



AHP support workers role in improving the health of the population

Monday 19 June 2023



Welcome

- Audio disabled please use the chat box for questions and comments
- ✓ Email: <u>ahp.supportworkforce@hee.nhs.uk</u>
- ✓ Hashtag: #AHPsupportworkers
- ✓ Menti.com





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Code: 2123 1314





	Agenda — Ag					
12:00	Introduction and overview Gaby Ford, AHP Clinical Fellow, Workforce, Training & Education directorate, NHS England					
12:05	Public health is everyone's business Linda Hindle, Deputy Chief AHP Officer for England, Office for Health Improvement and Disparities Katrina Kennedy, Associate Director of Allied Health Professionals, Hampshire Hospitals NHS Foundation Trust					
12:25	Rob's story Rob Moriarty, Lived Experience Peer Leader, NHS England					
12.35	12.35 The value and importance of personalised care Chloe Stewart, National Specialist Clinical Advisor in Personalised Care, NHS England Nicola Gitsham, Head of Healthcare Inequalities, Improvement and Personalisation, NHS England					
12:50	What good looks like Caroline Delves, Rehabilitation Support Worker - Post Covid Assessment and Support Service, East Sussex Healthcare NHS Trust Joe Maslen, Theatre Support Worker, Imperial College Healthcare NHS Trust Katie Betteridge, Senior Therapy Assistant – Burns & Plastics, University Hospitals Birmingham NHS Foundation Trust					
13:10	Q&A All presenters					
13:25	Next steps Gaby Ford, AHP Clinical Fellow, Workforce, Training & Education directorate, NHS England					
13.30	Close					



Overview of the webinar

- The importance of engaging with the UK Allied Health Professions Public Health Strategic Framework for all AHP roles.
- The role of the AHP support workforce guide to embedding public health in practice, AHP support worker competency framework and supportive resources.
- The value and impact of AHP support worker roles within public health benefitting the whole population's health and wellbeing.
- The importance of personalised care creating compassionate and inclusive cultures meeting the needs of individuals.
- Our collective roles and contributions to public health, personalised care, and effectively engaging with people and communities.



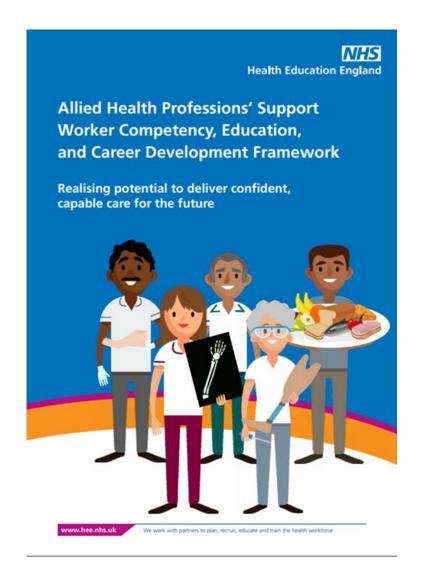
What are we trying to accomplish?

The programme has been established to provide national leadership and support on recognising, developing and expanding the non-registered AHP workforce

Our work will ensure that:

- 1. Patients and service users have access to skilled and consistently well-trained support workers who have a defined role within their team.
- 2. AHP support workers have access to development structures that provide opportunities to follow rich and rewarding career pathways.
- 3. Services and systems can address the current variation in support worker roles, banding and progression.
- 4. Support worker roles can be at the heart of improvements in service delivery and transformation, including new models of care.





Our aim is to have consistent, occupationspecific and sustainable education and career development pathways for AHP support workers, and fair opportunities to access these, implemented by provider services across England by April 2024



Public Health is Everyone's Business

Linda Hindle OBE

Deputy Chief AHP Officer and National Enggement Lead for Police, Fire and Ambulance Services

Office for Health Improvement and Disparities

What I plan to cover

Unravelling the language of public health, social justice, health inequalities and environmental sustainability

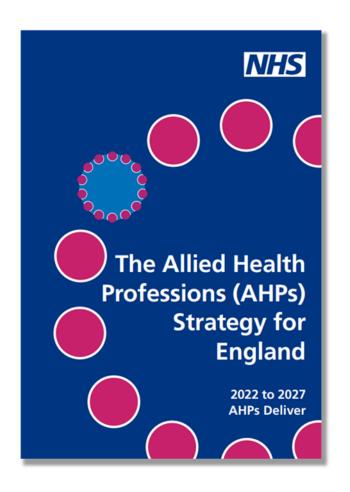
What this means for AHP practice

We are doing a lot of this already

What resources are available to help

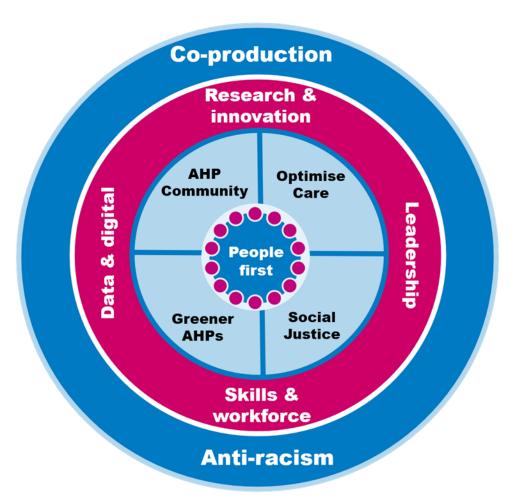


The Allied Health Professions (AHPs) Strategy for England 2022 to 2027: AHPs Deliver





The Allied Health Professions (AHPs) Strategy for England 2022 to 2027: AHPs Deliver



