Evaluation Report for the second year of the Sussex Population Health Academy

An independent evaluation commissioned by NHS Sussex and carried out by Professor Durka Dougall, Patricia Boyle, Khadijat Yusuf Abubakar, Dr Patricia Smith and Simone Gordon from Centre for Population Health in collaboration with staff from University of East London.

Centre For Population Health

Post-completion edit by George Anibaba on behalf of KSS HIN and in alignment with relevant changes in the Sussex Integrated Care System

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Executive Summary

The Sussex Population Health Academy was established in 2023 to strengthen population health capability and advance health equity across the Sussex health and care system. The Academy is grounded in the **Health Equity Principles developed by Health Innovation Kent Surrey Sussex (KSS HIN)**, which emphasise improving access, experience and outcomes for populations facing the greatest health inequalities, informed by best practice and evidence. This evaluation focuses on the first two years of the Academy's development and delivery, examining its design, reach and early impact during a period of significant system change.

During the evaluation period, **20 Health Equity Fellows** completed the Fellowship element of the Academy, delivering projects aligned to local population health priorities. Through these projects and associated activity, more than **1,500 people** were directly engaged via surveys, training, co-design, and community outreach. Fellows reported increased confidence and capability in identifying and addressing inequity-related needs, with survey data indicating an **86% increase in staff confidence**.

Alongside the Fellowship, the Academy delivered a programme of system-wide training webinars to extend learning beyond the Fellow cohort. Across the two years covered by this evaluation, the webinars recorded **736 attendances**, reached **1,428 individuals** through expressions of interest and engaged participants from **100+ organisations** across NHS providers, local authorities, VCSE partners and the wider system.

Qualitative feedback highlighted increased awareness, shared language and confidence to challenge inequity across projects, processes and organisational practice. Participants particularly valued the combination of practical project delivery, peer learning, and facilitated reflection.

Overall, the evaluation finds that, in its first two years, the Sussex Population Health Academy made a meaningful contribution to building population health capability and fostering cross-system learning. While delivery models and resourcing continue to evolve in response to system context, the learning generated, networks established, and momentum created through the Academy provide a strong foundation on which future approaches can build.

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1. Introduction

The need for continued focus on population health and tackling health inequalities remains critical in the health and care system in England. There is a urgent political mandate set by the national government in recognition for this need to shift focus from ill-health and reactive care to focus on population health and equity as core to its ethos and functionality, through the provision of more care in the community rather than in hospitals, placing more focus on prevention, and with more use of the ever-expanding digital capability that exists (the 'three shifts'). Whilst there have been major policy changes announced recently, including the impending abolition of NHS England and the considerable reduction to Integrated Care Boards, as well as a shift in their focus to strategic commissioning, it is imperative to recognise that their priority focus on delivering population health and equity, remains unchanged. This has been reiterated in the Model ICB Blueprint and in the Neighbourhood Health guidance. It is very likely to be part of the plans for the NHS 10 Year Plan also which is due to be published later this month. This can be expected, not least because its purpose is to describe a plan to deliver on the three shifts outlined above, based in the overwhelming evidence that this cannot be done without sustained focus on helping systems at a local level, to take a more population health and equity-centred approach. The severe financial pressures faced by the NHS and wider health and social care system in England are just one reason for this. A review of the international literature found a return on investment of 14:1 when considering benefits to the wider health and social care economy.[3] This was reiterated by findings from the Centre for Health Economics at York who found a return of 15:1, and concluded that expenditure on public health interventions is between three and four times more productive than health treatment expenditure.[4]

Recognising this important focus, NHS Sussex Integrated Care Board (NHSSICB), started to pave the way towards a healthier and more financially sustainable future by investing in the development of their system and workforce, through the establishment of the Sussex Population Health Academy in 2022-23. A visionary initiative and ambition was recognised as essential for delivering the shifts needed. They entrusted Health Innovation KSS (KSS HIN) to work alongside them as a key delivery partner in advancing transformative and innovative healthcare solutions, helping drive Sussex Integrated Care System's ambitious agenda, to address health inequalities through the lens of equity.

The Sussex Population Health Academy aims to develop workforce skills and capacity for improving population health and tackling health inequalities by focussing on three key elements:

- **Health Equity Fellowship**: a fellowship programme of development, to create a pool of leaders, through a series of workshops, webinars and programme of ongoing support, a cornerstone of the Academy's strategy.

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- **Systemwide Training Programme:** a tailor-made training programme of webinars (different to the ones in the fellowship programme) purposely created for anyone in the Sussex health and care system to access, aligning seamlessly with NHS Sussex ICS's overarching goals.

- **Online Academy:** A dynamic online platform for engagement, knowledge-sharing and collaboration, developed and owned by NHS Sussex ICB.

In March 2023, KSS HIN was entrusted with the design, setup, and execution of the Sussex Population Health Academy's inaugural Population Health Equity Fellowship, including recruitment of 8 Fellows during the first year of its operation ('Cohort 1') and the curation of a comprehensive systemwide training programme aimed at nurturing health and care professionals committed to tackling health inequalities. Cohort 1 completed their Fellowship in June 2024. At a similar time, Cohort 2 recruitment started, and twelve Fellows were enlisted onto the programme for Year 2.

This evaluation focuses on the first two years of the Sussex Population Health Academy's development and delivery, during which time all planned Fellowship activity was completed and system-wide training continued alongside it. Review activity was undertaken at multiple points, including a mid-point review following Cohort 1 and a post-completion review at the conclusion of Cohort 2, to capture learning, assess progress and inform future planning.
The evaluation period coincided with a challenging financial and organisational context for the NHS, including significant system change. While these factors have influenced the form and pace of delivery, they do not diminish the relevance of the Academy's aims. Rather, they reinforce the importance of sustaining learning, networks, and capability in ways that are adaptable to evolving structures and resources. Whatever future delivery models emerge, the learning generated through the Sussex Population Health Academy provides a valuable foundation for ongoing population health and health equity work within Sussex and beyond.

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2. Methodology

Centre for Population Health is a cutting-edge implementation tank supporting health and care leadership efforts in UK and more globally aiming to improve health and care and tackling inequalities that exist. Our team consists of an experienced group of population health and equity academics and leaders. We recognise the value of independent evaluation at this key juncture for Sussex Population Health Academy to inform future planning to enhance efforts even further for local people and staff. For Year 2, the evaluation adopted a modified mixed-methods approach, building on the learning from Year 1 and designed to assess progress, capture emerging insights, and support future system learning.

