr>
<tr>
<td>Community Health Allied Health</td>
<td>37</td>
<td>1,312</td>
</tr>
<tr>
<td>Podiatry</td>
<td>8</td>
<td>130</td>
</tr>
<tr>
<td>Psychology</td>
<td>14</td>
<td>448</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>56</td>
<td>1,180</td>
</tr>
<tr>
<td>Social Work</td>
<td>7</td>
<td>180</td>
</tr>
<tr>
<td>Nutrition &amp; Dietetics</td>
<td>92</td>
<td>1,204</td>
</tr>
<tr>
<td>Mental Health</td>
<td>26</td>
<td>921</td>
</tr>
<tr>
<td>Aged Care</td>
<td>17</td>
<td>320</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>391</strong></td>
<td><strong>8,717</strong></td>
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References


