North West London
Integrated Care System

Addressing health inequality across North West London

Health inequality is a major problem for North West London

People in less well off areas are more likely to have a disability and/or be living with a long term condition. People from a Black, Asian or other ethnic minority background are more likely to live in less affluent areas, as are people who are less well educated or working in lower paid jobs.

People from these populations can find it harder to access healthcare, receive a high quality service and get a good health outcome. They have fewer opportunities for better paid jobs.

The Covid-19 pandemic has both increased health inequality in North West London and shone a spotlight on it.

Over the next five years, we're determined to transform care to ensure greater equality of access, experience and outcomes. This will include tackling difficult issues like structural racism and poverty.

We know we can only achieve our aims by working directly with people and communities, we set out our ambition inside

Addressing health inequality across North West London

The levels of health inequality, globally, have been made worse by the Covid-19 pandemic.

On a local level, our populations have been heavily impacted by the challenges of the pandemic and the pandemic has shone a light on a range of inequalities across North West London. We need to act now to ensure we identify and address them.

Did you know...?

many boroughs across North West London have wards where babies born (especially baby boys) have a shorter life expectancy than in other wards by as much as 15 years.

We are determined to work with our local communities to ensure equality of access, experience and outcomes

- Reduce inequalities in health outcomes
- Reduce inequalities in access
- Enhance economic/ employment impact of our work
- Reduce inequalities of experience

North West London at a glance

North West London has a diverse population of over 2.4 million people across eight London boroughs, comprised of over 173 wards and served by over 470 councillors.

We have over 360 GP practices arranged into 46 Primary Care Networks, and 12 hospitals, including two major mental health providers.

Below is just an illustration of some of the key challenges we face

Westminster has the highest **overall number of people sleeping rough**, most of whom will have mental health needs and they will be less likely to access primary care services

Life expectancy is

7.2 years lower for men

5.5 years lower for women

in the most deprived areas of Hillingdon than in the least deprived areas

Nearly four times as many children live in poverty in Hammersmith & Fulham's poorest ward

45%

as in its richest ward

12.2%

In Hammersmith and Fulham, **20.7%** of children in Year 6 are **classified as obese**

29%

of children in Westminster are **from low income families**, versus 13.9% in Harrow

17.1% of people in Hillingdon smoke, versus **9.2%** of people in Ealing

33%

In Brent, 33% of **people live in poverty**, higher than the London average of 28%

Rates of emergency hospital admissions for **self-harm are twice as high in Hounslow** as they are in Harrow

Alcohol admissions in Ealing are above the average in England, with over 2,200 admissions per year

Kensington & Chelsea has the **greatest income inequality** in London

Inequalities in health outcomes - our challenges

Racial inequality

North West London benefits from a diverse population. More than 50% of the population in some of our boroughs come from a black, asian and other minority ethnic (BAME) background.

This is something we should be celebrating, yet, we know that our BAME populations are often disproportionately affected by health inequalities.

At around the peak of first wave of the pandemic, compared to White Londoners, Black Londoners were up to to three times more likely to die with COVID-19 (within 28 days of diagnosis) and people of Asian ethnicity were up to twice as likely.

The proportion of our Black residents who are reluctant to take the Covid vaccine has also exposed a long-standing lack of trust and confidence in the healthcare system as a result of lived experience.

If we want to tackle these differential outcomes, we need to build confidence and trust with our communities.

To do that, we need to work with and truly understand our communities, their different views and cultures and their experience of our services. We need to work together to come up with solutions that influence long-term change and start to tackle our differential outcomes

More than 50% of the population in some of our boroughs come from a black, asian and other minority ethnic (BAME) background

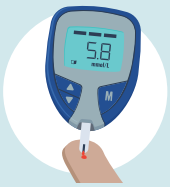
Long term conditions

21% One in five (21%) of our population is classed as having complex health needs.

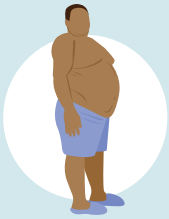
16% of the population has one or more long term condition.

Our data and information tells us some of our most prevalent long term conditions across North West London include:

Hypertension



Diabetes



Obesity

Anxiety and Depression

Sickle Cell

We'll take a new approach towards reducing long-term illness. This will include understanding and tackling the impact of deprivation and race.

