Belonging in Public Health: Fiona Simmons- Jones transcript

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Guest: Fiona Simmons- Jones

Role: Consultant in Public Health

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Introduction

Hello and welcome to the Belonging in Public Health podcast series. This is brought to you by the UK Faculty of Public Health, the Association of Directors of Public Health London, the Royal Society for Public Health and the UK Public Health Register. This series explores the experiences and perspectives of public health professionals from a wide range of personal and professional backgrounds across the UK. In each episode, we'll explore how identity has shaped each guest's journey into and through public health and their achievements and challenges, alongside what belonging means to them and how they try to cultivate it for others. We hope you enjoy it.

Matthew

Hello and welcome to the Belonging in Public Health podcast. My name is Matthew Bazeley-Bell and I'm Deputy Chief Exec at the Royal Society for Public Health and I'm really proud to be supporting this series alongside colleagues from the Association of Directors of Public Health and the Faculty of Public Health. Today I'm really delighted to be joined by Fiona Simmons-Jones. Fiona's a consultant in public health working in specialised commissioning with a background that spans health informatics, NHS commissioning, local authority public health, health protection, healthcare public health and medical education. She's also vice chair of the Faculty of Public Health Equity, Diversity and Inclusion Committee, supports the faculty's work around reasonable adjustments for exams, and teaches inclusive medical education at the University of Cambridge. What really struck me in preparing for this conversation is how Fiona's work brings together public health, education, accessibility, disability inclusion and workforce development, which feels absolutely central to the conversations we're having in this podcast. Because belonging isn't just about values, it's about whether our systems training routes, professional cultures make it possible for

people to participate, to progress and to thrive. So, with all of that, Fiona, thank you so much for joining us.

Fiona

Thank you for having me. It's a pleasure to be here.

Matthew

To start, how does it feel hearing your life played back to you in that way and hearing it framed like that?

Fiona

And well, I'm very flattered by how kind you were talking about how my career blends different aspects together. That's what I've aimed for. So, it's lovely to hear that it comes across in that way. And I feel ever so proud to be part of public health as a profession and that those values around inclusion and equity and fairness feel so central to public health for me that it is important to me that it permeates every part of what I do.

03:16 Journey into Public Health

Matthew

I'm really looking forward to hearing more about that as we go through the podcast. We're going to start where we all start and I'd like to open with a very broad question and ask you to share with us your journey into public health.

Fiona

Absolutely, so I think going back to being a child, so I grew up in Essex, which is where I live at the moment, and I actually live in the house I grew up in, so have kind of come full circle. And I guess I have always felt like I was a very academic person. So, I really enjoyed school. I really enjoyed learning and applying learning to new things, particularly science subjects. And when I was preparing for this podcast and reflecting back, even though I didn't know anything about public health when I was in school, I can see those kinds of that curiosity, that interest in evidence and evidence informed practice was really fostered quite early on. And I've also kind of always had what I would consider to be a really deep sense of the need for fairness or to feel that things are fair. And that seems to lend itself quite nicely to where I've ended up. But I didn't know anything about public health until I was already an NHS professional. So, growing up and in high school, I thought I was going to go off to university and maybe do medicine. And I wanted to be a coroner, which sounds quite, quite unusual. And then I realised that in order to pursue that particular medical specialty, I had to do medicine as a whole. And I've always been quite scared of hurting people, of kind of unintended consequences. So, I ended up studying the bit of medicine that I could do without hurting people. I did anatomy and physiology. And so, after university, I had no sense that I was going to end up working in public health or working in the NHS, ended up in my first NHS job having worked in the pharmacy on the high street in a Boots and really enjoyed that kind of interest in medication and supporting the health of people. And so, I ended up going and working as a lab assistant in the biochemistry lab at Addenbrooke's Hospital. And that was my very first NHS job And I joined the NHS on the day that the Lansley reforms came into effect, the 2nd of April 2013. And I didn't stay in that job very long because I ended up joining the NHS graduate management scheme a few months later. But it was an