Stage 1 – Co-design of the evaluation journey and real-world evaluation approach This approach differed from Year 1, which focused on collating reports at the end of the study period to analyse them and draw conclusions. In Year 2, the evaluation was undertaken in parallel with programme delivery, with KSS HIN and NHS Sussex teams acting as commissioners alongside an independent evaluation function. The evaluation design evolved across the initial and mid-year stages to reflect learning emerging from the Sussex Population Health Academy

Stage 2 – Checking in at points through the year to assess progress against ambitions. This stage included mapping deliverables against regular check-points during Year 2. Data and feedback were reviewed across the three core Academy components at each stage, measuring achievement against the agreed Index of Success and logic models. Interim reporting supported optimisation of performance, culminating in an end-of-year evaluation report.

Stage 3 – Gathering the learning regularly. Qualitative and quantitative data were collected through document review, surveys, workshops and focus groups with staff, Fellows and system partners. This enabled exploration of participant experience, contribution, and learning, with a particular focus on organisational development, culture, partnership working and workforce impact.

Stage 4 – Making recommendations for Years 3-5. Recommendations were informed by insights from the first two years of delivery and reflect considerations relevant to the evolving NHS Sussex Population Health Academy context. These were framed to support learning, continuity and adaptation rather than prescriptive future planning..

Additional support for learning, connection, and further growth – In addition, we helped to connect NHS Sussex Population Health Academy teams with other Population Health Academies across UK, aiming to help NHS Sussex Population Health

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Academy teams to gather learning and make further connections, to help shape future efforts.

The following sections outline our work and findings for each of the major components of the programme this year – the fellowship, system-wide training and online academy. Within the section focussing on the fellowship component, we have included analysis of the impact from the perspective of the Cohort 1 fellows (year 1) also. Whilst this may cover some elements of reflection about the system-wide webinars and online academy that the fellows variably accessed during their Fellowship, this relates in the main, to their fellowship and their feedback and experience has been placed in that section.

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3. Year 2 Context and Approach

The Year 2 evaluation began with a series of scoping and discovery conversations with Sussex Population Health Academy staff to understand the evolving context of delivery and the approach taken. It was recognised that Year 2 plans were shaped by wider system pressures, including significant financial constraints across the NHS and a stronger emphasis on delivery within existing resources.

As a result, a number of adaptations were made to the delivery model compared to Year 1. These changes were informed by Year 1 evaluation insights and were intended to support continuity and value within a more constrained operating environment. The table below summarises the main changes in Year 2 for the Sussex Population Health Academy compared to Year 1.

Overall	**Delivery model** - A greater proportion of delivery activity was undertaken by KSS HIN, rather than through joint delivery arrangements with NHS Sussex ICB, reflecting capacity and resourcing considerations. **Evaluation** - more prospective with more check points throughout the year to gather feedback in meetings or sharing of documents after each step, rather than just a one-off document review for the various parts at the end. **Budget -** The overall budget remained unchanged. Decisions about delivery responsibilities reflected a clearer understanding of the level of input required and available capacity. **Staffing -** the team this year is slightly different in composition, consisting of the following roles senior consultant, coordinator and programme manager (KSS HIN), comms and commissioners (NHSSICB).
Health Equity Fellowship	**Expanded cohort** following increase in demand - in year 1, 16 people applied (year 1), whereas in Year 2 there were 20 applicants plus three who could not be included as forms were incomplete. 15 were shortlisted to interview and all were suitable for appointment. There was always a plan to expand the cohort given the importance of this work, as well as a need for limited numbers, due to budget and staff capacity. However, given the popularity of the programme, the team were given permission for more fellows to be recruited than intended (planned ten, recruited twelve). In year 1 there were eight fellows so this is a 50% increase in cohort size. **Fellowship design** - Fellows had a project to complete, workshops, webinars and Online community support as per the first year. In response to feedback from Cohort 1, Action Learning Sets (ALS) were introduced in Year 2 for Cohort 2. These were designed to foster collaborative working and structured problem-solving among Fellows, supporting them to address project challenges, share learning, and strengthen teamwork and peer support. In Year 2, the number of Fellow webinars was reduced (from six to three) to

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	allow greater emphasis on Action Learning Sets and system-wide training, while retaining flexibility to respond to emerging priorities and building on content developed in Year 1. Furthermore, the ALS and Online elements of the Fellowship were more formally described in the onboarding process and resources paperwork (year one was comparatively more ad hoc / light touch in the description from the outset). **Backfill:** Fellows' experiences of backfill and protected time varied. While some participants reported challenges in balancing Fellowship activity with existing roles, others were supported through flexible arrangements. These experiences reflect wider system pressures rather than a uniform or consistently reported impact across all Fellows.
System-wide training	**Increase in systemwide webinar numbers for year 2.** In Year 2, the system-wide training offer was expanded to extend learning beyond the Health Equity Fellowship and support wider population health capability across the Sussex health and care system. The number of webinars increased from three in Year 1 to five in Year 2, reflecting both demand and an intention to broaden reach. Webinars were open to participants across the local system and beyond, and were promoted through established system channels, with registration managed via Eventbrite. This enabled consistent promotion and supported monitoring of registrations, attendance, and organisational representation. Topics were aligned to shared population health priorities and designed to complement the Fellowship rather than duplicate it. Centre for Population Health advised on monitoring patterns of engagement to understand reach, representation, and the balance between increased volume and relevance to local system needs.
Website	**Activity and development:** The Online Academy forms a core component of the Sussex Population Health Academy and is a platform designed and managed by NHS Sussex, including responsibility for its IT infrastructure and resourcing. During the evaluation period, KSS HIN supported this element by contributing learning resources and materials for publication and wider use across the Sussex system. In Year 2, activity within the Online Academy experienced periods of slower progress, reflecting wider system capacity constraints, staffing changes, and the prioritisation of other delivery elements. While these factors affected the pace of development, the platform continued to provide a mechanism for sharing resources and sustaining access to learning beyond live programme activity. The role of the Online Academy remains an important enabler of longer-term knowledge sharing as system arrangements continue to evolve. .

Due to delays in confirming the Year 2 evaluation and staffing changes across both NHS Sussex and KSS HIN, recruitment for Cohort 2 began later than planned, with Fellows commencing in September 2024. Despite this, participants engaged fully with the programme, attending welcome sessions, shaping expectations, and balancing Fellowship commitments alongside demanding professional roles.

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Throughout Year 2, the evaluation tracked progress across all three Academy components, drawing on insights from Fellows, delivery partners, and system stakeholders. This section provides context for the findings that follow, rather than a judgement on future delivery models, recognising that wider system structures and resources continue to evolve.

