

## KENT COUNTY COUNCIL

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### HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Health and Wellbeing Board held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 28 January 2015.

PRESENT: Mr I Ayres, Dr B Bowes (Vice-Chairman), Ms H Carpenter, Mr P B Carter, CBE, Mr A Scott-Clark, Dr D Cocker, Ms P Davies, Mr G K Gibbens, Mr S Inett, Mr A Ireland, Dr M Jones, Dr E Lunt, Dr T Martin, Mr P J Oakford, Dr M Philpott (Substitute for Dr F Armstrong), Cllr K Pugh (Substitute for Mr A Bowles), Dr R Stewart and Cllr L Weatherly

IN ATTENDANCE: Ms J Frazer (Programme Manager Health and Social Care Integration), Ms F Kroll (Director, Early Help and Preventative Services), Mr M Lemon (Strategic Business Adviser), Ms K Sharp (Head of Public Health Commissioning), Ms M Varshney (Consultant in Public Health), Mr T Wilson (Head of Strategic Commissioning (Children's)) and Mrs A Hunter (Principal Democratic Services Officer)

#### UNRESTRICTED ITEMS

**120. Chairman's Welcome**  
*(Item 1)*

There were no announcements.

**121. Apologies and Substitutes**  
*(Item 2)*

Apologies for absence were received from Dr F Armstrong, Cllr A Bowles, Mr Gough, Dr N Kumta and Mr S Perks. Dr M Philpott and Cllr K Pugh attended as substitutes for Dr Armstrong and Cllr Bowles respectively.

**122. Declarations of Interest by Members in Items on the Agenda for this Meeting**  
*(Item 3)*

There were no declarations of interest.

**123. Minutes of the Meeting held on 19 November 2014**  
*(Item 4)*

- (1) Dr Bowes confirmed that the Joint Health and Social Care Assessment Framework for 2014 had been signed-off by Mr Gough for submission in January 2015 as agreed at the last meeting.
- (2) Resolved that the minutes of the meeting held on 19 November 2014 are correctly recorded and that they be signed by the Chairman.

## **124. Strategic Workforce Issues**

*(Item 5)*

- (1) Philippa Spicer (Local Director of Health Education England) introduced herself and said that Health Education England had been established in mid-2012 with responsibility for the education and training of staff in NHS funded services and care. She gave a presentation which set out the Kent context, profiles of the workforce, workforce trends and some examples of service transformation.
- (2) A copy of the presentation is available on-line as Appendix A to these minutes
- (3) In response to a question she said that remuneration and accommodation packages had been used in the past to attract doctors to the area and continued to be available to support their rotation as part of their learning and development, however any such packages had to be sustainable and should be looked at in conjunction with providers. She also said work was being undertaken to encourage young people to consider careers in health.
- (4) She said discussion about the nature of future services and the projected population growth was required to plan appropriate recruitment and training as was detailed information about the skills required to facilitate the ambition to provide care closer to home.
- (5) It was generally accepted that Health Education had a role in ensuring that Kent attracted sufficient GPs to meet the needs of the projected population and that CCGs needed to articulate more clearly the skills required for the future and the training that should be provided as well as using their contacts with providers to assist Health Education with the provision of good quality placements.
- (6) Dr Bowes thanked Mrs Spicer for her presentation.

## **125. Early Years Restructure**

*(Item 6)*

- (1) Thom Wilson (Head of Strategic Commissioning) introduced the report which set out a series of recommendations to refresh a partnership approach to children and young people's services across the county and aimed to start a conversation about how best to do this.
- (2) Florence Kroll (Director of Early Help and Preventative Services) gave a presentation which included: a definition of early help; a brief description of the changes required, the design principles, values, aspirations; the partnership landscape and information about some achievements between September and December 2014.
- (3) The presentation is available on-line as Appendix B to these minutes.
- (4) During the discussion that followed, the role of children's operating groups and their relationship with the Children's Health and Wellbeing Board was raised.

The complexity of partnership arrangements and the opportunities arising from the transfer of responsibility for the Family Nurse Partnership and health visiting services were acknowledged. It was also suggested that a workshop be arranged to enhance the understanding of the legal responsibilities of all partnerships.

- (5) Resolved that
- (a) All partners review the membership of the Children's Health and Wellbeing Board and identify appropriate representatives to ensure they were able to effectively represent them and help steer the strategic direction for children's services in the county;
  - (b) The Children's Health and Wellbeing Board reviews Outcome 1 of Kent's Health and Wellbeing Strategy – Give Every Child the Best Start in Life to ensure it meets the strategic priorities of the organisations involved, and could be used to drive the delivery of the most important priorities for the county;
  - (c) The arrangements for working together at a local level be reviewed in partnership across the Districts, clinical commissioning groups and the Kent Safeguarding Children Board to quickly establish local governance which is meaningful and effective for all partners;
  - (d) Public Health commissioners, in partnership with all colleagues across the Health and Wellbeing Board, refresh and re-develop the model for health visiting to deliver an integrated service for families with young children;
  - (e) Working together Early Help & Preventative Services and health commissioners would agree the actions and programme of work to achieve the priorities of the Healthy Child Programme;
  - (f) A workshop be arranged to understand the complexity of partnership arrangements, the corporate and legal responsibilities of partners, share learning and understand how best to hold people to account for service delivery.

**126. Integration Pioneer Update and Vision re the Five Year Forward View**  
(Item 7)

- (1) Dr Robert Stewart introduced the report by giving a short presentation which is available on-line as Appendix C to these minutes.
- (2) He referred, in particular, to system leadership workshops to decide future working of the Integration Pioneer, the visit of Simon Stevens (Chief Executive of NHS England) to the Kent Integration Pioneer on 24 February 2015 and examples of innovation in Kent. He said that Thanet was not working towards the development of a hybrid PACS as had been stated in the Powerpoint slide
- (3) Resolved that the report be noted.

**127. A - Assurance Framework B - Update on Quality**  
(Item 8)

**A – Assurance Framework**

- (1) Malti Varshney (Consultant in Public Health) introduced the report which provided performance information on a suite of indicators based on the Kent Health and Wellbeing Strategy and additional stress indicators. She drew the board's attention, in particular, to indicators relating to bed occupancy rate by Trust and by speciality and the percentage of A&E discharges, admittances or transfers within 4 hours by Trust. She said the figures relating to A&E discharges for December, which had become available since publication of the report, showed an improvement.
- (2) During discussion about demand for services over the Christmas period, it was reported that West Kent had been extremely busy with 30% more admissions than on a normal Sunday but the system had been able to absorb this increase because of the commitment of all partners. It was also said that it was important to validate the perception that increased acuity was driving the increase in admissions.
- (3) With considerable effort East Kent had been able to maintain its performance at 89.3% and had followed this up with a "perfect week" exercise which confirmed that it had been the commitment of all partners that enabled performance to be maintained. A further "perfect week" exercise was planned for March to understand the capacity required, workforce issues across all partners and whether there might be a need for "sub-acute" capacity.
- (4) The Darent Valley Hospital was the only Trust to achieve the targets set for quarter 1 and quarter 2 and the Integrated Discharge team had played a significant role in avoiding the need to move into major incident mode and in enabling the Trust to recover quickly from increased demand, particularly the 40% increase in the admission of elderly patients compared with the same period last year. Ms Davies also said that Secamb had seen an increase of 40-50% in activity levels above projected levels which had resulted in issues covering some shifts. For the first time ever IC24 and Meddoc had difficulty covering shifts and had been let down by agencies.
- (5) Work to improve performance at Medway NHS Foundation Trust was continuing. Activity had reduced over the last couple of weeks and consequently performance had improved.
- (6) Social care services had seen an increase in activity too and, although the general response had been good, there were issues relating to workforce, particularly in domiciliary care, which may be related to the increase in acuity and the need for double handed care packages.
- (7) Resolved that:
  - (a) The report be noted;
  - (b) A robust analysis of trends be undertaken to understand what was driving demand with a report to a future meeting of the HWB.

## **B – Update on Quality**

- (8) Steve Inett (Chief Executive – Healthwatch Kent) gave a presentation on the progress made to produce a quality report that fulfilled the requirements set out in the Francis report. A copy of the presentation is available on-line as Appendix D to these minutes.
- (9) Resolved that:
  - (a) The Quality Report highlighting the complex systemic issues that have the most impact on providing high quality services in Kent be noted;
  - (b) Healthwatch Kent contacts representatives from commissioners, providers and working groups to gather feedback on the main issues of concern;
  - (c) Healthwatch Kent presents a further report analysing the issues and identifying key trends.

