

The Academy at one year

A powerful force for change



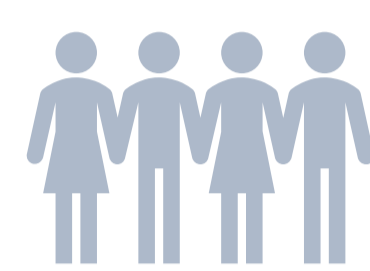
Sussex Health Inequalities Symposium | 2024
 Fellows to Leaders: How the Health Equity Fellowship empowers change
 Insights from the inaugural Fellowship cohort to join the Sussex Population Health Academy

The Population Health Academy gives our workforce the knowledge, skills and opportunities to improve health outcomes and reduce health inequalities across our diverse communities. Everyone in Sussex has the right to a long, healthy life, regardless of their background & circumstances. By working together, we can improve lives across Sussex.



Online Hub

- Training, resources, events
- Space for questions, news and views
- Networking and Communities of Practice



Health Equity Fellowship

- Applying an equity lens
- Sussex-wide workforce development
- 9 months training, mentoring, development
- 2023 cohort - 8 diverse fellows delivered impactful projects



System-wide training

- Available for everyone working for our health & care system
- Connect, integrate, collaborate
- Knowledge and skills to deliver a population health approach across Sussex

What's next?

Build and shape our academy with us by registering online:

- Share your own news, views and action
- Check out the training opportunities
- Connect to a network
- Work together to reduce inequalities in access, experience and outcomes



Views on the Academy

The Academy has come so far in really quite a short space of time

Structure is great. Looking forward to growth – especially diverse training

Energising, thought-provoking content

Popular blogs

- A smoother health journey for Sussex – the Sussex Pathology Network (SPN)
- Climate and Place: Creating inclusive care settings and impact of climate change on health
- Unlocking population health, one step at a time
- Creative Health: a manifesto for revolution
- Population health intelligence: A cocktail of tools
- Tackling inequalities across Sussex through the Sussex Integrated Dataset



13k views - 744 visitors



126 events in the calendar



61 news and views posts



250 training delegates



8 Health Equity Fellowship Graduates



333 resources

For more information, please contact:

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int.sussex.ics.nhs.uk/phm-academy

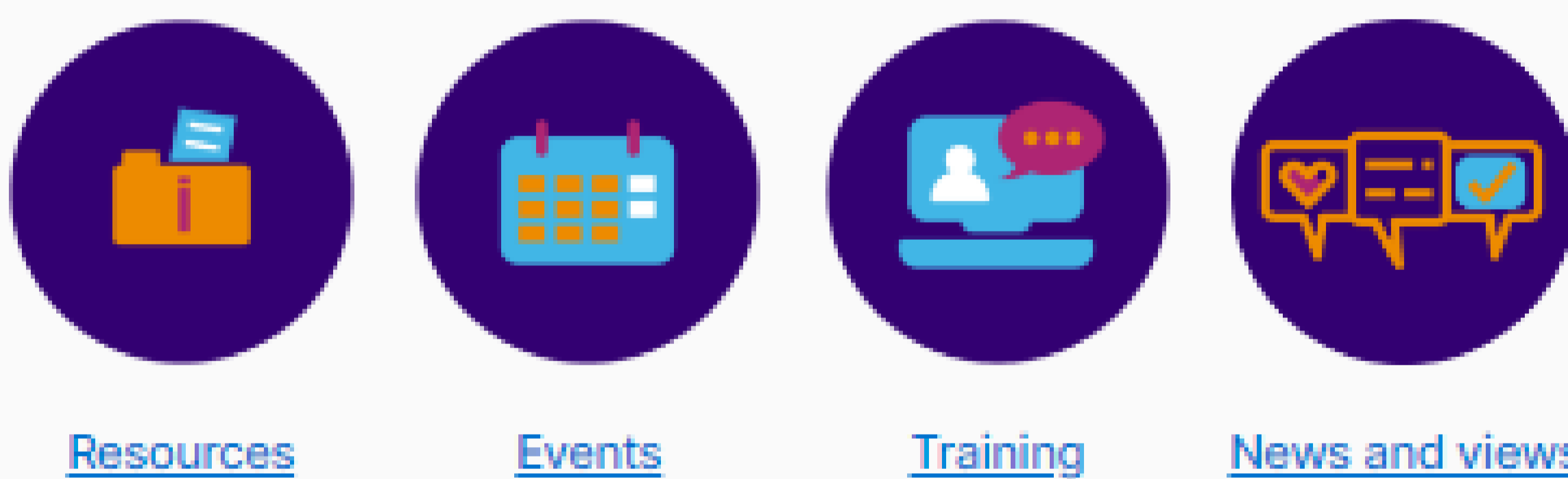
Sussex Population Health Academy



As a health and care system, we are committed to embedding population health management, prevention and personalised care approaches to help realise our ambition for all people in Sussex live to a good age in the best possible health and to experience the high-quality care necessary to help them achieve this.

We recognise this will need continued cultural and behavioural shift across our system partners – with training and development a key component of this change. The Population Health Academy is a one-stop shop for everything you need to be a part of this change.

Population health training and resources



Tools

- [Academy who's who](#)
- [Resources](#)
- [Events](#)

Top

Population health networks



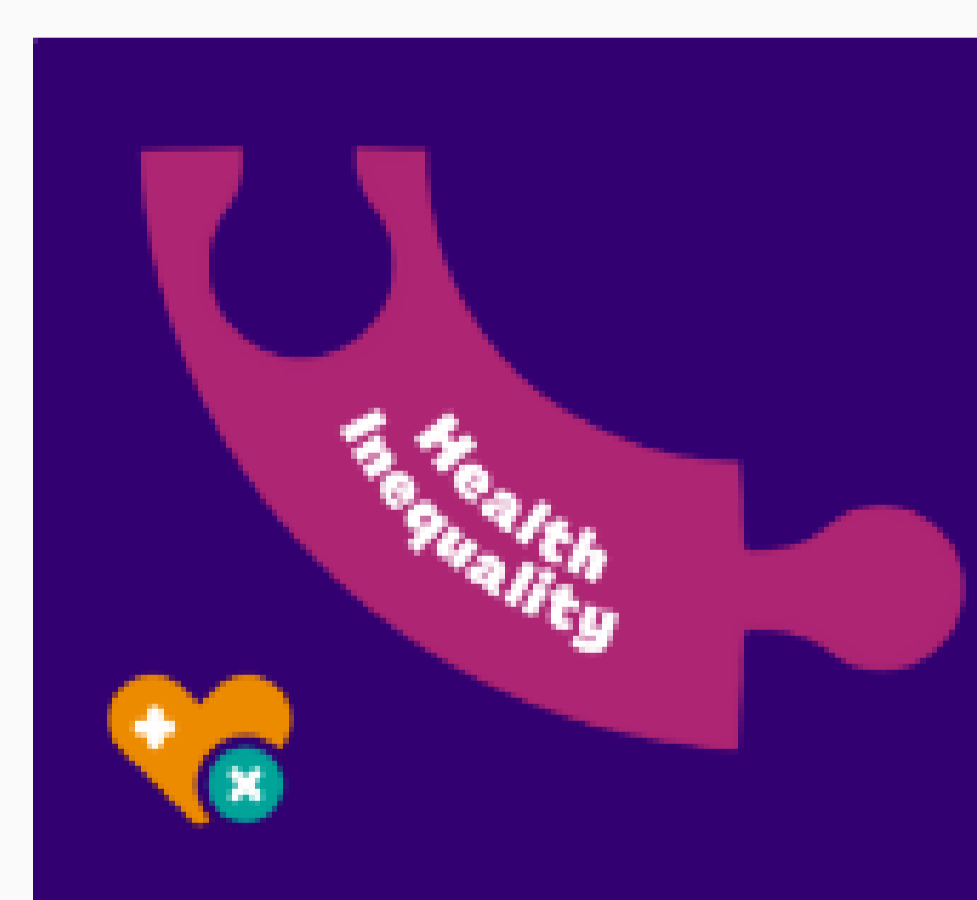
Showcase your work

We are looking to co-create the academy with you – our system partners – and for you. If you would like to showcase your work on the Academy, please contact sxicb.pha@nhs.net.

