North West London Integrated Care System
Working together for better health and care

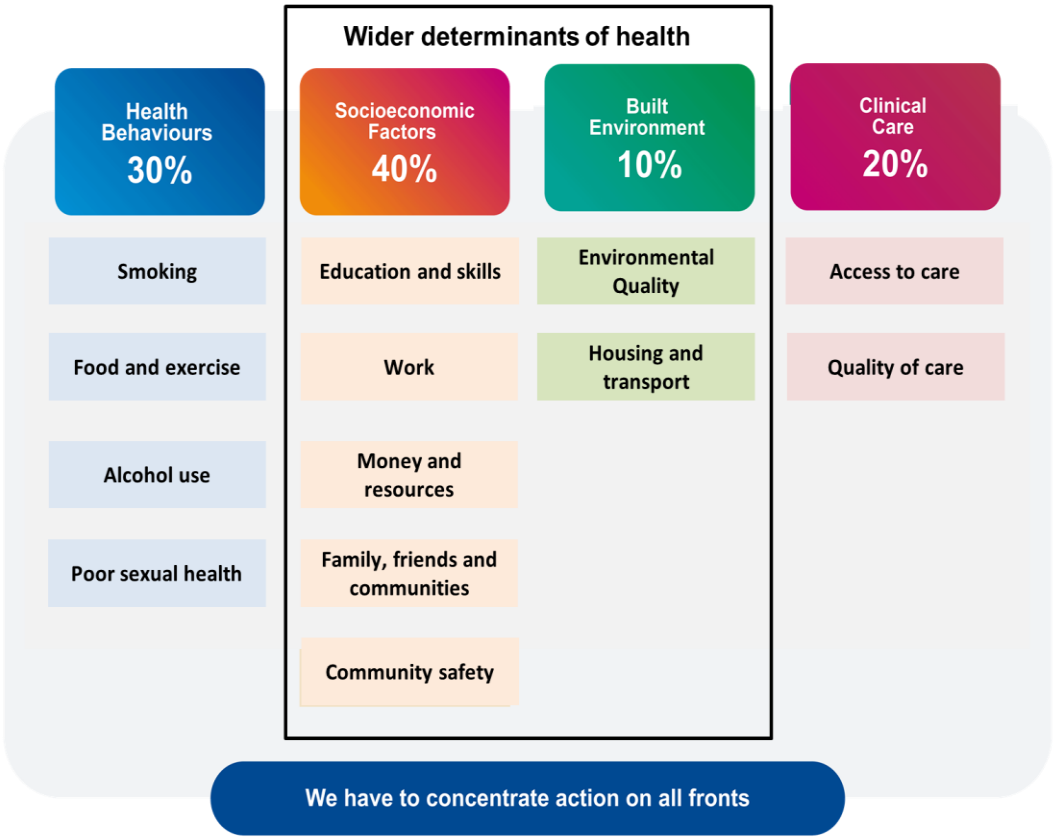
How do we embed a Health Inequalities lens into ambulance service commissioning?

Ali Kalmis, Director of 999 Ambulance Services, London

10th July 2024

A wide range of factors contribute to health outcomes

Contributors to health outcomes



- It has been widely demonstrated that the quality and effectiveness of clinical care is the primary contributing factor in only 10-20% of health outcomes.
- There are a range of other factors, including healthy behaviours, socioeconomic factors and the built environment that have a greater impact on health outcomes
- The Health Equity Programme aims to deliver change across all areas, working closely with partners, as per the 3 pillars below

1. Reducing healthcare inequalities
Understanding and addressing inequalities in access, experience and outcomes achieved by health and care services

2. Population health management building blocks
Put in place the building blocks of a population health approach – that will help us to reduce inequalities – across all of our work within the ICS

3. Partnership working on wider determinants
Work together with all of the partners in our ICS to improve social, environmental and healthy living factors that adversely affect health and wellbeing

