Executive Summary

Coastal Poverty Leads to Health Inequalities

The population served by SKC CCG has the third lowest life expectancy at birth of all the CCGs in Kent, and considerable variations still exist between different localities. Reducing avoidable and unfair variations in health outcomes requires a commitment to justice, efficiency and good clinical care, values that have been central to the NHS since its inception.

In South Coast Kent CCG, 42% of the member practices are located in areas of significant rural and urban deprivation, which gives their doctors and nurses a real opportunity to make a difference to the lives of those people most at risk of premature death.

At present, most years of life are being lost prematurely to coronary heart disease (especially in men), respiratory disease, cancer and liver disease. Dementia is beginning to emerge as an increasingly common cause of death, especially in women. The first four are all conditions that can usually be treated or managed effectively, provided they are identified early and patients are empowered and enabled to act on the health information they are given. Dementia care requires intervention and support from both health and social care practitioners working closely together.

An Ethical and Equitable Organisation

The principle of Equity recognises that services need to be delivered proportionately, because some individuals will require more help and support than others in order to raise their chances of achieving similar health outcomes. It is a core theme to this strategy. SKC CCG has expressed its commitment to reducing health inequalities by making this one of its top ten priorities. It is determined to ensure that reducing health inequalities is part of its mainstream business of commissioning and quality improvement.

Clinicians have an important part to play in delivering equitable, high quality services, but they cannot reduce health inequalities by working alone. The strategy seeks to clarify where responsibility for different interventions lies, and to hold the CCG, its member practices and partners in Social Care and Local Government to account in delivering the action plan.

Local Clinical Leadership

This strategy recognises that the CCG will not achieve its aims by working in isolation. Health and Wellbeing Boards offer a new opportunity to make best use of the resources and skills of each of the member agencies. As part of the Health and Wellbeing Board at county level, SKC CCG will use its leadership role in commissioning to reduce dementia-related deaths and morbidity, and to improve socioeconomic determinants of health such as employment, housing, education, access to healthy food and an environment conducive to exercise.

As part of the local Health and Wellbeing Board it will share responsibility for services and policies that support local priorities, and have access to networks and voluntary organisations that can encourage better take up of primary health care services by those who are often hard to reach.

The CCG will support its member practices in providing excellent clinical care to all of their patients, following the principle of equity in identifying and treating the most vulnerable and difficult to engage patients, with an emphasis on evidence based practice and personalised care plans. It will also encourage GPs to recognise the powerful influence they can have on local and national policy makers by using their detailed knowledge of the realities of their patients' lives to advocate for change in factors that have an impact on health and wellbeing.

The Action Plan has the following components:

1. **Improving Equity in Access and Treatment**: through delivery of services in a proportionate way that permits outcomes to be the same, regardless of gender, ethnicity, age, vulnerability and deprivation, and using equity audits to inform commissioning.

2. **Doing the Job Properly**: ensuring that all member practices, and each organisation with which the CCG works in partnership, understand where their own responsibility lies in contributing to the reduction in health inequalities, and are held to account for delivering it

2. **Being Leaders**: recognising and using the influence of the CCG and its member practices to influence and shape policies and practices that have an impact on health and wellbeing, and to be advocates for our patients

4. **Making Every Contact Count**: ensuring that services are welcoming and sufficiently flexible in their working practices to respond to the needs of patients with complex needs, and enabling patients to act on the information they are given to improve their own health and wellbeing

5. **Going the Extra Mile**: supporting practices and services to work harder and go further for their own most deprived and vulnerable patients and in their care provision for other groups with complex needs including offenders, troubled families, looked after children and adults, and children with learning disabilities

From these components, **five key actions follow**:

1. The CCG will commission at least two Equity Audits each year. These audits will cover the whole pathway of care and will commence with services for conditions that evidence suggests are patchy, and which contribute most to premature mortality in the CCG area: eg Chronic Obstructive Pulmonary Disease (COPD), from smoking cessation and early identification in primary care to End of Life care. The results of the Equity Audits will be used to inform commissioning and provide the basis of a Health Inequalities position statement to be published in its annual report. Clinical Cabinet will receive biennial presentations on successful initiatives to reduce health inequalities by other commissioning organisations so that innovation may be informed by evidence.

2. CCG clinicians will lead the focus on health inequalities amongst their member practices by visiting their peers in order to discuss and listen to their experiences of providing equitable services, and to learn from the successes and difficulties they encounter

3. The CCG will celebrate and reward good practice amongst primary care teams in providing high quality, equitable care by introducing an annual award scheme

4. Protected Learning Time sessions will include training on health inequalities; covering evidence about inequity, what works, and practical steps that health care professionals can take to help patients change their lifestyle.

5. Through the partnerships with Health and Wellbeing Boards, the CCG will be pro-active in its approach to leading system change to support integration of services where this will lead to improvements in equitable care for vulnerable groups.

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