### **128. Better Care Fund - S75 Agreement**

*(Item 9)*

- (1) Jonathan Bates (Chief Financial Officer – South Kent Coast and Thanet CCGs) introduced the report. He said the £100m available across Kent represented a substantial start towards the integration of services, and that the government's initial approach to the BCF had been based on a 3.5% reduction in urgent care admissions to acute hospitals with the resulting savings available for the BCF to develop integrated health and social care. More recently health organisations had been asked to identify an appropriate target band for the first year. Following discussions with CCGs, and taking into account performance for the year to date as well as the projected population growth, it was proposed that the target band of 0.6%-1% be set for Kent.
- (2) During discussion, there was general support for the proposed target band, however the importance of maintaining local ambitions and delivering the positive outcomes set out in commissioning plans was emphasised. The need to understand local relationships, establish them quickly and to ensure good governance arrangements were in place (including robust quarterly reporting to the Kent HWB and to local health and wellbeing boards) was identified.
- (3) Resolved that the progress made to date on developing the section 75 agreement to support the delivery of the approved BCF plan be noted.

### **129. Minutes of the Children's Health and Wellbeing Board**

*(Item 10)*

Resolved that the minutes of the Children's Health and Wellbeing Board held on 28 November 2014 be noted.

### **130. Minutes of the Local Health and Wellbeing Boards**

*(Item 11)*

- (1) It was reported that Ashford HWB had met on the 21 January and that the minutes would be available shortly.
- (2) Resolved that the minutes of the meetings of the local health and wellbeing boards be noted as follows:
  - Canterbury and Coastal HWB - 25 November;
  - Dartford, Gravesham and Swanley HWB - 29 October;
  - South Kent Coast HWB – 16 September and 25 November
  - Swale HWB – 19 November
  - Thanet HWB – 13 November
  - West Kent HWB – 18 November

**131. Date of Next Meeting 18 March 2015**  
*(Item 12)*

**Appendices available on-line**

- Appendix A– Strategic Workforce Issues
- Appendix B Early Years Restructure and (Integrating the approach of Children and Young Peoples Services
- Appendix C Integration Pioneer Update and Vision re Five Year Forward View
- Appendix D Update on Quality

# Health Education Kent, Surrey and Sussex

## Kent Health & Wellbeing Board

January 2015

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**Philippa Spicer – Local Director**

*“Through creative partnerships we shape and develop a workforce that impacts positively on health and wellbeing for all”*



Minute Item 124

Developing people  
for health and  
healthcare



# Setting the Kent Workforce Context

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- Kent Workforce Profiles
- Risks and Challenges
- Workforce Modernisation Examples
- Primary Care Example
- Workforce Development Updates



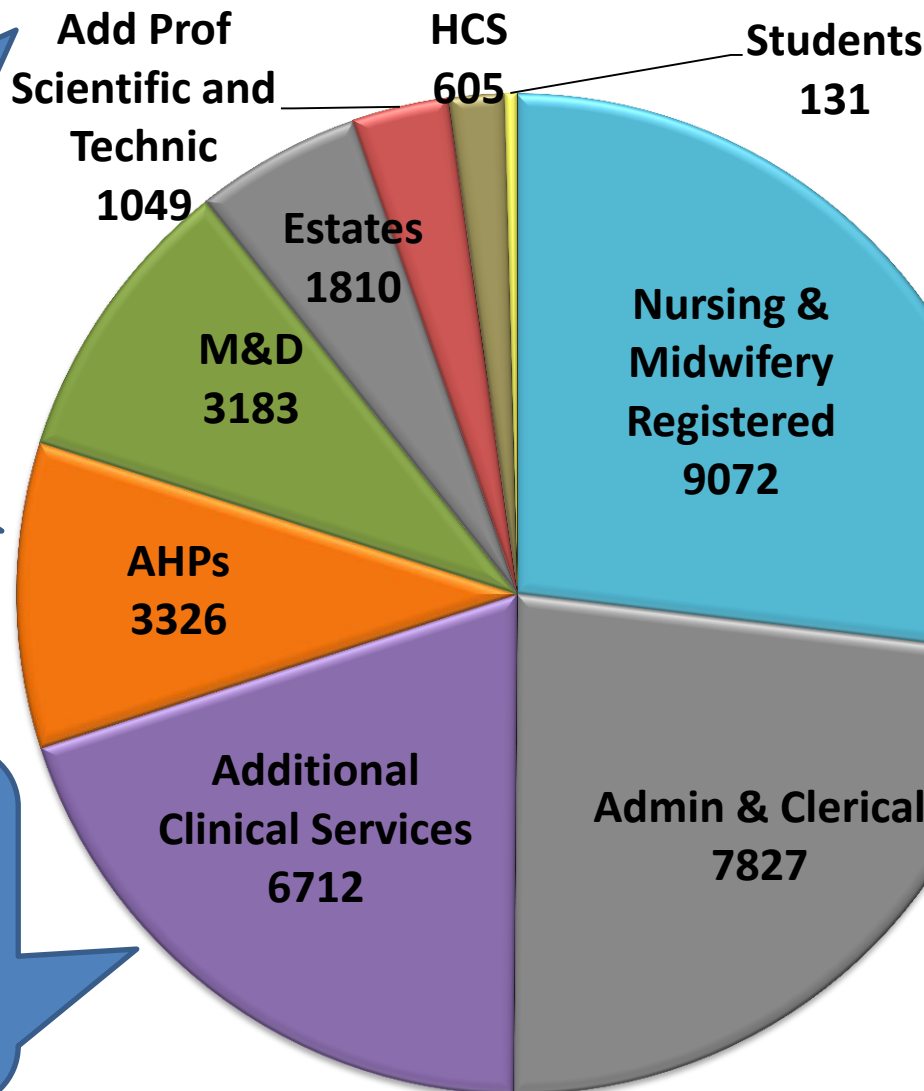
# Kent Workforce Breakdown

Health Education Kent  
Surrey and Sussex

(inc Pharmacists, Physician Assistants, Social Workers, Psych Therapists, Optometrists)

(inc Para's, Podiatrists, Dietitians, Physios, Radiographers, SALTs)

(inc Ambulance Care Assistants, Phlebotomists, Counsellors, Pre-Reg Pharmacists, Social Care Support Workers)

