

# Chorley Public Service Reform Executive

You are invited to attend a meeting of the Chorley Public Service Reform Executive to be held in **Chorley Town Hall, Chorley on Tuesday, 15th September 2015 commencing at 4.00 pm.**

I hope you will be able to attend the meeting for which an agenda is set out below.

## AGENDA

- 1 **Welcome, Introductions and Apologies for Absence**
- 2 **Minutes and Matters Arising from Chorley Public Service Reform Board 16.06.15 (Pages 3 - 10)**
- 3 **Actions from Chorley Public Service Reform Board 16.06.15 (Pages 11 - 16)**
- 4 **Chorley Public Service Reform Partnership Terms of Reference (Pages 17 - 20)**
- 5 **Outline Business Case and Action Plan (Pages 21 - 40)**
- 6 **Implementation Group Update**
- 7 **Programme Resourcing (Pages 41 - 44)**
- 8 **Partnership Oversight (Pages 45 - 58)**
- 9 **Management Development Framework (Pages 59 - 64)**
- 10 **Review of the Integrated Action Team (Pages 65 - 80)**
- 11 **Date of Next Meeting**

The next Executive Group Meeting will be held on 20<sup>th</sup> October 2015 at 16.00pm at Chorley Town Hall.

Yours sincerely



Gary Hall  
Chief Executive of Chorley Council  
For Chorley Public Service Reform Partnership

**Distribution**- All members and officers of the Chorley Public Service Reform Executive.

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# Chorley Public Service Reform Board

**Tuesday, 16 June 2015**

**Present:**

Councillor Alistair Bradley (Chair) and Councillor Mark Perks (Chorley Council), Reverend Martin Cox (Live Well Champion), Diane Gradwell (VCFS) Network, Janice Lea (Age Well Champion), DCI Jon Clegg (Lancashire Constabulary), Carole Spencer (Lancashire Teaching Hospitals), Steve Winterson (Lancashire Care Foundation Trust), Louise Giles (Chorley and South Ribble Clinical Commissioning Group), and Amanda Jakeman (Department for Work and Pensions).

**Also in attendance:**

Sarah James (Head of Policy (Public Service Reform)) and Hayley Hughes (Public Service Reform Programme Officer)

## **1. WELCOME AND APOLOGIES FOR ABSENCE**

The Chair welcomed everyone to the meeting, especially to those attending the group for the first time.

Apologies for absence were submitted on behalf of Gary Hall (Chief Executive, Chorley Council), Councillor Hasina Khan (Chorley Council), County Councillor Tony Martin (Lancashire County Council), Sakthi Karunanithi (Lancashire County Council), Stephanie Tuft (Age Well Champion), Chief Inspector Tracie O'Gara (Lancashire Constabulary), John Buck (Lancashire Fire and Rescue), Sue Moore (Lancashire Care NHS Trust), Janet Hodgson (Runshaw College), Gill Dalton (Department for Work and Pensions), Allan Jones (Business Representative), and Chris Sinnott (Project Director).

## **2. MINUTES OF THE LAST MEETING 21ST APRIL 2015**

### **2a To confirm as a correct record the minutes of the meeting of the Chorley Public Service Reform Board on 21st April 2015**

RESOLVED: That the minutes of the Chorley Public Service Reform Board held on 21<sup>st</sup> April 2015 to be confirmed as a correct record.

### **2b Matters arising not otherwise covered on the agenda.**

There were no matters arising.

## **3. REFRESH OF CHORLEY PUBLIC SERVICE REFORM BOARD - PROGRESS AND RECOMMENDATIONS**

Sarah James advised that the agenda set out progress made on the refresh of the Chorley Public Service Reform Board, and proposed recommendations for the Board to take decisions on. Since the last

meeting on April 21<sup>st</sup> activity has been undertaken to review progress with partners.

These solutions are presented as recommendations, and the board were asked to work through these and make decisions on the recommendations set out; giving consideration to how the Board operates, bringing together principles and proposals, and how partners engage with the programme of activity. Some of the recommendations require a fundamental shift in thinking and commitment to change working in partnership.

#### **4. CONTEXT**

The 'Review and Proposals for the Future Report' was presented at the Public Service Reform Board meeting on 21st April, and was provided to remind partners of the context and background for change. The report was presented for information purposes only.

#### **5. PARTNER ENGAGEMENT**

Sarah James advised that further to the board on 21<sup>st</sup> April, a process was undertaken to engage with partners on the future of the Reform Board. A paper to summarise the discussions that have taken place with partner organisations, and how the changes have been developed as a result was presented for information purposes only.

The discussions covered three key areas:

- Function - Clarity and shared understanding of what we are trying to change – what do we want to achieve? This has included the vision of the Board and work priorities.
- Form - Structures to enable change – how do we need to be organised to achieve that change? This has included the governance of the board.
- Commitment – what do we all need to commit to in order to make that change. This has included an understanding of the resources available in terms of staff and budgets.

The outcomes of the discussions were reflected in the Terms of Reference presented.

#### **6. FORM - REFRESHED TERMS OF REFERENCE AND STRUCTURE**

Sarah James presented the Terms of Reference with a proposed refreshed structure, and new purpose which states "We will work together to integrate and reconfigure public services in Chorley to provide the best outcomes for residents."

The Public Service Reform Board, will look to become an Executive Board who will implement the strategic vision and direct work of the partnership, as well as ensuring measurable outputs are being delivered. The leader of the District Council will act as Chair.

There will be a new group established to pick up lessons learned from task and finish groups last year, with the aim to have consistent membership and commitment from partner organisations. The Public Service Reform Implementation Group will deliver the aims of the vision, assume a portfolio, and manage performance, reporting to the Executive.

Both groups will meet on a monthly basis.

To increase governance and scrutiny, a Public Service Reform Board will be in place, meeting bi-annually, which will hold the Executive to account. The Public Service Reform Board Executive would also be held to account by the Overview and Scrutiny Committee in Chorley Council. This would also ensure that the activity from the Executive was subject to public scrutiny.

Commitment from partners was discussed, including proposals of two levels of partnerships, Full and Affiliated. It was recognised that organisations are in different places in terms of commitment to resources, funding, and organisational structures, and that not all partners are able to give full partnership commitment. Input and support from all partners was welcomed and valued.

It was agreed that as part of the Terms of Reference an additional element to link the Chorley Public Service Reform Board programme with governing bodies of partner organisations should be reflected.

It was also agreed that the practical delivery of the programme will give a significant contribution to partner organisational objectives, and that a link across annual plans would be essential to ensure alignment of strategies, and impact on commissioning reviews.

**ACTION:** For partner organisations to consider how the work of the Chorley Public Service Reform Board can be linked into annual plans to support alignment of strategies.

Clarification on the proposal of having an Independent Chair for the Executive was given, as this was proposed in the Review and Proposals for the Future Report, but following discussions with partners, the Terms of Reference only proposed an Independent Chair for the Public Service Reform Board.

**DECISION: Partners agreed to approve the new Terms of Reference, including the wording of the purpose of the partnership; proposed structure; governance and accountability arrangements and operating arrangements.**

## **7. STATEMENT OF COMMITMENT**

Sarah James defined the Full and Affiliated partner roles. Partners were asked to confirm their level of commitment.

Full Partners being able to: commit to fundamentally changing the way they deliver services for residents of Chorley; commit their organisation to

deliver the work programme; commit to providing an annual financial contribution; engaging in the partnership by advising on what is/is not deliverable; being transparent about other changes to services/structure; and engaging with the wider workforce.

**DECISION: Full Partners agreed as:**

- **Chorley Borough Council**
- **Lancashire Fire and Rescue Service**
- **Lancashire Teaching Hospitals NHS Trust**
- **Lancashire Care NHS Foundation Trust**
- **Chorley and South Ribble Clinical Commissioning Group**

Affiliated Partners being able to; consider changing the way they deliver services for residents of Chorley; commit their organisation to support the delivery of the work programme; engaging in the partnership by advising on what is/is not deliverable; being transparent about other changes to services/structure; and engaging with the wider workforce.

**DECISION: Affiliated partners agreed as:**

- **Lancashire County Council** (to be reviewed in September)
- **Chorley VCFS Network**
- **Lancashire Constabulary**
- **Department for Work and Pensions**

Runshaw College to be confirmed at next meeting.

**ACTION:** Partners to provide written confirmation of commitment, with representative details and full signatures.

All partners thanked for making the commitments agreed.

## **8. APPOINTMENT OF ADVOCATE ROLES**

Sarah James advised that historically these roles have been champion roles.

Three new advocate roles, whose purpose is 'to provide the partnership with a willingness to question and challenge the direction and progress, as well as championing the needs and issues of their particular cohort' were proposed.

These roles included; Business Advocate, Third Sector Advocate and Community Advocate. The roles will work to the following principles;

- To provide a balance between support and challenge
- To ask provocative and challenging questions of the partnership
- To draw on their skills, knowledge and experience to provide a differing
- perspective and champion the needs and issues of a particular cohort

The Board were asked to appoint individuals to fill these roles following nominations.

**DECISION: The Community Advocate was agreed as Reverend Martin Cox and the Business Advocate was agreed as Allan Jones. The Third Sector role was agreed to be resolved outside the meeting, ensuring clarity on how this links to the VCFS Partnership Role.**

It was agreed to review the structure in 12 months time.

#### **9. RESOURCING AND PROGRAMME OFFICE**

The terms of reference set out the role of the programme office as; ‘ The programme office will be responsible for ensuring that the partnership is structured and organised to deliver the strategy. The programme office will be responsible for;

- Administering the meetings of the Board, Executive, and Implementation Group
- Providing a central project and performance management function to drive the delivery of the strategy
- Providing an intelligence and analysis function to develop a robust evidence base to support the strategy
- Maintaining a risk register and where appropriate escalating risks to delivery

The Board agreed that work is undertaken following this meeting to develop a model for how this will be organised and resourced and is brought back to the board, to approve by e-mail, in four weeks time. Any suggestions from the board to develop this function were welcomed.

#### **10. FUNCTION - APPROVAL OF THE CHORLEY PUBLIC SERVICE REFORM STRATEGY 2015-2020**

Sarah James advised that this agenda item covered what we are going to achieve, giving a purpose of the strategy, which will be part of a five year vision.

The three year work plan enables longer term goals, and fit to the principles set out, as well as budget cycles and planning process across partnerships. This would be updated and refreshed on an annual basis.

- Year One sets out plans to cover Integrated Locality Working, looking at design processes, workforce and including a “perfect locality” element. This will also recognise other reform programme activity at a locality level.
- Year Two covers integrated provider partnerships, looking at governance and organisational arrangements.
- Year Three covers Integrated Commissioning, picking up the “Chorley Pound” and how this is spent.

In addition to this, there will be three projects that run across the timeframe:

- System leadership – how do you become leaders of public services
- Culture and Workforce – commonality of development programmes and values
- Data intelligence and sharing – sharing of information and knowledge

Partners were then asked for views on the plan

LCFT fully support the operational plan.

LTHTR advised to link up with Healthier Lancashire and ensure operational plan in terms of health model is aligned, as well as Health and Well Being Board.

CCG advised to consider linking to commissioning functions, and also to consider Personal Health budgets and how these impact in terms of funding. This is a potential risk in terms of integrated commissioning, although some trials have been completed.

Cllr Perks advised about ensuring the activity in the Public Service Reform Programme links with other partnership groups, including Community Safety, Children's Partnership[, and raising awareness with members on activity.

**ACTION:** It was agreed that Programme Office would bring a proposal on how links with other partnership bodies could be reported and communicated.

A request to include Primary Care representation at the Executive was discussed, and Louise Giles suggested inviting Dr Richard Kelsall (GP Director) to become a member of the Executive board.

**ACTION:** Programme Office to arrange an invite to Dr Richard Kelsall to be on the Executive Board, and offer an induction.

Reverend Martin Cox asked how the commissioning work completed in the last year would feed into the proposed workplans. It was agreed that this would be factored into trials established in Year One.

**DECISION: The Chorley Public Service Reform Strategy 2015-2020 was approved.**

### **11. MOVEMENT TO ACTION - 30 DAY WORKPLAN**

Sarah James presented the 30 day workplan, in preparation for starting meetings in earnest from September.

Confirm full and affiliated partners;

Confirm organisational representatives for;

- Board
- Executive
- Implementation

Meeting arrangements;



- Set up monthly meetings for 2015/16 for the Executive and Implementation Group
- Programme Office;
- Develop proposal for the requirements of the programme office and how this will be resourced
- Year One Workplan
- Develop Outline Business Case and action plan
  - Develop summary of overarching projects

It was agreed to report on progress in July, by e-mail.

Meeting cycles were proposed as:

Executive to meet 3<sup>rd</sup> Tuesday of every month at 16.00pm

Implementation Group to meet 1<sup>st</sup> Tuesday of every month at 16.00pm

LTHTR asked that all organisations have some information which is clear on terms of partnership agreements, strategy and workplans, which could be shared with governing bodies, e.g. Clinical Senate.

**ACTION:** Programme Office to draft a presentation covering the key elements of the Chorley Public Service Reform Programme, and include an offer to present at relevant boards in partner organisations.

**DECISION:** The board approved the 30 day workplan.

## **12. ANY OTHER BUSINESS**

Hayley Hughes provided an update on the Well North Programme, and the opportunity to submit an Expressions of Interest to the Well North Board. Members would be kept up to date with progress on this submission.

Councillor Alistair Bradley expressed his thanks to Sarah James for all the work completed on behalf of the board, and wished her success in her future role with Lancashire Teaching Hospitals.

## **13. DATE OF NEXT MEETING**

Due to the re-structure of the board, dates of future meetings would be confirmed outside the meeting.

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## CHORLEY PUBLIC SERVICE REFORM EXECUTIVE

### PROGRESS REPORT ON 30 DAY WORK PLAN (16<sup>TH</sup> JUNE – 16<sup>TH</sup> JULY)

Further to the Chorley Public Service Reform Board meeting held on 16<sup>th</sup> June 2015, it was agreed that a progress report after the first 30 days will be prepared and presented to the Executive, highlighting progress made as well as any issues encountered and proposed solutions. The progress report was provided on 17.07.15.

Actions that needed to be taken in the past 30 days are detailed and updated below, along with an additional action agreed at the meeting relating to linking with Partner Organisations and associated governing bodies.

Action	Lead	Timescale	Deadline	Expected outcome	Update
Confirm full and affiliated partners	PSR Programme Officer	1 week	23.06.15	Full and Affiliated Partner Lists	Partnerships have been confirmed with LFRS, LTHTR, LCFT, LCC, VCFS, Lancs Constabulary, DWP, CCG, and Runshaw College. A local GP representative has also been welcomed as an affiliated partner.  Advocates roles have also been confirmed.  A list of partners including status and contact details are provided at the end of this update.
Confirm organisational representatives for; <ul style="list-style-type: none"> <li>• Board</li> <li>• Executive</li> <li>• Implementation</li> </ul>	PSR Programme Officer	1 week	23.06.15	Membership Lists	This information has been captured as above.
Meeting arrangements; <ul style="list-style-type: none"> <li>• Set up monthly meetings for 2015/16 for the Executive and Implementation Group</li> </ul>	PSR Programme Officer	2 weeks	30.06.15	Forward plan of meetings	Meeting invites have been issued to all confirmed partnership contacts up to the end of 2015. The Implementation Group is meeting on the first Tuesday of each month (with the exception of September which is the second Tuesday), and the Executive Group is meeting on the third Tuesday of each month.
Programme Office	PSR Programme Manager	3 weeks	07.07.15	Development of	It is likely that year 1 of the strategy will require a level



<ul style="list-style-type: none"> <li>Develop proposal for the requirements of the programme office and how this will be resourced</li> </ul>				fully costed report to bring back to Executive for approval at their next meeting	of external support, particularly to facilitate delivery of the overarching work streams. Options and costings are being developed which will help to inform the level of contribution required with the proposal for the Programme Office to be presented to the Executive meeting on 15 <sup>th</sup> September.
<p>Year One Workplan</p> <ul style="list-style-type: none"> <li>Develop Outline Business Case and action plan</li> <li>Develop summary of overarching projects</li> </ul>	Implementation Group	4 weeks	14.07.15	Development of outline business case and action plan for integrated working priority as well as a summary of the three overarching projects	The Outline Business Case has been developed and details will be issued to the Implementation Group ahead of the meeting on 8 <sup>th</sup> September, to be presented to the Executive on the 15 <sup>th</sup> September. Details will focus on the integrated locality working project, which will involve community profiling. The proposal will also cover how the projects will be reported and managed at the relevant level i.e. Implementation Group/Executive.
Presentation of Chorley Public Service Reform Board structure, ambition and work programme to be offered to relevant boards in partner organisations.	PSR Programme Manager	4 weeks	14.07.15	Programme Office to draft a presentation covering the key elements of the Chorley Public Service Reform Programme	A presentation is in place and partner organisations have been sent this along with the offer of having the details presented at relevant boards. Meetings planned with LTHTR and VCFS partners.
<b>NEXT STEPS</b>					
Appointment of Chair to the Implementation Group	Full partners are asked to put forward nominations to Chair the Implementation Group. Please submit your nominations to <a href="mailto:Hayley.hughes@chorley.gov.uk">Hayley.hughes@chorley.gov.uk</a> by Friday 24 <sup>th</sup> July who will then coordinate appointment of the Chair and arrange relevant briefing meetings prior to the first meeting of the Implementation Group. Update - Steve Winterson (LCFT) will chair the Implementation Group.				
Preparation for Implementation Group	Prior to the first meeting of the Implementation Group, preparatory work will be undertaken to enable the group to progress activity and make best use of the time available in the first meeting. Requests for information and circulation of background material will be coordinated through group representatives. Update – This has been issued to group members ahead of the meeting on 8 <sup>th</sup> September				
Summary presentation to partner Boards	Partners are asked to confirm whether they would like to take up the offer of CPSRB presentation to relevant Boards and contact Susan Halton at Chorley Council via <a href="mailto:susan.halton@chorley.gov.uk">susan.halton@chorley.gov.uk</a> to make arrangements. Update – Confirmation of requests have been received				



