AHP Contribution to Public Health

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1 INTRODUCTION

The UK Allied Health Professions Public Health Strategic Framework 2019-2024 (Allied Health Professions Federation, 2019) was published in 2019 with the four nations committing to developing an implementation plan for each country. The Framework provides a broad approach to public health including work under the following 4 section headings: Health Protection, Population Health, Wider Determinants and Health Improvement. Dr Ruth Campbell, Consultant Dietician in Public Health Nutrition at NHS Ayrshire and Arran was assigned to lead this work in Scotland and attend the UK Strategy Group meetings. A Scottish Allied Health Professions (AHP) Public Health Framework Implementation Group was established with representation from each AHP profession and each Scottish Health Board. The aim of the Implementation Group was to develop a Scottish AHP Public Health Framework Implementation Plan and to connect the implementation plan to the Public Health Priorities for Scotland (Scottish Government, 2018). The Scottish Implementation Group was also mindful of the recently formed national body Public Health Scotland and the emerging priorities, wanting to link the Implementation Plan for AHPs in Scotland to both the UK wide AHP strategy and the Public Heath Scotland priority areas.

NHS Education for Scotland (NES) is supporting the work of the Scottish AHP Public Health Framework Implementation Group by focussing on the educational implications arising and engaging AHPs across each profession with the AHP Public Health Implementation Plan. The primary aim of this is to gain an insight into the current work that is taking place that links with the public health priorities and outline the learning needs for each profession, so that AHPs can maximise their contribution to public health across services.

In December 2021 NES offered funding for Health and Care Professions Council (HCPC) registered AHPs to support the work of the Scottish AHP Public Health Framework Implementation Group. The aim of the project was to identify and explore learning needs across the AHPs regarding public health and identify the need for potential future development in Scotland. To achieve this, a team of three AHPs representing different AHP professions and different health boards were funded by NES to help gather stories and case studies from AHPs across Scotland over a 40-day period between January and end of March 2022. Below is the profile of the team, their report detailing their involvement and the additional work they have carried out in support of the Scottish AHP Public Health Framework Implementation Plan.

Dan Thompson: I am Dan Thompson 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 (General Practitioner) locality meetings and other third sector services. Furthermore, I have explored the possibility of training for 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.

Dr Iheoma Amaeshi: My name is Iheoma Amaeshi and I am a Podiatrist with NHS Fife. I recently returned to Podiatry practice following a 6-year career break to pursue my interests in public health. I have a passion for health promotion and education and a keen interest in health policy research. These interests led me to study for a Master's in public health at Warwick University (2010), then a master's by research public health policy at the University of Edinburgh (2013) and a PhD in public health policy from the University of Durham (2020). Joining NHS Fife as a Highly Specialist Podiatrist (Early Intervention) gives me the opportunity to harmonise my career interests in podiatry, public health, and health policy research. I am currently looking at ways the podiatry team here in Fife can better serve the patient group we see with the aim of widening access opportunities, providing an equitable service which eliminates health inequalities, and encouraging self-care.

Prior to returning to Podiatry, I worked within the NHS Fife Public Health department as a contact tracer and was later seconded to the data intelligence team. I am currently working alongside the MSK Podiatrists to gain access to top Fife employers such as Amazon, Diageo, Fife Council and NHS Fife, and develop training for managers focussing on the health and welfare of their workforce with regards to podiatry related MSK issues. Being part of the NES project has opened my eyes to the opportunities available to AHPs to contribute to the public health agenda and the role AHPs play towards achieving the public health agenda. I have enjoyed this experience and I look forward to more future collaborations.

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, when I gave up my full-time position due to family commitments. I have had a Bank Contract with NHS Tayside since then. 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 a 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 in the University of Dundee Medical School, Dietetic Clinical Placement Facilitator and AHP Practice Education Lead supporting implementation of the Effective Practitioner Resource. This NES project has allowed me to combine my interest in public health and education. I have learned lots about some AHP professions that I had previously had little contact with and am excited about the potential contribution AHPs can make to Public Health to transform services and reduce health inequalities.

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

2 METHODS AND APPROACH

2.1 Project Brief

There were three phases to the project as shown in Figure 1 below. The team met weekly via MS Teams to discuss what had been achieved the previous week, the plan for the coming week and any challenges experienced to the ongoing task.

