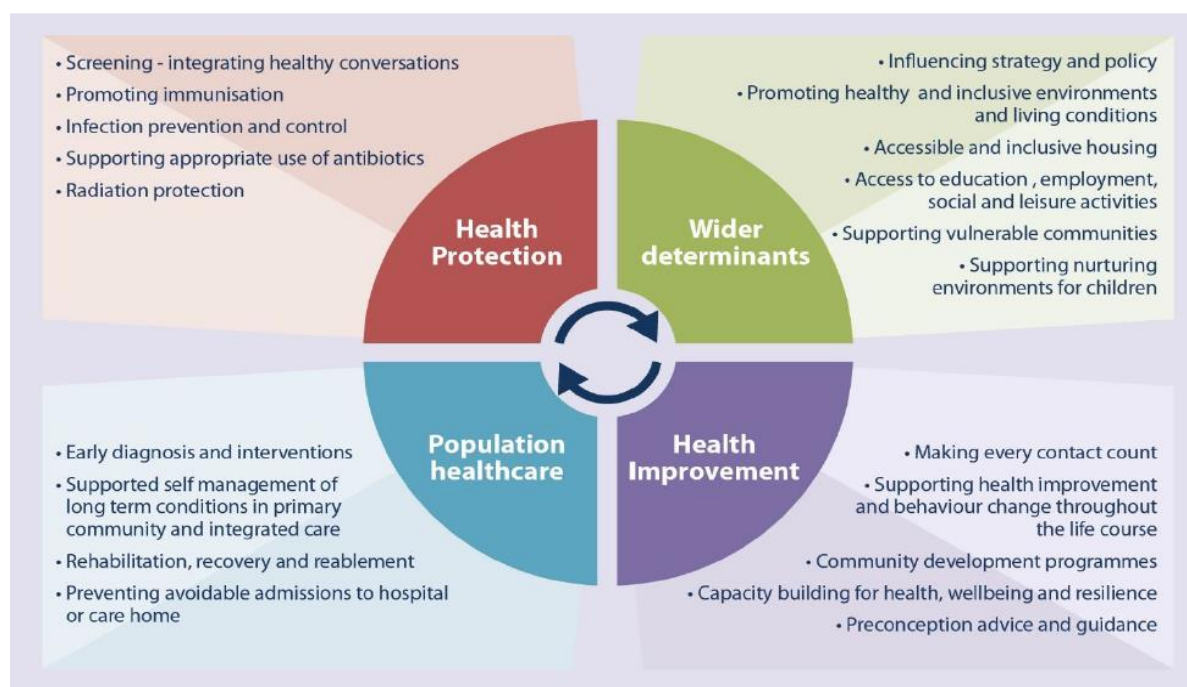


# AHP Contribution to Public Health – Phase 2



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*September 2022*

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## 2 EXECUTIVE SUMMARY

An infographic has been created to highlighted the key messages of this report. This is a depiction of the infographic but please use this [link](#) to view an accessible version.

### The AHPs' contribution to Public Health in Scotland



**Dr Rosanna Amundell**  
Regional AHPs Fife

**Don Thompson**  
Physiotherapist NHS Forth Valley & Argyll

**Shelie Wilson**  
Nurse NHS Tayside

- Health Protection**
  - Learning: integrating health in communities
  - Primary prevention: actions
  - Public protection and control
  - Supporting appropriate use of products
  - Education: campaigns
- Water determinants**
  - Identifying design solutions
  - Researching health inequalities and outcomes
  - Accessible and inclusive health
  - Access to education, employment, jobs, and services
  - Supporting public health outcomes
  - Securing future waterways for public health
- Health Improvement**
  - Addressing inequalities
  - Supporting health improvement and behaviour change through the workforce
  - Community development programs
  - Opening pathways for health, wellbeing and resilience
  - Reconnection advice and guidance
- Population healthcare**
  - Early diagnosis and intervention
  - Applied skills in practice
  - Community and integrated care
  - Habitat, access and behaviour
  - Providing suitable services in hospital or care home

### Phase 1

#### Scope existing learning materials and opportunities to raise awareness

**Findings**

Public Health Scotland's Virtual Learning Environment has a wide range of useful resources for AHPs: <https://learning.publichealthscotland.acot>

- Health Inequalities and human rights
- Health and Wellbeing
- Leadership for health inequalities
- Mental health and wellbeing
- Poverty and children
- Communities and place
- Health at work

The team identified that educational support for AHPs was required to enable them to connect public health resources to daily working. These knowledge gaps were scoped by interviewing AHPs already utilising public health approaches in their practice.

### Phase 2

#### Develop and launch learning materials

### Phase 2 AIMS

- Identify gaps in existing AHP learning materials.
- engage with Scottish-based Practice Educators and Higher Education institutions to identify AHP student placement opportunities in public health settings.
- develop learning outcomes for identified learning needs.
- convert AHP stories and case studies from Phase 1 into learning materials to meet identified learning needs across the different AHP groups, and the six Public Health Priorities for Scotland.

An engagement session with Higher Education Institutions was held to explore how AHP placements in public health can be expanded

'AHPs require to proactively connect with local Public Health Departments to enable them to collaborate and learn from public health colleagues.'

### Reporting on the findings Phase 3

A total of 614 people registered for The Role of AHPs in Public Health Webinar on 2 August 2022

The webinar's target audience was AHPs working in health and social care interested in increasing their knowledge of Public Health

### Enablers to help AHPs further integrate Public Health into their daily role and practice

Option	Number of responses (%)
Support from and better links with local Public Health department	77 (68%)
Time and resources allocated for public health practice	74 (65%)
Local education sessions	63 (56%)
Improved links with third sector and voluntary organisations	63 (56%)
Specific training for public health practice	60 (53%)
A shift in focus from treatment to prevention	59 (52%)
Improved data collection methods to demonstrate public health efforts	48 (42%)
Support for workforce planning	45 (40%)
National education sessions	42 (37%)
Increased support and resources from professional bodies	37 (33%)

### Five Week Twitter Campaign @Twitter

12 August 2022 to 7 September 2022

8 tweets  
444 engagements  
13,267 impressions

Follow us @NESnmahp #AHPsScot #AHPsinPublicHealth

### 3 INTRODUCTION

Following publication of the UK Allied Health Profession (AHP) Public Health Strategic Framework 2019-2024 (Allied Health Professions Federation, 2019), the four nations committed to developing an implementation plan for each country. Under the leadership of Dr Ruth Campbell, Consultant Dietitian in Public Health Nutrition at NHS Ayrshire & Arran, the Scottish AHP Public Health Framework Implementation Group developed an Implementation Plan for Scotland that was published in August 2022 (Scottish Government, 2022).

NHS Education for Scotland (NES) continues to support the work of the Scottish AHP Public Health Framework Implementation Group by engaging with AHPs across each profession with the AHP Public Health Implementation Plan. The aim of this is to develop and disseminate learning materials from stories gathered from AHPs that showcase how various AHP professionals are contributing to the Public Health Priorities for Scotland (Scottish Government, 2018) and encouraging all AHPs to actively participate in the public health agenda.

NES extended the funding for the three Health and Care Professions Council (HCPC) registered AHPs who continue to support the work of the Scottish AHP Public Health Framework Implementation Group for an additional 30 days (April to September 2022), following the successful completion of the Phase 1 project in March 2022 (see Phase 1, project report [here](#)). The aims of the Phase 2 project were as follows:

- (1) to identify gaps in existing learning materials targeting AHPs.
- (2) to engage with Scottish-based Practice Educators and Higher Education Institutions (HEIs) and identify opportunities for expanding AHP student placements in public health settings.
- (3) to develop learning outcomes for identified learning needs.
- (4) to convert the stories and case studies gathered from the interviews with AHPs during the first phase of the project into learning materials in line with the learning needs identified across the different AHP groups, and the six Public Health Priorities for Scotland.



Below is the profile of the team and their report detailing their involvement and the additional work they have carried out in support of the launch of the Scottish AHP Public Health Framework Implementation.



**Dr Iheoma Amaeshi:** My name is Iheoma, and I am a Specialist Podiatrist (Early Intervention) with NHS Fife. I have a passion for health promotion and education and a keen interest in health policy research. My current role with NHS Fife allows me to harmonise my career interests in podiatry, public health, and health policy research. I am currently looking into ways the podiatry team here in Fife can better serve the patient group we see to widen access opportunities, providing an equitable service which eliminates health inequalities, whilst encouraging self-care. The NES project has enlightened me as to the opportunities available to AHPs to contribute to and support the public health agenda. I have enjoyed this experience and I look forward to what the future brings working alongside fellow AHPs to achieve the public health agenda.



**Dan Thompson:** I am Dan and have been a Physiotherapist for over 15 years in NHS Ayrshire & Arran and currently work as a Musculoskeletal Physiotherapy Team Lead. I am passionate about Public Health, as well as the wider aspects of population health and wellbeing. I am currently undertaking an MSc in Public Health. I have been applying these skills to my current practice and I am currently developing third sector networking with the health and social care partnership through community link workers, attending GP locality meetings and other third sector services. Furthermore, I have explored the possibility of training Physiotherapists in NHS Ayrshire & Arran specifically in Public Health. When the opportunity came to work with NES to support the AHP Public Health Implementation Plan, it was an opportunity I was enthusiastic to be involved in that linked with my MSc and current practice in Ayrshire & Arran.