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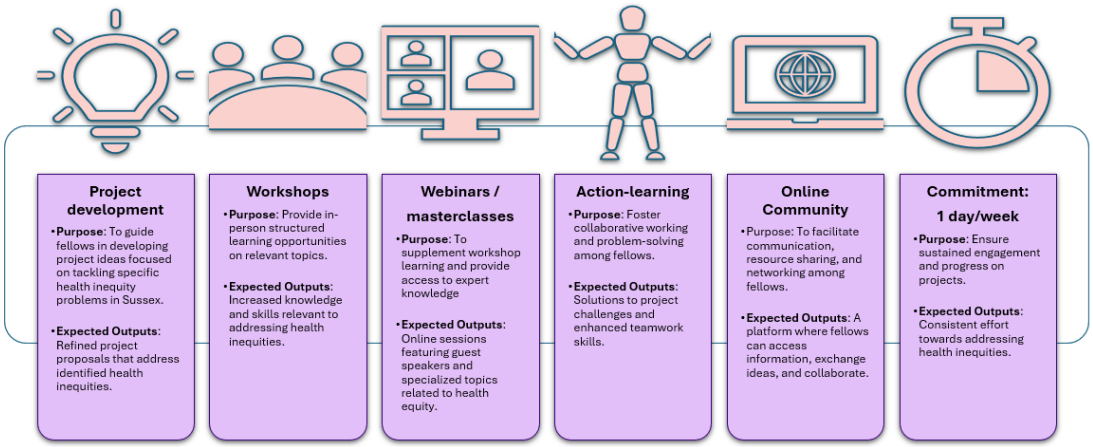
4. Health Equity Fellowship

The Health Equity Fellowship is a core element of the Sussex Population Health Academy's workforce development offer. It was designed to strengthen capability across Sussex to understand, address and reduce health inequalities—recognising that inequity is driven not only by need, but by variation in access, experience and outcomes of health and care services. Partners across Sussex share an ambition to build a more equitable, accessible and responsive system, while acknowledging the practical constraints staff face (time, workload, and competing priorities) when undertaking improvement work alongside day-to-day roles.

This evaluation covers the Fellowship's first two years of delivery (Cohort 1 and Cohort 2). During this period, the Fellowship expanded from eight Fellows in Year 1 to twelve Fellows in Year 2, informed by learning from the Year 1 evaluation. Across the first two cohorts, 20 Fellows completed the Fellowship and delivered projects aligned to local population health priorities.

The Fellowship structure



Expected benefits (summary):
Fellows were expected to develop:

- **Knowledge** on how to apply an equity lens to change initiatives
- **Fresh skills** on population health, improvement, innovation, evaluation and other key topics
- **Publication** of health equity projects via the Sussex Population Health Academy website.
- **Improved community engagement** through stronger relationships with diverse communities
- **Enhanced cultural competence** by working with diverse Fellows & populations
- **Capacity building** fostering the development of a skilled workforce

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Overall, the Sussex Health Equity Fellowship has progressed significantly across its first two years, with clear evidence of growing reach, impact and engagement. Fellows come from a range of clinical and non-clinical roles across NHS trusts, hospices, social enterprises, and ICBs. Over time, the programme has strengthened in structure, delivery, and responsiveness to participant needs.

Fellows' profiles

Our cohort 1 Fellows (2023-24)

From left to right:

Fellows Name	Role	Organisation	Organisation Type	Project Theme
Vicky Fenwick	Clinical Services Manager	Sussex Community NHS Foundation Trust	NHS - Community	Psychological Support/Diabetes Care
Tom Golden	Business Intelligence Analyst	HERE - Care Unbound (Sussex MSK Partnership)	Social Enterprise	Community Care / Disability Care
Venita Hardweir	Highly Specialised HIV/Sexual Health Pharmacist	University Hospitals Sussex NHS Foundation Trust	NHS - Acute	Prescription Charges
Matias Alonso	Digital Nurse Specialist	Sussex Community NHS Foundation Trust	NHS - Community	Digital Inclusion
Lucy Cheshire	Community Engagement Lead	St Wilfrid's Hospice Eastbourne	Hospice	Hospice/Palliative/End of Life Care
Julie Kalsi	Formerly Senior Commissioning Manager - Planned Care Now Health improvement Officer	Formerly NHS Sussex Now at London Boruch of Merton	NHS – Integrated Care Board *(now at Merton Council)*	Primary Care/GP Registration
Fern Bolwell	Learning Lead	HERE - Care Unbound (Sussex MSK Partnership)	Social Enterprise	Community Care / Disability Care
Emily Leon	Deputy Designated Nurse Children in Care	NHS Sussex	NHS – Integrated Care Board	Children in Care

Our cohort 2 Fellows (2024-25)

Fellows Name	Role	Organisation	Organisation Type	Project Theme
Claire Lockwood	Service Manager - Urgent Community Response	East Sussex Healthcare NHS Trust (ESHT)	NHS Trust - Acute	Improving staff Knowledge and attitudes of the Social Determinants of Health (SDoH)
Georgia Aloof	Advanced Practitioner/First Contact Practitioner	Sussex Community Foundation Trust (SCFT)	NHS Trust - Community	Understanding and removing barriers to accessing MSK services
Stefanie Harding	Specialist Respiratory Physiotherapist	University Hospitals Sussex NHS Foundation Trust- Worthing Hospital	NHS Trust - Acute	Enhancing health literacy in COPD
Christopher Odedun	Consultant in emergency medicine	University Hospitals Sussex (East)	NHS Trust - Acute	Improving outcomes and experience for A&E High-Intensity Users (HIUs)
Karen Hartley	Deputy Head of Clinical Education	NHS Sussex	NHS - ICB	Improving physical health for people with SMI (Serious Mental Illness)
Lois Howell	Chief Executive	St Wilfrid's Hospice (Chichester)	Other Healthcare Providers - Hospice	Improving End of Life Care access for marginalised groups
Clara Clein Wolfe	Patient Care Advisor	Sussex MSK Partnership / Here / Care Unbound	Other Healthcare Providers - Social Enterprise	Intersectionality of Inequity in Contemporary Healthcare
Amy Louise Reimoser	Clinical Lead & General Practitioner	Brighton and Hove Federation	Other Healthcare Providers - GP Federation	Improving access to specialist menopause services
Rebecca Corbett	Quality and Improvement Manager	NHS University Hospitals Sussex NHS foundation Trust	NHS Trust - Acute	Improving Breast Screening uptake for ethnic minority groups
Lauren Walbrin	Care Coordinator Tackling Health Inequalities	Rural Rother PCN	NHS – Primary Care Network (PCN)	Improving Cervical Screening uptake
Michelle Asbury	General Manager	Sussex Community Foundation Trust (SCFT)	NHS Trust - Community	Improving the experience of Special Care Dentistry for people with Learnining Disabilities
Jessica Crowe	Training Coordinator Learning and Development	Sussex MSK Partnership / Here / Care Unbound	Other Healthcare Providers - Social Enterprise	Exploring Culturally aware Hyper-Localised Mobile MSK Units for underserved ethnic groups

4.1 Assessing the Impacts – Overall

What was achieved (Years 1–2)

By June 2025, **20 Fellows completed** the programme (eight in Cohort 1; twelve in Cohort 2), spanning clinical and non-clinical roles and a mix of provider, primary care, hospice, ICB and VCSE settings.