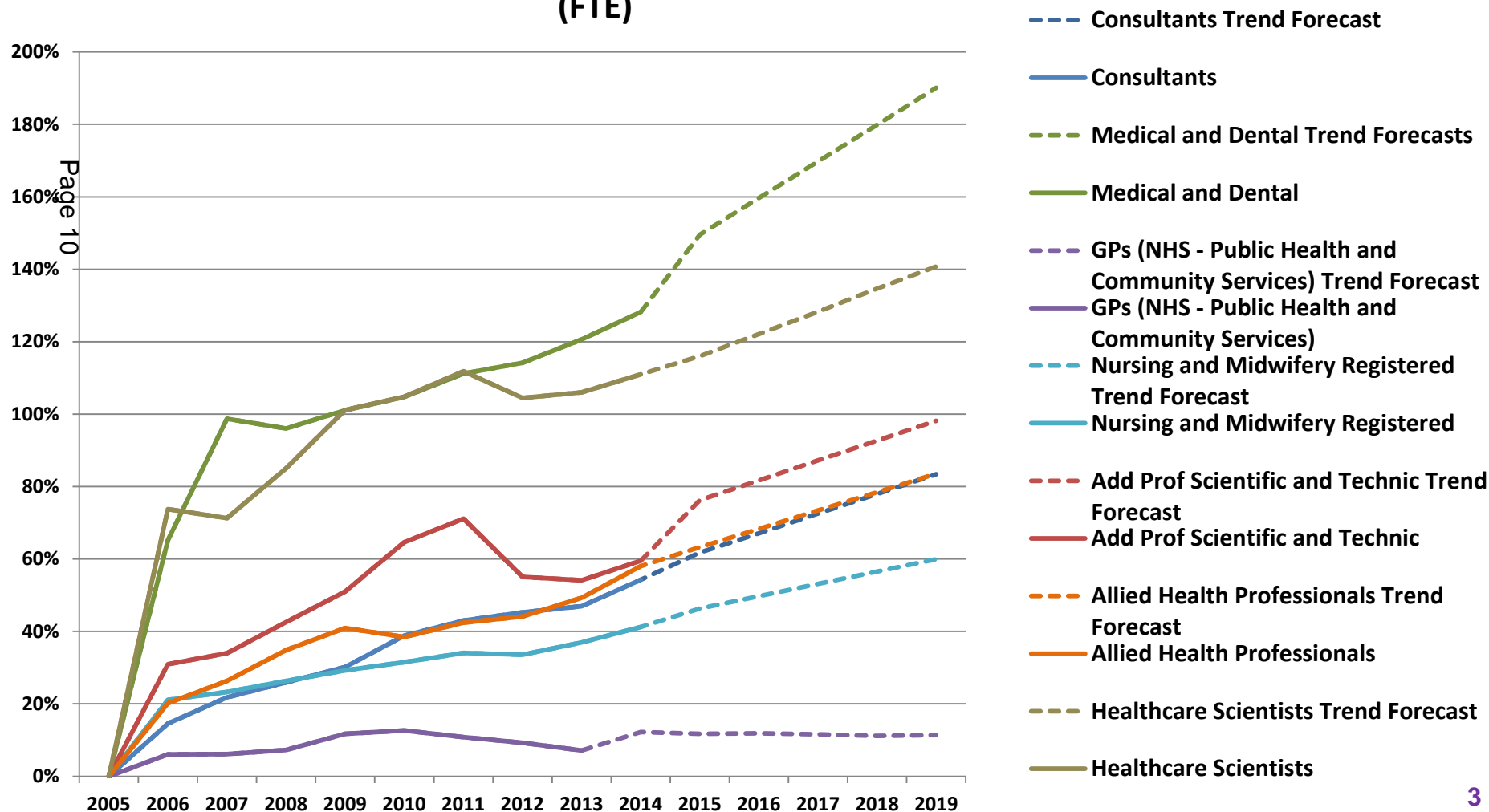


(inc Adult Ns, Midwives, District Ns, Enrolled Ns, Nurse Consultants, Matrons, Health Visitors, School Ns, Paediatric Ns)

# Kent Workforce Trends

Health Education Kent  
Surrey and Sussex

Kent - Workforce % Growth 2002-2013 and HEKSS Trend Forecasts from 2014  
(FTE)

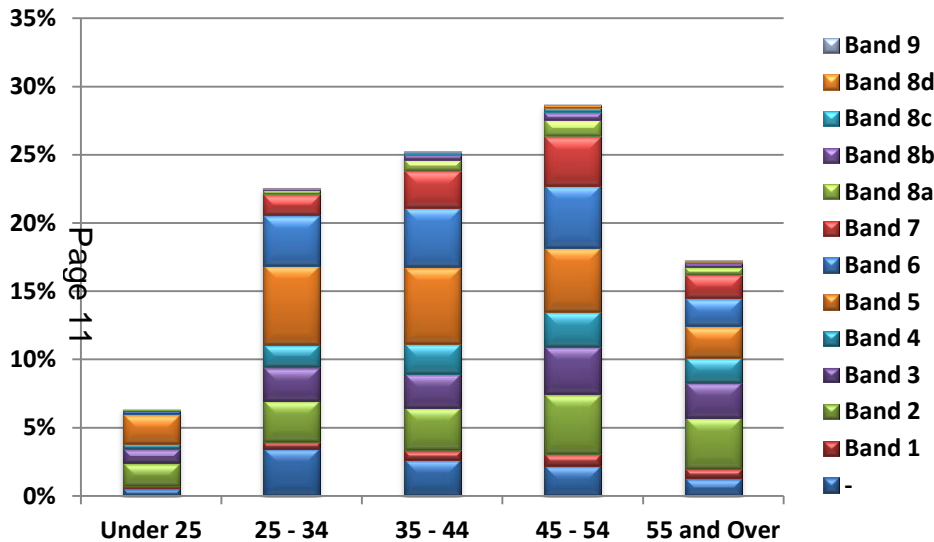


# Kent Workforce Profile

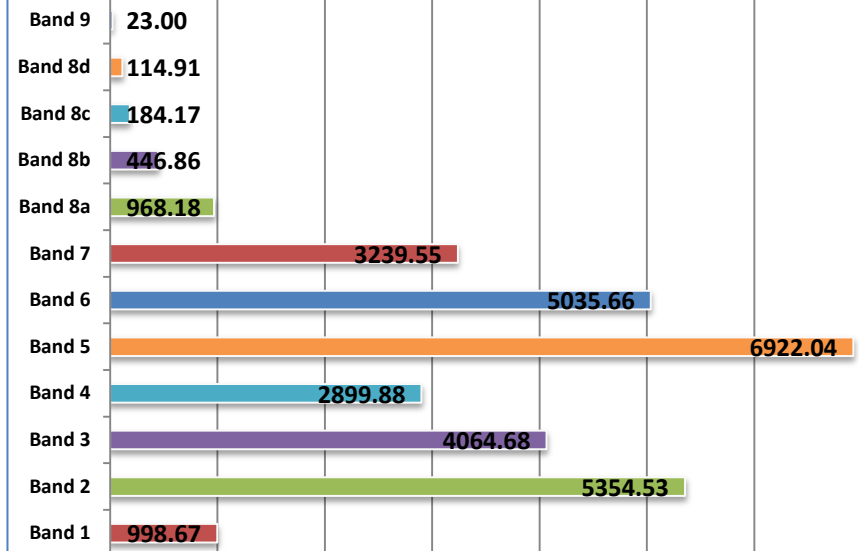
Health Education Kent  
Surrey and Sussex

## Non-Medical Workforce Profiling

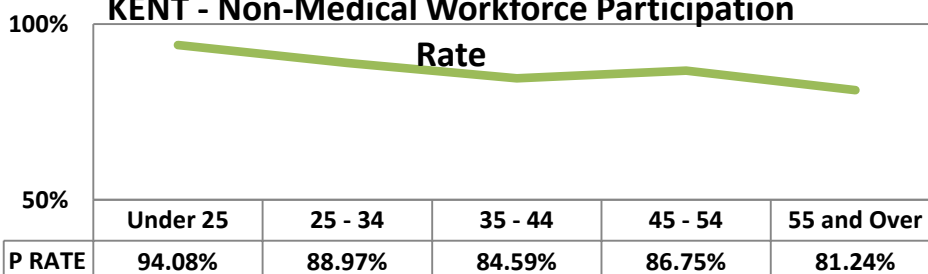
### KENT - Age Profile by Age Band



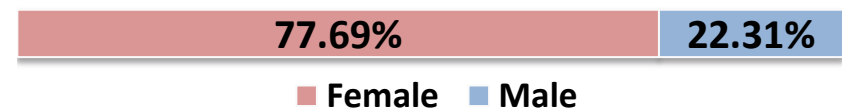
### KENT - Non-Medical Workforce (FTE)



### KENT - Non-Medical Workforce Participation



### KENT - Non-Medical Workforce Gender Breakdown

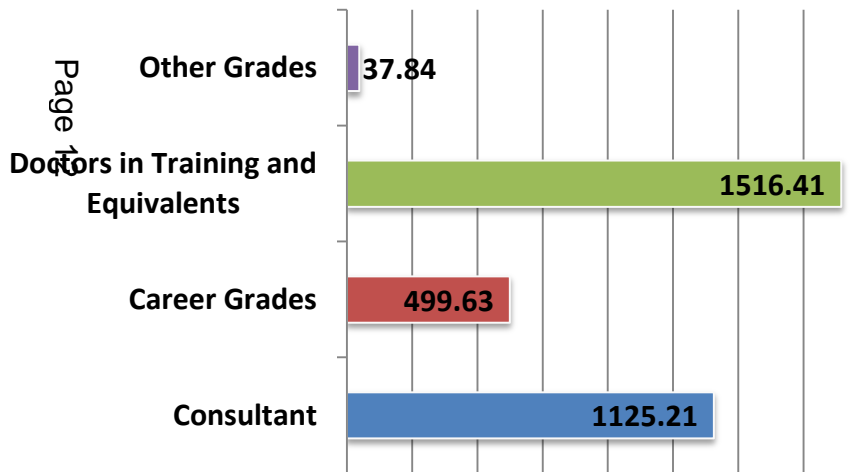


# Kent Workforce Profile

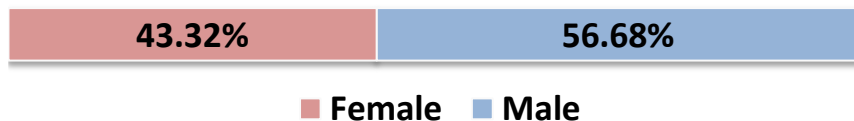
Health Education Kent  
Surrey and Sussex

