

Trust Board (Public)	Item: Kingston Hospital Population Health Clinical Fellowships and project results.
Date: September 2021	Enclosure: E
Purpose of report: Provide Board with insight into partnership working, project results and wider benefits of the KHFT Population Health Clinical fellows. Ask the Board to support population health clinical fellowships within our junior doctor workforce.	
For: Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/>	
Sponsor (Executive Lead):	Dr Amira Girgis, acting Medical Director
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	-
Legal / Regulatory / Reputation Implications:	-
Link to Relevant CQC Domain: Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive X Well Led <input type="checkbox"/>	
Link to Relevant Strategic Theme:	<ul style="list-style-type: none"> - Systems & partnerships: provide care that connects between organisations. - Make sure our staff are empowered to take a more proactive role to addressing health inequalities in the patients we see. - Working with community, primary care and social services, deliver simpler, more joined up care for patients, that offers the right support, at the right time
Document Previously Considered By:	NA
Recommendations: <i>(to note or approve)</i>	

- 1) The board are asked to **note** the report of this successful innovative joint role piloted August 2020-July 2021, and specifically to note:
 - a) The benefits of the fellowship role to doctors in training, KHFT, and current and future patients.
 - b) Improved population health stakeholder engagement and integration within Kingston (including KHFT, Public Health Kingston, Kingston Council Public Health and Regeneration teams, local GP practices and Cambridge Road Estate residents).
- 2) The Board are asked to **support** continued development of and in investment in Population Health Clinical Fellowship role.

Introduction:

Health Education England (HEE) created the national Population Health Fellowship for NHS clinical staff in England, with the aim to develop and grow a workforce of professionals who will incorporate population health into their everyday jobs. KHFT strategy prioritises staff participating in improving the health and wellbeing of the communities which we serve and working with partners to reduce health inequalities.

In this context, the KHFT Population Health Clinical fellowships were created as pilot posts in conjunction with HEE, KHFT Medical Education and Unplanned Care, to run from August 2020 for 1 year.

The fellowship allowed doctors in training to combine clinical work with the opportunity to do a community-based project, with a population health focus, that aimed to improve the health of the local community and provide learning and leadership opportunities for junior doctors. One of the two posts was part-funded by HEE, the second was wholly Trust funded. The fellows were part-time clinical (3 days a week in medicine) and undertook Population Health project work the rest of the week. The fellows were supervised by the Director of Medical Education, and closely supported by Iona Lidington, Director of Public Health, Kingston.

Population health is aimed at improving the health of an entire population. It includes action to reduce ill-health, including addressing wider determinants of health, and requires working with communities and partner agencies. Contemporary healthcare is increasingly focused on optimising patient care and outcomes at population level and therefore clinicians across all of healthcare require skills in population health to achieve this. It is now widely accepted that population health competencies and mindset are essential at all levels in every healthcare organisation in delivering excellent healthcare.

The two Population Health Fellows, Dr Alistair Carr and Dr Georgia Whitlow initiated and completed 2 impactful projects during their year at KHFT. We have focussed on the primary project in this report. Project time was interrupted and curtailed by the second COVID wave, during which time the fellows were redeployed to fulltime clinical medicine work.

Project Background:

Kingston is the third most affluent borough in London but contains neighbourhoods which are very deprived. In these places people experience poor health, live shorter lives, and have reduced life opportunities. The most deprived of these neighbourhoods is the Cambridge Road Estate. The wider determinants of health, factors such as crime, education, employment and housing, account for most of the poor health experienced by people living

in the Cambridge Road Estate, and places like it. Without considering these causes of poor health, people living in these areas will continue to be high users of healthcare services.

The Cambridge Road Estate is a housing estate in Kingston that is at the start of a 10–15-year regeneration programme. It is in the 20% of most deprived neighbourhoods in England and is the most deprived neighbourhood in Kingston. Child poverty is a significant issue on the Estate with over a third of children living in low-income families. It is an ethnically diverse community with a higher proportion of working-age adults and children compared with the rest of Kingston. Crime rates are higher on the Estate than the Kingston and England averages with rates of anti-social behaviour, violence and sexual offences and drug abuse being particularly high. The health of residents on the Estate is much poorer than the rest of Kingston and this translates into a lower total and healthy life expectancy; the residents are high users of healthcare services. The poor health and lower life expectancy experienced by people on the Estate is not caused by a single issue but a wide variety of long-term health conditions, disease risk factors such as obesity and smoking, and the wider determinants of health that have a cumulative effect on health and wellbeing over the course of people's lives.