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Across both cohorts, Fellows' projects concentrated on priority equity themes including screening uptake, digital inclusion/access, MSK pathways, end-of-life care equity, women's health and community engagement, with tangible changes reported at service and organisational level.

4.1.1 Uptake and Participation

- Year 1: Eight fellows across Sussex participated in first cohort.
- Year 2: Twelve fellows recruited with greater diversity in roles and project themes.

4.1.2 Applying an equity lens to change initiatives (Development and Learning)

- Engagement was consistently strongest for in-person workshops, supported by peer learning and facilitated reflection
- 100% of Fellows reported improved understanding of health inequalities and how to address them in practice (Cohorts 1 & 2).
- 86% increase in staff confidence in identifying inequity-related needs following fellowship-linked activity and training.
- 78% increase in understanding of social determinants of health among staff engaged through Fellows' projects.
- Baseline assessments in both cohorts showed varying levels of knowledge and confidence, particularly around digital health, public involvement.
- Across both years, fellows reported significant growth in understanding and confidence, particularly following action learning sets and the themed workshops. One fellow shared, *"ALS gave me the space to reflect and reframe challenges…I've never had that in my professional life."*
- Fellows consistently value peer-to-peer learning, reflective space, and practical application of concepts.
- Workshop 5 in year 2 received an average recommendation score of 9.8/10, and fellows described sessions as "transformative," "insightful," and "practically useful."
- Post-session surveys show that **over 80%** of fellows felt more confident applying co-production, inclusive leadership principles as well as evaluation and innovation foundational principles in their work.
- Fellows led projects spanning twenty priority equity themes, including screening uptake, MSK access, digital inclusion, end-of-life care, women's health, mental health and children in care.

4.1.3 Publication and visibility of equity projects

- 20 completed equity projects delivered across two cohorts.
- Projects informed local service redesign, policy approval, or governance decisions in multiple organisations (e.g. Digital Inclusion Strategies, Equity Steering Groups).

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- Fellowship posters demonstrate direct service changes, not just learning outputs. A more detailed and visual breakdown of these impacts can be found in the Fellows' posters accessible via the following links:
    - Cohort 1 posters
    - Cohort 2 posters

4.1.4 Improved community engagement and access

- 1,500+ people directly engaged through surveys, co-design, outreach and service-user involvement led by Fellows.
- Targeted interventions led to reported increases in screening uptake following tailored, community-informed approaches.
- Community-based delivery models enabled multiple services accessed in a single visit for underserved populations.

4.1.5 Cultural competence and inclusive practice

- 100% of participants in the Cultural Safety workshop reported improved understanding.
- Fellows embedded culturally inclusive engagement approaches across palliative care, MSK, screening and community services.
- Projects addressed misconceptions and trust barriers in hospice and preventative services among lesser-heard groups.

4.1.6 Impact for local services, organisations and people

Across both cohorts, Fellows delivered a coherent portfolio of projects addressing health inequalities at individual, service, organisational and system levels. Collectively, these projects demonstrate how population health capability translates into practical service improvements, strengthened workforce confidence, and interventions that spread beyond their original settings.

Examples of tangible local impact include:

Improving access to screening and preventative services

Several projects focused on reducing barriers to preventative care for underserved populations:

- Targeted improvements in cervical and breast screening uptake within PCN and community settings, achieved through tailored engagement, culturally responsive communication and revised invitation processes.
- Introduction of more inclusive screening resources, including multilingual materials and alternative formats, improving reach among ethnically diverse communities.

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- A notable service outcome included a new partnership to provide breast prostheses in a wider range of skin tones, addressing a long-standing equity gap. This intervention was enabled by improved cultural confidence and competence developed through the Fellowship and resulted in a practical, value-adding change to patient experience.

These examples show how equity-informed practice can deliver tangible gains in preventative access.

Embedding Social Determinants of Health (SDOH) in practice

Projects moved SDOH from theory into routine care:

- A baseline survey of 131 staff informed training and workflow redesign.
- Post-training outcomes showed:
    - 78% increase in understanding of SDOH
    - 30% increase in consideration of SDOH in assessments
    - 86% increase in confidence in identifying SDOH
- SDOH screening was embedded into clinical processes, supporting safer discharge planning and more personalised care.

This represents measurable change in professional behaviour linked to equity-focused practice.

Digital inclusion and equitable access

Digital inclusion projects addressed structural exclusion from digital health services:

- Co-design of accessible digital tools and patient portals, informed by extensive survey and user feedback.
- Recognition of the continued need for non-digital access routes, ensuring digital transformation did not exacerbate inequality.
- Improvements to written and digital information through clearer language, accessible formats and assistive design.

These initiatives demonstrate how digital innovation can support, rather than undermine, equity when grounded in lived experience.

Service redesign and pathway improvement

- Several projects used data and improvement methods to redesign services:
- Deployment of localised mobile MSK services to improve access for underserved populations.
- Data-led redesign of MSK and urgent care pathways to identify disparities in access and outcomes.

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- A pharmacoequity project examined inequitable access to antihypertensive medicines, identifying financial and structural barriers affecting specific population groups. This work combined data analysis, stakeholder engagement and service insight to inform more equitable prescribing and access approaches.

Together, these projects show how service redesign approaches can reduce unwarranted variation in care.

End-of-life care, hospice access and community engagement

- Projects addressing hospice and end-of-life care equity delivered:
- Improved demographic data capture to better understand who is and is not accessing services.
- Equity-focused training embedded into organisational practice.
- Community engagement activities, including surveys, open sessions and myth-busting, to build trust with lesser-heard groups.

These initiatives strengthened organisational readiness to deliver equitable end-of-life care.

Children in care and care leavers

- Projects focusing on children in care and care leavers contributed to:
- Greater visibility of unmet health needs through cross-agency collaboration.
- Increased awareness of structural barriers and transitions between services.
- Early steps towards more coordinated, trauma-informed and preventative responses.

While impacts are longer-term, these projects strengthened system capability and focus.

Strengthened workforce capability, confidence and organisational culture

- Across all themes, workforce impact was consistent:
- 100% of Fellows reported improved understanding of health inequalities and greater confidence applying equity principles.
- Increased confidence in co-production, inclusive leadership and data-informed decision-making.
- Shifts in organisational culture towards reflection, curiosity and willingness to challenge existing practice.

This represents a core and enduring legacy of the Fellowship.

Spread, scale and system learning (collective impact)

- Several projects demonstrated clear spread and scale:

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- Methods and tools developed in one organisation were adapted and applied in others, extending impact beyond the original host setting.
- Fellowship learning influenced wider forums, networks and regional discussions, contributing to shared system learning.

This demonstrates how targeted investment in people can generate ripple effects across organisations and geographies.