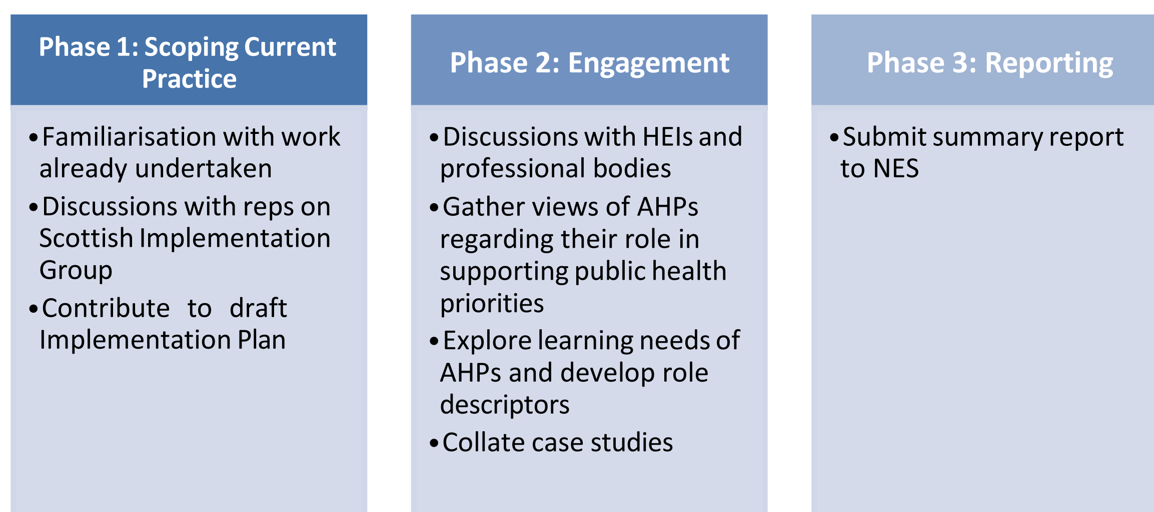


Figure 1: Project phases

2.1.1 Phase 1: Scoping Current Practice

Several key documents (see Appendix 1) were obtained and read to provide background on the current landscape and future direction of AHPs in relation to Public Health. A key aspect of this was to establish an understanding of the work that the Scottish AHP Public Health Framework Implementation Group had undertaken and to review the draft Scottish AHP Public Health Strategic Framework Implementation Plan.

The group then set up meetings with board representatives on the Scottish AHP Public Health Framework Implementation Group and local public health leads. Due to the Covid-19 restrictions at that time, these meetings were conducted through MS Teams. The allocation of representatives to group members was done in accordance with the number of days the group member was contracted to work on the project. To ensure consistency, a template of questions was used for semi-structured interviews (see Appendix 2). However, not all the meetings followed the exact template as the AHPs interviewed expressed different views and ideas on the future of AHPs and the implementation of public health across services.

The information gleaned from the AHP representatives on the Scottish AHP Public Health Framework Implementation Group led to further networking with other AHPs that are currently working in ways that support the public health priorities and have been involved in

quality improvement projects to support service re-design based around public health priorities.

The information from these meetings was captured through case studies and living experience stories which illustrate the range of contributions each profession is making towards the public health goals. The stories will be utilised as the basis for future learning resources. It is also hoped that some of these case studies will be highlighted on the Royal Society for Public Health (RSPH) website's AHP hub. There are currently 37 case studies on the RSPH AHP hub illustrating how AHPs contribute to Public Health, however only one of these relates to work in Scotland. It was felt that having examples of work from Scottish AHPs would not only be a valuable aid to promote the role of Scottish AHPs in Public Health, but that it could also be used as a signposting resource for other Scottish AHPs once the Implementation Plan is launched.

2.1.2 Phase 2: Engagement with the wider system and stakeholder experience

It is recognised that the future of AHPs' knowledge base and recognition of public health being at the heart of their role should start from an undergraduate level. It was therefore important as part of this piece of work to link with Higher Education Institutions (HEIs) to explore how public health in the broadest sense is included in the pre-registration programmes for different AHPs. Background information on this was gained from the document Public Health Content within the Pre-Registration Curricula for Allied Health Professions (Council of Deans of Health, 2021). Following this, meetings were arranged with a range of lecturers from different AHP programmes to explore the current pre-registration programmes, and the extent to which Public Health is embedded in the curriculum.

Additionally, information was gained from Practice Education Leads to explore current opportunities that link AHP students with public health, potential future opportunities and to consider what is needed to support these aspects of the Scottish AHP Public Health Strategic Framework Implementation Plan. Work was also undertaken to link with representatives of the AHP professional bodies. The aim of this was to explore what their vision is towards AHP Public Health, the current barriers and what is in place or already established to support AHPs. Finally, the various interviews were transcribed by the group and reminders were sent to AHPs who agreed to put together case studies using the RSPH case study template.

2.1.3 Phase 3: Reporting on findings

The Project Team collaborated via MS Teams to write this project report.

3 PROJECT FINDINGS AND DISCUSSION

In this section of the report, a snapshot of the activities of the AHPs gleaned from their professional body's website is presented. This is followed by the views of the AHPs interviewed regarding their roles in supporting the Public Health priorities and the perceived barriers to maximising their contribution. This section also explores the HEIs information and these findings are presented as themes with supporting extracts from the interviews. The links to the stories created and the case studies are presented in the Appendix section at the end (see Appendices 3 to 30).

3.1 Professional bodies and Public Health

One of the actions in the Implementation Plan is to promote access to learning modules, event information and resources on AHP professional body websites. The team reviewed the content of all publicly available AHP professional body websites for content relating to Public Health and the findings are presented in Table 1. The content varied with some professional bodies having dedicated public health sections and others having no obvious public health resources. It is possible that some professional body websites have information only available to members and this is not publicly available.

Table 1: List of professional body websites and public health resources[1]

Professional body	Dedicated PH Section	Website
British Dietetic Association	Yes	https://www.bda.uk.com/news-campaigns/get-involved/dietitians-and-public-health.html
Chartered Society of Physiotherapy	Yes	https://www.csp.org.uk/professional-clinical/professional-guidance/public-health-physical-activity
Royal College of Occupational Therapists	Yes	https://www.rcot.co.uk/practice-resources/occupational-therapy-topics/public-health
Royal College of Speech and Language Therapists	Yes	https://www.rcslt.org/speech-and-language-therapy/clinical-information/public-health/#section-0
British and Irish Orthoptic Society	Yes	https://www.orthoptics.org.uk/resources/public-health/
Society of Radiographers SoR Specialist Interest Group for Public Health	No but lots of resources	https://www.sor.org/search-results?searchTerm=public+health https://www.sor.org/about/get-involved/special-interest-groups/health-improvement-public-health-radiography
British Association *of* Prosthetists and Orthotists	No but lots of resources	https://www.bapo.com/?s=public+health
College of Paramedics	No	https://collegeofparamedics.co.uk/Search?SearchTerms=public%20health
British Association of Art Therapists	No	https://www.baat.org/
British Association for Drama therapists	No	https://www.badth.org.uk/
British Association for Music Therapy	No but some resources	https://www.bamt.org/
Royal College of Podiatry	No	https://rcpod.org.uk/