Waiting times for planned care

We also know that the pandemic has led to many residents waiting longer for planned specialist care in our hospitals

18 WEEKS

As of September 2021, there were over **50,000** people waiting longer than 18 weeks from referral to treatment. This is **more than double the number from the same time in 2019**.

52 WEEKS

The number of people who have been waiting over one year from referral to treatment had risen more from **384 in April 2020 to 4,351 in September 2021.**

Before Covid, health inequalities in North West London were already stark. Covid has made them worse.

If we continue to work in the same way, not enough will improve. So we need to think and act differently.

Economic Impact

Covid has worsened economic inequality in North West London. Unemployment and lack of opportunity disproportionately affect those living in the most deprived areas, which include many people from BAME communities.

In 2020, West London's economy took a proportionally harder hit from the impact of the pandemic than other places, contracting by 10.7% (£8.1bn)[1], higher than the 9.4% decline across London or 10% nationally. This wiped out all growth since 2013.

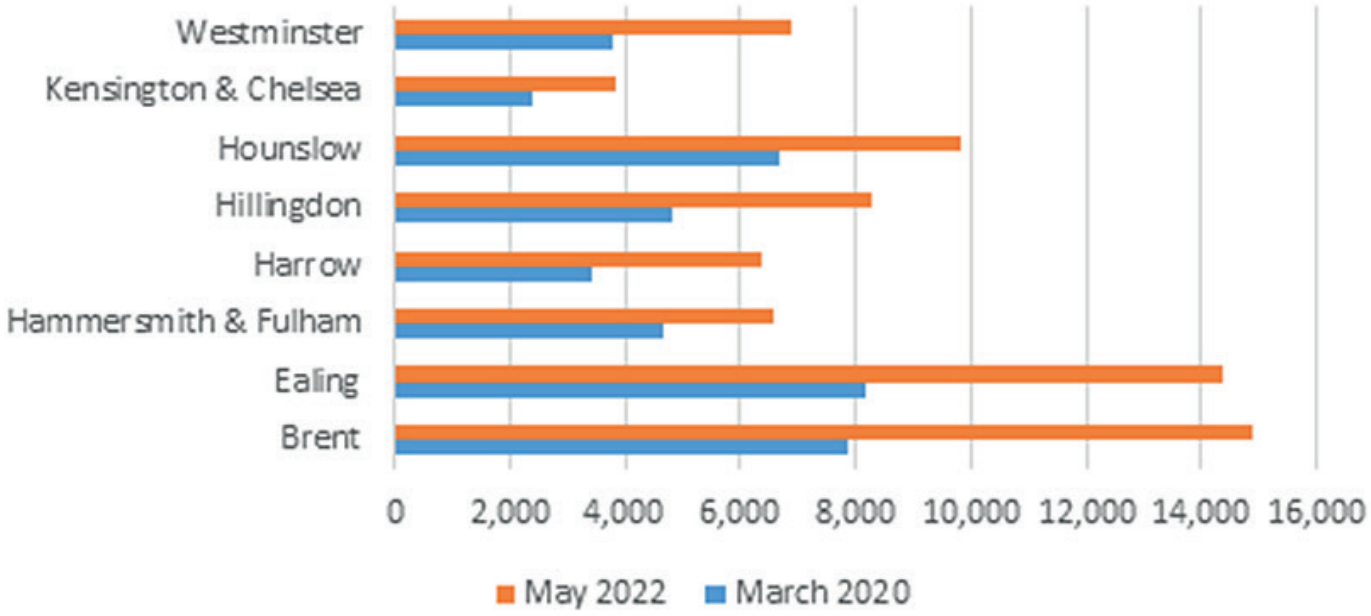
While numbers out of work have begun to recover, the number of people across North-West London claiming out-of-work benefits was some 29,000 higher in May 2022, compared to March 2020 – 70% higher, compared to the rate across Great Britain being 29% higher. In March 2020 the average claimant count rate in North West London was the same as across Great Britain (3.0%); in May 2022 it was one percentage point higher, at 4.9%. Job numbers are not expected to recover to pre-pandemic levels until 2023.