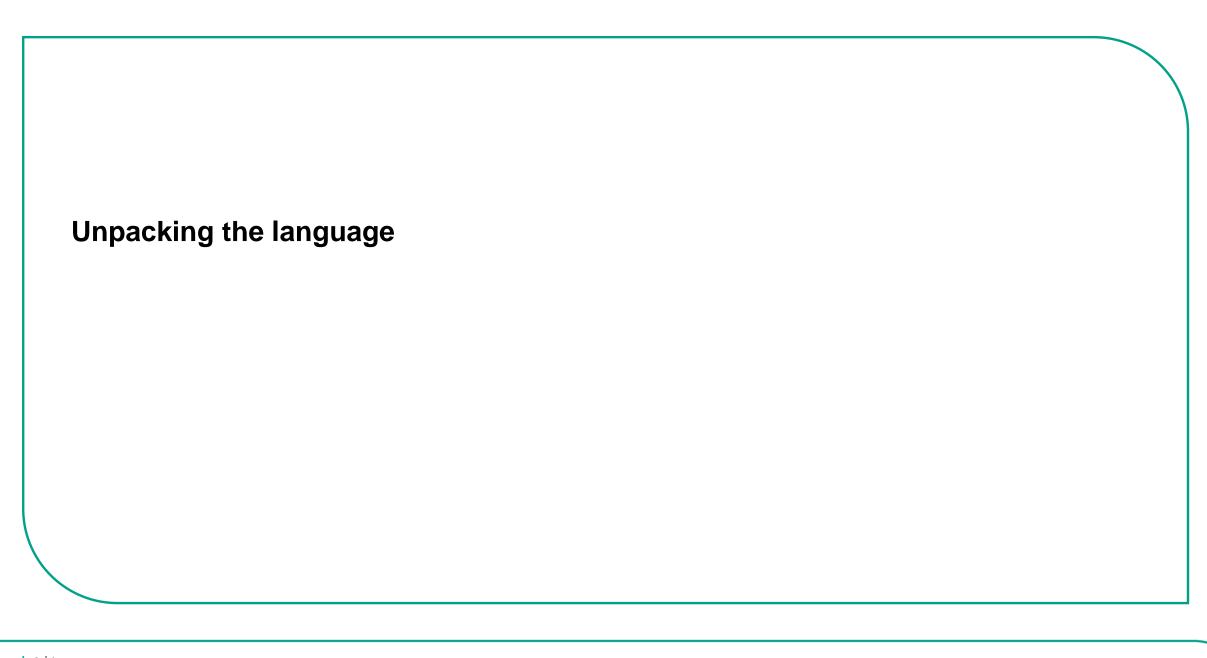
Key Themes

Four 'Enhanced Foundations'

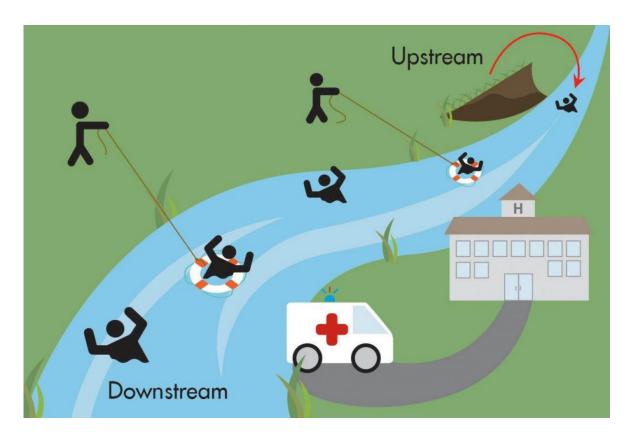
- 1. AHPs champion diverse and inclusive leadership
- 2. AHPs in the right place, at the right time with the right skills
- 3. AHPs commit to research, innovation, and evaluation
- AHPs can further harness digital and innovation through data

Five 'Areas of Focus'

- 1. People first
- 2. Optimising care
- 3. Social justice: Addressing health and care inequalities
- 4. Environmental sustainability: Greener AHPs
- 5. Strengthening & Promoting Allied Health Professions (AHP) community

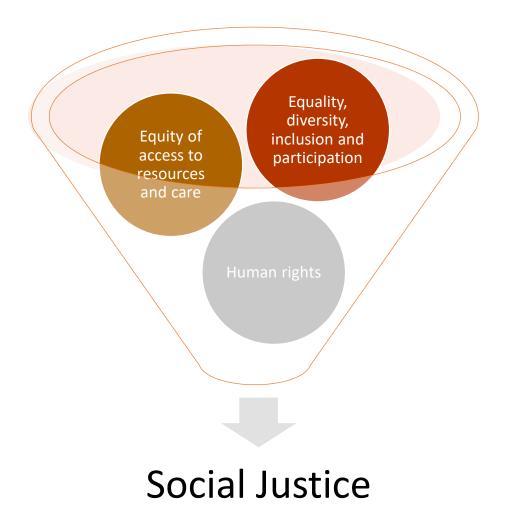


Upstream ambitions vs downstream demand



- The ambitions relating to public health, health inequalities, social justice, personalised care and environmental sustainability overlap and actions in one tend to benefit the others
- We are doing a lot already
- We can do a lot by focusing on how we do our roles rather than doing additional tasks

Unpacking social justice



Health inequalities are avoidable, unfair and systematic differences in health between different groups of people

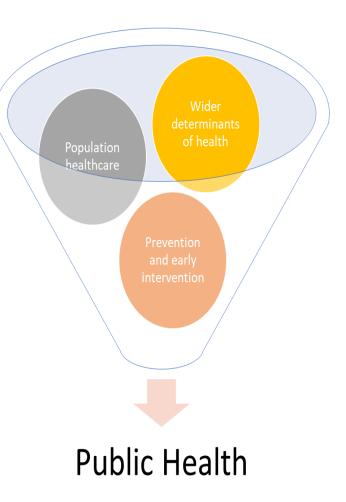
Social Justice is the objective of creating a fair and equal society in which each individual matters, their rights are recognised and protected and decisions are made in ways that are fair and honest

Public Health definitions

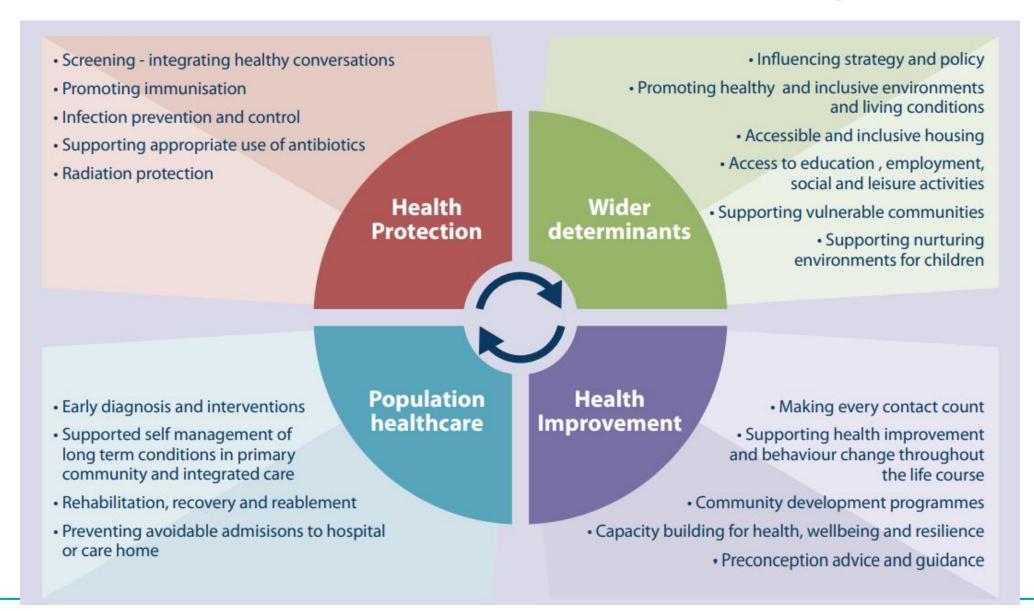
Public health has been defined as "the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society. - FPH

Population health is an approach aimed at **improving the health of an entire population**. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities. It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health. It requires working with communities and partner agencies.- Kings Fund

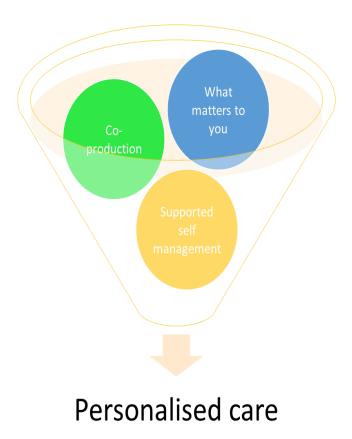
Population health management is a data driven approach to identifying populations in need



Public health domains in the context of AHP practice?