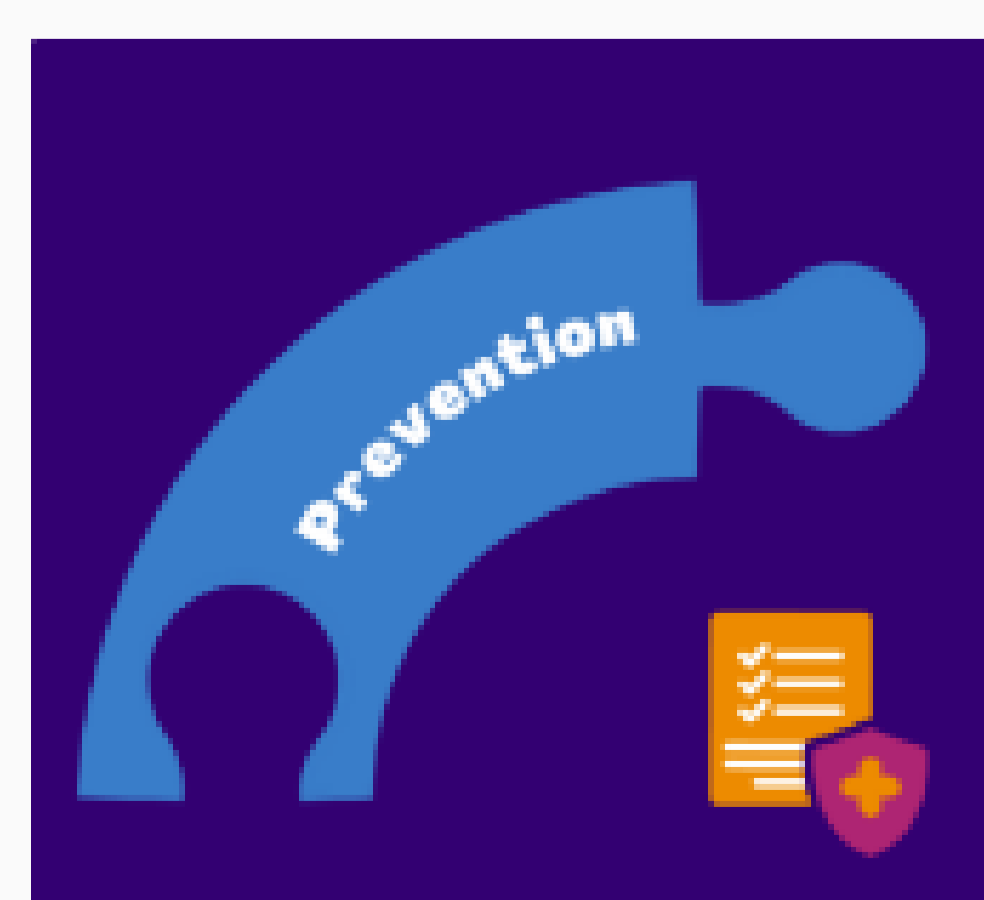
Population health programmes



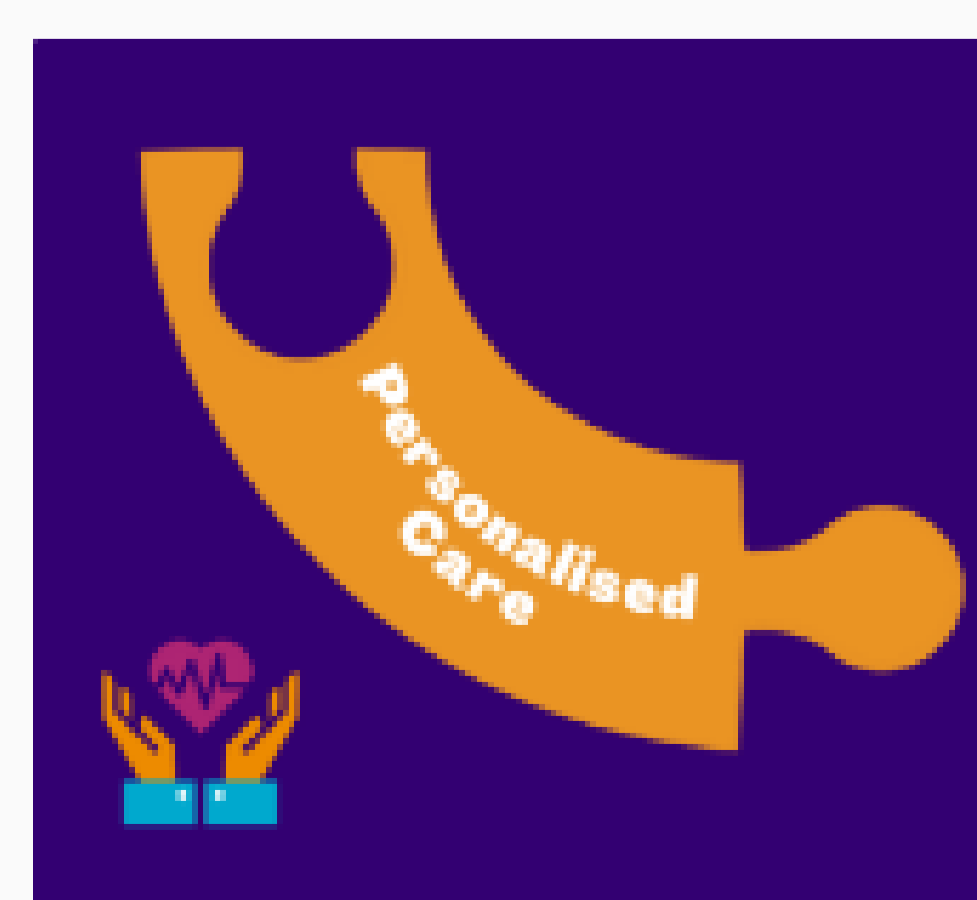
[Population Health Management](#)



[Health Inequality](#)



[Prevention](#)



[Personalised Care](#)

Partners

- [Active Sussex](#)
- [Brighton and Sussex Health Research Partnership](#)
- [Crawley Programme](#)
- [Digital Exclusion Dashboard](#)
- [Health Innovation Kent Surrey and Sussex](#)
- [Insight Bank](#)
- [Information Station](#)
- [SPECS: One workforce](#)
- [Sussex Integrated Dataset \(SID\)](#)
- [Sussex Training Hub](#)
- [VCSE Alliance](#)

Health Innovation Kent Surrey Sussex

Health Innovation Kent Surrey Sussex (KSS) is collaborating with Sussex ICS to co-deliver the Sussex Population Health Academy, including in delivering the Health Equity Fellowship and the system-wide training.

Children In Care & Care Leavers Website

By Emily Leon – Deputy Designated Nurse



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A website codeveloped with Children In Care, Care Leavers & Foster Carers to access health information and links to support in one place to impact health inequalities

Purpose

Children in care and care leavers are more likely to experience significant health inequalities compared to their non-care experienced peers:

- Nationally around 45% of children in care have a diagnosable mental health condition (NICE 2013)
- 70-80% of children in care have recognisable mental health concerns (NICE 2021)
- They are more likely to have multiple dental extractions & poorer dental health (Hurry et al 2023)
- More likely to suffer with chronic illnesses due to experiencing multiple adverse childhood events (Hughes et al 2017)
- Care experience is a **protected characteristic** in Sussex under Core20PLUS5
- National data is widely available; Sussex data is currently limited



Planning & design



We met with a participation group of children in care and care leavers who identified the need for a health information website. Historically this group accessed a number of websites to view health information relevant to them. They informed us, this put them off looking for health information as it could become “overwhelming”.

We used the feedback gathered and the EHIA process to structure the design and content of the website. We aimed to ensure no protected characteristic group were excluded, and worked with the website design team to ensure the site was inclusive and accessible for anyone with additional needs.

Design is underpinned by the 10 Core Principles for Health Equity.

Funding agreed for posters to advertise the website in provider and voluntary settings identified by participation group.

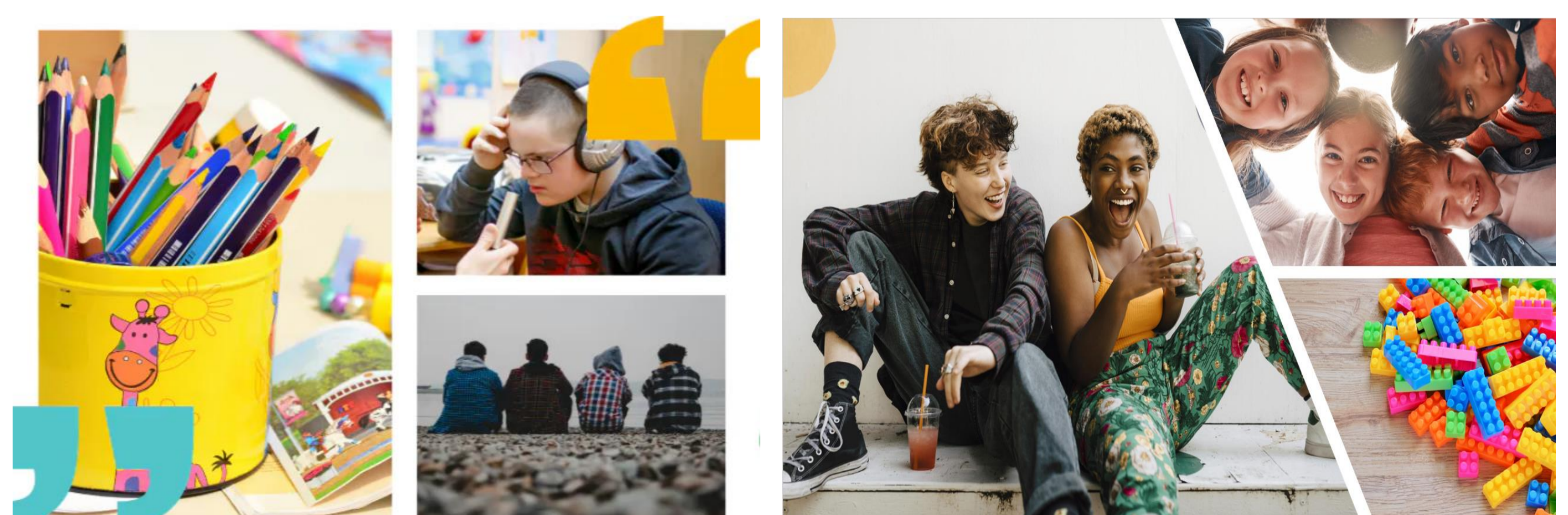
Impact

- Children in care, foster carers & care leavers will have increased accessibility to health information; as a result health outcomes and inequalities are more likely to improve
- Data analytics from the website will indicate which areas of health this group access the most; this will help to evidence where additional health services / support is needed
- Professionals can signpost children in care / care leavers / foster carers to the website as an alternative to numerous individual sites.