## Medical Workforce Profiling

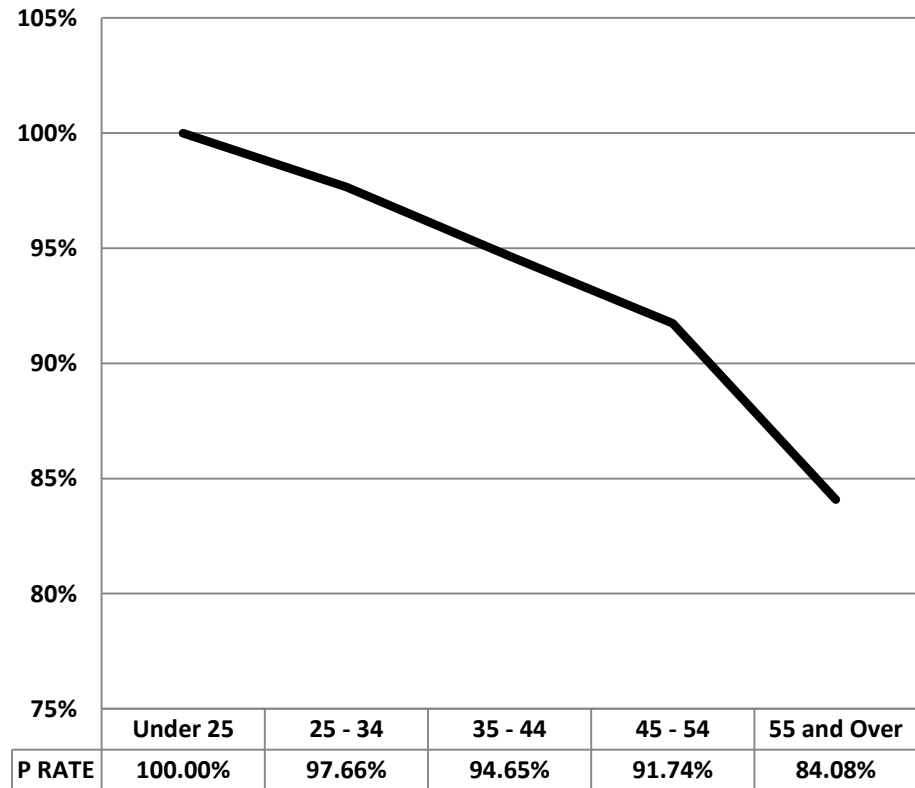
**KENT - Medical and Dental Workforce (FTE)**



**KENT - Medical and Dental Workforce Gender Breakdown**



**KENT - Medical and Dental Workforce Participation Rate**



# Kent Workforce Profile

Health Education Kent  
Surrey and Sussex

## Risks and Challenges Summary

- **Geographic recruitment** difficulties in areas such as Thanet.
- **Workforce shortages** in many areas; across Nursing as a whole, Health Visiting, Allied Health Professionals, Emergency Care, salaried General Practitioners, Band 6/7 Specialist Clinicians etc.
- **Aging workforce** - some organisations in Kent have a high risk of employee retirement.
- Some service areas struggle with high **sickness rates**, difficulties in **staff retention** and maternity cover.
- **Staffing cost pressures** e.g. locum, overtime , 7 day service, Safer Staffing
- High use of **agency, bank and locum staff** .
- **Population growth** (12.6% - 20 year forecast)
- **Competition** from London.



## Workforce Modernisation Examples

- **“The Street Triage”** pilot enhancing working relationships between Kent and Medway NHS and Social Care Partnership Trust and the Police.
- **Reviewing band 4 Healthcare Assistants role** and increase numbers with a view to optimise qualified nursing time.
- Enhanced neighbourhood care team supporting **Pro-active care** and rehabilitation.
- **Advanced Practitioner Nurses** in Children's Community Services.
- Integrated Primary Care Teams at Practice level to support **admission avoidance** .
- **Peer support workers** in mental Health.
- **Physicians Associates.**

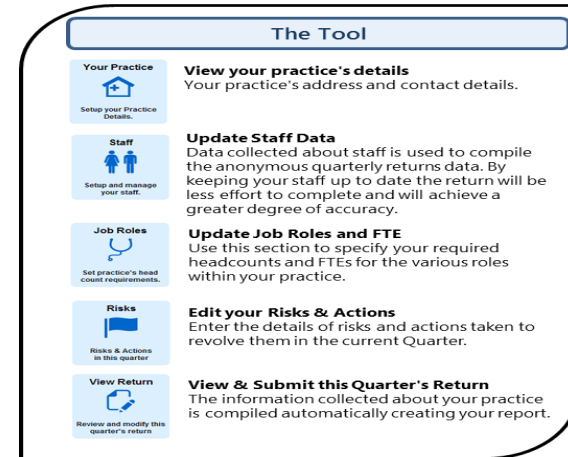


# Kent Service Transformation Primary Care Case Study

- Future Workforce –
  - GP Tool
  - Strategic Workforce Plan

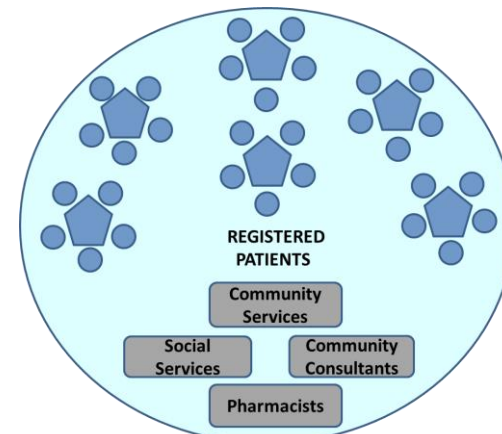


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- Workforce Development
  - Acute Skills and Community

- Education Support
  - Community Education Provider Networks





# Kent Workforce Development



Health Education Kent  
Surrey and Sussex

- **HEKSS Skills Development Strategy**
  - **Dementia** e.g. foundation level training (on target), training programmes to empower families and carers, and healthcare professionals
  - **Emergency Care** e.g. Staff & Associate Specialist Upskilling Programme, Dementia Fellowship, Pharmacy into emergency medicine pathways, advanced paramedics
  - **Children and Young People** e.g. Health Visitor training, asthma training workshops and sonography working groups
  - **Technology Enhanced Learning** e.g. Simulated Ambulance, e-learning Network, faculty development training
  - **Career Progression** e.g. Health and social care apprenticeship programme, Pre-employment programme, Care Certificates, Career Advice Workshops



# Kent Early Help and Preventative Services

Health and Wellbeing Board  
28<sup>th</sup> January 2015

# Kent Early Help Definition

- Early Help means intervening as soon as possible to tackle emerging problems. It is about ensuring that every child and young person from pre –birth to age 19, and their family, who needs early help services will receive them in a timely and responsive way, so that they are safeguarded, their health, educational, social and emotional needs are met and outcomes are good.
- Early Help reflects the widespread recognition that it is better to identify and deal with problems early rather than respond when difficulties have emerged and intervention can be less effective and often more expensive.

Preventing or minimising the risk, of problems arising – usually through universal services such as schools, children's centres, youth work and health provision.

