The King's Fund

Ideas that change health and care

My role in tackling health inequalities

A framework for allied health professionals

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Foreword

A joint message for allied health professionals

We know that the past two years have been incredibly challenging ones for allied health professionals, the health and care community and wider UK and global population. We have faced considerable challenges and witnessed and experienced the extent of deep health inequalities that exist among our communities and those we seek to help and support. We are proud that our allied health professional (AHP) community was able to play such an important role in the efforts to face the challenges of Covid-19, and were moved by the sheer dedication, and contribution of AHPs across the UK. But we also recognise that the challenge of inequalities will not dim in the immediate aftermath of the pandemic, be they directly Covid-19-related or brought about by broader forces. From small steps to big efforts, every person's contributions will count, and together we know that we can make a difference to reducing health inequalities. We, as 14 allied health professional bodies, Public Health England, NHS England and NHS Improvement, have therefore worked with The King's Fund to develop this simple framework to help any allied health professional consider their role in tackling health inequalities. This framework builds on our commitments in the *UK allied health professions public health strategic framework 2019–2024* (Allied Health Professions Federation 2019) and we hope AHPs across the UK will find it useful. It aims to help you to consider your own unique contribution to tackling health inequalities and to help maximise this through a series of lenses and questions. It is not a technical guide or summary of academic literature, but instead a prompt to help you to think and a platform to connect you to many resources that can help you along the way. We hope you find it helpful in guiding your efforts.

AHP leaders in Public Health England, NHS England and NHS Improvement, Health Education England and the 14 AHP professional bodies

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1 Introduction

Who am I?

Reading this, you are likely to be one of 170,000 allied health professionals (AHPs) caring for people, families, communities and the wider UK population. Allied health professional belong to any one of 14 professional groups, so you might be: an art therapist, dramatherapist, music therapist, dietician, occupational therapist, chiropodist/podiatrist, operating department practitioner, orthoptist, osteopath, paramedic, physiotherapist, prosthetist and orthotist, radiographer, or speech and language therapist (NHS England undated b). You may be at any stage of your career – a student, trainee, new starter, more experienced, or very established in your role/s and profession. You may be focused on delivering care solely to individuals, or you may be running multiple services or leading one or more organisations. You may be involved in shaping the future, for example, through education, workforce development, or training. Or you may be someone outside the AHP profession interested in knowing more. Whoever you are, the information in this guide is hopefully useful to you. You play an important role in helping improve health and tackle health inequalities. This guide suggests ideas about how you can maximise your role in this and provides a framework to support your efforts.

What are health inequalities?

Health inequalities are 'unfair and avoidable differences in health across populations and between different groups within society' (The King's Fund 2020). They arise because of the different conditions in which we are born, live, work and age, and are affected by the factors that determine how easy it is for people to access healthy choices equally – for example, services are designed, funded and run in a way that meant they are equally accessible for everyone; or government policies that prioritise tackling health inequalities and supporting people to turn this into a reality. Some of the people most at risk of experiencing health inequalities are also often those who find it the hardest to access high-quality support (Hart 1971). You will have seen this in your own clinical practice: the impact of poverty, low health literacy, homelessness, unemployment, lack of social support and other factors making it harder for people to seek support, understand and engage with their care, navigate the various services that can help meet their needs, take preventive action early, and live life as healthily as possible for as long as possible. You will have also seen variations in the way that services are run or barriers in practice that can also make things harder for people and thus worsen inequality (Baker *et al* 2017). With your help, this can be changed.

People sometimes think that the concept of health inequalities relates only to people working at population level and not practitioners who focus on the care of individuals. But there is growing recognition that this is not the case (Dougall 2021). Whatever our role, each of us can make a difference, whether that is about supporting an individual during a consultation, through influencing the design of services, or using our influence to advocate for wider changes.

What is my role as an AHP in tackling health inequalities?