excellent kind of intro into how health and healthcare provision isn't just the direct interaction that patients might have with the clinician in front of them, a doctor or a nurse, for example. But there is this whole wider infrastructure and support structure that has to wrap around those individuals in order to provide good healthcare. So, after doing the NHS grad scheme, I was an Informatics Specialist, always loved data and intelligence, but I didn't like doing things like what I considered the technical stuff, the coding or using databases or anything like that. I've always been interested in the use of information. And so, I went into NHS commissioning after finishing that graduate scheme and was a Commissioner in North Essex at what was then a CCG and have evolved into Integrated Care Boards, ICBs. And I looked after planned care services. And I really enjoyed that job. I worked with an excellent team of people but found that there were things I was frustrated by, by the idea that We were tackling problems of increasing need, increasing presentations. I looked after stroke services, for example, and I did a piece of work that calculated that even if we had the best stroke services in the country, we were still going to need more stroke beds in 10 years if something didn't change. And that felt frustrating to me that we were dealing with the symptom, but not the cause. And as ICBs do today, each CCG had support from the local public health team at the local authority. So, for me, that was the team at Essex County Council. So, there was this excellent public health consultant who I managed to work alongside on a few different projects. And when I was doing that piece of work on stroke services, one of his registrars supported me on doing some calculations, looking at the data, looking at the population need. And I had a chance conversation with that registrar about their route into public health, where they said to me, you know you don't need to be a medic to do this job. And I had no idea. And until that point, it was not anything that I thought was a career option for me. And so, I went away and kind of ruminated on it and thought, it feels to me like that's a job that is dealing with the things that I find frustrating in my current role, the not addressing the prevention, the population need. And I talked to that consultant that I had worked alongside and asked him if he thought I'd be any good at it. And he was ever so encouraging and said, go for it. So that was the point at which a kind of this doorway opened up for me. And I applied to public health specialty training as a background other than medicine trainee and was very thankfully successful on getting onto the training program. And I guess I would say I've never looked back. It felt like that chance conversation was the doorway into a career that I love and opportunities that I never would have known about without having the access to that registrar and that fantastic consultant who encouraged me to pursue this as a career.

10:29 Making a difference through public health

Matthew

What an amazing story and journey you've told that so beautifully. I'm going to come back to some of those things that you've shared with us before we move on. But what is it that you're working on now? How are you applying all of that learning to help citizens, populations, communities today?

Fiona

Absolutely. So, I've been a consultant now for maybe three and a half years. And I work in quite a niche area within public health. I work within specialised commissioning and I kind of explain that in a layman's explanation. I look after the weird and wonderful within services. So, these are services where your population might be very small or it's a very complex condition or it's a very complex way of delivering health services. So, they tend to be

services that are not provided by kind of every hospital in the country. There might only be a few of them. And it feels to me like even though I did public health training, I've ended up backing commissioning, just with a different lens. I'm now doing that bit of commissioning that I felt was missing when I was a CCG Commissioner. I support the whole of the kind of design evaluation, patient centric approaches and understanding of health needs for specialised services for the population of the northwest of England. My job also includes some national work. So, myself and my colleagues who do the same job as me, but in the other regions around the country, we all support national commissioning work in specialised commissioning. And my part of that is I am the public health lead for specialised respiratory, specialised dermatology and specialised rheumatology services. So that involves things like service specifications, policy development type work. And I also look after individual funding requests. So, patients where they don't fall within a population group or there is a treatment that isn't routinely funded. That route is a way for clinicians to request access to those types of treatment for very unusual and individualised cases.

Matthew

And I'm interested in how you would describe the impact that you have in your role on the country, on people today.

Fiona

Oh, that's a great question. I guess I would say I hope I have an impact. I feel like I'm definitely trying to. I often am in the situations where I'm the only public health person in a room full of other clinicians or commissioners who maybe don't bring a public health lens to a problem. So I would say that my role is often about thinking about populations who are underserved, thinking about how the usual way that we deliver services doesn't meet the needs of certain groups and therefore how do we ensure that there is fair and equitable access? I do a lot of work around supporting clinical networks to explore the equity of their services, whether there is kind of indication that it's easier or harder for certain groups to access services. So, I would say that there's this broad kind of population level of me trying to support the process to make sure that services meet the needs of our population and our population in all its diversity, not just those who might find it easiest to access healthcare. And then the other aspect of my work, individual funding requests is one of the areas of public health that is maybe as close to clinical provision as you can get. And that is very much about making decisions and recommendations for individual patient cases and has a very significant impact on those individuals and their access to treatment. So, there is a heavy responsibility doing that type of work to both take into account those individual patient needs, but as a public health professional and a healthcare professional, balance that with the needs of our population as a whole when we have limited resource to meet the diversity of needs that present.

15:46 Why representation and inclusion matter

Matthew

You've brought in a really important theme that I know is crucial for you and also for the public health workforce, which is issues around equality, diversity and inclusion. You have a role to play at the faculty in that. And so, I wonder if you might share a little bit more with us about Why in particular do you have a passion around reaching particular communities? Why is this important?