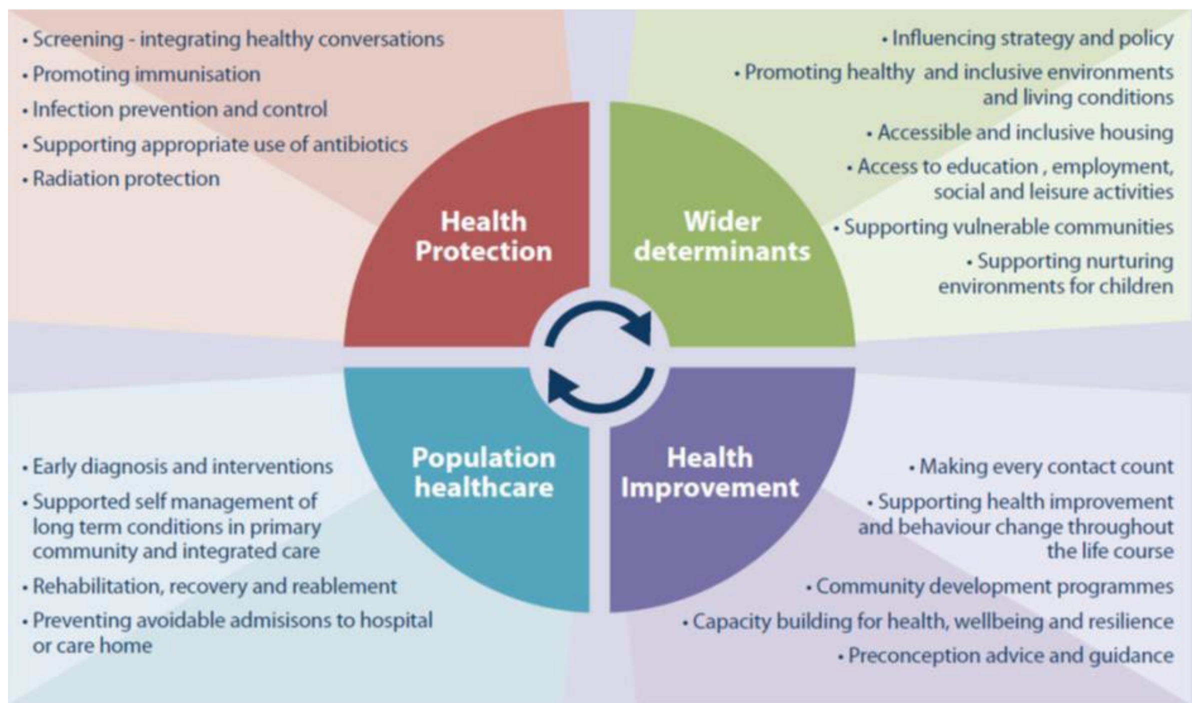
[1] For the professional bodies without a dedicated public health section on their website, it could be that such information may be available only to members in their dedicated members' area which we do not have access to. For example, the Royal College of Podiatrist have a document on public health in their members only section of their website

The Institute of Chiropodists and Podiatrists	No	https://iocp.org.uk/

3.2 Views of AHPs regarding roles in supporting public health priorities

The questions in the semi-structured interview (Appendix 2) asked interviewees to give examples of how their profession supports the four domains of public health described in the model of public health for AHPS shown in Figure 2. The stories gathered demonstrate a wide range of activity and do not focus only on the "health improvement" domain. Whereas a range of AHPs often connect signposting people to behaviour change such as increased physical activity, asking the "work" question, or smoking/drinking cessation as roles in Public Health, the breadth of activity was useful in showcasing the broader relevance of AHP contribution to the wider public health agenda. Below are some of the responses gathered from the interviews. Some interviews gave information across more than one domain and work can be interlinking. We have presented content by allocating to one of the domains even where 2,3 or sometimes all 4 domains may have been relevant.

Figure 2: Model of Public Health for AHPs



Source: UK Allied Health Professions Public Health Strategic Framework 2019-2024

3.2.1 Examples of contributions to health protection domain

Diagnostic and Therapeutic Radiographers - Compliance with radiation protection regulations.

Diagnostic Radiographers - Breast screening, abdominal aortic aneurysm, and pregnancy screening for foetal anomalies.

Dietitians - Training staff and volunteers to undertake nutritional screening.

Occupational Therapy. Have involvement in screening, eg helping other AHPs such as Speech and language therapists reach a diagnosis of autism by providing advice to understand functional behaviours.

Orthoptists - Pre-school eye screening.

Other AHP support staff (non HCPC regulated) - Free health checks provided by CHSS to reduce the risk of chest, heart, and stroke conditions.

Podiatrist. Antibiotics stewardship, reducing the risk of hospital admission and developing resistance.

Screening for anxiety and depression and signposting people for help.

Vascular assessment screening and referral to GP for further investigation and treatment.

Diabetic foot screening to prevent amputation and save lives.

Targeted Alcohol Brief intervention screening. (more relevant to Health Improvement section)

3.2.2 Examples of contributions to population healthcare

Art therapists have the potential to prevent hospital admissions if based within the community rather than being a "*mopping up service"* within the hospital when patients are "extremely unwell."

Diagnostic radiographers are involved in the diagnosis of lots of conditions. As with the health protection domain, radiographers are involved in whole population screening programmes. Breast cancer screening, bowel cancer screening, DEXA screening for women who have had breast cancer and may be at higher risk of osteoporosis due to their treatment, those at higher risk of Abdominal Aortic Aneurism (AAA) are invited for a screening and if there is a concern, will have intervention to prevent it from rupturing.

Radiographers support self-management of long-term conditions through signposting to information and establishment of peer support groups. Radiographers contribute to patient rehabilitation, recovery, and re-enablement.