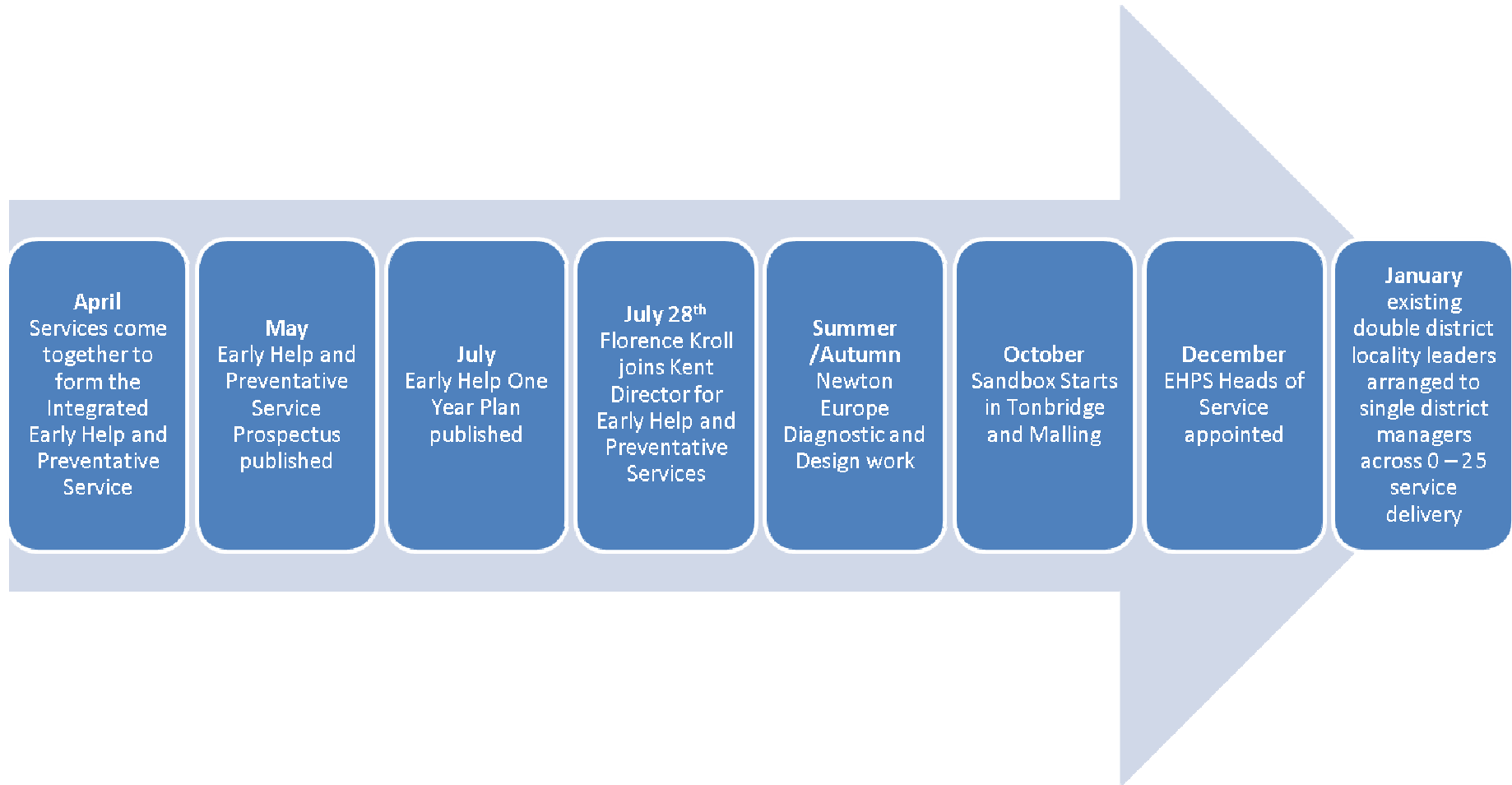
Targeting individuals, groups at high risk or those showing early signs of a particular problem to try to stop it occurring or escalating.

**Early Help and Prevention is about:**

Providing early help services that respond effectively to needs, to redress the situation, stop problems getting worse and improve outcomes.

Multi disciplinary and Multi-agency services delivering in a joined up way to have maximum impact on improving outcomes.

# Early Help and Preventative Service Development Timeline 2014



# Why Change is required

5 services brought together – inequality in pay grades and management responsibilities

Structures not aligned to other children's services and not in 0 to 25 arrangements

Need more flexibility in the service, less duplication and more contact time with families

Savings to be realised – structure and processes need to be more efficient

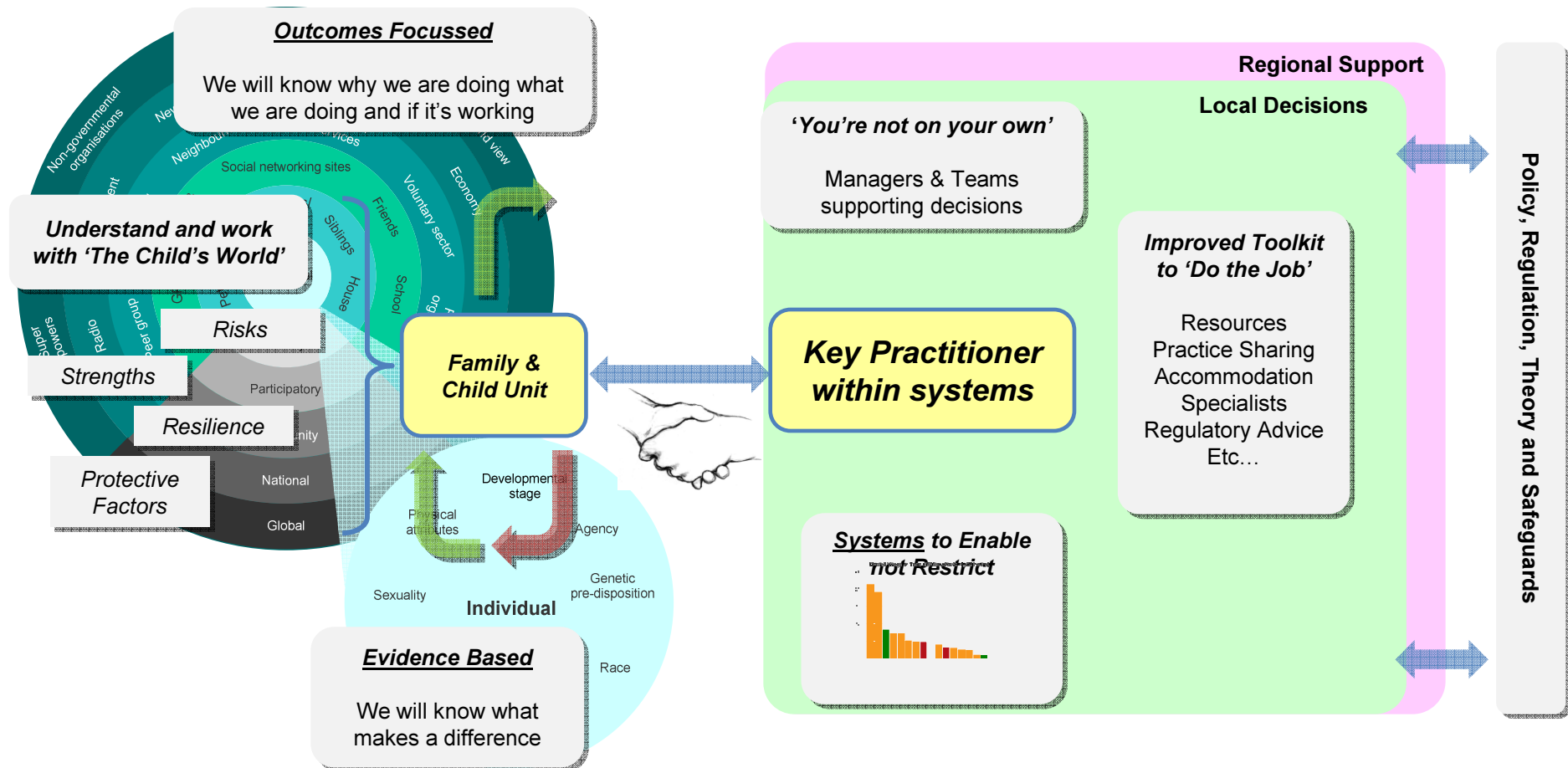
Service needs to be able to work effectively with step down and edge of care cases

Troubled Family remit wider. Criteria will include younger children

# 0-25 Ways of Design Principles and Working Vision

*We will have fully integrated children's services that deliver the best outcomes and safeguards for children, young people and families"*

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# Aspire, Believe, Achieve

## *EHPS values and principles*

- Children and young people are healthy and safe, they are able to enjoy their youth and achieve well, we support their transition to **independent and successful adulthood**.
- We enable children, young people and families to have high aspirations, leading to achieving more than might be thought possible, greater **independence and resilience**
- We ensure that children and young people can access a wide range of **opportunities**, we provide **support** for those who need it.
- We celebrate and are proud of the **successes of children, young people and parents**.
- Some children young people and families act in an unacceptable way – harm themselves, harm others, their families and communities. **We do not condone this – but we do not walk away from it either.**
- Some Young people face **significant pressure and influence** to become involved in crime, drugs and other risks. We facilitate **positive role models** from within communities and help prevent negative behaviour
- Individuals young and older have the **capacity to effect positive change**
- The **voice** of young people and families should be central to service delivery
- Children, young people, parents and carers **participate widely in advisory fora and boards**. We encourage co-production and ensure they have a voice in shaping service delivery

# EHPS Working in partnership

Partnership with communities, VCS and statutory bodies provides a rich array of opportunities. **We value, respect and support the excellent work** all groups do with children, young people and families and we work to support them to do more.