**Sheila Wilson:** I have over 30 years' experience of working as a dietitian in a variety of roles including clinical, research, audit, and teaching posts. I was Team Lead for the NHS Tayside Child Healthy Weight Service (CHWS) until November 2019. Public health was an integral component of my role within the CHWS including delivery of healthy lifestyle messages within schools, supporting midwives to raise the issue of weight, and whole systems approach to promote healthy choices within the East End of Dundee. I have a keen interest in education and have held a variety of seconded posts that reflect this including Teaching Lead for Nutrition at the University of Dundee Medical School, Dietetic Clinical Placement Facilitator and AHP Practice Education Lead supporting the implementation of the Effective Practitioner Resource. This NES project has allowed me to combine my interest in public health and education. I have learned a lot about some AHP professions that I had previously had little contact with, and I am excited about the potential contribution AHPs can make to Public Health to transform services and reduce health inequalities.

This report presents methods and approaches adopted for the work carried out, the project findings and discussions and the next steps.



## 4 METHODS AND APPROACH

### 4.1 Project Brief

This phase of the project aimed to develop learning materials to meet the learning needs of AHPs to enable them to maximise their contribution to public health. The project was split into three distinct phases as shown in Table 1 below.

**Table 1: Phases of project**

Phase 1: Scope existing learning materials and opportunities to raise awareness	Phase 2: Develop and launch learning materials	Phase 3: Reporting
<ul style="list-style-type: none"> <li>• Familiarisation with existing learning materials available via Public Health Scotland VLE, Turas Learn etc.</li> <li>• Identify gaps in existing learning materials.</li> <li>• Identify UK “health and wellbeing” and AHP profession specific awareness days that link with the 6 Public Health Priorities for Scotland.</li> </ul>	<ul style="list-style-type: none"> <li>• Consider whether existing generic competency frameworks are appropriate for AHPs.</li> <li>• Liaise with HEIs and Practice Placement Providers to explore opportunities and barriers to expanding AHP student placements in public health settings.</li> <li>• Develop learning outcomes for identified learning needs.</li> <li>• Develop learning materials to meet learning needs and link these with the 6 Public Health Priorities for Scotland and/or the four domains of Public Health.</li> </ul>	<ul style="list-style-type: none"> <li>• Submit a summary report to NES detailing the work undertaken and lessons learned for different stakeholders to support AHP's contribution to Public Health in Scotland.</li> <li>• Ensure all work is carried out in line with NES’ Inclusive Education and Learning Policy.</li> </ul>

*Table 1: Project phases*

#### **4.1.1 Phase 1: Scope existing learning materials and opportunities to raise awareness**

Phase 1 was the scoping exercise. The Team reviewed available learning resources on the Public Health Scotland VLE, the Turas learning platform and the websites of AHP professional bodies in the attempt to identify gaps in the existing learning materials and bridge the learning gap. A list of health and wellbeing days was identified online, collated, and aligned with the 14 AHP professions, linking these days to the Public Health Priorities for Scotland (Scottish Government, 2018). The aim is to provide AHPs with an easy resource to help them plan and schedule profession-relevant campaign activities throughout the year that are linked to the six Public Health Priorities for Scotland.

#### **4.1.2 Phase 2: Develop and launch learning materials**

Phase 2 activities involved developing and launching learning materials. The Team reviewed “My role in tackling health inequalities – A framework for allied health professionals” (The King’s Fund, 2021) and set out to develop learning outcomes for the identified learning needs as it links with the six Public Health Priorities for Scotland and/or the four domains of Public Health. First on the agenda was to liaise with HEIs and Practice Placement Providers to explore opportunities and barriers to expanding AHP student placements in public health settings. The Team organised a session to explore public health with AHP Practice Educators, AHP Board Practice Education Leads (PELs) and HEI representatives. The session was anchored by Helen McFarlane and a presentation was delivered by the Team. Using Google Jamboard, a digital interactive whiteboard that facilitates group collaboration in real time, the views of the participants were gathered on several questions and the responses were used to facilitate further discussions. These views were collated and sorted into themes by the Team. The results are presented below in section 5.2.

Secondly, a National AHP Conversation webinar was hosted by NES on 2 August 2022 to coincide with the launch of the Scottish Allied Health Professions Public Health Strategic Framework Implementation Plan (Scottish Government, 2022). A flyer to promote the webinar (Appendix 1, Section 8.1) was developed and circulated widely. A plan for the session was developed (Appendix 2, Section 8.2) and speakers were invited to cover the following topics:

- An overview of what public health is

- An overview of the work undertaken to develop the Scottish AHP Public Health Strategic Framework Implementation Plan and how its goals link with the Public Health Priorities for Scotland
- Examples of the role of AHPs in public health using case studies gathered from the Phase 1 project
- Overview of next steps for Scottish AHP Public Health Strategic Framework Implementation Plan

Appropriate video clips of interviews with AHPs from Phase 1 of the project were identified and matched to the Public Health Priorities for Scotland (Scottish Government, 2018). Written consent was obtained from the interviewees whose interview clips were featured. The webinar concluded with a question-and-answer session. Participants were asked to complete an evaluation form at the end of the webinar. The evaluation form was also emailed to everyone who registered for the event.

Finally, a five-week Twitter Campaign using the NES NMAHP Twitter account was launched in the week beginning August 8, 2022, to disseminate the launch of the Scottish AHP Public Health Strategic Framework Implementation Plan (Scottish Government, 2022), public health messages, and AHP stories. The aim was to post two campaign messages every week, ensuring that key public health practitioners with high followership, the Scottish Government, and Public Health Scotland were tagged onto the messages for a wider reach to public health practitioners and the public. The Twitter output was then evaluated by the Team to measure the reach and success of the campaign. See section 5.4 below for the evaluation report

#### ***4.1.3 Phase 3: Reporting on the findings***

The Project Team collaborated via MS Teams to write this project report, detailing the work undertaken and the lessons learned for different stakeholders to support AHP learning and contribution to public health in Scotland. All work is carried out in line with NES inclusive Education and Learning Policy.

## 5 PROJECT FINDINGS AND DISCUSSION

### 5.1 Findings from Scoping of Existing Learning Materials

The Team carried out an initial scoping of existing learning materials on the Public Health Scotland website and the Public Health Scotland Virtual Learning Environment (VLE).

#### 5.1.1 *Public Health Scotland Virtual Learning Environment*

The scoping exercise revealed that [Public Health Scotland's](#) website has a good introduction to "What is Public Health." There is a video detailing what population health is and a section with key public health messages. Another section mapped out the CPD opportunities in public health and these had useful information throughout with links on how to improve public health in the workplace. The user of the website needs to be intentional in their search, and with public health, interests to locate the website. The Team thought that overall, the website is great, with a range of useful resources and that it is practical to promote the use of the website to AHPs on publication of the Scottish AHP Public Health Strategic Framework Implementation Plan (Scottish Government, 2022), through the planned webinars and during the Twitter campaign for AHPs who would like to improve their knowledge of public health.

#### 5.1.2 *A review of the Public Health Scotland VLE course categories*

The review found several courses under the following headings: Health Inequalities and human rights, Health and Wellbeing, Leadership for health inequalities, Mental health and wellbeing, poverty and children, communities and place, and health at work.

The Team concluded that the courses, although detailed and covering the Public Health Priorities for Scotland (Scottish Government, 2018), are however not AHP specific. AHPs without basic public health knowledge may struggle to connect how the courses relate to their specific professional role and how the knowledge gained from participating in the course would be translated into practice. There is a rich mix of links to other highly useful resources, however, a user needs to be mindful not to lose track in the myriad of follow-on links. The Team set out to address the identified knowledge gaps by developing learning materials from the stories and case studies from interviews with AHPs who are currently adopting a public health approach.

## 5.2 Session with Practice Education Leads and Higher Education Institutions

A session with HEI representatives, Practice Educators, and PELS from across Scotland was held to explore the opportunities and barriers to expanding AHP student placements in public health. There were 33 people on the call and in attendance were Dr Ruth Campbell, Consultant Dietitian in Public Health, NHS Ayrshire and Arran and Helen McFarlane, AHP Programme Director, NES. Karin Massie from NES was on hand to offer her senior educator expertise as well as technical support. The session introduced the forthcoming Scottish AHP Public Health Strategic Framework Implementation Plan (Scottish Government, 2022) as it pertains to HEI and Practice Educators. The Scottish Governments plan for improving practice-based learning for AHPs was explained and case study examples of HEIs who are currently leading the way in AHP public health placement were presented. Examples from Glasgow Caledonian University and a partnership between NHS Orkney and Robert Gordon University Aberdeen and current AHP practice within a Speech and Language therapy team in North Ayrshire were presented. The session ended with a Google Jamboard Q&A session and the responses can be found in Appendix 3, Section 0 and have been thematically analysed below.