Collectively, these impacts show a consistent pattern: Fellows applied structured population health methods to diagnose inequity, engage communities and stakeholders, and implement practical service changes aligned to Sussex priorities. Together, the projects evidence local delivery, regional relevance and emerging national contribution, underpinned by strengthened workforce capability and a shared commitment to equity across the system.

4.1.7 Indicative economic and system value (indicative)

Drawing on national prevention evidence (£14 return for every £1 invested; Public Health Wales, 2025) and using programme costs as a conservative proxy, the Fellowship is estimated to contribute £800,000+ in potential system value over time, through:

- Earlier intervention
- Improved access
- Reduced inefficiency and avoidable demand

4.1.8 Fellows' feedback (Years 1-2): key themes

Across survey and focus group input, three consistent themes emerged:

- Impact and experience: Fellows reported increased confidence, clearer equity-focused thinking, and tangible service changes, while noting "project creep", data challenges and the reality that equity work continues beyond the fellowship timeline.

- Culture and support: The programme was widely described as a safe, encouraging learning space; 1:1 support, peer connection, and expert speakers were repeatedly cited as key enablers.

- System spread and sustainability: Fellows want better routes to spread learning (including a practical "skills library"/peer support model) and stronger system infrastructure for data/measurement to evidence change.

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4.2 Challenges

- Low response rates in feedback and mid-point surveys made it harder to track progress formally.
- Fellows suggested a more tailored support and better integration of learning into their daily roles would help to maximise learning.
- The challenging health and social care landscape meant that it was hard for staff and participants to sustain their focus despite the changing picture of funding, staffing, policies and impacts for personal and organisational futures. Given the importance of this work, staff and fellows did well to achieve completion and such high levels of benefits for individuals, teams and systems touched by this work despite this.

4.3 Conclusion

As the Sussex Health Equity Fellowship concludes its first two cohorts, it leaves a strong legacy of equity-focused leadership, capability and practice across the Sussex system. The Fellowship has equipped professionals to embed inclusive, reflective and community-centred approaches within their roles. Ahead of future cycles of the Fellowship programme, the impact to date is evident in the skills, confidence and service innovations it has enabled. Evidence from both cohorts shows that Fellows translated learning into action, implementing locally relevant changes within their organisations and communities. While many impacts are at an early stage, they demonstrate clear potential to influence access, experience and outcomes over time. Importantly, the Fellowship's value extends beyond the programme itself, through Fellows continuing to apply and share learning within their host organisations and across the wider system.

5. System-wide Training

5.1 Purpose and approach

Alongside the Health Equity Fellowship, the Sussex Population Health Academy delivered a programme of system-wide training webinars to build shared understanding, language and capability around population health and health equity across the Sussex system.

In response to strong engagement in Year 1, the number of webinars in Year 2 increased from three to five. Given staffing constraints and learning from the

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Fellowship evaluation, delivery focused on fewer, higher-value sessions, prioritising quality, relevance and system reach over volume.

Webinars were open to the wider health and care system (and beyond), promoted via Eventbrite and Sussex Health and Care networks, and designed to complement—rather than duplicate—Fellowship learning.

5.2 Reach and participation

Across the two years:

- 736 total attendances were recorded across system-wide webinars.
- 1,428 individuals expressed interest through registrations.
- Participants represented 100+ organisations, spanning NHS providers, primary care, local authorities, VCSE partners and academic organisations.
- Attendance data shows strong cross-system reach, with limited repeat attendance—suggesting the programme reached a broad audience rather than a narrow cohort.

While Year 2 attendance per session was lower than Year 1, this coincided with known capacity and staffing challenges, particularly early in the year. Despite this, diversity of roles and organisations remained strong, and qualitative feedback indicates high value for those who attended.

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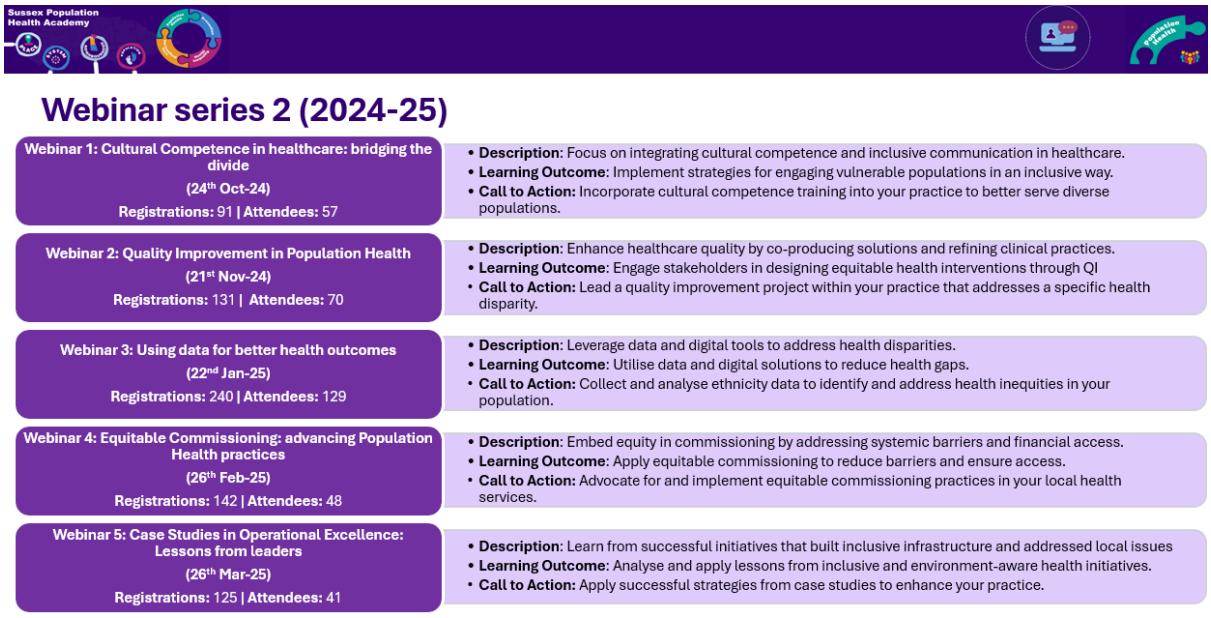
The illustrations below summarise the background, webinar focus, and engagement in terms of registrations and attendances in years 1 and 2 respectively:

System-wide webinar overview: Year 1

Recordings available here: Sussex Population Health Academy webinar series 1 - YouTube



System-wide webinar overview: Year 2

5.3 Learning impact and capability building

Across webinars, participants consistently reported:

- Improved confidence and understanding in applying population health, equity and quality improvement concepts.