Next Steps

1. Maintain **content** of website to ensure its information is accurate and up to date
2. Hold a review **Test & Evaluation** participation group with Children In Care, Care Leavers & Foster Carers – use feedback to make changes to the website

“ Stop talking about us, without us
 17yr old care leaver, Sussex ”



References

1. Hughes et al. (2017). *The Effect of Multiple Adverse Childhood Experiences on Health*. Available at: www.thelancet.com
2. Hurry et al. (2023). *The Dental Health of Looked After Children In the UK*. Available at: www.cdjournal.org
3. NICE. (2021). *Looked After Children and Young People*. Available at: www.nice.org.uk



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Type 2 Diabetes Education

Improving access across B&H, HWL&H

Objective: improving access to structured group education for adults aged 18+ and newly diagnosed with Type 2 Diabetes across Brighton & Hove, High Weald, Lewes and Havens



National guidance NICE NG 28

- “Offer structured group education to adults with Type 2 diabetes At the time of diagnosis”
- Aim for 7-10 attendees per session

“Most people will need to make lifestyle changes”
Diabetes UK



What we knew locally 2021-2024

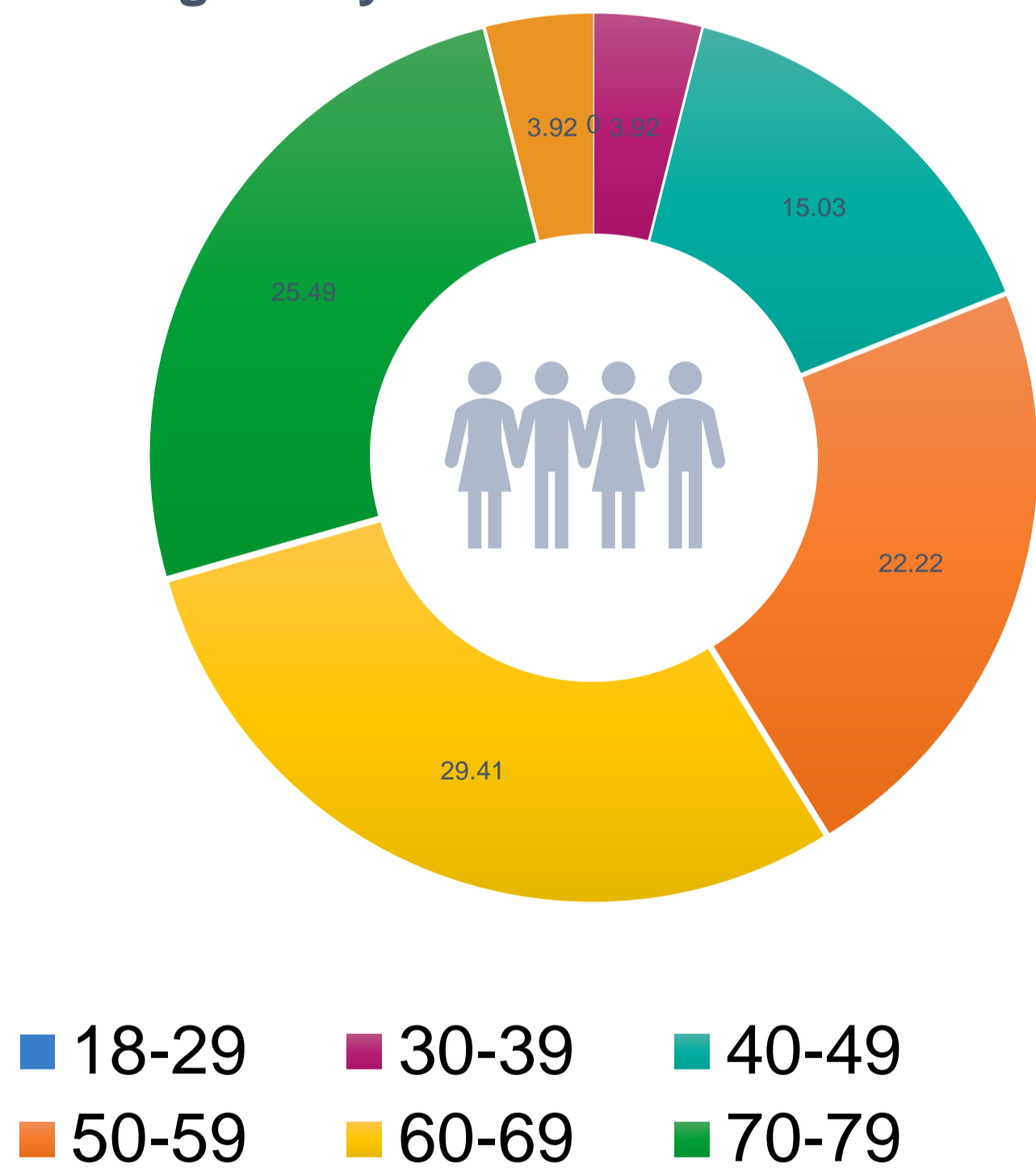
- 2021-22: 1004 referrals – 76% did not book
- 2022-23: 1139 referrals – 75% did not book
- 2023-24 1197 referrals – 73% did not book
- Surgeries refer within 1yr of diagnosis
- Referred invited to mix of F2F and virtual sessions offered throughout the year



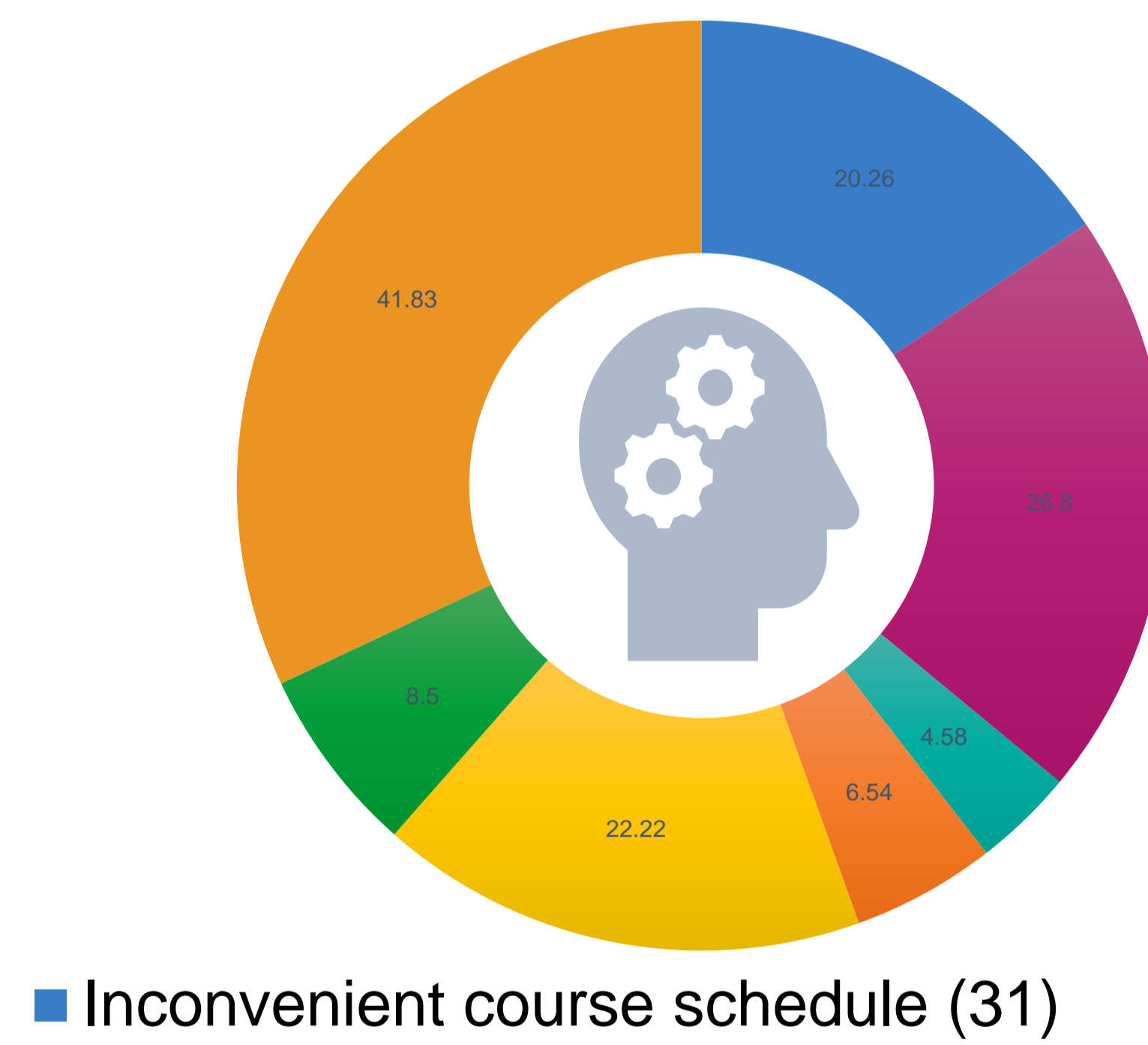
What's been achieved so far

- Appointed B5 Health Improvement Practitioner funded by ICB
- Improved patient literature and booking process
- Shared with practices number of referrals Vs number of attendees
- Established T2ED Equity Steering Group
- Surveyed 153 May 2023-April 2024 non-bookers – responses below

