THE ROLE OF THE WIDER PUBLIC HEALTH WORKFORCE

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Our vision

“Everyone has the opportunity to optimise their health and wellbeing”
About RSPH

- Based in London
- World’s longest-established public health body
- Independent, with over 6000 members
- Health education body publishing peer reviewed journals, providing qualifications, training and accreditation
1. BACKGROUND
Changes to the public’s health
State of the public’s health

One in five smoke

One in four drink potentially harmful levels of alcohol

Two in three are obese or overweight
The scale of the problem

1 in 4 deaths
£60 billion
£7 out of every £10
2. WIDER PUBLIC HEALTH WORKFORCE
Core public health roles

Defined core public health workforce:
‘All staff engaged in public health activities who identify public health as being the primary part of their role’
- CfWI definition

- Identified 11 core public health roles
- Total workforce of around 40,000
- Great diversity of:
  — Data availability
  — Qualification requirements
  — Registration
  — Main employer
Wider public health workforce

Public Health Workforce: ‘Any individual who has the opportunity or ability to positively impact health and wellbeing through their work’

- CfWI definition
Wider workforce

- Wider workforce numbers 20 million people
- 185 different occupations
- Broken down into
  - Early Adopters
  - Interested
  - Unengaged

- Early adopters include pharmacy, AHPs, fire service
Wider public health workforce

- Career advisors
- Clergy
- Fire services
- Teachers
- Midwives
- Health and safety officers
- Pharmacists
- Hospitality
- Allied health professionals
- Architects
- Housing officers
- Carers
- Hairdressers
- Veterinarians
What can the wider workforce do?

• MECC/healthy conversations
• Signposting
• Screening for lifestyle conditions
• Point of care testing
3. AHPs
Allied Health Professionals

• Over 170,000 AHPs
• 4 million client contacts every week
• Explored Healthy Conversations/MECC and barriers/opportunities
• Conducted September-October 2014
• Recruitment of participants via AHP professional bodies
• Sample size for current analysis ≈1000
Who responded?

- Speech and Language Therapists
- Radiographers
- Prosthetists/Orthotists
- Podiatrists
- Physiotherapists
- Paramedics
- Othoptists
- Occupational Therapists
- Dieticians
- Music Therapists
- Art Therapists
- Drama Therapists
Contact time with clients

- Over two-thirds of AHPs see between 3/4s or ALL clients more than once
- One third see clients weekly
- Just under half report they spend a total of under 2 hours contact time with clients
Should your role include preventing ill health?
Does your role provide opportunities for healthy conversations?
Confidence having a “healthy conversation?”

- Very confident
- Quite confident
- Not very confident
- Don't know
Have you been trained in health promotion/improvement?

- Yes as part of degree
- Yes as part of post-graduate
- No, but I'd like to
- No, as don't believe it is relevant to my role
- Don't know
Have you received training in healthy conversations/MECC?

- Yes
- Yes, but don't think it relevant
- No, but I'd like to be
- No, and I don't think it is relevant
What are AHPs confident discussing?

- Healthy eating (79%)
- Physical activity (76%)
- Smoking cessation (63%)
- Obesity/overweight (57%)
What AHPs are **NOT** confident discussing

- Sexual health (76%)
- Domestic violence (72%)
- Substance misuse (71%)
Mixed results

- Dementia
- Mental health and wellbeing
- Alcohol
Over 70% know where to signpost for:

- Smoking cessation
- Alcohol
- Physical activity
- Healthy eating
- Obesity
- Mental health
- Dementia

More than 40% don’t know where to signpost for:

- Substance misuse
- Sexual health
- Domestic violence
Barriers

• Confidence
• Context
• Time
• Signposting
Solutions

• Training
• Making Every SECOND Count
• Accessible information to provide to client (e.g. cue cards)
• Evidencing success
4. ACCREDITED REGISTERS WORKFORCE
Accredited Registers workforce

• 23 Accredited Registers, spanning over 50 areas of practice
• 80,000 strong
• One in four access the services of AR workers
• Our report:
  - How AR workforce is supporting public’s health
  - Barriers
Accredited Registers workforce

The 15 most practiced professions in the Accredited Registers workforce:

- Counselling
- Psychotherapy
- Talking Therapy
- Body Massage
- Massage Therapy
- Reflexology
- Reiki
- Hypnotherapy
- Aromatherapy
- Other
- Sports Massage
- Sports Rehabilitation
- Healing
- Play Therapy
- Nutritional Therapy

Percentage distribution: 0.0% - 60.0%
Methodology

• Survey
  – 4500 participants
  – Representative

• Focus groups

• Semi-structured interviews

• Public polling
  – 2000 strong sample
  – UK representative
Accredited Registers workforce