In 2020, West London's economy contracted by

10.7%

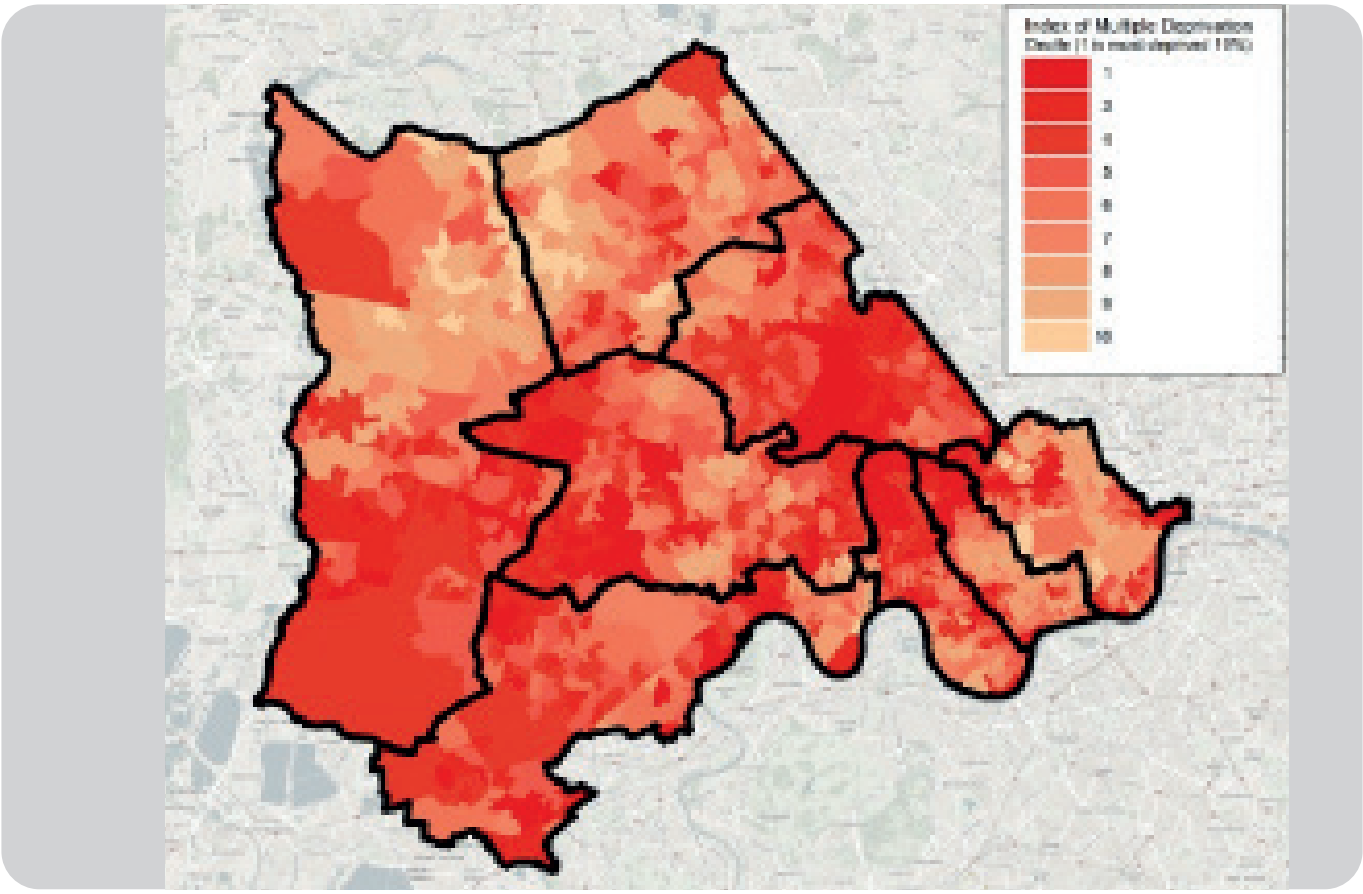
or £8.1bn, higher than the 9.4% decline across London.