Personalised Care

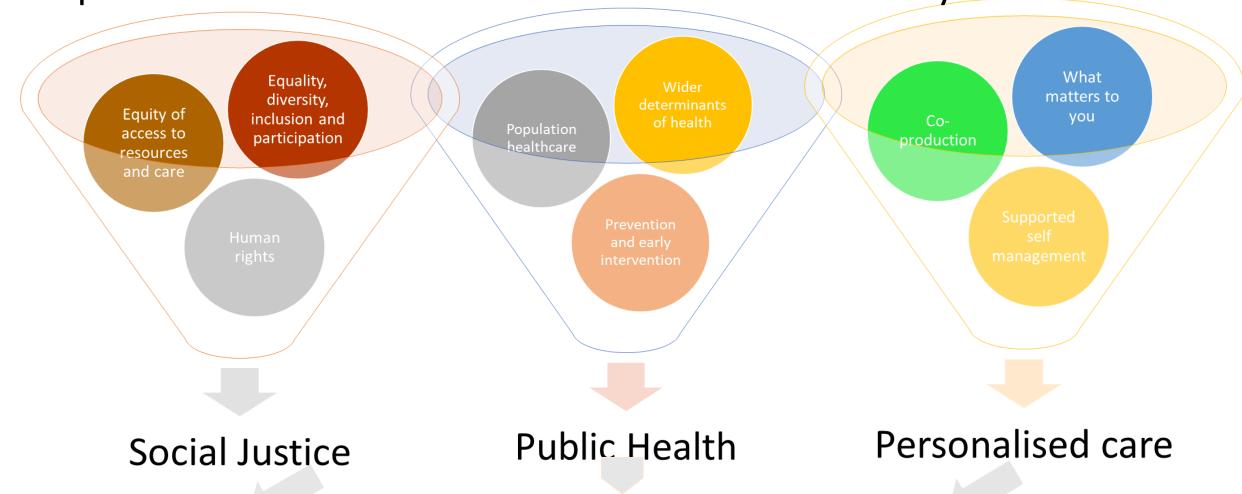


Whole-population approaches to supporting people of all ages and their carers to manage their physical and mental health and wellbeing, build community resilience, and make informed decisions and choices when their health changes

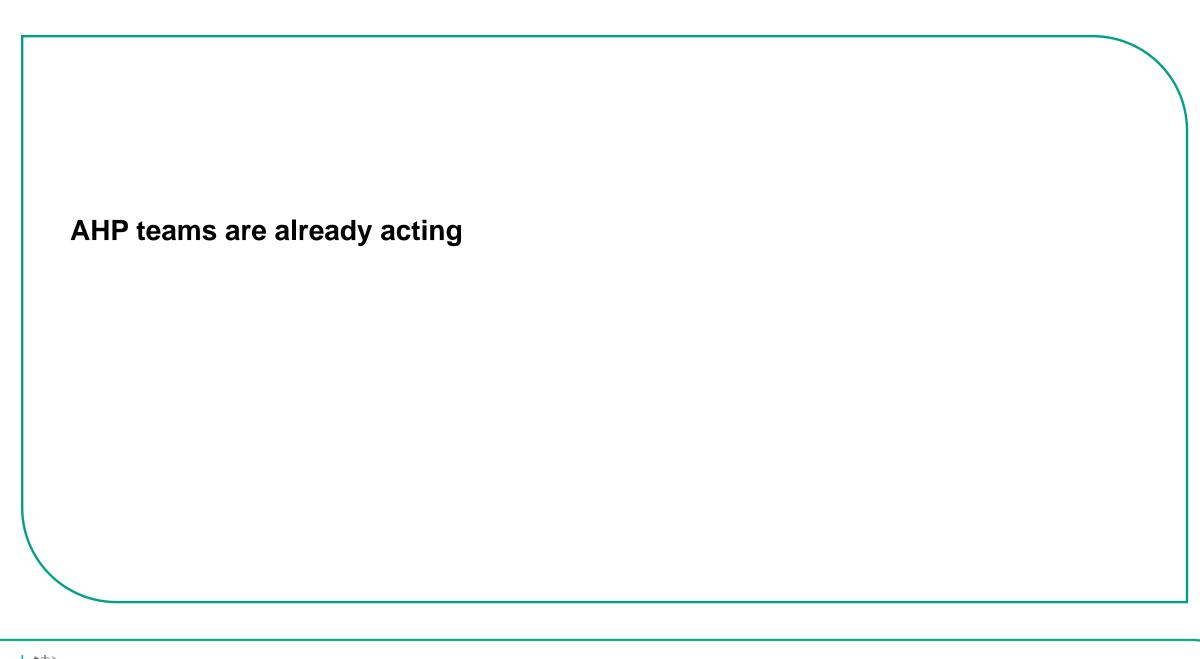
a proactive and universal offer of support to people with long-term physical and mental health conditions to build knowledge, skills and confidence and to live well with their health condition

intensive and integrated approaches to **empowering people** with more complex needs to have greater choice and control over the care they receive.

Inter-relationships between public health, social justice, personalised care and environmental sustainability



Environmental sustainability



Our Ambition – AHPs are recognised as an integral part of the public health workforce

- •Well over 200,000 AHPs and 40,000 AHP support workers in UK
- •Over 4 million contacts per week
- AHPs work across NHS, social care, education, private and voluntary sectors
- •We work across the life course in a wide range of specialities



AHPs have the potential to add to virtually every public health priority

Why AHP teams are well placed to improve health and reduce inequalities

We routinely incorporate questioning around healthy lifestyles and wellbeing within our assessments.

Many of us have skills in motivational interviewing and cognitive behavioural therapy.

Our interventions enable us to develop an ongoing relationship and rapport with clients

We provide care closer to home

Checklist for action

Understand the health needs of our populations, including subsections who have different health care and access needs
Act as early as possible to prevent or reduce the need for complex interventions
Ensure equity of access to services and appropriate support to enable equity of health outcomes
Consider who you aren't seeing as well as who you are
Understand and appreciate the value of diversity of the population and reflect that in the workforce
Understand the wider determinants of health and consider referrals to services who can provide wider support
Use small scale test and learn to any change
Consider the environmental impact of service change

What we offer AHPs

RSPH | Allied Health Professions hub



Allied Health Professions Hub



Reports

A selection of in-depth reports that explore the current position and future of the Allied Health Professions workforce.



Blogs

Our blogs cover research and reports about the Allied Health Professions, written by public health experts.



Case Studies

Our Allied Health Profession case studies show examples of best practice and innovation from across the sector.