**Representatives for Chorley Public Service Reform Partnership**

Organisation	Public Service Reform Board	Public Service Reform Executive	Public Service Reform Implementation Group
<b>FULL PARTNERS</b>			
<b>CBC</b>	Cllr Bradley Leader of Chorley Council <a href="mailto:alistair.bradley@chorley.gov.uk">alistair.bradley@chorley.gov.uk</a> 01257 267733	Cllr Bradley (Chair) Cllr Paul Leadbetter Cllr Hasina Khan (observer) Gary Hall Chief Executive <a href="mailto:Gary.hall@chorley.gov.uk">Gary.hall@chorley.gov.uk</a> 01257 515104	Rebecca Huddleston Head of Policy and Communications <a href="mailto:Rebecca.huddleston@chorley.gov.uk">Rebecca.huddleston@chorley.gov.uk</a> 01257 515779 Vicky Willett Policy and Partnerships Manager
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<b>LTHTR</b>	Stuart Heyes – Chair LTHTR Karen Partington CEO LTHTR 01772 522692	Carole Spencer Strategy & Development Director <a href="mailto:carole.spencer@lthtr.nhs.uk">carole.spencer@lthtr.nhs.uk</a> 01772 522849	Sarah James Associate Strategy & Development Director <a href="mailto:Sarah.james@lthtr.nhs.uk">Sarah.james@lthtr.nhs.uk</a> 01772 524446
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<b>CCG</b>	TBC	Martin Clayton Head of Operations and Delivery <a href="mailto:Martin.Clayton@chorleysouthribbleccg.nhs.uk">Martin.Clayton@chorleysouthribbleccg.nhs.uk</a> Tel: 01772 214357	David McBride Commissioning Manager – Primary Care Development NHS Greater Preston / Chorley & South Ribble Clinical Commissioning Groups <a href="mailto:David.Mcbride@chorleysouthribbleccg.nhs.uk">David.Mcbride@chorleysouthribbleccg.nhs.uk</a> TEL: 01772 214363   07506 790045
<b>Primary Care Representative</b>	TBC	Dr Lindsey Dickinson <a href="mailto:lindsey.dickinson@nhs.net">lindsey.dickinson@nhs.net</a> Tel. 01257 267127 Mobile. 07753837667	Dr Lindsey Dickinson <a href="mailto:lindsey.dickinson@nhs.net">lindsey.dickinson@nhs.net</a> Tel. 01257 267127 Mobile. 07753837667



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<b>DWP</b>		Gill Dalton Customer Services Operations Manager for Central and South Lancashire (including Ormskirk, Skelmersdale, Chorley, Leyland and Preston). <a href="mailto:GILLIAN.DALTON1@DWP.GSI.GOV.UK">GILLIAN.DALTON1@DWP.GSI.GOV.UK</a>	Amanda Jakeman-McCracken Employer and Partnership Manager C/SR/WL/P 01695 714022 or 07876596250
<b>Runshaw College</b>		Janet Hodgson <a href="mailto:Hodgson.J@runshaw.ac.uk">Hodgson.J@runshaw.ac.uk</a> 01772 622677 Ext 2135	
<b>Community Advocate</b>		Martin Cox Trustee <a href="mailto:martin.b.cox64@gmail.com">martin.b.cox64@gmail.com</a> 01257 263114	
<b>Third Sector Advocate</b>		TBC	TBC
<b>Business Advocate</b>		Allan Jones <a href="mailto:allanwjones@porta.co.uk">allanwjones@porta.co.uk</a> 07966 373087	



**Chorley Public Service Reform Executive Actions List**

Actions from 16.06.15	Owner	By Date	Update
For partner organisations to consider how the work of the Chorley Public Service Reform Board can be linked into annual plans to support alignment of strategies.	PMO	15.09.15	Terms of reference amended to reflect need to align to organisational plans. Partners to advise how this can be progressed in each organisation following agreement of the Work programme. <b>Propose Action Updated in October 2015</b>
Partners to provide written confirmation of commitment, with representative details and full signatures.	PMO	15.07.15	Partnerships have been confirmed with relevant representatives to the Board, Executive and Implementation Group. <b>Propose Action Cleared.</b>
It was agreed that Programme Office would bring a proposal on how links with other partnership bodies could be reported and communicated.	PMO	15.09.15	Paper submitted as part of the agenda. <b>Propose Action Cleared</b>
Programme Office to arrange an invite to Dr Richard Kelsall to be on the Executive Board, and offer an induction.	PMO	13.08.15	Meeting held with Dr Richard Kelsall. CCG representatives confirmed, and local Chorley GP representative to be part of affiliated membership. <b>Propose Action Cleared</b>
Programme Office to draft a presentation covering the key elements of the Chorley Public Service Reform Programme, and include an offer to present at relevant boards in partner organisations.	PMO	15.07.15	Presentation has been drafted and partner organisations have been invited to have details presented at relevant boards. LHTR and VCFS planned to take place. <b>Propose Action Cleared</b>



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**TERMS OF REFERENCE**

**1.1 Purpose of the Chorley Public Service Reform Partnership**

- 1.1.1 The purpose of the partnership is to “We will work together to integrate and reconfigure public services in Chorley to provide the best outcomes for residents.”
- 1.1.2 The partnership will work to fulfil this purpose and improve outcomes for the people of Chorley
- 1.1.3 The partnership has a five year vision that they are working towards; “By 2020, we will have high quality integrated public services which provide value for money and the best outcomes for the residents of Chorley”
- 1.1.4 The partnership will deliver this through the Chorley Public Service Reform Strategy 2015-2020 (attached), which contains within it three areas of strategic focus;
  - One public service
  - Integrated provider partnerships
  - Integrated commissioning
- 1.1.5 The partnership will be responsible for ensuring delivery of this strategy through the delivery mechanism as outlined within this partnership agreement.
- 1.1.6 The partnership will also lobby and influence other partnership bodies, such as the Children’s Partnerships Boards, Community Safety Partnerships, Health and Wellbeing Boards, to ensure that Chorley issues are recognised and acted upon.

**1.2 Structure**

- 1.2.1 To enable the partnership to deliver this purpose, the partners will adopt the following structure;

Group	Public Service Reform Executive	Public Service Reform Implementation Group	Public Service Reform Board
Role	<ul style="list-style-type: none"> <li>• To implement the strategic vision through collective use of their organisational resources</li> <li>• To direct the work of the Partnership and ensuring that there are sufficient resources to deliver the vision</li> <li>• To link the work of the Partnership to annual plans, and align work with organisational strategies</li> </ul>	<ul style="list-style-type: none"> <li>• To deliver the aims set out within the PSR vision and associated project plans</li> <li>• To each assume a portfolio of responsibility for delivery</li> <li>• To performance manage against progress and to highlight any risks or issues to the Executive</li> </ul>	<ul style="list-style-type: none"> <li>• To hold the Executive to account for implementing the strategic vision and decisions made</li> <li>• To bring the views of the community to the decision making process.</li> </ul>
Membership	Chief Officers representative from each of the organisations (i.e. Chief Executives / Senior Managers)	Operational Managers representative from each of the organisations (i.e. Heads of Service / Operating Officers)	An accountable representative from each of the organisations, with a mandate to hold their organisation to account (i.e. Elected Members / Chairs / Non-Executive Directors)

Regularity of meetings	Monthly	Monthly	Six monthly
Chair	Leader of the district council (to bring democratic accountability)	Steve Winterson, Engagement Director, Lancashire Care Foundation Trust	To elect an independent Chair

### 1.3 Commitment of Partners

1.3.1 Partners will sign up their commitment deliver as part of the partnership by becoming full partners or opting to be affiliated partners, as outlined in the table below;

Full Partner Commitments;	Affiliated Partner Commitments;
<ol style="list-style-type: none"> <li>1. Commit to fundamentally changing the way they deliver services or operate their organisation to provide the best outcomes for residents of Chorley</li> <li>2. To commit their organisation to deliver the work programme as agreed – through <ol style="list-style-type: none"> <li>a. enabling autonomy of decision making to the designated chief officer representation at the Executive</li> <li>b. providing a lead officer for the Implementation Group who can be responsible for delivering the work programme on behalf of their organisation and escalate any issues or decisions as necessary within their organisation to ensure progress is made</li> </ol> </li> <li>3. Commit to providing an annual financial contribution (or in kind) of between £10k - £20k towards the programme office costs</li> <li>4. In engaging in the partnership, they must demonstrate; <ol style="list-style-type: none"> <li>a. Collective honesty up front about what is and isn't deliverable in partnership</li> <li>b. Openness and transparency about other changes to services or organisational changes that may impact upon public services as a whole</li> <li>c. Willingness to overcome barriers or challenges</li> </ol> </li> <li>5. Ensure that they will engage their wider workforce in changes to public services where necessary</li> </ol>	<ol style="list-style-type: none"> <li>1. Commit to giving due consideration to changing the way they deliver services or operate their organisation to provide the best outcomes for residents of Chorley</li> <li>2. To commit their organisation to support the delivery of the work programme as agreed – through <ol style="list-style-type: none"> <li>a. enabling autonomy of decision making to the designated chief officer representation at the Executive</li> <li>b. providing a lead officer for the Implementation Group who can be responsible for supporting the delivery of the work programme on behalf of their organisation and escalate any issues or decisions as necessary within their organisation to ensure progress is made</li> </ol> </li> <li>3. In engaging in the partnership, they must demonstrate; <ol style="list-style-type: none"> <li>a. Collective honesty up front about what is and isn't deliverable in partnership</li> <li>b. Openness and transparency about other changes to services or organisational changes that may impact upon public services as a whole</li> <li>c. Willingness to overcome barriers or challenges</li> </ol> </li> <li>4. Ensure that they are able to engage their wider workforce in changes to public services where necessary</li> </ol>

### 1.4 Membership of the Public Service Reform Partnership

1.4.1 The partners have committed to the partnership as follows;

Organisation	Partnership Status
Chorley Council	Full

Chorley and South Ribble Clinical Commissioning Group	Full
Lancashire Care Foundation Trust	Full
Lancashire Fire and Rescue Service	Full
Lancashire Teaching Hospitals Trust	Full
Chorley VCFS Network	Affiliated
DWP	Affiliated
Lancashire Constabulary	Affiliated
Lancashire County Council	Affiliated
Primary Care – Local Representative	Affiliated
Runshaw College	Affiliated
Business Advocate	Allan Jones
Community Advocate	Reverend Martin Cox
Third Sector Advocate	TBC

- 1.4.2** Partners will allocate representatives to the three levels of the structure – Board, Executive and Implementation Group. At each level, the following principles will apply to each representative though tailored to the role and remit of the group;
- 1.4.3 To take the lead on specific pieces of work on behalf of the partnership, ensuring the partnership delivers and to report success into their own organisation.
- 1.4.4 Ensuring two way communications/reporting arrangements between the partnership and their own organisation having regard to their own processes, annual plans and strategies.
- 1.4.5 Ensuring full buy in from their own organisation, underpinned by signed agreements, based on business cases and full cost benefit analysis where this is appropriate.
- 1.4.6 Identifying resources within their own organisations (including finance, policy and HR) to support the delivery of agreed partnership work programmes
- 1.4.7 To consider and suggest improvements to the operation of the partnership and its work programme and have ultimate responsibility for ensuring work-streams remain on course
- 1.4.8 Attending meetings in person, avoiding the use of deputies.
- 1.4.9 The partnership will also appoint to three advocate roles, the purpose of which is “to provide the partnership with a willingness to question and challenge the direction and progress, as well as championing the needs and issues of their particular cohort”.
- 1.4.10 These roles will include; Business Advocate, Third Sector Advocate and Community Advocate. They will have a place on the Executive and will work to the following principles;
- To provide a balance between support and challenge
  - To ask provocative and challenging questions of the partnership
  - To draw on their skills, knowledge and experience to provide a differing perspective and champion the needs and issues of a particular cohort

## **1.5 Governance and Accountability**

- 1.5.1 This section outlines what arrangements will be in place to ensure that the partnership is held accountable for delivery. There are two main processes for this – the role of the Public Service Reform Board and the role of the Overview and Scrutiny Committee at Chorley Council.

- 1.5.2 The Public Service Reform Board will, as indicated in table 1, hold the Executive to account for implementing their strategy. It will include representatives from all full partner organisations with a mandate to hold their organisation to account. It will meet six monthly to access the progress and performance of the Executive with more frequent meetings called as required.
- 1.5.3 In addition, the Overview and Scrutiny Committee of Chorley Council has a lead role in reviewing policy and performance to ensure that the Council achieves its aims and key priorities, and a formal link will be made whereby performance reports will be provided to the Overview and Scrutiny Committee Performance Panel on a quarterly basis. Additional reports or attendance may then be requested.
- 1.5.4 Partners would also be expected to use their internal governance arrangements to check on progress of the partnership and their own delivery towards that progress.

## **1.6 Operating arrangements – Programme Office**

- 1.6.1 The programme office will be responsible for ensuring that the partnership is structured and organised to deliver the strategy. The programme office will be responsible for;
- Administering the meetings of the Board, Executive, and Implementation Group
  - Providing a central project and performance management function to drive the delivery of the strategy
  - Providing an intelligence and analysis function to develop a robust evidence base to support the strategy
  - Maintaining a risk register and where appropriate escalating risks to delivery

## **1.7 Operating arrangements for meetings**

- 1.7.1 Agenda Setting – Items for the agenda must be forwarded in advance of the meeting and the agenda and associated reports will be distributed electronically no less than five days before the meeting. Meetings will be based on a clear and prioritised agenda and be action orientated.
- 1.7.2 Appointment of Chair – The partnership groups will appoint Chairs as indicated.
- 1.7.3 Attendance - Should any member miss 2 consecutive meetings the partnership will consider whether that member should be asked for a written explanation. Unless there are exceptional reasons, missing 3 consecutive meetings will be considered as resignation from the partnership
- 1.7.4 New partners will be agreed through discussion with relevant groups and agreement with the appropriate Chair, and have an appropriate induction.
- 1.7.5 Decision making - The partnership will seek to make decisions by consensus whenever appropriate. In the event of any disagreement it will be for the Chair to seek to resolve any differences. If disagreement cannot be resolved then a vote can be taken.
- 1.7.6 Declaration of Interests - In the spirit of openness and transparency, any member having a personal interest within the meaning of the Code of Conduct as set out in the Local Government Act 2000 must disclose the fact at the meeting. Where that interest is also prejudicial and therefore may give others the perception that their view is affected by their personal situation, then the member concerned should leave the room and/or take no part in the discussions around the particular item
- 1.7.7 Meetings – The meetings will be held as indicated. Meetings of the partnership are not open to the public. Meetings will be supported and serviced by the Programme Office. A full record of those present at the meeting, of apologies of absence and non-attendance shall be recorded in the minutes

*The partnership will review its performance and effectiveness annually.*

# **Chorley Public Service Reform Partnership**

One Public Service for Chorley

**Year 1 Outline Business Case and Action Plan 2015/16**



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## Introduction and Background

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The Chorley Public Service Reform Strategy was formally approved in June 2015 following a review of partnership working and resulting recommendations.

The Strategy established that the purpose of the Chorley Public Service Reform Partnership is to work together to integrate and reconfigure public services in Chorley to provide the best outcomes for residents. It sets out a five year vision which is, “by 2020, we will have high quality integrated public services which provide value for money and the best outcomes for the residents of Chorley”.

Overall the three year programme covers:

- Year One - One public service for Chorley
- Year Two - Integrated provider partnerships
- Year Three - Integrated commissioning

In addition overarching projects on System Leadership; Culture and Workforce; and Data Intelligence and sharing, will span the full three year programme.

**This document describes in more detail how year 1 of the Strategy will be achieved, setting out a challenging and ambitious programme based on the objectives outlined in the strategy and consolidating the commitment from partners as defined through the relevant agreements to full or affiliated levels.**

## Strategic Focus and Priority

Year 1 of the Chorley Public Service Reform Strategy looks to integrate public services, where possible, so that residents are supported holistically at the first possible opportunity by whichever organisation they come into contact with. The focus of activity in the first year will be on the redesign of processes and behaviours in teams in ‘perfect localities’ making every contact count.

To support this and fully engage with activity supporting delivery and reforms of public services, within year 1 of the programme, five portfolios will be managed through the Chorley Public Service Reform Partnership as follows:

Portfolio		Objective	Lead	Timescale
<b>1</b>	<b>Integrated Locality Working</b>	To have Public services delivered by a joint workforce, improving processes and behaviours based on a consistent understanding of locality, so that services are delivered in an integrated and coordinated system.	Implementation Group	Year 1
<b>2</b>	<b>Data and Intelligence</b>	To understand multi-agency activity to extend and enhance intelligence towards developing a shared data system to support an integrated service model.	Implementation Group	Year 1
<b>3</b>	<b>Partnership Oversight</b>	To have oversight, influence and co-ordination of the other reform programmes at a locality level.	Executive	Year 1
<b>4</b>	<b>Leadership</b>	To develop partners as leaders of public services for Chorley, working and thinking differently to translate the vision into action.	Executive	Overarching 3 year priority
<b>5</b>	<b>Culture and Workforce</b>	Development of shared values and behaviours that will form a basis for a single public service culture and integrated workforce.	Executive	Overarching 3 year priority

Each partner has already committed to upholding the following principles:

- **Strong and dedicated leaders who are able to commit their organisations to exploring and where agreed, delivering the new ways of working**
- **Allocation of staff resource to workstreams to deliver workstreams on their behalf**
- **Removal of organisational barriers to data sharing where possible**
- **Collective honesty up front about what is and isn’t deliverable in partnership.**



## The Case for Change

The challenges facing public services over the coming years are widely recognised and acknowledged; reducing budgets and increasing demand for services mean that it will no longer be sufficient for individual organisations to manage their budget cuts within their own organisations.

Reductions in service levels and ceasing service provision in one part of the public sector impacts other elements of the system, and public service reform needs to recognise that if we are to continue to meet the needs of Chorley residents, a fundamental shift in thinking about how services are delivered is required.

The Chorley Public Service Reform Programme presents the opportunity to capitalise on the enthusiasm and commitment of partners to do things in a radically different way. Working in partnership, the ambition for Chorley is to make a step change in the way we work together for the people of Chorley and add real value to the approach and delivery of services.