Fiona

So, I think that for me that has built out of a number of experiences. I think that that that need for fairness was fostered in me from a young age, particularly by my parents. But then my own experiences have somewhat shaped how I get actively involved as a public health professional in ways that maybe don't fall into my core role as a consultant in specialised commissioning. So, I identify as a person with a disability. I tend not to say disabled person, but language is very individualised. And I've lived with a long-term mental health condition since my early teens and It's a condition that is quite highly stigmatised. It affects me every day. And I didn't always have the best of experiences as an NHS worker or even during public health training. But then I also had some great experiences of being made to feel that I could be my whole self. I didn't have to hide that aspect and that people wouldn't come into discussions with me with an assumption about me just by knowing that I have a mental health condition. So it was my experiences during training that fostered this need that I felt there was a need for some change in the way that we support disabled professionals and then exploring that through public health, I've then kind of accessed this field of research that I work in now about actually it's not just public health, this is an issue across the medical and clinical professions as a whole, about having a workforce that is representative of the people that we serve. Because I fundamentally feel that how can we really understand our population's needs and form genuine connection and be viewed as credible if we have such different representation within our professions compared to the general population. But it was that feeling within my own training that led to me doing some, I would call kind of early research in my region around experiences of registrars with disabilities and that led into what I currently do with the faculty, where I act as an independent advisor on the reasonable adjustments process for exams. So, I bring in the expertise I have from outside of my core role. I am a medical educator. I deliver medical education at the University of Cambridge, and I'm completing a PhD in medical and clinical education and doing that work with the faculty allows me to bring in that expertise and apply it to our profession to try and support disabled public health professionals to have equitable and fair access to training. That's part of the reason I wanted to be on this podcast as well is to really share my experience and that kind of need for visible role models, because it was something that I felt wasn't necessarily there for me as a registrar that I would have found beneficial. And I'm hoping that by doing the work that I do with the faculty, I can be more of that role model for the future generations coming through training.

20:28 Being able to bring your whole self to work

Matthew

Thanks so much for sharing that, Fiona. And all of us listening are really kind of interested in the journey and the perspective that you bring. Are you able to share with us what your own situation means for you on a day-to-day, week to week basis and what it means for you at work?

Fiona

Absolutely. So, one of the aspects of my mental health needs is that I experience persistent auditory hallucinations. So, I'm always hearing stuff that isn't there. And that means part of my brain is always trying to filter that out so that I can focus on the conversation I'm having, the information I'm taking in. And until I tell people that, people will often say, we'd have no idea, kind of, you always seem so focused. And that's because I have coping mechanisms in

place. And part of that for me now is that I work from home most of the time. I can control the sound in my environment. It makes it much easier for me to work. Most of the time I wear a noise cancelling headset, which is fantastic for ambient noise. And that really supports my concentration. But I had no idea that was an option until COVID happened. And at the time, I was in public health training in a local authority working in a busy open plan office where there was lots of noise, people on phones all the time. And it wasn't until we moved to having to work from home because of COVID that I realised what an impact that environment was having on me and my ability to do my best in my job, but also to manage the emotional and physical toll of that stress on myself. So that's kind of been, I guess we often talk about the negatives of COVID. That was such a door for me. And I think it's quite often the experience of people with disabilities is that we don't always know what might be supportive because we've not experienced it before. And so that experience said to me, okay, homeworking seems to really work for me. So, when I applied for this job, I work for a different region than I live in. And I applied with declaring that I had a disability and asking to work from home. And that has been so supportive, and I think means that I am at my best when I'm working. I still go into the office and see people and interact, but I feel I get the best of both worlds then. But I still get that human connection, but I am able to focus and deliver to the best of my ability. The other thing I would say is that with the move to more online working, one of the things that I find really challenging is overlapping voices. And I spend a lot of my time in meetings or discussions or forums where we've got members of the public. And so, to really support me, it's really important to me that there are kind of ground rules set in those forums that says raising hands as a function or people speaking one at a time. Because when voices overlap, it just becomes noise to me, I can't differentiate them. And I've had to kind of get comfortable with advocating for that. And I quite deliberately advocate for it saying that I need this because of a disability rather than because it's polite to speak one at a time. Because I don't think people always realise that there might be unintended consequences of their actions. And it's not malicious at all. It's because people are excited or want to share what they're saying. But being quite open and clear about that upfront enables me to fully participate in those conversations and to, again, be the most use that I can be in those circumstances. But those adjustments have enabled me to manage the kind of emotional impact on myself of working quite a challenging job. I juggle a number of different roles and get the enjoyment out of it. The other thing I would just mention is that over the past couple of years, I've now got some physical mobility needs after an accident where I broke my ankle quite badly. And while my work from home contract was nothing to do with those mobility needs, it's then been really supportive as I've been rehabilitating following that injury. And I now sometimes use walking aids and being able to only need to kind of travel into an office a few days a month. It really manages the impact of things like public transport on me. I get very, very stiff if I'm sat for a long period of time. So again, not working in an open plan office. If I need to, I can stand up when I need to. And I don't think I had, even though disability is my remit when it comes to kind of education work, I don't think I had cognitively thought about how supportive my existing adjustments might be until I developed kind of physical mobility needs as well and found I didn't really need much more. It was still supporting what I needed.