We will **respond** to the advice, guidance and requests of partners to provide services in areas experiencing particular challenges . We will work together in assessing strengths and need across the area to inform service delivery and commissioning of services

We will work with and **build the capacity and resilience** of local groups and communities to access resources that provide creative and innovative opportunities and support

We will foster skilled **professional dialogue** between staff in EHPS and the wide range of other agencies, partners and communities





Reduction in children and yp requiring statutory intervention

Reductions in re referrals

Increased involvement of vulnerable children and yp in positive activities and community participation

Reduction in the number of LAC in the criminal justice system

Improved family well being and independence

Providing skilled help to parents /carers to change behaviour enabling more children to stay safely with their families



Reductions in Teenage pregnancy

Reducing obesity

Increasing breastfeeding

Percentage of children by 2nd birthday receiving immunisation for MMR1

Promoting emotional well being , positive mental health and resilience

Promoting and contributing to the **Kent Six Way to Wellbeing** - evidence-based actions which promote people's wellbeing. **Connect, Be Active, Give, Keep learning, Take Notice, Care.**



Reductions in permanent exclusions and rates of persistent absence from school

Improved educational attainment outcomes and closing of attainment gaps at all ages

Reduced NEETs and improved participation in learning and training

Improved readiness for school by vulnerable children at age 5

Improved participation in 14-19 vocational pathways ,take up of employment with training, and apprenticeships by vulnerable groups

EHPS performance indicators across SCS, Health and Education

# School Ready, Work Ready, Life Ready- Outcomes for children and young people

Core principals focus on the importance of health, safeguarding, educational success and involvement in a wide range of opportunities

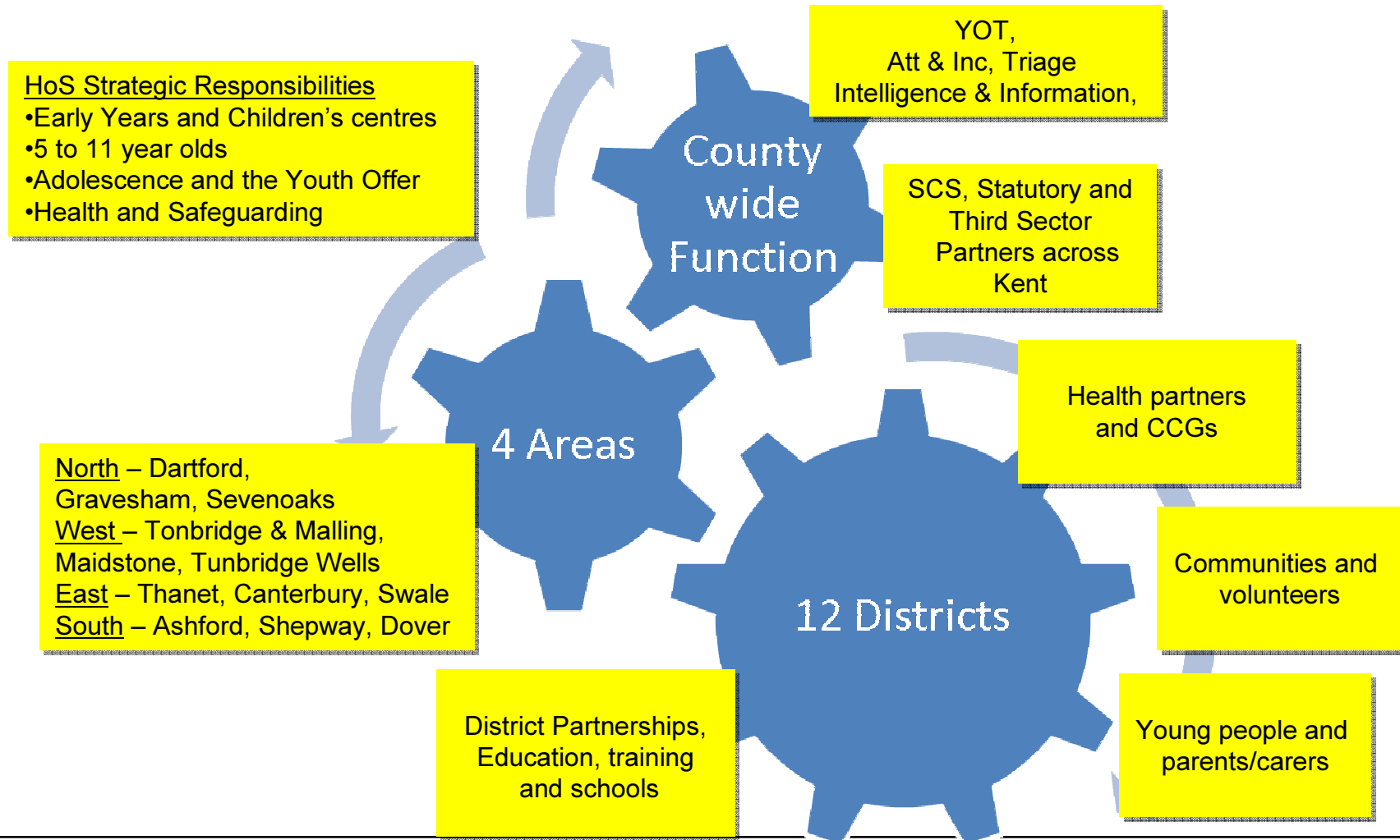
All children have the social and emotional capability to be school ready at five

All children are safeguarded and are able to make successful transition between education stages

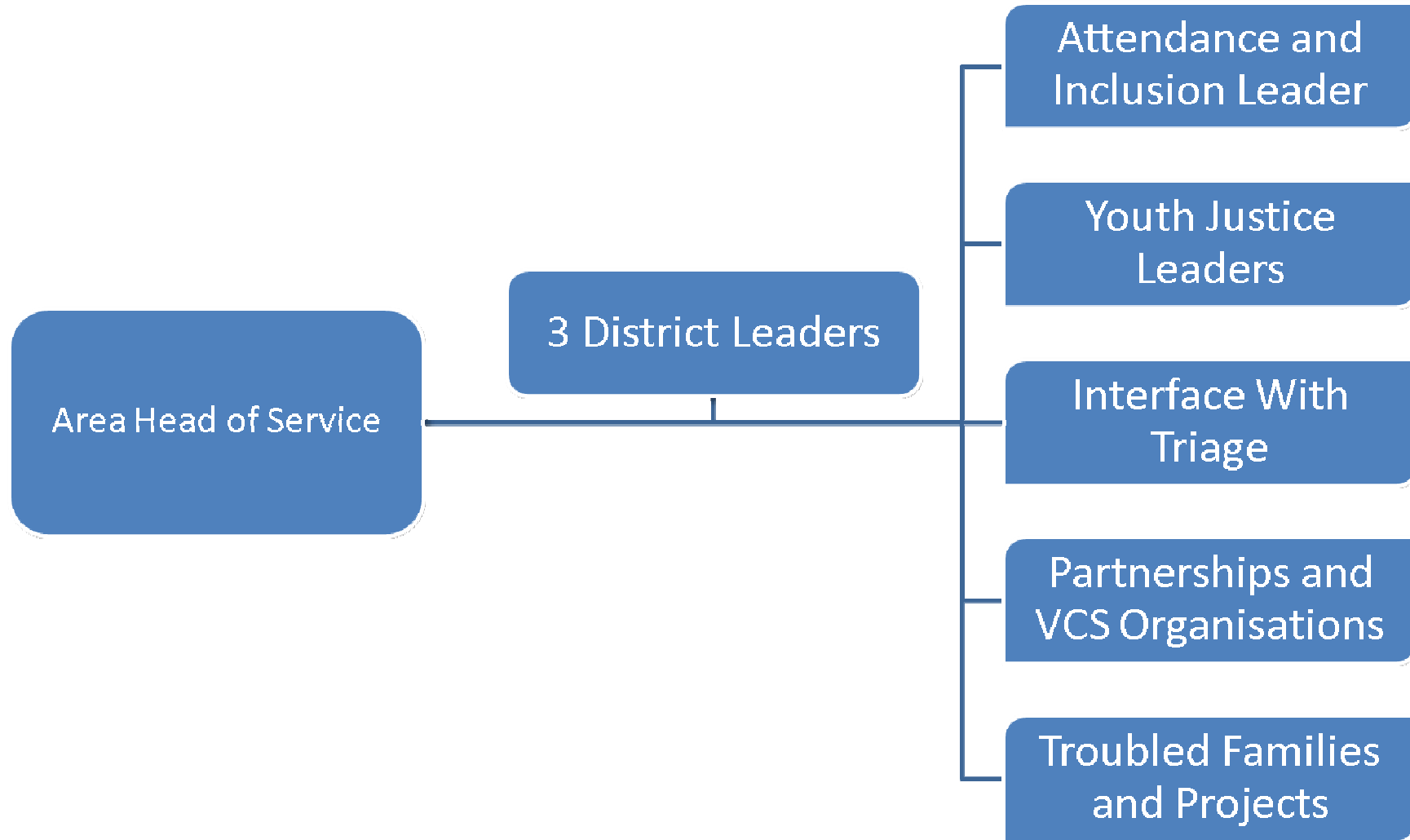
All children have access to high quality pre-school, primary, secondary and tertiary education or vocational opportunities

Early Help and Prevention has an important role in safeguarding and supporting the achievements, health and well being of disadvantaged children and young people and families with multiple problems