Dietitians support patients to improve their nutritional status and can provide whole population advisory services.

Occupational therapists provide rehabilitation classes.

Orthoptists work with stroke patients to correct double vision or visual field defects, enabling them to resume driving and therefore return to work. Orthoptist input can also prevent avoidable admissions to hospital or care homes.

Paramedics a new referral pathway has been established whereby an early recognition of frailty and risk of falls is referred directly to community services for support.

Podiatrist. Organise specialist footwear to help reduce the reoccurrence of foot ulcers.

The use of motivational interviewing to encourage behavioural changes in patients based on their own goals and health.

Working within an MDT to provide care for patients with Rheumatoid disease to help them maintain their mobility and independence and engage in work pain free.

Speech and Language therapist. Working with children and young people, Speech and language therapists have been at the forefront of developing "universal" services aimed at population as whole rather than specialist or targeted advice for a named person. This work could be described under domains of population health or wider determinants.

Supporting children's communication development by supporting staff who work with children.

Developing 'Communication Boards' that display top tips on speech and language development for parents.

Supporting practitioners to run small group activities and targeted support for children with identified delay or difficulty.

Supporting practitioners to record and track progress on speech, language, and communication goals.

Building language and communication development into parent activities.

Therapeutic radiographers support patients to manage the side-effects of their treatment and encourage them to seek help early to ensure issues are addressed before they become more serious.

3.2.3 Examples of contributions to health improvement

Arts Therapists use psychodynamic and person-centred psychological approaches to support patients to discuss emotional issues behind eating disorders and disordered eating.

Occupational Therapy. Involved in fire prevention at home and self-management for disabled adults or those with mental health in a cognitive capacity to function in their home. The work here is about understanding people's cognitive capacity and how those impacts on their ability to maintain and improve health.

Orthoptists give preconception advice and guidance on drugs and their side-effects. They help identify women of childbearing age with Idiopathic Intracranial Hypertension (a genetic disorder) to avoid them passing on the gene.

Orthotist. Get people moving again, encouraging participation in sports, and reducing the risk of falls.

Physiotherapist. Designed and delivered online seminars to share information about a contemporary understanding of pain that addresses some of the misinformation and

commonly held beliefs which are inaccurate and unhelpful for those affected by chronic pain. Raising awareness of what pain is and empowering individuals to make more informed decisions about their own health care.

Podiatry. Developing communication tools i.e., Talking Mat to help patients with learning difficulties participate more with their care.

Providing footwear advice and orthotics to aid foot function, pain management and increased participation in activities.

Inputs into school (Primary and Secondary) instructing the children about their feet, appropriate footwear types for daily use and for sporting activities and highlighting the profession to them at an early stage. (could be under domain of population health)

Delivering 1:1 intervention directly to families and group programme on how to encourage a child's speech and language development to flourish.

3.2.4 Examples of contributions to wider determinants

Speech and Language reducing communication barriers at a population level by advising and informing policy at Social Security Scotland so that people with communication support needs are more likely to be capable of completing application and other forms.

Art Therapists work with the multidisciplinary team to bridge the gap between in-patients and health & social care.

Diagnostic radiographers go out in vans to rural population where uptake of certain screening is low e.g., breast screening in ethnic minority groups. They engage in ongoing campaigns to reach certain groups/demography.

Occupational Therapy. Enabling people to engage in their day-to-day life and activities to maintain their wellbeing and prevent ill health.

Making employability more accessible to people with mental health disability and anybody who is disadvantaged or excluded from those areas.

Working with patients and the environmental conditions that exacerbate their condition or lead to poor health.

Helping patients with cognitive disabilities to access support such as mental health support worker, proper accommodation, and health care by breaking down some of the barriers to accessing support for mental health needs.

Supporting patients with cognitive disabilities with improved engagement and meaningful occupations – CV writing and interview preparation.

Orthoptists enable people to work or choose certain careers, being able to drive again after correction of double vision and improving mobility after stroke by correcting double vision.

Orthotist. Keeping people mobile which gives them better mental health, mental wellbeing and enabling them to continue to work or engage with education.

Referring patients to weight management programmes to enable them to be fitted with a limb.

Fitting patients with limbs to enable to continue to live in their own homes without major home adaptation following a limb loss.

Paramedics support vulnerable communities by training the public on how to deliver CPR and use defibrillators and making defibrillators accessible within the community.

Providing fast acting mental health cars to attend to patients in their homes leading to improved outcomes and reducing the need for hospital admission.

Training ambulance care assistants to recognise the early signs of frailty, falls risk when in the homes of patient and flagging these concerns to other services.

Dietetics Whole systems approach to diet and healthy weight across Scotland (Appendix 8).

Physiotherapy (Assistant) exploring the wider issues in patient's life, such as financial, occupational stressors, and home life. Patients will not always open to Physiotherapists on these issues as they do not feel when they are at their appointments the focus should be on this and more about their condition or injury.

Physiotherapy. The delivery of structured group rehabilitation programmes in local communities for a wide range of long-term health conditions.
Historically these classes would've been delivered in the hospital setting, however through assessment of the population needs in specific communities, the Physiotherapy and wider multidisciplinary team are now delivering these classes to where the most need is.
The service is also heavily involved in co-productive working with all relevant partners and stakeholders to then further support the population over the long term with a wide range of health and social issues.

Podiatry. Active involvement in the discharge planning for an in-patient with learning disability to support the continued engagement in activity when back home to help reduce the impact her physical health may have on her mental health, thereby helping reduce the risk of future re-admissions.

Community engagement to address workplace factors that predisposes the population to Musculo-skeletal type problems/complaints.

Speech and Language working to influence the Consumer Scotland and the vulnerable consumer act. With the aim to reduce health inequalities by making exclusive communication a legal obligation.

