Public Health England

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

Developing a Public Health Approach within the Ambulance Sector

Discussion Paper

May 2021

Every 24 hours, the NHS has contact with over a million people, at moments in their lives that bring home the personal impact of ill health, and the ambulance sector is no exception.

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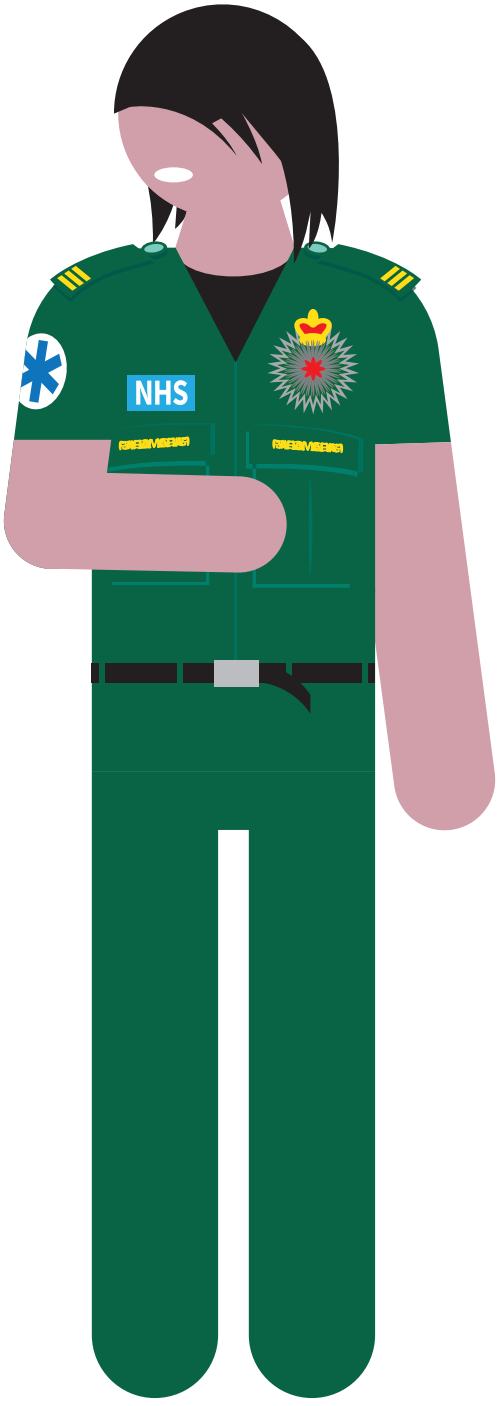
With thanks for the contributions of NHS Ambulance Trusts.



1 Introduction

The concept of public health within ambulance services is not a new one, and the important role they can play in improving population health and wellbeing is increasingly acknowledged. However, there is no clearly defined model for public health approaches in the ambulance sector, leading to variation and often stalling progress. This resource will inform ambulance trusts and the wider system of; the importance of public health and prevention within the ambulance sector, what is meant by a public health approach, and of ways this agenda can be progressed by staff at all levels throughout ambulance trusts and collaboratively across systems.

Why is Public Health and Prevention Important?

Public health approaches prioritise prevention as key to helping the population to live more years in good health, and to lessen the burden on health and social care resources. It is for precisely this reason that the NHS Long Term Plan[1] places a focus on the need for wider action on prevention to moderate demand on the NHS by helping people stay healthy and reducing inequalities in health.

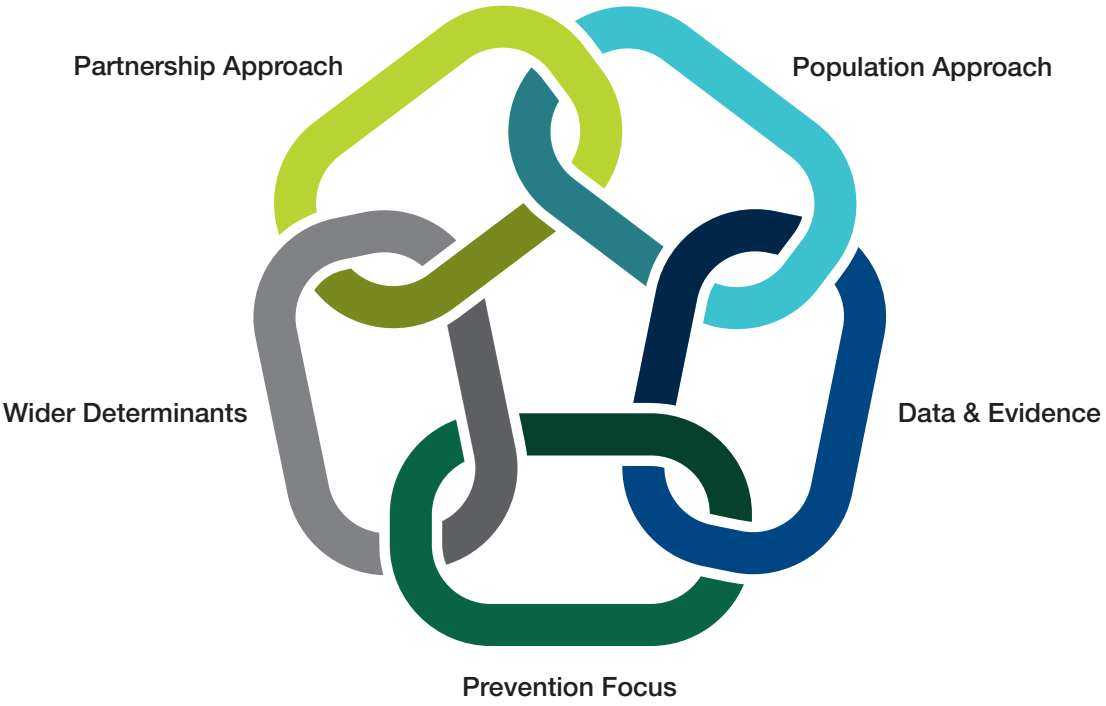
Health inequalities are often described as the unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing[2].