With more than four million client contacts every week, AHPs hold tremendous power to tackle health inequalities (Royal Society for Public Health and Public Health England 2015). We know that tackling health inequalities is important to AHPs – for example, more than 1,000 AHPs from across England have helped to inform this framework (see Section 2) by answering the survey questions and sharing case studies. We also know that the public really values health advice from AHPs (Royal Society for Public Health and Public Health England 2015). And, as the case studies collected in the course of this work illustrate, there is much excellent work already under way. So, whether it is helping that one person you're caring for to connect with a service that can help meet their other needs, or joining forces with other AHPs to care for underserved communities you come into contact with, whether you decide to proactively create services that reach into communities better, or you're shaping health and care services across a region, or you just make the choice to speak up in a meeting to raise awareness about the issues you're hearing about in your clinical practice – it all counts, it all adds up, and it all makes a big positive difference to tackling health inequalities. Your contribution is likely to be different to your colleagues and that is ok – it is about finding the ways in which you can maximise your contribution, big steps or small, to tackling health inequalities and helping to connect you to ideas, resources and support to help turn this into action within your practice.

2 AHPs health inequalities action framework

Framework to support AHPs to tackle health inequalities

Every allied health professional plays an important role in tackling health inequalities. This framework has been created to help you to find your own unique role in this and to explore ways to maximise your contribution.

This framework was created in collaboration with AHPs from across the 14 professional groups. Its aim is to support you, as a busy AHP, (or anyone interested in working with AHPs more) consider your approach for tackling health inequalities, whatever role you're in, however much time or experience you have.

The framework looks at six aspects of your practice you may wish to think about, and suggests three different ways to think about each aspect. As clinicians, it is easy to start by thinking about our clinical care of others – but we encourage you to start by thinking about your own knowledge, skills and confidence in tackling health inequalities first. This is fundamental to ensuring the best possible care of others and a key learning from our work at The King's Fund. Consider then your care for individuals, the team in which you work, and the services you provide. Think about the communities and networks you work with and for, and consider the health and care systems you are part of. For each of these, think about what you know or need to know (awareness), what you can do – however much time you have, quickly or for the longer term, (action), and how you can take this further to champion the needs of your patients, communities and the population (advocacy) and ensure equity in practice. Whoever you are, whatever your role, all six aspects, and the different ways of thinking about each aspect, apply. We would encourage you to read the examples, spend time thinking about your own practice, and perhaps use this framework as part of a coaching conversation. Remember that the examples are not definitive pathways to progress along but ideas to consider. You may mix and match ideas or find your own combination to try. It is important to be realistic about where you are, how much time and capacity you have, and how you can work and develop. So, even if you only have a small amount of time don't worry – whatever you can do, it can make an important difference. Finally, please remember that there are plenty of places to get support, inspiration and information – we've listed some examples at the back of this document, including contact details in case you want to get in touch. If you want to know more about any of the examples or want to read about more examples like these, they can be found here: www.rsph.org.uk/AHP-case-studies

3 Ideas for using this framework

1 Myself as an individual

Awareness	Sometimes we can be so focused on giving clinical care that we can overlook the important starting point of first considering ourselves. But this is important as it underpins your whole career and care-giving role. Take time to understand your own story and experiences; values and skills; world view and biases. Consider why it is important to you to tackle health inequalities and what change you would like to see happen. Return to this often and regularly re-assess where you are. A coaching conversation or leadership programme may help you with this step.
Action	There are a number of resources that can support you to build your understanding about health inequalities. For example, The King's Fund has published an explainer (Williams *et al* 2020) and there are many helpful resources from Public Health England (Public Health England 2019; Public Health England undated a, b) and NHS England (NHS England and Public Health England undated). Take opportunities to explore health inequalities in practice. During your career you will come across many different people, including people from underserved groups – a traveller community member, someone for whom English is not their first language, someone with a disability, someone with poor social support and others – and those working to care for them. Ask about their lived experience; find out more about their unique story, skills and experiences. At The