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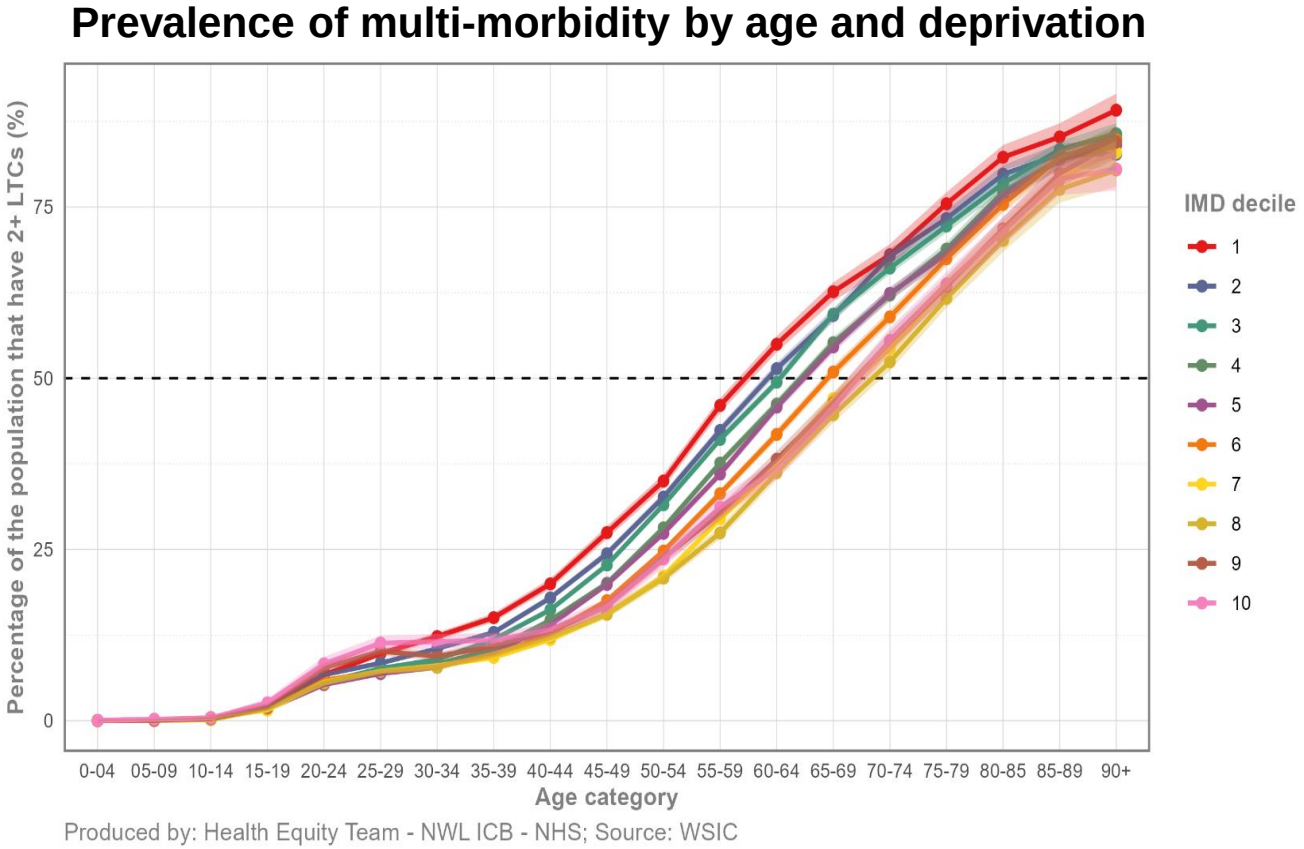
The most deprived decile in NW London are becoming multi-morbid around 10-15 years younger than more affluent areas

- While life expectancy has increased over the last 20 years, since 2017 we are **no longer seeing an increase**.
- Healthy life expectancy has remained stable over the last ten years suggesting **people have been living longer in poor health**.
- Life expectancy is not the same across North West London, with a **gap of up to 20 years between areas**. Within Kensington and Chelsea you can walk 15 minutes and the life expectancy will have dropped by 15 years.
- There are inequalities in the years spent in poor health across gender, ethnicity and deprivation. People in the **most deprived areas are likely to suffer from multiple conditions** (know as multi-morbidity) **10-15 years earlier than in more affluent areas**.
- When controlling for gender, age and deprivation **Asian, Black and Mixed ethnic groups are more likely to be multi-morbid than White ethnicities**. Black and Black British ethnicities are 1.6 times more likely to be multi-morbid.



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Commissioning for health inequalities

1. Understanding Health Inequalities

- Data Collection and Analysis: Gather and analyse data on health outcomes, access to services, and social determinants of health. This should include demographic data such as age, gender, ethnicity, socioeconomic status, and geographic location.
- Identify Disparities: Use the data to identify where health inequalities exist. Focus on areas with higher incidences of poor health outcomes and lower access to services.

2. Community Engagement

- Stakeholder Involvement: Engage with communities, particularly those experiencing health inequalities, to understand their needs and barriers to accessing ambulance services.
- Patient and Public Involvement: Include patients and the public in the commissioning process to ensure services meet the needs of diverse populations.