The Health Foundation[3] highlight the extent to which the Covid-19 pandemic has brought the issue of health inequality into focus in this country. People facing the greatest deprivation may experience a higher risk of exposure to coronavirus infection, and existing poor health puts them at risk of more severe outcomes if they develop Covid-19. Control measures such as lockdowns, social distancing and cancellations of routine care are expected to have a greater long-term impact upon those already facing inequality. The economic recession projected to follow the pandemic carries the risk of exacerbating health inequalities now and in years to come.

Without action, all NHS services, including the ambulance service, will see a rise in demand as a result of the wider impacts of the COVID-19 pandemic. Recent national policy has placed an emphasis on addressing the inequalities in our society as a way of mitigating these impacts, with NHS England citing action to tackle inequalities as an integral part of its Reset & Recovery planning[4]. Sir Michael Marmot's Build Back Fairer report[5] also highlights the role of ill health prevention and the importance of working together in systems to strengthen our collective impact on health inequalities through a public health approach to supporting health and wellbeing across communities.

2 What does a Public Health Approach mean for the Ambulance Sector?

Public health approaches prioritise prevention. Using public health approaches within the ambulance sector unlocks the potential to improve population outcomes, tackle inequalities and challenge the demands placed on the sector by preventable causes.



The key approaches which underpin public health include:

- Taking a population approach
- Using data and evidence to inform decisions
- Focusing on prevention
- Considering the wider, societal determinants of health and wellbeing and focusing on reducing inequalities
- Working in partnership across systems

Whilst each approach will be considered in turn, as the diagram suggests, the strength of these approaches lies in their collective application.

Focusing on the needs of the populations we serve

Taking a population focus (population health) represents a shift for front line clinical services, which are more traditionally used to dealing with need at an individual patient level. Every day the ambulance service takes thousands of calls from the public. At the point of contact the priority is undoubtedly the provision of high-quality clinical care, but there is also a real opportunity to take a step back and consider the needs of the populations we serve.

Taking a population level focus has two key strengths; the first is the opportunity to support health and wellbeing improvements across communities, and the second is to identify specific opportunities for targeted intervention. Essentially population health is about improving health and wellbeing overall, whilst also focusing on reducing inequalities.

Public health approaches don't only consider need at a population level. The way in which services are designed and delivered must also be considered at a population level, in order to avoid worsening inequalities by achieving improvements for some whilst leaving others behind. It is important to achieve a balance between universal service provision (meaning the same for everybody) and targeted service provision (meaning enhanced services where there is greatest need). Ideally services should be available to all but weighted more heavily towards those in greatest need; this concept is known as *proportionate universalism*[6]. For frontline ambulance services this means recognising when a patient presents with a greater level of need, in relation to social circumstances as well as health, and providing an appropriate level of response to support that individual. An example of this would be the provision of additional advice, and referral to support services, for an older person who appears socially isolated and vulnerable at home, compared to one who is well supported by family, friends and services.

The Kings Fund define population health as:

An approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities. It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health. It requires working with communities and partner agencies.

From data to decisions

A key public health approach is the skilled use and interpretation of data and evidence, to ensure that interventions are as effective as possible. The synthesis of data, evidence and evaluation outcomes will also support informed decision making, leading to increased effectiveness and efficiency.

First let's discuss the use of data, exploring the distinct opportunities that exist for ambulance services, before moving on to consider how we can use the evidence base and evaluation to support informed decision making.

Data

Increasingly the term 'population health management' is used to describe the way in which data, both historical and current, can be used to better understand the factors that influence the health and wellbeing of communities. Understanding what drives poor outcomes allows preventative measures to be implemented, as well as health and care services to be planned to meet demand.