### **Question 1 – What opportunities are potentially available to expose current AHPs to the Public Health Priorities in their workplace?**

**Awareness raising:** There needs to be an increased awareness of the public health priorities as they pertain to each AHP profession. This can be through profession-specific webinars where good public health practice is shared to enable the AHPs to learn from each other. AHPs should be encouraged to attend such webinars with ideas for proposed projects to get feedback from peers and public health experts attending the webinar. Webinars and inter-professional learning activities scheduled throughout the year and backed up with social media campaigns highlighting the relevance of public health to AHP staff and students are potential opportunities. Turas could be used to promote public health learning materials and good practices to staff.

**Linking with local Public Health Department to develop AHP skills:** Every health board has a Public Health & Health Improvement Team. This is an opportunity and AHP department leads are encouraged to liaise with their local AHP Practice Education Lead or the public health team

directly for collaboration, help and advice on how to move forward the public health agenda for their specific AHP profession and team. The local Public Health teams will not necessarily be leading on the national AHP Public Health priorities, so these connections must be made to enable AHPs to collaborate and learn from their public health colleagues.

**Role diversification:** The opportunity to develop the skills of current AHPs is important and opportunities for AHPs to be employed within Public Health, community third sectors and perhaps working alongside social work colleagues, local authority, and schools. Opportunities need to be created to enable AHPs to work alongside the local authority housing unit, for example, this will not only improve their skills but also their knowledge to enable them to provide the best service for their service users. For example, it will enable AHPs to better understand the social determinants of health from a housing perspective and/or develop skills to help individuals to remain at work. There is an increased need for “Joined up services instead of silos of specialisms”.

## **Question 2 – What are the opportunities that are potentially available to integrate Public Health into pre-registration AHP Practice placements?**

**Placement diversification:** There is an increased need for AHP students to be exposed to different placement settings where they can experience public health in action. Opportunities need to be created by PELs with a potential setting where AHP students can develop public health skills. For example, Occupational Therapy students on a role emerging placement settings such as care homes or with the local authority housing and social work department. AHP students have placement opportunities within the public health, social work, environmental health department and third sector willing to support AHP placements.

Finally, changes to governance and guidance within Scotland make Practice-Based Learning opportunities in Public Health/ third sector/ voluntary sector easy to achieve for HEIs and Practice Educators.

**A review of the AHP curriculum to strengthen Public Health related learning outcomes and activities:** Whilst the Council of Deans guidance on public health content within the pre-



registration curricula for AHPs (Council of Deans of Health, 2021) is widely adopted, there is an increasing opportunity to create generic learning outcomes that students could adopt as part of their placement. Making this an assessed part of the placement will help the learner appreciate more the public health priorities. There is scope to work with HEIs to make a Public Health learning outcome more explicit within each placement, highlighting to students the public health priorities that they are already fulfilling that might not be obvious to them.

There is flexibility to embark on project-based placements that focus on access to AHP services and means for AHPs to understand the social demographics of each area and how this can be used to improve and redesign services. Opportunities to link AHP students with Public Health campaigns via local and national networks, such as Macmillan or health promotion departments and the use of a blended placement model split between an AHP department and Public Health.

### **Question 3 – What are the perceived barriers to integrating Public Health related opportunities into AHP practice placements?**

Some of the perceived barriers to integrating public health-related opportunities into AHP practice placement include the overt focus on treating ill-health by the health boards and AHPs, lack of training for practice educators on how to incorporate public health into AHP practice placement, public health not seen as a core skill, lack of knowledge and skills in Public Health approaches among AHPs and capacity of Public Health departments and alternative placement providers. These perceived barriers are explored further below.

***Overwhelmed with treating ill health:*** Practitioners acknowledge that they “have a good understanding and practice in managing ill-health” and that they are so overwhelmed with this work and would like to know how to shift the focus. Practitioners also want a “Strategic agreement to move away from specialist work/ waiting times to other approaches”. The mindset of AHPs needs to change and with less emphasis on the patient type/caseload AHPs, we can see. This was termed “Big demand, small AHP resource”.

One practitioner stated that “As patient demand grows, Public Health reduces in priority”. AHPs are reporting increasingly complex patients on their caseload so the health promotion aspect can

fall off. Another stated that building networks and working relationships with public health partners amid increasing workload *“takes time”*, so AHP students don’t necessarily have access to public health type placements to enable them to learn.

***Practice Educators require training on integrating Public Health related opportunities into AHP practice placements.*** Participants noted that education is needed for Practice Educators to enable them to understand how to integrate public health opportunities into AHP practice placement. *“Skills and confidence of AHPs that are providing Public Health approaches”*, *“Practice Educator module and case studies to help Practice Educators enable students to engage in Public Health in their service”*, *“Practice Educators having knowledge and skills of long arm supervision”* and *“Identifying available Practice Educators to provide long arm supervision can be a challenge”*. These comments also illustrate the need for AHPs who are practice educators to deepen their understanding of what constitutes a public health approach so that public health dimensions can be mainstreamed within any placement setting rather than require input from public health colleagues. An example would be the Practice Educator to ask the student to reflect on what other factors may be influencing the service users health and wellbeing. This will mean a discussion about the wider determinants of health and ill-health and prompt the student to explore suitable signposting to services or other sources of support.

***Public Health approaches are not seen as a core skill.*** The failure of clinicians to see the public health approach as a core skill is a failure, public health is often seen *“as enrichment, not core”*.

A participant stated that *“If it’s (i.e. public health) not a learning outcome or not seen as being something that MUST be achieved to pass the course then often it is valued less”*. As such, public health should align *“with students’ learning outcomes and expectations”*. Others argue that the inclusion of public health into the AHP curriculum results in *“reduced time spent on core learning meaning students gain Public Health awareness but the loss of core skills for practice”*. In addition, *“students may fear they are not gaining enough clinical experience if part of placement is Public Health”*. We need to however seek to challenge this mindset that public health is not *“core to practice”* and HEIs and Practice Educators should strive to incorporate *“project placements/ role emerging placements”* for AHPs in their formative years.

***Lack of knowledge and skills in Public Health approaches among AHPs.*** This can be achieved by “Managing cognitive dissonance of practitioners when they know what they SHOULD do versus what they CAN do. And to feel OK with that”. Placement educators need to know what public health looks like in their AHP roles and how to make it more explicit as part of Practice Educators’ opportunities. The mindset of practitioners in the field needs to change so they don’t see public health as only health promotion but also the role they can play in influencing the wider health determinants. Finally, there is an issue with data. Placement educators need to understand how to access existing service data about the wider health determinants – data exists but how may AHPs know where to find this? An example of a data source is [The Scottish Public Health Observatory](#). The ScotPHO Profiles present a range of indicators to give an overview of health and its wider determinants at a local level so any AHP could look at this information in their own local area.

***The capacity of Public Health departments and alternative placement providers.*** Local Public Health/ Health Improvement teams are key to, however, participants in the workshop raised concerns such as “*what capacity do they have to support this as some areas are already overwhelmed by requests*”, and would it involve additional workload for staff working in this department for example “*would there be a need for Public Health to complete Quality Standards for Practice Placements audits?*”

#### **Question 4 – How can we enhance Public Health education throughout the undergraduate curriculum further?**

***Role of professional and regulatory bodies and Government:*** There needs to be clarity from the Professional and regulatory bodies on the governance requirements for placements to include public health across AHP professions, to make getting governance right and easier for all those involved. The organisation that influences Professional Body curriculum requirements needs to be influenced. There needs to be a “wider government interest in health promotion” and this should be reflected in their policies too.

***Public health education in the curriculum.*** Whilst each HEI currently includes the Council of Deans of Health guidance (Council of Deans of Health, 2021) within their AHP programmes more

could be done to ensure Public health is incorporated into the AHP curriculum and as part of the inter-professional aspect of the undergraduate programme and placement opportunities. AHP students should be exposed to interprofessional education from the onset of their degree program to encourage learning with and from others. For example, practice educators can encourage inter-professional education and have a public health project focused on encouraging teams of students from a range of professions to work together to identify how they could address health inequalities collectively. Also, joint working with Public Health academics in teaching approach, and interdisciplinary learning. Public health modules should be taught as part of the AHP course, ensuring that the learning outcomes assessed are directly linked to Public Health. Furthermore, HEIs could have AHPs from local boards who have experience in public health contributing to undergraduate programmes, helping students see the links within the curriculum (making this explicit) and embedding them into learning outcomes

**Question 5 - What actions could be taken away from today's meeting to integrate Public Health in AHP practice placements?**

**Shared learning.** Case studies of what has worked well for different AHPs in terms of successful placement models can be collated and shared. Additional case studies can be commissioned. Guidance documents for role emerging placements with third sector organisations can be disseminated and ways to strengthen links with local Public Health departments can be shared

## **5.3 Webinar Session**

### ***5.3.1 Webinar registration and attendance***

A total of 614 people registered for the webinar, demonstrating a high level of interest in this topic. When registering, participants were asked to state their job title and health board or the organisation. Registrants were sorted into professions where this was apparent from their job title. The number of registrants from each of the 10 AHP professions and how this compares to the number of qualified whole time equivalent (WTE) staff in post in NHS Scotland (NES, 2020) is shown in Table 2. The NHS Scotland AHP workforce figures do not include those AHPs who work

in private practice. However only three of the 614 registrants indicated that they worked in private practice.