Numbers of residents claiming out of work benefits in March 2020 and May 2022



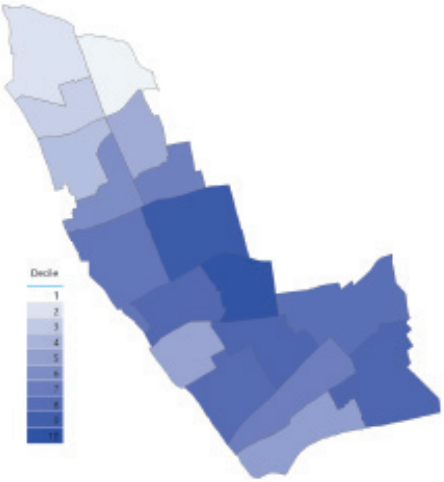
A decile is a dimension which places the deprivation scores of individual areas into one of ten groups of equal frequency, ranging from the 10% most deprived areas to the 10% least deprived areas.

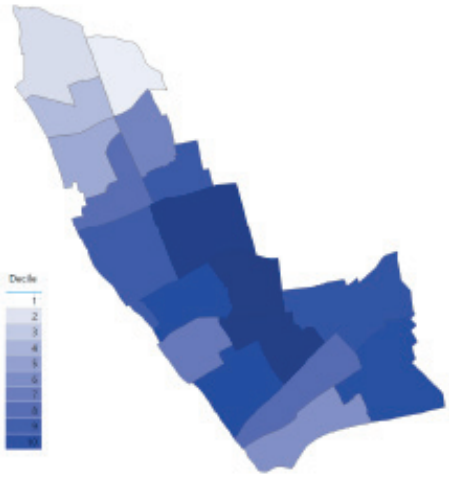
This graphic to shows the levels of deprivation across the 8 North West London ICS boroughs. The darker the red, the more deprived that areas is.



An Index of Multiple Deprivation (IMD) is used to identify how deprived an area is. It uses a range of economic, social and housing data to create a single deprivation score for each small area of the country.

Income Deprivation Affecting Children Index (IDACI)





Unemployment was

70% higher across North West London May 2022 compared to March 2020 (29,190 people);

the rate nationally in May 2022 is **29%** higher than March 2020

2023 year by which job numbers are expected to recover to pre-pandemic levels

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66,100 number of working age people across North West London with no formal qualifications[2]

Average unemployment in May 2022 across North West London was **4.9%** compared to **3.9%** nationally

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People who live in deprived areas have higher diagnosis rates and death rates than those living in less deprived areas. The mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas, for both men and women.

*This data covers the West London Alliance geography, so includes Barnet but not Westminster or Kensington & Chelsea.

What will this work mean for the people of North West London?

In recent months our Covid vaccination programme has demonstrated how we can make a real difference with our communities, using data to identify the most vulnerable, targeting support based on this, providing accessible healthcare that fits in to peoples lives. We want to build this approach into all our work.

Our work over the next five years will be informed by using good data, gaining first-hand insight from local communities and working in a new way.

We're at the start of this journey and we recognise we'll improve and mature as a system and learn as we go along.

Our activity will build on insights from our outreach and engagement work to date, including how Covid has affected different groups, especially people in the most deprived areas; improving vaccine uptake and equity of access; and the need to achieve equality beyond Covid, listening to community voices to reframe how we offer services.

We will be guided by the following overarching principles in all that we do

1. **Communities do more when they decide for themselves -** in particular, having a say over the estates and neighbourhoods that they live in and shaping the services that they use, this is the only way we will be able to manage the rising demands for health and care services

2. **Community and faith spaces are the lifeblood of local action -** the starting point for all health and wellbeing programmes should be in these spaces first and foremost and that we prioritise building a local and diverse workforce to deliver the programmes and activities.

3. **Systemic inequalities have a negative impact on the health of our population -** in particular the health and wellbeing of vulnerable and excluded communities equipping communities that experience the greatest inequality with resources, tools and investment so that they can decide on sustainable solutions to reducing inequalities

4. **Measure what people value -** work with residents and communities to agree a shared purpose and locally defined individual, community and system outcomes

We recognise this new approach may be challenging for people at all levels of the health service. Those heading organisations will need to lead by example. We'll develop a series of Leader Pledges – specific commitments around changing cultural and corporate barriers to health equality. We'll embed rapid improvement, co-production and learning methods throughout our programmes.