### Chorley Context

The population in Chorley is changing :

- Chorley is predicted to have the fastest rate of population growth of any of the Lancashire districts between 2012 and 2037, as set out in the table below<sup>i</sup>:

District	2012	2025	2037	% change 2012-2037
Burnley	87,100	87,100	86,900	-0.2%
<b>Chorley</b>	<b>109,100</b>	<b>119,700</b>	<b>125,400</b>	<b>14.9%</b>
Fylde	76,000	80,000	82,700	8.8%
Hyndburn	80,200	79,900	79,500	-0.9%
Lancaster	139,700	144,000	148,000	5.9%
Pendle	89,600	92,900	94,200	5.1%
Preston	140,500	142,600	145,500	3.6%
Ribble Valley	57,600	59,700	61,000	5.9%
Rossendale	68,400	73,100	75,500	10.4%
South Ribble	109,000	114,600	117,400	7.7%
West Lancashire	110,900	111,800	112,500	1.4%
Wyre	107,900	112,300	115,200	6.8%
Blackburn with Darwen	147,700	150,600	152,000	2.9%
Blackpool	142,000	141,900	143,500	1.1%

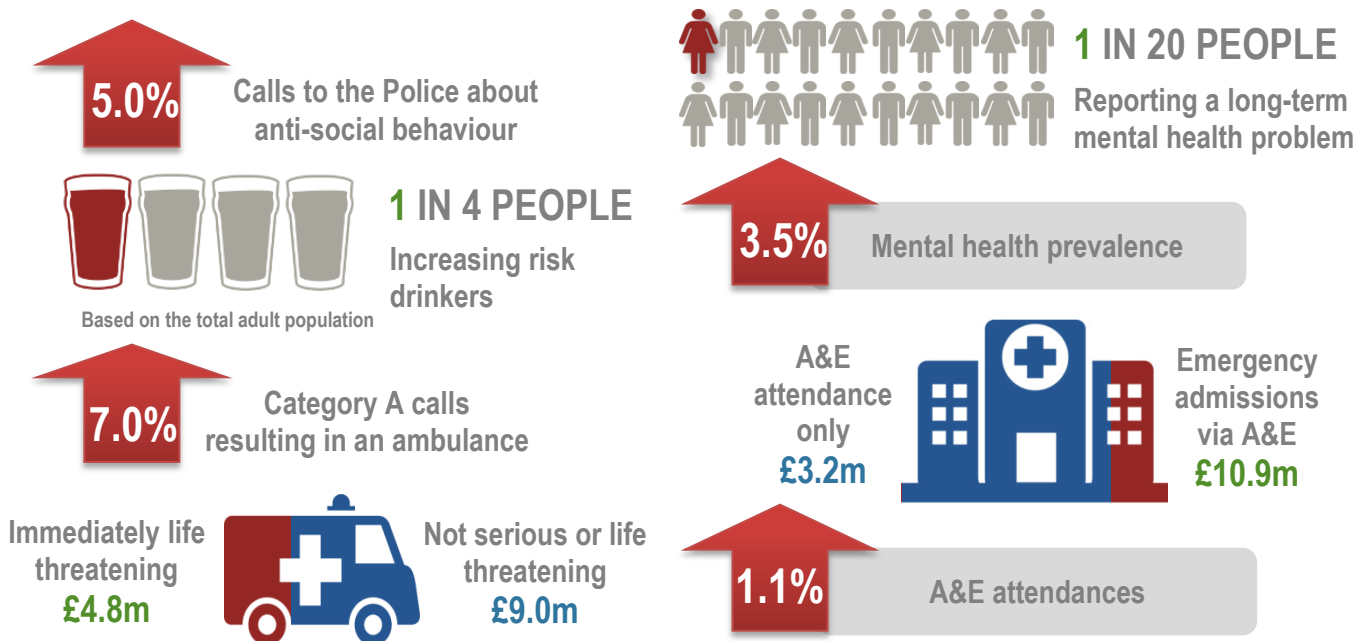
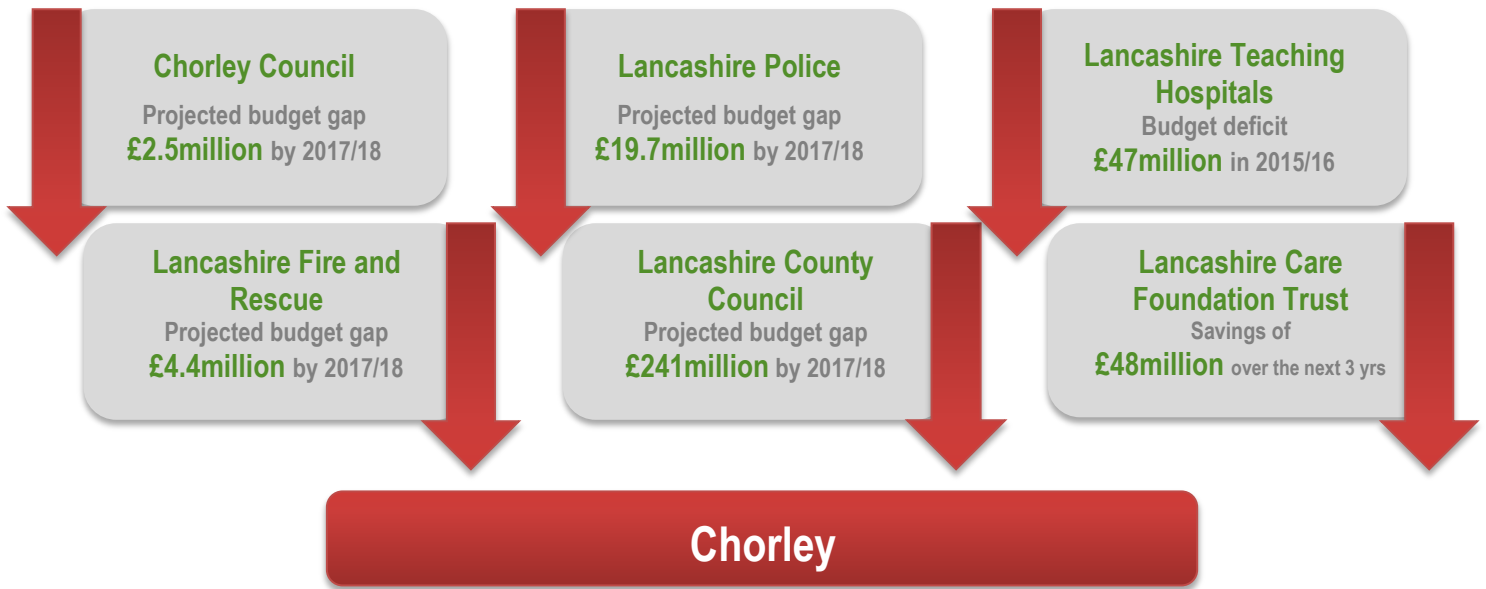
- In addition to a growing population, Chorley’s population is likely to age over the coming years, with the percentage of the population aged 75 years and older increasing from 7.2% in 2012 to 14.4% in 2037<sup>ii</sup>.

Age Group	2012	2012 %	2025	2025 %	2037	2037 %
0-4	6,400	5.9%	6,400	5.3%	6,200	4.9%
5-9	6,200	5.7%	6,800	5.7%	6,500	5.2%
10-14	6,000	5.5%	7,000	5.8%	6,800	5.4%
15-19	6,200	5.7%	6,400	5.3%	6,500	5.2%
20-24	6,000	5.5%	5,000	4.2%	5,800	4.6%
25-29	6,500	6.0%	6,400	5.3%	6,900	5.5%
30-34	6,500	6.0%	7,500	6.3%	6,900	5.5%
35-39	7,200	6.6%	8,000	6.7%	7,200	5.7%
40-44	8,600	7.9%	7,600	6.3%	8,000	6.4%
45-49	8,600	7.9%	7,100	5.9%	8,500	6.8%
50-54	7,700	7.1%	8,100	6.8%	7,800	6.2%
55-59	6,800	6.2%	8,500	7.1%	7,300	5.8%
60-64	7,100	6.5%	8,200	6.9%	7,200	5.7%
65-69	6,700	6.1%	6,800	5.7%	8,100	6.5%
70-74	4,600	4.2%	5,900	4.9%	7,600	6.1%
75-79	3,300	3.0%	6,100	5.1%	6,200	4.9%
80-84	2,300	2.1%	4,000	3.3%	4,700	3.7%
85-89	1,500	1.4%	2,400	2.0%	3,800	3.0%
90+	800	0.7%	1,500	1.3%	3,300	2.6%
<b>All ages</b>	<b>109,100</b>	<b>100%</b>	<b>119,700</b>	<b>100%</b>	<b>125,400</b>	<b>100%</b>

- In 2025, 22.3% of the population will be 65 years or older<sup>iii</sup>, with a smaller proportion of the population aged between 20 and 64 years.
- The number of households in the borough will also increase in the coming years at a faster rate than other Lancashire districts. Between 2012 and 2021, there is a projected increase in household number of 8.07% in Chorley<sup>iv</sup>. This is higher than any other district in Lancashire.
- Chorley is diverse in its demographic composition with a number of distinct sub-localities. Within these localities there are a number of cases where adjacent streets can vary vastly in their demand for public services.
- There are approximately 1700 people in Chorley living in areas that fall within the bottom 20% nationally for multiple deprivation factors with clear links to the social determinants of health including debt and financial problems, housing, employment and education. Life expectancy is 9.6 years lower for men and 6.7 years lower for women in the most deprived areas of Chorley than in the least deprived areas.
- Chorley borders a number of other authority areas including West Lancashire, Great Manchester and most notably South Ribble with public service provision taking place across a number of different geographical footprints. In addition, each public service divides up the geography differently, whether it be ward level, network level, neighbourhood or district.
- Identified health risks for Chorley include: Cancer; Chronic obstructive pulmonary disease (COPD); Musculoskeletal (MSK); Obesity; Alcohol Abuse; Dementia; Frail Elderly; Malignant Melanoma; Breast Feeding; Smoking in Pregnancy; Alcohol Under 18s and Malnutrition.
- Wider determinants of health for Chorley include, causes of poverty (e.g. welfare changes, fuel poverty, debt); how to create prosperity; how to encourage work, and make work pay; having a

strong, local economy; social isolation; safety in the home and for businesses; environmental issues; impact of the City Deal; housing; family support (e.g. domestic violence, Child Sexual Exploitation (CSE), vulnerable families); education; transport; road safety (e.g. traffic accidents, killed and injured); crime and anti-social behaviour.

**Impact on services**



- The increasing population, in particular ageing population, is a real challenge to all public services. Demand at high costs services including Emergency Departments, Fire, Ambulance, and Police is a clear area of focus. Health targets, including Better Care Fund, Public Health concerns on life expectancy, integrated health and social care to balance acute provision against primary care, vulnerability of residents, and root causes to ill health are all factors considered in development of the work programmes, delivering new workstreams and supporting wider work programmes with partner organisations.

- Public Service Reform cuts across a whole range of issues, from major health risks, public health concerns and social and economic factors. The work programme will set out to understand the key issues for Chorley residents, and work in partnership to turn the delivery of services around from acting at a high level, high cost basis reacting to chaotic and urgent demands, to reduce this level and provide better self-care, earlier intervention, and prevention of key factors.

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## Scope and remit

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The Chorley Public Service Reform work programme will cover a wide range of issues which will impact on multiple organisations. The Partnership is mindful of a number of transformation work programmes in development that may impact on the delivery of activities. The footprint covered by many of these programmes is much wider than Chorley, and the work programme will be active in connecting with these programmes, and also activity across partnerships, to reduce any risk of duplication, and to complement the wider work being developed.

The geographical scope of the work programme has yet to be defined and whilst Chorley will form the epicentre for delivery, the programme itself isn't restricted to the Borough boundary; this aspect will be discussed further by partners in order to arrive at a consensus for the most appropriate locality.

A number of current initiatives will feed into initial delivery activity and are worth noting specifically:

- **'The Big Chorley Conversation'** - will be the mass engagement of the Chorley population to form a vision for the future of life in Chorley and building an understanding of how public services and communities can work together to fulfill that vision. Engagement will take a number of forms including a large scale household survey, outreach activity and in-depth interview to develop journey maps and corresponding service user 'persona's' which will help to understand customer pathways and service touch points.
- **The Integrated Action Team (IAT)** - is an operational multi-disciplinary team, bringing together partners from a range of organisations to share information and identify interventions around high risk frequent flyers, often with a range of complex issues. To date the IAT has achieved successful outcomes through working together to share data effectively for the benefit of the individual and the organisations involved by reducing overlap and duplication. An evaluation exercise will provide valuable learning and intelligence along with recommendations as to how this work can be progressed through the Implementation Group.
- **The Lancashire Wellbeing Service** – replacing Help Direct/Connect 4 Life, will be delivered from 1 September and will help people to stay well and maintain their independence. It will particularly support people to have improved mental wellbeing and be better able to look after their health and the things that might affect it. People will be referred by their doctor, health worker or professionals from other agencies that might come into contact with those who would benefit from the service.

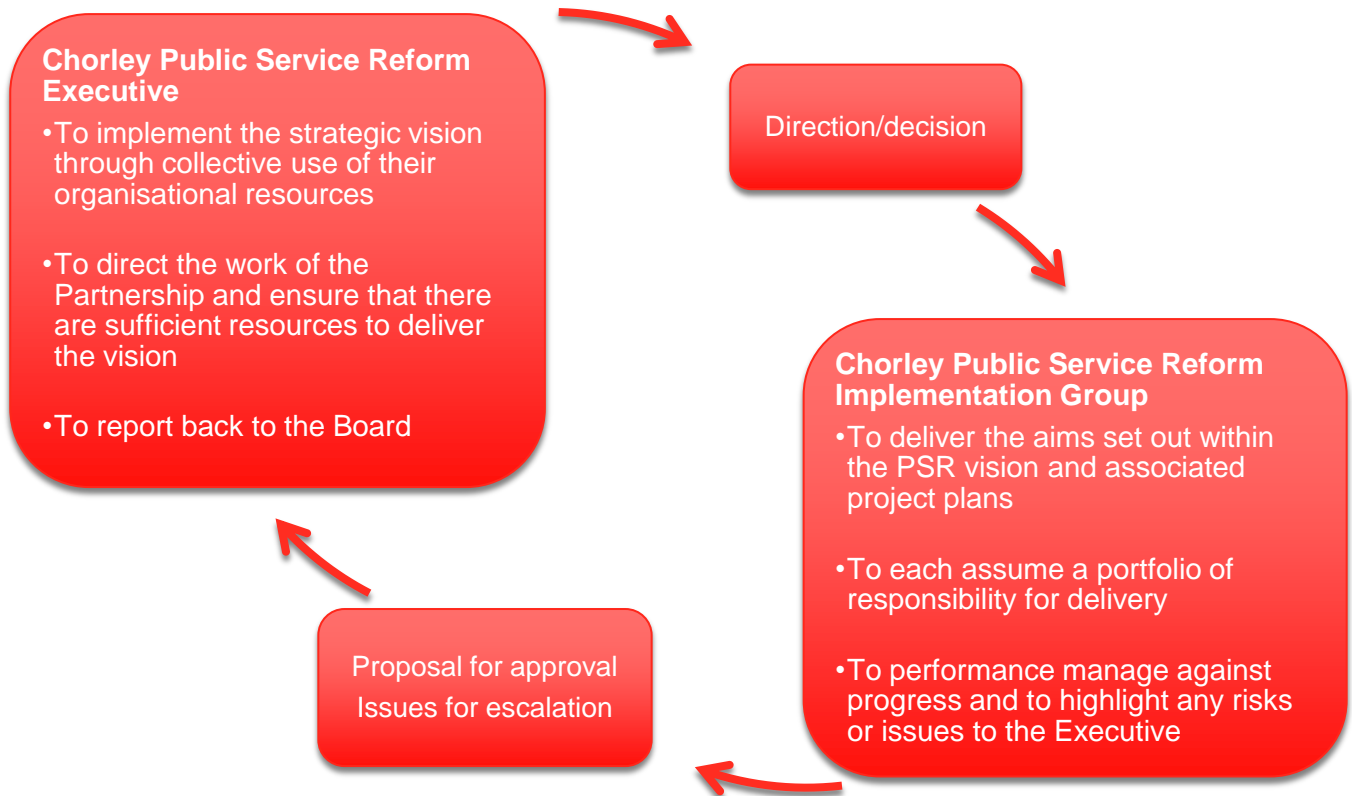
**Ways of working**

The Public Service Reform Strategy clearly sets out the aims and objectives for the programme. The outline business case and associated action plan provide a starting point for work to commence. In some cases actions are very clear, whereas others are structured around key milestones and detail will emerge as the programme progresses, retaining an element of flexibility and the ability to respond to developments. The detail of the actions should be generated through partnership collaboration to maximise available expertise and promote shared ownership.

Meetings have been scheduled on a monthly basis with the aim of driving pace and building momentum however it is anticipated that a significant proportion of work will be undertaken outside formal meetings, particularly for the Implementation Group. Timescales are challenging, particularly for the Implementation Group with a number of key actions to be completed within the first few months of the programme with a view to achieving tangible improvements by April 2015.

The activity carried out by the Implementation Group should lead to a decision to be taken by the Executive and recommendations should flow back to the Implementation Group. Where the programme slips or delays occur, this should be immediately escalated to the Executive with clear explanation of the issue, reason and remedial actions.

**Roles and responsibilities**



## Approach and Action Plan

The following section outlines each of the portfolios identified in the overall strategy in more detail. The action plan accompanying this document is attached at Appendix A, and sets out the proposed approach to delivering each portfolio and indicates specific leads along with broad timescales. It forms a starting point for activity and should be supplemented by more detailed plans that will emerge as the programme progresses.

### 1. Integrated Locality Working

It is widely recognised that public services are best delivered and integrated on a neighbourhood basis, where individual frontline workers should be empowered to deliver the right service for individuals and communities. As such a number of sector specific initiatives have been put in place including NHS Integrated Neighbourhood Teams. Public services should develop a common understanding and approach to locality-based working and a holistic approach to integration that makes sense for the service user.

This workstream is the key enabler to changing public services in Chorley with ambition to change service delivery from acting at a high level, high cost basis reacting to chaotic and urgent demands, to reduce this level and provide better self-care, earlier intervention, and prevention of key factors, with consideration to five stages of access to services.

The five stages are based around the “Six Shifts” methodology from the Health and Wellbeing Board, with consideration to having an integrated approach and delivering across all public services, reaching wider than health and social care. Services need to be able to support residents at all levels of need, moving more into prevention/early intervention stages.

Stage	State	Definition
<b>Stage One</b>	Prevention	Persons being in a healthy state, no need for interventions from services, being responsible for own wellbeing and health, contributing and involved in community “perfect neighbourhood”
<b>Stage Two</b>	Self-Management	Persons in need of some advice due to changes in circumstances, they can access services through information and advice available (on-line/telephone). Services promote and support greater individual self-care making good use of technology e.g. Council One Stop Shop, or Lancashire Wellbeing Service
<b>Stage Three</b>	Community Support	Persons in need of further support from services, which is short term. These are provided in the Community, utilising the assets, skills and resources of citizens and communities e.g. health advice from Pharmacies, debt advice from Citizens Advice Bureau, support from Lancashire Wellbeing Service, or Fire Home Safety Assessments
<b>Stage Four</b>	Specialist Support	Persons in need of specialist services for support. Services are accessible to those who need it, and be delivered as far as possible in the community, improving the experience of moving between advisory services and “hands on” support e.g. moving from primary to secondary care, referrals to Recovery Services, social care.
<b>Stage Five</b>	Emergency Support	Persons in need of emergency, high level support. Services responding to those in high levels of need who can’t be supported at any other level, ensuring people are not at this level for any length of time i.e addressing wider determinants to move to Prevention/Self Management state.

**Objectives**

To have Public services delivered by a joint workforce, improving processes and behaviours, so that services are delivered in an integrated and coordinated system.

**This work stream should achieve the development of a new way of integrated working and includes initial implementation activity.**

- Develop a single understanding of standard localities across the borough including high risk populations, utilising available profile information
- Map the relevant resources available in these localities (including staff/assets/commissioned services)
- Map existing or emerging activity to 5 stages of access to identify opportunities or gaps in provision
- Link in with Engagement activity including 'Chorley conversation' to understand how residents can be engaged in the development and design of public services
- Develop a model in which these services can be integrated on a perfect locality footprint, considering the most efficient way of delivering the right service including existing Integrated Neighbourhood Teams.
- Redesign customer pathways into services and how these can be improved – reducing numbers of contact points with different organisations
- Develop approach to implementation including transition plan for staff including how they can be empowered to deliver the right service – workforce training

**Outputs**

To deliver improvements against key indicators, looking at specific outcomes, including support to the increasing in population in Chorley Borough (i.e. what are the improvements and can they be supported against an expected increased population)

- Proposal for perfect locality model, including transition costs, for consideration to the PSRB
- Testbeds against pathways across the borough
- Preventative work difficult to quantify, acceptance of long term projects/results for an agreed period

**Outcomes**

- Reduced demand for high cost, reactive services, with earlier interventions
- More issues are dealt with at the first point of contact, with a multi-agency approach
- Increased customer satisfaction with public services
- Education and Awareness supporting easier access
- Staff across organisations feel empowered to work for the community they serve
- Community assurance for the people in, and moving into, the Borough

**Next Steps**

- Mapping of local teams and services;
- Development of a Chorley Profile, and identification of "Hot-Spots";
- Recommendations of specific localities to testbed integrated services; and
- Allocation of Portfolios of workstreams to review service pathways, linking in with existing Health and Social Care Pathways.

