

# **Systems Reform – improving outcomes for the socially excluded**

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**Chair, Healthcare Commission**

*Birmingham*

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# Healthcare Commission

Regulatory Body

Regulation one of levers Government  
can use to effect change

# Principal roles

- To encourage improvement in the provision of health services and healthcare  
(NB to encourage, not to do the improving)
- To assess and report on the performance of those providing and commissioning healthcare and health services

# Concern about health and healthcare is a concern about social exclusion

- Social exclusion is a determinant of health
- Ill health can be a cause of social exclusion
- Social exclusion can be a cause of ill health, eg access, health inequalities
- Need to break the circle
- No single “fix”, no single agency – need all local agencies working together

# Concern about Social Exclusion part of Commission's Vision

- Equal citizenship
- Focus on “seldom heard”
- Focus on children, adolescents, those with complex needs, those with mental health problems, elderly, those with learning disabilities, BME communities

# 5 Principles of System Reform

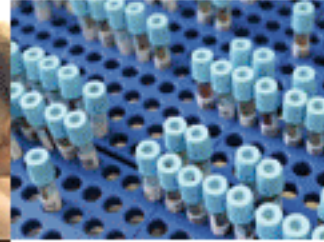
Embedded in the Healthcare  
Commission's approach to  
regulation

# Illustrations

- Better outcomes – Northwick Park, Cornwall, BME Census, Children's hospital services, developmental standards
- Identifying risk, surveillance and early intervention – streams for surveillance based on ethnicity, age, deprivation
- Sharing good practice – Epsom after Northwick Park
- Working in partnership – CSCI, Ofsted, YOTS, PCC, CRE, DWP, Information Centre (given socially excluded have contact with many public services at same time and (re DWP) long term ill excluded from job market and (re IC) sheltered work indicator)
- Drawing up plans for action and supporting achievement – improvement reviews re tobacco control, substance abuse, mental health services; weakest trusts received support re improvement plan.
- Using a self-improving model to assess performance

# Challenges

- Commissioning of services – assessment of needs across spectrum; capacity of commissioners, eg re families with complex needs
- Really joined-up working
- Data/information to know what is happening, report and hold to account - data not rich in indicators of social exclusion; have to use proxies - IMD 2004 linked to inpatient records (HES); mental health census being used to influence content of MHMDS – ethnicity, religion, language; lack of information eg re those living alone
- Benchmarks of performance – understanding what works



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