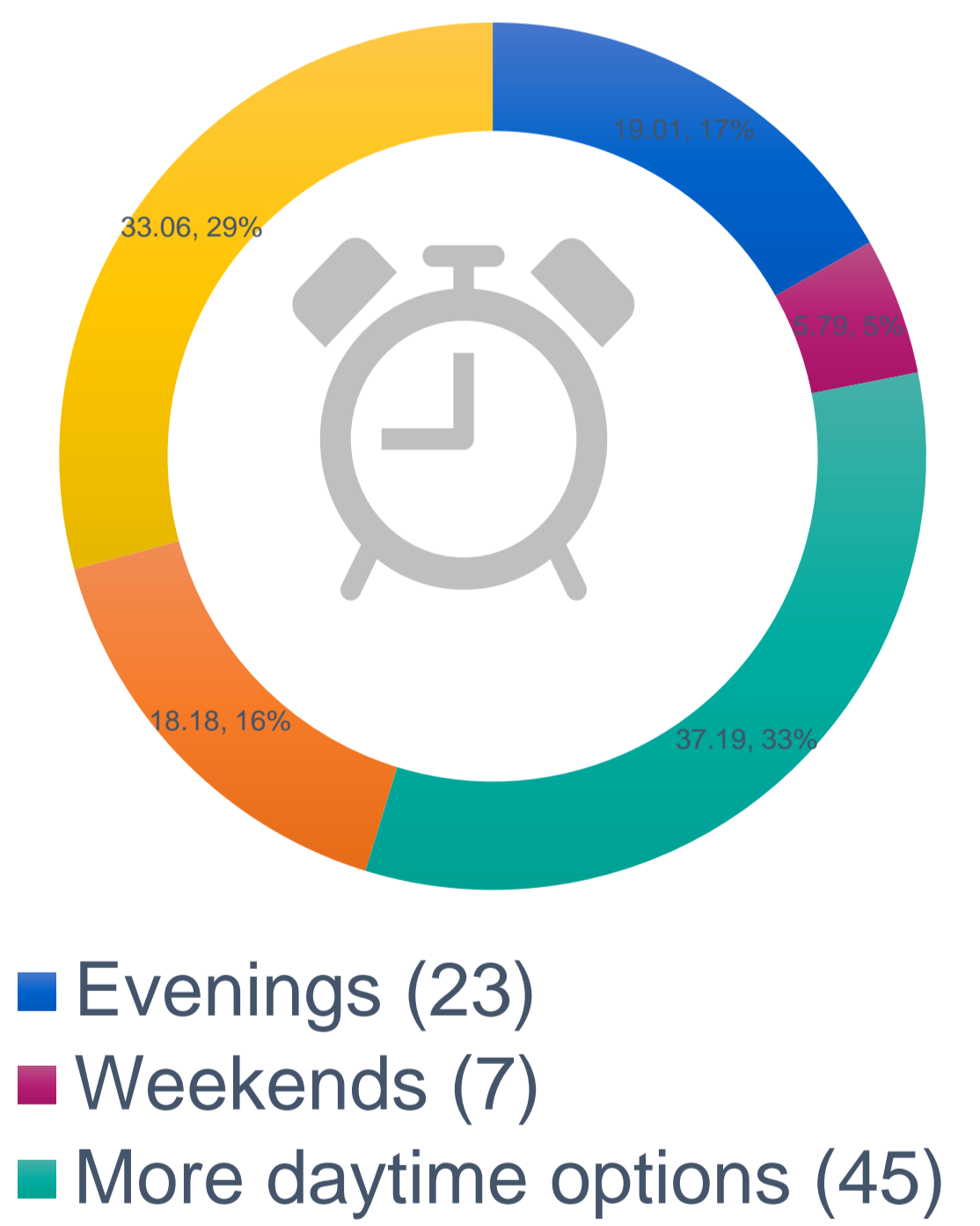
Q1 what age are you?



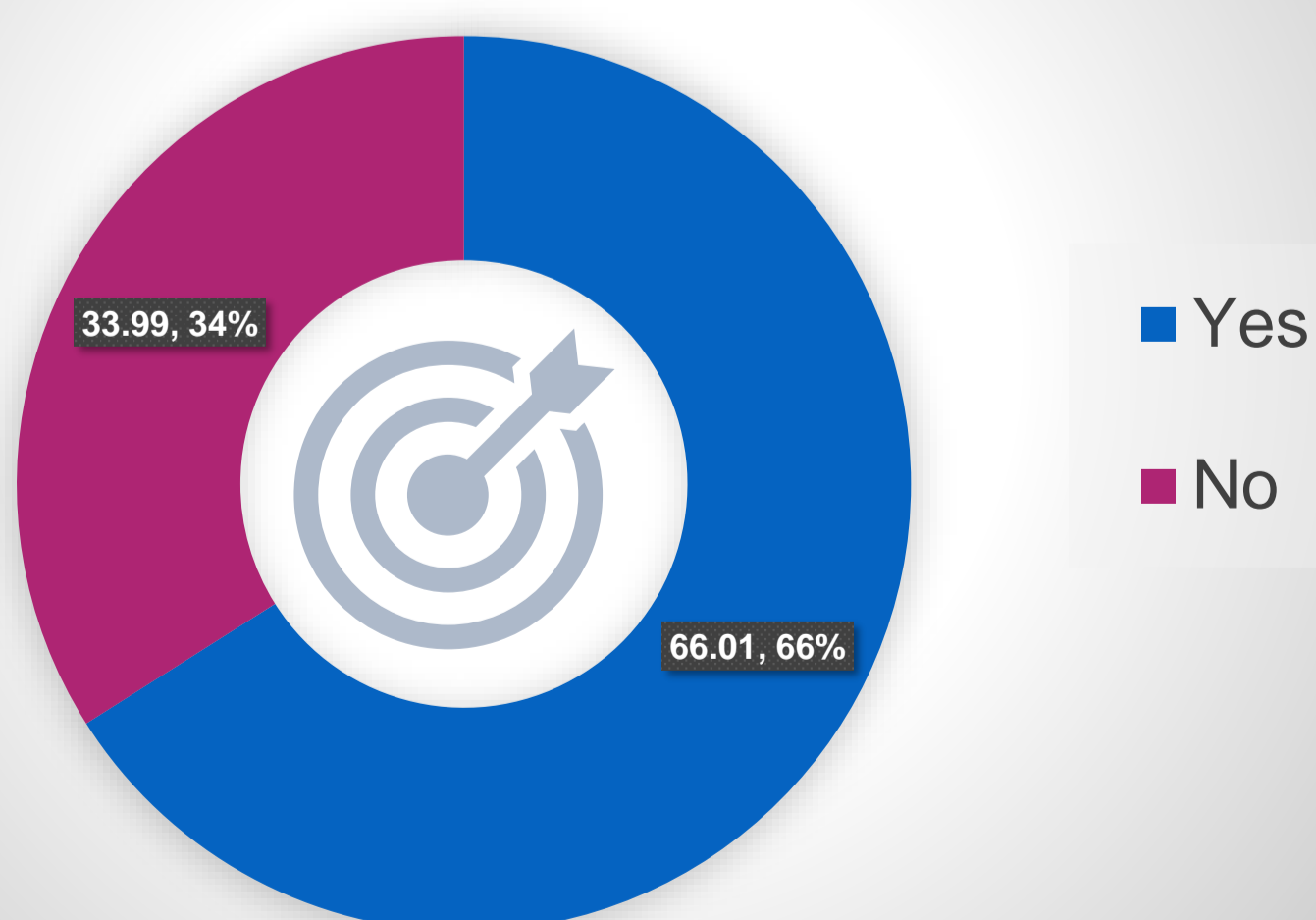
Q3 what were the main reasons you chose not to sign up for T2ED?



Q4 if the timings of T2ED were not convenient for you, how can we improve to better suit your schedule?

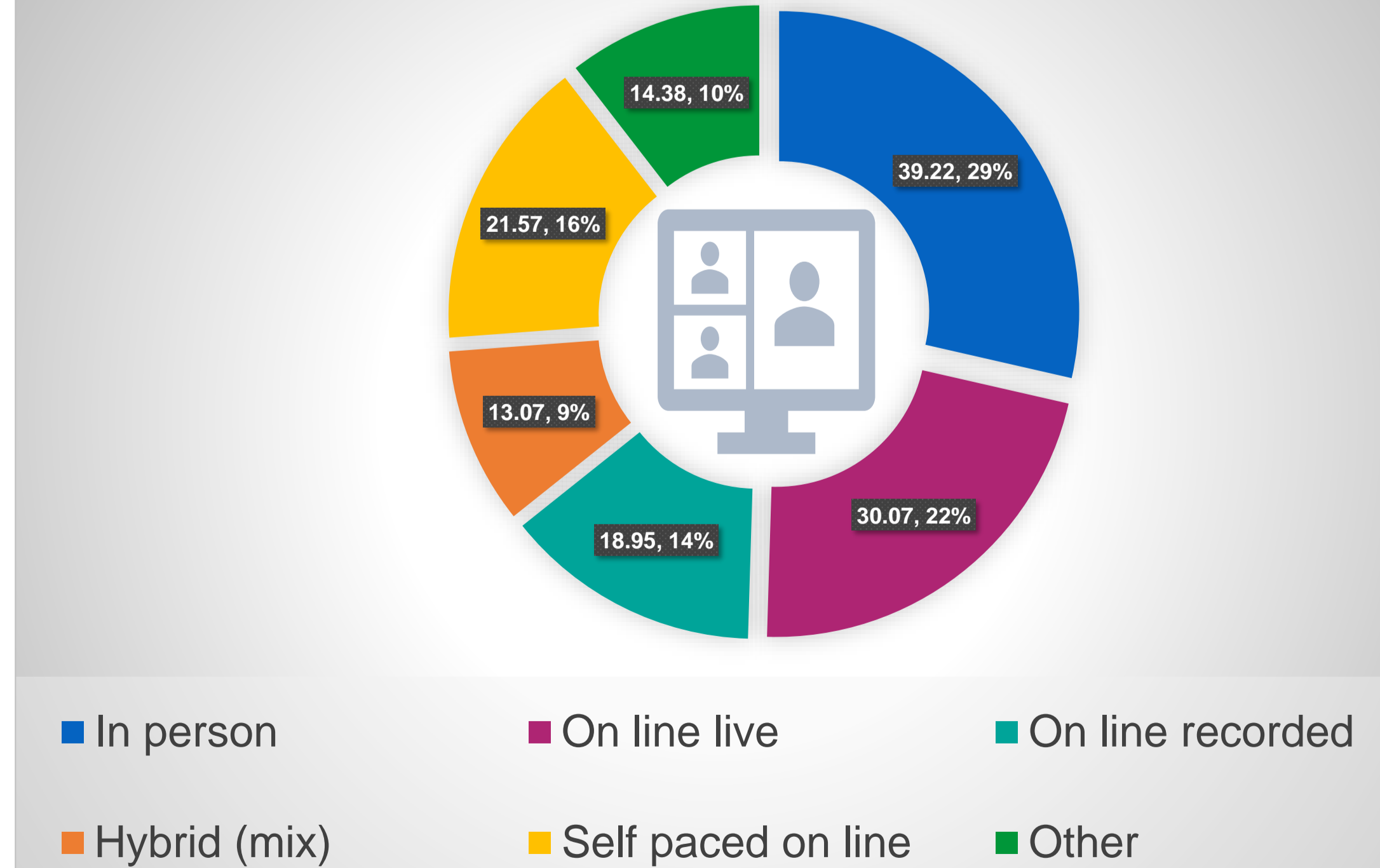


Q2 were you aware of having been referred for T2 education before deciding not to sign-up?



