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(Cross-Sussex)

Better health and care for all

Background

Universal Healthcare aims to make visible the reality of inequalities in service provision, and work through how best to secure services that are designed around health needs

Our focus

Testing how we can address three proposition statements, which the national Universal Healthcare Network proposes are currently contributing to unequal healthcare:

- Medicalising poverty and providing 'sticking plaster' approaches
- Providing services that are not accessible to all
- Not being frank and open about the reality of the rationing of services.

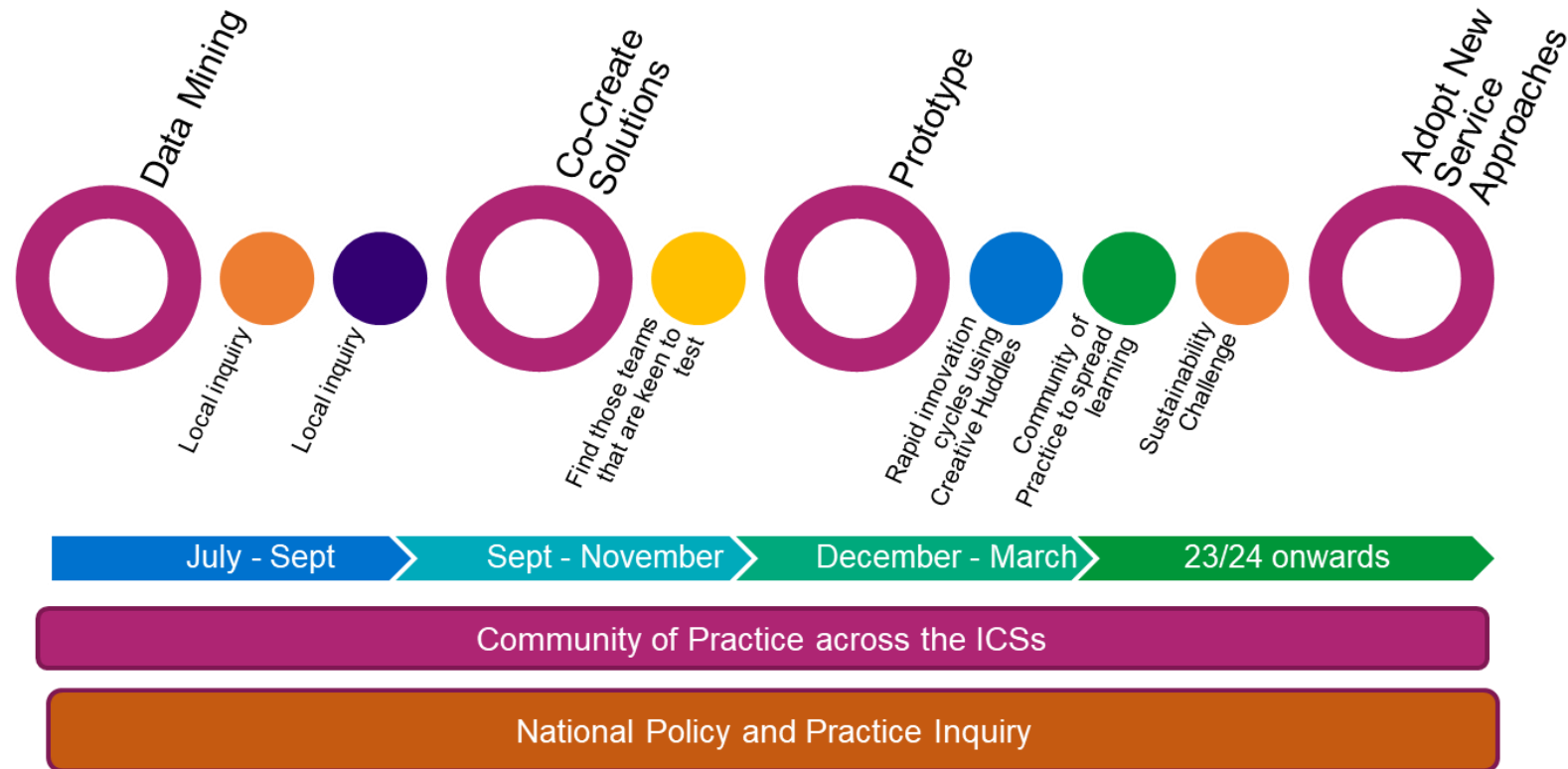
By co-creating and testing innovations with local communities