• Well placed to provide brief interventions and lifestyle health advice
  - Holistic
  - Private setting, nothing off limits
  - Long sessions; repeat appointments, building trust

• Reinforced by public polling...
  – Two most common responses from the public to an AR raising a health issue:
    • *Would welcome the conversation* (29%)
    • *Would trust the advice given* (29%)
### Some examples

<table>
<thead>
<tr>
<th>AR profession</th>
<th>Health issue</th>
<th>Signpost/ referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselling/talking therapies</td>
<td>Older persons with dementia, mental health issues linked to bereavement – possible increased danger of falls.</td>
<td>Falls prevention</td>
</tr>
<tr>
<td>Foot health therapist/reflexologist</td>
<td>Smoking leading to PAD, or other foot health issues.</td>
<td>Stop smoking services</td>
</tr>
<tr>
<td>Foot health therapist</td>
<td>Foot health issues can lead to medical complications, such as diabetic ulcers</td>
<td>Podiatrists</td>
</tr>
<tr>
<td>Play therapist</td>
<td>Some children undertaking play therapy may be doing so because they have speech and language difficulties.</td>
<td>Speech and Language therapist</td>
</tr>
</tbody>
</table>
Q19 Do you feel your profession is currently under-utilised in promoting the public's health?

Answered: 3,972  Skipped: 536

- Yes: 74.42% (2956)
- No: 12.08% (480)
- Don't know: 13.49% (536)
Challenges and ways forward

1: ACCESS
Extent to which public are able or likely to interact with AR professionals

• 72% of AR workforce fund their services on private basis
• Problem for low income groups

Compounded by
• Lack of awareness and understanding amongst other healthcare professionals (68%)
• E.g. Difficulty securing referrals from GPs
Challenges and ways forward

1: **ACCESS**

Extent to which public are able or likely to interact with AR professionals

- Employee benefit schemes
- “Let’s Work Together” campaign
- Better collaboration between registers and primary care settings
- GMC advice
Challenges and ways forward

2: SIGNPOSTING

Having access to accurate information about the best local services available to clients

- Signposting environment always changing
- Difficult to stay up-to-date with the best services
Challenges and ways forward

2: SIGNPOSTING
Having access to accurate information about the best local services available to clients

The signposting list

- Regularly updated
- High quality services
- Locally sensitive
- Local authority responsibility
Challenges and ways forward

3: CONTEXT
How comfortable the AR workers feels raising lifestyle health issues

• Important for healthy conversations to be client-led
• Important factors for the public:
  – Non-judgmental approach (41%)
  – Relaxed and not rushing consultation (40%)
• One in four would be prompted to take or consider taking action.
Challenges and ways forward

3: CONTEXT
How comfortable the AR workers feel raising lifestyle health issues

Health assessment questionnaire

• Can provide the cue for a healthy conversation in a non-invasive way.

• Currently no standardisation within professions

• Evidencing public health impact – forthcoming work with PHE on HCP Impact Measurement
5. EVERYDAY INTERACTIONS

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What is “everyday interactions”?

- Series of 10 ‘impact pathways’ for use by healthcare professionals

- Designed with nurses and midwives, pharmacists, dentists and AHPs to record and measure their public health impact in a uniform and straightforward way

- Focus on everyday interactions between HCPs and individuals, rather than specific, designed interventions
Impact pathways

Cover 10 priority public health areas:

- Adult obesity
- Alcohol
- Smoking and tobacco
- Mental wellbeing
- Falls
- Dementia
- Healthy beginnings
- Child oral health
- Physical activity
- Sexual health
Importance of measuring public health impact

• Create a business case for the service, demonstrating to commissioners and other stakeholders that they are going beyond their job role and offering added value to services

• Support HCPs to meet public health requirements within tender documents

• Benchmark services and improve practice

• Continue to make the case at a national level for continued investment in the public’s health

• Enable HCPs to see that the public health work they are doing is beneficial and important
How was the toolkit developed?

• Overseen by Expert Advisory Group

• Understanding current behaviour and needs:
  • Online survey (n=805) April 2016
  • Desk research and online twitter chat

• Analysis of tools available

• Development of a logic model approach

• Roadtesting (n=150) – draft obesity impact pathway
How do the impact pathways work?