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- Increased awareness of structural drivers of health inequalities, including digital exclusion, cultural safety and commissioning levers.
- Greater confidence using practical tools, such as Quality Improvement frameworks, Equality and Health Impact Assessments (EHIAs), and data-informed approaches.
- Pre- and post-session polling (see Appendix B) shows:
    - Clear upward shifts in knowledge and confidence, particularly in using data, digital approaches and equity-focused commissioning.
    - High satisfaction scores across sessions, with average ratings between 4.0–4.7 out of 5 for content, platform usability and ease of access.

Participants particularly valued:

- Practical, real-world examples.
- Credible speakers with system experience.
- Clear links between equity principles and everyday practice.

5.4 Application and practice

Across sessions, participants reported intentions to:

- Apply QI and equity tools within their teams and projects.
- Embed co-production and inclusive design approaches.
- Review data practices to better identify and address inequity.
- Share learning and resources within organisations and partnerships.

This suggests the webinars functioned not simply as awareness-raising events, but as enablers of practical change, supporting wider diffusion of population health approaches beyond Fellowship participants.

5.5 Reflections and learning

Key learning points for future system-wide training include:

- Maintaining accessibility, including clearer language, improved use of interactive tools and advance sharing of materials.
- Allowing sufficient time for discussion and application.
- Ensuring delivery models are resilient to staffing pressures.

Overall, the system-wide webinars made a meaningful contribution to building shared equity capability across Sussex, complementing the deeper, practice-based learning of the Fellowship and extending reach across the system.

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6. Online Academy

The third element of the Sussex Population Health Academy is the Online Academy (a NHS Sussex-designed and managed platform). During Year 2, delivery teams prioritised the Fellowship and system-wide webinars in response to staffing changes and sickness absence. As a result, limited activity was undertaken on the Online Academy during the evaluation period and no usage or engagement data was provided to CPH for inclusion in this report.

KSS HIN's contribution to this element in Year 2 was primarily content enablement, supporting the sharing and uploading of selected resources for wider access across the Sussex system, rather than platform ownership or technical management.

Given the absence of data, this evaluation is unable to draw conclusions about effectiveness, or to recommend whether the Online Academy should be redesigned, expanded or discontinued. A light-touch review in Year 3 should confirm the platform's purpose, target users, resourcing, and minimum metrics (e.g. uploads, visits, downloads, repeat usage) to enable future evaluation.

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7. Leadership Insights

This section outlines the leadership insights that were provided to us by the staff who contributed to the delivery of the NHS Sussex Population Health Academy in Year 2 (some in Year 1 also).
What is clear is that the team leading the Sussex Academy for Population Health continues to be dynamic, innovative, and dedicated. They have been working across NHS Sussex ICB and KSS HIN to deliver progress in Year 2, despite the uncertainties of the ICB and wider health and care landscape. The Academy for Population Health model remains in the minority Nationally, and the team are working without an established blue print to follow, with few direct comparators.

In March 2025, the Centre for Population Health (CPH) team convened a meeting with staff from NHS Sussex ICB and KSS HIN, responsible for managing and leading the 2nd year of the Sussex Academy for Population Health (SPHA). The intention was to facilitate a conversation, sharing their experiences and progress, and use the output to inform the evaluation of year two of the Academy, and make recommendations for changes and improvements in year three.
This session followed the Fellows session in February 2025 and was an enhanced version of an appreciated pro bono staff session arranged a year earlier in 2024, by the CPH Centre, for those involved in the first year of the Academy.

The design of this virtual session, conducted on Zoom, was built on a survey which had gone to the staff in advance. There were four responses to the survey, three from KSS HIN and one from the Sussex ICB. The survey questions were based on the recommendations made by the CPH in the evaluation report of Year one, and the agreed areas of focus for SPHA's evaluation in 2025

The replies to the survey questions were analysed, themed and used to create additional questions for the Zoom focus group conversation. The staff session in 2025 involved two staff from the ICB and three from KSS HIN. The numbers attending the session were lower in 2025 than they were in 2024 and reflect the different staffing structure of Year two of SPHA.

The group conversation was conducted over 90 minutes and divided into three sections. The following descriptions and recommendations are organised using these three themes, with sub headings to give more detail. Each of the three sections begins with a summary of the themes taken from the survey returns, and is followed by a more detailed development of these themes, with quotes taken from the survey and the verbatim notes taken at the group conversation.

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The following themes were explored:

1) Experience of the staff managing and leading Year 2
2) The experience of the emerging Academy structures, processes and working methods
3) What's needed for longer term sustainability and evidencing of the impact of the work and approach to future Health and Care services within Sussex ICB

Following the synthesis of the data, three headline themes emerged:

1. Operating model and workforce sustainability

Year 2 delivery relied on significant discretionary effort. Staff described improvements in teamwork and resilience (including reduced single points of failure), but highlighted the need for clearer scope, shared ownership and adequate capacity if the Academy is to remain sustainable.

2. Structures, methods and ways of working

Staff reported progress in refining delivery approaches, including greater use of logic models and stronger integration of learning across Academy elements. They noted that some earlier tools (e.g. "Index of Success") were less useful in Year 2, while reflective learning loops and pragmatic iteration became more embedded.

3. System support, data and long-term impact

A consistent message was that future impact will depend on stronger system buy-in (including senior sponsorship), improved access to data/Business Intelligence support to evidence outcomes and ROI, and deliberate mechanisms to spread learning (e.g. alumni engagement, communities of practice, and partner-enabled delivery venues and communications).

These leadership insights reinforce a central evaluation finding: the Academy's early momentum is strong, but its long-term value will be realised most fully where the wider system provides clear mandate, shared infrastructure and sustainable resource.

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8. Recommendations

8.1 Purpose and context for the recommendations

The Sussex Population Health Academy (SPHA) has demonstrated over its first two years that targeted, system-led capability building can strengthen population health practice, leadership confidence and equity-focused service change across Sussex. Evidence from both cohorts of the Health Equity Fellowship, system-wide training activity, and leadership insights indicates meaningful benefit for individuals, organisations and the wider health and care system.

In Year 2, the Academy continued to support delivery against the four strategic aims of the Sussex Integrated Care System. In particular, evidence from Year 1 Fellows, who were twelve months post-completion at the time of this evaluation, demonstrates sustained impact. Fellows reported:

- strengthened understanding of population health approaches
- increased leadership confidence tested through real-world projects, and
- tangible contributions to improving health outcomes, equity and system sustainability.

At the same time, this evaluation has taken place during a period of significant financial constraint, organisational change and system uncertainty. The recommendations that follow are therefore intentionally pragmatic. They do not assume continuation of the Academy in its original form, but instead focus on stewardship of learning, protection of capability already developed and readiness for future scaling should conditions allow.