Guidance, tools and training

Access a range of guidance and resources to support the work of Allied Health Professionals, including case studies on key programmes and



Evidence

Evidence and evaluation reports have been created and published by various Allied Health Professions on a range of public health areas.



Professional body information

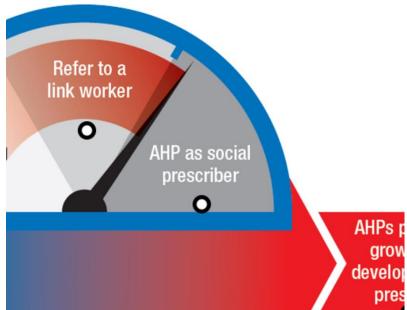
Here you will find links to the Allied Health Professions' trade unions and professional bodies.

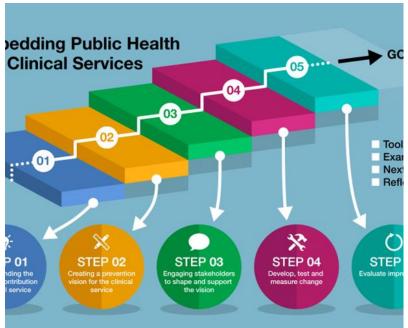
https://www.rsph.org.uk/our-work/resources/allied-health-professionals-hub.html

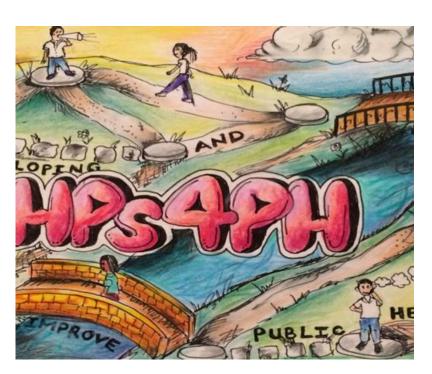














THANK-YOU

<u>linda.hindle@dhsc.gov.uk</u>

@hindlelinda



AHP Support workforce guide to Public health

Katrina Kennedy Associate Director of AHP, Hampshire Hospitals NHS Foundation Trust

What I plan to cover

- 1. Brief explanation of the contents of the guide
- 2. Impact feedback ideas
- 3. Take away messages



Competency framework

Domain 2

- Person-centred care
- Prevention wider determinants
- Health promotion MECC
- Supporting behavioural change

Domain 2: supporting service users Supporting service users and their families throughout their care, promoting health and wellbeing, and understanding the wider health and social care system.							
Competence	Entry level	Intermediate	Assistant practitioner				
2.1 Positive relationships	with service users,	s, and maintains positive, ap families and carers, demons					

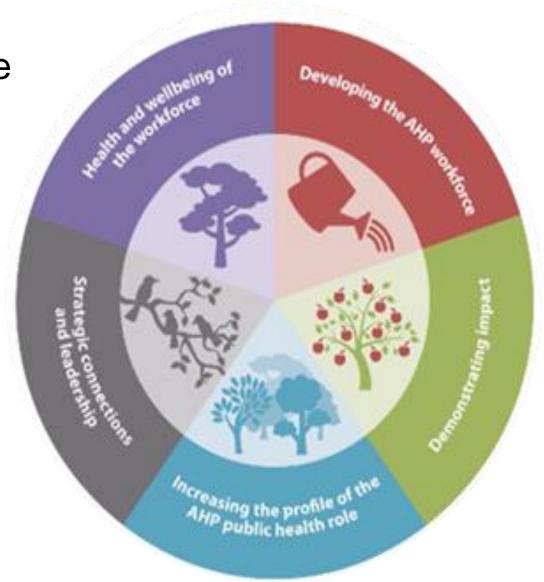


Competence	Entry level	Intermediate	Assistant practitioner		
2.1 Positive elationships	Develops, manages, and maintains positive, appropriate relationships with service users, families and carers, demonstrating respect, kindness, compassion and empathy at all times.				
2.2 Person-centred are	Provides <u>person-</u> <u>centred care</u> and support.	Understands and demonstrates what it means to provide person-centred care, by providing education and resources to support informed decision making, and of respecting individual's decisions. May provide information to service users.	Consistently deploys care, treatment and support strategies to promote and provide person-centred care, including providing information, advice and guidance to service users, carers, families, health professionals and others.		
.3 Prevention	Understands the social, cultural, and economic influences, individual circumstances, behaviours, and lifestyle choices that impact on health outcomes for service users and their families, including health inequalities.				
2.4 Health promotion	Understands the aims and principles of health promotion, protection and improvement and importance of relevant interventions for individual service users and their families, including making every contact count.				
t.5 Supporting sehaviour change	Seeks support from a registered practitioner when a service user signals a desire to change their health behaviour.	Understands principles of behaviour change and interventions to prevent ill health and effectively applies these to practice, recognising the individual's right to privacy and choice.	Applies principles of behaviour change within individualised contexts to enable personalised discussion, sensitively communicating complex and/or potentially challenging information to service users if appropriate to facilitate change including through social prescribing.		
t.6 Privacy and lignity	Able to identify ways to promote dignity and is aware of individuals' environments and factors that might cause discomfort.				

UK AHP Public health strategic goals



- Developing AHP teams whole workforce
- Promote the contribution of AHP support workforce as core members of health and well being work based services.
- Demonstrating impact case studies
- Health and wellbeing of the workforce

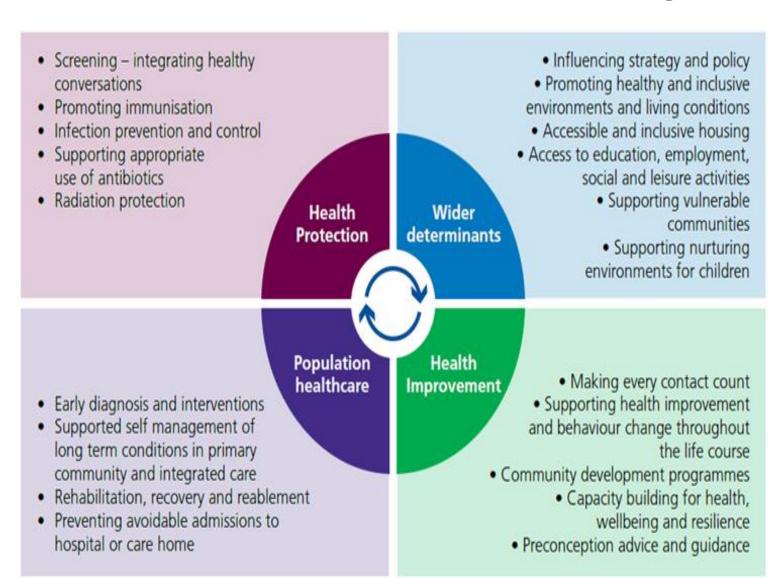


Model of public health - descriptors



Descriptors

- Initial work Staffordshire University
- Developed further for each profession with support workforce examples
- Final handbook unique for each professional group
- Hosted on RSPH AHP hub



