

# Can ambulance services influence system-level enablers for reducing health inequalities?

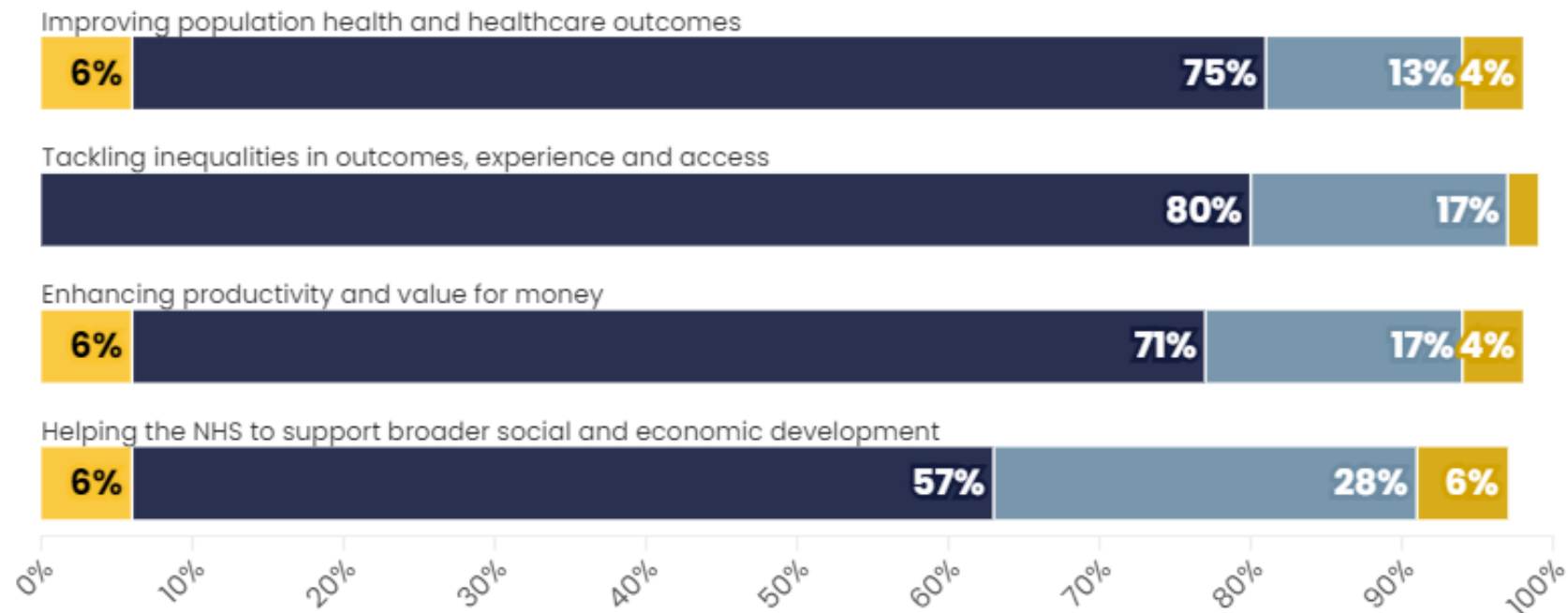
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## "How confident are you that your system is currently able to fulfil each of the following four purposes of an ICS?"

Very confident Fairly confident Not very confident Not confident at all



Source: NHS Confederation | State of Integrated Care Systems Survey 2022/23

Sorted by most very confident/confident responses, n=45

# Putting money where our mouth is?: Exploring health inequalities funding across systems



When ICS leaders were surveyed in 2023, tackling inequalities ranked as the primary ambition they would like to have achieved in five years' time.



Yet one in five ICSs stated that they did not feel confident in their ability to tackle inequalities, and none were 'very confident'.



In response, the NHS Confederation, in partnership with the Care Quality Commission, Clarity Consulting and Leeds Beckett University, undertook a project to understand how systems are approaching efforts to tackle inequalities.



The research looked at the way systems spent specific health inequalities funding: NHS England allocated systems a share of £200 million to address health inequalities in 2022/23. This funding was made recurrent in 2023/24.