Drivers

- Nationally, the borough is ranked as the 13th most deprived, out of 317 local authorities (based on the 2019 Index of Multiple Deprivation)
- Life expectancy in Hastings is significantly lower than the national average and is the lowest (female) and second lowest (male) in the Southeast.
- An opportunity for us to build upon and draw learning from previous work programmes that have been delivered in Hastings with a focus on addressing the health inequalities that exist in the borough, including the Healthy Hastings and Rother programme.

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Innovation and Change Lab process



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Recruitment

To take forward implementation in the Hastings and St. Leonards Innovation and Change Lab, a multi-agency design team was established with representation from the ICB, Local Authority, VCSE Sector and Primary Care.

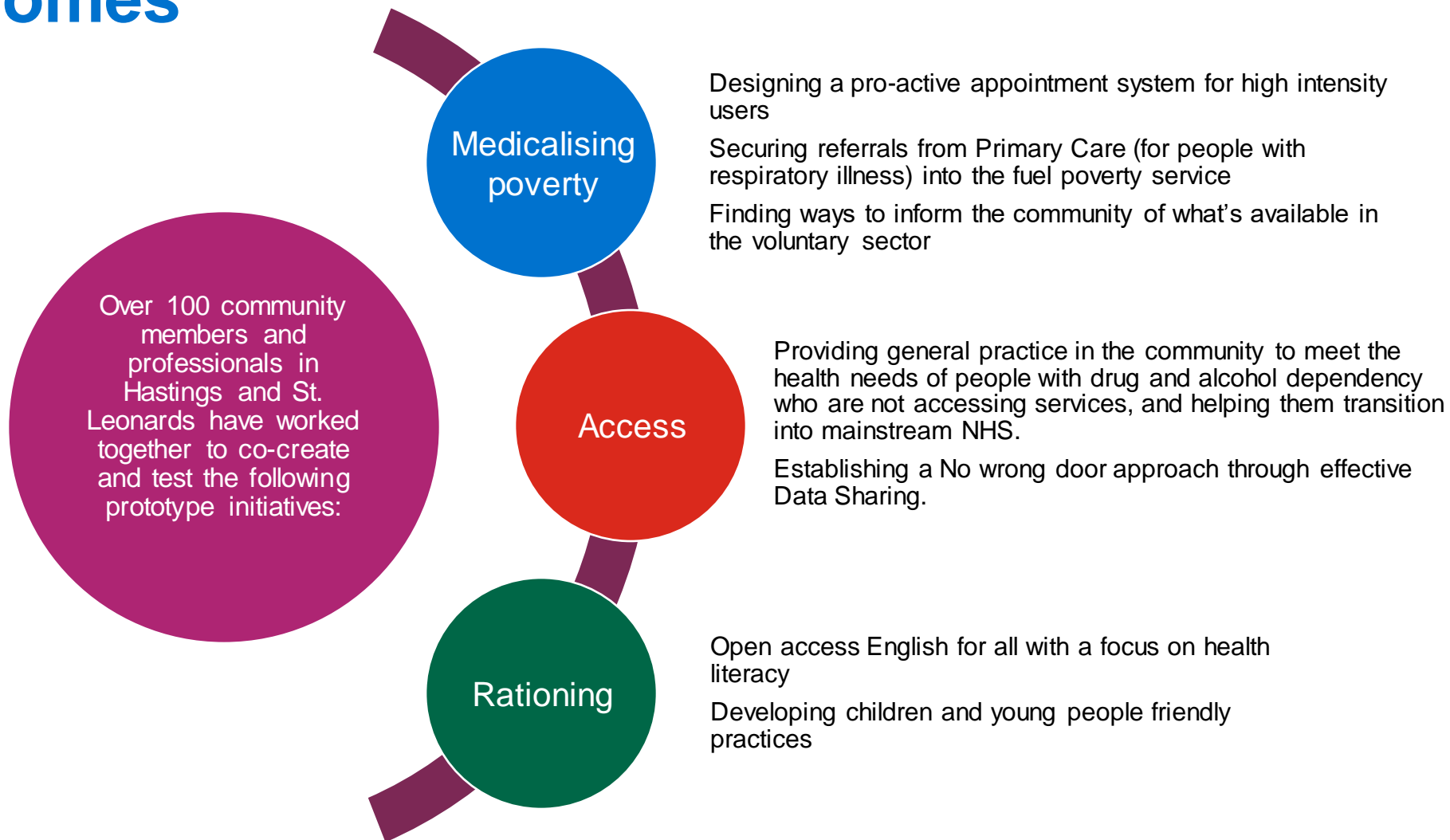
One of the main roles of the design team was to map the system and secure participation in the process by local partner organisations and community members using a relational approach.