- I wasn't aware/didn't know enough about the course (41)
- Content didn't meet my interests or need (7)
- Preferred learning format not on offer (10)
- I feel confident in managing my diabetes (34)
- I've attended another diabetes course (13)
- Other (64)

Q5 what format of training do you prefer?



Next steps after Fellowship

1. Act on feedback received
2. Engage referrers & establish self-referral process
3. Recruit patients by experience to T2ED Equity Steering Grp

Digital Inclusion

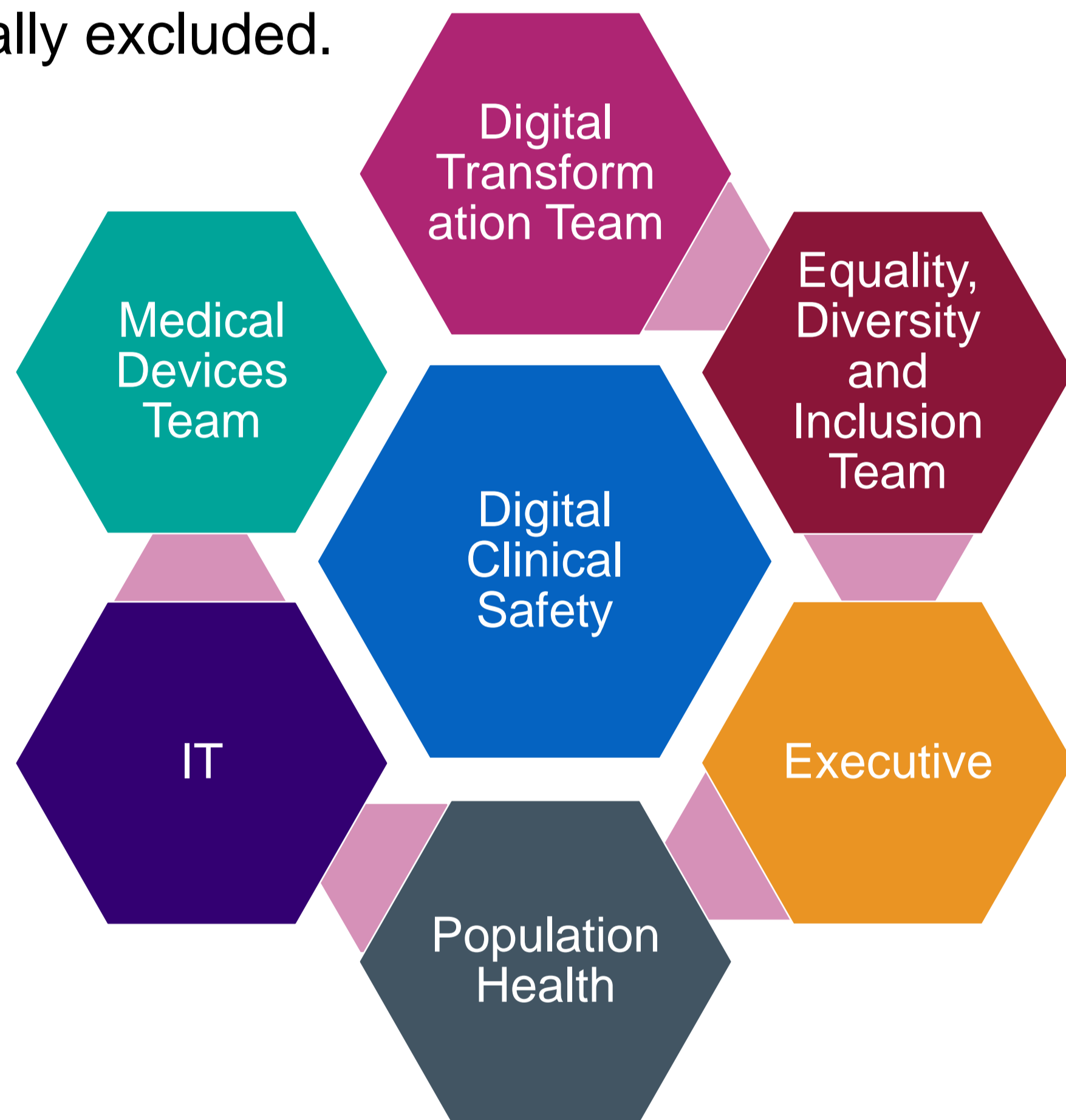
Policy review and service transformation
 Mat Alonso, Digital Nurse, Sussex Community NHS Foundation Trust



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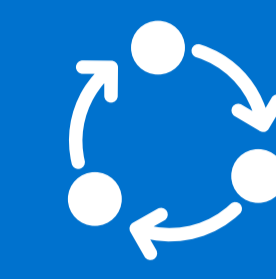
? General Problem

- **Digital exclusion** overlaps with other social determinants of health inequities and exacerbates them.
- NHS services are widely digitised, with a strong drive to becoming even more virtualised and data driven.
- Both the populations served by the NHS and its workforce can be digitally excluded.



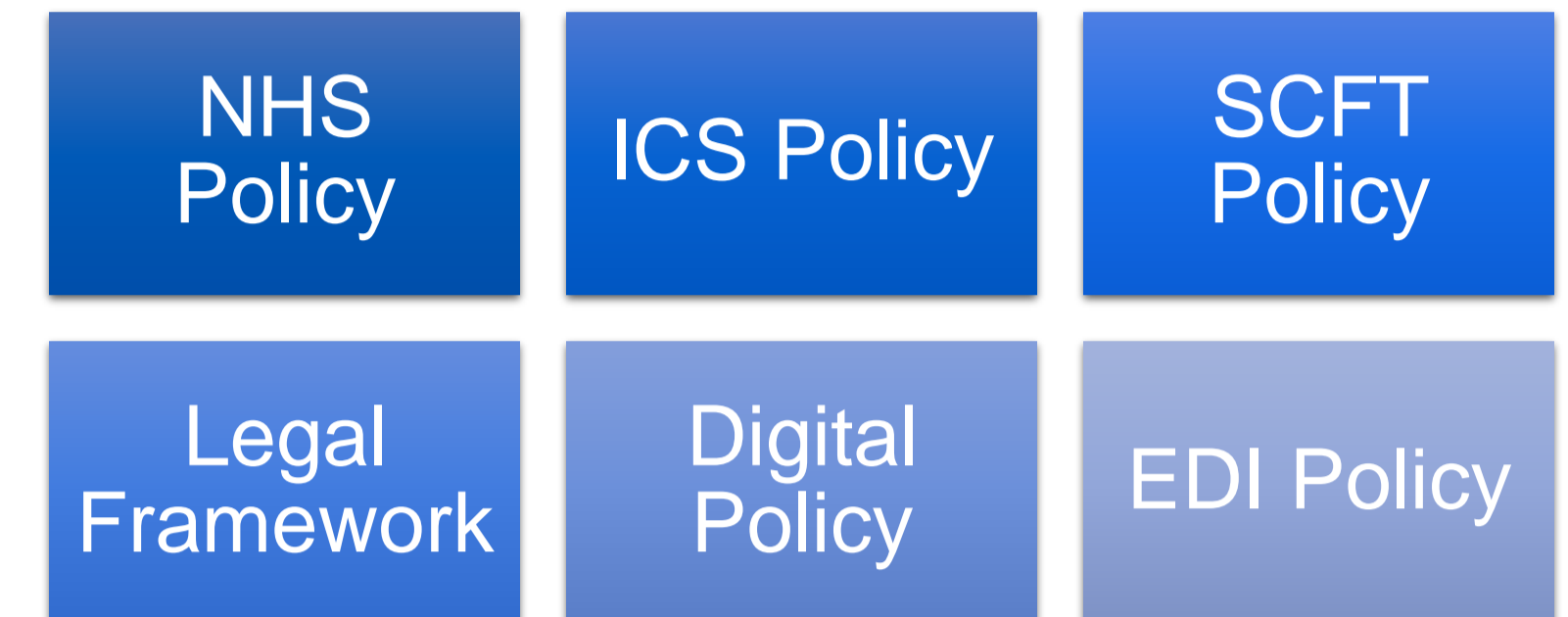
Tools for Digital Inclusion

- ❑ NHS Accessibility Standards.
- ❑ Digital Inclusion Framework.
- ❑ User/Patient Centred Design.
- ❑ Targeted interventions.



Methodology

- Policy Analysis.
- Stakeholder Engagement and Alignment.