The NHS, through its Integrated Care System (ICS) arrangements, is increasingly turning to population health management to inform its prioritisation and planning; encouraging partners from across systems to contribute data and intelligence to help in establishing a comprehensive picture of the needs of the population.

The ambulance sector holds a wealth of activity and call data, which has the potential to make a significant and unique contribution to population health management within systems. Developing the understanding of how ambulance data can be used, and creating opportunities to use it, will be important in developing a public health approach as well as ensuring that locally developed priorities are based on intelligence.

The use of Ambulance Data in action: Yorkshire Ambulance Service

Violence is an issue that is typically managed by the criminal justice system, but it also has a profound effect on health. Understanding the extent of the impact that violence has on both our communities and the services which support them is a key component in informing how these impacts might be reduced.

Analysis of those attending hospital emergency departments would seem to be a key starting point in quantifying the health impact of violence in our communities. However, in its current format the data collected in the hospital episode statistics (HES) A&E dataset does not contain sufficiently detailed coding to be able to define violence. The Public Health Outcomes Framework (PHOF) uses violence-related hospital admissions as an outcome measure of violent crime. However, hospital admissions are only a part of the picture. It has been estimated that for every hospital admission for violence there are ten more victims of violent crime who require treatment in A&E (Bellis et al. 2012). Some victims of violence will also be treated by ambulance crews and never conveyed to hospital. This suggests that current methods to quantify violent crime may lead to a significant underestimation of the issue.

Despite its potential value to public health intelligence, ambulance data is a rarely tapped resource. Ambulance service data provides a first-hand account of what happens 'at the scene' of an incident and may, therefore, reveal incidences of violence which are not recognised in hospital data. Ambulance collected data also includes precise information about the geographical location, time and date of the violent event, age and gender of the victim and the outcome of the ambulance attendance (e.g. conveyed to hospital or left at scene).

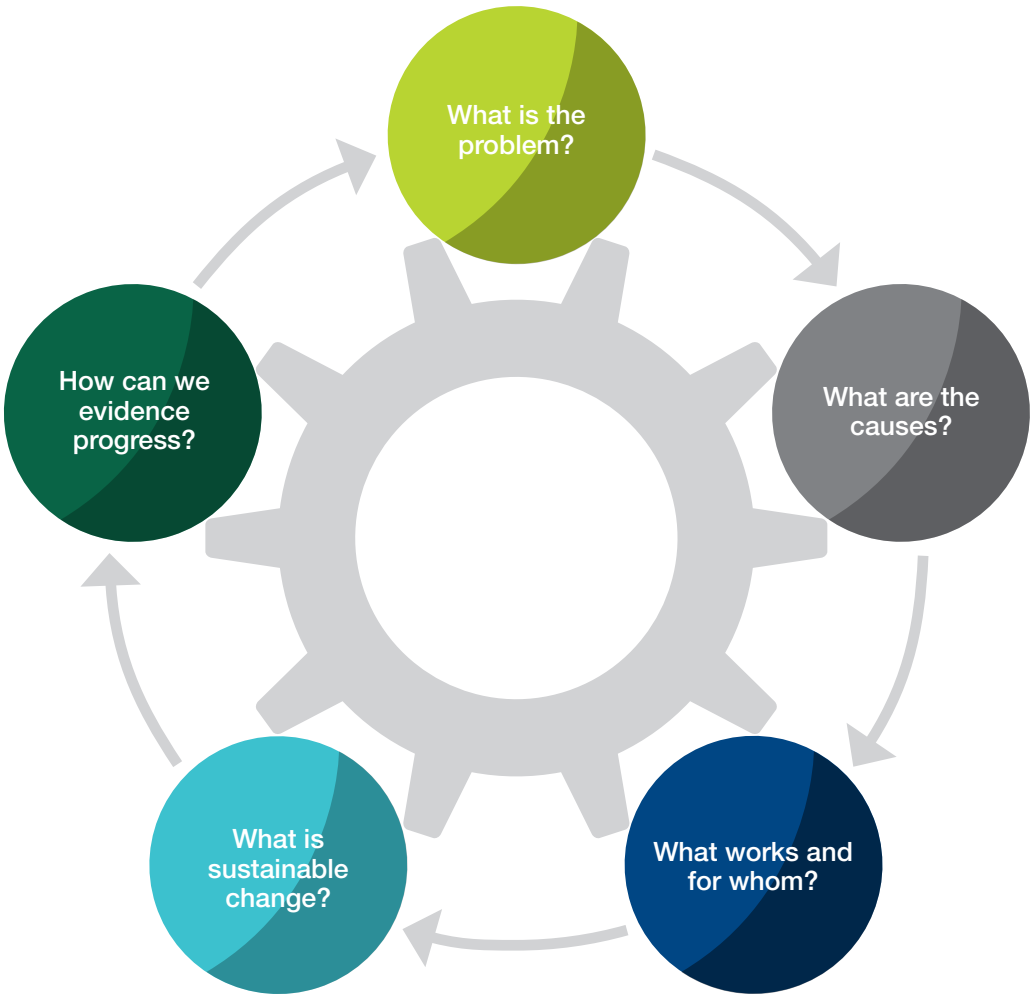
Yorkshire Ambulance Service (YAS) has worked together with PHE's Local Knowledge & Intelligence Service for Yorkshire & Humber to better understand the burden of violence on both our health services and communities. By combining the analysis of YAS data and a more in-depth analysis of HES data on violence, more information on the patient journey can be identified and the burden of violence better understood. Precise geographical and temporal information also enables an overview of high-risk areas and peak times for violence to guide decisions about implementing interventions and prevention strategies at a Local Authority level.