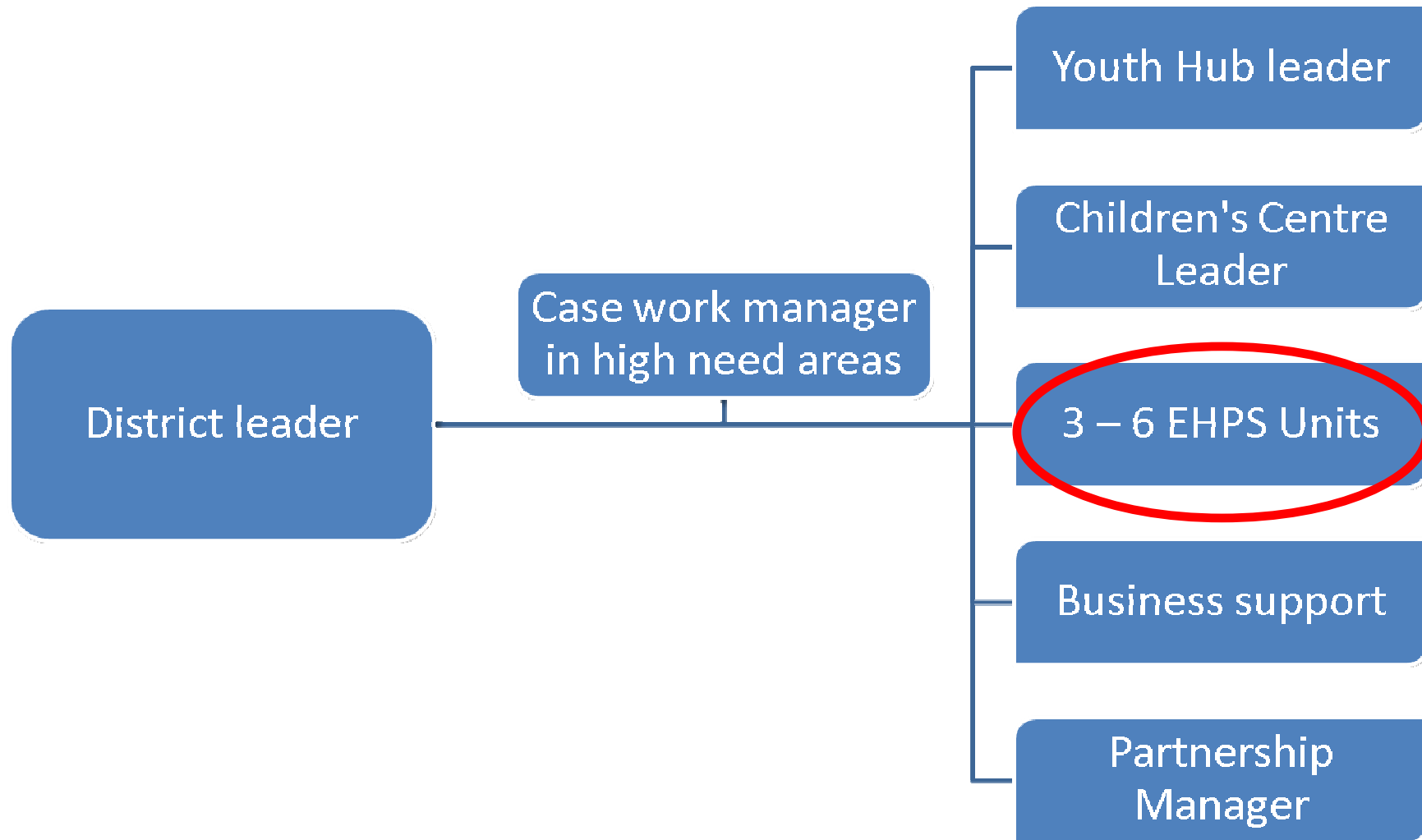
# EHPS an Integrated Service aligned to existing structures and partnership



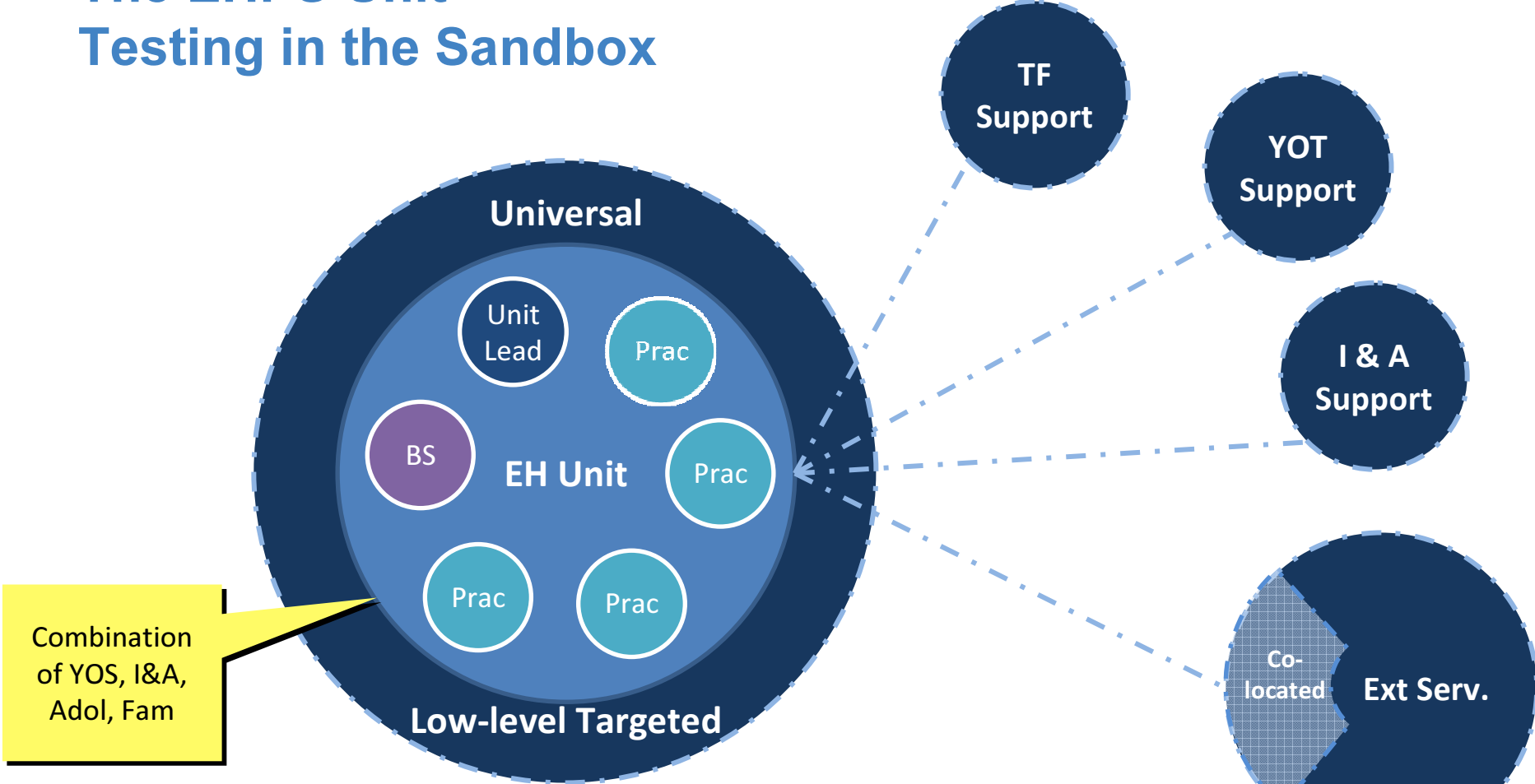
# EHPS Working together in Areas



# EHPS Working together in Districts



# The EHPS Unit – Testing in the Sandbox





## Some Facts and Achievements



September to December 2014

- A triage process of all notifications is helping to ensure effective decision making and allocation to access appropriate advice and support including Early Help and Troubled Families commissioned services.
- **2918 notifications** were processed, an increase from 1978 CAFs in the same period of 2013
- 23% SCS (352 – CDT, 311 step down, 16 joint)
- 60% (1458) schools and PRUs
- 25% (531) health
- 3% (90) family self referral
- 2% (52) housing, police and VCS
- 4% (108) referrer not recorded
- In the Sandbox 60 cases stepped down from SCS over 7 weeks. Historically 4 per month – now achieving 4 per week
- Improved outcomes and Increase of step-down cases from social care in sandbox with closer working relationships being developed to improve step down processes and help reduce the number of step up cases
- 1193 missing children notifications received of which 73.1% are Kent yp, 26.9% OLA placements
- Of the 1193 missing children 16% (193) were not open cases to SCS (128 cases closed and 65 not previously known)
- 410,000 attendances in KCC and commissioned youth work projects including outdoor education centres
- 28,500 votes cast by young people for Kent Youth County Council elections
- 65,355 children aged 0-4 are registered with a Children Centre
- Children's Centres offer help and support to an average of 13,000 families per month