## 2. Data and Intelligence

A key recommendation of the Commission into the Future of Public Services in Chorley was that 'Information and Intelligence should be freely shared', stating that, 'The rich intelligence held across public services could be a key to driving real change.'

This workstream will look to extend the activity completed by the Integrated Action Team in year 1 and work towards developing a shared data system to support an integrated service model.

Activity will review existing multi-agency groups operating in Chorley to understand coverage, focus and population cohort. It will also identify other essential data sources to develop options as to how this information can be shared and used both operationally and with a view to evidence based commissioning, taking into account existing models or examples of best practise. Multi-agency data sharing mechanisms will be reviewed to identify customer touch points and referral processes considered to ensure that individuals are progressed in to the most appropriate services at the earliest opportunity.

### Performance Management

As part of this workstream, a set of outcome based measures will be developed. These measures will support the Executive to monitor progress against the strategy and provide a basis for evaluation at the end of year 1.

### Objectives

- To review the findings of the Integrated Action Team
- To consider the Multi Agency Groups in the Chorley Borough, and how referrals are made into/out of the group;
- To understand the referral process into the new Lancashire Wellbeing Service, and how public services can refer in, and support individuals
- To understand what the intelligence of other neighbouring public services and what best practices could be used
- To develop options of how data can be shared and used in development of evidence based commissioning

### Outputs

- Analysis on touch points people access in services and how we can reduce them in the neighbourhood
- Clarity of the role of Multi Agency Groups and clear referrals in/out of groups and services to increase support at earlier points
- Proposal on shared use of data on evidence based commissioning

### Outcomes

- Reduced demand for high cost, reactive services, with earlier interventions
- More issues are dealt with at the first point of contact, with a multi-agency approach

### Next Steps

Findings of the Integrated Action Team will be presented to the Executive Group.

Information from partner organisations on Multi Agency Teams will be collected and reviewed, with recommendations and proposals to improve connectivity



### 3. Partnership Oversight

There are a range of both sector specific and multi-disciplinary transformation programmes and partnerships that are developing across the locality. The public service reform partnership has a pivotal role in having oversight, influence and coordination of these other programmes to ensure that priorities and resources are aligned as far as possible towards achieving maximum value for Chorley whilst minimising duplication. The members of the partnership should to commit to representing the interests of the Public Service Reform Partnership at the relevant forums and facilitating two way communication between the Partnership and other structures.

Given the national reform agenda, there are likely to be examples of similar activity taking place in the extended local area such as examples in Liverpool, Blackpool and Fylde (Vanguard), Trafford and Bolton. It will be important to feed in learning from these programme to inform best practise and allow for critical reflection. This will be incorporated in the development framework for the Executive and Implementation Group as required.

#### Objectives

To have oversight, influence and co-ordination of the other reform programmes at a locality level

- Maintain an oversight of the progress of other transformation programmes, including Better Care Fund, Healthier Lancashire, Your Hospitals/Your Health – ensuring that as a locality we are able to align, contribute and influence where possible
- Act as the local accountable partnership for the Transformation Challenge Award (Living Well, Living Better)
- Provide a forum through which partners are able to share an early indication of any organisational reform or changes across both local and wider transformational programmes
- Maintain oversight of other partnership groups:
  - Health and Wellbeing Board and Central Lancashire Health and Wellbeing Partnership
  - Clinical Senate
  - Children’s Partnership Boards
  - Community Safety Partnership

#### Outputs

- Alignment of organisational plans, key priorities, projects
- Executive are provided with:
  - Updates on activity across transformation programmes
  - Update on Transformation Challenge Award (Living Well, Living Better Programme)
  - Updates on activity in partnership groups

#### Outcomes

- Provide a local and coordinated response and influence to other transformation programmes
- Ensure clear links between our role and other partnership groups to ensure there is no duplication
- Provides a mechanism for leaders to inform and share ideas for improvements to the system

#### Next steps

Proposals for partnership oversight to be presented in a paper to the Executive in September mapping partnership and programme from across the area with suggested routes for engagement.

#### 4. System Leadership

The Public Service Reform Programme brings together partners from a range of organisational backgrounds and disciplines. Across both the Executive and Implementation Group, representatives will be challenged to think and operate differently, as decision makers for Chorley. All members have committed to achieving the overall vision (within the remits of their partner status) and will be tasked with translating this into action, demonstrating resilience and working together to overcome barriers, particularly in relation to data sharing and being honest about what is and isn't deliverable as a partnership.

This is a 3 year work stream that should evolve and emerge as the programme develops to support learning and reflect the requirements of partners. A development framework will be created with some defined activities for year 1 and more broadly scoped objectives for years 2 and 3. Year 1 activity will focus on developing the Executive and may include facilitated sessions, critical analysis and shared learning sessions. In years 2 and 3 it may be appropriate to cascade this learning to members of the Implementation Group with a view to establishing leaders throughout the system. Year 1 development for the Implementation Group may be around achieving effective team working to accelerate outputs.

##### Objectives

- Translating the vision into action
- Being clear on the role of leaders in organisations (actions, not just on the programme)
- Working together more, thinking differently
- Awareness of wider projects through the board, making connections with challenges and partners
- Have more ambition, more innovation, more risk taking

##### Outputs

The work programme activity will include:

- Facilitated sessions on understanding of system leadership;
- Decisions made on proposals on how public service systems will run (process) in Chorley;
- Coaching sessions for staff involved in development of the new systems.

##### Outcomes:

- Understanding System Leadership as a new approach to service delivery
- Having a shared view of what is possible and how this is delivered
- Provides a mechanism for leaders to inform and share ideas for improvements to the system

##### Next Steps

A flexible development framework will be prepared and presented to the Executive including outline structure and timing of activity.

## 5. Culture and Workforce

Integral to embedding a new way of working will be consistent value systems and behaviours for public service organisations in Chorley. Through year 1 of the programme, the Executive and Implementation Group will be supported to identify values specific to the CPSRB strategy and establish a roadmap for dissemination across the system. Although highly challenging, this work stream will set the expectation for public services in Chorley and also establish the foundations for future elements of the programme such as co-location and multi-disciplinary working. Looking towards years 2 and 3, it may be more appropriate to set broad milestones that focus on specific topics relevant to key themes such as HR.

### Objectives

As part of the discussion around behavioural changes under the review of the Public Service Reform Board, and including outcomes from the Chorley Commission, key issues are:

- Gaining better understanding of colleague needs and how they work
- Working across organisations for best practice
- Having a Gold standard approach in terms of helping people in quality of life
- Co-located multi-agency teams for actions

### Outcomes

The work programme activity will include:

- Facilitated sessions on understanding of culture, bringing together organisational best practice;
- Decisions made on proposals on how public services will be delivered (behaviours) in Chorley;
- Coaching sessions for staff involved in development of the new systems.

### Benefits

- Build up of confidence and trust working across organisations
- Break down of barriers to deliver new services
- Open new horizons on what is possible
- Development of interpersonal skills and self-development

### Next Steps

Development of shared value systems and behaviours will be included as an activity within the development framework to be presented to the Executive.

## Summary of key next steps

The table below summarises key next steps in commencing the programme of delivery and indicates how they link into the overall action plan.

Next steps	Corresponding Programme Activity	Portfolio	Group	Timescale
Mapping of local teams and services	1.1, 1.2, 1.3	Integrated Locality Working	Implementation Group	Aug/Sep 15
Development of a Chorley Profile, and identification of “Hot-Spots”;	1.1,1.3	Integrated Locality Working	Implementation Group	Aug/Sept 15
Recommendations of specific localities to testbed integrated services	1.4	Integrated Locality Working	Implementation Group	Aug/Sept 15
Allocation of tasks to review service pathways, linking in with existing Health and Social Care Pathways.	1.2, 2.2	Integrated Locality Working	Implementation Group	Aug/Sept 15
Findings of the Integrated Action Team will be presented to the Executive Group.	2.1,2.2	Data and Intelligence	Executive Group	15th Sept
Information from partner organisations on Multi Agency Teams will be collected and reviewed, with recommendations and proposals to improve connectivity.	2.3	Data and Intelligence	Implementation Group	8th Sept
Proposals for partnership oversight to be presented in a paper to the Executive in September mapping partnerships and programmes from across the area with suggested routes for engagement.	3.1,3.2	Partnership Oversight	Executive	15th Sept
A flexible development framework will be prepared and presented to the Executive including outline structure and timing of activity.	4.1	Leadership	Executive	TBC
Development of shared value systems and behaviours will be included as an activity within the development framework to be presented to the Executive.	5.1	Culture and Workforce	Executive	TBC

## Capacity and Resourcing

Following the restructure of the Chorley Public Service Reform Board, and commitment to three tier structure of Board, Executive and Implementation Group, levels of capacity and resource have been confirmed by partners to support delivery of the work programme, Programme Management Office, and associated development and facilitation costs.

While the action plan is flexible to accommodate the evolving nature of the programme, it is likely that a number of areas may require additional resource in year 1 including training and development, digital technology to facilitate data sharing, change management and/or data analyst support.

Full details of the funding available, and options involved in developing this work programme will be considered by the Executive in September 2015.

## Risk Register

Risk	Level	Mitigation
Risk of not having a consistent view of structure and priorities for the next 12 months	Low	Strategy in place including a 5 year vision, and 3 year work programme.
Risk of having differing priorities to wider programmes, including Transformation Challenge Award (Living Well, Living Better)	Low	Chorley is part of Programme Board and will play full part in the structure of the work programme. Key part of Year One plan to link into different work programmes and partnership boards.
Risk of not having funding support, resource, and capacity to manage all elements of the work programme	Medium	Funding to be confirmed with partners so that consideration of additional capacity can be given
Risk of not having commitment from full and affiliated partners	Low	Commitment provided by partners following discussion at the June CPSRB

<sup>i</sup> Source: ONS sub-national population projections, 2012 based projections

<sup>ii</sup> Source: ONS sub-national population projections, 2012 based projections

<sup>iii</sup> Source: ONS sub-national population projections, 2012 based projections

<sup>iv</sup> Source: DCLG Liver tables on household projections November 2012

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Appendix E

Chorley Public Service Reform Work Programme - Year 1					Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr			
Activity	Lead	Timescales		Key Milestones												
		Start	End													
<b>1. Integrated Locality Working</b>																
1.1 Establish clear and shared understanding of the Chorley locality and operational sub-localities (neighbourhoods) – both geographical and need-based.	IG	Aug-15	Sep-15		█											
1.2 Analysis of service pathways based on multi-agency data and service user engagement (Chorley Big Conversation)	IG	Sep-15	Oct-15			█										
1.3 Develop matrix of service provision/assets and resources linked to need across agreed localities	IG	Sep-15	Oct-15			█										
1.4 Identify test bed opportunities for multi-agency integrated teams – locality or issue based (e.g. mental health, older population)	IG	Oct-15	Oct-15	Review and agree test beds - 6th October			█									
1.5 Prepare framework to model and evaluate impact and outcomes for local population	IG	Oct-15	Nov-15				█									
1.6 Develop options for a model in which these services can be integrated on a perfect locality footprint, considering the most efficient way of delivering the right service	IG	Oct-15	Dec-15	Proposals for sign off by Exec - 1st December			█									
1.7 Redesign customer pathways into services and how these can be improved – reducing numbers of contact points with different organisations	IG	Nov-15	Dec-15	Proposals for sign off by Exec - 1st December				█								
1.8 Develop approach to implementation	IG	Dec-15	Feb-16	Implementation plan signed off Feb					█							
1.9 Mobilisation including comms and engagement	Exec/IG	Feb-16	Mar-16								█					
1.10 Implement new way of working	IG	Apr-16											█			
<b>2. Data and intelligence</b>																
2.1 Complete year 1 evaluation of the Integrated Action Team and identify recommendations for Implementation Group	PO/IG	Aug-15	Sep-15		█											
2.2 Carry out review of wider Multi Agency Groups operating in Chorley and understanding of partner intelligence and data requirements	IG	Sep-15	Sep-15			█										
2.3 Mapping of referral pathways including the new Lancashire Wellbeing Service	IG	Sep-15	Oct-15	Report findings to Exec Oct 20th			█									
2.4 Evaluation of best practise models and projects including digital platforms for information sharing	IG	Oct-15	Oct-15				█									
2.5 Prepare options for data management and sharing to support an integrated service delivery model	IG	Oct-15	Nov-15	Report findings to Exec Nov 17th				█								
2.6 Performance management – development of outcome measures to monitor progress against the strategy and impact for individuals	IG	Oct-15	Oct-15				█									
<b>3. Partnership Oversight</b>																
3.1 Review and mapping of partnership structures and programmes to inform suggested routes for engagement	PO	Aug-15	Sep-15		█											
3.2 Develop proposal for Executive	PO/Exec	Sep-15	Sep-15	Proposals approved Sep 15th		█										
3.3 Agree and implement approach with regular updates to Executive as per agreed timetable	Exec	Sep-15	Ongoing			█	█	█	█	█	█	█	█			
<b>4. System Leadership</b>																
4.1 Design flexible development framework for members of the Executive	PO/Exec	Sep-15	Oct-15	Proposals for sign off by Executive 20th Oct			█									
4.2 Establish training needs of Implementation Group	PO/Exec	Sep-15	Oct-15				█									
4.3 Implement development framework for Executive and training sessions for Implementation Group	PO/Exec	Oct-15	Ongoing				█	█	█	█	█	█	█			
<b>5. Culture and Workforce</b>																
5.1 Develop shared values, behaviours and culture of public service providers in Chorley	Exec	Nov-15	Dec-15					█								
5.2 Prepare road map for dissemination of shared values and behaviours across the system	Exec	Dec-15	Feb-16								█					

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## CHORLEY PUBLIC SERVICE REFORM EXECUTIVE PROGRAMME RESOURCING

The Terms of Reference for the Chorley Public Service Reform Partnership and subsequent programme of work included operating arrangements for the Programme Office. As a result of the refresh of the structure and work programme, particularly in terms of supporting two groups having regular meetings, there is a need to consider implications for capacity and resourcing.

**Members of the Executive are asked to consider the resource and capacity requirements for 2015/16, establish the approach to funding and if appropriate, agree the level of funding required.**

### BACKGROUND

For 2014/15, funding was attained through partners each making a commitment of £15k to establish a programme office. LCFT, LTH, CCG and Chorley Council all contributed to establish a budget of £60k. This has been used to fund the Programme Officer, and in part a Programme Manager as well as supporting additional expertise (i.e. facilitation / process mapping / cost benefit analysis).

The programme office is responsible for ensuring that the partnership is structured and organised to deliver the strategy, specifically;

- Administering the meetings of the Board, Executive, and Implementation Group;
- Providing a central project and performance management function to drive the delivery of the strategy;
- Monitoring and proactively pursuing external funding sources as necessary
- Providing an intelligence and analysis function to develop a robust evidence base to support the strategy; and
- Maintain a risk register and where appropriate escalating risks to delivery.

### RESOURCE AND CAPACITY REQUIREMENT 2015/16

The programme of work for 2015/16 is ambitious and challenging in terms of timescales, outcomes and commitment. In order to support monthly meetings of both the Executive and the Implementation Group, and progress delivery at pace to achieve tangible outcomes in a relatively limited space of time, some additional resource may be required to supplement the skills and capacity of the programme office. Examples of where this may apply include a business analyst function to collate and manage partnership data or change management expertise as the partnership look to implement new ways of working.

#### Training and Development

The 3 year overarching work streams of System Leadership and Culture and Workforce are considered in more detail in a separate paper to the Executive. Both will demand some element of external support in terms of expertise and facilitation. A flexible development framework is proposed with the level of assistance and number of sessions to be defined by the Executive. Initial investigations suggest costs of between £5000 for a limited number of half day workshop sessions through to £10,000 for a more intensive programme including facilitated sessions, speakers and one to one coaching.



General Programme Expenditure

Throughout year 1, there are likely to be costs that emerge as the programme progresses such as the need for pump prime funding to establish a particular initiative or funds to buy in technology to support delivery. As far as possible, the aim should be to source this through ‘in kind’ contributions or alternatively external funding although these channels often present time constraints; a limited general expenditure budget would ensure that the programme is able to take opportunities as they arise and maintain progress and momentum.

**PROPOSED PROGRAMME OFFICE 2015/16**

ROLE	DESCRIPTION	RESOURCE	COST
Programme Management	Overall responsibility for driving the reform programme and reporting back to the CPSR Executive	Senior management allocation of 1 day per week – Chorley Council	£10,000
Programme Coordination	Day to day responsibility for managing/servicing meetings for the Board, Exec and Implementation Group; coordination of work programme delivery	Programme Officer and general admin support	£40,000
External Support	To buy in some external facilitation support, to assist in the redesign of the services and overarching work streams (systems leadership/culture and workforce - considered in separate paper to the Executive)	To be procured as required	Training and development - £5000-£10,000 dependent on the level/intensity of support  Business analyst/change management expertise - approx. £12,000 based on 15 days consultancy or 0.5 FTE for 6 months
General Programme Expenditure	Pump prime funding, digital technology, data sets, accommodation and equipment.	To be procured as required	Estimated between £5-10K although ‘in kind’ where possible or alternative external funding sources



## FUNDING

The Public Service Reform Executive will become the accountable body for the Transformation Challenge Award and combined with underspend from 2014/15, funding of £50,000 for both the Programme Management and Programme Officer should be secure for 2015/16. However, there remains an unfunded element in relation to external support and general expenditure.

### Partnership funding commitment

As part of the agreement to support the full partnership role as per the Terms of Reference, a financial contribution was proposed. The level of contribution for 2015/16 is yet to be defined with two potential approaches:

1. Agree a fixed amount up front with spend monitored via scheduled performance reporting to the Executive and an annual report. Previously a contribution of £15,000 per full partner was requested although it is anticipated that between £5,000 and £10,000 per partner would provide an effective level of additional resource dependent on the scope and scale of support, particularly for training and development.
2. Consider each request for funding on an individual basis through report to the Executive. This would enable evaluation of each proposal although may restrict flexibility and responsiveness.

It should be noted that without some aspect of additional funding, the activity, and potentially impact, of the Public Service Reform Partnership will be limited.

## RECOMMENDATIONS

1. The Chorley Public Service Executive establish the approach to funding for 2015/16 and if appropriate, agree the level of initial contribution.



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## CHORLEY PUBLIC SERVICE REFORM EXECUTIVE PARTNERSHIP OVERSIGHT

### Background

The purpose of the Chorley Public Service Reform Partnership is to work together to integrate and reconfigure public services in Chorley to provide the best outcomes for residents. The Strategy sets out a five year vision which is, “by 2020, we will have high quality integrated public services which provide value for money and the best outcomes for the residents of Chorley”.