Evidence

An important principle of public health is the use of evidence to underpin action. Often, after considering our population health data, we will identify an outcome that we would like to change; for example, wanting to reduce the number of falls among elderly people in the community. But it may be less clear exactly 'what' to change in order to influence the outcome, or indeed 'how' to change it. This is where the use of evidence is vital. Evidence allows us to learn from others what works and avoid repetition of approaches which are known to be ineffective. Quite simply, the evidence base is the shared learning which, when interpreted and applied appropriately, can guide us in selecting interventions which are effective and support our understanding of how approaches might be best applied to local populations.

Using the Evidence: Getting Started

- Take some time to clearly decide what you need to find out from the evidence
- It can be useful to use questions to frame your thinking:



What's the problem?

You may be trying to describe the extent of the problem, thinking about the burden and the impact.

What are the causes?

You may be trying to describe what the drivers of the problem are; what causes it, what the risk factors are, or what exacerbates it.

What works and for whom?

You may be interested in finding out what interventions are effective for tackling a problem, and whether this is different for different groups or communities.

What is sustainable change?

You may want to find out how policy can support sustainable change.

How can we evidence progress?

You may be interested in how to measure progress and evidence change.

- Determining the question(s) you would like to answer will enable you to choose appropriate search terms and take a logical approach to your evidence search

An excellent place to begin your evidence search will be the NHS and NICE evidence site: **www.evidence.nhs.uk**

Review and evaluation

Review and evaluation are critical to understanding the success of planning and implementing an intervention, activity, project or programme.

Embedding and undertaking frequent reviews throughout the process of planning and implementation provides the opportunity to build and gather intelligence, or evidence, in relation to what is working well, what is challenging and what may not be working.

Evaluation usually addresses questions about 'if' and 'how' the aims and objectives of an intervention were achieved. In other words, whether we have influenced the outcome we set out to change.

Different methods of evaluation can be used depending on what we are trying to understand. Three commonly used evaluation types are:

- Outcome evaluation; which considers the impact of an intervention on the outcome
- Process evaluation; which aims to explain how an intervention works
- Economic evaluation; which considers the efficiency of an intervention in terms of the resource needed to achieve an outcome

Evaluation can include one, two or all three of these evaluation types and is key to demonstrating effectiveness and ensuring sustainability of change.

Quality Improvement

Quality improvement (QI) in public health is the use of a deliberate and defined improvement process which is focused on activities that are responsive to community needs and improving population health and takes into account each of the stages of the 'Data to Decisions' cycle. QI is also advocated in the Long Term Plan to provide an evidence-based approach for improving every aspect of how the NHS operates.

There are a range of different methods and tools, however, the basic principles of QI are as follows:

1. Recognise an opportunity for change
2. Test the change on a small scale
3. Review and evaluate
4. Did the change have the desired outcome?

