

Allied Health Professions response to CORE20PLUS5



Background information

This document will highlight national frameworks, strategies and examples that support the embedding of health inequalities into Allied Health Professions (AHPs) work, and position the national AHP health inequalities work in relation to the CORE20PLUS5 operating model (outlined in [core20plus5-online-engage-survey-supporting-document-v1.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/core20plus5-online-engage-survey-supporting-document-v1.pdf)).

Who are the AHP's?

AHPs are the third largest workforce in the NHS and include:

1. [Art Therapists](#)
2. [Dramatherapists](#)
3. [Music therapists](#)
4. [Podiatrists](#)
5. [Dietitians](#)
6. [Occupational therapists](#)
7. [Operating Department Practitioners](#)
8. [Orthoptists](#)
9. [Osteopaths](#)
10. [Paramedics](#)
11. [Physiotherapists](#)
12. [Prosthetists and Orthotists](#)
13. [Radiographers](#)
14. [Speech and language therapists](#)

13 of the 14 AHPs are regulated by the Health and Care Professions Council (HCPC) with Osteopaths regulated by the General Osteopathic Council (GOC). AHPs provide system-wide care to assess, treat, diagnose and discharge patients across social care, housing, education, and independent and voluntary sectors. Through adopting a holistic approach to healthcare, AHPs are able to help manage patients' care throughout the life course from birth to palliative care. Their focus is on prevention and improvement of health and wellbeing to maximise the potential for individuals to live full and active lives within their family circles, social networks, education/training and the workplace.¹

¹ NHS England About AHPs. Webpage link: <https://www.england.nhs.uk/ahp/about/>

AHPs and Health Inequalities



AHPs have long contributed to efforts to understand and reduce health inequalities across health and care, supported by the UK Allied Health Professions Public Health Strategic Framework 2019 - 2024². The new national AHP strategy 2022-2027³ also provides a strong mandate for social justice within AHP service design and delivery, including taking action on health and care inequalities and putting a spotlight on equality, diversity and inclusion. The strategy outlines **two overarching principles: anti-racism and co-production, and five ambitions for addressing health and care inequalities:**

- Supporting more equitable access to AHP services for lower socioeconomic groups, ethnic minority groups, people living in rural areas and other specific disadvantaged groups, and people with mental health problems
- Providing high-quality care and patient experience in terms of avoiding bias in decision-making, having culturally appropriate services and meeting clinical standards
- Addressing the social determinants of health through supporting employment and housing
- Supporting mental wellbeing with specific AHP services as well as incorporating mental wellbeing considerations in routine AHP services
- Engaging and empowering communities to support the co-design and delivery of culturally relevant service

What is CORE20PLUS5?

‘Core20PLUS5⁴ is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both the National and System level. The approach defines a target population cohort - the ‘Core20PLUS’ - and identifies ‘5’ focus clinical areas requiring accelerated improvement. The approach is made up of three key parts. The first two parts together provide a population identification framework designed to be used at ICS level to offer direction & focus in improving health inequalities:

² UK Allied Health Professions Public Health Strategic Framework 2019-2024. Webpage link: <http://www.ahpf.org.uk/files/UK%20AHP%20Public%20Health%20Strategic%20Framework%202019-2024.pdf>

³ Allied Health Professions (AHP) Strategy for England: AHPs Deliver 2022-2027. Webpage link: [Allied Health Professions \(AHP\) Strategy for England: AHPs Deliver](#)

⁴ [NHS England » Core20PLUS5 – An approach to reducing health inequalities](#)



Core20:

- *The most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). The IMD has seven domains with indicators accounting for a wide range of social determinants of health.*

PLUS:

- *ICS-determined population groups experiencing poorer than average health access, experience and/or outcomes, but not captured in the 'Core20' alone. This should be based on ICS population health data.*

- *Inclusion health groups include: ethnic minority communities, coastal communities, people with multi-morbidities, protected characteristic groups, people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups. The final part sets out five clinical areas of focus¹. Governance for these five focus areas sits with national programmes; national & regional teams coordinate local systems to achieve national aims.*

5:

1. *Maternity: ensuring continuity of care for 75% of women from BAME communities and from the most deprived groups*

2. *Severe Mental Illness (SMI): ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)*

3. *Chronic Respiratory Disease: a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations*

4. *Early Cancer Diagnosis: 75% of cases diagnosed at stage 1 or 2 by 2028*

5. *Hypertension Case-Finding: to allow for interventions to optimise BP and minimise the risk of myocardial infarction and stroke⁵*

⁵NHS England Core20PLUS5 An approach to reducing health inequalities. Webpage link: [NHS England » Core20PLUS5 – An approach to reducing health inequalities](#)

How AHP's fit within the CORE20PLUS5 delivery model



Resources and guidance

At the Office for Health Improvement and Disparities (OHID), the UK Allied Health Professions Public Health Strategic Framework workstreams have a strong focus on health inequalities, public health and prevention. To date, the resources and guidance developed include:

- A health inequalities framework developed by the Kings Fund, specifically aimed at AHPs:
- [My role in tackling health inequalities: a framework for allied health professionals | The King's Fund \(kingsfund.org.uk\)](#)
- An evidence review of the impact of AHPs on health inequalities (Ford et al, 2021): [Impact of Allied Health Professionals on health inequalities - Primary Care Unit \(cam.ac.uk\)](#)
- An online hub, hosted by the Royal Society of Public Health ([RSPH | Allied Health Professions hub](#)), which includes:
 1. A dedicated section on Health Inequalities ([RSPH | Health Inequalities](#)) reports and resources
 2. Population-based or service-level case studies dedicated to addressing health inequalities: [Case Studies](#).

