

## Population Health Fellowship

### Carolyn Royse, Orthotist

**Carolyn Royse is an orthotist She qualified as a registered prosthetist/orthotist in 2007 and now specialises in orthotics and the diabetic foot. She joined the Population Health Fellowship in 2020.**



“I was very excited to join the Population Health Fellowship, ready for a February 2020 start. Being in the first cohort I was not sure what the fellowship might offer me, and what opportunities it might present.

My fellowship involved working with Wessex Activation, Self-Management and Personalisation (WASP) team on a self- assessment tool to review the delivery of personalised care to a population of adults with diabetes. This is hosted by the University of Southampton and the Applied Research Collaboration (ARC) and a Dorset Primary Care Network (PCN).

The self-assessment programme is a survey of service users, frontline staff, managers, and commissioners which is used to produce a report on the delivery and receipt of the NHS personalised care model, with a view to identifying gaps in knowledge, service, commissioning, or behaviour. This is followed by a 12-week education and quality improvement programme. I would be working with the PCN to evaluate both the WASP programme and the service improvement, which consisted of the delivery of an intervention from a life coach.

However, March 2020 came, and the fellowship programme was sadly halted. This was not the best year to start a fellowship, with all the changes in our professional life, seeping through to our private life and ‘the new normal’ was the most quined phrase of the year. However, ‘the new normal’ was offering me a world of possibilities.

With my post backfilled and no requirement to return to my substantive post during the pandemic, I filled my time. I continued working with WASP, able to give them time to develop and deliver their training package; I worked with Allied Health Professionals (AHPs) in Dorset to build and deliver on the Public Health England AHP public health strategy and roll out healthy conversation and MECC training to over 400 AHP’s. I went to webinars, read around my fellowship subject area extensively, was invited to meetings as a HEE Public Health Fellow

within local public health, Clinical Commissioning Groups, Integrated Care Systems and HEE at local and regional levels.

I had the opportunity to find out at a strategic level the response to an unprecedented public health crisis. I learned about the Dorset population health management system and how the data produced was identifying at risk and shielding individuals and how personalised care interventions, such as social prescribing and community groups, were addressing the wider determinants of health for those populations.

Since the fellowship recommenced, I have been invited to be involved with health inequalities strategically at my own trust. I have attended Health Equity Leadership Training, built links with PCN's, and have become involved in research with Staffordshire University. I am also involved with the ICS Musculoskeletal prevention group.

My project in diabetic populations and their outcomes, when accessing personalised care, has allowed me time and space to understand populations, personalised care, health inequalities, drivers of health and access to care, all of which are valuable tools in modern integrated care systems.

The fellowship has opened doors for me to widen my influence and has made me consider my practice and how what I do relates within a much wider system. I will also continue to work with WASP on a secondment after my fellowship has ended and hope to continue to impact the systems I work in and with."

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