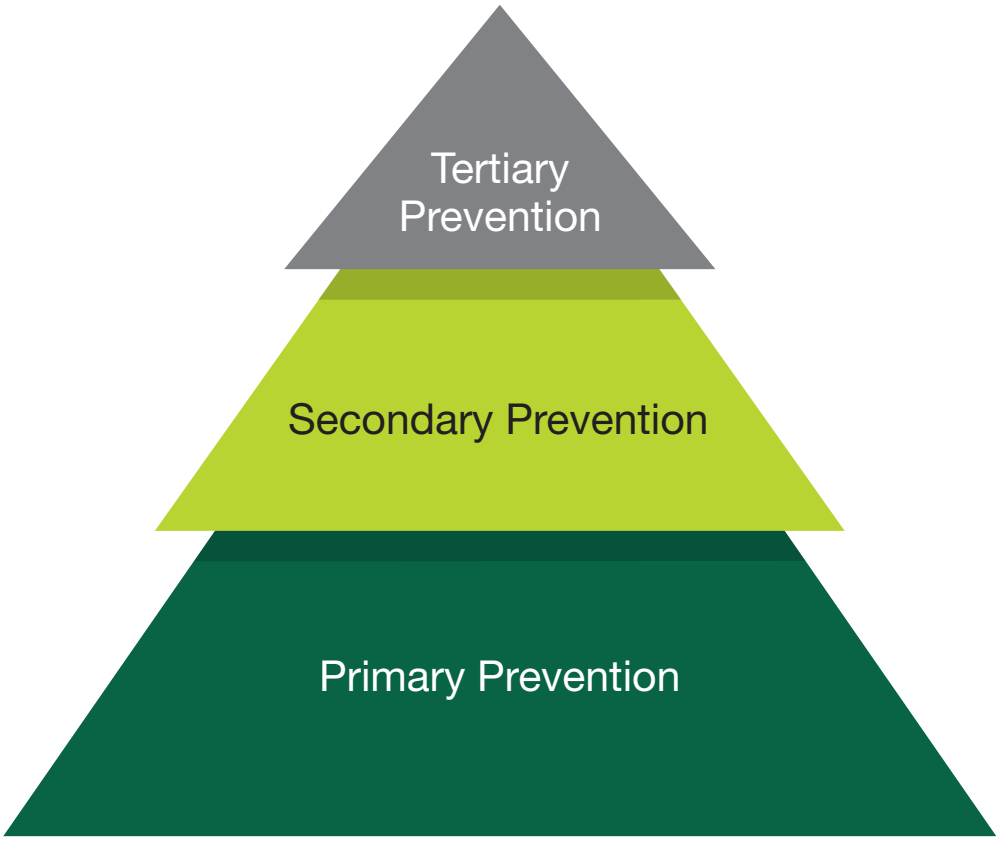
If not, go through the cycle again with a different plan

If yes, use what you have learned from the test to plan further improvements or scale up the improvements from the original test

Focusing on prevention

Within public health a three-tier model of prevention is often considered, which recognises that there are opportunities to be preventative even after a problem has emerged:

- primary prevention is preventing the problem occurring in the first place
- secondary prevention is intervening early when the problem starts to emerge to prevent it becoming established
- tertiary prevention is making sure an ongoing problem is well managed to avoid crises and reduce its harmful consequences



What does Primary Prevention mean for the Ambulance Sector?

Primary prevention is often referred to as 'universal' prevention; meaning something that is delivered at population level. For the ambulance sector this involves thinking about the opportunities for preventative input within the communities we serve.

The NHS Long Term Plan:

Primary prevention means working with partners such as Government, Public Health England and local government to prevent disease or injury before it ever occurs. We want it to be easier for people to be able to make healthier choices and so reduce the risk of developing ill health, disease and premature death.

Ambulance service staff are uniquely placed to deliver effective primary prevention. Entering the homes of patients provides a privileged opportunity to observe the day to day behaviours and living environments that can impact health and wellbeing. By identifying risk factors, preventative measures can be put in place. For example, identifying potential trip hazards which increase the risk of falling, or identifying an absence of grocery shopping which could indicate social isolation and a lack of support. Ambulance staff are also well positioned to support broader prevention and public health campaigns and initiatives; encouraging those in risk categories to obtain a seasonal flu vaccination, delivering campaign resources focused on staying well and keeping warm, and promoting access to local food banks and local social prescribing networks.

Prevention in action:

Population Health Management

By taking a whole systems approach, data from ambulance trusts can be used to influence the design and delivery of population-level interventions that will positively impact on ambulance demand. For example, by using a partnership approach, ambulance data on alcohol-related demand can assist local authorities in making key licensing decisions. This data-driven approach has the potential to prevent future, as well as reduce current, harmful levels of drinking within local communities and directly impact on ambulance service demand.

What does Secondary Prevention mean for the Ambulance Sector?

Secondary prevention is often considered to be a more 'targeted' form of prevention, meaning it is appropriate for certain members of the population but not necessarily all.

The NHS Long Term Plan:

Secondary prevention includes treatment to support the changes in behaviours or lifestyle factors that are needed to improve a person's healthy life expectancy. For us, that means tailored help for tobacco addiction, alcohol and obesity, with treatment to reduce the risk of early ill health and diseases such as cancer, cardiovascular disease, stroke, respiratory disease and mental ill-health.

Ambulance services are well positioned to deliver secondary prevention, aimed at targeting behaviour change in people who display risk factors for poor health and wellbeing. This could involve initiating a discussion about the benefits of stopping smoking and supporting a referral for onward tailored support, or it could mean talking about how obesity can contribute to cardiovascular risk and making links to supportive services for weight management.

Prevention in action:

Making Every Contact Count

Making every contact count (MECC) is a prevention programme based on behaviour change to alter modified risk factors for ill health. MECC utilises the millions of day to day interactions that occur between the public and providers such as ambulance trusts, as an opportunity to start discussions that will encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations.

Act FAST

Ambulance trusts have been instrumental in supporting the national Act FAST campaign, encouraging the public to be aware of the signs of stroke:

- **Facial weakness** – can the person smile? Has their mouth or eye drooped?
- **Arm weakness** – can the person raise both arms?
- **Speech problems** – can the person speak clearly and understand what you say?
- Time to call 999

Rolling out the Act FAST campaign has saved lives by improving the early identification of stroke and ensuring the rapid delivery of specialist care.