	King's Fund, we hear through our population health work with leaders across UK that 'if people seem hard to reach; the problem is in the approach for reaching them' – and this is something that is supported in the literature (Thompson 2007). Work with local people to find the right approaches to reach and support them – it will be different for each person, group or community. See that extra time and effort is needed in work that seeks to address health inequalities (Ford *et al* forthcoming). Start considering how to allocate time and resources in a way that is more proportional to the needs of the people you come across.
Advocacy	Share your learning with your peers and identify ways you can individually and collectively provide care for individuals, services, communities in a more equal way. Advocacy may be as simple as speaking up at the next meeting you're in to ensure health inequalities remain a priority. Remember that you can make a big difference – even the smallest of steps can be a catalyst for positive change.

Three practical examples

- Occupational therapists have taken part in The King's Fund Leadership for population health programme to develop their understanding of population health. In so doing, they increased understanding among the group of 26 system leaders they were working with about the important role that AHPs play in tackling health inequality and population health more widely.
- Several AHPs have undertaken Health Education England Population Health Fellowships in collaboration with a range of host organisations, and have developed practical insights into tackling health inequalities through project work and shadowing opportunities.
- We've heard about AHPs who have utilised free resources, subsidised or voluntary coaching and mentoring schemes, or National Institute for Health Research-funded development opportunities, such as a place on

the King's Fund Emerging clinical leaders programme, to develop greater insights into themselves as practitioners and their understanding of their values, strengths and unique contribution to improving health and care for all.

2 Care of patients

Awareness

Now you have seen the health inequalities that exist, look again at every patient contact and consider the opportunities for addressing them through various steps you can take. Consider what is needed to ensure you can care for all your patients equally well. Explore the concept of implicit bias and unconscious bias in more depth and consider how they may influence your practice (Rice 2015). This can really help you to be aware of the factors influencing care and enable you to optimise your practice for equity. Read this health inequalities research study (Ford undated) which explores in more depth the evidence on how AHPs can tackle health inequalities through the care of their patients and also read this Royal Society for Public Health report about how AHPs are an important part of the wider public health workforce for tackling health inequalities (Royal Society for Public Health and Public Health England 2015). Consider how this, and the wider learning it inspires in you, can be applied in a way that ensures equitable care for all.

Action

There is a range of steps you can take to address health inequalities for the individual people that you are caring for. We know that people at more risk of health inequalities often experience poorer health outcomes. So

be extra careful to look at their clinical care and consider how best to optimise this through good prevention, early detection of issues and action to support them, and quality ongoing clinical management of their needs. Consider the quality of their care experience as well as their clinical care management and ensure this is as good as it can be. Consider ways to support individuals in a wider sense by signposting them to other services, linking in with other carers, and helping to join the dots for a more holistic care approach. Be flexible in your approach and cater for their individual needs (for example, ensuring language and technology are not barrier, and remembering to cover cultural and religious needs, as well as those of language). And remember to consider their needs in any changes you may make to services to ensure these do not inadvertently widen health inequalities but instead serve to address them.

Advocacy

Highlight case examples at team meetings and share your learning about what works or doesn't for addressing health inequalities at an individual patient level. Encourage others to do the same. Together you will find patterns and trends, as a team and service or for the health and care systems that you work in, that are likely to warrant intervention to reduce inequalities and ensure more equitable practice. These are invaluable insights and make up the rich picture underpinning data about health inequalities accessible at these levels. So, don't overlook them as being a different layer, but instead see their value for all your efforts.

Three practical examples

- An advanced paramedic in Blackpool created the High Intensity User programme recognising the need to provide more one-to-one tailored care addressing the mental health and social issues that often complicate high service use. The scheme proved so effective that it was

scaled up to cover 300 patients in Blackpool over three years, saving the NHS more than £2 million, and has now been rolled out to cover about one-fifth of England with 36 local heath teams adopting the scheme.

