CHSS Annual Lecture 2019

On Friday 11 October we were delighted to welcome Professor Chris Whitty, Chief Medical Officer and Chief Scientific Adviser, Department of Health and Social Care, to the University’s Colyer Ferguson Music Hall at Canterbury. There was a very good turnout for his engaging CHSS Annual Lecture; ‘Interdisciplinary Research and neglected areas’. #CHSSopen19

See report on page 2
**News and events round up**

**We are the Champions!**

CHSS welcomes the 2019 cohort of Research Champions (pictured at a recent ‘Bootcamp’). This innovative programme, developed by Kent Community Health Foundation Trust, seeks to inspire and motivate staff less familiar with research. The ultimate aim is to embed research within KCHFT culture, to improve patient outcomes.

Professor Tricia Wilson provides academic input to the programme alongside colleagues Professor Kim Manley (CCCU) and Carrie Jackson (CEO The Bay Trust). CHSS staff are providing academic mentorship.

Congratulations also to champions Kate and Karin, who both secured places on the CHSS ICAP Internship programme (see page 3).

**CHSS Annual Lecture 2019 – Interdisciplinary research and neglected areas**

Professor Chris Whitty, Chief Medical Officer and Chief Scientific Adviser at the Department of Health and Social Care delivered the CHSS Annual Lecture on Friday 11 October. University Vice Chancellor Professor Karen Cox welcomed the audience. Her introduction highlighted the quality of CHSS research and its contribution to health services in our region.

Using data from the last 100 years, Chris’ presentation highlighted the ‘stunning successes’ of biomedical sciences in reducing UK mortality rates across conditions such as heart disease, stroke, cancer and HIV. History shows that there are no ‘magic bullets’ and the most effective improvements happen when science is applied through multiple layers of intervention.

Professor Whitty used the example of HIV treatment to stress the importance and impact of ‘non-traditional’ sciences, with vital social and political science contributions to layered interventions. Disciplines must work together across traditional boundaries to achieve transformative effects.

Learning from existing data, and trends already seen, he pushed for a strong agenda for change. More policy-engaged, interdisciplinary research, grounded in communities is needed for neglected areas, to address issues such as the ageing population, migration and social deprivation.

Audience Q&A was lively and included the increasing demand facing the NHS, including a 6-7% rise in use of outpatient services over 10 years. This is one area of pressing need for research, and complex problems call for social sciences to provide understanding to shape future NHS services.

Chris’ inspiring lecture was a welcome call for us to push for more integrated working across traditional boundaries; combining evidence to inform policy and transform health systems for communities’ changing needs.

(This piece is adapted from a blogpost for the NIHR Clinical Research Network, written by CHSS Research Associate Dr Rebecca Cassidy. The full post will be available soon on our newsfeed).

**Masters in Healthcare Management under way**

The new CHSS/KBS MSc in Healthcare Management commenced in September 2019 at Medway. Taught modules in applied health and social care delivered by CHSS expert researchers, begin next Spring. This Programme has been designed in collaboration with Kent Business School. Through varied modules covering relevant and current healthcare management issues, it equips graduates for transition into doctoral studies or a career in this field.

The programme is open to anyone interested in developing skills or building a career in or around Healthcare Management. It will deliver the necessary tools and skills to address the challenge of the ever-changing climate within the NHS, pharma and third sector organisations, as well as international health systems.

Apply for Sept 2020 at: www.kent.ac.uk/courses/postgraduate/7271/healthcare-management

More information from Dr Catherine Marchand, CHSS Programme Director of Studies and Academic Adviser. C.Marchand@kent.ac.uk
Welcome to our new ICAP students
HEKSS / NIHR ICAP– Internships 2019-20

CHSS recently welcomed a third cohort of interns to the Health Education Kent Surrey Sussex (HEKSS)/National Institute for Health Research (NIHR) Integrated Clinical Academic Programme (ICAP) 2019-20.

Funding awarded to the Centre enables CHSS to provide a bespoke learning and development programme for 14 health practitioners. Available to non-Medical Applied Health Professionals, ICAP prepares them to apply for a NIHR Pre-doctoral Clinical Academic Fellowship.

The enthusiastic group (pictured below) enjoyed an induction day in CHSS followed by an IT session at the Kent Business School.

CHSS Senior Research Fellow Ferhana Hashem who leads the Internship Programme said "We are delighted to be welcoming our third group of ICAP interns this year! The programme is working to help the University develop research capability and capacity across the south east region".

For more information email: F.Hashem@kent.ac.uk

Opening Doors to Research – and cake!