What does Tertiary Prevention mean for the Ambulance Sector?

Tertiary prevention focuses on preventing or slowing the long-term impacts of a condition rather than reducing incidence or prevalence at a population level.

Many calls to the ambulance service will relate to patients with chronic health conditions. When responding to such calls, ambulance service staff are ideally positioned to identify when conditions are deteriorating, or indeed when additional co-morbidities are emerging. This is incredibly valuable in helping to connect people into the appropriate parts of the health and social care system so that they receive the right care at the right time, and in a co-ordinated way.

Prevention in action:

Care Pathways for Safely Reducing Conveyance

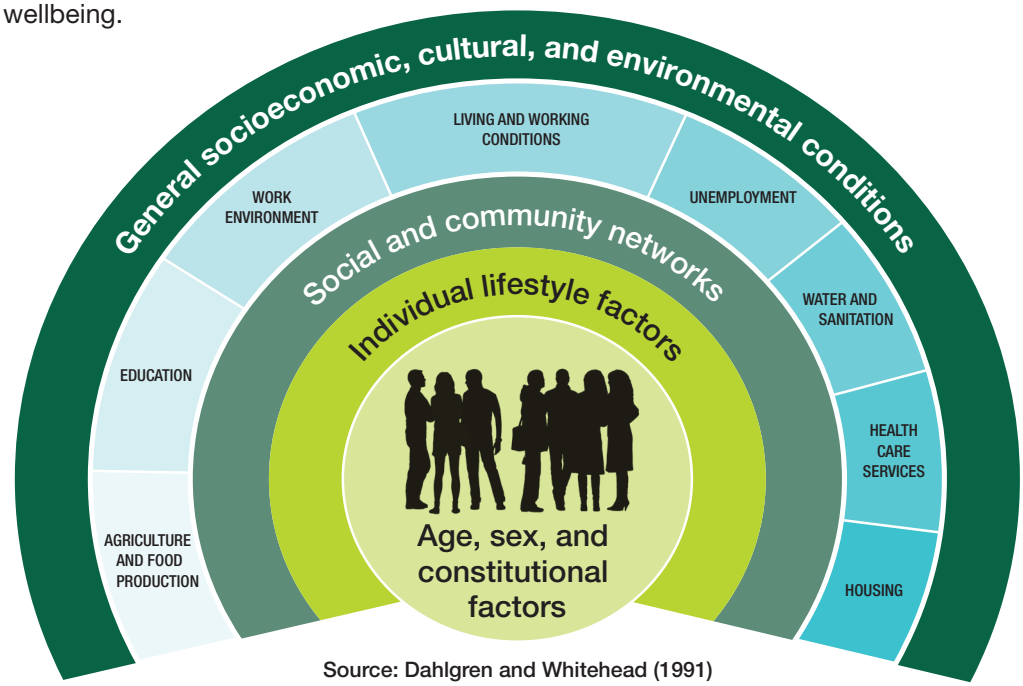
When NEAS operational crews respond to 999 calls in the Sunderland locality, they have direct access to the 'Recovery at Home Service' via a 24 hour single point of access (SPA). The Recovery at Home Service (R@H) is a combined Community acute response service and social services support team, in a co-located setting.

Benefits for patients include faster access to treatment in their own home and improved referrals to community services with the ultimate aim of reducing pressure on both the ambulance service and emergency departments.

More information on this initiative and others can be found at:
https://aace.org.uk/safely-reducing-avoidable-conveyance-programmes/

Considering the determinants of health and wellbeing

Wider, or societal, factors have a significant influence upon health and wellbeing. They influence vulnerability, resilience, access and opportunity, and are the key driver of inequality in health and wellbeing.



Source: Dahlgren and Whitehead (1991)

This model is often used in public health to demonstrate the broad range of factors which co-exist and impact upon an individual's level of health and wellbeing. Taking a public health approach involves looking at these wider determinants to understand how they are contributing to poorer outcomes and widening inequality and supporting work to challenge this.

In response to the COVID-19 pandemic the Provider Public Health Network[7] has developed a framework, in conjunction with NHS Providers and with support from Public Health England, which sets out core principles for understanding and taking action on health inequalities that have developed or worsened as a result of the COVID-19 crisis. One of the priority actions within this framework is the role of NHS Trusts as 'anchor institutions' and their ability to address the social determinants of health through their size, scale and reach into local populations. This is also supported by the NHS Long Term Plan.

Put simply, an anchor institution is any organisation that plays a pivotal role in communities. This could be through its business, properties or physical assets as well as its local relationships. These institutions occupy a wide variety of different sectors spanning public and private, voluntary and community but their common feature is a strong connection to their local populations.