**Table 2: Number of registrants compared to WTE employed within NHS Scotland**

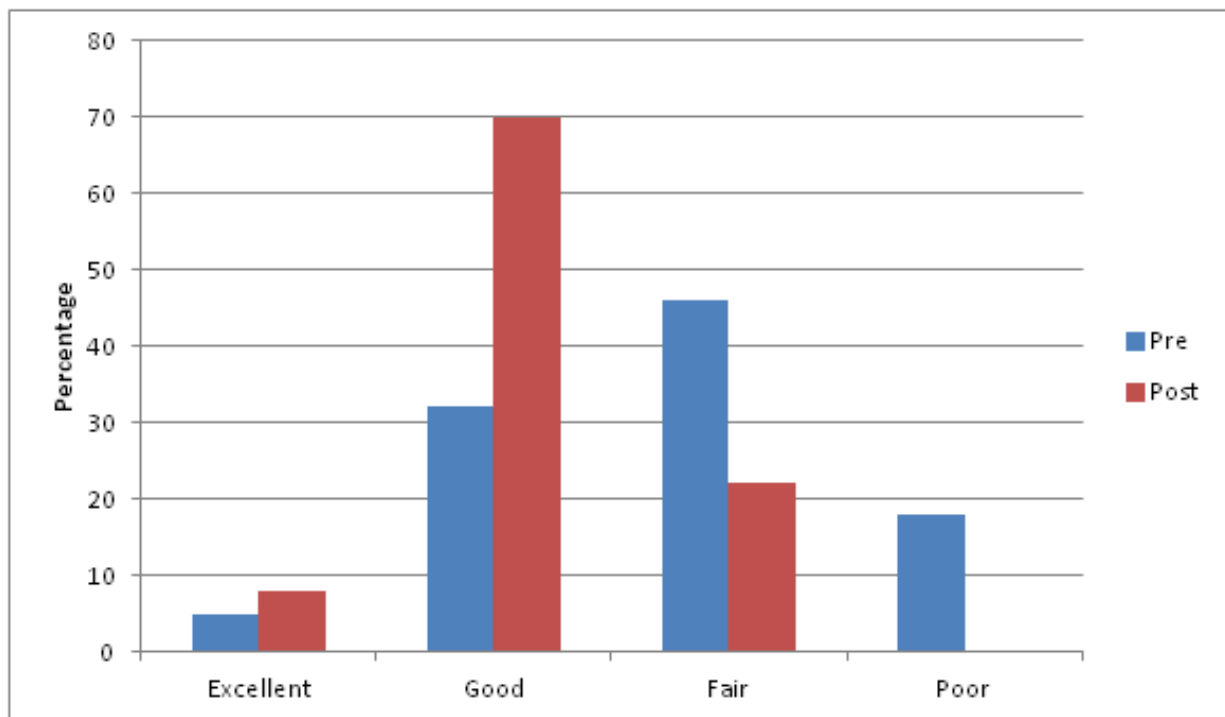
Profession	Number registered	WTE NHS Scotland workforce (%)
Arts Therapies	2	21 (10%)
Orthoptics	1	82 (1%)
Prosthetists and Orthotists	4	100 (4%)
Podiatry	41	556 (7%)
Dietetics	88	719 (12%)
Speech and Language Therapy	52	823 (6%)
Paramedics	5	1553 (0.3%)
Occupational Therapy	118	1899 (6%)
Radiography	8	1969 (0.4%)
Physiotherapy	127	2551 (5%)
Total	446	10, 273 (4%)

The professions with the greatest number of registrants were Physiotherapy, Occupational Therapy and Dietetics. This partly reflects the greater numbers of these professions in post in Scotland but may also partly reflect those professions that most closely recognise their public health role. The webinar flyer stated that the target audience was “AHPs working in health and social care interested in increasing their knowledge of public health.” Therefore, it was somewhat surprising to note that several other professions registered for the event including nursing staff, health visitors, doctors, and social workers, indicating an opportunity for multi-disciplinary team collaboration. The webinar also attracted several registrants with an education role, including AHP PELs and lecturers from HEIs. This is important and encouraging as pre- and post-registration training may require some modification to enable AHPs to meet the ambition of being leaders in public health. It is vital to acknowledge the importance of AHPs collaborating with non-AHP NHS staff and staff from other agencies when aiming to improve public health and it was encouraging to see that 13 Health Promotion/ Health Improvement Officers registered for the event as well as representatives from several third sector organisations such as Alzheimer Scotland, Enable Scotland, and The Thistle Foundation. Most registrants stated their health board or organisation as being within Scotland but there was also representation from organisations within England, Wales, and Ireland, demonstrating widespread interest in this work.

As is usual for such events, the number of participants fluctuated throughout the webinar, but it is estimated that the maximum attendance at any one time was approximately 230. The webinar was recorded and, after editing, is now available on [Turas Learn](#). A link to the recording has been emailed to everyone who registered for the webinar and it was also promoted via the NES NMAHP Twitter account.

Participants were asked to rate their knowledge of public health and how it can be integrated into their daily work at the beginning and end of the webinar and the results are shown in Figure 3. After the webinar, the percentage of participants who rated their knowledge as excellent or good had more than doubled from 37% to 78%.

**Figure 3: Participants' knowledge of how public health can be integrated into their daily work pre- and post-webinar**



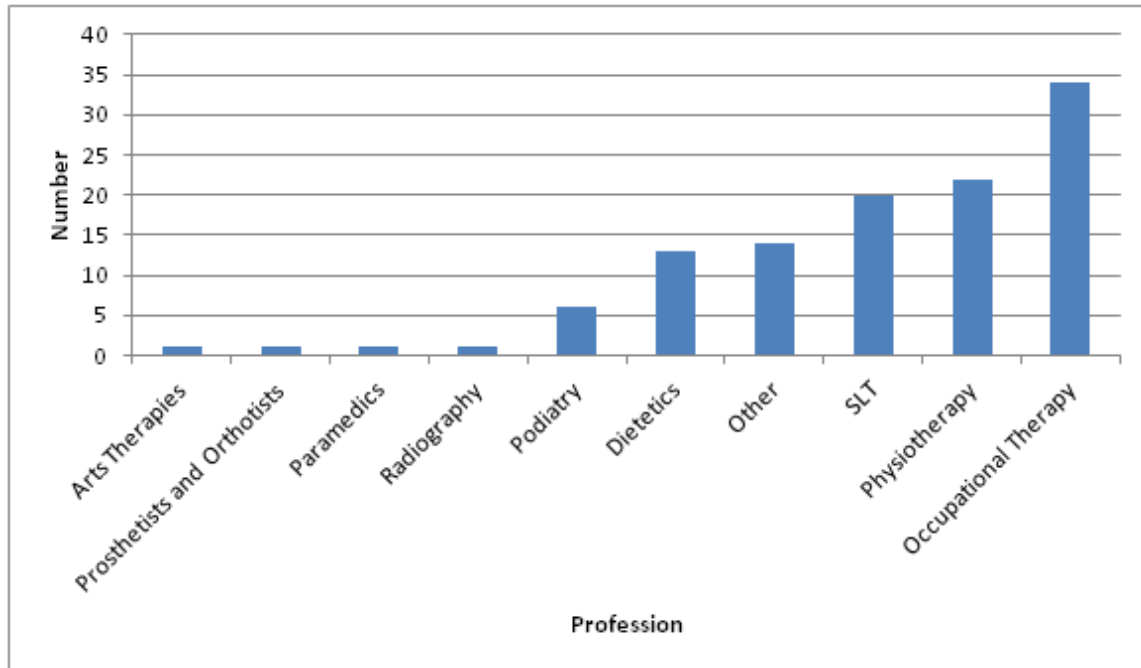
There was a high level of interest in the issues discussed during the webinar, resulting in insufficient time to address all the questions and comments raised. Therefore, Dr Ruth Campbell and Fiona Macdonald provided a written response to outstanding questions and comments (Appendix 4, Section 8.4), and this is available on [Turas Learn](#) along with the recording of the webinar.



### 5.3.2 Evaluation of the webinar

One hundred and thirteen people completed the webinar evaluation form. The number of responses from each profession is shown in Figure 4.

**Figure 4: Number of completed evaluation forms by profession**



The key findings from the evaluation were as follows:

- 46% strongly agreed and 47% somewhat agreed that the session improved their knowledge of what public health is.
- 53% strongly agreed and 42% somewhat agreed that the session improved their knowledge of the national Public Health Priorities for Scotland.
- 49% strongly agreed and 46% somewhat agreed that the AHP stories improved their understanding of how public health can be integrated into AHP roles and practice.
- 38% strongly agreed and 53% somewhat agreed that the session improved their knowledge of how AHPs can build on their role and contribution to future public health.
- One hundred and five respondents (93%) felt they can contribute to improving population health within their role.

Overall, the webinar was well received with 97% of respondents agreeing that they would recommend it to colleagues. This supports the decision to make a recording of the webinar available on Turas Learn.

When given ten options about what would help respondents further integrate Public Health into their daily role and practice, the responses were as shown in Table 3.