There are a range of transformation programmes and partnerships that are developing across the locality, and the public service reform partnership has a pivotal role in having oversight, influence and coordination of these other programmes.

**Members of the Executive are asked to review and agree the proposed approach against each relevant Programme and Board.**

The purpose of this paper is to propose how this is carried out with the following objectives:

- To maintain an oversight of the progress of other transformation programmes, including Better Care Fund, Healthier Lancashire, Well North, Your Hospitals/Your Health – ensuring that as a locality we are able to align, contribute and influence where possible
- To act as the local accountable partnership for the Transformation Challenge Award (Living Well, Living Better Programme)
- To provide a forum through which partners are able to share an early indication of any organisational reform or changes
- To maintain oversight of other partnership groups, including:
  - Health and Wellbeing Board and Central Lancashire Health and Wellbeing Partnership
  - Clinical Senate
  - Children’s Partnership Boards
  - Community Safety Partnership

The table below sets out the relevant transformation programmes and programme boards along with the proposed approach to oversight. More detailed descriptions of each item are provided as an appendix for information.

Programme		Proposed Approach
<b>Transformation Programmes</b>		
<b>Better Care Fund</b>	1	<ul style="list-style-type: none"> <li>• Presentation on the Better Care Fund to the CPSR Executive</li> <li>• CCG and LCC members to provide any relevant programme updates at the monthly Executive meetings.</li> </ul>
<b>Healthier Lancashire</b>	2	<ul style="list-style-type: none"> <li>• Update on Healthier Lancashire to the CPSR Executive in November from Healthier Lancashire.</li> </ul>
<b>Well North</b>	3	<ul style="list-style-type: none"> <li>• Programme Management Office to maintain links with the Well North Programme to understand findings from pilot locations.</li> </ul>

<b>Your Hospitals/Your Health</b>	4	<ul style="list-style-type: none"> <li>Brief update paper to the CPSR Executive in October from the LTHTR member.</li> </ul>
<b>Transformation Challenge Award</b>	5	<ul style="list-style-type: none"> <li>Updates to the CPSR Executive from the LCC member.</li> </ul>
<b>Programme Boards</b>		
<b>Health and Wellbeing Board</b>	6	<ul style="list-style-type: none"> <li>Updates to the CPSR Executive from the CCG and LCC members.</li> </ul>
<b>Central Lancashire Health and Wellbeing Partnership</b>	7	<ul style="list-style-type: none"> <li>Updates to the CPSR Executive from the Programme Office as the meeting is attended by the Chorley Public Service Reform Programme Officer.</li> </ul>
<b>Clinical Senate</b>	8	<ul style="list-style-type: none"> <li>The proposal is to have a relevant updates to the CPSR Executive from the CCG member. Minutes to be circulated as part of the Chorley Public Service Reform Executive pack.</li> </ul>
<b>Children’s Partnership Board</b>	9	<ul style="list-style-type: none"> <li>Updates to the CPSR Executive from the Programme Office as the meeting is chaired by the Head of Policy and Communications, Chorley Council.</li> </ul>
<b>Community Safety Partnership</b>	10	<ul style="list-style-type: none"> <li>Updates to the CPSR Executive from the Police and Fire and Rescue members.</li> </ul>

**Conclusion**

The proposals will ensure alignment of organisational plans, key priorities, and projects, and give a local and coordinated response and opportunity to influence other transformation programmes.

Clear links between role the role of the Chorley Public Service Reform Partnership and other partnership groups will be established to ensure there is no duplication of activity, and that there is a mechanism for leaders to inform and share ideas for improvements to system delivery.

**Discussion Points**

The members of the Chorley Public Service Reform Executive are asked to consider:

- How the relevant programmes and boards can be influenced by Executive members in terms of delivery of the Public Service Reform Programme for Chorley.
- If the proposed updates and connections are acceptable, or if an alternative update method should be considered. One option could be a quarterly report presented against the Programmes and Boards with updates provided from relevant members. An understanding of the frequency of the updates required would be beneficial.
- If an allocated lead against each relevant Programme and Board should be appointed.
- To also advise of any additional links needed by the partnership.

**Decision Required**

The Chorley Public Service Reform Executive are asked to confirm and agree the proposals against each Programme and Board.

## TRANSFORMATION PROGRAMMES

### 1. BETTER CARE FUND

#### Purpose

The government introduced the Better Care Fund as part of the spending review in 2013. Designed to promote integrated care defined as 'person centred coordinated care'. It creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of health and care services. A plan to access the fund was resubmitted in January and formally approved on 6<sup>th</sup> February 2015.

#### Priorities

Lancashire's Better Care Fund plan includes improvements that will reduce unnecessary hospital admissions, provide better care for people in their own home when they are discharged from hospital, improve end of life care and cut down the amount of paperwork people need to fill in when accessing health and social services.

National conditions:

- Protecting social care services;
- 7-day services to support discharge;
- Data sharing and the use of the NHS number;
- Joint assessments and accountable lead professional

#### Geographical Footprint

The £89m plan to join up health and social care services will be Lancashire wide. The Clinical Commissioning Groups covered by this plan are: East Lancashire, Lancashire North, Fylde and Wyre, Greater Preston, Chorley and South Ribble and West Lancashire.

#### Who is involved?

Lancashire's Better Care Fund Plan was drawn up jointly by Lancashire County Council and the NHS clinical commissioning groups. It was then approved by Lancashire Health and Wellbeing Board, before being passed on to NHS England. Now that the plan has been approved, Lancashire County Council, NHS organisations such as hospitals and clinical commissioning groups, and voluntary and community organisations will work together to bring in the improvements set out in the plan.

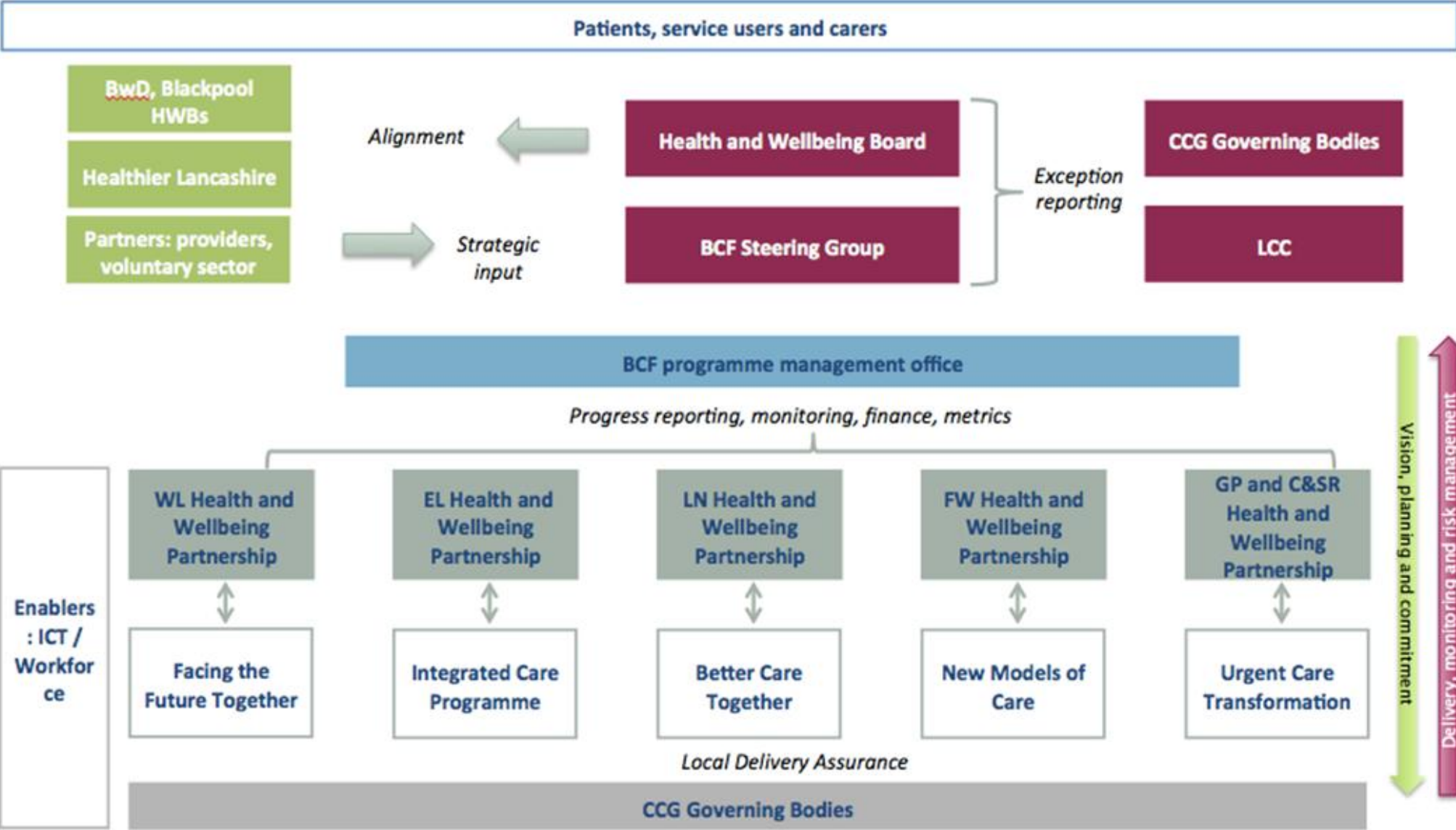
#### How to maintain oversight with Chorley Public Service Reform (CPSR) Partnership

The activity is firmly embedded in the CCG and LCC work plans, and the management of this work is set out on the diagram below which has been provided by the Chorley and South Ribble Clinical Commissioning Group at the Central Health and Wellbeing Partnership meeting in July.

Partnership Organisations at the CPSR Executive are also members of the Clinical Senate, Health and Wellbeing Board, and Central Lancashire Health and Wellbeing Partnership, and as such should be fully sighted on the Better Care Fund activity which is reported and monitored through these forums.

*The proposal is to have a presentation on the Better Care Fund to the CPSR Executive, and for the CCG and LCC members to provide any relevant programme updates at the monthly meetings.*

Better Care Fund Structure





## 2. HEALTHIER LANCASHIRE

### **Purpose**

Healthier Lancashire is a combined long-term commitment of organisational leaders across Lancashire steadfast in their resolve to see radical large-scale system change in the delivery of health and care. We're doing this to deal with the financial, demographic and outcome challenges being felt more acutely in Lancashire than elsewhere in England and consequently needing urgent, unified attention.

This approach ensures the project team and stakeholders remain focused on the business outcome, ensure delivery is on time and with an early return on investment. All people involved with the project work collaboratively to deliver the right solution for Lancashire. Work streams will be prioritised to the business need and the ability of the system to accommodate change within agreed timescale without compromising on the quality of the work undertaken.

### **Priorities**

The heart of our purpose is our shared cause that all organisations, people and interests across Lancashire work in unison so that fewer people become patients, and more patients are seen as people. The Healthier Lancashire approach therefore, is structured around 5 phases:

- Strategic Assessment;
- Aligning the plans;
- Design;
- Implementation Planning; and
- Delivery

This will deliver an evidence based, co-designed, safe, sustainable health and care system proposal for the population of Lancashire.

### **Geographical Footprint**

Lancashire wide.

### **Who is involved**

Healthier Lancashire is a partnership of the willing. Collectively we co-design strategies with the expert guidance of a small collaboration team, which facilitates us by offering opportunities, interventions and evidence, and by identifying, helping and strengthening Lancashire's existing leadership around our shared cause.

### **How to maintain oversight with Chorley Public Service Reform**

The programme is currently aligning plans which are linked to Health and Wellbeing, and Commissioning (LCC/CCG) activity. The programme is captured as part of the structure of the Better Care Fund (see above). Findings of the alignment phase will be presented to Senior Managers across organisations in Lancashire in September. Communications are provided via Health and Wellbeing representatives.

*The proposal is to arrange an update on Healthier Lancashire to the CPSR Executive in November from Healthier Lancashire.*

### 3. WELL NORTH

#### **Purpose**

The social gradient in health, the health of the poorest, is of particular concern in the North of England. Behavioural and lifestyle factors are major contributors in around 50% of all premature deaths. There is a need to address the causes of ill health as well as seeking to cure the consequences. Well North is a strategically collaborative programme which seeks to tackle the wider determinant complexity of the whole problem, making visible previously invisible at risk people and attempting to solve, rather than manage, their illnesses and anxieties.

A fundamental and critical cross-cutting, unifying philosophy underpinning Well North is the recognition that for health inequalities to be addressed effectively, interventions must be built on developing community based programmes, which enable empowerment, control, self-determination and the freedom to lead lives that people have reason to value. Designing such an environment will deliver healthy behaviours and match the emotional needs of people.

#### **Priorities**

The Well North Programme seeks to enable a move from a high cost biomedical model to a high value healthcare system. Well North seeks to improve the health and wellbeing outcomes of people and families in our most deprived communities to deliver three strategic goals:

- Addressing inequality by improving the health of the poorest, fastest;
- Increasing resilience at individual, household and community levels; and
- Reducing levels of worklessness a cause and effect of poor health.

#### **Geographical Footprint**

The work programme is segregated into Phase one pilots, which involve three areas, Phase two, which involves six pilots and subsequently phase three involves two to four areas in each phase (research, intervention and evaluation). The final year of the programme focuses on embedding the programme in each of the pilot sites and assessing the requirements for wider dissemination of the programme across the North of England.

#### **Who is involved?**

Further to the update provided at the Chorley Public Service Reform Board on the submission of an Expression of Interest to the Well North Programme, after further consideration regarding match funding and resources, it has been agreed that Chorley would not be in a position to make a submission, so we are not involved in the programme at this stage.

#### **How to maintain oversight with Chorley Public Service Reform**

We fully support the philosophy of the Well North Programme, and the way that the most vulnerable and poorest in our society are the focus of the programme, and although this would certainly complement, and add value to the work programme we are undertaking, we need to be able to balance the limited funding available, against ensuring that the work we do benefits as many people and services in the borough. We have agreed to maintain contact with the Well North programme and its findings and results.

*The proposal is for the Programme Management Office to maintain links with the Well North Programme to understand findings from pilot locations.*

#### **4. YOUR HOSPITALS/YOUR HEALTH**

##### **Purpose**

Your Hospitals Your Health Programme is being led by the Lancashire Teaching NHS Hospitals Trust to consult on service provision. This work will fit with the NHS Five year forward view. Many services can be done at home, and contracts on how services are provided will be considered. This is an opportunity to be truly aspirational and transformational. There will be a masterplan with a long term view, and outcomes will be used to inform a possible 10 year programme of service improvements.

##### **Priorities**

The background to the work was to review the clinical services being delivered, and how and where these are carried out, which will involve a review of the hospital estate and out of hospital care. Increasing levels of admissions, in particularly in elderly patients, increase of long term conditions, unhealthy lifestyles, location of services, locations of beds and facilities are all factors in the review. How services are best run to support a seven day service, looking at out of hospital care and how the hospital sites are utilised will result in options being developed, and a public consultation taking place.

##### **Geographical Footprint**

Areas covered by the Lancashire Teaching NHS Hospitals Trust, including hospital locations at Preston and Chorley and South Ribble will be part of this programme.

##### **Who is involved?**

The Central Lancashire Health and Wellbeing Partnership is being used as a forum to begin the consultation and understand the service improvements proposed. Regular updates will be provided through this group. Engagement, including a Health Stakeholder Referral Group will be key, and it was acknowledged that Healthwatch would be part of this in terms of providing the patient voice.

##### **How to maintain oversight with Chorley Public Service Reform**

The consultation activity is starting in earnest, and updates will be provided through the Central Lancashire Health and Wellbeing Partnership.

Partnership Organisations at the CPSR Executive are also members of the Central Lancashire Health and Wellbeing Partnership, and as such should be fully sighted on the Your Hospitals, You Health programme activity.

*The proposal is to have a brief update paper to the CPSR Executive in October from the LTHTR member.*

## 5. TRANSFORMATION CHALLENGE AWARD – LIVING WELL, LIVING BETTER PROGRAMME

### Purpose

This ambitious transformation programme will see the implementation of a new service model underpinned by a series of multi-agency "interventions". This integrated system will co-ordinate and consolidate the resources of partner organisations around six "intervention areas" to provide a wellbeing and resilience system that will lead to more resilient communities and reduce the demand for expensive health and social care services. This will have a number of wider benefits for the public sector as well as the communities of Lancashire.

### Priorities

The interventions will be:

#### 1. Improve health and wellbeing outcomes\* - including:

- Reduced residential care
- Improved physical, mental and social wellbeing
- Reduced GP attendance
- Reduced A&E attendance
- Increased skills levels
- Reduced statutory homelessness
- Reduced personalised budgets
- Improved mental health
- Reduced hospital admissions
- Improved employment prospects
- Reduced housing evictions
- Reduced drug dependency

*\*the pilot will identify specific improvement targets in these areas on commencement of the project*

#### 2. Improve service standards - we will work with public sector partners to:

- Align wellbeing services around the individual
- Test and evaluate new ways of commissioning wellbeing services and interventions (i) based on outcomes rather than outputs and (ii) in collaboration with service users, communities and partners.

#### 3. Create a more financially sustainable health and social care system – we will implement and evaluate a series of multi-agency "interventions" which will build the business case for collectively shifting resources upstream by prioritising early intervention and prevention activities with those 'at risk' of needing more costly support in the future.

#### 4. Improve connections in the community to help people to 'help themselves' and 'support each other' - we will work with individuals, communities and the third sector to build resilience and reduce reliance on public sector funded activities thereby delaying or preventing the need for public sector intervention.

### Geographical Footprint

Lancashire County Council will lead on the establishment of an Integrated Wellbeing and Resilience System starting with implementation in the districts of Chorley and Rossendale.

### Who is involved?

Chorley Borough Council, Lancashire Care Foundation Trust, Chorley and South Ribble CCG and Lancashire Teaching Hospitals Trust. Rossendale District – Rossendale Borough Council and East Lancashire CCG.

### How to maintain oversight with Chorley Public Service Reform

A Programme Board has been established and appointment of Programme Manager is imminent.

*The proposal is to have a relevant updates to the CPSR Executive from the LCC member.*

**6. HEALTH AND WELLBEING BOARD**

**Purpose**

Our vision is that: 'We want every citizen in Lancashire to enjoy a long and healthy life'. We will do this by: 'Working together to deliver real improvements to the health and wellbeing of Lancashire's citizens and communities' The Lancashire Health and Wellbeing Board is a forum for key leaders from the health and care system in Lancashire to work together to improve the health and wellbeing of the local population and reduce health inequalities.

Board members work together to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up way. As a result, patients and the public should experience more joined-up services from the NHS and their local council in the future.