- Art at the Start is a project offering a range of arts-based interventions within a gallery space to promote the mental health and wellbeing of parents and young children (aged 0–3). This collaborative research project between University of Dundee and Dundee Contemporary Arts, led by an art therapist, includes art therapy sessions to support poor attachment and mental health through targeted referrals; public messy-play sessions to encourage families to engage in interactive play through shared art making; and art boxes for use at home to support families in underserved communities during lockdown.
- Music therapists in Chiltern Music Therapy created an intervention that provides neurologic music therapy on a major trauma ward, helping to improve physical function, cognition, speech and communication as well as supporting emotional and mental health needs of patients.

3 Clinical teams, pathways and service groups

Awareness

Have a shared understanding about the interest across your team or service around addressing health inequalities. Consider whether you have a collective vision or aim, or a set of values that you can adopt between yourselves to make sure this remains a visible priority across your joint work. Familiarise yourself with the quality improvement-based toolkit for population health projects and consider using this to support your actions below (Health Education England undated)

Action	Look at your service design. Who are you reaching in the population and who are you not? Who are you not reaching who may need your help and support? How well do your services care holistically for everyone to best meet their needs equally? Which are the groups that may need extra care and attention to equalise this? You may wish to collect data on this by working with your informatics team or the local public health team. There are many online tools that can help (Public Health England 2019; Public Health England undated a, b). Consider how well team members understand health inequalities and involve them in your work to understand the situation and intervene. As well as this, remember to include a health inequalities lens for quality improvement projects, adverse event learning or root-cause analyses.
Advocacy	Speaking up for patients and advocating for their needs with other professionals and those that can offer support should be something you feel comfortable with, and is a valid part of your role. This can lead to valuable partnership-working. As well as doing the work, remember to articulate the challenges you are seeing and share your work and learning with others. You may do this in partnership with academic units locally.

Three practical examples

- A team of osteopaths worked as joint pain advisers in local GP practices in a south London inner-city borough to support the care of 500 patients with osteoarthritis from underserved communities through more one-to-one and tailored support, improving pain, function, quality of life, weight, and physical activity. The service reduced workload and clinical investigations for the primary care teams, and proved popular with the patients.

- Physiotherapist teams worked on vascular wards at Royal Free Hospital providing smoking-cessation advice and support for inpatients, aiming to tackle one of the key risk factors for this population group. The intervention proved not only beneficial for the patients supported, but also for practitioners who could provide more prevention-focused care for this group.
- Dramatherapy Get Going Groups were created in Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust to enable dramatherapy teams to optimise the community discharge pathway and prevent readmissions to an assessment and treatment unit by giving people with learning disabilities a chance to communicate and engage with their peers at the group through storytelling, play and art.

4 Communities and networks

Awareness

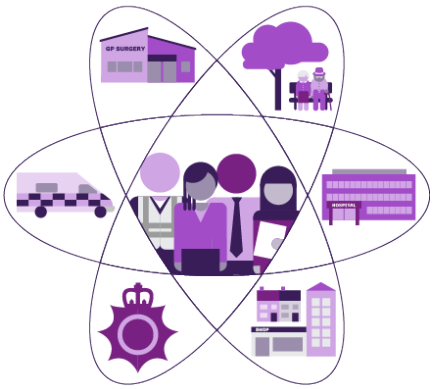
Take time to develop your understanding about the best possible approach to tackling health inequalities. Read about co-production, co-design, assets-based approaches and community hosting – The King's Fund explainer has some useful starting points (Buck *et al* 2021). Consider how to build long-term meaningful relationships with staff and communities and how best to continually use these insights to improve care for the long term to transform practice (Dougall *et al* 2018). Read about Public Health England's place-based approaches to tackling health inequalities (Public Health England 2019), and case studies such as how Wigan's services transformed their relationship with their communities (Naylor and Wellings 2019). Think about what this means for you, and how you could contribute and be part of similar approaches.