**Table 3: Enablers to help AHPs further integrate Public Health into their daily role and practice**

Option	Number of responses (%)
Support from and better links with local Public Health department	77 (68%)
Time and resources allocated for public health practice	74 (65%)
Local education sessions	63 (56%)
Improved links with third sector and voluntary organisations	63 (56%)
Specific training for public health practice	60 (53%)
A shift in focus from treatment to prevention	59 (52%)
Improved data collection methods to demonstrate public health efforts	48 (42%)
Support for workforce planning	45 (40%)
National education sessions	42 (37%)
Increased support and resources from professional bodies	37 (33%)

Support from and better links with local Public Health departments was identified as the principal factor that would help AHPs to further integrate public health into their daily role and practice, closely followed by dedicated time and resources for public health practice. Local education sessions were considered more helpful than national education sessions, perhaps indicating that the opportunity to discuss how to implement learning locally is considered important. These results have implications for multi-disciplinary and inter-agency working, job-planning, and training.

Finally, participants were asked “What actions can your AHP profession take to further integrate public health into its daily role and practice?” and they were able to provide free text answers to this. Responses were grouped into themes as below.

**Improve signposting and support:** The opportunity to improve signposting to sources of support for self-management of long-term conditions was recognised, for services both within and outside of the NHS. It was also recognised that in order to signpost effectively, AHPs need to “*be aware of what’s out there to help our patients.*”

**Improve accessibility of services:** There was a desire to ensure services are accessible to all and reduce barriers to engagement: *“we have large areas of marked deprivation where inequality is very apparent, moving some of the services to these areas could easily impact on the population’s health and foster local resources to have a positive impact in the communities.”*

**Take a holistic approach:** Adopting a holistic approach to treatment and intervention, opportunities for brief interventions and making every contact count were identified as important.

**Shift focus from treatment to prevention:** A desire to focus on prevention rather than treatment was identified: *“It is time to shift resources towards early intervention and put those resources in the communities that need them most.”* Indeed, some services are already taking this approach: *“We are currently remodelling our service and we are trying to focus more on early intervention and prevention, collaborative working and targeted and universal approaches, especially as for many of our young people, specialist intervention is not the best approach.”* However, the challenges associated with this were acknowledged: *“The NHS is struggling to keep up with care as it is in terms of demand and resources, so preventative care is difficult to include”* and *“Often Public Health messages are lost as a traditional refer, assess, treat model is the only model which is seen as valuable.”*

**Strengthen relationships:** Several respondents indicated that they plan to strengthen relationships, and this included working more closely with local communities to identify strengths, improving links with third sector and voluntary organisations and strengthening relationships with the local public health department. There was a desire to work more closely with NHS colleagues from other disciplines such as nursing and also interagency working such as with Social Work. Additionally, the need to improve understanding of the role of AHPs was identified: *“We need to do more with our stakeholders to ensure they have sufficient understanding of our role and try to move them away from the medical model.”*

**Demonstrate impact:** There was a desire for better data collection methods to demonstrate the impact of public health interventions with a request for *“guidance on how we should be explicitly documenting public health targets into our note keeping and planning.”* The need for a culture change in how AHP activities are viewed was identified: *“We need to stop being counted by*

*direct contacts and value placed on all AHP activity.”* Building the evidence base of examples of AHP public health interventions and outcomes was seen as useful to promote the benefits of the public health role of AHPs in communities. The case studies on the [Royal Society for Public Health resource hub for AHPs](#) have a role to play in this, although these are aimed at AHPs rather than other professionals or the public.

***Incorporate Public Health with Service Developments:*** The importance of incorporating a greater emphasis on public health into service developments and business plans was identified and the Scottish AHP Public Health Strategic Framework Implementation Plan (Scottish Government, 2022) was seen as a useful tool for this.

*“We will review what we are currently doing and map to the national priorities then look at how any gaps can be addressed. There is a bit of joining the dots to be done on a local level as well and the Implementation Plan will be a focus for this.”*

***Workforce planning:*** The importance of including the public health role of AHPs when developing posts and job planning was acknowledged: *“... it isn’t an add-on but rather an integral part of AHP services, so often funding is offered via a medical model or with an impairment-based view.”* Some felt that separate public health posts should be created: *“Develop roles that focus on public health specifically ... so it is not seen as another demand to fit into busy clinic schedules.”* However, others felt that public health approaches should be integrated into clinical roles: *“allocate part of clinical remit to universal and targeted approaches.”* This is an important aspect that AHP safer staffing tools need to address. At the time of writing, tools for nursing colleagues exist but tools for AHPs are currently under development by [Healthcare Improvement Scotland](#).

***National approach:*** The potential role of professional bodies in developing a national approach was identified: *“Connect to public health priorities nationally via professional organisations/ special interest groups to allow full planning and co-ordination of development projects with adequate support and visibility.”*

***Local discussions:*** Several respondents indicated that they planned to discuss the issues raised at the webinar within their workplace meetings: *“discuss locally how we can do this”* or learning

and development reviews: “... *there are definitely opportunities to increase the public health agenda so will take this to supervision and next Turas review.*”

**Education and training:** The importance of including public health approaches within training programmes from an early stage was recognised: “*It needs to be promoted in education, included in student training to become part of our professional culture.*” It was felt that the emphasis on this is currently inadequate “... *there is limited exposure to addressing inequalities in population health and wellbeing during AHP training and for newly qualified practitioners.*” One respondent pledged to address this personally: “*I will invite other AHPs to have the opportunity to shadow or contribute to my own Public Health work and offer opportunities for students on placement.*”

#### **5.4 Feedback and Reach from Twitter Campaign**

It is recognised that AHPs use Twitter for its potential to view, connect and share information between one another as a method of continuing professional development. The growth of AHPs using Twitter has significantly increased over the past few years with the NES NMAHP account (@NESmahp) specifically having a reach of over 9000 people.

Following the publication of the Scottish AHP Public Health Strategic Framework Implementation Plan (Scottish Government, 2022) and the NES National AHP Conversation Public Health Webinar, it was felt that momentum needed to be maintained to keep public health on the agenda of AHPs. The Team, therefore, felt that the role of AHPs in public health and the Scottish AHP Public Health Strategic Framework Implementation Plan could be further showcased using the NES Twitter account to roll out information for AHPs. This was also an opportunity for NES to develop the AHP workforce and raise the profile of AHPs in public health, which are two of the Scottish AHP Public Health Strategic Framework Implementation Plan’s strategic goals that NES are aligned with.

A five-week Twitter campaign was developed, which promoted the Scottish AHP Public Health Strategic Framework Implementation Plan (Scottish Government, 2022), education on ‘what is public health, AHP stories that were captured from Phase 1 of the AHP Contribution to Public Health project, and further signposting. A total of ten posts was put out over the five-week period. Week 1 of the campaign featured two posts. The first post introduced the campaign and

what AHPs could expect during the campaign period. The second post signposted AHPs to video resources to help improve their understanding of public health via the learning hub. The posts for the remaining four weeks aimed to follow a theme that linked with the six Public Health Priorities for Scotland (Scottish Government, 2018), with each priority having a relevant AHP story of their role in public health attached. The Twitter campaign was developed in conjunction with the NES social media team and it was agreed that the campaign would consist of two posts a week over five weeks. The Team also used hashtags to engage a wider audience of health professionals and colleagues from a range of settings which would further increase the reach across social media. Below are some screenshots of the Tweet images from weeks 2 to 5.



Tweet Image 1: 12/08/2022



Tweet Image 2: 18/08/2022





NESnmahp @NESnmahp · Aug 22

Great example from SPIN team promoting community-wide strategies which build capacity of parents & children's workforce to aid prevention through universal services & nurturing environments at home, nursery & school [bit.ly/3bHut4L](https://bit.ly/3bHut4L) #AHPsinPublicHealth #AHPScot



Tweet Image 3: 22/08/2022



NESnmahp @NESnmahp · Aug 25

Sinead an Art Therapist, describes how the Arts Therapies aim to improve peoples' mental health by allowing them to express difficult feelings in ways that are less threatening than direct discussion Find out more [bit.ly/3bNnjMj](https://bit.ly/3bNnjMj) #AHPsinPublicHealth #AHPScot



Tweet Image 4: 25/08/2022



NESnmahp @NESnmahp · Aug 29

Claire's story talks about how service redesign incorporating alcohol brief interventions supports patients to reduce the impact of alcohol & drugs use on their health Find out more [bit.ly/3vTWOMc](https://bit.ly/3vTWOMc) #AHPsinPublicHealth #AHPScot



Tweet Image 5: 29/08/2022



NESnmahp @NESnmahp · Sep 1

Laura, Workforce Programme Manager, describes her work to encourage workplaces to adopt good practice in relation to staff health and wellbeing, and the NHS Tayside Staff Wellbeing Champions Programme. Find out more [bit.ly/3SSdA8v](https://bit.ly/3SSdA8v) #AHPsinPublicHealth #AHPScot



Tweet Image 6: 01/09/2022



Tweet Image 7:



Tweet Image 8: 07/09/2022

Twitter analytics were collected to show how the audience responded to the content that was posted and the data is presented in Table 3 below. This is a snapshot of the data after the 5-week period, compiled a week after the last tweet. It is possible and anticipated that the interaction with the tweets will change with time. Over the course of the Twitter campaign a total of 448 engagements (total number of interactions with tweet) were shown. The total number of likes equated to 67 with 31 being the overall number of re-tweets. On review of the data analytics the highest viewed posts were Public Health priority 1 (A Scotland where we live in vibrant, healthy and safe places and communities: views 2046) and Public Health priority 2 (A Scotland where we flourish in our early years: views 4227). No comments were added to any of the Twitter posts over the 6-week period.