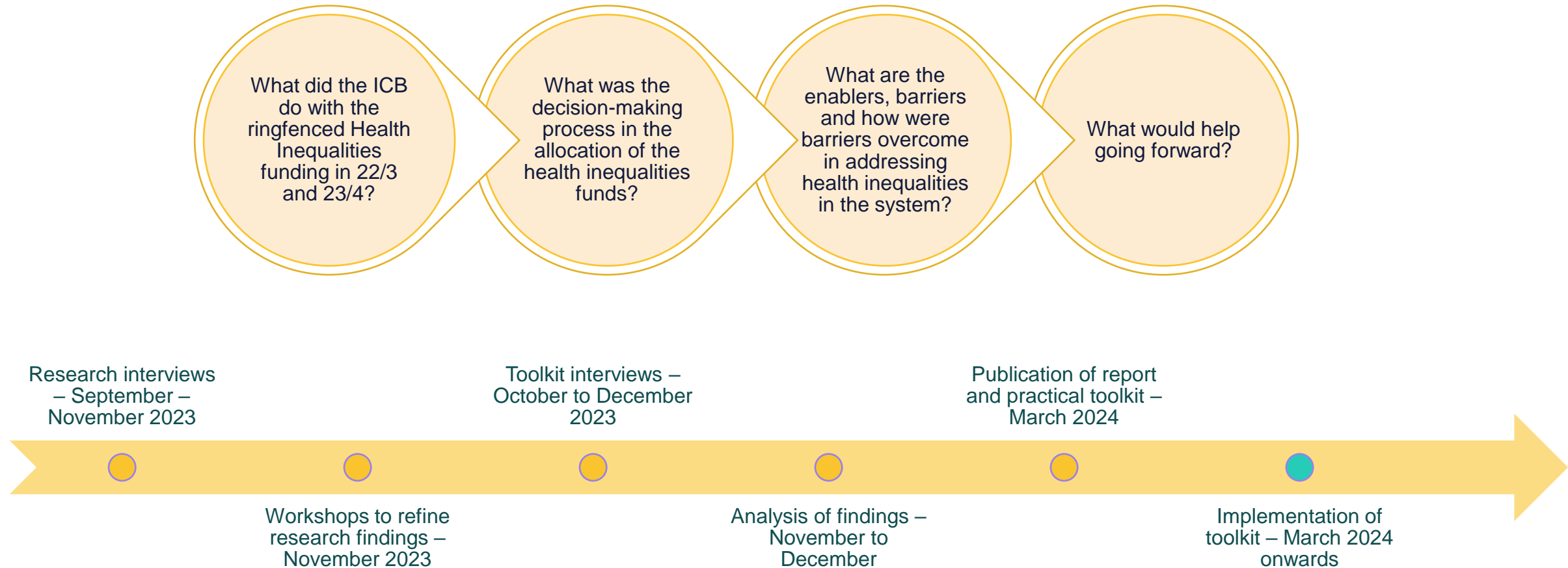


Informed by interviews with health inequalities (HI) leads across England, the project explored how HI funding was allocated, the decision-making processes involved and the barriers and enablers of change.



We turned these findings into a toolkit, because local health systems asked to be supported to understand how to embed action on health inequalities into the work of the system.

# Interviews with ICB health inequalities leads



# What did the ICB do with the £200m health inequalities funding and why?

Figure 1: What activities did systems spend their health inequalities allocations on?



\* Figures denote number of systems

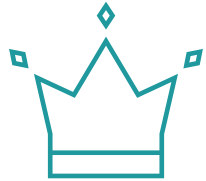
The idea was that the money was transformational. It brought people together. It gave you a more holistic view of what the challenge was, made partners work together, broke some barriers down, brought people together.

*Health inequalities lead; large, more rural system*

The place stuff, by working with communities, gives the opportunity for the NHS to realise its medical model does not work for most of what drives the improvement in health outcomes... It needs to work with others on that wider social model if it's really going to improve health outcomes and create and sustain the ability for the health services to cope with what is coming through the door.

*Health inequalities lead; large, more rural system*

# Enablers, barriers, and how barriers were overcome



Leadership



Governance



Relationships within  
the ICS & with  
communities



The role of national  
health and care policy

**There is something fairly powerful about the visibility of inequalities in our system. Our chief executive calls it the 'north star' all the time.**

***Health inequalities lead; very large, more rural system***

**"The challenge we have is how do you ensure that it doesn't get diluted or overridden by the here and now issues... It's trying to break into that and say absolutely we need to do that, but while we're doing that, let's be mindful that the people who are more likely to not access services, more likely to receive poor care, are people from the deprived, disadvantaged communities."**

***Health inequalities lead; very large mixed (urban and rural) system***

# So, how can we embed action on health inequalities in the work of integrated care systems?

## - The toolkit

This report was created as a response to ICS leaders requesting the opportunity to learn from each other's approaches to tackling inequalities. To support them to embed the learning from this report we have developed a toolkit. . It outlines a quality improvement approach to embedding addressing inequalities into system working, includes best practice examples, and was coproduced with 36 ICSs.

“If you can crack the culture and leadership piece, the rest will follow...”

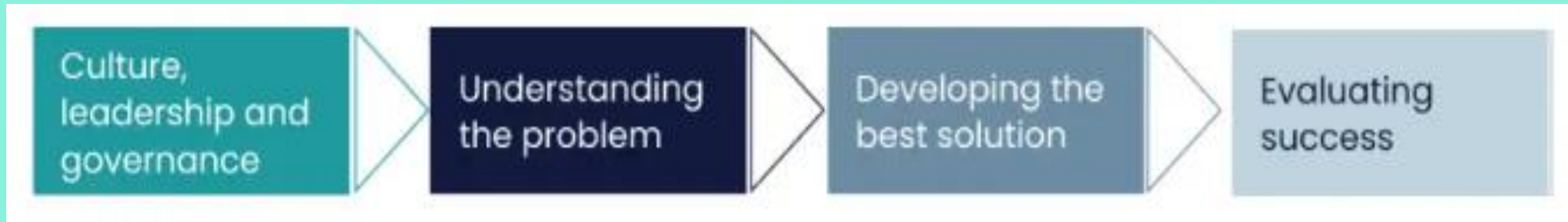
Health inequalities lead, toolkit development workshop, December 2023



The accompanying toolkit is a practical guide for system leaders that will help to inform future spending on health inequalities (HI) and support implementation of high-impact changes within integrated care boards (ICBs) to address HI.

It aims to build system leaders' confidence in their ability to tackle inequalities in their organisations and is informed by the research project.

It is structured in line with the four main stages of quality improvement methods:



# Suggested actions

- Ensure your organisation/ ICS leadership team is aware of the toolkit.
  - Play your role in modelling leadership and building a culture in your system that prioritises tackling health inequalities. Interrogate how you specifically can do this within your team and wider sphere of influence.
  - Get in touch and let us know how the toolkit works for you.
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# Questions for discussion

- How does the toolkit apply to work that you/ your organisation is currently undertaking?
  - How does leadership, culture and governance within the system impact the project?
  - How can you influence the factors (leadership, culture and governance) that sit outside of the project itself?
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