Key Stakeholders

Digital Clinical Team	• Provide insight on the impacts on population health of digital projects.
Digital Transformation Team	• Most affected by changes in practice associated with the implementation of digital inclusion measures, embraced change.
Consultant in Public Health	• Linked the project with wider resources regarding population health equity.
Equality, Diversity and Inclusion Officer	• Provided the links and resources to introduce digital inclusion of staff into the strategy.
User Centred Design Team	• Provided the whole framework and techniques for user engagement.



Main Outcomes

- ✓ **Digital Inclusion Group Created:** Inclusion topics discussed in all digital forums, team meetings, and staff network meetings.
- ✓ **Digital Inclusion Strategy Approved:** Endorsed by the Digital, Data, and Technology Committee. Presented strategy paper led to mandate for change and governance structure.
- ✓ **Digital Inclusion Policy Approved**
- ✓ **First Digital Inclusion Projects Launched:**
 - Staff Digital Reasonable Adaptations
 - Digital Volunteer Outreach
- ✓ **NHS Accessibility Standards and Digital Inclusion Frameworks:** Implemented in current workstreams.

Lessons learnt

- ❑ **Implementation of Evidence-Based Strategic Change:**
 - Evidence gathering is crucial, but equally important is the implementation of strategic changes based on this evidence.
- ❑ **Holistic Approach to Tackling Inequity:**
 - Targeting specific cohorts alone is insufficient to address systemic issues.
- ❑ **Importance of Policy Frameworks:**
 - Robust policy frameworks can simplify the proposal and implementation of specific and targeted measures

Next Steps

- **In-depth qualitative documentation** of staff experience to inform digital training and available technological adaptations.
- **Data quality auditing** to assess usability for population health equity.
- **Quantitative analysis** to detect specific gaps in technology use.
- **Engagement project with clinical teams** to include digital inclusion assessments to contacts in the community.

Health Equity Reporting

Addressing Health Inequity in the Sussex MSK Partnership through data and reporting

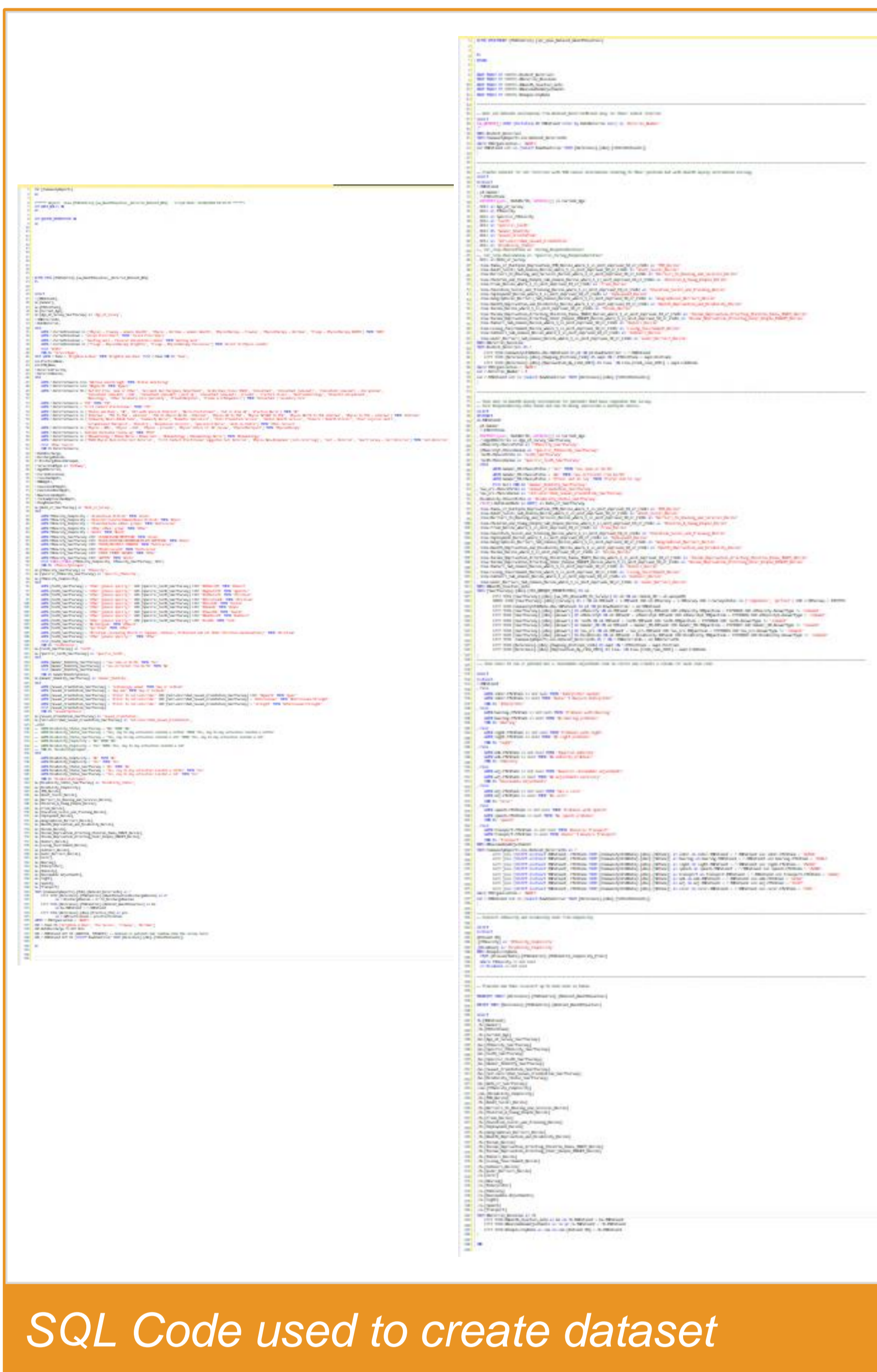


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This project aims to create a semi-automated reporting system that can be used to identify and tackle health inequities amongst Sussex patients requiring musculoskeletal (MSK) treatment.

A challenge and opportunity

- ❑ **Challenge:** GP surgeries nationally are overwhelmed, with MSK cases making up 30% of their workload
- ❑ **Reality:** Potential disparities in access, patient journeys, and outcomes, especially for underrepresented groups
- ❑ **Gap:** No consistent systematic methods to identify and tackle health inequities
- ❑ **Opportunity:** Dive deep into Central Sussex's population data to uncover and address inequity trends



SQL Code used to create dataset

A data-driven solution

- **Initial action:** Patient demographic data-gathering through surveys
- **Data compilation:** Merged survey results with existing patient data and the Index of Multiple Deprivation (IMD)³ to construct a comprehensive health equity dataset.
- **Analytical reporting:** Developed reports linking our health equity dataset with internal clinical data (e.g. DNAs, appointment counts, referral results) and 2021 Census data⁴ to identify disparities in service access, patient journeys, and outcomes.
- **Strategic engagement:** Utilised identified trends to foster targeted collaborations with patient partners and community groups, driving the codesign of initiatives to enhance equity.

