

AHPF Policy Officer's Group Document. Getting involved in shaping the Green Paper on care and support for older people.

The Allied Health Professions Federation (AHPF) would like to offer its help in developing the Green Paper on care and support for older people. We have a unique perspective, ideas about how services could be developed and transformed and data, evidence and many case studies to support the case for these, including possible cost savings. We have set out below, an overview of the role and significance of AHPs, how different professions can help older people and suggested two priority areas for attention on which we would be delighted to work with you. We would be very happy to meet to discuss any of this, including attending the planned roundtables, as well as providing further evidence or information depending on your priorities.

2. AHPs make up the third largest workforce in the NHS. There are 158,000 AHPs working within a range of surroundings including hospitals, people's homes, clinics, surgeries, the justice system, local authorities, private and voluntary sectors and primary, secondary and tertiary education. A full list of AHPF organisations is in the Annex at the end of this note.

3. We are the only health and care professionals to have a pivotal role across every stage of an older person's life. AHPs provide services to keep people well, independent and promote quality of life as peoples' needs require more intense intervention.

4. We deliver high quality services across health, housing and adult social care. AHP service users frequently have long term conditions which precipitate transitions between locations, sectors and states of health and independence. AHPs have a key role in services for all major clinical priority groups – dementia, frail older people, stroke, cancer, learning disabilities and mental health.

About the AHP workforce

5. AHPs are a flexible workforce, working across boundaries and sectors to increase health and independence and reduce institutional dependency and it is critical that there are enough AHPs to meet patients' needs, especially for out-of-hospital care.

6. For example, the House of Commons Health Committee inquiry on primary care highlighted that incorporating allied health professionals into general practice will help to alleviate pressures on GPs and improve services for patients (House of Commons Health Select Committee (2015) Oral evidence: Primary care HC408.

<http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/primary-care/oral/24413.html>).

7. The Nuffield Trust have also highlighted the role of AHPs. It stated that there is a need to reshape the health workforce to deliver the care that patients need, maximise the skills and abilities of the non-medical workforce and alleviate pressures on the health system. (Nuffield Trust (2016). Reshaping the workforce to deliver the care patients need).

http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/reshaping_the_workforce_web_0.pdf).

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8. The Chair of NHS England emphasised the role of AHPs as vital in the delivery of new models of care and shifting care from hospitals to community settings in; "The NHS is not just about doctors and nurses". (NHS England (2015): <http://www.england.nhs.uk/2015/06/ahp-fyfv>).

How AHPs support older people

9. AHPs support older people to keep them well and living at home enabling them to retain an active role in their community. For example, radiographers provide advice on healthy lifestyles to prevent future osteoporotic fractures whilst dietitians provide advice on lifestyle interventions to prevent health needs developing. Orthoptists see visual problems as just not a set of eyes but the whole person and are able to listen and advise thousands of older people to continue to lead independent lives despite many different vision problems. They provide low cost treatment like prisms for double vision which immediately restores mobility and confidence.

10. We also support older people after an illness, injury or accident. Paramedics provide care at the first point of contact, whilst physiotherapists and occupational therapists help prevent people from falling as well as treating people, along with orthoptists, after an incident to promote full independent functioning. AHPs are the only health professionals who provide both short-term and on-going rehabilitation to older people to support them to recover and readjust.

11. Assisting timely discharge from hospital and working together in early support teams to treat and care for people in the community are another aspect of AHPs' work. Speech and language therapists, occupational therapists and physiotherapists are core members of early support discharge teams, expediting discharge and delivering care and support to people in their own homes or in the community. Orthoptists provide visual rehabilitation as a vital part in the multi-disciplinary recovery pathway for stroke and neurological disease.

12. AHPs also contribute towards preventing older people going into hospital in the first place. Dietitians help to prevent malnutrition and dehydration often requiring hospital admission, while podiatrists treat people at home to prevent limb and foot troubles becoming more severe.

13. We also provide long-term therapy for people with progressive or long term conditions. Speech and language therapists provide ongoing communication support for people with Motor Neurone Disease (MND) or Parkinson's, whilst art therapists support people to express themselves especially in the later stages of these conditions.

14. In terms of key issues around mental capacity, art, music and drama therapists work directly to help alleviate the psychological, emotional, cognitive and social impact of injury, illness or disability. Communication difficulties can have an impact on a person's capacity and a person's ability to demonstrate that they have capacity. Speech and language therapists support formal assessments to determine if someone has capacity and support people with complex communication needs or dementia.

15. Care homes are a key location for AHPs' work with older people. AHPs provide training, support and

guidance to enable resident safety and promote quality of life for older people. Speech and language therapists and dietitians train care homes to recognise people at risk of eating, drinking and swallowing difficulties and to intervene promptly to prevent the development of pneumonia or malnutrition which leads to hospitalisation. Occupational therapists work in care homes in relation to people engaging in their daily occupations and meaningful activities as well as training care staff in ways to help manage challenging behaviours, for example those with dementia.

16. Our work frequently extends beyond the client to their families or carers. For examples, speech and language therapists provide specific strategies to support communication interaction which maintains the relationship between the individuals, decreases carer stress and improves wellbeing.

17. The use of technology makes better use of specialist resources, reduces admission to hospital and encourages swifter response to patient need to make decisions about their care and treatment. AHPs are modernisers and use new technology to support people living at home. Speech and language therapists use telehealth for a range of conditions to monitor and review progress. Art therapists use telehealth in rural settings to reach and support people, especially in the later stages of conditions. Occupational therapists assess and provide Technology Enabled Care, a fast growing area of provision.

