



CHIP

Communities Health Inequalities Programme

CHIP - Five Objectives



**Local
community
development
work**



**Referrals to
services**



Co-production



**Support PCNs
outreach
programme**



**Community
Voice**

Co-production Partners



NHS Sussex
Jenny Hacker & Nicole Nair



Public Health, BHCC
Becky Woodiwiss



BHCC Communities,
Equality and Third Sector
Emma McDermott



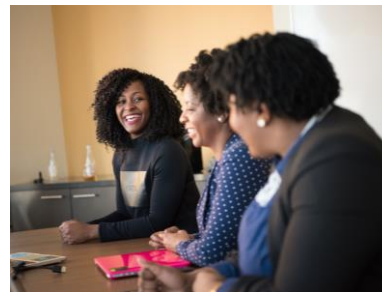
Primary Care Networks



Trust for Developing
Communities
Kaye Duerdoth & Athol Halle



Hangleton and Knoll
Project
Joanna Martindale



Local
Community Groups



Ethnically diverse
communities



LGBTQ+ communities



Impact

People

- Written information
- Social media reach
- Community group connections
- Individual conversations

System

- Inform key strategies
- Better integration
 - PCN Health Inequality Group
 - Building pathways to services
 - Regular updates

Timeline



Community & Neighbourhood Priorities

Themes

- Neighbourhoods with high levels of deprivation
- LGBTQ+ communities
- Ethnically diverse communities

Indicators of health inequalities

- Hypertension
- Early cancer diagnosis
- Chronic respiratory disease
- Maternity
- Severe mental illness
- Smoking cessation

Oct 2023

CHIP



Projects

Health Information

- Tailored to each neighbourhood
- Cascade local info: health checks, digital inclusion, targeted lung health checks - reaching those on Core20 areas, trusted connectors

Health Conversations

- Community Group Connections - Sudanese, social prescribing peer support, St Cuthman's, growing interest, Euromernet
- Created a holistic package

Micro grants

- Racially minoritised communities
- LGBTQ+ communities

Health Hubs & Meetings

- Facilitated dialogue with communities and health providers
- West, East, North

Health Events

- East, West, North
- Community groups
- MSK partnership days
- Holistic support
- Community led

Partnerships

- Goldstone - digital apps, regular sessions
- East & Central - health checks, Wellsbourne
- Brighton & Hove Federation - community health check nurse
- Health Lifestyles Team - mini health check

Blood Pressure Checks in Moulsecoomb

Purpose

- Reach people in health inequality hot spots
- Improve chances of preventing hypertension

Approach

- Community insight - grassroots neighbourhood groups- Bevy, Moulsecoomb LAT
- Network of interested community members - HNF, Covid
- Community health forum
- Link with Public Health

Community Input

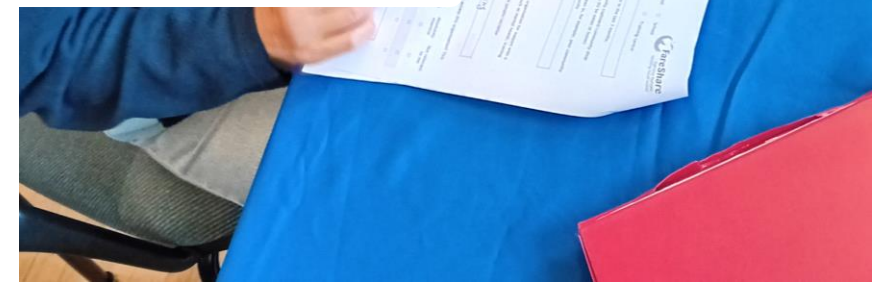
- Access difficult - only one GP or central surgeries
- Perceived Culture - leaving health concerns
- Community groups keen to increase access, raise awareness and build confidence in early clinical intervention

Partnerships

- Know Your Numbers, community pharmacist and Moulsecoomb Community Market and the Bevy
- Healthy Lifestyles team - behaviour change advice
- TDC staff and community volunteers - navigation, online activity directory
- Long term condition engagement team

Impact

- Reach
- Community want to loan monitors
- Volunteers attending MECC and blood pressure demo training



Know your Numbers: Bevy and Moulsecomb Community Supermarket

Checks

- Blood pressure checks: 42 people
- Rough Gender split: F 65%, m 35%
- Ages: 80% were 50+

Impact

- Blood pressure diary information given to 40%
- Additional information given to 80%:
 - community group information/health activities,
 - Ageing Well information,
 - health information (cancer awareness, PPG meeting) CO2 /smoking cessation chats: 30%

Referrals

A few people were advised to visit GP about related information (asthma attach at blood pressure check, cervical screening)