We will deliver on these pledges aligned to our guiding principles:

- All of our programmes will have a central focus on our four objectives (shown on pages 11 and 12)
- Our organisational leaders will lead by example and be clear about what this means to the people of NW London
- Based on service access, citizen experience and outcomes, we will work with communities to build indicators to measure success for an equal society in NW London.
- Shift power – to ensure patients, citizens and local communities are at the heart of the work and are directly benefitting at all stages of the process
- Develop a series of Leader Pledges that provide tangible commitment(s) to changing the organisational culture and corporate barriers to address health inequalities
- Acknowledge structural racism as one of the key causes of current health inequalities and listen to and work with our BAME communities to develop solutions that influence long term change and tackle differential outcomes and experience.
- Be really clear about WHAT it is we want to achieve; and HOW we think our actions will lead to that desired outcome
- Build insights and monitor progress by combining quantitative data with qualitative insights and sense-making gained through community engagement
- Embed rapid improvement, coproduction, and learning methods throughout our programmes
- Actively build partnership and trust by bringing together people from local authorities, community groups and NHS organisations
- Utilise the energy and expertise of existing networks, communities, work streams and people we have across our system, rather than re-inventing new structures
- Build trust through growing a culture of openness and transparency around the work – be clear about which conversations, meetings and groups are for listening, learning and sensemaking, and which are for decision making
- Demonstrate vulnerability, humility and honesty where we don't have answers
- Listen to local people, demonstrating humility and honesty where we don't have answer

Our four objectives

1. Reduce inequalities in health outcomes

2. Reduce inequalities in access

3. Enhance economic/employment impact of our work

4. Reduce inequalities of experience

So what do we plan to do?

Our commitment

Starting from now and over the next five years, we want to see North West London rapidly progress towards a place full of healthy communities, where we can – as individuals, families, and friends – all contribute to (and benefit from) inclusive economies, lead flourishing lives, and maximise our wellbeing and independence.

5 YEARS

Guided by our pledges, our focus on ensuring equity of outcomes, access and experience in all our services will enable us to deliver on this commitment. We'll deliver our work in three domains:

1. Building health equality

In our first year our focus will be on reducing the gap in outcomes, experience and access for our residents across.

- Covid-19 and flu vaccinations
- Planned hospital care
- Long-term conditions.

2. Strengthening local economies

Race equality will be at the centre of all our work to support an inclusive economy and healthy communities to maximise life chances and opportunities through direct and indirect employment.

3. Measuring our impact

To ensure we continue to learn and improve.

DOMAIN 1:

Building Health Equity

Our ambition is to further the existing population health management work we already do and build on this to ensure we have a consistent approach across all of our boroughs.

To stop dealing with the symptoms (e.g. acute care), we have to do more to address the causes. These are not simply clinical interventions, but require leadership, co-ordination, and co-production across NHS, local authorities and local communities. Covid-19 vaccination highlights this approach well.

One lesson from the Covid pandemic is that people are more likely to get vaccinated when this is made easy, eg through pharmacies, vaccine buses and pop-up hubs. We'll shape accessible healthcare that fits into peoples lives, based on listening to what they tell us.

We'll involve residents directly and genuinely in shaping the health services they receive, working in 'co-production'. Rather than just ask them to agree or disagree with our ideas, we'll develop the ideas together with them from the start. And we'll ensure authentic engagement between NHS organisations, local authorities, community groups and residents, expanding on existing networks and arrangements.

We'll demonstrate vulnerability, humility and honesty where we don't have answers. And we'll be inclusive, working with disparate communities, listening hard, valuing everyone's voice and thinking about the language we use at all times.

We'll extend our population health management activity, taking a consistent approach to care across North West London that actively tackles the causes of ill health as well as the symptoms. This will make better use of data about things like people's behaviour; service access, usage and quality; and the social determinants of health, such as where people are born, grow up, live, work and age, and the opportunities they have.

Insight from community engagement suggests that building equity and, indeed, trust in our services will require us to work in a new way with BAME residents. Our first step will be to listen – to understand at first hand BAME residents' lived experience. We'll then work with them directly to improve how they are treated, making any systemic changes required so as to build equity of access, experience and outcomes.