**Priorities**

It is the responsibility of the Health and Wellbeing Board to:

- To identify the priority health and wellbeing needs in our area (using the Joint Strategic Needs Assessment)
- To set priorities based on information gathered from across Lancashire
- To promote integrated commissioning and provision of services by encouraging partnership working

By 2020, we will deliver:

- **Better health** – we will improve healthy life expectancy, and narrow the health gap
- **Better care** – we will deliver measureable improvements in people's experience of health and social care services
- **Better value** – we will reduce the cost of health and social care

Three programmes of interventions that we will deliver by April 2016 to start to achieve our outcomes. In each of our three programmes of interventions we will:

- Improve health and care services
- Improve health behaviours
- Address the wider determinants of health and wellbeing

The objectives of our programmes are:

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**Starting well**

- To promote healthy pregnancy
- To reduce infant mortality
- To Reduce childhood obesity
- To support children with long term conditions
- To support vulnerable families and children

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**Living Well**

- To promote healthy settings, healthy workforce and economic development
- To promote mental wellbeing and healthy lifestyles
- To reduce avoidable deaths
- To improve outcomes for people with learning disabilities

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**Ageing Well**

- To promote independence
- To reduce social isolation
- To manage long term conditions and dementia
- To reduce emergency admissions and direct admissions to residential care settings
- To support carers and families

Six changes to the way we work – the key shifts that will make a difference

- Shift resources towards interventions that prevent ill health and reduce demand for hospital and residential services
- Build and utilise the assets, skills and resources of our citizens and communities
- Promote and support greater individual self-care and responsibility for health; making better use of information technology and advice
- Commit to delivering accessible services within communities; improving the experience of moving between primary, hospital and social care
- Make joint working the default option (e.g. by pooling our budgets; commissioning together; sharing responsibilities for service delivery; sharing risk)
- Work to narrow the gap in health & wellbeing and its determinants

### **Geographical Footprint**

Lancashire wide.

### **Who is involved?**

The Joint Officer Group (JOG) will support the core statutory role and the work of the Lancashire Health and Wellbeing Board. This is:

- Ensure that the health & wellbeing strategy is being implemented
- Promoting integration and wider engagement amongst bodies working for the health and wellbeing of the people of Lancashire
- Joint commissioning plans
- Joint Strategic Needs Assessments (JSNA's)
- Pharmaceutical Needs Assessments (PNA's)

### **How to maintain oversight with Chorley Public Service Reform**

Updates will be provided through the Central Lancashire Health and Wellbeing Partnership.

Partnership Organisations at the CPSR Executive are also members of the Central Lancashire Health and Wellbeing Partnership, and as such should be fully sighted on the Health and Wellbeing Board activity. From the diagram provided by the CCG, there is a clear link established between the two forums.

*The proposal is to have a relevant updates to the CPSR Executive from the CCG and LCC members.*

**7. HEALTH AND WELLBEING PARTNERSHIP****Purpose**

The core purpose of the Central Lancashire Health and Wellbeing Partnership is to build a strong and effective partnership working between Preston, Chorley and South Ribble Councils, the NHS bodies, Lancashire County Councils, the Voluntary Community and Faith Sector and other public sector bodies to improve local people's health and wellbeing. The partnership will influence and support the Lancashire Health and Wellbeing Board.

**Priorities**

The Central Lancashire Health and Wellbeing Partnership has the following key functions

- To provide a governance structure for local service planning and accountability of health and wellbeing related services.
- To determine the priorities for health and wellbeing across Central Lancashire. To agree actions for partners and to hold to account those responsible for the delivery of those actions. .
- Build stronger partnership working between the Clinical Commissioning Groups and local public sector organisations.
- Reviews plans and funding bids on behalf of the Board and provide feedback
- Direct implementation of health and wellbeing strategy in Central Lancashire
- Allocates resources to deliver any agreed plans or actions
- Allocates devolved budget (if any)
- Monitors progress and resolves issues
- Makes arrangements to deliver those things which need to be done at Central Lancashire level

**Geographical Footprint** - Greater Preston, Chorley and South Ribble.

**Who is involved?**

The Membership is made up of the key partners involved in the promotion of public health together with the commissioners of health and wellbeing services in Preston, Chorley and South Ribble, including relevant Elected Members and representatives of wider stakeholders.

- Cabinet Members for Health and Wellbeing Chorley, South Ribble and Preston
- Elected Member representative - Lancashire County Council
- Clinical Commissioning Group members (Management and Clinical)
- Lead Officers for Health and Wellbeing Chorley Council, South Ribble Borough Council and Preston.
- Lead Officer for Health and Wellbeing Lancashire County Council.
- Lancashire Care Foundation Trust.
- Voluntary, Community and Faith Sector representatives.
- Lancashire Teaching Hospitals Trust
- LCC Health Care Services
- Healthwatch

**Frequency of meetings**

Meetings will be held quarterly on a date between a Lancashire Health and Well Being Board meetings so as to allow a timely flow of information to the Lancashire HWB.

**How to maintain oversight with Chorley Public Service Reform**

Partnership Organisations at the CPSR Executive are also members of the Central Lancashire Health and Wellbeing Partnership.

*The proposal is to have a relevant updates to the CPSR Executive from the Programme Office as the meeting is attended by the Chorley Public Service Reform Programme Officer.*

**8. CLINICAL SENATE****Purpose**

The Clinical Senate has been established to:

- Provide strategic leadership to the development and alignment to an overall health strategy and the development of organisational plans and a change programme, which ensures alignment across organisations to an overall vision focused on improving health outcomes for local people
- Identify opportunities for further integration, co-design, co-commissioning and re-procurement of health and social care services and opportunities for working at scale across the health and social care economy in Lancashire
- Identify and consider ways to overcome barriers to collaborative working across the economy and where appropriate identify ways to overcome blockages to programme delivery
- Agree recommendations and joint approaches to wider public consultation and engagement in respect of any service change or reconfiguration
- Most senior governance forum responsible for providing strategic leadership and overseeing alignment of partner agencies.

**Priorities**

The key tasks of the Clinical Senate are to:

- Consider the health and social care needs of local communities and to contribute to the development of a shared vision, aims, objectives and programmes of work to meet those needs now and in the future.
- Obtain agreement and sign up to the recommendations of the Clinical Boards (Urgent Care, Scheduled Care and Primary Care) on proposed service change and clinical models.
- Agree proposals on models and outcomes to be achieved from the Clinical Boards before any changes take place.
- Secure alignment across commissioners and providers on health and social care economy programme plans, e.g. Better Care Fund, including the communications and engagement plan and to monitor high level implementation.
- Provide a forum to understand and discuss local proposals being developed by the Clinical Commissioning Groups (CCGs) and their impact on hospital and community services.
- Agree a way forward for final business cases and operational plans following consultation and to oversee the development of implementation plans for agreed service change.
- Monitor high level health and social care economy risks and issues and act as the final arbiter in the resolution of issues that cannot be resolved elsewhere.
- Provide leadership and direction for the strategic change programmes and to act as advocates for the programmes at a local or national level as necessary.

**Geographical Footprint** – Chorley and South Ribble, and Greater Preston

**Who is involved?**

- Chief Executives / AO / Director of partner agencies
- Medical Directors / Lead Clinicians of partner agencies
- Nursing Directors
- Senior commissioning managers

**Frequency of meetings** - Meetings will be held monthly on the third Thursday of each month.

**How to maintain oversight with Chorley Public Service Reform**

*The proposal is to have a relevant updates to the CPSR Executive from the CCG member. Minutes to be circulated as part of the Chorley Public Service Reform Executive pack.*



## 9. CHILDRENS PARTNERSHIP BOARD

### Purpose

To drive and deliver effective multi agency working that safeguards and promotes the well-being of children and young people and improves outcome for families. The Board is a means by which local agencies come together to ensure effective collaboration in the development and delivery of services to children and their families. It is a sub-group of the county-wide Children and Young People's Trust Board and a means by which local priorities can be influenced by local people. Each Children's Partnership Board will be primarily responsible to the Lancashire CYP Trust Board but accept dual accountability to the LSCB in respect of safeguarding issues.

### Priorities

Key Functions:

- To set a shared vision for children and young people in the area
- To ensure the delivery of the Children and Young People's Plan and develop local targets and local work plans
- To ensure and enable the effectiveness of prevention and early help arrangements
- To ensure effective and collaborative practice that safeguards children

The board will:

- Identify and agree local priorities and develop locality action plan
- Monitor and review progress
- Share information and learning
- Understand levels of need and resources
- Report progress and risks
- Enable the participation of children and young people
- Promote the development of integrated working
- Enable local influence of county wide priorities
- Respond to direction from the CYP Trust and challenge from the LSCB
- Embed learning from reviews, inspection activity and audits in local practice.

### Geographical Footprint

Chorley, South Ribble and West Lancashire

### Who is involved?

Senior Manager representatives from Children's Centre, District Councils, Education - Primary School, Education - Secondary School, Education - Special School, FE College, Health - Clinical Commissioning Group, Health – Provider, Health - Public Health, Job Centre Plus, Lancashire Constabulary, Lancashire County Council, Lancashire Probation Trust, Voluntary Community and Faith Sector, Lancashire Safeguarding Children Board (participant observers).

**Frequency of meetings** –The Children's Partnership Boards will meet at least on a quarterly basis.

### How to maintain oversight with Chorley Public Service Reform

*Minutes to be circulated as part of the Chorley Public Service Reform Executive pack.*

## 10. COMMUNITY SAFETY PARTNERSHIP

### Purpose

Chorley and South Ribble Community Safety Partnership agreed in 2013 that they would change the format of the Responsible Authorities Group by maintaining its prescribed statutory functions but adopting an annual conference and community engagement format. The Chorley and South Ribble Community Safety Partnership Officer Working Group has retained responsibility for Community Safety operational service delivery. The structure has also aligned itself with the Central Lancashire Review Group and wider Lancashire Community Safety Strategy Group arrangements.

### Priorities

The Chorley & South Ribble Community Safety Partnership have an Action Plan in place for 2015/16. This plan takes into account the priority areas work identified within the strategic assessment plan and through consultation with our partners agencies. The plan promotes a partnership response to addressing Community Safety issues to reduce and combat crime that affects our local and diverse communities and to safeguard vulnerable people. With an ever-changing landscape and emerging threats the plan will remain dynamic ensuring that we continue to meet the needs of our communities.

- **ASB & Hate Crime** - Anti-social behaviour is the common term used to describe incidents or actions that cause damage or affect the quality of life of people. It can be any behaviour that causes harassment, alarm or distress and can include: Abandoned vehicles, drinking on the street, fly-tipping, graffiti/ vandalism, noise, nuisance neighbours, off road motor cycling. A hate crime is any criminal offence which is perceived by the victim or any other person to be motivated by hostility or prejudice based on a personal characteristic.
- **Road Safety** - We are committed to making Lancashire a safer place in which to walk, ride and drive. To prevent deaths and serious injuries on our roads we are making improvements to our roads.
- **Child Sexual Exploitation** - We recognised that child sexual exploitation is a crime that can affect any child. This is why in Lancashire, we are committed to working together to tackle the problem.
- **Domestic Abuse** - We recognise that even if you are not experiencing domestic abuse or violence yourself, you may well know someone who is. We are committed to tackling the problem by supporting victims and tackling offenders.
- **Counter Terrorism** - Terrorism is a real and serious threat to us all. Our priority is to keep the public safe, by working together with key partner agencies and all our communities to tackle any extremism.

**Geographical Footprint** – Chorley and South Ribble

### Who is involved?

A wide range of representatives from across Chorley and South Ribble councils, Lancashire County Council, Lancashire Police, Lancashire Fire and Rescue Service, Probation Service, and Safeguarding teams are all part of the Responsible Authorities Group, and relevant officers are then involved in progressing actions from the annual plan through a Joint Officer Working Group.

**Frequency of meetings** - Annual Conference

### How to maintain oversight with Chorley Public Service Reform

*The proposal is to have a relevant updates to the CPSR Executive from the Police and Fire and Rescue members.*

## CHORLEY PUBLIC SERVICE REFORM EXECUTIVE SYSTEMS LEADERSHIP AND, CULTURE AND WORKFORCE – DISCUSSION PAPER

This paper looks to outline options in relation to two, of the three, three- year overarching work streams: Systems Leadership and Culture and Workforce. Following initial investigations, the paper outlines a number of potential methods along with broad timescales and indicative costings for the consideration of the Executive.

**Members of the Executive are asked to review the proposed approach and provide feedback on composition of the framework to enable the programme office to complete more detailed planning and arrangements.**

### APPROACH

It is proposed that a flexible development framework be created in consultation with, and signed off by the Executive. The framework should be shaped by the Executive and allow plans to evolve and emerge as the programme progresses, to facilitate the learning and development requirements of the partnership. There will be a range of defined activities for year one with a focus on developing the Executive both individually and collectively as collaborative leaders of new public service delivery models. Year 1 activity will also incorporate work to shape the value and behaviours required of public service organisations in Chorley, establishing foundations for the progression of the Culture and Workforce work stream in future years.

An example framework is included at Appendix A

### METHODS

The framework could utilise a range of methods and formats delivered by one or a number of providers. Providers consulted as part of initial investigations were North West Employers and Greengage Consulting, both of whom have significant experience of working with senior leaders on similar programmes. Methods include:

Method	Description
<b>Group diagnostic exercise</b>	Initial one to one meetings with members to establish strengths, weaknesses and expectations with feedback report to shape recommendations
<b>Team coaching</b>	Team coaching differs from traditional team building in that the whole group is involved in setting the agenda for team coaching as an ongoing flexible process rather than a one off event to work at a deeper level with the group in order to help achieve more challenging goals
<b>Facilitated development sessions</b>	One hour or half day facilitated sessions on a number of core modules including leadership, communications and innovation – see appendix B



<b>Values and behaviours</b>	A dedicated session on values and behaviours for either the Executive or the Executive and Implementation Group as a team. This would include support to develop a road map for dissemination through organisational structures in years 2 and 3.
<b>Shared learning events</b>	Programme of events over the year to explore ideas and provide supportive challenge to work through specific issues including learning from Greater Manchester Combined Authority work, wider reform agenda, HR/workforce implications and risk management
<b>Executive coaching</b>	In addition to a wider programme, individual coaching may offer the time and space through individual challenges in the wider reform context with fully qualified coaches
<b>Team building activity</b>	Specifically for the Implementation Group – half or one day programme to work strengths and behaviours around effective multi-disciplinary working, effective communication and measuring success.

**DESIRED OUTCOMES**

- The Executive will have an agreed approach, and common language, for highly effective strategic thinking and problem-solving (‘breakthrough thinking’) that is focussed on outcomes and results, identifies and addresses barriers to effectiveness and drives systematic prioritisation of activities; and can be applied to challenges and opportunities as they arise for the Executive.
- There will be a clear understanding of the Executive’s strengths and weaknesses as a unit.
- The Executive will have approaches and techniques that will allow them to have difficult and challenging conversations in ways that build openness and trust and lead to breakthroughs and results; with differences being resolved positively and a united front presented to supporting partner organisations.
- The Executive will have an agreed approach to engaging colleagues, service users and the general public in change; thereby creating ‘buy-in’ and utilising the vast pool of experience, knowledge, talent and energy within local communities and in partner organisations.
- The Executive will have a clear and concise statement of ‘values and behaviours’ that will form the basis of the culture of the reform process, and will have developed a plan for engaging their organisations in disseminating and realising the values and behaviours.
- The Executive will have an agreed approach to the reimagining and redesigning important services and will have tools to allow them to increase the pace and variety of ideas generation, help identify and develop the best service models (with emphasis on effective partnership working) and to seed a culture of multi-agency innovation.



**Timescales**

The work streams are to be delivered over a 3 year period with the year 1 programme aiming to commence activity from October 2015.

The framework should recognise the time commitment required from members of the Executive along with the need to maintain the core business of the Executive meeting. Sessions could form part of the monthly Executive meeting with an hour dedicated to development, additional workshop sessions outside of the meeting, 1-2-1 or small group meeting at the place of work or more virtual sessions and exercises.

**Indicative Costs**

Costs vary depending on the level and intensity of support and range from £475 - £1100 per half day. Costs for the example framework provided at Appendix A.

**RECOMMENDATION**

**Members of the Executive are asked to review the proposed approach and provide feedback on composition of the framework including budget, to enable the programme office to complete more detailed planning and arrangements.**



**Appendix A – Example development framework**

Element	Objective	Group	Timescale
<b>YEAR 1</b>			
1 <sup>st</sup> facilitated development session	Understand group strengths and weaknesses. Recommendations to improve collaboration and effectiveness.	Executive	October 2015 – 1.5 hour session attached to the Executive meeting or at another time
Shared learning session/ peer review	Look at other programmes to address issues/refine approach	Executive	November 2015
2 <sup>nd</sup> facilitated development session – values systems	Establish values and behaviours. Roadmap for dissemination	Executive	February 2016
Shared learning session/ peer review	Benchmark comparison or critical review	Executive	March 2016
Implementation Group team build	Intensive session to build relationships and promote productivity	Implementation Group	October 2015
<b>COACHING (1-2-1 basis)</b>			
Executive Coaching	Individual reflection/challenge	Executive	October – March 2016
Implementation Group Coaching	Individual reflection/challenge	Implementation Group	October – March 2016
<b>YEAR 2 enhancement</b>			
Leadership development with the Implementation Group – consider joint session with the Executive to disseminate learning			
Issue specific sessions e.g. HR, governance models, risk management			

An estimated budget for the above programme would be between £5000 and £10,000 depending on whether coaching is included (approx. £300 per session) and ability to access speakers for neutral cost; taking into account VAT and expenses.



**Appendix B – Proposed development modules**

Module	Content
1. Leadership Insights	Understanding how to spot and change the underlying narratives that drive habitual behaviour to that individuals can become insightful leaders and coaches of their teams, empowering those around them and making a step-change in interpersonal skills.
2. Breakthrough Thinking	Learning how to think strategically and how to create a compelling and inspiring strategic narrative for any project or desired breakthrough.
3. Engaging Colleagues	Learning how to gain the trust and buy-in of any group of colleagues, service users and the general public whose support is needed to make significant change happen.
4. Do the Must-Dos	Understanding practical ways to prioritise tasks and time and to create an environment where people focus and follow through so that what has been agreed happens.
5. Innovation Excellence	Developing the skills and confidence to reimagine and redesign important services; meeting head on the challenges in rising expectations of service delivery.
6. Authentic Communications	Developing the skills to have the difficult or challenging conversations in ways that build trust and lead to a breakthrough.



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# **Chorley Public Service Reform Partnership**

**Review of Integrated Action Team (IAT)**

**March – September 2015**



## Review of the Chorley Integrated Action Team (IAT)

### 1. Background

- 1.1 The Integrated Action Team (IAT) was set up as part of activity under the Chorley Public Service Reform Programme, covering the Intelligence Led Services and Sharing Intelligence workstream.
- 1.2 The team first met in March 2015, and it was agreed to review the success of the group following a period of six months and present findings to the Chorley Public Service Reform Executive.