8.2 Sustaining momentum and value: evaluation perspective

The evaluation findings align with the Logic Model developed for the Sussex Population Health Academy, which articulates a clear pathway from inputs and activities through to short-, medium- and longer-term outcomes. While the Academy's first two years have necessarily focused on foundational capability-building and early application, the logic model prepared by NHS Sussex as part of planning activities, provides a coherent framework for understanding how the learning, relationships and practices established to date are intended to translate into sustained population health impact over time. The recommendations in this section are therefore framed as stewardship actions that protect progress along this pathway, rather than as extensions of delivery activity.

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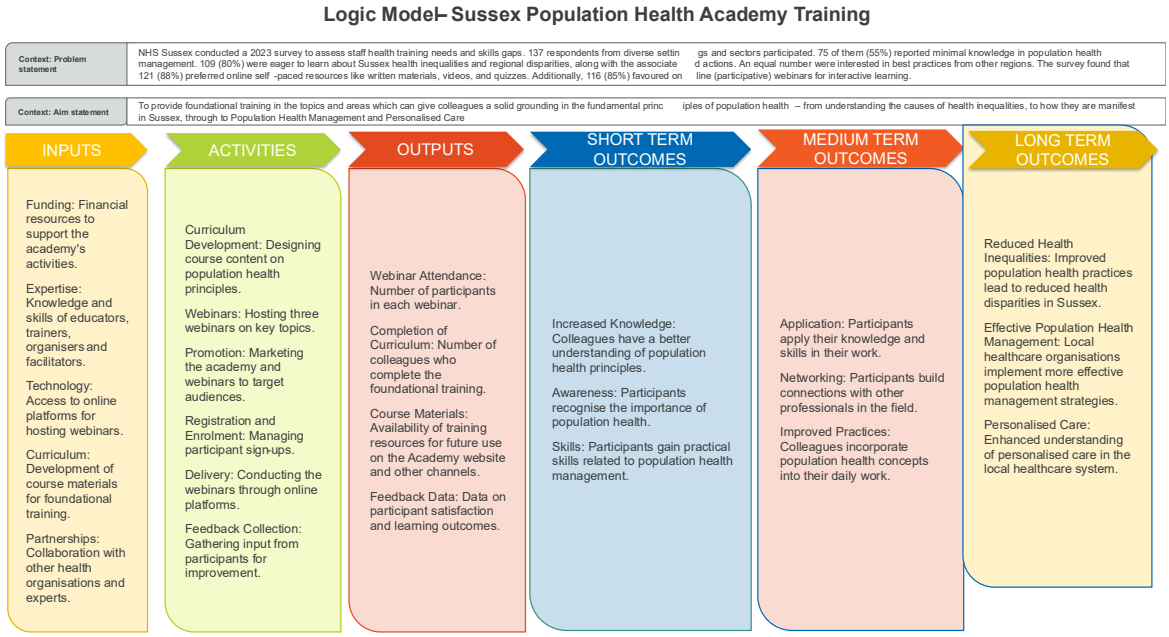
Rather than continuation of the full Academy offer, the evaluation identifies the value of a limited, time-bound intervention, such as a designated staff role or commissioned support with a defined number of consultancy days, to maintain links with Fellows, support application of learning, and retain system memory. This would help keep population health work visible and active during a period of financial constraint, rather than allowing it to dissipate.



Logic model developed by NHS Sussex as part of evaluation planning

This work could focus on evolving evidence of success and what it takes to measure baselines and track outcomes for the populations and the ICS budgets. This evidence would then inform future commissioning decisions in the ICS area as well as how data is collected, to help enable intelligence based commissioning for equity. The two cohorts have considerable experience between them and the work proposed would create more information on how to track the movement from the medium term outcomes achieved so far, to the long term outcomes aspired to below.

The Fellows themselves represent the most significant asset created through the Academy. Without coordination, visibility or permission to continue this work, there is a risk that their collective impact diminishes as operational pressures take precedence. Light-touch stewardship would support peer learning, shared problem-solving, evidence development and continued alignment with system priorities.

We suggest that the ICB commissions an annual report of the evolving progress of the Fellows work, produced by the staff member/contractor, with the active co-operation of the Fellows. This would serve as a feedback mechanism about the research and learning from the Population health work undertaken by the Fellows. This can then

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inform the Population Health policy and practice landscape in the ICB, in readiness for new structures and resources emerging over time.

The Fellows could also be authorised to publicise their work and encourage others to come forward to join them and convene classes/give talks/annual showcase, of their learning and their project work, as a method of encouraging others and spreading good practice and knowledge about what works and what does not.

We recommend that a skills inventory of the Fellows is created for the use of Fellows initially, so that they can effectively draw on each other, to progress their work.

These reflections inform the recommendation themes below, which are intended as proportionate, system-level options to bridge the period between the Academy's initial delivery and any future policy developments and decisions about longer-term investment.

8.3 Recommendation themes and specific actions

The recommendations are organised into **six thematic areas**, reflecting what is most achievable and impactful within the current financial, organisational and policy context.

Recommendation theme 1: Sustain and mobilise existing capability

Rationale: The most valuable asset created through SPHA is the cohort of Fellows trained over Years 1 and 2. These individuals now hold applied knowledge, practical experience and system insight that can continue to support equity-focused improvement if intentionally connected and enabled.

Recommended action 1: Nominate a clear system point of contact (internal role or time-limited commissioned support) to maintain light-touch coordination and links with Fellows, acting as a convenor, connector and focal point for ongoing application of learning.

This role would support:

- Continued peer connection and shared learning
- Signposting of opportunities to apply equity approaches
- Retention of system memory and momentum

Recommendation theme 2: Maintaining visibility and legitimacy of population health approaches

Rationale: Leadership insights consistently highlight the importance of visible senior endorsement in enabling staff to prioritise population health and equity work alongside operational pressures.

Recommended action 2: Continue to reference SPHA learning, Fellowship outputs and health equity principles within relevant ICB, place-based and partnership forums, reinforcing their alignment with system priorities and strategic aims.
This can be achieved through narrative continuity rather than new delivery structures.

Recommendation theme 3: Enabling peer learning and collective momentum

Rationale: Peer learning, particularly through Action Learning Sets and informal collaboration, was repeatedly identified as a key enabler of confidence, problem-solving and practical impact.

Recommended action 3: Support low-resource opportunities for Fellows to connect periodically (virtual or in-person where feasible), focused on reflection, shared problem-solving and sustaining motivation.
Where possible, existing system venues and platforms should be used to minimise cost.

Recommendation theme 4: Supporting protected time and managerial permission

Rationale: A recurring barrier across both cohorts was limited protected time, particularly where backfill or explicit managerial support was unavailable.

Recommended action 4: Where feasible, encourage line managers to recognise Fellows' activity as legitimate development aligned to service priorities, and to permit proportionate protected time to sustain equity-focused work.
Even modest signals of permission were shown to materially improve engagement and impact.