In August we enjoyed the annual thank you afternoon tea for our brilliant Opening Doors to Research Group! On a swelteringly hot day, we were pleased to welcome group members for an afternoon of tea, cake, bucks fizz and camaraderie.

Presentations by CHSS researchers illustrated the group’s excellent work and gave a real sense of the variety of projects to which ODRG members give their time and expertise.

University Research Impact and Public Engagement Manager Maddy Bell (pictured on left, larger photo) presented ‘Thank you’ certificates. She said: ‘It was a privilege to be invited to share in the celebrations and give thanks for the Opening Doors group’s valuable contribution to CHSS research’.

More information about the group on our website: www.kent.ac.uk/chss/public
Cultural perspectives on research in Western Australia

By Professor Sally Kendall, MBE, PhD, RN, RHV, FQNI, MFPH

‘For the past five years, I have been fortunate enough to have an academic role at Murdoch University, Perth, WA. In 2019 I was honoured to receive the Sir Walter Murdoch Distinguished International Scholar Fellowship, allowing four weeks’ travel to WA for three years, and continued research collaboration with the Centre for Aboriginal Health and Equity. I spent August 2019 in WA. This is the end of winter and the season of Djilba in Noongar, a time of growth and emerging new life.

As a white English woman with no Aboriginal history, it is a huge honour and responsibility to be in Ngangk Yira, the research centre. In Noongar this name means Sun, Mother, Giver of Life, and is an immediate clue to the importance placed on nature and the spiritual world in Australian Aboriginal culture.

‘Murdoch University is a bush campus built on Noongar country, respected by staff and students for its history and location. The campus itself is beautiful with indigenous plants and trees giving a real sense of the bush as it previously was. Many varieties of eucalyptus fill the air with scent, especially after Djilba rain and there are banksia, gravillea, wattle and orchids. Many have significance for Aboriginal health and well-being and are used in traditional ceremonies and medicines.

‘A Noongar elder greeted my arrival in Ngangk Yira. Speaking in her own language she welcomed me back to the country which is so ancient and important in Aboriginal life, protecting me with a eucalyptus branch and the symbol of the wings of the kulbardi (magpie) and galah (pink cockatoo). It was incredibly moving.

‘My work with the team in Ngangk Yira is tied to these people and their cultural heritage. As the outsider researcher whose ancestors colonised Australia and destroyed 60,000 years of Aboriginal civilization in less than 250 years, my experience is not theirs. They lost land, language, culture, children, voice and spirit.

‘The result in all Australian states in 2019 is a minority population of Aboriginal peoples experiencing major inequalities in all health and social outcomes, racial discrimination, inter-generational trauma, and lack of political voice.

‘In this context, our work addresses issues facing Aboriginal mothers in childbirth and the early postnatal period. Funded by the National Health and Medical Research Council of Australia we have partnered with local Aboriginal communities and health organisations, to develop recommendations to the WA Government for a culturally secure birthing environment.

‘Our co-production approach uses decolonising research methods, such as ‘yarning circles’, similar to focus groups but not directed by researchers. For a topic like childbirth, the women ‘yarn’ or tell their stories and practice Dadirri (deep listening) to understand the told experiences. Why decolonising? Because everything happening in Aboriginal life is conducted through the lens of the coloniser, the white person holding the power and authority to control Aboriginal society.

‘Research methods follow this colonising tradition, imposing questions and methodologies suited to a Western way of knowing. Yarning and deep listening enables a different way of knowing to emerge and grow into themes meaningful to those engaged in the research. An example can be seen in the parenting goals of Aboriginal communities. Aboriginal parents want their children to be free to take risks within the safety of the community, learning from their mistakes and seeing the community as their guardian, with many close, caring adults. This differs from the western concept of individuated children closely guarded by parents in a nuclear family environment, with mistakes disciplined and risk-taking minimised.'
My most recent study has been working with researchers and Aboriginal parents to adapt the Tool to measure Parenting Self-Efficacy (TOPSE, Kendall and Bloomfield 2007) into the Noongar cultural context. Following a validation study, TOPSE will be used to support parents and evaluate interventions.

Interestingly, yarning circles showed that despite cultural differences in parenting, there are also similarities with white parents. Parents in many international contexts develop their inner ability to nurture their children as best they can, to be ‘good enough’ parents. Aboriginal parents are no exception.

‘It is humbling and uncomfortable to yarn with a PhD student and hear that she was removed from her family of origin as a baby, grew up in white family without knowing her origins, became a heroin addict aged 12, found by her birth mother aged 15 and discovered her identity, abandoned by her foster family aged 16, became pregnant and fought with child protection to keep her daughter in difficult housing without a partner. She later had a second child with profound learning disability and her brother committed suicide. And here she is, doing a PhD in social justice!’