Project Description

A detailed health and wellbeing analysis of the Cambridge Road Housing Estate was undertaken by the Population Health Fellows. This project was identified after consultation with several stakeholders, and the project work was supported by Public Health Kingston and Kingston Council's Public Health and Regeneration teams.

Project Aim

To understand and make recommendations about how to improve health and wellbeing most effectively for people living on the Cambridge Road Estate.

Project Methods:

Using publicly available information, analyses of health-specific information and detailed residents survey (and parallel healthcare provider survey), we sought to:

1. Understand the Estate's social demographics and wider determinants of health.
2. Understand the state of health on the Estate.
3. Understand the health and wellbeing priorities from the perspective of residents.
4. Select priority areas that would have the greatest impact on health and wellbeing based on steps 1–3.
5. Feedback to stakeholders to discuss action plans on how to improve health and wellbeing.

Key Results:

- Levels of personal wellbeing were lower when compared with the Kingston averages, according to the 2019/20 ONS Annual Wellbeing Survey.
- Levels of community kindness are lower on the Estate when compared with the London and England averages from the 2018 Carnegie Foundation Report.
- Difficulty with booking a GP appointment is the biggest challenge residents experience in accessing primary healthcare.
- Residents' top priorities for improving their health and wellbeing are reducing crime and anti-social behaviour, improving mental health, having more support with long-term health conditions, having improved Estate facilities, and having help with increasing their levels of physical activity and exercise.

Project Conclusion

Key priorities to improve the health and well-being of people that live on the Estate are: (1) making it easier to book a GP appointment (as residents can find it very difficult to navigate the system); (2) developing a mental health strategy; (3) reducing crime and anti-social behaviour; (4) developing a strategy to help reduce drug abuse on the Estate; (5) improving Estate services and cleanliness; and (6) help residents with managing their long-term health conditions.

Report conclusion

The pilot fellowships created dedicated opportunities for KHFT doctors to work in and better understand population health and integrated working, and to share their learning and experience (and incorporate this into future practice). Their project has facilitated partnership working, engagement and integration with diverse stakeholders and has identified priorities for improving the health and wellbeing of the Cambridge Road Estate residents; these will benefit the greater health and social community.

This has been a hugely successful joint initiative, and feedback has been unanimously positive (see examples below). The fellows have learnt diverse non-clinical professional skills which are widely transferable. They contributed to the Education Faculty by delivering Leadership Training and regular teaching to our Foundation doctors. The fellows continued with part-time clinical work (so as not to deskill, lose clinical confidence or hinder career progression). The fellows have reported the significant value of a role which allows them to partially step back from fulltime intense high acuity work and enabled them to restore a positive work-life balance.

It is important to also note the fellows' clinical contribution (working in general medicine and Care of the Elderly, including on-call work). This has benefited Unplanned Care and KHFT patients at a time when recruitment of locally-employed doctors (formerly known as Trust doctors) is proving difficult.

These types of joint roles are very attractive to junior doctors (as evidenced by the high volume of excellent candidates who applied). Continuing the fellowship will enable KHFT to bolster our medical workforce and develop clinical professionals who will incorporate population health into their everyday jobs. The fellowships are aligned with the Trust's Strategy to provide care that connects between organisations and empowers staff to take a more proactive role in addressing health inequalities.

This report asks the Board for their support in continuing the development and investment in such Fellowships.

Feedback from Iona Lidington, Director of Public Health Kingston:

"It has been great having Alistair and Georgia working with us on the population health work on the Cambridge Road Estate. They have achieved a huge amount in the past year and been a huge asset. I understand there has been a change in funding going forward and HEE will no longer be funding these opportunities, which seems such a shame at a time when population health is getting so much attention at last and reducing inequalities has come to the fore. I'd be keen to continue this joint endeavour, so both organisations can continue to benefit from the collaboration."

Sample of feedback from Alistair Carr, Population Health Fellow:

“Being Population Health Fellows provided us with opportunities and experiences of being outside of our comfort zones with regards to exerting leadership, working autonomously, and working with different organisations. These were situations we had never previous experienced in our medical careers and had limited skills in. Through building up a body of experience in each of these domains, which we reflected on as the year progressed, we now feel more confident and competent in all these areas. For me, the most important transferable skills I learnt through being a Population Health fellow were (1) exerting leadership without being in a position of authority and (2) working effectively with partner organisations.”