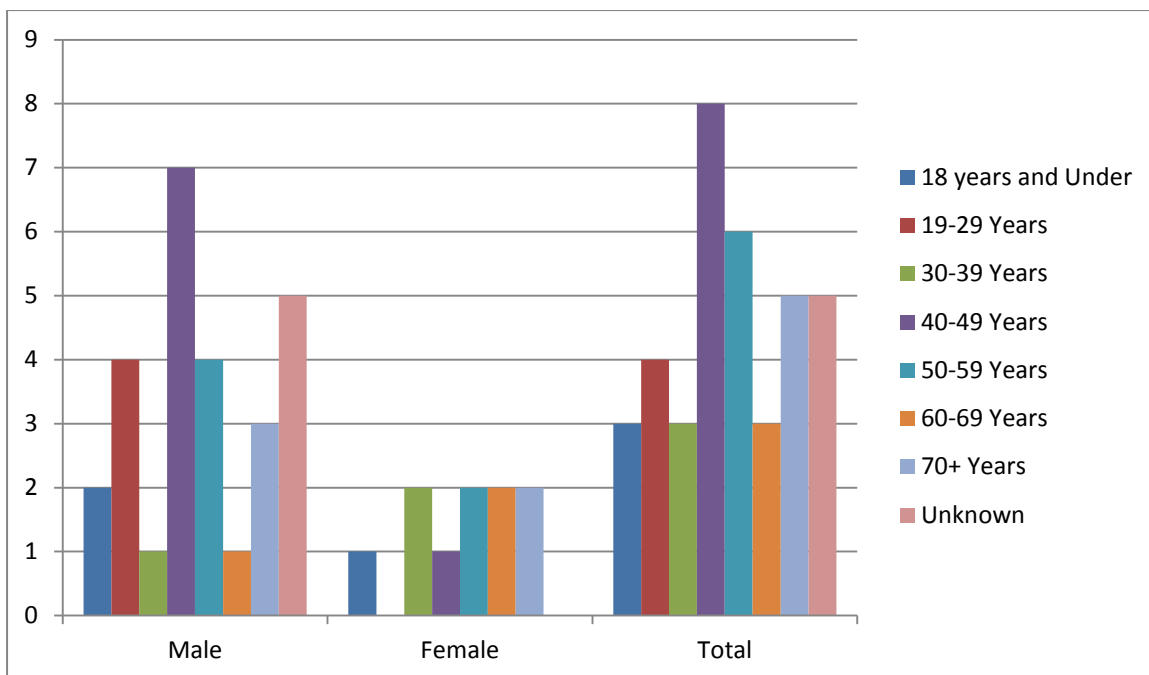
### 2. Overview

- 2.1 The main purpose of the IAT is to discuss individuals and areas, which have been identified as vulnerable, chaotic, or high end users of service which are a cause for concern. By sharing intelligence across multi agencies, a consideration of early help and further support will be made and actions agreed, with a lead professional appointed where relevant.
- 2.2 The group is covered by an Information Sharing Agreement, and due to some limitations on sharing data in some organisations (mainly health services), different roles have been established relevant to the data share process. These range from cohort organisations that can submit names to the team, to representatives who advise on signposting and support that can be given as part of the intervention.
- 2.3 This review has considered:
  - The profile of cases coming into the group - age, gender and reasons for referral;
  - The interventions that have been put in place;
  - What the outcomes have been;
  - How the process is managed, through referrals into the group, data handling, and sharing intelligence; and
  - The membership of the group.
- 2.4 A set of recommendations is made for consideration by the Chorley Public Service Reform Executive at Page Eleven of this report.

### 3. Profile of Cases

- 3.1 Thirty-seven cases have been discussed through the monthly IATs. Currently there are sixteen live cases, and sixteen cases being monitored following interventions being in place. Five cases have been closed, two where individuals are no longer in the area, and three due to death of the individual.
- 3.2 Thirty seven cases were initially flagged up for the inaugural meeting, however only fourteen could be discussed due to timing restrictions. For the twenty two remaining cases a review will take place with referral organisations to confirm that no further action is required.
- 3.3 Below is a breakdown of the age and gender of the thirty-seven cases discussed. The majority of referrals at 72.9 % are male, and the key age group of those referred range from 40-59 years old.

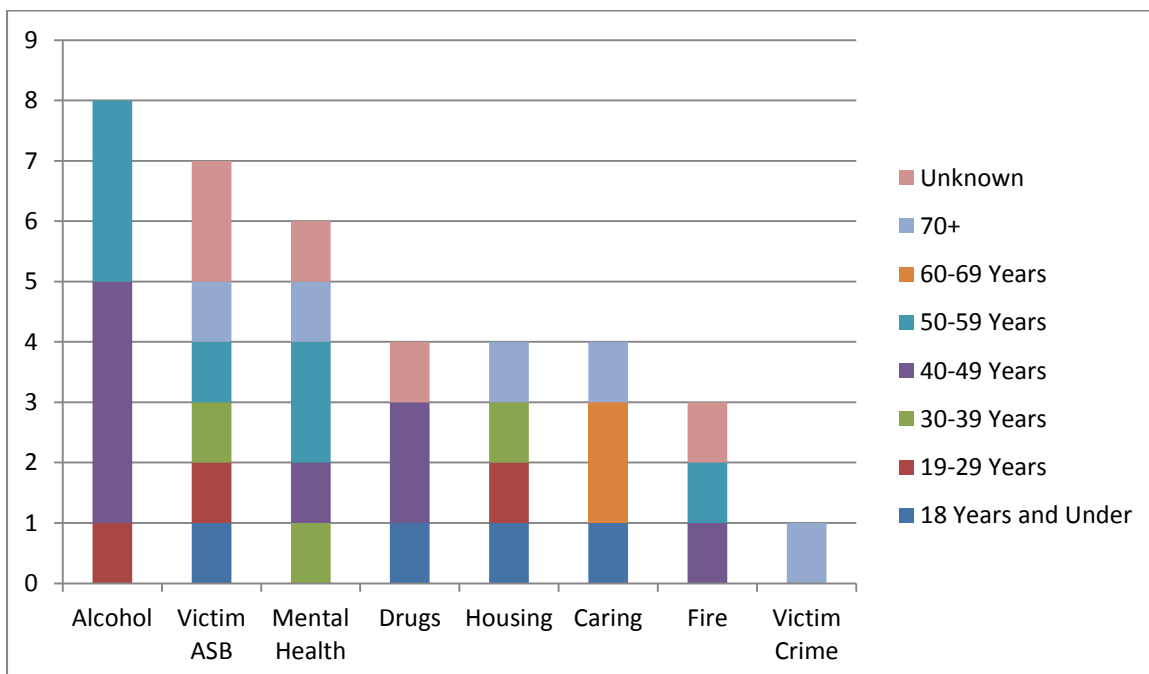




**4. Reasons for Referrals**

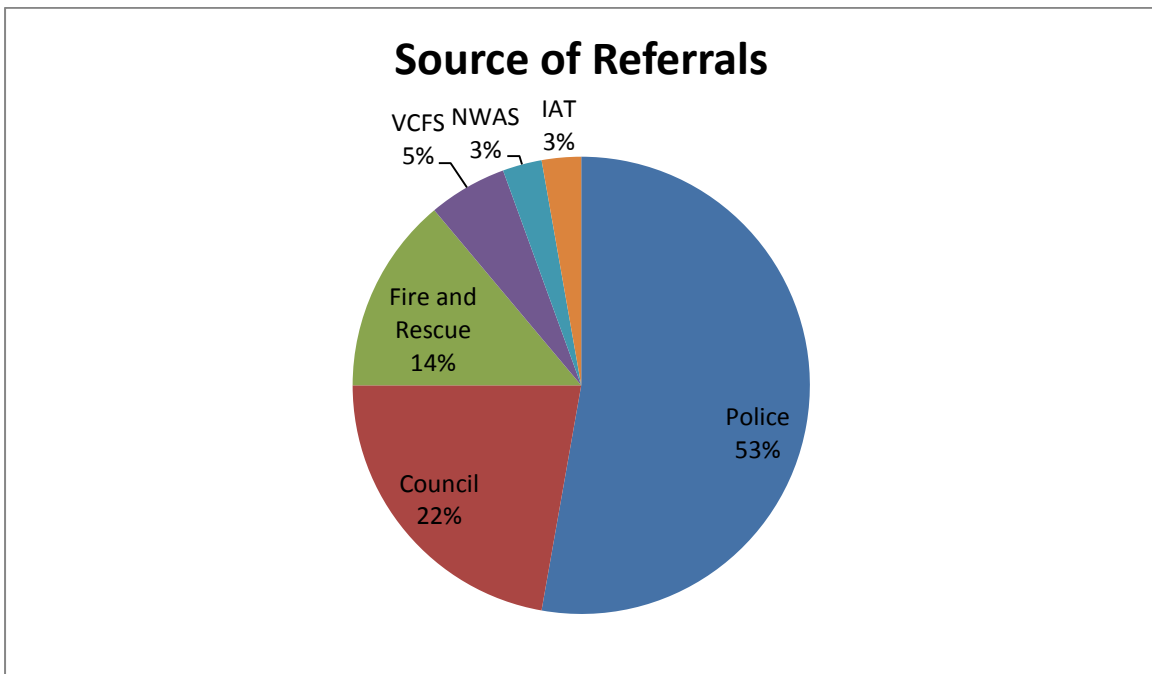
4.1 The majority of the cases discussed have a number of reasons for referral to the team, e.g. Anti-social behaviour is often linked with alcohol, or mental health issues. A breakdown of key elements is shown below across the age groups.

4.2 The most common issues involve alcohol dependency and vulnerability due to being a victim of anti-social behaviour. The key age group for the two top categories is 40-59 year olds as shown below.



**5. Source of Referrals**

- 5.1 At the start of the process the main areas referring cases involved Police and District Council, however as the group has increased membership, and links have been established with organisations, referrals are coming from a number of areas which is positive step.
- 5.2 Although the majority of referrals have come through via the Police, a number of interventions put in place have been taken by supporting organisations such as the Council Neighbourhood Teams, or Help Direct.
- 5.3 Through discussion at the IAT meetings, partners agree the steps to be taken, and this mainly starts with a softer, supportive approach. Joint visits are quite common in terms of support being offered and these have been successful in assessing the issues involved.
- 5.4 Cases are then reviewed at the following meeting to determine the success of the intervention. For instance if calls have continued, or the risk of vulnerability has increased then a firmer intervention may be required.



\*It should be noted that the IAT referral was due to concern about the vulnerability of a second individual linked to the original referral. Actions have been taken with both people to reduce level of risk.

**6. Interventions**

- 6.1 The level of involvement, and interventions put in place following referral and discussion range from informal involvement e.g. having a chat, making a follow up call, signposting advice, to practical support e.g. home visit for Fire Safety Check, to more formal arrangements which could be Police interventions e.g. Acceptable Behaviour Contract (ABC).
- 6.2 One key element of support on the cases discussed has been Help Direct and the involvement of this service in practical support and signposting advice. They have provided a range of support from finance advice, access to food parcels, self-harm support, to arranging for a chimney to be swept.



6.3 Details of the range of interventions are listed below. Please note that a number of interventions have taken place against each case. This does not include cases which are currently Live and under consideration.

**Low Range Interventions** (Signposting, practical support)

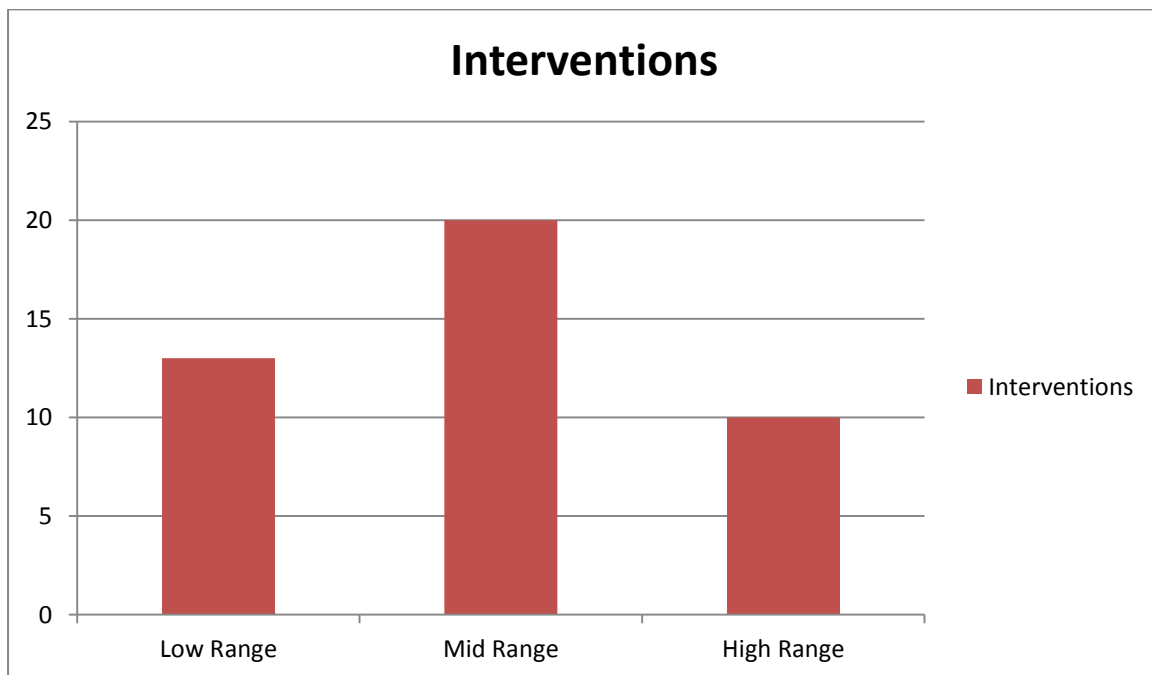
- Help Direct Support
- Informal Discussion
- Link to Red Rose Recovery
- Link to SLEAP (homeless support)
- Signposting Advice – Leaflet Drop

**Mid Range Interventions** (Home Visit, Referred to other areas)

- Community Beat Manager (CBM) Intervention
- Better Together Check
- Fire Safety Check
- Housing Support
- Referred to Early Action Step Down (Police)
- Referred to Early Help (LCC)
- Mediation Process Offered
- Referred to Discover

**High Range Interventions** (Formal, Enforcement)

- Joint Agency Visit
- LCFT Complex Care Treatment Team
- Acceptable Behaviour Contract
- Drink Banning Order
- Cease and Desist Notice
- ASBO in place



**7. Outcome**

- 7.1 Out of the thirty seven cases discussed, sixteen are currently live and having intelligence gathered, or having interventions considered. From the sixteen cases moved to monitoring status these have generally been successful , and it is acknowledged that due to the involvement of joint agency working through the IAT, volumes of calls to emergency services, and public services has reduced. A summary of typical case profiles is at *Appendix A*.
- 7.2 In considering the cases under the review, it was noted that some cases could have been dealt with through standard processes between agencies, however at the start-up of the process it was agreed that any cases causing concern should be raised. Due to the evolvement of the group and establishment of working relationships across agencies, and links with other services, a recommendation that the criteria for the cases discussed at the group should be reviewed.

**Recommendation One – That cases referred to the IAT should be to discuss individuals and areas, which have been identified as vulnerable, chaotic, or high end users of service which are a cause for concern, and where existing processes have not been able to address the issues found, and a multi-agency approach is needed.**

- 7.3 To cost the savings made due to interventions from IAT, we have established an average cost of attendance for Fire, Ambulance and Emergency Departments. Not all cases capture the levels of call outs, however as part of the referral process this will look to be captured to establish a cost based analysis of numbers of individuals who call services at a high level.

Service	Costs
Fire	The average cost of a call out is around £500 an appliance, this is a rough figure based on the cost of the appliance and the cost of the wages of the officers and crew. This figure would probably incorporate the cost of other appliances being brought into an area to cover and answer other calls.
Ambulance	Average cost for callout for an ambulance in Lancashire is £124 for “see and treat” where the patient is assessed at home but not conveyed to hospital, and £200 for “see and convey” where the patient is assessed, treated and conveyed to hospital.
Emergency Department	The average cost of an ED visit is £140.

**8. Process**

- 8.1 As part of the original process it was agreed to send new cases and updates ahead of the monthly meeting. This was revised at an early stage, as many updates were only given at the meeting, and new cases were not getting flagged up in time for members to gather intelligence. The IAT agreed to bring updates to the meeting, and provide relevant details of any new submissions.
- 8.2 On reflection in the review, it was acknowledged that there is an increase of new cases being brought to the IAT, and due to the ongoing live case updates, the recommendation is to increase the duration of the meeting from 1hour to 1½ hours. This ensures that all cases can be considered thoroughly.



**Recommendation Two – To increase the duration of the meeting from 1hour to 1½ hours.**

8.3 Where cases are considered, have interventions in place, and calls to services have reduced/stopped, they are moved to a monitoring list. The IAT agreed that these would be re-checked after a period of six months to ensure no further activity has taken place and confirmation that the intervention has supported the individual. As part of the review it was felt that a number of cases had suitable support in place and could safely be closed down at an earlier period.

**Recommendation Three – To reduce the time cases are monitored from six months to three months.**

8.4 From the initial outset of the group, it was agreed to allocate a Lead Professional to relevant cases to co-ordinate activity needed as part of the intervention. This has only happened in a small number of cases, although several actions have been required falling to certain members of the IAT. As referrals from other organisations increase, this will ensure that resources managing cases are shared across the group.

**Recommendation Four - The recommendation is that on any new cases the member referring the cases has ownership, and will co-ordinate the activity required, including attainment of consent from individuals. This will ensure a shared responsibility across the group, as well as sharing resources across the IAT.**

8.5 When new cases are raised at the IAT it is essential that as much detail is provided to support the intelligence gather completed by members of the group. From the review a couple of cases would probably not have been considered under IAT if more information was known at the initial stage e.g. Neighbour dispute. The recommendation is to set a minimum level of detail for the referral of new cases, and the additional option of deferring any cases presented until more information is known.

**Recommendation Five – On all new cases referred, information must cover the minimum of Name, DOB, Age, Reason for Referral, volumes of calls/incidents, details of interventions made and why a multi-agency approach is required. If this information is not available the IAT Chair has the right to defer any cases until further information is established.****9. Membership**

- 9.1 The IAT consists of representatives (*listed at Appendix B*). Including Police (Neighbourhood and Early Action Teams), Chorley Council (Neighbourhood, Early Intervention and Employability), Fire and Rescue, North West Ambulance, Lancashire Care Foundation Trust, Lancashire Teaching Hospitals, Community Advocate, and Connect 4 Life.
- 9.2 On reflection of the cases coming through and issues raised, and the introduction of the Lancashire Wellbeing Service (replacing Connect 4 Life and Help Direct), additional members are



recommended to be invited into the group. Discover have recently been approached to attend as this service provides support on Alcohol and Drug dependency.