Action	The work of AHPs means that you often influence care across several organisational boundaries. Consider the seams between your roles. How can you work to ensure equity and alignment across services and organisations? People often access a range of services, so you may be well placed to see these cross-system contacts and flows. Consider what health inequalities look like across the system that you serve. Where are the touch points that matter to people from underserved communities? How can it work best?
Advocacy	Look again at the networks you are part of and consider how you are advocating for the people and communities you work for and with. How do you relay the insights that you gather through your different roles? What is needed to create learning systems and an interest from your various colleagues and organisations for tackling health inequalities?

Three practical examples

- A speech and language therapist at Change Communication, assessed the communication needs of a homeless man and identified a difficulty that had affected him for years. This enabled other organisations to understand the extent and impact of the communication issues before working with the client to identify how they could successfully support him. The outcome is that he has now remained accommodated after an extensive period of street homelessness.
- A network of operating department practitioners at St George's Hospital NHS Trust used clinical encounters with patients from at-risk groups, such as people from the Somaliland community, to encourage the take up of Covid-19 vaccinations.
- Forgotten Feet clinics were set up in 2013 by a podiatrist in Worcester after noticing that people from underserved communities accessing the podiatry services often wanted to talk about other serious issues. The

Forgotten Feet service now exists in several towns and ensures that staff in these clinics are equipped with the skills and resources to ask about these wider issues and signpost to the relevant services (for example, rape crisis centres, emergency shelters, local GPs, and drug and alcohol services).



5 Systems of care

Awareness

Some of you will be already influencing how organisations and systems make decisions. Remember that all NHS organisations have recently had to nominate a health inequalities lead at executive level, and NHS England and NHS Improvement has a core team to support action on health inequalities. If you are not the executive-level lead, find out who it is, and how you can support their work (NHS England and NHS Improvement 2021). Take time to speak to staff, local people and partners at all levels to find out about the real issues they are seeing, what local needs are, the gaps and opportunities, and understand where their energy and passion for tackling health inequalities is. Understand that working together is not always the easiest way, but in the long term it is the most effective and necessary way for tackling health inequalities. You may find it helpful to read The King's Fund case studies on system leadership (Timmins 2015) and leading across boundaries (Hulks 2017) to help you think about your own experiences and approach.

Action

Model best practice for equity in everything you say and do. Consider who you are employing and whether they represent a diverse workforce; we know that a diverse

workforce is associated with better patient care, as well as being morally right (NHS England and Public Heath England undated). Get more involved with health and care planning, including, where relevant to you and the care of your patients or clients, integrated care systems or primary care networks. Take part in consultations and shaping of emerging plans and push for stronger equity-focused system design, whether that is about the areas you are directly involved in, or not. Think about how people who experience inequality will be receiving care from AHPs from multiple professions – have you taken this into account in service design? Consider working with patients whose care crosses AHP pathways to make their experiences as seamless and integrated as they can be. Ensure you actively involve under-represented groups and make sure that everything you do serves as an act of working for, and with, people locally who are forgotten or under-served. Make it easier for people from these groups to actively take part.

Advocacy

Use your position to talk, where appropriate, to the media, engage with local leaders and politicians, and drive efforts to ensure equity is at the heart of health and care practice. Join with others, and advocate for policies that can reduce inequalities in health more broadly, for example, the NHS can be an advocate for tackling poverty (Fenney and Buck 2021). Build a wider connection to civic roles and work to influence the wider determinants of health, prevention, funding, workforce, representation, more power in decision-making to communities and underserved groups within communities, and collectively holding whole systems to account for tackling health inequalities for population health.

Three practical examples

- Orthoptists in Warrington and Halton NHS Teaching Hospital have been optimising health and care across their system by enhancing telephone consultation support for parents of children who are struggling with their learning due to possible visual processing difficulties.
- Radiographers in the North Midlands used social media to help improve breast screening rates across the region. They used Facebook and other methods to communicate screening-specific information to service users to increase the reach of this information despite limited funds.
- North Staffordshire Clinical Commissioning Group (CCG), Stoke on Trent CCG and The Orthotics Campaign (which was previously the North Staffs Orthotics Campaign) redesigned the local orthotics service, which sees approximately 5,000 adults and children a year, by actively engaging with the service-user community and championing their needs in service re-design process.