Knowledge, skills, education and training

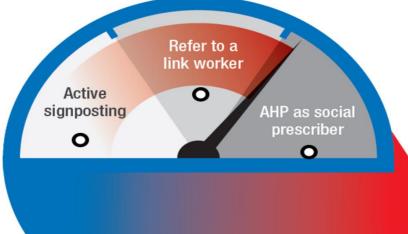








AHPs promoting, growing and developing social prescribing

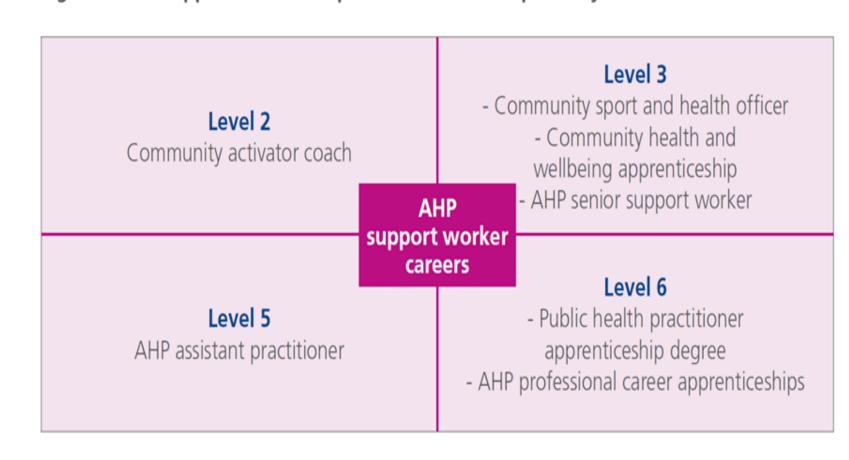


Careers



- NHS Health Careers website
- Healthcare Apprenticeship Standards Online (HASO)
- Career pathways tool
- Apprenticeships toolkit
- Healthcare support worker learning and development roadmap

Figure 7 AHP support workforce public health career pathway



Impacts



Mad hatters tea party – liberating strategies

- What have you / are you doing with the guide, if you are struggling to implement or socialise, what help do you need?
- How can AHPs and the support workforce be supported to promote an increased focus on preventative care alongside social prescribing and community-based support?
- How could I use the "MY ROLE IN TACKLING HEALTH INEQUALITIES" framework to support career and skills development for AHPs from all personal and professional backgrounds?

Impacts

Mad hatters tea party – liberating strategies

Having explicit/specific work streams around preventative work within the service, health prevention being written into JD's, focus/discussion point in agenda during clinical supervision

Present it at senior level to
encourage
discussion/engagement.
Undertake some local quality
improvement projects to show
that the concept works and
can be implemented more
widely.

Thanks! not just a tea party but a 3 course meal of food for thought! I'm inspired and interested to formalise and share wider what is our bread and butter in Learning Disabilities Community Services to address Health in Equalities. It's a good thing that this "just happens" in our service.

Empower support
workers to share ideas,
listen to ideas, enable
Innovation to be heard
and promoted, and
support colleagues to
work in different ways to
benefit public health

I am working on developing teaching within our therapies department to encourage engagement with the guide



Haven't seen the guide yet but we are already incorporating public health, inequalities and sustainability into all of our workstreams as its the right thing to do for human social responsibility

Embracing Sustainability in the wider sense, aligning to the triple aim (Health Care Cost), widening engagement, improving diversity in our workforce, having a patient/public voice in our teams/workstreams

Be more conscious of the amount of paper we use in clinic, car share to and from clinics across the Trust if possible, use the Park and Ride.

Case studies



- Therapeutic Radiographer Joe Maslen "Using technology to passively reduce virus and bacteria levels"
- 2. Rehabilitation assistant Margaret Clarke "Physical activity engagement with hard to reach"
- 3. Therapy practitioner Katie Betteridge "Burns patient interventions and health inequalities"
- 4. Orthoptic assistant Catherine Siemaszko "Enabling Children to thrive with health inequalities maximizing the potential of sight for young children"
- 5. Fitness instructor and lead AHP support worker Arran Miller "Providing onward social prescribing following an inpatient stay in Acute mental health."

Tweet chat



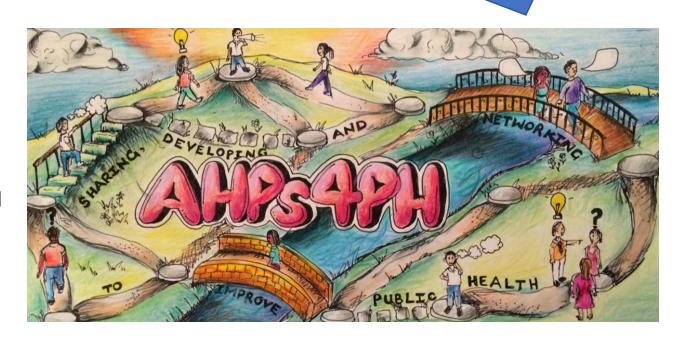
@WeAHPs Agree - guide will help bring prevention consciously into practice within existing services. The guide will improve consistency of approach and support a further reach through every interaction ?? #WeAHPs



@AHPs4PH -The resources all together are really helpful. We all have a duty to really understand health inequalities and how AHPs and support workforce can make a difference #WeAHPs

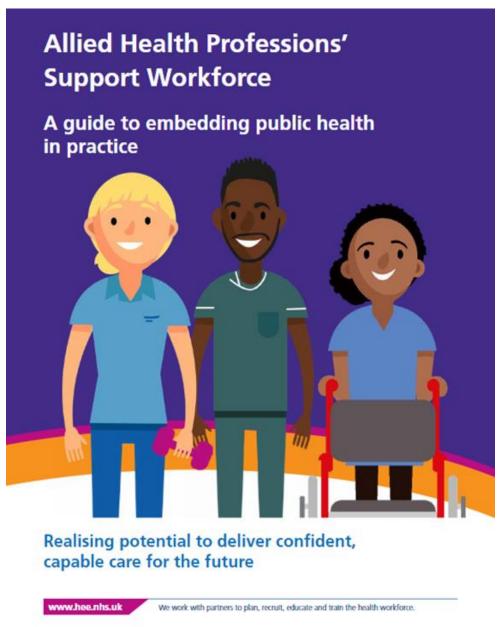
TWEET CHAT with @WeAHPs and @APHs4PH on 22nd March 2023

- 1. Have you heard of the new AHP Support workforce Public health guide?
- 2. How might this guide help with clinical practice?
- 3. In which domain of the Public health model do you feel our AHP Support Workforce have the most impact?
- 4. How can we share or promoted this guide with others?
- 5. What are you taking away from tonight's tweetchat?



Take away messages

- 1. How are you going to use the guide?
- 2. What are you going to take away from this webinar so far?
- 3. What changes are you going to make to your practice?
- 4. Descriptor Handbook!