Design team members used their experience and existing relationships with partner organisations to recruit into the process. Firstly, recruiting staff and volunteers from those partner organisations, and then through them recruiting from the organisation's service users.

By using a relational approach, we were able to recruit over 70 community members from a range of social and ethnic backgrounds and in the process identify and cater for any special requirements, such as dietary needs and interpreter support. We were also able to secure participation from the following organisations, alongside representation from across the ICB

- Hastings and Rother PCN
- Hastings Borough Council
- Hastings Voluntary Action
- East Sussex Healthcare NHS Trust (paeds, midwifery)
- East Sussex County Council (Public Health, Adult Social Care, Childrens Services)
- Fellowship of St Nicholas
- Change Grow Live
- Education Futures Trust
- East Sussex Recovery Alliance
- Seaview
- Sussex Local Pharmaceutical Committee
- Citizens Advice Bureau 1066
- One You East Sussex
- Oasis Community Project
- A Band Of Brothers
- Warrior Square Surgery
- Harold Rd Surgery
- MIND
- Eggtooth
- Arts on prescription
- Sustrans
- Sussex Community Development Association

Outcomes



Plus -
Growing our own NHS professional staff locally'.
Creating a path into healthcare for local people.

Through testing, we have learnt:

- We need to investigate need, collaborate to meet need, and fund fairly.
- We need to fund and support the VCSE sector to be a partner, as that benefits the NHS – building a network of health and care VCSE organisations that can partner with the NHS, particularly in the community. For example, by supporting individuals around the wider determinants of their health and therefore reduce their need to access primary care
- We need to go to people where they are, if they are not accessing NHS appointments, and help them transition back into mainstream services.
- Multi-Disciplinary Teams need to be designed around known complex needs, not assumptions about need.
- If we address data sharing, our community will be able to help us deliver improved health outcomes for our population.
- Children and Young People are less visible than adults and are at risk of getting less. We need to investigate their needs and collaborate with schools, families, and services to design services they can access.
- People that do not speak English well need specific provision as they get less.

<https://www.lsbu.ac.uk/business/research-enterprise-and-innovation/health-systems-innovation-lab/universal-healthcare/universal-healthcare-national-inquiry>

Further Testing phase (September 23 – August 24)

Aims:

- To further test and evaluate eight prototype initiatives at a larger scale to better understand their potential impact on population health outcomes and inequalities and their contribution to priorities set out within our Shared Delivery Plan (SDP).
- To enable learning across the different prototype initiatives and projects, with a focus on one of the broader themes that have emerged throughout the process from both Hastings and Bradford - the role of the VCSE sector in improving access to health and care and reducing demand for primary care.
- To use learning from this programme and the prototype initiatives to inform the co-design of the Integrated Community Teams model in Hastings.

