



ACTIVE & INDEPENDENT
LIVING PROGRAMME

Scottish Allied Health Professions Lifecurve™ Survey 2017

Supplementary Documents and Report

Background

The Allied Health Professions (AHPs) Active and Independent Living Programme (AILP) is a key element in the Scottish Government's delivery arm in improving public health with its vision to 'support the people of Scotland to live healthy, active and independent lives by supporting personal outcomes for health and wellbeing' (1).

The Scottish Government aims to deliver improved health and social care through its' triple aim of better care, better health and better value as set out within the National Health and Social Care Delivery Plan (2). The overall focus is on prevention, early intervention and supported self-management, which is supported by the National Wellbeing Outcomes (3).

This is something people who use health and social care services have already said they want (4) and was highlighted during the engagement events that led to the development of AILP. People said having trusted information to manage their own health with easy access to AHPs when required was a key priority for them and this is translated into three of AILP's ambitions: improved awareness of AHP services and how they can help, improved access to AHP services and improved health and wellbeing.

Realising AILP's vision 'will require a concerted and sustained focus on prevention, early intervention and enablement' which means a focus on partnership working, cultural change and workforce development (1).

AHPs are engaged in early intervention programmes, but across adult services there is a lack of information at a national level on what those interventions are, which AHPs are involved and therefore what opportunities there are for engaging with partners around a wellbeing culture.

Introduction

Newcastle University Institute of Ageing has been undertaking world leading work in understanding ageing from their original Newcastle 85+ Study (5) which identified a hierarchical loss of function in the very old to their development of a model of compressed functional decline (6). This work looked at a number of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) which is articulated in the Lifecurve™ (7). There is also an order to the level and type of intervention to address the loss of ADL/IADL function as described by Gore and colleagues (6). This begins with building reserves and engaging in reactivation at the pre and early Lifecurve™ stages, followed by compensation for lost function and provision of care and support when lost function can no longer be regained and compensation is no longer sufficient on its own to enable a person to carry out these everyday activities.

AHPs are a group of eleven professions who work across sectors in health and social care and provide diagnostic, therapeutic and/or rehabilitation/reablement intervention to people across their life course (see Appendix 1). For AHPs to achieve the AILP vision it was necessary to build an understanding of where they currently intervene in a person's health and wellbeing journey. Using the Lifecurve™ as the basis for a national survey would establish a baseline for this and by linking with participants' health records via their Community Health Index (CHI) it would be possible to identify the healthcare costs associated with each Lifecurve™ stage. Therefore, the reasons for undertaking the survey were:

1. To take a 'snapshot' of current interventions
2. To understand the economics of intervention and cost consequence of when this happens 'late'
3. To plan for the future in terms of workforce, activity and partnership eg. by 2050 1 in 5 people in the world will be 60yrs or over (1M in Scotland)
4. To encourage a shared dialogue around wellbeing and what matters most
5. Begin to consider how to mitigate against barriers to ageing well.

Pre-implementation Stage

Agreement was reached in November 2016 with AHP Directors/Associate Directors to undertake the survey across all professions and all sectors in adults services. This group identified a number of AHPs who acted as

communication leads in their local areas to support the pre-implementation stage. There was a five month lead in period from January 2017 to Lifecurve™ survey day of 10th May 2017. During this period a number of documents were produced and made available on the AILP Community of Practice (8):

- A project charter (see Appendix 2)
- A staff information Sheet (see Appendix 3)
- Lifecurve™ Survey Awareness Flyer (Appendix 4)
- A Frequently Asked Questions document was developed and added to over the pre-implementation period (see Appendix 5)
- A service type checklist (Appendix 6)
- Pre-survey checklist (Appendix 7)

In addition, a series of information sessions were held either via WebEx or face to face which covered the main reasons behind the survey (see Appendix 8).