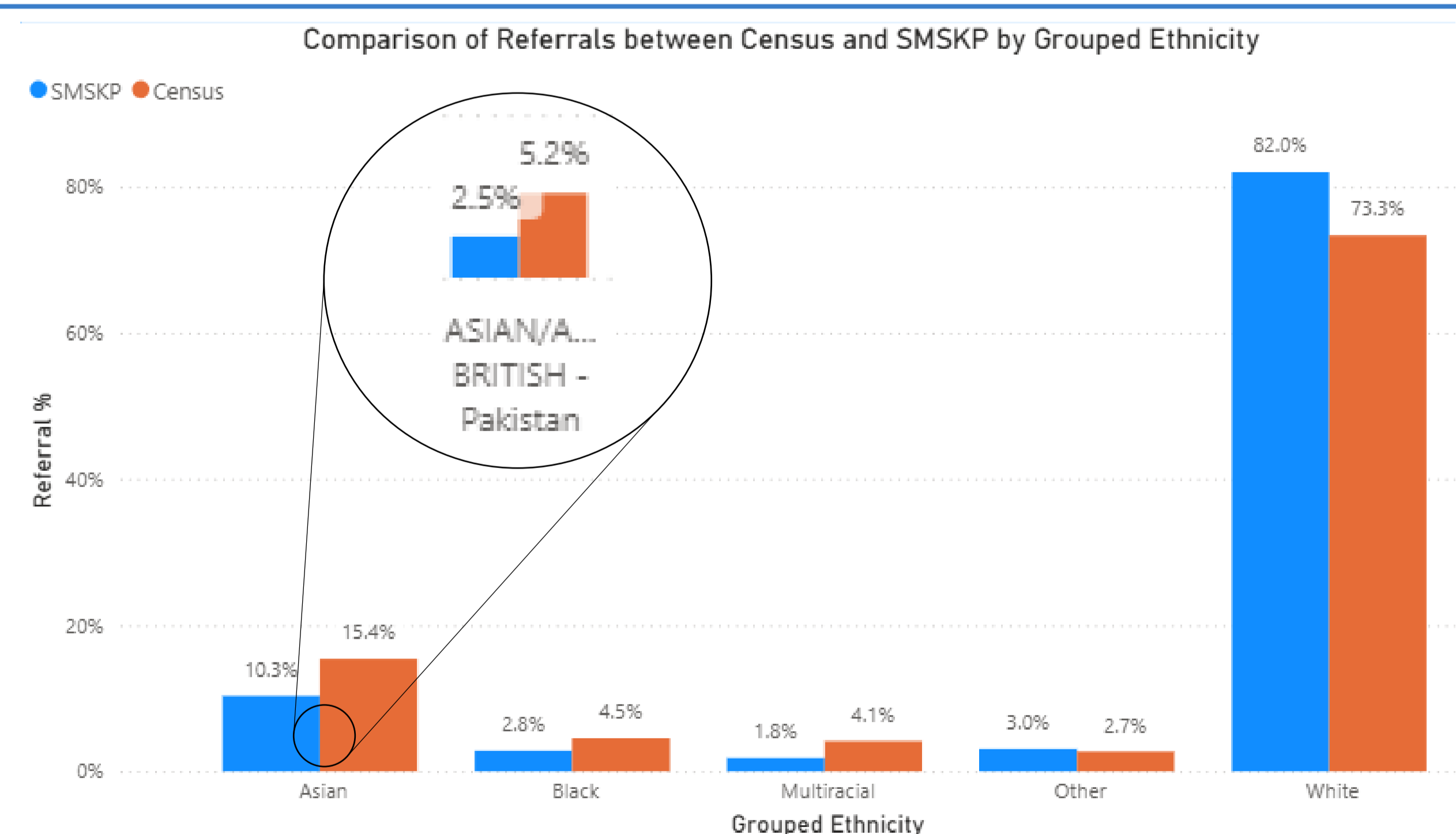
Achievements

- **Insightful impact:** Improved understanding of the community we serve. The reporting tool has identified lower referral rates from certain ethnic groups in Crawley (see Reporting below).
- **Advancing equity in new processes:** Through reporting on a new online self-booking service, we confirmed that although older patients were less likely to utilise the digital option, they still responded via telephone, thus averting potential digital exclusion.
- **Equitable access in new services:** Analysis of Community Appointment Days (CAD) confirmed a demographic makeup consistent with the overall service population, indicating equitable access.



Reporting

- The figure (right) is an example of a report showing our referral data by grouped ethnicity from the start of 2022 to the start of 2024 in Crawley.
- It showed a 5% difference in the proportion of referrals we received from Asian patients compared with the proportion of the population from the 2021 Census.
- When we delved deeper into the data, we found that the difference was particularly noticeable for the Pakistani population (2.5% of referrals vs 5.2% of population).
- This led to our patient partners visiting local mosques to understand more about how the Pakistani community access healthcare.



Lessons learnt / Next steps



- **Health equity is a team sport!** Collaboration & codesign is key! Beyond data analysis, engaging in meaningful dialogue with stakeholders enhances outcomes.
- **Equity has a ripple effect!** Initiatives that improve accessibility for patients can enhance equity, reduce DNA rates for financial savings, and offer environmental benefits by minimising unnecessary journeys.
- **Data collection:** A key take away from the project was the need for substantial amounts of protected characteristics data, collected in a way that isn't bias. For this reason, I am confident that as we collect more data the reporting will become even more effective.
- **Future directions in reporting:** Integrate *Statistical Process Control (SPC)* and automation into the reporting so that over the long-term health equity reporting becomes business as usual in the service. I am also hoping that by making the reporting more accessible, our board and other stakeholders will be more likely to utilise the data to make data driven decision that improve equity in the service.

1, 2, 3 & 4 - References available on request



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Improving access and reducing barriers

Exploring and addressing common myths surrounding hospice services and identifying barriers to access



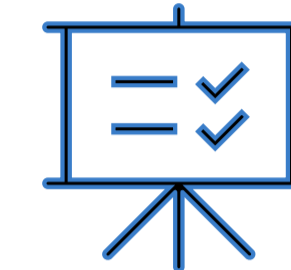
The problem: an unmet need

- Through our community engagement we are aware of **hospice myths and common misconceptions**: What does a hospice offer and how and when can a hospice be accessed?
- **Myths** can be a significant barrier in themselves.
- **Barriers**: how do they affect people and how can we reduce them so that someone who needs to access a hospice knows how to, and feels comfortable, doing so?



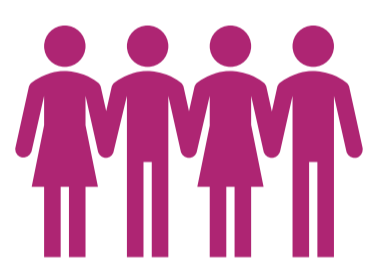
Our response

- Reach out to our community:**
- Establish **meaningful connections** throughout our community to build trust.
 - Through community conversations, **identify common hospice myths**.
 - Further **raise awareness** with focused engagement and events.
 - **Explore barriers to access**, identified through conversations with people with lived experience.
 - **Work alongside our community** to shape our future planning.



Key achievements

- Addressing misconceptions surrounding hospices: building awareness and trust.**
- Team held community Open Afternoons at the hospice.
 - **Further engagement with lesser heard groups** (inc. organisations supporting: refugees, living with dementia, those who are homeless).
 - **Café Community space survey**: implementing suggestions that our community had highlighted
 - Presented 'Myth-busting and the reality' session to community group representatives.



Who is involved?

- **Members of the community with lived experience** can highlight barriers and therefore, inequity.
- **Café community space survey respondents** provide understanding of what motivates them to visit and engage with the hospice
- Groups, charities, organisations.
- **Open Afternoon feedback forms** will evaluate how knowledge of hospice services has changed
- Hospice teams including Community Engagement and EDI.



Lessons learnt

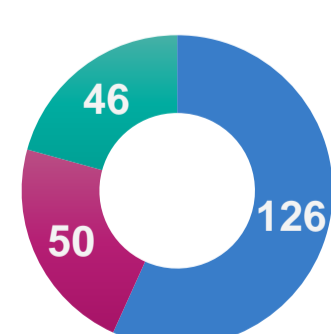
- **Embrace codesign and community input to drive future planning.** Establishing relationships with our community groups takes time but this is essential to ensure they are strong, meaningful and effective. Provides foundation for focus groups.
- **Importance and challenges for gathering baseline data**: "we don't know what we don't know".
- **Collaboration is key!** Internally, externally and cross-sector.



Next steps

- Host 2 focus groups centering on **community needs and direct feedback** to ensure relevance and efficiency.
- **Digital device use survey** with our Digital Health Lead and introduce drop-in to support digital inclusion.
- **Multilingual resources and inclusive communication**: In consultation with 3 external organisations who support diverse communities, we will translate our **hospice FAQ leaflet, (recently translated into 5 languages) into a further 3 languages.**

Number of people reached



- Café community space survey
- Open afternoons
- Myth busting presentation



Applying core health equity principles of **People, Place and Communication** will enhance our strategic approach to community engagement in reducing barriers and promoting access.

Left: hospice 'frequently asked questions' leaflets to be translated into a further 3 languages.



Does Pharmaco-equity in hypertension exist in Sussex?



Exploring barriers and enablers to accessing antihypertensive agents for working aged adults living in Sussex



The challenge

- Low performance**
 - NHS Sussex ranks 38th out of 42 in achieving target blood pressures for adults under 79
- Financial barriers**
 - Prescription costs contribute significantly to health disparities, with 10% of prescription-paying patients skipping doses due to financial constraints.
- Economic impact**
 - The cost-of-living crisis exacerbates difficulties in affording necessary medications.



Response: Health Equity Approach

- Financial Strategies:** Identifying at-risk populations and devising supportive measures for those struggling with prescription expenses.
- Data Utilisation:** Leveraging data from specific groups such as the HIV-positive population and underserved communities.
- Barrier Analysis:** Investigating both obstacles and facilitators in medication access.

The approach

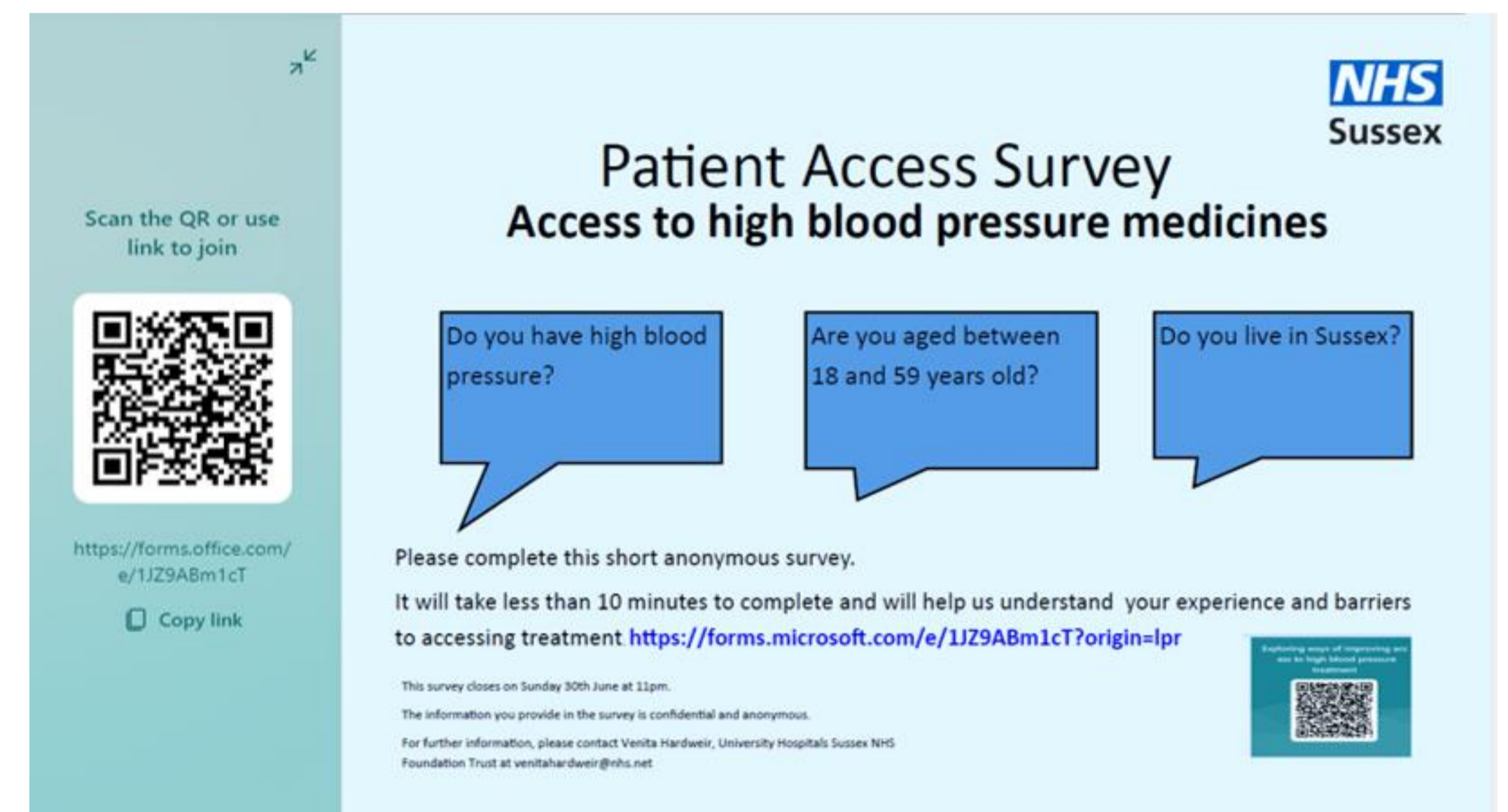
Phase 1 • A short survey initially distributed to HIV outpatient clinics within the Sussex HIV Network, targeting individuals aged 18-59 diagnosed with hypertension and residing in Sussex.