Through Workplace Programmes, AHPs are encouraged and supported to improve their own health and wellbeing and that of colleagues (Appendix 12).

3.3 Barriers to maximising AHPs Contribution to Public Health

This section of the report focuses on some of the barriers identified by AHPs that prevent them from contributing fully to the public health agenda. These barriers include education, AHP students' public health placement opportunities, the ability to measure the impacts of interventions/treatments, lack of time and capacity across the public health service, health service bureaucracy, and inadvertent exclusion/lack of recognition of Health Care Support Workers doing public health type work. Below are quotes from interviews with AHPs highlighting the different challenges.

3.3.1 Education

Education is often cited as a barrier to service improvement or delivery. In this study education comes in the form of being able to learn from other AHPs as seen in the extract below.

> "Further work could also be done to establish local AHP public health groups, where different services could learn from one another and establish actions to raise the profile of public health across other services." (**Jane Holt,** Physiotherapist NHS Ayrshire & Arran. See Appendix 23).

Some AHPs have reported feeling like they are in a "bubble" (**Shona Fletcher and Lynne McGloin,** SALT NHS Ayrshire & Arran (See Appendix 22); **Claire James**, Podiatry NHS Lanarkshire (See Appendix 16)**.** Claire James went on to state that she is interested in public health and the wider determinants of health, but she is unsure of how to progress that agenda based on where she works.

> "...there is a general lack of awareness of the wider public health agenda within the AHPs and how we can meaningfully improve our practice, or the knowledge of career opportunities for us in public health" (**Claire James**, Podiatry, NHS Lanarkshire. Appendix 16).

Some AHPs want to see public health introduced at undergraduate level and to be part of the graduate program (**Gail Morrison** Orthotist, NHS Greater Glasgow & Clyde, Appendix 17). Another is of the opinion that "more can also be done with how Occupational Therapy is taught at the university and the language tailored for easy understanding" (**Lisa Jamieson**, Occupational Therapist NHS Grampian, See Appendix 18). Lisa suggests that public health needs to be a module within occupational therapy training which is revisited regularly throughout the program and woven into all the different workshops.

> "We need to make sure that people are grasping and understanding the value of working from a public health perspective" (**Lisa Jamieson**, Occupational Therapist NHS Grampian, Appendix 18).

There is a public health pre-registration curriculum framework approved by the Council of Deans and incorporated within AHP pre-registration programmes. Some HEIs believe that students should be engaged to see the public health element in the curriculum as valuable and as part of their professional identity/role as some of the students do not always see the need for the public health element of the curriculum (**Sharon Blumental,** Lecturer, Glasgow Caledonian University, Appendix 30).

Following on from the need for more education is the need to expose AHPs to public health by providing public health placement opportunities. **Grier McGhee,** AHP Education & Quality Improvement Lead at NHS Ayrshire & Arran stated that

> "a lot of discussion has taken place about blended practice placements between different services that can integrate public health, however due to the pressure in the public health service we have not been able to set this in place. This is something that we could look to do in the future though that would certainly be beneficial for all. It may be challenging across some AHPs, such as Speech and Language Therapy as their placements for example are 1 day a week for 12 weeks, however with planning it is achievable" (**Grier McGhee,** NHS Ayrshire & Arran, Appendix 29)

> "…whilst education and training on Public Health is important for AHPs, one of the main focuses should be to have AHPs involved in policy and law at government level. If more AHPs are involved in strategic and operational roles at an early stage then the policy then forces public sectors to implement AHPs into roles where the most need is" "...we need to shift the thinking of our leaders towards how our AHP skills can link with the Government objectives" (**Kim Hartley-Kean** an Expert Advisor, with Inclusive Communication Social Security Scotland, Appendix 26).

3.3.2 Measuring impacts of intervention/treatments

Impact can be very long term before it is visible and difficult to make a causal link. For some AHPs already involved in public health, or thinking about getting involved, the ability to measure the impacts of interventions and treatments becomes a barrier because if service managers are unable to demonstrate the benefits of an intervention, they may struggle to get a budget allocation for that piece of work.

> "We do not think about it as being something out of the ordinary**,** and in other times it is because we are not sure what the best tools are to meaningfully do that. So, we are unable to demonstrate the impact on the public health agenda because we do not have any measurement of it" (**Claire James**, Podiatry, NHS Lanarkshire. Appendix 16).

A national dataset for AHPs has been developed, however this is unable to collect any data on whole population work such as SLT universal work as it is based around CHI numbers (Appendix 11). It is recognised that this is one of the parts of an AHP's role that the dataset does not serve and there is a need for future development. Data is a key issue for all areas of AHP practice but when data collection systems are based on chi or other personal identifiable numbers, there is a real risk that public health work that might be addressing wider determinants or population health goes unrecorded. This AHP contribution to public health therefore remains invisible to wider health and social care managers.

3.3.3 Lack of time and capacity across the public health service

Time is always noted as a barrier for engaging or initiating what might be perceived as a service improvement. **Louise McKendrick,** a Lecturer in Diagnostic Imaging at the Glasgow Caledonian University, states that lack of time is a perceived limitation on the diagnostic radiographer's part. This is due to the limited amount of time spent with the patients, the lack of knowledge on the patient's full clinical history and why patients are attending when the radiographer is responding to referrals for people they are unlikely to meet again.

> Due to shortage of radiographers "there's such a pressure on the service so it is really hard to get time to do any sort of CPD never mind developing your role within Public Health" (**Louise McKendrick,** Lecturer Glasgow Caledonia University, Appendix 4).

This is different for therapeutic radiographers as they have a specific job with a specific population and have found ways to teach their patients e.g. about the importance of exercise during cancer treatment and some of them have specialised in counselling patients during cancer treatment so are able to contribute to Public Health in those ways.