6 Nurturing the future

Awareness

Take time to consider the workforce inequalities (Ross *et al* 2020) and wider challenges that exist (The King's Fund 2021). Maximise your awareness about how representative the workforce is, who is being recruited and where from, how well and equally supported trainees and staff members at all levels are, what their lived experience is, who is being given opportunities, who is struggling, who drops out, and how can this be equalised? Also understand where the gaps in your knowledge about planning and training are and why it is important to fill these.

Action	Your role may mean that you have access to data and responsibility for strategic thinking about the future. If so, access and review data about workforce planning to identify opportunities to ensure an inclusive, representative, and supported workforce capable of tackling health inequalities. Make efforts to connect across the different groups and initiatives that exist for workforce development to prioritise equity focus, progression and support for all AHPs. Consider the needs of the current and developing AHP workforce to ensure that, at all levels, there is high-quality knowledge, skills and confidence for working in an equitable way. Think not only about your own profession but also about how a workforce across AHP professions can be better developed and trained to respond to people who have multiple care needs. Consider how to make the AHP roles as attractive as possible to all groups, including those from deprived and under-represented communities. Ensure experienced AHPs are engaged with this agenda as well as agents for change. Consider the role of the senior leadership levels in supporting and enabling this. And don't forget to consider the skills needed to meet the challenges of the emerging landscape such as digital inclusion (Honeyman *et al* 2019), understanding anchor principles (Health Foundation 2019), portfolio working (The King's Fund 2021), systems thinking and working for care (Patterson 2019), as well as recovery from Covid-19 (Cream *et al* 2021).
Advocacy	Consider how to grow and share this work and effort with educators across different specialisms. For example, thinking about the role of @AHPs4PH and @weahps for reaching wide audiences and engaging lots of people – we saw its powerful abilities for supporting this work and gathering helpful inputs for developing this framework. Consider how to build on this and use your various resources for creating a social movement for health inequalities. How can other specialisms and workforce groups learn from your efforts and enthusiasm? How can

you work together to create and sustain equitable practice for population health?

Three practical examples

- Staff at the University of Lincoln are encouraging occupational therapy students to explore health inequalities through their studies of occupational deprivation and the importance of engaging with under-served groups in practice.
- North-east London NHS organisations have been working with University of East London to create AHP apprenticeships for local disadvantaged communities as part of an ambitious programme of work on anchor principles. A dietitian supported organisations to come together with others across London to shape workforce transformation aspirations for population health and tackling health inequalities at a King's Fund, Health Education England and London Public Health Academy workshop in 2020.
- A partnership between Public Health England, Health Education England, the Royal Society for Public Health and academic partners is working to expand placement opportunities for pre-registration students in, for example, public health teams and voluntary and community sector organisations to help them recognise and experience where they are able to contribute to improving health and reducing health inequalities.

4 Where to go for more information?

Additional resources and support

There are many places you can go to for more support so don't feel alone in this work – partnership is key. Reach out, connect, share, learn and grow the improvements for tackling health inequalities and ensuring more equity.

Start by considering who in your area may already be doing this work. Public health teams or your local population health leads may be able to provide you with some data and understanding about health inequalities – including learning about what has worked/not worked locally.

There are many professional groups and networks that can also help you. For example, the public health provider network, AHP professional bodies, #WeAreAHPs twitter community, @AHPs4PH and more.

Remember the numerous resources that exist across Public Health England, the Royal Society for Public Health AHP hub, NHS England and NHS Improvement and our own team at The King's Fund. There are case studies, tools, frameworks, reports, learning and development resources and more – so just have a look and see what is helpful. The next section contains a reference list that can act as a starting point you can build from.

And of course, if anything isn't listed there whether it is something you want to know more about or something you'd like to contribute such as an example of good practice – please get in touch with one of the authors of this framework, or one of the contributors.

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