Divided into four columns: ‘do’, ‘record’, ‘collate’ and ‘impact’

<table>
<thead>
<tr>
<th>‘DO’</th>
<th>refers to what a HCP might do to complete an intervention</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>None of the ‘do’ activities are mandatory – the HCP needs to access the needs of the individual in front of them and decide which activities are relevant and helpful</td>
</tr>
</tbody>
</table>

| RECORD | refers to what a HCP will need to record following on from the activities they have done |

| COLLATE | is for when multiple individuals have been seen and the results are brought together. There is also (marked by dotted lines) some scope to follow up with individuals within the collate column – but this is only if a HCP happens to have an opportunity to do this |

| IMPACT | highlights the public health impact that will be had following on from these activities and links into various frameworks, but particularly the public health outcomes framework |
Impact pathway: Adult obesity

**DO**
- Using MERC principles, raise the issue of weight
- Weight and measure to assess BMI and where appropriate waist circumference (WC)
- If appropriate, assess individual's motivation/desire to enter into weight management
- Assess fruit and vegetable intake
- Assess individual's physical activity either informally against guidelines, or formally using a tool such as GOPEN, to identify inactive individuals
- Offer brief verbal and written advice on the health consequences of excess weight and importance of a healthier diet and physical activity based on the scores above
- Signpost to relevant services - consider both the physical and emotional components of weight management
- If individual is aged 40-74 without pre-existing conditions, and has not had a health check in the last 5 years, signpost to GP/local authority health check service

**RECORD**
- Record that weight has been raised with individual
- Record height, weight and BMI (and WC) of individual
- Record readiness to change scoring
- Record fruit and vegetable intake
- Record the physical activity assessment outcome
- Record that brief advice has been offered to individual
- Categorise the referral location (e.g. lifestyle weight management service, health trainer service) and record
- Record that individual has been signposted for a health check

**COLLATE**
- No. of times weight has been raised with individual
- No. of individuals who have had their BMI (and WC) recorded
- No. of individuals who have had their readiness to change assessed
- No. of individuals who have had their fruit and vegetable intake assessed
- No. of individuals who meet the 5-a-day recommendation
- No. of physical activity assessments carried out
- No. of individuals meeting physical activity guidelines
- Number of individuals who have received weight-management brief advice
- No. of individuals referred to health improvement services i.e. weight management service
- No. of individuals signposted to local health check service

**IMPACT**
- Reduction in excess weight in adults
- Proportion of the population meeting recommended 5-a-day
- Increased percentage of physically active adults
- Reduced prevalence of chronic illnesses including cardiovascular disease, type 2 diabetes and cancer
- Higher levels of local population meeting PHOF 5-a-day measure
- Higher levels of local population meeting PHOF increased physical activity
- Lower levels of local population meeting PHOF numbers of people who carry excess weight
- Increased detection of early signs of stroke, kidney disease, heart disease, type 2 diabetes and dementia

**Determine results and follow-up** (where possible) to generate impact assessment
There are eight suggestions for ‘do’

- The first is to raise the issue of weight using MECC principles
- The HCP may then offer to assess BMI and waist circumference, and these details should be recorded
- The pathway suggests a range of other assessments, including motivation to enter into a weight management programme, assessing fruit and vegetable intake, assessing physical activity
- Brief advice and signposting can be offered and it may be appropriate to suggest that the individual has a health check
For each of the ‘do’ activities, there is a record that needs to be made.

For ‘Using MECC principles, raise the issues of weight’, the HCP should ‘record that weight has been raised with individual’.

For ‘Assess fruit and vegetable intake’, the HCP should ‘record fruit and vegetable intake’.

There is currently no system in place for recording these outputs, although we have called for the outputs to be incorporated into databases at a national level.

For the moment, HCPs will have to find their own ways of recording the data (for example, as is happening in one area, additional fields are being added into the local database that they already use to collect patient data).
Over time the data collected will show the number of people who are receiving public health advice and interventions.

For example, the top box in the collate column is ‘No. of times weight has been raised with individuals’ which links into the top boxes in the two previous columns.

Collate is also where data could be collected if the same individual was to have a second intervention at a later date.

Follow-ups are optional and will not always be possible.
The final section is ‘impact’ and is key for HCPs to demonstrate the importance of the work they are doing.

In the adult obesity model there are some local measures, e.g. ‘higher levels of local population meeting PHOF 5-a-day measure’, followed by national measures which link into the public health outcomes framework.

The HCP can use these measures to indicate the areas of national priority that their work is impacting upon.
Considerations for HCPs

• HCPs are encouraged to develop the impact pathways to fit their setting

• For some specialist populations the models will need further refining to ensure that the needs of these individuals are met

• HCPs may also wish to add in additional impacts

• We would encourage HCPs to seek out training on MECC and brief interventions – links available
RSPH has developed a short, free, e-learning resource to help support the use of the impact pathways. It is available at [www.rsph.org.uk](http://www.rsph.org.uk)
Thank you

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