THANK-YOU

@KatrinaKenn_AHP





A Lived Experience Perspective

Rob Moriarty, NHSE Lived Experience Peer Leader







My Story

- 1998: C4/5 Incomplete Spinal Cord Injury
- '99-'01: A-levels (Home): 60 Agency PAs (+ Parents)
- '01-'05: University (Leeds): 7 PAs per year
- '05+: Self-Directed Support
- AHPs: Dietitians, OTs, Osteopaths, Paramedics, Physios, Podiatrists





	+ves	-ves
Agency	No employment responsibility or staff recruitment concerns	High staff turnover, cost; Low quality; No privacy
Parents	Better Privacy - No strangers in your home, no cost.	Worse Privacy - Parents/Personal Care; No Independence to be with friends etc.; Limitations with elderly
University	Interviewed/hired from PA pool; Dropped to 7 PAs /yr; Consistency; Flexibility	Reliability; Grey Areas - Personal v academic support
Direct Payments	Basic Needs Covered; Simple Assessment; Means Tested	2 Year assessment period; No flexibility; Nurse/Parent Healthcare dependency; Low PA wage
СНС/РНВ	Better PA Wage; Healthcare Training; Physiotherapy/Respite Costs Included; Agency Backup; Not Means Tested; No limit to cover, Absolute Control	Insurance Ambiguity; Training Suppliers Subject to regular review; Difficult to qualify for





Personal Health Budget

- PA Hourly Rate increase
- Physiotherapy
- Healthcare tasks delegated to PAs
- Holiday/Respite costs
- Agency backup
- Assistive Technology
- Personal Wheelchair Budget: https://youtu.be/ahgeHqcn7V0?t=230



Have Things REALLY Changed?





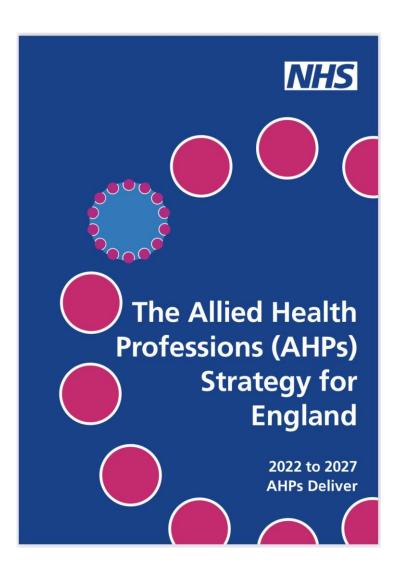


- "Choice, Flexibility and Control"
- "Small changes = BIG impact."
- Consistency and Simplicity



NHSE Strategic Coproduction Group

- Joined in 2017
- 30+ Core Group of Peer Leaders
- Highlighted Work:
 - NHS Long Term Plan
 - Social Care Covid Vaccine Working Group
 - G7 International Patient Standard
 - Virtual Wards
 - NHS@Home
- AHPs Deliver
 - Personal and professional experience
 - Connector: Anti-racism, coproduction, people first
 - Long term working relationship





Engaging with Lived Experience

"Personalisation has literally made the difference between me being kept 'just about alive' and actually 'having a life worth living'."





The Value and Importance of Personalised Care

Dr Chloe Stewart, PhD, MSc, National Clinical Advisor Personalised Care/ MSK NHSE Nicola Gitsham, MBA, MSc, DipCOT, Head of Health Care Inequalities and Personalised Care, NHSE June, 2023



Before we start...

"What matters to you" what drew you into your role?

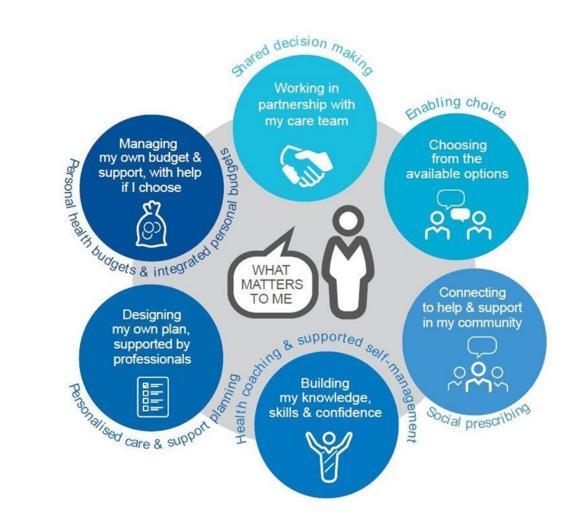
Use the chat function to type comments and reflections





What is Personalised Care?

Simply, it means enabling people to have choice and control over the way their care is planned and delivered, based on 'what matters' to them and their individual strengths, needs and preferences.





What difference does personalised care make?

- Shared Decision Making reduces unwarranted variation in treatment and outcomes, and can create better value for individuals and the wider health and care system
- ■Evidence shows that supporting people to build their knowledge skills and confidence through access to Health Coaching, Peer Support and Self Management Education can result in 38% fewer A&E attendances and 18% fewer GP appointments
- •20% of appointments in primary care are for non-medical and social issues, such as loneliness, housing issues and debt. (Torjesen, 2016). Social Prescribing connects people to community support and activities to address wider determinants of health, promote self care and reduce pressure on primary care. https://socialprescribingacademy.org.uk/read-the-evidence/the-economic-impact-of-social-prescribing/
- •86% of people with Personal Health Budgets achieved what they wanted and on average PHBs cost 17% less

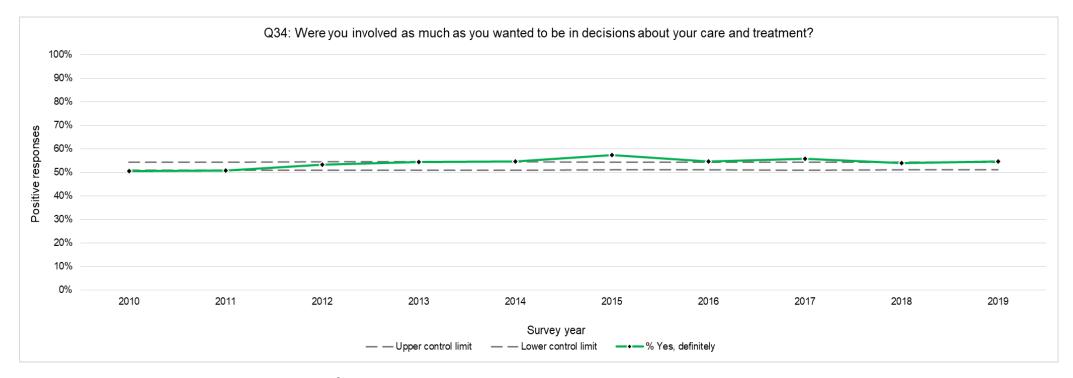


So what? Isn't this happening anyway?

Were you involved in the decisions about your care and treatment?