3.3.4 Service commissioning within health boards

> "I think the way that occupational therapists are positioned, and the way services are commissioned becomes a barrier for Occupational Therapist engaging in public health. If we can work more upstream, we would be able to have more of an impact on public health" (**Lisa Jamieson**, Occupational Therapist NHS Grampian, Appendix 18).

> "Politics within the NHS – whenever any funding comes through, AHPs are at the bottom of the heap and Arts Therapists are at the bottom of the AHP heap. It is such a tiny profession and misunderstood. In the years of austerity, things have dwindled away to almost nothing so there is a need to build things back up again. Some Health Boards may just have 1 or 2 WTE posts or even none. However, there is a thriving service in NHS Lothian." (**Sinead Braiden**, Arts Therapies Professional Lead NHS Tayside, Appendix 3).

Service commissioning is most often tied with financing component. According to **Glenn Carter** one barrier to health improvement in the form of service improvement is finance. When speech and language therapy services for school aged children are negotiated there is a pressure to focus on individual therapy input at the expense of what might be more beneficial and to focus on a population health or wider determinants activities. The service commissioned needs to include a public health approach. Glenn urges that that "The focus should be on what the gold standard is and then align the money to then see what can be implemented" (**Glenn Carter**, Head of RCSLT Scotland – Royal College of Speech and Language Therapists, Appendix 28).

3.3.5 Inadvertent exclusion and lack of recognition of Health care Support Workers contribution

The exclusion of Health Care Support Workers (HCSW) who work alongside AHPs just because they are not registered with the HCPC should be avoided. This staff group do quite a lot of public health type roles, but their effort is not always recognised and in any education NES develops it is important to avoid alienating a valuable part of the public health workforce as captured in the interview with **Wendy Carswell**, Physiotherapy Technical Instructor NHS Ayrshire & Arran (See Appendix 23).

3.3.6 evidence for support for AHPs adopting public health roles

Nevertheless, some AHP managers have been proactive. For example, the podiatry management team at NHS Fife took a bold step and recruited a Specialist Podiatrist (Early Intervention). The role holder is expected to work autonomously in a variety of settings and is responsible for the diagnosis, formulation, and delivery of comprehensive care packages to meet the complex needs of the at-risk patient. To effectively communicate with health care professionals and other agencies to support and promote patients' wellbeing. To contribute to service improvement, including health promotion, public health education and training. A sample story of what the post-holder is currently working on in contribution to health promotion and prevention of ill-health can be found in Appendix 21.

The case study examples included at the end of this report may come across as isolated examples in certain areas and health boards and it is hoped that by sharing these examples AHPs from different health boards and across Scotland can learn from each other and the good practices highlighted can then be adopted and replicated across Scotland.

3.4 Findings regarding learning needs

It has become clear through the structured interviews and case-studies that have been developed as part of this project, that a range of AHPs have developed services and are working in a way that aims to address the entire system and wider determinants of health. The case studies and stories show that Public Health is being embedded into AHP services and aiming to meet the national public health strategic plan and objectives.

What has become evident though is that there is still a knowledge gap in relation to public health that is spread across the whole AHP system from management through to AHP support workers. There is a common theme expressed from the AHP stories that further work is needed to develop the wider AHP workforce’s knowledge of public health. An example of this is when discussing public health, AHPs will often associate public health with onwards referral to specialist or third sector services for health improvement purposes. This is a component of public health, however the need to develop population health strategies and for AHPs to contribute to efforts to address the wider determinants of health and health inequalities, was often something that needed prompted. In some discussions with AHPs however, it was evident that not all recognised that their current

role was working in a way that supported the national public health priorities. This is the case in a lot more AHPs that are working throughout Scotland.

It was also evident that throughout this piece of work that some services have more of a focus on addressing the wider determinants of health than others. It became evident that a range of services had changed their services to meet the needs of the population through universal, targeted, and individual work. Examples of these are shown from the interviews and case-studies that took place, specifically within Speech and Language Therapy (Appendix 22), The Scottish Ambulance Service (Appendix 27), Whole Systems Approach Early Adopter Programme (Appendix 8), Child Health Early Intervention & Prevention (Appendix 10) and the Health and Active Rehabilitation Programme (HARP) (Appendix 23). The impression is, however, that not all AHP services have shifted over time to this approach, which further highlights the need to showcase the work that has been established by other AHPs that may lead to future service re-design by other AHP services.

Throughout the case-studies and AHP stories that show a positive shift in services to meet the needs of the population, it is evident that to meet these needs, co-production with the service users was at the heart of this. Most of the interviews highlighted that the service re-designs were very much focused on what the needs of the public were, rather than AHPs thinking about what the needs of the public are. Examples of this are shown where services have been moved into the community. An example of this is shown in the HARP, whereby it was recognised that a higher number of referrals were coming from a certain area in Ayrshire and Arran. Historically exercises classes will often occur into in the main hospital setting; however, this service shifted its programme into the local community and involved other services, such as third sector services to implement a community approach that was local to this patient group. In the future this approach is something that other services may be able to learn from to meet the needs of the population.

The evidence from the case-studies and AHP stories highlight that one of the main challenges of AHPs and working in a way that supports the public health priorities is how to go about implementing change. These examples of where service re-design have occurred show different approaches of how this has occurred that other AHP services can learn from that may influence future service delivery. They also show a range of different barriers that have occurred, which AHPs may be able to learn from and address earlier when considering change of their service or approach to patient care.

The case studies also show that often it is about AHPs ways of working rather than specific roles or jobs. Adopting a public health approach to delivering AHP services is a whole system change including considering how and where each AHP is working. Service managers have a role in ensuring their services are not contributing to poor health by considering where posts are filled and if the areas of high deprivation coincide with high vacancy rates, making adjustments in allocation to address these wider determinants that impact on health of people of Scotland.