All AHP staff in all adult services where they work were included in the survey with the exception of people who were at end of life stages or too unwell to take part and those who lacked capacity under the Adults with Incapacity (Scotland) Act 2000 without a legal guardianship in place.

A successful application to the Public Privacy Benefit Panel (9) was made to be able to gather survey participants CHI numbers to allow linking the survey data with their healthcare records (see Appendix 9).

Survey Design

The survey was designed in three sections, the first using the fifteen ADL/IADL questions in the Lifecurve™ with input from ADL Smartcare Ltd who devised its' design and format and who have the term Lifecurve™ as an unregistered trademark. The CEO of ADL Smartcare Ltd is also Professor of Practice at Newcastle University Institute of Ageing and the relationship between AILP and Professor Gore has been in his academic capacity (see Appendix 10).

This was the first survey of its type for AHPs and would require to be undertaken by paper as many staff do not always or readily have access to IT (eg computers). In addition, there was no easy way to make the Lifecurve™ questions available in an electronic format at that time.

Given the size of the undertaking it was agreed to use the opportunity to gather broader information about the survey participants and the AHP staff they were seeing. This was informed in part by the report published by Independent Age which identified that two of the most difficult topics families find difficult to broach were 'where will I live when I can't live here anymore' and 'who will look after me when I can no longer look after myself' (10). Consensus agreement was reached across the AHP Directors/Associate Directors to ask survey participants an additional nine questions in the second section of the survey with either a single answer for each to be chosen from a series of multiple-choice answers or ticking 'all as apply' as follows:

- Q1. Where are you seeing the AHP today? (single answer)
- Q2. If you travelled to here today how did you get here? (single answer)
- Q3. Who do you normally live with? (single answer)
- Q4. Do you have any communication support needs? (how to answer not specified)
- Q5. Are you in work or take part in other regular activity? (answer as many as apply)
- Q6. Is your home suitable for your needs? (single answer)
- Q7. Are you a carer? (single answer)
- Q8. How would you describe your wellbeing today? (how to answer not specified)
- Q9. Who arranged for you to see the AHP member of staff today? (single answer).

In the third section, a series of additional questions were asked of the AHP staff taking part in the survey. This included basic information about the survey participant in order to be able to link their survey to their healthcare records held in Information Services Division (part of NHS National Services Scotland). Asking the date the survey was conducted allowed for a more exact age of the participant at the time of the survey which would be helpful for future analysis in understanding their Lifecurve™ position. The following questions were asked:

- Q1. Participants' CHI number
- Q2. Date Survey Completed
- Q3. Participants DOB
- Q4. Participants' postcode
- Q5. State your AHP profession
- Q6. Are you a student? (yes or no)
- Q7. Band/Grade
- Q8. I am a generic AHP support staff member (yes or no)
- Q9. Are you registered with HCPC? (Health and Care Professions Council)
- Q10. Is this a first time or return visit? (only one applies)
- Q11. State service type (refer to checklist) (free text)
- Q12. Name of the Local Authority or Partnership Area (free text)
- Q13. Name of NHS Board (free text with 'Other' option for those in independent or third sector)
- Q14. What is the main purpose for the visit? (tick which apply).

In addition to the actual survey questions information for participants was prepared, both in a full and easy read format. The participant consent form was informed by the General Medical Council. Good practice in research and Consent to research (11). The whole survey document was informed by consultation with local lead Speech and Language Therapists and the Scottish Government Health Literacy lead in terms of plain English and ease of reading.

All the survey documents were published in draft format on the AILP Community of Practice for feedback, questions and comments. AHPs were invited to test the draft document with people using their services and provide feedback. The draft survey document therefore was developed in an iterative process with numerous drafts in response to feedback from AHPs and people using their services. The final survey was printed in a booklet style (see Appendix 11). All the work was commissioned and funded via the Scottish Government as part of the work of AILP.

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Appendix 10: Lifecurve Briefing Paper setting out background and relationship between survey and ADL Smartcare Ltd.

Appendix 11: Survey Booklet