**Table 3: AHPs In Public Health Twitter Statistics**

Tweet Image number	Date posted	Time posted	Impression <sup>1</sup>	Engagement <sup>2</sup>	Detail expands <sup>3</sup>	Profile visits <sup>4</sup>	Link clicks <sup>5</sup>	Retweets	Quote Tweets	Likes
1	12/08/2022	08:22h	1548	61	66	4	32	4	3	4
2	18/08/2022	12:48h	2046	71	3	9	19	8	0	17
3	22/08/2022	10:50h	4227	148	43	7	50	8	2	17
4	25/08/2022	12:51h	913	32	2	2	10	6	0	6
5	29/08/2022	16:53h	1610	24	4	2	5	4	0	7
6	01/09/2022	09:54h	360	6	0	0	2	1	0	2
7	05/09/2022	13:03h	1961	74	15	6	23	8	3	7
8	07/09/2022	14:36h	602	28	4	2	7	6	0	7

<sup>1</sup> Times this tweet was seen on Twitter

<sup>2</sup> Total number of times a user has interacted with a Tweet. This includes all clicks anywhere on the Tweet (including hashtags, links, avatar, username, and Tweet expansion), retweets, replies, follows, and likes.

<sup>3</sup> Times people viewed the details about this Tweet

<sup>4</sup> Number of profile views from this Tweet

<sup>5</sup> Number of clicks on any URL in this Tweet

## 6 NEXT STEPS

The Scottish AHP Public Health Strategic Framework Implementation Plan (Scottish Government, 2022) outlines five strategic goals as follows:

- Developing the AHP Workforce
- Demonstrating Impact
- Increasing the Profile of the AHP Public Health Role
- Strategic Connections and Leadership
- Health and Wellbeing of the Workforce

NES is recognised as a key partner in the achievement of the first three goals. To align with NES's values and strategic aims for NHS Scotland, the focus of these goals is based on education and knowledge of AHPs.

The work that has been set in place, which is shown throughout this Phase 2 report highlights the contribution that NES has delivered upon at this stage to achieve the assigned strategic goals. This is shown in more detail in Appendices 5 and 6 (Sections 8.5 and 8.6).

The meeting/education session with the PELs, AHP Public Health Webinar and the NES Public Health Twitter campaign have all been set in place with the focus on education of the AHP workforce and raising the profile of AHPs' contribution to the Public Health Priorities for Scotland (Scottish Government, 2018). Our vision is that these initial educational materials will inspire and motivate AHPs across Scotland to develop an interest in public health that may lead to further educational materials being developed across Scotland. NES will continue to explore Scottish-specific public health resources that will be showcased across a range of different platforms including the NES AHP Public Health web page, which has been developed during this Phase 2 project.

Further actions have been set in place by NES through the [AHP Career Fellowship Scheme](#) (cohort 5), with one of the key themes for applications this year linking to public health. Applications are sought where the work-based project element links to AHP's contribution to the Scottish public health agenda and supports one of the four areas from the model – health protection, health improvement, population healthcare and wider determinants. We have

promoted this during the period when applications are live through the networks that have been established through this Phase 2 project. This will hopefully engage more AHPs to have a special interest in public health that will enable them to deliver on the strategic goals at a local level. The work that has been achieved throughout the Career Fellowship Scheme can also be available across the NES Public Health Webpage and through other platforms, such as Turas Learn to provide further education at a national level.

In Strategic Goal 1 – *Developing the AHP Workforce*, one of the aims is to task a working group to review the integration of public health into AHP Advancing Practice through role development. This is outlined by NES’s commitment to maximizing the contribution to the nursing, midwifery and Allied Health Professions (NMAHP) workforce and pushing the traditional boundaries of professional roles, supporting the Once for Scotland approach. The vision is for each health board/health and social care partner across Scotland to have a dedicated working group to assign and implement actions from the Scottish AHP Public Health Strategic Framework Implementation Plan (Scottish Government, 2022). Time limitations have been a barrier at this stage to determining how NES can support this goal in the future, however, an early idea may be to develop an AHP Advanced Practice Education and Development Framework for Public Health, which could be modelled similar to the [Supporting AHP Career and Role Development across the Career Framework for Health \(2012\)](#).

Overall it is felt that NES during this Phase 2 piece of work has achieved a lot towards the assigned strategic goals. Further opportunities are possible through;

- NES AHP Public Health Practice Framework
- Further educational materials through Turas learn/Learn Pro
- AHP Public Health network/special interest group
- Linking closer with PELs and HEI to explore further education and practice placement opportunities

To achieve the above, it is recognised that it may be beneficial to have a dedicated role at NES to lead on these pieces of work and continue to keep the role of AHPs in public health high on the agenda throughout NHS Scotland and a range of other stakeholders and organisations. NES has a Public Health programme; however, this does not currently include an AHP within the staff team.

We recognise that funding would need to be allocated for this post, however this is something that could potentially be explored in the future.

### **HCPC Standards of proficiency**

The Health and Care Professions Council has updated its professional standards that all AHP registrants must meet to become registered and remain on the Register. These updated standards will come into effect on 1 September 2023 and will include a new standard about promoting public health and preventing ill-health. This may involve providing advice, referrals or other interventions that may not be directly connected to the reason the patient sought care. This change recognises that registrants are part of a larger healthcare system and play a vital role in promoting public health.

## 7 REFERENCES

[List of awareness days | UCL Human Resources - UCL – University College London](#)

[UK health awareness days - Local Care Force](#)

[Public Health Calendar: List of Important Health Days & Events \(publichealthupdate.com\)](#)

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Scottish Government, 2018. *Public Health Priorities for Scotland*. [Online] Available at:

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[health-inequalities-framework-allied-health-professionals](https://www.kingsfund.org.uk/publications/tackling-health-inequalities-framework-allied-health-professionals) [Accessed 21 09 2022].

### 8.1 Appendix 1: AHP Public Health Webinar Flyer



## National AHP Conversation Webinars

### The Role of Allied Health Professionals in Public Health

#### Target Audience

AHPs working in health and social care interested in increasing their knowledge of Public Health

#### Date & Time

Tuesday 2 August 2022  
14:00 – 15:30

#### Booking

<https://forms.office.com/r/PuGpXdk9bK>

NHS Education for Scotland (NES) is hosting a webinar for Allied Health Professionals (AHPs) in Scotland to align with the AHP Public Health Implementation Plan for Scotland. The webinar will feature engaging talks by AHP Public Health expert speakers, including case study examples of how AHPs are contributing to the public health agenda in their area of practice.

This launch event will provide AHPs the opportunity to hear more about what they could be doing in their professional capacity to contribute to the Public Health Priorities in Scotland.

- Introduction from **Helen McFarlane, NES AHP Programme Director**
- What is public health? - **Fiona Macdonald, Public Health Workforce Lead**
- Developing the AHP Public Health Implementation Plan and national perspective - **Dr Ruth Campbell, Consultant Dietitian in Public Health Nutrition**
- The role of AHP's in Public Health - **Dan Thompson, Musculoskeletal Physiotherapist & Dr Iheoma Amaeshi, Specialist Podiatrist**
- Examples stories/case-studies - **Sheila Wilson, Specialist Dietitian & Dr Iheoma Amaeshi, Specialist Podiatrist**
- AHP Public Health future plans - **Carolyn McDonald, Chief Allied Health Professions Officer**
- Q&A with **Helen McFarlane, Dr Ruth Campbell, Carolyn McDonald** and **Fiona Macdonald**