When I asked what her turning point was, she said knowing that she was Aboriginal. Finding her identity and finding herself enabled her to overcome multiple traumas and achieve something for herself and her community. This strength, this resilience is so worth understanding, so deeply important to undertaking decolonising research, and translating it into policy and practice.

‘Our next research study will compare Aboriginal mothers’ birth outcomes across several parts of WA to discover whether implementing culturally secure birthing environments makes a difference to outcome and experience. I am looking forward to contributing and participating in the next phase of this important work.’

Improving children’s diet and activity at local level – a tough challenge?

A recently completed CHSS evaluation has demonstrated some of the challenges in changing diets and activity behaviours (and ultimately population weight status) among primary school-aged children.

The evaluation was of a three-year, place-based programme piloted in Golborne – a deprived ward in North Kensington. ‘Go Golborne’ aimed to engage the whole community in themed campaigns supporting healthy eating and physical activity. As well as raising awareness, changing attitudes, and improving knowledge, it was hoped that many small changes in home, school and neighbourhood environments would support children to eat well and move more.

Go Golborne was extremely well-supported locally, engaging 110 organisations and businesses who brought local knowledge, contacts and expertise to the design and implementation. It presented opportunities for information sharing, partnership and capacity development, and delivered training sessions, small grants, tailored resources, and other support. Through the partners, the programme engaged over 3360 local children and families in events and activities.

The evaluation, led by CHSS Senior Research Fellow Erica Gadsby, found that Go Golborne united stakeholders around a shared commitment to tackling overweight. It raised awareness amongst children and parents of healthy eating and activity in a fun and positive way, providing ideas and opportunities to make small positive changes. However, the data suggested that the campaigns and activities were not sufficient to achieve significant behaviour change, despite being positively reviewed by the local community and groups.

Erica highlights some of the challenges for local programmes like Go Golborne seeking to change children’s behaviours and weight status within a short time-frame: “There are so many external factors that programmes like Go Golborne cannot control. The context is extremely challenging – public health and some local services have faced budget cuts, many children and families in areas like Golborne live on low incomes in poor-quality accommodation, and are at risk of social exclusion. Weight-focused conversations remain really difficult for many families, with associations of stigma and powerlessness.”

Erica and the team commended the programme’s proactive approach and delivery in many ways, but noted that as a local project within a large borough, its ability to impact significantly on children’s weight status within three years was ultimately limited.
Tricia Wilson joined CHSS in 2014 as Professor of Primary Care from the University of Hertfordshire. She founded and leads the Kent Academic Primary Care Unit (KAPCU). A renowned researcher in a wide range of primary and community care areas nationally and across the globe, she is perhaps best known for pioneering work in public and patient involvement and engagement (PPIE). She is a leading voice in the drive for greater public participation, active involvement and co-production in all aspects of research.

Tricia is an Advisory Group Member of INVOLVE, Health Services Research Specialty Lead for the NIHR Clinical Research Network Kent Surrey and Sussex (CRN KSS), Strategic PPI lead for the NIHR Research Design Service South East (RDS SE) and the new NIHR Applied Research Collaboration Kent Surrey and Sussex (ARC KSS) – where she leads the ARC Co-production research theme. Research projects within CHSS include OPEL Hospice at Home and the Kent Community Health Foundation Trust Research Champions (see page 2).

Her enthusiasm and commitment stem partly from personal experience, building her reputation as a passionate advocate for patients as active partners in care. Here she talks about the roots and major influences that shaped her career choices.

‘I came from a family who were ambitious and high achievers, but as the youngest by almost ten years with three older brothers, there was less expectation of me as a girl. My husband was a big influence in encouraging me to meet my potential.

‘My early professional career was as a District Nurse, first in West Sussex and then in Hertfordshire. I cared for my mother at the end of her life when I was quite young. That definitely influenced the choice to work in the community with people in their own homes. I particularly enjoyed working with and getting to know people with Long Term Conditions and their families over the years.

‘Nurses can now work in the community without specialist DN training. It’s one of many changes I’ve seen, including a workforce shortage. The current workload is so great that district nurses don’t have the time to provide the care they want to. I see this as a demise of District Nursing as I knew it, which saddens me. I believe it’s left a huge gap in people’s care in their own homes, evidenced by the rise of new services to plug the holes in the system; Hospice at Home is an example.

