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To: Health and Wellbeing Board, 15 July 2015

Subject: **Update on Quality and the Health and Wellbeing Board**

Classification: Unrestricted

Summary:

This paper updates the Board on progress regarding producing a Quality Report that fulfils the requirements set out in the Francis report and gives an overview of quality issues in Kent.

Issues affecting the quality of health and social care service to the public are often complex and rely on effective partnership working with other parts of the system. Whilst issues for individual services are addressed by their commissioners, there is a potential role for the Board in addressing the complex issues that affect the experiences of patients and service users.

Many of those issues are already known and there is activity to address them. This report aims to identify the highest priority issues, plan how to understand what activity is happening to address them, and how to update the Board on progress.

The Board is asked to agree that:

- (a) The Quality Report has effectively identified the potential priorities for the Board**
- (b) The Board has identified which issues will form the priorities of the Board**
- (c) Where there is no existing working group, Healthwatch Kent coordinate a group to understand current activity in each priority**
- (d) There is a regular update to the Board on progress coordinated by Healthwatch Kent**

1. Introduction

The quality of health and social care service members of the public receive can be impacted by a range of complex factors. A paper was presented to the Kent Health & Wellbeing Board (KHWBB) in September 2014 recommending a regular report coordinated by Healthwatch Kent (HWK) that fulfilled the requirements set out in the Francis report and gave an overview of quality issues in Kent.

The aim of the report is to assist forward planning by Board membership organisations and agree priorities for consideration by the Board. Discussions at the Board meeting in September raised concerns about the risk of duplication of existing performance management processes and getting further clarity about the purpose and format of the report.

At the KHWBB meeting in January 2015 it was agreed that the report be a short document summarising the issues raised from the sources above and identifying the key themes.

These issues would be gathered by Healthwatch Kent via conversations with the appropriate contact in each commissioning organisation, provider or group.

It is proposed that a very short list of issues be agreed as priorities which the KHWBB feel are having significant impact on the provision of quality services. AND can only be addressed by a cross-county, system-wide approach. These issues will be very complex and need exploring in more depth including:

- Understanding work currently being undertaken that involves KHWBB members or groups such as QSG, Quality in Care, Pioneer etc.
- What might be needed to enhance that work including how partnership with Local HWBBs could effect change
- Understanding progress made and how progress is measured
- How progress might be reviewed in the future

Healthwatch Kent will report back to the KHWBB regularly with these findings.

2. Process

Healthwatch Kent contacted all members of the Kent Health and Wellbeing Board and therefore the chairs of the local boards, as well as other commissioners and providers in health and social care who are not members of the board but provided insight into system issues.

In total 36 people were invited to speak with us.

We spoke with 22 people mostly via telephone interview over a period of 6 weeks. The interviews were carried out by Healthwatch Kent CEO and volunteers.

The interview was structured as a conversation that set out the purpose of the report and encouraged respondents to highlight three areas. They were given complete freedom regarding the issues they chose, providing they were system issues. In the main respondents had prepared for the interview and already had their points prepared.

Notes were made of the responses. These were then collated and volunteers identified the key themes in what was said.

3. Results

The most common areas raised were:

- Finance
- Being Patient Focussed
- Workforce

We found it helpful to break down the results into perceptions from Health Commissioners, Health Providers and Kent County Council Teams on each of the three areas. Below are examples of what was said:

Finance

Health Commissioner	There is a need for transforming primary care, retaining the good in GP practice whilst giving headroom to develop. Possible transformation funds would enable this
Health Provider	Short term commissioning of innovative projects makes it difficult to run services. Schemes need to be in place long enough to evaluate what works well and makes a difference.
Kent County Council Teams	Need to continue to look at actual needs and highlight differences in funding levels in Kent compared to neighbouring areas.

Patient focus

Health Commissioner	Mismatch between public expectations and what can be delivered We need to be communicating to the
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	public how services may need to change and be used, with the public taking on more responsibility and focus on prevention
Health Provider	How can patient dignity and respect be maintained in a highly pressured environment? Discharge difficult in a timely fashion when social services budgets are also cut. It is hard to manage discharge safely
Kent County Council Teams	System leadership not clear and so busy no time to share challenges Many doing similar things but called different names and at different paces

Workforce

Health Commissioner	There are not enough staff. How can we measure productivity and quality when there is such a shortfall? There needs to be more joint assessment to allow better patient treatment.
Health Provider	Challenges in recruiting and retaining, zones of groups of workforce in Kent and Medway mean everyone is fishing from same pools
Kent County Council Teams	There are significant cultural differences between health and social care and acute and community trying to achieve the same thing but differently. There needs to an integrated approach to recruitment.

Other issues of note were:

- Public awareness and articulating what good looks like
- System leadership and accountability is not clear
- Organisations continue to work in silos

- Some providers were unclear about the role of the KHWBB in the system as there is not enough communication
- Premises need to be reviewed together

4. Links with current work

It is reassuring that there are no surprises in the feedback received and work overseen by the KHWBB is already happening on some issues namely:

The Kent & Medway Growth & Infrastructure Framework discussed at the KHWBB in May could inform any discussions nationally about funding.

The Workforce Task & Finish Group

The work of the Integration Pioneer Project

5. Conclusion

The original discussion was that the KHWBB should select a shortlist of the issues to address as a priority. The board should consider if the issues highlighted in this report should inform the priorities of the board for the next twelve months. The board should then identify which issues are the agreed priorities.

The board should consider how best to gather information on existing activities for each priority e.g. task and finish groups or a single working group. Healthwatch Kent is able to coordinate a group if agreed.

The board should consider how progress is reported.

Recommendation(s)

The Board is asked to agree that:

(a) The Quality Report has effectively identified the potential priorities for the Board

(b) The Board has identified which issues will form the priorities of the Board

(c) Where there is no existing working group, Healthwatch Kent coordinate a group to understand current activity in each priority

(d) There is a regular update to the Board on progress coordinated by Healthwatch Kent

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