Follow us @NESmahp #AHPScot #AHPsinPublicHealth



## 8.2 Appendix 2: The Role of AHPs in Public Health Webinar Session Plan

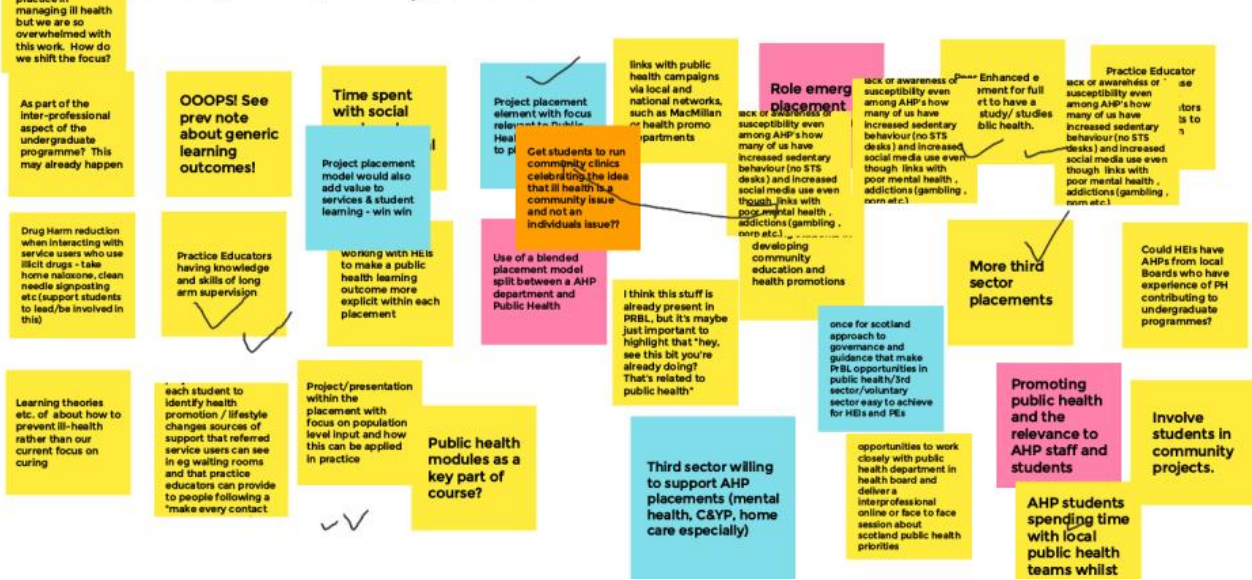
Speaker	Topic	Time
<b>Helen McFarlane</b> AHP Programme Director NHS Education for Scotland	<b>Introduction</b> Overview of NES, Introduction to webinar & Plan for today's webinar	5 mins
<b>Helen McFarlane</b>	<b>2 poll questions</b>	3 mins
<b>Fiona Macdonald</b> Organisational Lead (Public Health Workforce) Public Health Scotland	<b>What is Public Health?</b> General overview of Public Health and the role of Public Health Scotland	5 mins
<b>Dr Ruth Campbell</b> Consultant Dietitian in Public Health NHS Ayrshire and Arran	<b>Developing the Scottish AHP Public Health Strategic Framework Implementation Plan and National Perspective</b> Development of the Scottish AHP Public Health Strategic Framework Implementation Plan and how its goals link with the Public Health Priorities for Scotland	8-10 mins
<b>Dan Thompson</b> MSK Physiotherapy Team Lead NHS Ayrshire & Arran <b>&amp; Dr Iheoma Amaeshi</b> Highly Specialist Podiatrist (Early Intervention) NHS Fife	<b>The role of AHPs in Public Health</b> Overview of the role of AHPs in Public Health, past/current work with NES and AHP Public Health Examples	10-15 mins
<b>Sheila Wilson</b> Dietitian, NHS Tayside <b>&amp; Dr Iheoma Amaeshi</b> Highly Specialist Podiatrist (Early Intervention) NHS Fife	<b>Stories and case-studies</b> Videos/case-studies presented from previous work	10-15 mins
<b>Carolyn McDonald</b> Chief AHP Officer for Scotland	<b>AHP Public Health future plans</b> Overview of the UK AHP Public Health Strategic Framework, objectives and future plans that link with the Scottish AHP Public Health Strategic Framework Implementation Plan	8-10 mins
<b>Helen McFarlane</b>	<b>Repeat 2 poll questions</b>	3 mins
<b>Dr Ruth Campbell, Fiona Macdonald &amp; Carolyn McDonald</b>	<b>Q&amp;A</b> Chaired by Helen McFarlane	20 mins
<b>Helen McFarlane</b>	<b>Evaluation</b>	5 mins
<b>Total time = 77 to 91 minutes</b>		

### 8.3 Appendix 3: Google Jamboard Responses

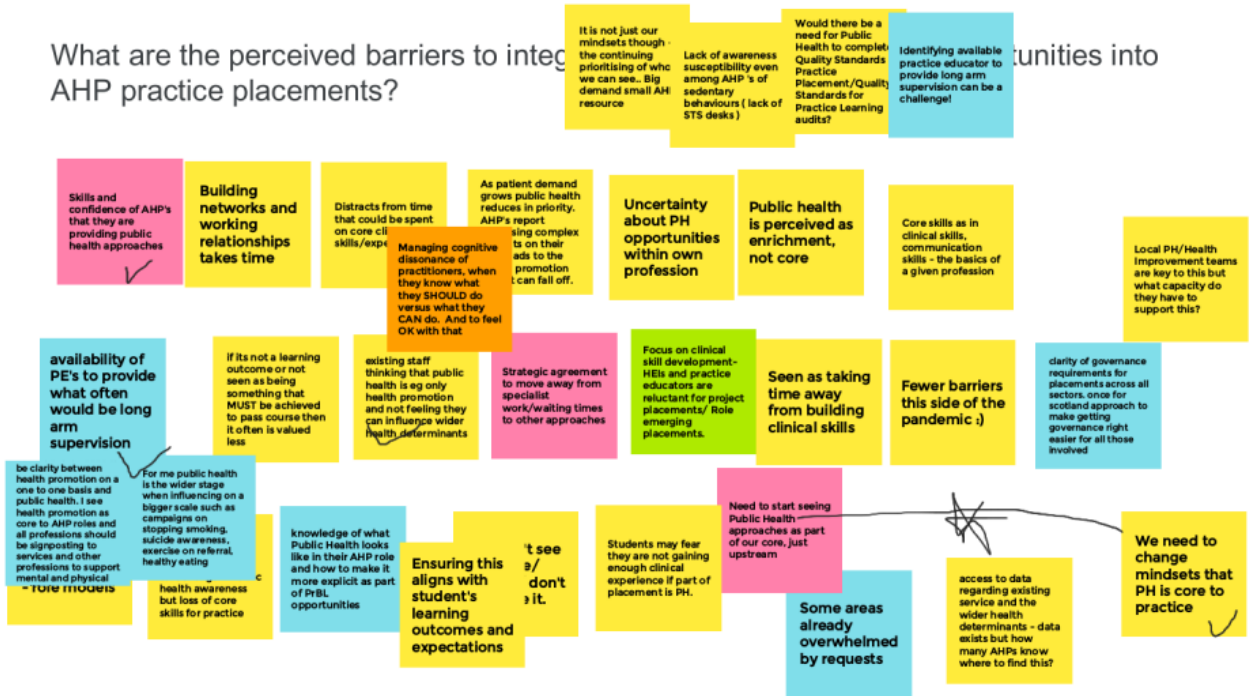
What opportunities are potentially available to expose current AHP's to the Public Health Priorities in their workplace



What are the opportunities that are potentially available to integrate Public Health into registration AHP practice placements?