(CQC PREMs survey ~73k people pa)



2019: 73,015 patients, a response rate of 46%

<u>Data library - NHS Surveys</u>

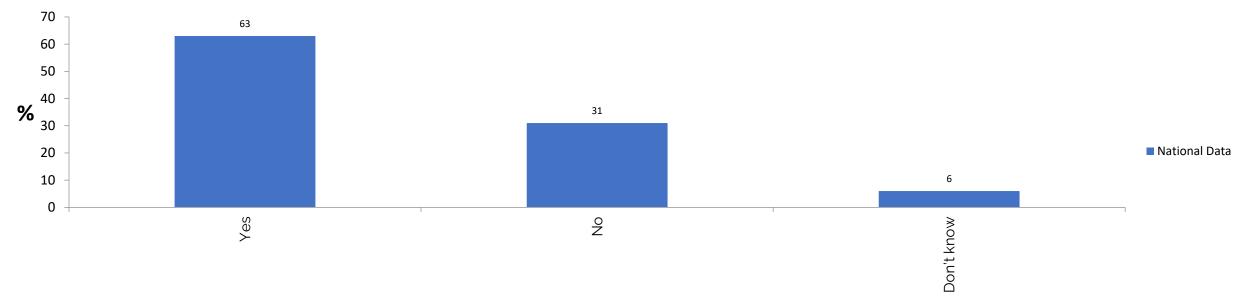


GP survey 2022 NATIONAL DATA

Showing full results - Q42. <u>Have you agreed a plan with a healthcare professional from your GP practice to manage your condition</u> (or conditions)?

Filters: aged 55 to 64, aged 65 to 74, aged 75 to 84, aged 85 and over

Showing weighted data



Base: Asked of patients who have had a conversation with a healthcare professional about managing their condition(s)

Unweighted Base: National (88,261) Weighted Base: National (56,547)

Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

GP survey 2022 NATIONAL DATA

Showing summary results - Q43. How helpful have you found this plan in managing your condition (or conditions)?

Filters: aged 55 to 64, aged 65 to 74, aged 75 to 84, aged 85 and over

Showing weighted data



Base: Asked of patients who have agreed a plan to manage their condition(s). Patients who selected "Don't know" have been excluded

Helpful = Very helpful + Fairly helpful. Not helpful = Not very helpful + Not at all helpful

Unweighted Base: National (53,804) Weighted Base: National (34,291)

Excluding those who said "Don't know" (weighted): National (729)

Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

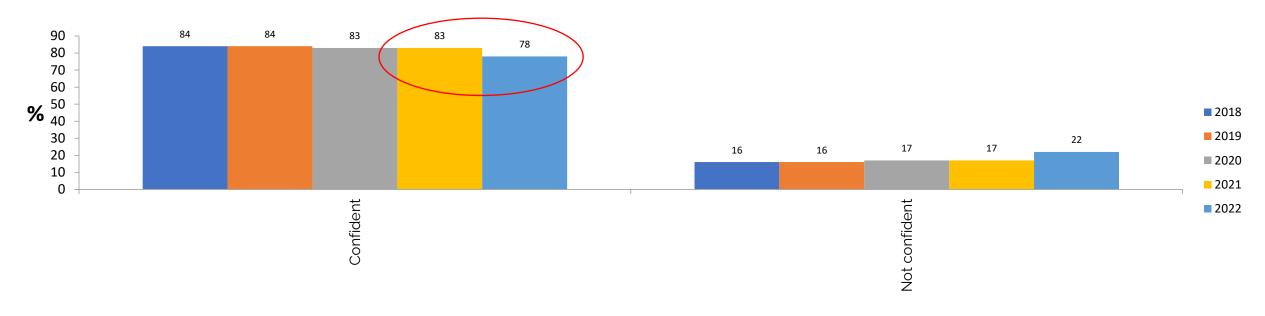
GP survey 2022 NATIONAL DATA

Showing summary results - Q39. How confident are you that you can manage any issues arising from your condition (or conditions)?

Results showing for National Data

Filters: No filter applied

Showing weighted data

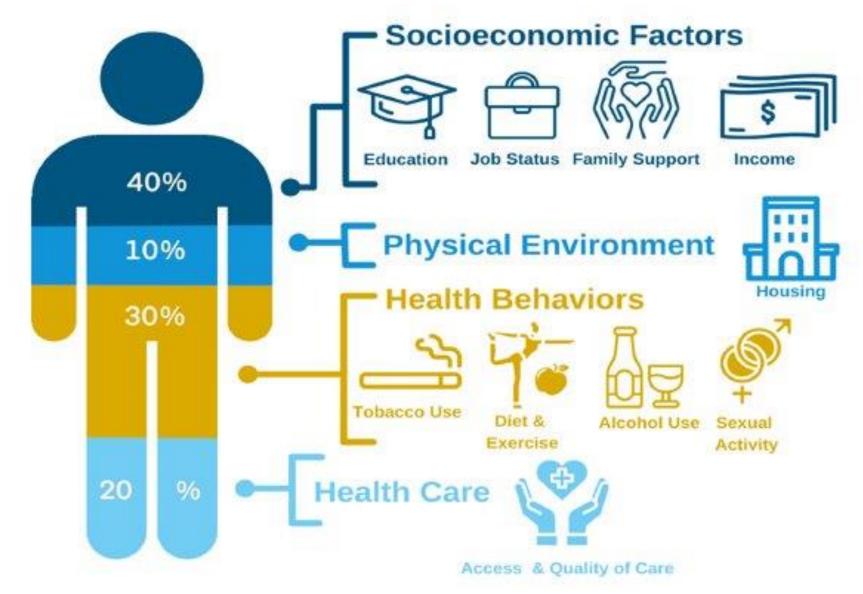


Base: Asked of patients with a long-term condition, illness, or disability. Patients who selected "Don't know" have been excluded

Confident = Very confident + Fairly confident. Not confident = Not very confident + Not at all confident Unweighted Base: 2018 (414,084), 2019 (422,742), 2020 (404,295), 2021 (442,636), 2022 (382,313) Weighted Base: 2018 (357,889), 2019 (364,684), 2020 (349,711), 2021 (390,598), 2022 (339,295)

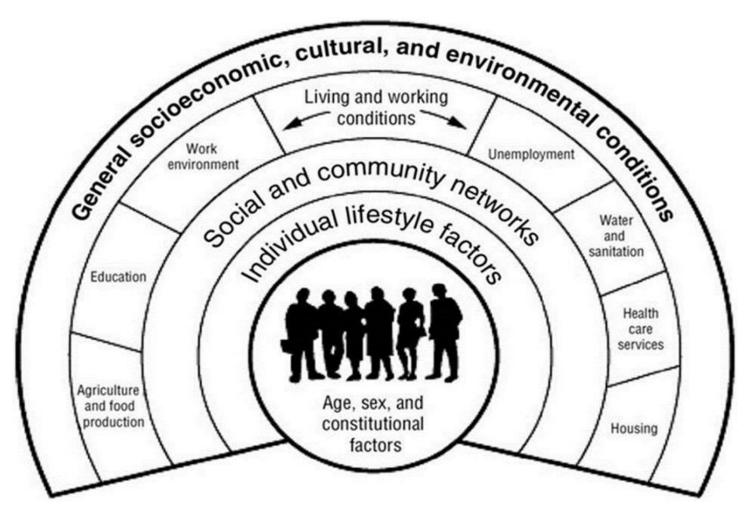
Excluding those who said "Don't know" (weighted): 2018 (10,469), 2019 (10,670), 2020 (9,853), 2021 (11,771), 2022 (16,892) Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.