‘In the early 2000s I began my PhD focusing on self-management in Long Term Conditions. My own experience of living with a long-term condition led to the realisation that health care systems don’t allow people to self-manage and health professionals do not recognise the experiential knowledge that accrues from living with your condition. That experience was magnified by being a qualified healthcare professional myself though not involved in the decision process around my own care.

‘These barriers, coupled with a new policy focus from the Department of Health on the expert patient, led to my strong belief in the need to change attitudes among health care professionals and take a whole systems approach to enabling self-management. Patients should be partners in, not passive recipients of, their own care. The need for involvement in all aspects of health provision, including service commissioning and health and social care research, is an ongoing passion of mine.

‘Twenty years on, my research career has been dominated by how one can be involved and co-produce one’s own care, get involved in health research, and how services are organised and delivered. There’s been a shift over time.

‘It was exciting to be asked to join CHSS. There was a chance to tap into my commitment to care delivery in the community and primary care and it was a natural home for my implementation research on how best to embed partnership projects with patients and communities. Setting up and leading the Kent Academic Primary Care Unit was a highlight. I advised on setting up our CHSS public group Opening Doors to Research which is a great initiative and has really benefited the Centre. I’m also currently involved in some exciting work with NIHR and other partner organisations in KSS co-leading on establishing a regional PPIE forum. We aim to maximise our practice and resources and enable public involvement in all stages of the research process. Involvement in the new NIHR Applied Research Collaboration (ARC KSS) is exciting and I’m looking forward to developing my work there.

‘I recently worked in South Africa and wrote a paper on working in partnership with communities (see p7). We can learn so many lessons from low and middle incomes countries (LMIC) who work actively in and with their communities to improve health outcomes. Next year I will be presenting in Johannesburg on comparative approaches to this in UK and South Africa.

‘I’m grateful that my work has taken me all over the world. I’ve been fascinated by different cultural responses to patients as active partners in care. It’s not all happy travels though; I have something of a habit of encountering dangerous wildlife, particularly poisonous snakes. I am not a fan! And we were once held at gunpoint in Zimbabwe by gamekeepers guarding the Zambezi River, when we’d inadvertently crossed from the Zambia side.

‘Sometimes I think to myself I’d just be better off at home listening to the Archers!’

Find out more about Tricia’s work on our Staff webpages: www.kent.ac.uk/CHSS/staff
Are stroke survivors getting the support they need?

National policy recommends that following a stroke, survivors should have a review at six-weeks, six-months and annually. Research Associate Vanessa Abrahamson, explored this subject as her PhD dissertation. Her study conducted across three sites in south-east England was the first comprehensive evaluation of this policy.

Vanessa interviewed 46 stroke survivors and their carers at six weeks, six months, and one year after discharge from hospital. She also sat in on their reviews with stroke nurse specialists or Stroke Association staff, as well as interviewing clinicians, managers and commissioners.

The results showed gaps in the care pathway where stroke survivors/carers felt unsupported. Unfortunately, the stroke reviews rarely coincided with these gaps and the content varied according to who carried them out.

Those conducted by stroke nurse specialists were geared more towards medical needs, whilst Stroke Association reviews focused on signposting to other services.

The study showed that the reality for survivors fell short of the policy aspirations. Whilst reviews did identify unmet needs, they also highlighted gaps in service provision, where survivors struggled to progress their recovery. Vanessa said: ‘This research shows that current policy does not provide stroke survivors with the right support at the right time. It also highlights the need for people to be active partners at all stages of their rehabilitation and recovery from stroke’.

CHSS staff news

Welcome to:

PhD students
Katherine Buckridge
Katherine joined CHSS in September 2019 on a part-time PhD scholarship. She works part-time as a specialist speech and language therapist with children and adults who have acquired brain injuries and complex neurodisability.

Daniel Huggins
Daniel joined CHSS as a PhD Scholarship student in September 2019, having previously studied at the London School of Economics.

Congratulations
Dr Melanie Rees-Roberts
Appointed Project Manager for the NIHR Allied Research Collaboration, Kent Surrey and Sussex (ARC KSS)

About CHSS
CHSS is a centre of research excellence which undertakes high quality research into a wide range of health systems and health services issues at local, national and international levels. CHSS also supports and advises health care staff to develop and undertake research projects. CHSS collaborates with a wide range of partners in Kent, the UK and in other countries to improve the links between research, policy and practice.

Please see the CHSS website for details of current and previous research and publications.

Details of current CHSS vacancies and studentships can be found at:
www.kent.ac.uk/chss/vacancies.html

Follow us!
www.twitter.com/chss_kent