## What are the perceived barriers to integrating AHP practice placements?



## How can we enhance Public Health education throughout the undergraduate curriculum further?



## What actions could be taken away from today's meeting to integrate Public Health in AHP practice placements?



## 8.4 Appendix 4 Webinar Q&A by Dr Ruth Campbell and Fiona Macdonald



### Summary of Question and Answer Session

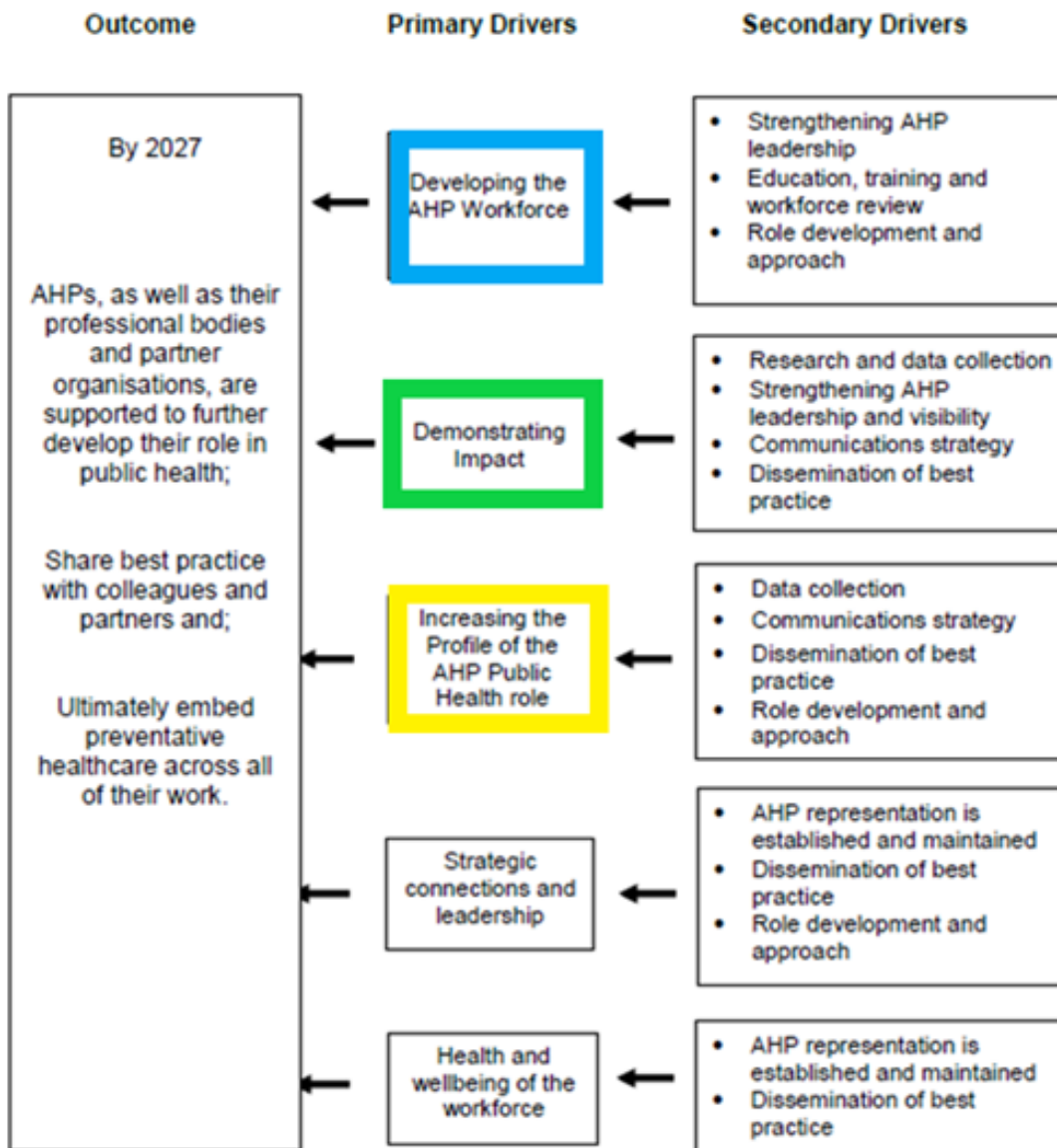
Question	Answer
SO much evidence for the need for interagency communication to get the most out of public health opportunities. Many of the concerns raised now by Emergency Department staff and GPs suggest that triaging by a public health practitioner might reduce over-medicalisation of social deprivation and poverty related issue	The AHP Public Health Implementation Plan aims to support AHPs increase their role in addressing the wider determinants of health, based on a social model of health. Increasingly AHP roles are being developed with a remit to work in Emergency Departments and to become first point of contact professionals in primary care. Within GP practices Community Link workers play a key role in providing support with social and financial issues.
Are all these AHP and other initiatives recorded and updated on ALISS and in local libraries as many third sector groups are asked for signposting, but local services can be hard to find?	The AHP Public Health Implementation Plan seeks to ensure external partners understand the AHP contribution to public health, prevention and early intervention, and to promote the innovative services that AHPs provide. Actions in the Plan include: <ul style="list-style-type: none"> <li>• development and dissemination of a new Public Health focused Compendium Report to help Scotland's leaders and citizens better understand the difference AHPs make to public health;</li> <li>• development of a communication plan and support for the development of a community of practice which includes effective use of social media and other communication channels to promote the AHP contribution to public health.</li> </ul>
Can cancer rehabilitation be included in the plan please? AHPs lots to offer in improving outcomes for people living with cancer before, during, after treatment and beyond. Lots of good work already underway but lots more to do to standardise care/rehab across the country.	Whilst it is recognised that cancer rehabilitation is an important issue, the AHP Public Health Implementation Plan does not focus on any specific condition/disease. The Plan aims to deliver actions that will support AHPs to build public health approaches into their practice, regardless of their specialist area.
Would AHPs have greater impact if aligned to Public Health rather than clinical services? Might help to prioritise use of resource and choices to move towards greater Public Health focus especially where resource is scarce.	The AHP Public Health Implementation Plan is based on the principle of collaboration with key partners including those in local and national public health teams. The Plan seeks to support AHPs fulfil their contribution to a whole systems approach to improving population health and reducing inequalities.
Will AHPs - dietitians and OTs contribute to the GIRFEC education sector for 'domestic science/home economics' teaching on cooking fresh foods and reducing ultra-processed foods and how to use kitchen tools at low cost?	The Schools (Health Promotion and Nutrition) Scotland Act and the Curriculum for Excellence both require schools to embed health and wellbeing into all aspects of the curriculum and school environment.

<p>I was wondering how Public Health approach and Realistic Medicine ethos come together?</p>	<p>The Scottish Government Health Directorate has identified 4 priority programmes:</p> <ul style="list-style-type: none"> <li>• Place &amp; Wellbeing</li> <li>• Preventative &amp; Protective Health</li> <li>• Integrated Planned Care</li> <li>• Integrated Urgent &amp; Unscheduled Care.</li> </ul> <p>The CMO annual report 2021/22 makes reference to the importance of focusing on the wider determinants of health such as employment, education and income, as well as focusing on improving healthy life expectancy and reducing inequalities.</p>
<p>We can also consider how we contribute to public health beyond the AHP role - advocacy, voting, informing policy, volunteering i.e., being an active citizen</p>	<p>The importance of focusing on the wider determinants of health is central to national and local policy and action taken to improve outcomes for populations and communities.</p> <p>To support the workforce including AHPs to demonstrate public health knowledge and skills, and in particular what evidence informed actions can be taken to reduce inequalities, Public Health Scotland have a range of digital learning hubs including:</p> <ul style="list-style-type: none"> <li>• Introduction to Public Health</li> <li>• Breaking Barriers to Inequalities</li> <li>• Health Inequalities</li> <li>• Challenging Poverty Stigma</li> <li>• Child Poverty</li> <li>• Making communication even better</li> </ul>



## 8.5 Appendix 5: NES AHPs Public Health Strategic Goals

Chart 1 – Driver Diagram



## 8.6 Appendix 6: Strategic Goals Relating to NES and Progress Summary

Strategic Goal (Goals 1-5)	What?	By when (short, medium, or long term)	Progress
Developing the AHP Workforce	We will work with partners to undertake a Scoping and Learning Needs Analysis for AHPs to identify learning needs that will enable the AHP workforce to better fulfil their public health role. This will include all AHPs within and between health and other sectors including voluntary, social care, education, and criminal justice.	Short	NES AHP Public Health Webinar Questionnaires and feedback documented in a report to outline the main learning needs for AHPs across Scotland (3.3)
Developing the AHP Workforce	We will initiate a joint approach to promoting existing resources to support AHPs in developing their knowledge and skills in tackling a range of health inequalities issues. We will do this by promoting access to learning modules, event information and resources on Public Health Scotland's Virtual Learning Environment, Allied Health Professions Public Health Hub, and all websites for each AHP professional body.	Short Medium	NES AHP Public Health Webinar – Uploaded to Turas Learn (3.3) Twitter Campaign (4.4) Public Health/Awareness Days Resource List (3.1.1)
Developing the AHP Workforce	We will increase AHP access to funded quality improvement and educational opportunities to support the development of knowledge, skills, and confidence to make a difference in population health.	Short medium	NES AHP Career Fellowship Scheme is due to open for cohort 5 on 24/08/2022, with one of the themes for applications this year linking to Public Health
Developing the AHP Workforce	We will task a working group to review the integration of public health into AHP Advancing Practice through role development – outlined by NHS Education Scotland, a commitment to maximising the contribution of the Nursing, Midwifery and Health Professions (NMAHP) workforce and pushing the traditional boundaries of professional roles, supporting a Once for Scotland approach.	Short Medium	Future planning to achieve this goal is currently in progress



Strategic Goal (Goals 1-5)	What?	By when (short, medium, or long term)	Progress
Developing the AHP Workforce	We will explore the opportunities and barriers to expanding Allied Health Professional (AHP) student placements in public health settings from the perspective of students, Higher Education	Medium	Practice Education Leads Meeting/Presentation. Results from a series of exploratory questions through a Jamboard session are shown in section (3.2)
Demonstrating Impact	We will support career development for the AHP workforce in the public health sector in Scotland through the AHP Careers Fellowship Scheme and disseminate evidence-based learning across Scotland from work-based projects aimed at addressing health inequalities.	Short Medium	NES AHP Career Fellowship Scheme is due to open for cohort 5 on 24/08/2022, with one of the themes for applications this year linking to Public Health
Demonstrating Impact	We will create Scottish-specific resources and promote resources such as the NHS Health Education England 'Embedding Public Health into Clinical Services' to transform AHP practice and include more prevention and early intervention approaches.	Short Medium	NES AHP Public Health Website NES AHP Public Health Webinar – Uploaded to Turas Learn (4.3) Twitter Campaign (4.4) Phase 1 and Phase 2 Public Health NES reports
Increasing the Profile of the AHP Public Health Role	We will initiate a series of recorded webinars chaired by the Chief Allied Health Professions Officer through which we will highlight a range of AHP interventions and approaches being utilised across Scotland. 6 webinars will be available annually across each of the six Public Health Scotland priorities. These webinars will feature AHP leaders working across all settings and will reflect both local and national work with the opportunity for wider collaboration and engagement across the Health and Social Care system to support AHPs in raising their profile.	Short	NES AHP Public Health Webinar (4.3) Learning needs analysis and webinar evaluation documented in NES AHP Public Health Phase 2 report
Increasing the Profile of the AHP Public Health Role	We will task a working group to identify and develop a communication plan and support the development of a community of practice which includes effective use of social media and other communication channels to promote the AHP contribution to public health, strengthening links with the existing national AHP social media group.	Short Medium	Twitter Campaign 4.4 NES AHP Public Health Website