Against the backdrop of rising demand and restricted resources, these organisations are often pushed towards a more reactive response which focuses on dealing with an immediate problem. The Centre for Progressive Policy[8], however, notes that creating the conditions for people to live healthy lives and working in closer partnership with communities would both help to address some of the challenges for these organisations in the short term whilst improving the health of the population in the long term. Ambulance services can do this through the way they employ people, purchase goods and services, use buildings and spaces, reduce environmental impact, and work in partnership with communities[9].

Action to tackle the wider determinants of health and wellbeing:

St John Ambulance Health Cadets

Access to good work is recognised as an important determinant of both individual and community health and wellbeing. St John Ambulance is developing a scheme working in partnership with local NHS trusts and NHS England to actively engage young people in the health of their communities, and to provide vocational experiences for young people to set them up for careers in the health sector. Whilst open to all young people, the programme will seek to work intensively with young people who are least likely to pursue a health career, offering them skills, confidence and direct experience of working in health. With two schemes aimed at 14-16 year olds and 16-18-year olds nationally, young people are supported through educational attainment and mentorship, practical skills in healthcare for both physical and mental health issues, important training for applying for and sustaining a job in health and actual volunteering experience in and out of healthcare environments.

The aim is to bring 3,000 new young people nationally into the Health Cadet scheme, creating a new pathway into the health sector workforce, preserving the next generation of healthcare professionals and providing an opportunity for young people from all walks of life to build a rewarding career. The scheme is being rolled out nationally in the coming years.

Working effectively in partnerships

The health and wellbeing of the population is the shared responsibility of a wide range of sectors, including health, social care, national and local government, the voluntary sector, education, and many more. Any organisation with the potential to influence population health outcomes, or to impact upon inequalities in society, is a part of what is collectively referred to as the *public health system*.

Why is it important to work as part of a public health system?

Working in silos means that opportunities to reach solutions faster and more efficiently are often missed. A key public health skill lies in influencing the use of time and resources in a collaborative way that improves population health and wellbeing. Public health approaches are always consciously located within a wider system rather than thought of in isolation.

Underlying objectives within organisations will often overlap, meaning that a partnership approach can offer the opportunity to pool resources and reduce duplication. Working with partners across the system offers the potential to make progress as well as unblock barriers that may not have previously been possible.

The example here illustrates the potential benefit to multiple partners from the ability of Local Authority to influence alcohol licensing within a given locality.

The action of one partner in the system can create a beneficial ripple effect, which supports other partners to meet similar or shared objectives, and ultimately results in improvements to health and wellbeing outcomes for the population.

How can ambulance trusts support the public health system?

The possibilities for prevention are vast and there are many ways in which an ambulance trust might operate effectively within its local public health system. The following case example shows how each of the principles outlined in this paper could be used by ambulance trusts in partnership with local systems to improve outcomes for a particular patient cohort.

It is important to look beyond the traditional role of ambulance services in frontline clinical delivery and conveyance, to realise the significant opportunities that could result from engaging and supporting them to work collaboratively to deliver prevention activity across systems.

A population approach to reducing shared demand: a partnership between the ambulance, police and fire services and their local ICS.

A spike in mental health-related demand is identified. ICS-level structures responsible for mental health surveillance are engaged and data/evidence shared both ways.

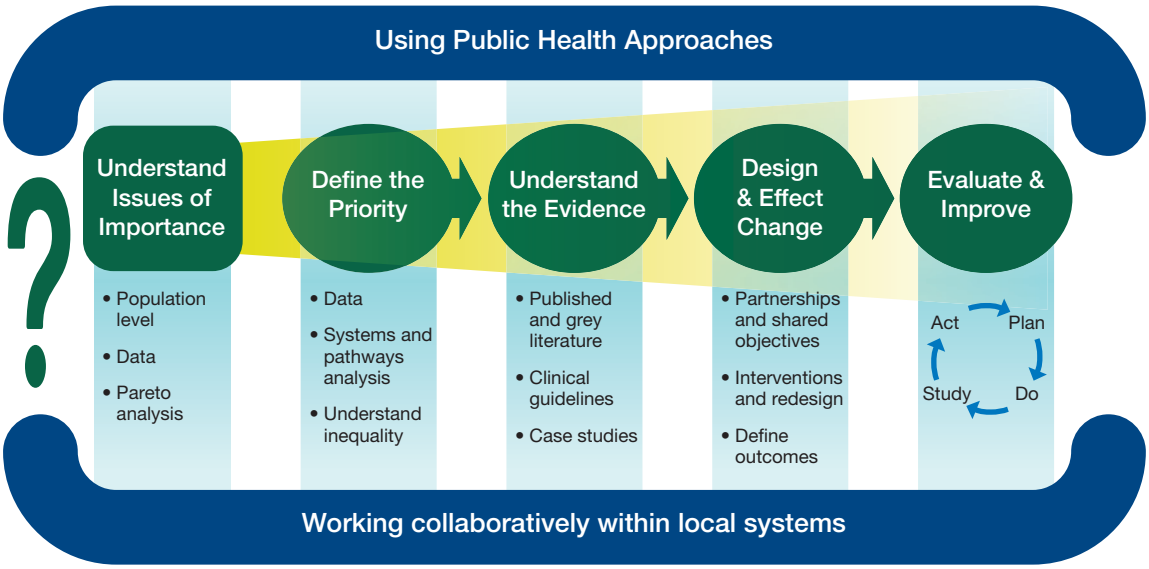
Potential interventions identified across the tiers of prevention in consultation with system partners to understand which may have the biggest impact.