The conversations that took place with the HEIs indicated that public health education occurs throughout the AHP pre-registration programmes. There are, however, views that more can be done to improve the knowledge base of public health of pre-registration students on placement and of newly qualified AHPs. It was highlighted through discussions

with AHPs, and practice education leads that discussions had previously taken place to link AHP practice education more with public health services to expose students to public health and improve their knowledge base further.

3.5 Suggestions for addressing learning needs

This report highlights that there is a need to improve AHP knowledge base of Public Health. An education package through a series of webinars could be considered, which would provide AHPs with the theory of public health and showcase the stories captured throughout this report. This would enable AHPs to gain an understanding of public health, a knowledge base of the Scottish AHP Public Health Strategic Framework Implementation Plan and to learn from other AHPs and AHP services on how they are delivering their services to meet the needs of the population. It is hypothesised that delivering these webinars would put public health more into the agenda of AHPs, from senior management to AHP support workers.

A further opportunity to create an awareness of Public Health across AHPs would be a Twitter campaign. They could be done through a weekly post that links with the six Public Health Priorities for Scotland (Scottish Government, 2018) and an example of how AHPs are currently delivering on this through the examples we have captured in the AHP stories and case studies.

From the discussions with AHPs, HEIs and Practice Education Leads there are opportunities that require further discussion to implement Public Health more into university pre-registration AHP programmes. This could be achieved by students when out on placement being involved in a joint placement between the AHP service and the public health service or by the students when out on placement attending an AHP service that has a public health focus. An example of this could be within Speech and Language Therapy in NHS Ayrshire and Arran, whereby a student on placement in the main hospital but for a period during the placement could attend the SPIN team (Appendix 22). From the discussion with practice education leads, the perception is that this is achievable with structured planning in each health and social care partnership.

Opportunities are also available to link more closely with professional bodies to bring Public Health more into the focus of AHPs. This could be achieved by highlighting the Public Health networks that are available and encouraging AHPs to be involved in these groups and conversations. This would promote further options for AHPs to learn about and engage more in the public health priorities, which would hopefully lead to them considering how their service can be approached in a different way to support these priorities.

Online training resources such as those available on the Public Health Scotland Virtual Learning Environment and professional body websites should be promoted to AHPs.

Finally, we have an opportunity to showcase our work from this project through the AHPScot Blog. This is an opportunity to show our journey throughout this project, current AHP practice and future learning needs of AHPs.

3.6 People unable to meet with during timeframe

As time was short for this project there were many more people who volunteered to be contacted than the project team had time to meet. There would be value in pursuing these contacts and gathering additional stories to further illustrate the breadth of work that AHPs and support staff engage with that support public health in all of the domains.

During this project, the opportunities to link with AHPs that work in an acute in-patient setting have been limited. Due to the vast number of AHPs working in these settings it would be beneficial to capture their views and current work they do to support the public health priorities.

4 NEXT STEPS

The Scottish AHP Public Health Strategic Framework Implementation Plan has now been drafted and is currently out for consultation (Appendix 31).

The Scottish AHP Public Health Strategic Framework Implementation Group has outlined five strategic goals in alignment across the Four Nations, which require specific action over 2022 – 2027.

These strategic goals are:

Goal 1: Developing the AHP Workforce
Goal 2: Demonstrating Impact
Goal 3: Increasing the Profile of the AHP Public Health Role
Goal 4: Strategic Connections and Leadership
Goal 5: Health and Wellbeing of the Workforce

The information captured throughout this report has potential to influence all of these strategic goals; however, there is a consensus that there is a need to improve the AHP workforce's knowledge of public health further. Strategic G*oal 1* is therefore recognised at the key next step in which NES can influence and work in partnership with the other strategic goals from the Scottish AHP Public Health Strategic Framework Implementation Plan.

Suggestions have been made throughout this document on how we can address this with the first action being agreed that an educational package for AHPs is required to improve knowledge of public health, but also to raise an awareness of how other AHPs are currently working in a way that meets the needs of the population.

Secondly, we have an opportunity from the case studies and stories captured in this project to raise the profile of AHPs and their role in public health, which aligns with strategic *Goal 3.* This can be implemented through a Twitter campaign and dedicated AHP development opportunities specifically to public health. We also have an opportunity from the case studies captured in this document to highlight these on the RSPH AHP hub, which will highlight the current work that AHPs are doing in Scotland, which further raises the profile.

Finally, from the early discussions that have taken place, there is a need to link in closer with the HEIs and practice education leads to determine how we can implement education for pre-registration AHP students further. Furthermore, scope how we can provide more opportunities when students are in the health and social care partnerships to be exposed to the work that AHPs are doing in alignment with the public health priorities.

NES has a key role in working towards the overall strategic goals of the implementation plan and therefore representation upon future meetings and discussions are required to enable us to achieve the desired aims of the Scottish AHP Public Health Strategic Framework Implementation Plan.

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6 REFERENCES

Allied Health Professions Federation, 2019. *UK Allied Health Professions Public Health Strategic Framework.* [Online] Available at: http://www.ahpf.org.uk/files/UK%20AHP%20Public%20Health%20Strategic%20Framework%202019-2024.pdf [Accessed 16 03 2022].

Council of Deans of Health, 2021. *Guidance: Public Health Content within the Pre-Registration Curricula for Allied Health Professions*. [Online] Available at: https://www.councilofdeans.org.uk/wp-content/uploads/2021/09/13092021-Public-Health-Content-Within-the-Pre-Registration-Curricula-for-Allied-Health-Professions.pdf [Accessed 16 3 2022].