Some examples which address the 'CORE20PLUS' in CORE20PLUS5 include (see the [Case Studies](#) section in the hub to download these):

- Communication first: people experiencing street homelessness
- Forgotten Feet – Helping Homeless Feet
- A Nutrition Education and Cooking Intervention in a UK Foodbank
- Annual Physiotherapy Review Project – Working to create an efficient, patient centered and cost-effective service to those with profound and multiple learning disabilities in the community
- Disease Prevention in the South Asian Community Through Healthy Eating Awareness via Social Media
- Improving access to eye care for adults with learning disabilities in South Devon



- Enabling adults with learning disabilities to understand their health recommendations
- Art Psychotherapy in the community. Addressing health inequalities through Social Prescribing - an Asset Based Community Development (ABCD) approach
- Occupational therapy leadership within the Fire Service to reduce fire risk and address health and wellbeing in vulnerable communities
- Addressing occupational deprivation as a way to reduce health inequalities
- Developing and diversifying routes into Allied Health Professions (AHP) in East London
- The Get Going Group: dramatherapy for people with learning disabilities and mental ill health
- Improving access to better care for people with hip and/or knee pain: An AHP-led service in Primary Care
- Nutrition Skills for Life®(NSFL): Providing quality assured nutrition skills training for community workers and support for the development of community food and health initiatives

Specific examples which address the '5' in CORE20PLUS5 include (see the [Case Studies](#) section in the hub to download titles without a link):

- *Maternity*: The added value of art therapy practice within maternity and perinatal parent-infant mental health
- *COPD*: "Escape from the Smoking Life Sentence": The Effectiveness of a Respiratory Physiotherapy Service in Preventing Chronic Obstructive Pulmonary Disease (COPD) in Northern Ireland Prisons (not yet published).
- *Early cancer diagnosis*: Utilising Facebook to improve uptake in Breast Screening
- *Severe mental illness*: Provision of Therapeutic Boxing for Psychiatric Intensive Care Unit
- *Hypertension case-finding related*: Podiatry-led detection, diagnosis and management of peripheral arterial disease (COP, 2021):

<https://rcpod.org.uk/api/documentlibrary/download?documentId=280>



- Evidence of AHP service improvements and public health interventions which reduce health inequalities and improve outcomes in other important areas such as homelessness, food security, equitable access to healthcare, inclusion health groups, long term conditions and digital poverty. These fall under the CORE20plus (20% most deprived; ICS determined population groups) rather than the '5' areas of focus. The national AHP leadership team will continue to encourage, support and champion work in the above groups, as AHPs are well-placed to reducing inequalities in a broad range of areas.
- Recognition and sharing examples of innovation and leadership in relation to health inequalities, public health and prevention.
- Recorded events and webinars highlighting and promoting the role of AHPs in reducing health inequalities, inclusion health and AHP resources. Recordings of these events can be found on the NHS Futures pages and the RSPH AHP Hub.

Quality Improvement

We have developed The Embedding Public Health into Clinical Practice Toolkit, which is driven by QI methodologies to support AHP's and all other health and care professionals to take a population health approach in service design, improvement, and delivery, which supports driving quality improvement into the health inequalities agenda. The toolkit has received very positive feedback since its release and is continuously being supplemented with extra resources and case study examples of its use in practice:

[Embedding Public Health into Clinical Services - eLearning for healthcare \(e-lfh.org.uk\)](https://www.e-lfh.org.uk/)

Partnership working

The national AHP team at OHID have been running listening events with our ICS and Regional AHP leaders. During these events we have also highlighted the role, evidence base and resources in place to support AHPs to reduce health inequalities. We have been undertaking listening exercises at these events to understand what the Regional and ICS leaders need from the national teams, in order to progress this work.



This work is being used to:

1. Develop a Health Inequalities information pack for the ICS leads which reflect the results of the listening exercises and signpost to key partners in this work.
2. Support the development of a health inequalities network, to spread good practice and evidence-based interventions, network with key collaborators and connect with partners across the system.
3. We will be developing an evidence-based list of high impact AHP interventions for health inequalities for AHP system leaders in 2023.

Accountability

The AHP team at OHID will connect with the national team to highlight specific challenges and identify support requirements, tools and resources to drive improvements. We would also welcome information that might support our ICS leaders with this work.

Funding and resource

There is no available funding within the national AHP team for this agenda but as we have outlined above, we are using part of our capacity to equip our ICS leaders with the information they need to address health inequalities within their local population and services. We will also connect with the Core20PLUS5 team at NHSE to identify where we can accelerate change, share resources, or identify assets in driving forward this work.

Monitoring

The Health Inequalities Improvement Dashboard used by the Health Inequalities team at NHSE will contain indicators/metrics applicable to the five focus clinical areas and other strategic and clinical areas focused on addressing health inequalities. The AHP team at OHID welcome specific AHP data shared by the Health Inequalities team at NHSE to support AHP regional and ICS leads to understand local health inequalities and outcomes specific to AHP services.