Key oportunities for upstream prevention activities including proactively engaging with the local community to provide good quality work to local community members.

Partnership working at both system and local authority level to ensure appropriate services are developed and provided. Continual monitoring of data to understand impact.

3 What do Public Health Approaches within the Ambulance Sector look like in practice?

Using public health approaches in the ambulance sector means working systematically to embed the principles discussed in this paper. The diagram below illustrates how the principles can be applied to an issue or problem, in order to improve outcomes:



Often potential problems will arise from the observations of staff; anecdotal reports which are suggestive of unmet needs. The first step is always understanding the issues of importance within the population being served, either by looking at internal data such as call burden, by looking wider at population health level data, or by 'drilling down' into the various factors that contribute to an issue.

Understanding the data and combining that with a review of pathways and practices, will help to define a priority to address. At this point the evidence base will help to provide guidance on potential action that could be taken, based on what has been shown to work before. Engaging in discussion at this stage with wider system partners will ensure a collaborative and far more efficient approach, avoid duplication, and will utilise the combined strengths of all partners.

Intervention or pathway design should have defined and measurable outcomes, even if it is to be trialled as a small-scale pilot. The planning, delivery and evaluation of an intervention should be designed to ensure that it can be scaled up in the event of a positive impact. A plan for dissemination and sharing of effective prevention activity within the sector should also be in place.

Embedding public health approaches in the ambulance sector will require a commitment to prioritise prevention and tackle health inequalities alongside the delivery of clinical services, supported by sufficient resource to transform commitment into action. Development across the sector should take place at organisational, system and national level, supported by the strategic priorities of AACE for the sector to be providers of choice, employers of choice, and partners of choice[10].

The ambulance sector can contribute to a public health and prevention approach at an individual, organisational, system, regional and national level:

Individual Level

Every member of staff in the ambulance service has a role to play in improving health and wellbeing and reducing inequalities both for the populations and communities we serve as well as for those who we employ. It is the collective efforts of individuals which is often the most powerful driver of change.

Successfully embedding a public health approach within the ambulance service will rely upon each individual understanding their role in tackling inequalities through the culture, values and behaviours of our organisations. 'Making Every Contact Count' is one practical example of this; taking the opportunity within all our interactions to consider the broader chances to make a difference.

Organisational Level

Establishing senior strategic leadership for the public health and prevention agenda within each ambulance trust is essential. Public health approaches and a focus on prevention should be woven through all organisational objectives and not seen as an isolated programme of work. Effective strategic leadership will support the integration of public health approaches across the sector, including how these relate to the reduction of inequalities, and promote accountability for the delivery of prevention objectives.

Ambulance sector workforce development should include building knowledge and skills about public health and prevention. There are several ways that this can happen:

1) Through the integration of public health and prevention into training for all staff, including student paramedics
2) Through the provision of mandatory training for all staff which provides a foundation level understanding of public health approaches, health inequalities and the role of the ambulance service
3) By further developing the public health skills and expertise of staff with an interest in public health and prevention
4) Embedding specialist public health expertise within ambulance trusts, to support strategic leadership and broader workforce development

System Level and Regional Level

Data sharing to support a population health approach within Integrated Care Systems is a key responsibility of the ambulance sector. Ambulance data can make a unique and valuable contribution to understanding the unmet needs of communities and identifying risk and vulnerability. To support this, development of IT system reporting, and public health analyst capabilities may be required.

Working in partnership with Integrated Care Systems to focus on public health and prevention priorities will avoid duplication and strengthen the capabilities of the system to collectively reduce health inequalities and respond to the needs of its population.

Ambulance services have a regional footprint, meaning they will often cover several Integrated Care Systems. This adds complexity to the process of aligning priorities and can make engagement challenging alongside busy clinical service delivery. There is a need to appropriately resource ambulance trusts to engage in wider system activity, which will have a mutual benefit.

National Level

At a national level there is a need to **champion the ambulance sector role in public health and prevention** to maximise opportunities for better engagement and alignment with Integrated Care Systems.

Within the ambulance service itself, the Association of Ambulance Chief Executives can play an integral role in supporting ambulance trusts to recognise and develop their role in supporting broader public health, health inequalities and prevention priorities.

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NHS
Emergency Ambulance