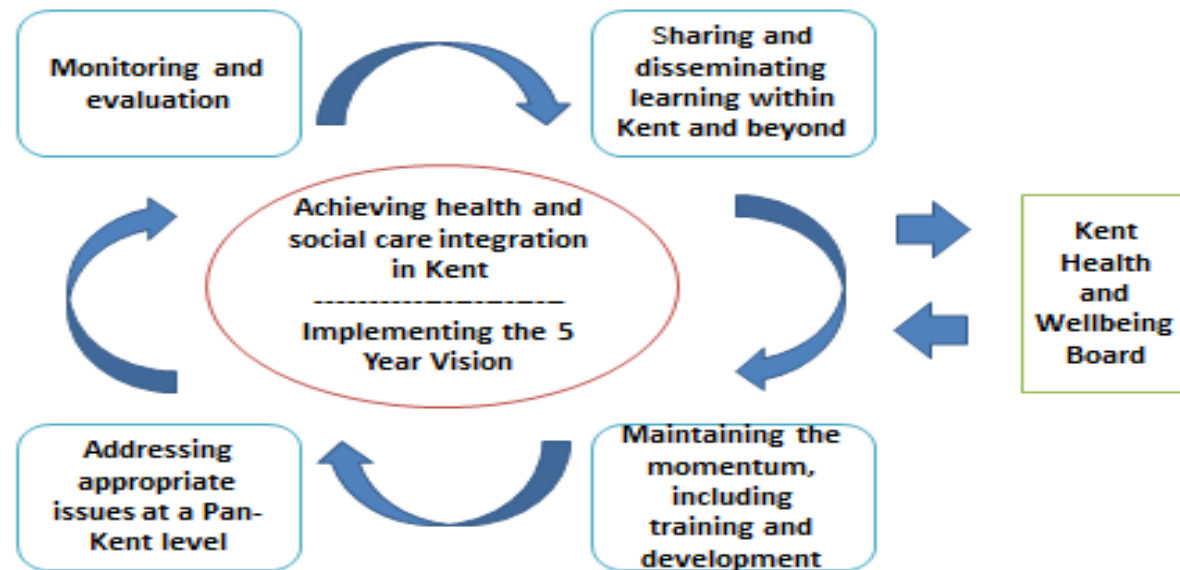
# Accessing Early Help Support

- Notification form sent to EHPS triage
  - [earlyhelp@kent.gov.uk](mailto:earlyhelp@kent.gov.uk)
  - 01622 221 222
- Notification form available on Kelsi
- Requires basic information and reason for request for support
- Checks are carried out – priority cases turned around in 2 days. Other cases in 2 weeks.
- Triage will decide most appropriate service
- Allocated worker undertakes assessment plan and activity



# Integration Pioneer Steering Group update:

- **Reflection on System Leadership workshops to decide future working of Integration Pioneer :**
  - Integration to be implemented locally and sharing good practice across localities
  - Learning from National sites and support organisations
  - Umbrella organisations of Pioneers

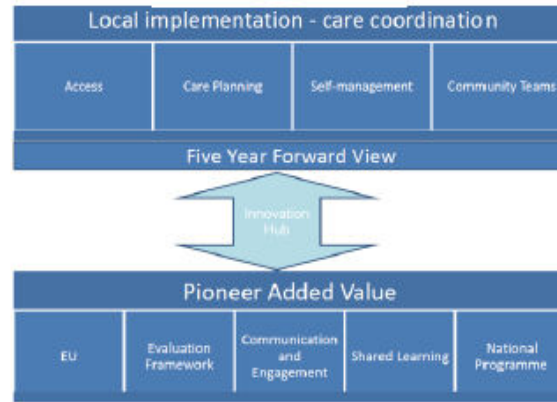


# Integration Pioneer Steering Group 19 January 2015

**Simon Stevens (Chief Executive of NHS) due to visit Kent Integration Pioneer on 24 February 2015**

- **Articulate a strong vision – what can Kent citizens expect?**
- **Opportunity to showcase good examples of integration**
- **Test bed sites locally fitting with new models of care in 5yfv**
- **Workforce transformation / development**
- **Evaluation is key linked to the Centre for Integrated Care**
- **Knowledge sharing locally, nationally and internationally**





## Ashford & Canterbury



- Neighbourhood Care teams – providing care to people within their own homes
- Community Based services to ensure that health, social care and voluntary services are based around individuals and the communities in which they live and work
- Development of a shared care plan
- Creating community networks, meeting local need and providing support and advice to people that need it.

## North Kent - DG&S & Swale



- Integrated Primary Care teams, providing needs led person centred care
- Full development of Integrated Discharge Team that will focus on admission avoidance and appropriate discharge
- Development of Integrated Dementia teams
- Developing shared care plans and IT that supports data sharing and care coordination.

## South Kent Coast



- Prime Ministers Challenge Fund
- Development of a shared care plan
- Development of an integrated care organisation, including the horizontal integration of teams that put the citizen at the centre
- Development of multidisciplinary community hubs
- Development of a MCP model.

## Thanet



- Integration of teams including GP, mental health, care management, community nursing and intermediate care services
- Development of an integrated care organisation, that will not be solely medical model but will focus on reducing inequalities
- Focus on Self management, Self care and prevention and Thanet's communities will be enabled to support health and wellbeing
- Development of a community capacity model
- Thanet has an Acute site on its patch and is developing a model moving towards a possible hybrid PACS.

## Sharing and Disseminating Learning

- *Kent Innovation Hub* – Innovate Communicate Disseminate - A central communication network, with most activity hosted virtually through Tweet chats and webinars with additional workshops and conferences, focusing on themes that support the Integrated Care and Support
- *Kent Innovation Labs* - A physical space that allows for collaboration between public and private sectors, academia and populations, working together to solve difficult problems & develop solutions
- *European Work* - Benefiting from the experience with similar issues across Europe: bringing the best practices and lessons learned to Kent through our CASA and Engaged Programmes.

## Pioneer Added Value

- *Distributed leadership*: training and development to enable people to transcend organisational boundaries
- *Creative space*: the importance of maintaining focus and securing engagement of staff, users, patients and citizens
- Agreeing strategic commissioning needs
- Financial modelling to help build transparency and trust.

## West Kent



- Integrated Care Plan Management System
- Cross organisational shared IG agreement
- Integrated shared care plan
- Enhanced Rapid Response Service.

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**Healthwatch Kent**  
**Quality & the Health & Wellbeing Board**

# Steve Inett Chief Executive



## Last time...

- Avoid duplication of existing performance monitoring
- Use what's already known
- High level, system wide issues
- Inform planning
- Strengthen links between HWBB, HOSC and QSG



## Since then...

Confirmed that the report should:

- Provide priorities for focussed work by Kent HWBB
- Be intelligence based but focussed and accessible
- Identify existing issues with the health and social care system that are barriers to providing effective services
- Be an opportunity for existing mechanisms such as QSG, HOSC, HWBB network, Pioneer and Quality in Care to contribute
- Be lead by Healthwatch Kent





## Healthwatch role

- The public report personal experiences, not concerns about a wider system problem
- Organisations are responsive to addressing improvements internally
- Organisations raise concerns about addressing issues involving partners in the system
- Healthwatch is about intelligence and talking to people



## Process

- Stage 1
- Healthwatch Kent contact key stakeholders
- Bring together the known issues affecting the system
- Compare with themes raised by the public
- Highlight the shared themes
- Present to HWBB and suggest 3 areas that the board might treat as priority
- Agree membership of working group



## Process

- Stage 2
- Working group will:
- Investigate what work is underway to address the 3 priorities
- Identify gaps
- Identify indicators that might demonstrate improvement
- Present to HWBB and agree what additional work could be undertaken



## Process

- Stage 3
- Board review progress and whether issues are improving
- Review any new issues raised from QSG, HOSC etc
- Review priorities



## Next steps

- Healthwatch Kent will contact a range of stakeholders and ask them to:

Identify 3 issues that affect the quality of health & social care, specifically issues that are complex and involve the interaction of more than one part of the health and social care system.



## Stakeholders

- Kent HWBB members
- Local HWBB chairs
- Providers
- Pioneer Team
- Quality in Care Team



THANK YOU FOR YOUR TIME



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