Recommendation theme 5: Strengthening evidence, learning and impact over time

Rationale: While early impacts are evident, Fellows and system leaders identified the need for clearer approaches to baselining, outcome tracking and longer-term learning.

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Recommended action 5: Develop a simple, shared approach to capturing:

- Ongoing project progress
- Learning about what enables or constrains equity-focused change
- Indicative outcomes where data is available

An annual light-touch summary of Fellows' work would support institutional learning and inform future commissioning or investment decisions.

Recommendation theme 6: Using Fellows as system multipliers

Rationale: Many Fellows expressed willingness to contribute beyond their individual projects, including sharing learning, supporting peers and acting as advocates for population health approaches.

Recommended action 6: Create a basic skills and interests inventory of Fellows to enable peer support, knowledge exchange and targeted involvement in future system activity where appropriate.

This provides a low-cost mechanism for spreading learning and sustaining influence.

8.4 Concluding reflections

The Sussex Population Health Academy was established and delivered during a period of exceptional system volatility. Across its first two years, it operated alongside significant organisational change, workforce pressures, financial constraint and policy reform. That context matters. It helps explain both the scale of what has been achieved and the limits of what could reasonably be sustained without continued investment.

Despite these challenges, the Academy has demonstrably strengthened population health and health equity capability across Sussex. It has supported staff from a wide range of organisations and roles to develop confidence, skills and practical tools to identify inequity, work differently with communities and implement change within complex service environments. The legacy is not only one of activity, but of people, relationships and applied learning that continues to influence practice beyond the formal programme.

It is also clear that initiatives of this nature require intentional stewardship. Capability-building does not embed automatically within systems, nor do benefits fully materialise within short funding cycles. Sustaining impact requires coordination, permission and access to data; all of which require resource. This does not diminish the value of the Academy; rather, it reinforces the importance of viewing population health capability as a long-term strategic investment.

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Encouragingly, national policy direction remains aligned, with continued emphasis on prevention, health inequalities, integrated care and equitable commissioning. The evolving Sussex and Surrey ICB configuration presents an opportunity to build on what has already been learned, to scale proportionately and to do so with greater clarity around purpose, governance and return on investment.

Throughout the Academy's delivery, collaboration between NHS Sussex, system partners and Health Innovation Kent Surrey Sussex (KSS HIN) has been a critical enabler. KSS HIN's role as an honest broker, bringing trusted expertise, convening power and system insight, offers a credible foundation for future work should priorities and resources align.

In summary, the Sussex Population Health Academy has shown that meaningful progress on health equity is possible even in constrained circumstances. The question now is not whether the work matters, the evidence suggests it does, but rather how the system chooses to steward, apply and build on what has already been achieved. The recommendations in this section are intended to support that stewardship: realistic, proportionate and grounded in lived experience of delivery across a changing system.

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9. About the Authors

Professor Dr Durka Dougall

Durka is a medical consultant and a systems development specialist. She is an influential BAME health and care leader in UK with over 25 years experience. Not only is she the founder and CEO of the Centre for Population Health, but she is also the Acting Deputy Chair for two NHS Trusts, the Chair of The Health Creation Alliance, a Professor of Population Health and Public Health supporting University College London and University of East London, and a leadership development expert supporting clinical, board and system development across UK and internationally. For the last 10 years, Durka has been leading efforts to develop leadership capability across UK and more globally across a variety of roles . She has supported many individuals, organisations and systems to progress their efforts for population health and tackling health inequalities and is proud to be recognised as a trusted leader in this space.

Patricia Boyle

Tricia has particular expertise in Leadership and Organisational development. She is an experienced consultant, coach and facilitator. Change happens one conversation at a time and she is able to design interventions to enable these conversations to happen. She can bring together people with different interests and perspectives and help them get beyond competing, to something much more collaborative. She has worked across all sectors over a 30 year period and within that time has worked in NHS Scotland for 10 years leading an OD team working across Health and Social Care, Primary and Secondary care and Social Services, as well as another 5 years in England working as a senior consultant in The Kings Fund. She has an interest and competence in complex issues which require collaboration across organisational boundaries. Tricia holds a Master's degree in organisational consulting, is an accredited coach and is BPS accredited in levels 1 and 2 psychometric test use. She is also a Kantor Institute accredited dialogic interventionist.

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Khadijat Yusuf Abubakar

Khadijat is a passionate advocate for public health and a current student pursuing a master's degree in Public Health at the University of East London. With six years of dedicated experience, she served as a Program Officer at the National AIDS/STI Control Program in Nigeria, contributing significantly to the public health sector. Her journey in public health has cultivated a deep-rooted interest in Global Health, with a specific focus on healthcare access, utilization, and policy research. Khadijat's academic pursuits at the University of East London are driven by a commitment to expanding her knowledge and skills to make a meaningful impact in the field. Beyond her professional and academic endeavours, Khadijat is dedicated to creating positive change in community settings. Her goal is to leverage my expertise to bridge gaps in healthcare systems and contribute to the well-being of communities on a global scale. Khadijat is excited about the opportunities that lie ahead and looks forward to making valuable contributions in the realms of public health, academia, research, and community development.

Dr Patricia Smith

Dr Patricia Smith is a qualified physiotherapist of over 35 years. She trained at the University of the West Indies in Jamaica and came to London in 1994 where she worked in the NHS for 10 years before going into academia. She is currently s Senior Lecturer in Physiotherapy and Public Health at the University of East London. Her areas of expertise include Qualitative Research Methods, neurology, musculo-skeletal conditions and chronic long-term conditions such as diabetes. Dr Patricia's community-based approach to health research allows people to become empowered, give voice to their experiences as well as inform practice and policy in health.

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Simone Gordon

Simone started her academic journey at the University of East London in 2017, where she studied public health at undergraduate level, with a research focus on assisted death and end of life care. Her passion then developed whilst afforded the opportunity to work on the Well London Programme alongside the Institute of Connected Communities, (ICC) formerly known as the Institute of Health and Human Development (IHHD). The programme provided a framework for people and organisations to work together to improve health and well-being, building stronger communities and reducing inequalities working at a local level. Here she worked on the phase two evaluation. Simone's research then extended to a PhD, where her qualitative focus is on informing UK policy in the context of end-of-life care. As part of a widening participation fellowship at Cambridge University, she was able to further develop her knowledge in qualitative research and evaluation. Simone is currently a lecturer at the university of East London, where she manages a cohort of around 300 MSc students, leading on the Public Health Ethics and Law module. Her interests are piloted by the intersects of public health, population health, ethics and law, and where the overlap to influence wider health determinants.

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About Centre for Population Health

Centre for Population Health is a cutting-edge health and care implementation tank working to support improved population health and equity by developing leaders and supporting improved leadership practices across UK and more globally. You can find out more about our work by visiting www.centreforpopulationhealth.co.uk or emailing info@centreforpopulationhealth.co.uk

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