What AHPs can offer the Green Paper development

18. We believe AHPs can lead the integration partnership working across health, care, housing and education sector and act as the first point of contact for patients with complex conditions. By focussing on early intervention and rehabilitation that supports people to live healthily in their own home, AHPs have many examples of innovation that could provide a blueprint for sustainable change. For example ESCAPE-pain which provides group rehab for people with osteoarthritis has had a significant lasting impact in reducing reliance on health care services and medication. The AHPF is also developing a campaign to strengthen the case for community rehabilitation which might include developing a model for community rehabilitation, good practice examples and policy proposals. We would be happy to discuss our plans and how they might fit with this Green Paper as well as provide further case studies or detail for the Green Paper.

19. In addition, we can provide further evidence, case studies and information around how AHPs support people with long term conditions to maintain independence and be active, helping to facilitate good physical and mental health and supporting them to achieve the outcomes they want.

20. In terms of priorities, we have two suggestions for focussed action – mental health (particularly in relation to social isolation and dementia) and malnutrition.

Mental Health and dementia

21. There is a need to support older people's mental health and emotional wellbeing and reduce the risks and associated costs of social isolation. A 2009 report from Concern and Help the Aged found that over 1 million older people said they always or often felt lonely ("One Voice: shaping our ageing society". Age Concern and Help the Aged 2009). Research shows loneliness can be as harmful for health as smoking 15 cigarettes a day ("Social relationships and mortality risk: a meta-analytic review. Holt-Lunstad J, Smith TB, Layton JB. PloS Med 2010; 7 (7)). People with a high degree of loneliness are twice

as likely to develop Alzheimer's as those with a low degree of loneliness ("Loneliness and risk of Alzheimer disease. Wilson RS, Krueger KR, Schneider JA, Kelly JF, Barnes LL et al. *Arch Gen Psychiatry* 2007 Feb; 64 (2):234-240).

22. The Alzheimer's Society notes there are 850,000 people with dementia in the UK, with numbers set to rise to over one million by 2025.

(https://www.alzheimers.org.uk/info/20027/news_and_media/541/facts_for_the_media). Currently dementia costs the NHS, local authorities and families £26.3bn per year (Alzheimer's Society (2014) Dementia UK: Update www.alzheimers.org.uk/dementiauk).

23. AHPs such as speech and language therapists, art, music and drama therapists can help alleviate many of the symptoms and save valuable NHS resources. For example even people in the late stages of dementia are able to access long term memories as the brain remembers emotional experiences more easily than facts. Targeted therapy engages the healthy parts of the brain to address the secondary effects of the illness such a loss of confidence, self-worth, low mood and feeling of frustration, irritability and anxiety. It also reduces the risk of social isolation and its associated costs. Engagement with an AHP allows for identification of unaddressed needs and further referral, eg a music therapy and occupational therapy group may facilitate a conversation around equipment required in order to continue to live independently.

Malnutrition

24. As for malnutrition, it is estimated that some 1.3 million people over 65 suffer from malnutrition, 93% of them in the community. 32% of people aged 65 years or over are at risk of malnutrition on admission to hospital, and 50% of people admitted to hospital from care homes are at risk of malnutrition. (Malnutrition Task

Force: <http://www.malnutritiontaskforce.org.uk/resources/malnutrition-factsheet/>).

25. Malnutrition and dehydration lengthen hospital stays, increases recovery times from illness and leads to increased visits to GPs. They are also closely associated with increased risks of falls. The British Association of Parenteral and Enteral Nutrition (BAPEN) estimated in 2015 that the total cost of malnutrition in term health care, public health and social care in England was £19.6 billion in 2011-12 (<http://www.bapen.org.uk/pdfs/economic-report-full.pdf>. More recent estimates (not yet published) for the UK as a whole put this figure upwards of £23 billion.

26. Dietitians have a central role in treating malnutrition directly and by offering training for other healthcare and care professionals to help them identify those at risk of malnutrition and make appropriate referrals. We can provide numerous cases of effective dietetic intervention in this area – for example: "Focus on Undernutrition", an award winning service in County Durham (<http://www.focusonundernutrition.co.uk/home>).

27. Speech and Language Therapists and Occupational Therapists also play a key supporting role to help older people overcome barriers to eating such as swallowing difficulties or difficulty preparing food.

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Annex: The AHPF

The Allied Health Professions Federation (AHPF) is made up of twelve professional bodies representing Allied Health Professionals (AHPs). The AHPF provides collective leadership and representation on common issues that impact on its members' professions:

- The Association for Music Therapy (BAMT)
- The British Association of Art Therapists (BAAT)
- British Association of Dramatherapists (BADth)
- The British Dietetic Association (BDA)
- British Association of Prosthetists and Orthotists (BAPO)
- British and Irish Orthoptic Society (BIOS)
- Royal College of Occupational Therapists (RCOT)
- Chartered Society of Physiotherapy (CSP)
- The College of Paramedics (CoP)
- Royal College of Speech and Language Therapists (RCSLT)
- Society and College of Radiographers (SCoR)
- The Society of Chiropractors and Podiatrists (SCP)

AHPs focus on consistent, person-centred, preventative and therapeutic care for children and adults. They are accredited and trustworthy professionals performing a crucial function in the NHS and social care. The breadth and depth of AHP skills and reach make them ideally placed to lead and support transformative changes.