Further testing of prototype initiatives												
Community of practice sessions												
Evaluation												
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug

Prototype initiative name	Key learning Focus	Learning emerging so far
Securing referrals from Primary Care (for people with respiratory illness) into the fuel poverty service	How can we increase uptake of support around wider determinants of health by people accessing primary care?	<ul style="list-style-type: none"> Where this approach works, it can increase demand to levels which the services being referred to don't have the capacity to meet. Ongoing communication with referring practices is needed to ensure demand is managed effectively.
Supporting Long Term Frequent Attenders	How can primary care work with partner organisations to provide specific patient cohorts with support around the wider determinants of their health and reduce their demand for primary care appointments?	<ul style="list-style-type: none"> Many LTFAs share common issues/conditions. For example, one practice found that 50% of their LTFAs have diabetes. A 'large proportion' of LTFAs in another practice suffer from health anxieties. A high proportion of LTFAs are already receiving support from social prescribers.
Developing children and young people friendly practices	How can we work with experts by lived experience to develop quality standards for health and care services?	<ul style="list-style-type: none"> Information on GP practice websites can be difficult to navigate and lacking in information for children and young people. Communication between young people and practice staff (both clinical and support staff) seems to be a particular issue, with some not feeling heard.
Health and wellbeing events in targeted communities	How can orgs can work together more effectively to inform the community of what's available to them from the VCSE sector? Focusing on CYP	<ul style="list-style-type: none"> Need to work with settings to organize events around existing commitments and plans
Open access English for all with a focus on health literacy.	How can we reduce demand for translation and interpreting services by supporting people to develop their English language skills and their confidence to engage with healthcare services?	<ul style="list-style-type: none"> Learners aren't always aware of the technology available to them which can help them overcome language barriers
Establishing a No wrong door approach through effective Data Sharing.	How can VCSE sector orgs share data in an appropriate and secure way to support multiple access points for health and wellbeing services/groups, enable seamless pathways between services/groups for people with MCN and reduce the need for these people to re-tell their story when accessing new services/groups?	<ul style="list-style-type: none"> Small organisations may struggle with information governance aspects of data sharing. Only certain digital solutions include a case management element sufficient to meet the needs of the client journey of greater complexity than a single referral.
Recruiting the health and care workforce locally – creating a path into health care work	How can we create pathways into health and care careers for local people? Starting with working with academic institutions to promote H&C careers to children, especially those living in areas of deprivation	<ul style="list-style-type: none"> Service level agreements may need to be in place with schools to ensure expectations are met. Some professionals need guidance and support on how to speak with younger children.



Any questions?