Phase 2 • Data from Sussex residents who meet the eligibility criteria and who are not living with HIV.

Collaboration and co-design: Working with Sussex HIV Network and Sussex CVD group in the survey design

Key achievements

Survey uptake: Survey circulated to East Sussex Healthcare NHS Trust HIV outpatient clinics with **23 submitted responses so far.**



Lessons learnt

Systemic change in tackling inequity:

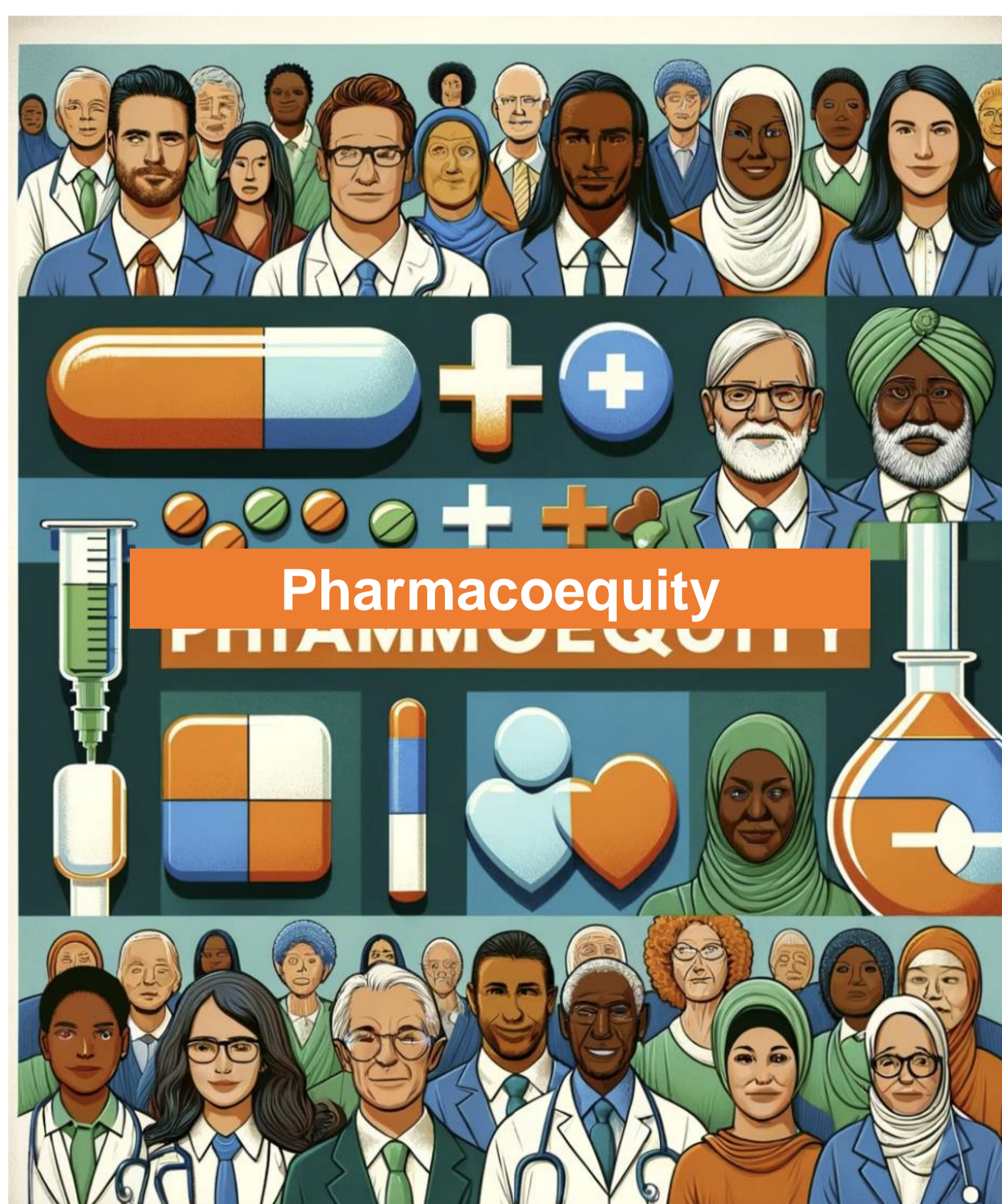
- For sustainable change, we must incorporate health equity principles to spotlight and address cardiovascular risks in vulnerable populations.

Data-driven insights

- Data on the impact of missed doses of medication due to economic barriers and access issues is largely hidden. It's a **MUST** for targeted interventions!

Impact of financial barriers

- The effects of inflation and economic conditions on health access and expenses due to prescription costs are real! Equity-focused solutions must be **non-negotiable**



Next steps

- To conduct data analysis for the submitted responses from the HIV cohort of patients.
- Source funding to allow for further qualitative research and interventions.

Contact:
 Venita Hardweir
 HIV/Sexual Health Pharmacist
 University Hospitals Sussex NHS
 Foundation Trust
venitahardweir@nhs.net

References:

- Office for Health improvement and disparities.(2022). Hypertension data pack for NHS Sussex Integrated care board
- Prescription charges coalition. (2023). Continuing to pay the price: The impact of prescription charges on people living with long term conditions.

Health Equity for Musculoskeletal Services

Working on new models of care to deliver more equitable access and experience

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WHY? Data has shown that the Crawley Asian population were not accessing SMSKPs services equitably.
HOW? Experimenting with new ways of delivering care in the community and supporting this work with training to increase understanding and imbed a health equity lens to our work.

Solution:

Community Appointment Days

- A new way to see our patients – Community Appointment Days
- A patient journey offered in the community alongside voluntary sector organisations, including- Age UK, Samaritans, DWP, Mind, Freedom Leisure, K2, Brighton Women’s Centre, Healthy Lifestyles team, Carers Service, Royal Voluntary Service, Crawley Town FC, Horsham Wellbeing, Crawley Men’s Shed, and more
- Patients able to have multiple appointments – 1:1 assessment, *What Matters to You?* conversations, rehab, advice and guidance, and social prescribers. To commence on their MSK journey in one day.
- We received feedback from 40 Asian patients about their experiences attending a CAD.

Learning for Future Change Initiatives

- Community Appointment Days can enable easier access to our service, improve carbon footprint, and enable shorter waiting times.
- It is not the right fit for all patients. Neurodiverse patients, working age, lower IMD and carers, experienced barriers to attendance.
- Speaking with the Crawley Asian community challenged assumptions about the impacts of digital exclusion to our service.
- Importance of friends, family and community leaders before health professionals.
- We learnt the importance of a local butcher to communicate and spread awareness of services and events.
- Prioritise connecting to existing community events to enhance health equity outcomes rather than creating own events.

Solution: Connecting with Crawley Asian Network

- Visited the Crawley Gurdwara to connect with community
- Planning to deliver a drop in event at the mosque tailored to their needs
- Building trust and developing relationships through community leaders
- Understanding that self referral can be a barrier to access

Learning for Fellowship

- The Fellowship experience has extended my awareness, competency and language to challenge and advocate for health equity in projects, process, the workplace and the wider world.
- Connecting the data, the language, the environment, the system and the evaluation principles has been invaluable for my development and confidence.
- I am proud to have presented on this work and have carved a way to support this work in my own style.
- I found some of the data and case studies challenging and emotive and was well supported by the programme to positively navigate the emotional load that this work brings.
- Mostly the Fellowship has brought hope and optimism connecting to brilliant people and work already happening.

Solution: Training on Health Equity

- Arranged training with experts on anti-racism and LGBTQ+ inclusion
- Delivered an all staff training on health equity and work happening at Here
- Piloted a reverse mentoring scheme

I chose to participate because I wanted to share my experiences and to also gain insight to another's perspective at work and life in general.

Reverse Mentee

Next Steps

- Work on a new model to see patients in GP surgeries. Clinician partnership with care navigator and peer support.
- Regularly offer access to our services at community events and community settings
- Continue to build and sustain existing relationships
- Create internal network of champions with protected characteristics

Personal Achievements

- Presented at Here’s health equity work at Heads On Anti Racism Conference
- Created blog posts following LGBTQ+ training sharing lived experiences and learning of colleagues
- Learnt about specific challenges faced by colleagues with protected characteristics in our organisation. Humbled by the feedback and proud of the bravery of colleagues.