Scottish Government, 2018. *Public Health Priorities for Scotland.* [Online] Available at: https://www.gov.scot/publications/scotlands-public-health-priorities/ [Accessed 16 3 2022]

7 WEBSITE LINKS

AHPSCOT Blog
https://ahpscot.wordpress.com/

Public Health Scotland's Virtual Learning Environment
https://learning.publichealthscotland.scot/

Royal Society for Public Health Public Health resource hub for Allied Health Professionals
https://www.rsph.org.uk/about-us/news/new-public-health-resource-hub-for-allied-health-professionals.html

8 APPENDICES

Appendix 1: Key documents	https://nes.scot.nhs.uk/media/w32hli15/appendix-key-documents.docx
Appendix 2: AHP Interview schedule	https://nes.scot.nhs.uk/media/ubxdnn4t/ahp-interview-schedule.docx
Appendix 3: Art Therapies Story	https://nes.scot.nhs.uk/media/ucajdmjn/art-therapies-story.docx
Appendix 4: Diagnostic radiography story	https://nes.scot.nhs.uk/media/ilmnbxuj/diagnostic-radiography-story.docx
Appendix 5: Dietetics Get Nourished Case Study	https://nes.scot.nhs.uk/media/fqhkjxsd/dietetics-get-nourished-case-study.docx
Appendix 6: Orthoptists Story	https://nes.scot.nhs.uk/media/12jizhgm/orthoptists-story.docx
Appendix 7: Therapeutic radiography story	https://nes.scot.nhs.uk/media/uxodjq4r/therapeutic-radiography-story.docx
Appendix 8: WSA Early Adopter Programme	https://nes.scot.nhs.uk/media/ejzf5egc/wsa-early-adopter-programme.docx
Appendix 9: CHSS Story	https://nes.scot.nhs.uk/media/zc1adgcj/chss-story.docx
Appendix 10: AHP Early Intervention and Improvement Lead	https://nes.scot.nhs.uk/media/er2jafpl/ahp-early-intervention-and-improvement-lead.docx
Appendix 11: AHP wide data collection	https://nes.scot.nhs.uk/media/5hbozd1e/ahp-wide-data-collection.docx
Appendix 12: Health and Wellbeing of the Workforce	https://nes.scot.nhs.uk/media/nnbjvkue/health-and-wellbeing-of-the-workforce.docx
Appendix 13: Working Health Services	https://nes.scot.nhs.uk/media/2vdnljal/working-health-services.pdf

Appendix 14: Learning Disability Specialist Podiatry case story	https://nes.scot.nhs.uk/media/sxpp4uen/learning-disability-specialist-podiatry-case-story.docx
Appendix 15: Occupational Therapy story	https://nes.scot.nhs.uk/media/yjln3ujn/occupational-therapy-story.docx
Appendix 16: Podiatry story	https://nes.scot.nhs.uk/media/uzilwyil/podiatry-story.docx
Appendix 17: Orthotist story	https://nes.scot.nhs.uk/media/soaldny1/orthotist-story.docx
Appendix 18: Occupational Therapy Prison Services story	https://nes.scot.nhs.uk/media/oeibpt01/occupational-therapy-prison-services-story.docx
Appendix 19: Rheumatoid Specialist Podiatrist case story	https://nes.scot.nhs.uk/media/d0qdwf45/rheumatoid-specialist-podiatrist-case-story.docx
Appendix 20: CYPS (Children and Young People Services) story	https://nes.scot.nhs.uk/media/xbpbs2cn/cyps-children-and-young-people-services-story.docx
Appendix 21: Podiatry Public Health in the Workplace story	https://nes.scot.nhs.uk/media/jaxpbzze/podiatry-public-health-in-the-workplace-story.docx
Appendix 22: Speech and Language Therapy Supporting Prevention and Early Intervention in North Ayrshire (SPIN)	https://nes.scot.nhs.uk/media/ebbnki1d/speech-and-language-therapy-supporting-prevention-and-early-intervention-in-north-ayrshire-spin.docx
Appendix 23: Healthy and Active Rehabilitation Programme (HARP)	https://nes.scot.nhs.uk/media/sd4fea5v/healthy-and-active-rehabilitation-programme-harp.docx
Appendix 24: Pain Management Physiotherapist	https://nes.scot.nhs.uk/media/el4nww4q/pain-management-physiotherapist.docx
Appendix 25: Physiotherapy Support Worker/Technical Instructor Story	https://nes.scot.nhs.uk/media/120astxd/physiotherapy-support-worker-technical-instructor-story.docx

Appendix 26: Expert Advisor Inclusive Communication Social Security Scotland Story	https://nes.scot.nhs.uk/media/z1ueshiu/expert-advisor-inclusive-communication-social-security-scotland-story.docx
Appendix 27: Scottish Ambulance Service Stories	https://nes.scot.nhs.uk/media/wmyopsof/scottish-ambulance-service-stories.docx
Appendix 28: RCSLT Scotland – Royal College of Speech and Language Therapists	https://nes.scot.nhs.uk/media/ngvl3yav/rcslt-scotland-royal-college-of-speech-and-language-therapists.docx
Appendix 29: AHP Practice Education Lead – NHS Ayrshire & Arran	https://nes.scot.nhs.uk/media/41olcezu/ahp-practice-education-lead-nhs-ayrshire-arran.docx
Appendix 30: Glasgow Caledonian University Feedback on how Public Health is integrated as part of the curriculum into AHP Pre-Registration Programmes	https://nes.scot.nhs.uk/media/tztj1uog/gcu-feedback-public-health-integrated-curriculum-ahp-pre-registration-prog.docx
Appendix 31: Draft Scottish AHP Public Health Strategic Framework Implementation Plan	https://nes.scot.nhs.uk/media/1u2gcpv0/draft-scottish-ahp-public-health-strategic-framework-implementationplan.docx