26:42 Moving from recognising inequalities to meaningful action

Matthew

Thank you for sharing that story with us. And it is heartening to hear that you have had support that you've had what you've needed from your employer. And I think we have come

some of the way when it comes to understanding the needs of individuals and the broader subject of diversity and inclusion in the workplace. I wonder what you think about where we go next, where is next on our journey to help employers, help the country be a more equitable, inclusive and diverse workforce?

Fiona

These are excellent questions, very thought provoking. I think that before we can think about where to go next, we have to accept the fact that we have to continue to improve. We can't become complacent and think that what we have done is enough. And I say that not only for our profession or the wider medical and clinical professions, but as a country and politically, I don't think we can feel that we have got it right and that our society is a fair and equitable place. Preaching to the public health choir here, for me it is about those impacts of the wider political circumstances and wider determinants as well on who is enabled to even access university education to ever be able to have those opportunities to think public health might be a profession for them, to be able to access employment in the first place. So, I think that where we go next is that we need to, I think, stop worrying about evidence of there being a problem. I think we know that we have a challenge. I think we know that public health as a profession, wider medical and clinical professions are not as fair and equitable as they should be. And there are things within that are in our sphere of control and influence. And there are things that we need to influence wider changes in society. I think we can get very caught up in this idea of kind of being able to quantify a challenge and we run the risk of just infinitely describing a problem rather than addressing it. So, what I want to see is a continued focus on moving to action and implementing action and then assessing whether that has led to meaningful change. And I don't mean meaningful change just in the way of measuring numbers of people in professions who demonstrate different characteristics. I also mean in that kind of feedback from people about their experience, about what it feels like for them. Do they feel included? Do they feel valued as part of their profession? Because that qualitative information is so rich and tells us that actually have, we had an impact on individuals? And that has the impact on things like retention, whether people stay with us. So, I want to see this continued focus on moving to action, on sharing knowledge across professions and I want personally for us as a public health profession to really own the fact that we could be the exemplar when it comes to specialty training, when it comes to being a medical specialty. Fairness, equity, inclusion is threaded through everything we say that is important in our careers in healthcare. we have the opportunity to say, and this is how you do it well, and be that exemplar to other professions. So, work like the fair training program that public health has been doing, I want to see that continue and be resourced. I think resourcing is such a challenge, but we need to think creatively about how we bring different people into these conversations so that it isn't always the same voices being heard or the same people who are taking action. It's going to take, very much like public health, the collected efforts of society for us to create the profession that I want to see in the future.

31:13 Making Public Health Training More Accessible

Matthew

And I'm sure you're doing some of that in your role advising the faculty around reasonable adjustments. And I wonder if you could share with us some of the themes that you're seeing coming through those conversations and that work and some of the things that you're proudest of in terms of helping make our processes and our workforce more accessible.