3. Strategic Planning

- Equity-Focused Goals: Set specific, measurable goals aimed at reducing health inequalities within the ambulance service.
- Targeted Interventions: Design and implement targeted interventions to address the identified disparities. This could include enhanced services in deprived areas, tailored communication strategies, and culturally competent care.

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Commissioning for health inequalities

4. Service Design and Delivery

- Inclusive Service Design: Ensure that service design considers the needs of marginalised and vulnerable populations. This includes language services, accessibility for people with disabilities, and appropriate response to diverse cultural practices.

- Training and Education: Provide training for staff on health inequalities, cultural competence, and implicit bias to ensure they are equipped to deliver equitable care.

5. Monitoring and Evaluation

- Equity Metrics: Develop metrics to regularly monitor the impact of services on health inequalities. This should include patient outcomes, access times, and satisfaction levels across different population groups.

- Continuous Improvement: Use the data from monitoring to continuously improve services. Implement changes based on feedback and new evidence to ensure ongoing progress in reducing health inequalities.

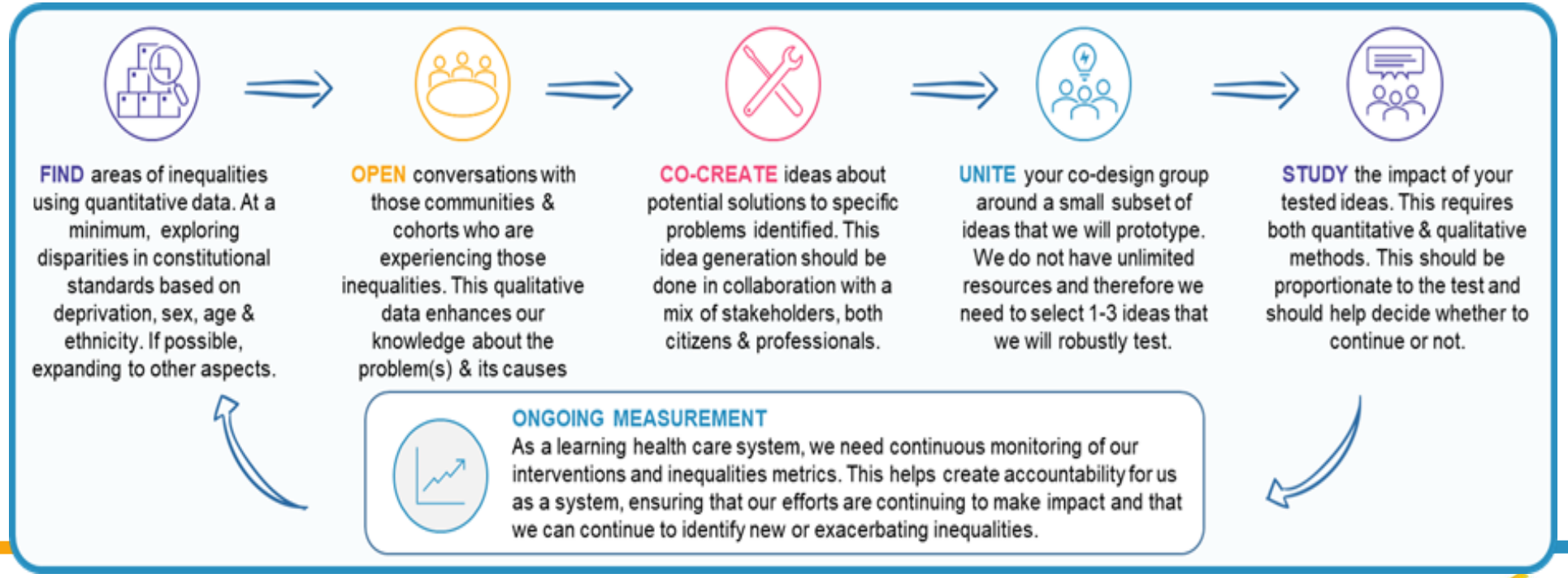
6. Partnership Working

- Collaborate with Other Services: Work with other health and social care services, local authorities, and community organizations to address broader determinants of health. Integrated care approaches can help provide holistic support to those in need.

- Policy Advocacy: Advocate for policies that address the root causes of health inequalities, such as poverty, education, and housing.

Using the FOCUS-ON methodology to describe a structured approach to tackling health inequalities

- The FOCUS-ON methodology is designed to support a structured approach in addressing inequalities.
- It can help support you to think through what stage you are at and how you will want to engage residents experiencing inequalities to co-produce solutions
- It takes into account a wide range of data and requires early thinking about how you will monitor and evaluate the impact of different interventions



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