Health inequalities have many drivers, but also present many opportunities to intervene





Source: Dahlgren and Whitehead, 1991

Personalised Care and Support Planning

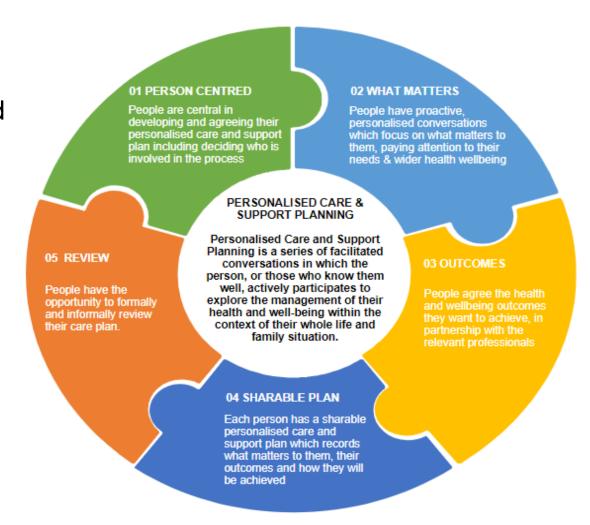


Personalised care and support planning is about having a different kind of conversation about health and care, which is focused on what matters to the person as well as their clinical and support needs.

Key Features:

- Perspective
- Process
- Plan

This leads to a single plan that is **owned by the individual** and accessible to those supporting the person.





5 Key Criteria of Personalised Care and Support Planning

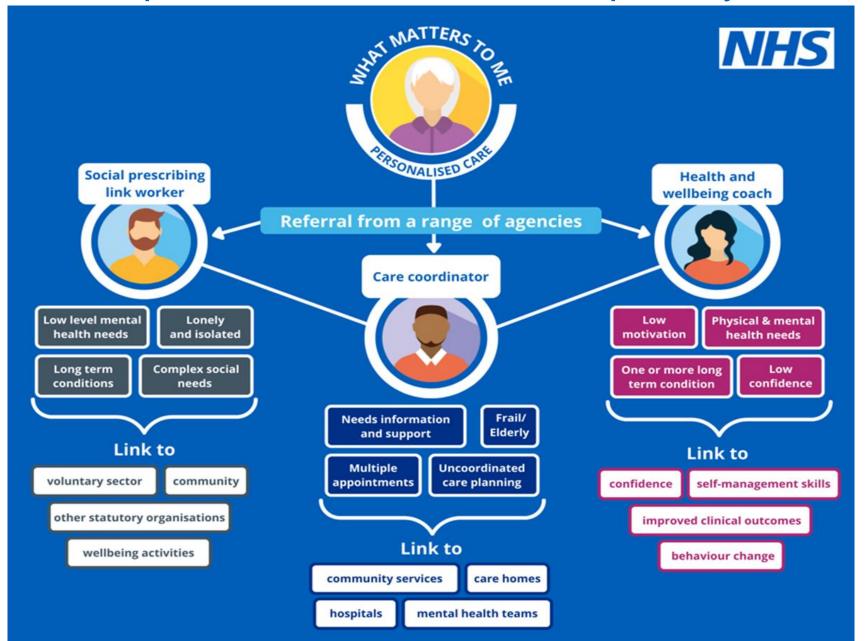
The 5 areas below are the key criteria for counting PCSPs.

- 1. People are central in developing and agreeing their personalised care and support plan including deciding who is involved in the process
- 2. People have proactive, personalised conversations which focus on what matters to them, paying attention to their needs and wider health and wellbeing
- 3. People agree the health and wellbeing outcomes they want to achieve, in partnership with the relevant professionals
- 4. Each person has a sharable, personalised care and support plan which records what matters to them, their outcomes and how they will be achieved
- 5. People are able to formally and informally review their personalised care and support plan.

Click here for more information about the 5 criteria

The three personalised care roles in primary care





NHS England »
Workforce
development
framework: social
prescribing link workers

https://www.england.n hs.uk/longread/workforcedevelopmentframework-for-healthand-wellbeing-coaches/

https://www.england.n hs.uk/longread/workforcedevelopmentframework-for-care-coordinators/

Training opportunities





Supports health and care professionals to develop knowledge skills and confidence to deliver personalised care

Provides free eLearning and Accredited training providers to deliver training in local areas

Hosts HEE accredited modules for social prescribing link workers, care coordinators and health and wellbeing coaches

Whole team training is available

www.personalisedcareinstitute.org.uk



Peer Leadership Development Programme Free personal development programme for people with lived experience Delivered online via an accessible and interactive learning platform called Future Learn. First three steps work enable people with lived experience of a long-term health condition become peer leaders. Graduates can extend their skills to become peer leader facilitators.



Development of system leadership skills for us all → System leadership in personalised care

Link: https://twitter.com/Leadership4PC



What good looks like

Caroline Delves, Rehabilitation Support Worker - Post Covid Assessment and Support Service, East Sussex Healthcare NHS Trust

Joe Maslen, Theatre Support Worker, Imperial College Healthcare NHS Trust

Katie Betteridge, Senior Therapy Assistant – Burns & Plastics, University Hospitals Birmingham NHS Foundation Trust





Q&A panel





Next steps: for everyone

- Share what you have heard today with your teams and colleagues.
- Get involved in work within your organisation, system and region.
- Enable and empower the AHP support workforce in realising their public health potential.
- Review the descriptors handbook which brings to life clinical practice.
- Listen, learn and effectively engage with people and communities.
- Collectively champion the importance and value of the AHP support workforce influencing public health and personalised care.





Thank you

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Code: 1964 6662





Additional information

National Programme Lead: Naomi McVey

Academic advisor: Richard Griffin, Professor of Healthcare

Management, Kings Business School

National AHP Workforce Lead: Suraiya Hassan

National AHP Workforce Lead: Anne Tucker

National AHP Clinical Fellow: Gaby Ford

National Project Manager: Louise Devlin

National Programme Manager - Apprenticeships: Stacey

Robinson / Lucy Hunte

Email: ahp.supportworkforce@hee.nhs.uk

Web: https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/developing-role-ahp-support-workers



"AHP support workers provide high quality, life changing care and support - there has never been a more important time to recognise their skills, celebrate their impact, and support their development."



Naomi McVey MCSP
Regional Head of Allied Health
Professions (AHPs)



NHS
Health Education England

"Working closely with AHP's is a great opportunity to gain knowledge and experience. These roles are a great entry into an area you are passionate about. It is never too late for a career change and to do a job you love! I feel very proud to be part of the dietetic team at SWFT, particularly over the last year and working through all the changes brought about by the pandemic."





Nikki Smith, Dietetic Assistant Practitioner, South Warwickshire



Thank you

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