Our initial focus will be on supporting three specific areas:

Covid and Flu vaccinations

Covid-19 continues to present challenges for our community. We have made great progress in vaccinating many of our North West London residents to date but our work is not done. We will make vaccination as easy to access as possible.

Planned hospital care

As a result of the pandemic, many people across North West London have faced long delays in accessing planned hospital care appointments for services. We will ensure we do everything we can to fulfil appointments as soon as possible so the number of people waiting for support is reduced quickly and equitably.

Long term conditions

Supporting primary care networks and borough teams to work closely with residents, including those from differing BAME communities, to agree the main areas of focus – such as diabetes, cardiovascular disease, respiratory challenges and sickle cell disease – and work to improve outcomes.

DOMAIN 2:

Strengthening Local Economies

As mentioned, North West London is facing a major economic challenge, with a knock-on impact on our residents' health. The NHS and local councils are 'anchor institutions' – often the biggest employers and spenders in their boroughs.

Hospitals, GPs, health organisations and councils already employ more than 60,000 people across North West London. West London councils 'Build and Recover Plan' is working to mitigate the damage caused by Covid and support local communities, especially those hardest hit. We can do more together.

Our councils, hospitals, GPs and health organisations employ over 60,000 people across our community, in a wide range of jobs.

However, we can build on this further. Specifically we will focus on:

1. Vaccination centre staff retention

Offering continued employment and volunteering opportunities to all our locally-recruited staff and volunteers, many of whom were previously unemployed or furloughed.

2. A new model for NHS recruitment in NW London

A new model for NHS recruitment across NW London which draws on the diverse NW London talent pool, providing local jobs for local people.

3. Skills and training

Helping residents get work in healthcare by identifying pre-employment training needs and offering training through a local Health and Care Skills Academy.

4. Volunteering to employment strategy

Building on our current best practice to develop a clear career pathway to employment for our many NHS volunteers.

5. Special educational needs and disabilities

Increasing inclusion in volunteering and pathways to employment of people with a learning disability and autism to improve employment and health outcomes.

6. Procurement

Social Value is generally recognised as achieving extra community benefits through procurement.

NWL is developing a Social Value (SV) policy that is aligned to NHSE to empower suppliers to give back to local communities.

A significant part of our Build and Recover Plan will be our focus on 'green recovery'. This will bring focus to three specific ambitions:

Improving energy-efficient standards and development of low carbon heating networks

Supporting West London to be a national leader in key elements of the green economy

Redefine town centres and neighbourhoods as low carbon, low pollution economic hubs, through a systemic change to town planning

DOMAIN 3:

Monitor and measure our impact

To measure how well we're achieving our goals and to hold ourselves publicly to account, we'll use health data better and work collaboratively with residents, to build indicators that monitor progress and outcomes (a 'quantitative and qualitative' approach).

We'll develop a dashboard that shares insights across North West London boroughs, from clinical data to BAME residents' perceptions.

This will provide evidence for identifying the priority areas of health inequality to tackle. Alongside the data, listening to what our community is telling us will give us further evidence.

The dashboard will make full use of our Whole Systems Integrated Care toolkit, which is one of the most complete health and care datasets in Europe. We'll look locally and nationally to identify areas of best practice and benchmark our performance.

Whole Systems Integrated Care (WSIC)

is one of the most complete data sets for health and care in Europe and will be a crucial part of our dashboard build. The skills and experience of our analytical teams allow us to analyse our data and pull out some of the key priority areas for NWL.

The voice of our community will be essential in helping provide information that can be used alongside our dashboard.

We will continue to work closely with organisations such as Healthwatch and local community and voluntary sector groups to capture this insight and apply learning from it.

This part of our work will also support our local boroughs' public health leaders and our hospitals, to feel confident in interpreting data and information.

We will look locally and nationally to identify areas of best practice and benchmark our performance.

The key part of this domain will be in holding ourselves to account and ensuring we deliver against what we set out to do.

North West London
Integrated Care System

Jargon buster

- **'Population health management':** By this, we mean an approach to improving the physical and mental health of our whole population.
- **'Health outcomes':** By this, we mean the outcomes residents have when they receive treatment or advice from healthcare services. We know that outcomes vary widely between different populations.
- **'Health inequalities':** Health inequalities are avoidable, unfair and systematic differences in health between different groups of people.