Fiona

Oh, absolutely. I am really proud of the process that we have built with the faculty in that it hasn't been the case of just saying, right, we can change policies once and that will be enough forevermore. But working with the faculty, we have a working group on reasonable adjustments where we meet regularly, and we review the themes from the different sittings and the requests that we have had. And so, there's this adoption of iterative quality improvement, which I feel is so essential because society changes, people's needs change, the way in which we deliver assessment changes. So, we can't, again, be complacent that what we've done has been enough. But let's learn from the feedback we're getting. Let's learn from the percentage of people that are passing. So, I'm really proud that we've adopted that approach and that we are open to the fact that we don't always get it right. It is always a challenge around reasonable adjustments that what we do has to be feasible for the Faculty as an organisation to implement. And that means that what might be ideal isn't always what is able to be offered. But I am really proud that the Faculty is listening and learning and that we have processes in place to capture the themes, to actually monitor the different types of requests we get. And I hope that it also feels more supportive to candidates that there is a degree of independence in my role making recommendations to the Faculty and kind of surfacing some of those themes that it isn't just kind of one person making a decision but that you have that independent input as well. Another thing I'm really proud of is how we're now working with other medical Royal Colleges and specialties The Academy of Medical Royal Colleges brings the equality leads together across the different colleges. And we've been sharing the work we've been doing in the faculty. And it's also an excellent opportunity for us to learn from what's being done elsewhere. I'm now sitting on a group with the Faculty of Public Health that is looking at assessment as part of the curriculum review. And there is learning from how other specialties have approached things like OSPHEs that we can bring into thinking about how we support more accessible assessment. So that feels really important to me that we're not only sharing our practice, but we're learning from others and that we have built in processes by which to do that now. On a personal basis, one of the things I am most proud of our wider impact of is the way in which I have seen registrars mobilise around disability as an issue within public health training and the way in which they support each other. Our fantastic public health registrars have set up a network that launches later on this year, I believe it's launching in September, which is all about supporting each other and building that community of knowledge and community of practice. And that's something I think I would have found so valuable as a trainee. So, I am so proud of them for taking the impetus and setting that up. And I think that is going to have a long-term impact. And hopefully in the future, we'll have a kind of alumni consultant group as well to support each other. The very last thing I would mention is that alongside what I do around this, I am a student again. I am coming towards the end of my first year of a part-time PhD that is all about how do we support disabled specialty trainees across the whole of medical specialties. And I am really proud of the fact that I have been able to bring in my learning from what I've done with public health, but by pursuing this as an academic subject, I'm also hopefully able to contribute to the evidence base and policy at a national level more widely than just our profession.

37:29 Creating space for different voices and experiences

Matthew

Thank you and very good luck with those studies as you start them. That sounds like a fantastic topic and Many of us will look forward to reading the output of that work. I want to return to something that you talked about in your first answer around your journey into public health. You had some fantastic advice, I think, from your close public health consultant and registrar. How would you advise people coming into work today? What would you tell them about what it means to be public health and what would your advice to them be?

Fiona

I would advise people looking to public health as maybe a career path that We need people with different experiences, people with different backgrounds, and that even if they currently don't feel the profession as it is now represents them, we need them to come in and challenge us on that because we need those different voices. I would encourage people to think about how, I think public health can be an amazing job where personally I feel I get to live my values in what I do. I get to feel that even if I'm sitting at a desk looking at documents, I am making a difference in a way that is meaningful. And if that is something that gives you energy, that drives you, public health can be an amazing profession to be in. It will be frustrating at times on a personal level as well as a professional level. And my advice would be, use that frustration as motivation. If you have a poor experience, and I won't sugarcoat it, people still do have poor experiences. If you're able to turn that into drive to change things, you can be the power behind what our profession looks like in the future. And I would also say that please do challenge those of us who are out there as voices, who are in consultant roles already. One of the things that I think public health benefits from is I think we're less hierarchical than other medical specialties and we need to be and It is valuable for us to learn from people in different backgrounds, people at different career levels, because they have insight that any one person cannot hold all of. So, I would encourage all of us to try and be humble and realise that we don't know everything. And regardless of your job title, regardless of how long you've been in this job, if you think you've noticed something of value, I'd hope you'd feel able to speak up and share it because we need that.

41:01 Finding pride in living your values

Matthew

Thanks so much, Fiona. And if I may, there's one last question I'd like to ask you. And one of the words that you shared with us early on, which has come through many of your answers, was around pride. And that clearly is something which is important to you. And I wonder if you could just share with us a little more about what Pride means to you.

Fiona

Absolutely. So, for me, I feel like in general, I want to leave the world a better place than I found it. So, if the totality of my life comes to, I have made some small positive difference, I think that's a life well lived. But the way in which you do that is in every interaction. It is the sum of what you do over your life. And I find aspects of what we do, particularly sometimes when it can be bureaucratic, can be frustrating. But I can find that sense of pride in feeling like I am living my values and what I am doing is working towards making a positive difference. By being a public health professional, I feel like I'm able to live that every day. And that feels really important to me. So that for me, pride is that sense of, I am able to do good in a way that feels authentic to myself. and authentic to everything about who I am. And that includes me being open about the fact that I have a disability because that isn't a negative, that is part of who I am as a professional. And so, as our profession works towards

becoming even more inclusive and representative, I think that feeling of pride is just going to increase in seeing other people being able to live there their careers that way as well.

Matthew

Fiona, thank you so much for sharing all of that with us. You've been so open in your stories and that has been a really meaningful journey that I'm sure many will want to draw on. The themes around accessibility, education and belonging really came through. And I'm really grateful for you joining us and for being part of the Belonging in Public Health podcast. And thank you to everyone for listening. We hope you've enjoyed the conversation and will join us next time as we continue to explore the people, experiences and perspectives that shape public health.

Outro

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