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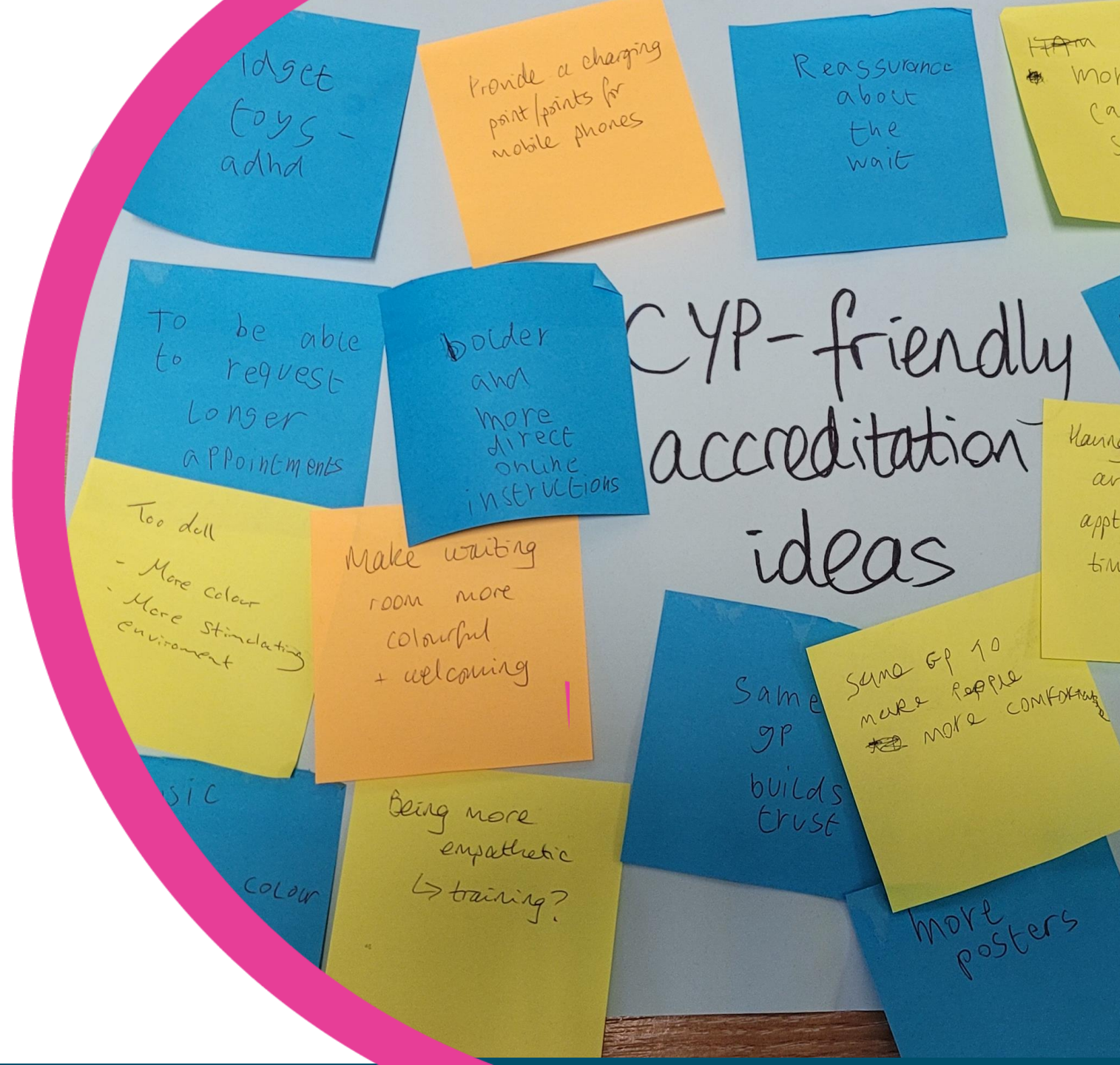
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Children and Young People Friendly GP Practices Accreditation

**Kira Parsons – Engagement Officer,
Healthwatch East Sussex**

CYP Friendly Practices Accreditation

- Young Healthwatch have been co-designing a children and young people friendly accreditation for GP practices
- We worked with a group of young people to understand their experiences and find out what they would like to improve
- The accreditation is based on the experiences of young people, surveys with young people, website reviews, and visits to GP practices



Key feedback from young people

Young people discussed the issues they have faced when accessing their GP, including:

- Problems with interacting and communicating with practice staff
- Issues with booking appointments – including long waits to book appointments, not knowing how to book appointments and not knowing what to say when you ring
- The practice environment being intimidating and unwelcoming
- A lack of understanding and information available to young people about GPs and how to use and access them

"It [website information] was difficult to read, information everywhere, not useful"

"Some of the information [on the website] wasn't easy to find or it required a lot of searching in order to find it"

"Can feel brushed off"

Themes of the accreditation



Information about things that affect young people

Example criterion:
Information about how to change the name on your health record is available and accessible to young people

WAITING ROOM



Anxiety, neurodiversity, and the practice environment

Example criterion: There is a quieter waiting area that can be used by children and young people who need it



Booking appointments

Example criterion:
Patients can book appointments in a variety of ways



Welcoming and listening to young people

Example criterion: The practice engages with young people in decision-making processes

What impact are we having?

The accreditation has recently been launched in Hastings and St Leonards, and we hope to roll out to other areas of East Sussex. Practices are beginning to make changes to improve based on young people's feedback.

Volunteers are reporting an increase in confidence in accessing healthcare and greater confidence in accessing their GP practice.

Feedback from young volunteers

"I enjoy healthcare so this is right up my alley"

"I have enjoyed working with everyone and working on very essential skills like communication, teamwork and understanding the standards in the NHS"

"It is good to make sure young people get as recognised as older generations as that may help their generation too"

To find out more about the accreditation and
Young Healthwatch contact:

Kira.parsons@escv.org.uk