**Recommendation Six – To extend the membership of the group to include - a representative from Lancashire Wellbeing Service; Wellbeing and Early Help co-ordinator for Chorley; Community Housing; Places for People; Accent; and Children’s Social Care.**

9.3 As part of this review, IAT members were asked for feedback on how they have benefitted from being part of this team. Responses were:

- **Early Action Team (Police)** - *I think the IAT has real potential to bring some positive benefits to vulnerable individuals across Chorley. I envisage some form of IAT in the other areas I’m involved in ie West Lancs and South Ribble at some point in the future.*
- **North West Ambulance Service** - *It’s been useful seeing what other agencies’ experiences/views of an individual are, to create a more whole picture of their case. The links to partner agencies are excellent, and this group is long overdue and much needed! Got some good contacts through attending partners, which will hopefully benefit the individuals we are supporting.*
- **Intervention and Prevention Officer (Chorley Council)** - *I think the fact we have a good number of agencies around the table and we are able to discuss cases that would not have been discussed collaboratively unless we were doing it and then look at putting alternative services / support in place to help them is a great thing. It’s also been able to give an insight into what other links and services there are out there that can provide support that we don’t always know about.*
- **Lancashire Fire and Rescue Service** - *The Integrated Action Team model has got to be the way forward when dealing with the most vulnerable members of our society, the information sharing and joint working can make a real difference both to the subjects of the referrals and to other members of the community who could be effected by their actions. The group also allows partners to work more effectively by being able to understand each other’s issues and the limitations under which they operate.*

9.4 Overall there is a positive reputation building for the team and the activity it carries out. There has been some interest from other areas to learn more about how it performs, and this has linked to having North West Ambulance Service included as a member, and also links have been made with Drugs and Alcohol service at LCC, and a local GP surgery.

9.5 Throughout the case discussions at IAT, a number of useful organisations that can support a range of issues in Chorley borough has been developed. This reflects groups to support individuals, and this is being used through daily business in the organisations, and it also captures initiatives being launched such as the Big White Wall in the Health Service sector. *Information shown in Appendix C.*





## 10. Data Handling

- 10.1 Data is shared with organisations who are covered by the Information Sharing Agreement for the Chorley Public Service Reform Programme. Names are verbally given on new cases at each IAT, and the details are recorded on an Excel Spreadsheet by Chorley Borough Council. This is updated following each meeting with progress and actions, and is shared electronically with partners covered by the agreement. Secure e-mail addresses are used to transfer the data.
- 10.2 As part of each meeting, IAT attendees are asked to sign a confidentiality agreement at the start of the meeting, and paper copies of the live list are provided. These are securely retained or destroyed as appropriate.
- 10.3 Due to the cross section of organisations involved and the limitations of current data handling process, it has been difficult to establish a better way of managing the information. Similar processes using Excel spreadsheets are used in other multi-agency groups.
- 10.4 At present there are a number of systems, within services, that hold information which are used to assess risk to individuals on a variety of triggers. These include:
- Risk Stratification Tool (RAIDR) is in place in GP surgeries, which identifies top users of service/unplanned admissions, which are managed through a multi-discipline meeting attended by Integrated Neighbourhood Teams;
  - Lancashire County Council, have information on Adult Social Care, including Connect 4 Life referrals;
  - Lancashire Fire and Rescue, perform risk analysis on areas of high risk of fires; and
  - Lancashire Constabulary, perform Risk Profiling which informs ASBRAC multi agency groups (including Housing Authorities i.e. Adactus)
- 10.5 Considering the work under the Chorley Public Service Reform Partnership being developed to integrate services more, there is a recommendation to refer how data can be handled across agencies more effectively not just for the IAT, but how this could link to improved processes and referrals into other areas e.g Lancashire Wellbeing Service or Integrated Neighbourhood Teams (Health Service Multi-Discipline Group).

**Recommendation Seven – For the Chorley Public Service Reform Implementation Group to consider how multi agency groups can capture data for vulnerable, high risk, target individuals to support an efficient referral pathway across groups and organisations, and to consider the feasibility of the system identifying areas of risk.**

## 11. Future Working

- 11.1 On reflection of the work carried out by the IAT in establishing links across organisations, interventions with vulnerable individuals, reductions of calls to services, the original intention of the group has been met fully. This is thanks to the IAT members, support from Chorley Public Service Reform Partnership, and supporting organisations and services. Management of the group is carried out between Chorley Council and Lancashire Constabulary, and all partners involved will support the resource required to continue the activity.



**Recommendation Eight – That the IAT continues to run on a monthly basis, and makes the relevant changes as recommended.**

11.2 On the basis that the IAT remains in place, and widens membership as described, there is a consideration regarding other multi agency groups and how IAT link in with these. One group in particular is the Anti-Social Behaviour Risk Assessment Conference (ASBRAC). This meets on a monthly basis, and has membership covering Chorley Council, Lancs Police NHPT, CCH, Places for People, Lancs Police Early Action, Accent Housing, and Adult Social Care.

11.3 There is a proposal that through the Anti-Social Risk Assessment process, any cases which are deemed High risk, that are currently discussed at ASBRAC, could be referred into the IAT instead, and the ASBRAC group closed down. Any cases that are deemed low/medium risk will continue to be managed through the Mini MATAC process. As this is a group under the Community Safety Partnership the decision to close the ASBRAC will need to be progressed and considered by relevant officers involved. Communications about this change, confirmed membership of IAT and handling of the cases, including relevant risk assessments, would need to be clarified. The IAT will be advised on development of this proposal.

## **12. Summary**

12.1 The key findings of this report are that through the build up of knowledge on interventions that are available to partners, and sharing intelligence on individuals to build up a picture of history and what support is needed, the group are able to establish what should be put in place to offer the help required on a longer term basis.

12.2 The levels of calls being received through services from a small number of individuals are costly to manage. One case referred involved an individual calling the Police 52 times in 12 months, another case involved 24 attendances at the Emergency Department in a three year period. These are excessive and very costly to all services involved. By having the group in place it is clear to see if the problem has “shifted” elsewhere, and through a joint approach the root cause can be managed effectively and calls reduced.

12.3 Through the knowledge sharing and understanding of wider services available, signposting and supporting individuals in similar circumstances can then be part of daily activity. This starts to reduce interventions from being high cost and reacting to chaotic and urgent demands, to more manageable planned interventions, supporting at earlier points and providing opportunities for better self-care.

## **13. Recommendations**

The Chorley Public Service Reform Executive are asked to approve the eight recommendations and to support the work of the Integrated Action Team continuing.



## Recommendations

### **Recommendation One (7.2)**

That cases referred to the IAT should be to discuss individuals and areas, which have been identified as vulnerable, chaotic, or high end users of service which are a cause for concern, and where existing processes have not been able to address the issues found, and a multi-agency approach is needed.

### **Recommendation Two (8.2)**

To increase the duration of the meeting from 1hour to 1½ hours.

### **Recommendation Three (8.3)**

To reduce the time cases are monitored from six months to three months.

### **Recommendation Four (8.4)**

The recommendation is that on any new cases the member referring the cases has the ownership of the case, and will co-ordinate the activity required, including attainment of consent from individuals. This will ensure a shared responsibility across the group, as well as sharing resources across the IAT.

### **Recommendation Five (8.5)**

On all new cases referred, information must cover the minimum of Name, DOB, Age, Reason for Referral, volumes of calls/incidents, details of interventions made and why a multi-agency approach is required. If this information is not available the IAT Chair has the right to defer any cases until further information is established.

### **Recommendation Six (9.2)**

To extend the membership of the group to include - a representative from Lancashire Wellbeing Service; Wellbeing and Early Help co-ordinator for Chorley; Community Housing; Places for People; Accent; and Children's Social Care.

### **Recommendation Seven (10.5)**

For the Chorley Public Service Reform Implementation Group to consider how multi agency groups can capture data for vulnerable, high risk, target individuals to support an efficient referral pathway across groups and organisations, and to consider the feasibility of the system identifying areas of risk.

### **Recommendation Eight (11.1)**

That the IAT continues to run on a monthly basis, and makes the relevant changes as recommended.



Appendix A

Case Profile Examples

<b>Gender M</b>	<b>Age Range</b> 18 and Under
<b>Reason for Referral</b>	Repeat Referrals for housing, Vulnerable, Low Level ASB, Drugs concern
<b>Levels of Calls</b>	Attended A&E 10 times since Aug 13
<b>Intervention</b> Referred to SLEAP with host family, then moved to Bridge for 18 months (subject to behaviour). Referred to LCFT Complex Care Treatment, and attending appointments. Housing made aware of support from LCFT.	
<b>Outcome</b> LCFT support in place and no further issues found by partners.	

<b>Gender M</b>	<b>Age Range</b> 30-39
<b>Reason for Referral</b>	Homeless. Concern on friends vulnerability
<b>Levels of Calls</b>	Known to Council and Police through regular contacts. Attended A&E 24 times 2011-13
<b>Intervention</b> Cease and desist notice in place. Support given by Council and Help direct but a number of partners have experienced aggressive behaviour. Community Beat Manager visit took place.	
<b>Outcome</b> Noticeable difference in behaviour, and calls and contacts have reduced.	

<b>Gender M</b>	<b>Age Range</b> 40-49
<b>Reason for Referral</b>	Victim of ASB, Alcohol Issues, Mental Health
<b>Levels of Calls</b>	25 times to A&E, 4 in 2014 Repeat Caller to Police
<b>Intervention</b> Help Direct linked to Red Rose Recovery. Initially refused to engage, but support given.	
<b>Outcome</b> Drop off in calls to Help Direct since April. LCFT reported linked in with Mindsmatter.	

<b>Gender M</b>	<b>Age Range</b> 50-59
<b>Reason for Referral</b>	Alcohol Issues, Victim of ASB,
<b>Levels of Calls</b>	14 calls to Police in 6 months
<b>Intervention</b> Acceptable Behaviour Contract (ABC) put in place	
<b>Outcome</b> Linked with Alcohol services, following ABC no further contacts made	

<b>Gender M</b>	<b>Age Range</b> 70+
<b>Reason for Referral</b>	Vulnerable due to victim of burglary
<b>Levels of Calls</b>	U/K
<b>Intervention</b> Help direct supported with benefit advice. Better Together Check and Fire Safety Checks completed.	
<b>Outcome</b> Community Beat Manager supporting. No further issues found by partners	



## Appendix B

## Integrated Action Team – Contact Details

<p><b>Chorley Neighbourhood Policing Team</b> PS 4057 Matt Moon. Chorley Town Centre/ North West/ Euxton/ Buckshaw &amp; Astley Village. Tel: 01257 246303.</p>	<p><b>Early Action Team</b> Police Sergeant 456 Neil Sladen 4<sup>th</sup> Floor Chorley Police Station St Thomas Road Chorley PR7 1DR Tel:01257 246205 Mob:07969 040828</p>
<p><b>Lancashire Fire and Rescue Service</b> John Cairns JohnCairns@lancsfireandrescue.org.uk</p>	<p><b>North West Ambulance Service</b> Helen Jackson Specialist Paramedic Frequent Caller Team 07812305034 <a href="mailto:Helen.Jackson@nwas.nhs.uk">Helen.Jackson@nwas.nhs.uk</a> Secure Email: <a href="mailto:helen.jackson39@nhs.net">helen.jackson39@nhs.net</a></p>
<p><b>Lancashire Care NHS Foundation Trust</b> Ian McGoay Relationship Manager T : 07946515649 E: <a href="mailto:ian.mcgoay@lancashirecare.nhs.uk">ian.mcgoay@lancashirecare.nhs.uk</a> W: <a href="http://www.lancashirecare.nhs.uk">www.lancashirecare.nhs.uk</a> P: Trust HQ   Sceptre Point   Sceptre Way   Walton Summit   Preston   PR5 6AW</p>	<p><b>Lancashire Teaching Hospitals NHS Foundation Trust</b> Dee Hudson (LTHTR), <a href="mailto:Dee.Hudson@lthtr.nhs.uk">Dee.Hudson@lthtr.nhs.uk</a> Head of Business Intelligence Tel: 01772 522199 Email: <a href="mailto:dee.hudson@lthtr.nhs.uk">dee.hudson@lthtr.nhs.uk</a> Secure e-mail: <a href="mailto:dee.hudson@nhs.net">dee.hudson@nhs.net</a></p>
<p><b>Community Advocate</b> Rev Martin Cox St Laurence's Church /VCFS Network <a href="mailto:martin.b.cox64@gmail.com">martin.b.cox64@gmail.com</a> Mobile 07732316058 01257 263114</p>	<p><b>Chorley Council</b> Irene Elwell Tel: 01257 515334 Laura Martin Tel: 01257 515567 Louise Elo Tel: 01257 515758 Simon Clark Tel: 01257 515732 Hayley Hughes Tel: 01257 515035</p>
<p><b>Lancashire County Council</b> Kevin O'Hara Community Connector Adult Services, Health and Wellbeing Office 01772 536013 Mobile 07876844283 <a href="mailto:Kevin.O'Hara@lancashire.gov.uk">Kevin.O'Hara@lancashire.gov.uk</a></p>	<p><b>Lancashire County Council</b> Richard Eccles <a href="mailto:Richard.Eccles@lancashire.gov.uk">Richard.Eccles@lancashire.gov.uk</a> Mobile 07917 521934</p>
<p><b>Discover Drug &amp; Alcohol Services</b> Tracey Reeder (email: <a href="mailto:t.reeder@nhs.net">t.reeder@nhs.net</a>) Greater Manchester West Mental Health NHS Foundation Trust, Specialist Services Network Senior Recovery Practitioner Leyland Office: 6 Golden Hill Lane, Leyland, PR25 3NP Tel: 01772 773540 / Mobile: 07825420929</p>	
<b>CC List</b>	
<p><b>NHS Chorley and South Ribble Clinical Commissioning Group</b> Jane Kitchen Urgent Care Transformation Tel: 01772 214347</p>	<p><b>Chorley Council</b> Fiona Daniels Anthony Valentine</p>



**IAT Useful Links:**

<b>Care Support</b>
Home Instead West Lancashire and Chorley is one of the first three adult social care services in England to be judged Outstanding under the Care Quality Commission’s (CQC) new ‘Ofsted style’ approach to inspection and regulation. Home Instead Senior Care West Lancashire and Chorley, provides high quality care services to adults and older people in their own homes. Telephone Chorley 01257 429 156 or website: <a href="http://homeinstead.co.uk/chorley">homeinstead.co.uk/chorley</a> . From a few hours a day, up to 24 hours 7 days a week they provide a full care service to match the needs of the individual — which includes Rapid Response Service, Complex Care Needs, Case Management Services, Continuing Healthcare, Specialist Dementia Care Services, Respite Care Services
<b>Debt Advice</b>
Lancashire West Citizens Advice Bureaux (CAB), can help with advice and information about debt, benefits, housing, employment and other issues in your own neighbourhood. The Chorley Office is at 35-39 Market Street. Telephone 0344 245 1294 from a landline, and 0300 330 0650 from a mobile.  Budgeting Loans help pay for <u>essential things</u> like furniture, clothes, moving costs or hire purchase debts. The smallest amount you can borrow is £100. Budgeting Loans are interest-free so you only pay back what you borrow. You normally have to repay the loan within 104 weeks. Contact the Job Centre for more information and advice.
<b>Employment Support</b>
Chorley Borough Council can help with anyone who is looking to access work and training, and have an Employability Officer who can give lots of support, including building confidence, and advice to help get to a point to start looking for work. Contact Laura Martin on (01257) 515567, or call or text mobile number : 07805 787366 to make an appointment and have a chat.
<b>General Help and Advice – LCC</b>
Visit the Lancashire Wellbeing Service at <a href="http://www.lancashire.gov.uk">www.lancashire.gov.uk</a> for the support you need on a wide range of issues The Tel number for advice and information call 0303 333 1111 (local rate). CAUNSS - The County Benefits Service is responsible for delivering the Care and Urgent Needs Support Scheme. This is support for the people of Lancashire which has replaced the community care grant and crisis loan schemes operated by the DWP. The scheme is made up of two types of assistance: <b>Urgent Needs Award</b> If you need urgent help with the costs of essential items such as food, fuel or clothing and do not have enough money to get these we may be able to provide some temporary help. <b>Care Needs Awards</b> If you need help to set up home after being in care, or if you have had to move due to a disaster (such as a flood or fire), or due to violence or fear of violence and you need furniture or domestic appliances we may be able to assist. We may also be able to help in other situations where you are facing a crisis and can't meet your basic living costs or if you have to move home and do not have enough money to meet the costs. You can apply if you are over 16 and live in Lancashire. If you want to apply you should ring our helpline 0300 123 6735. If you find it difficult to use the phone, a family member or friend can ring on your behalf
<b>Home Security</b>
There is a current service in terms of a Free Home Security and Safety Measures for Vulnerable Residents who have been victims of theft/burglary, this is open to certain areas in Chorley. Contact for Chorley Residents: Rachel Austen Tel: 01257 515151 / e-mail: <a href="mailto:rachel.austen@chorley.gov.uk">rachel.austen@chorley.gov.uk</a>

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### Housing/Homelessness

**Chorley Borough Council** can help with housing problems, including an assessment of entitlement to housing for people who are homeless or threatened with homelessness. They can support provision of housing for people considered in priority need of housing. Temporary accommodation may be available while enquiries are made about eligibility. Contact 01257 515151, or E-mail: [contact@chorley.gov.uk](mailto:contact@chorley.gov.uk) For out of hours emergencies telephone 01257 515142.

#### SLEAP

Providing short-medium term supported lodgings to homeless young people in chorley, south-ribble, preston and west lancs. The Service was set up in the autumn of 1992 as the 'Leyland Churches Homeless Project' to provide Emergency Accommodation by Host Families for homeless Young People in the Leyland area.

SLEAP now also provide a Supported Lodgings Scheme, which offers medium term accommodation to enable Young People to live more independently. For a number of Young People going back to live within a structured family situation can be very challenging. However, most benefit from this support and in turn are then more able to maintain their move-on accommodation. Contact details are: Tel: 01772 623603 / 07815 099117 / 07976 670372. Website: <http://www.sleap.co.uk> Address: 247 Leyland Lane, Leyland, Lancashire.PR25 1XL

### Mental Health Services

**Mental Health Response Service** - A new innovative pilot partnership to tackle emergency incidents involving mental health will be rolled out across Lancashire from today (Monday 15th June 2015). Aimed at reducing demand whilst ensuring that people get the right assistance at the first point of contact, the Mental Health Response Service (MHRS) will see police officers working in company with dedicated NHS mental health nurses who can make assessments and referrals meaning that people can get appropriate medical attention on the spot, rather than being taken to police custody or the hospital. Website link: [lancashire.police.uk/campaigns/mental-health-response-service](http://lancashire.police.uk/campaigns/mental-health-response-service)

**Mindsmatter** work with adults from the age of 16 upwards who may be struggling with common difficulties such as stress, anxiety and depression. Chorley and South Ribble Telephone Number 01772 643168

**Mental Health Helpline** is a listening, information and emotional support service for those concerned about their own mental health, or that of someone they know. Telephone Number 0300 222 5931, open from Monday to Friday 7pm - 11pm, and Saturday & Sunday 12 midday to 12 midnight.

**Big White Wall** - A safe online community of people who are anxious, down or not coping who support and help each other by sharing what's troubling them, guided by trained professionals. Available 24/7, Big White Wall is completely anonymous so you can express yourself freely and openly. Professionally trained Wall Guides ensure the safety and anonymity of all members. Website: [www.bigwhitewall.com](http://www.bigwhitewall.com)

**Safe Space – Community Based Crisis Prevention.** Lancashire Mind/CCG/LCFT have worked together to remodel care for people who experience periods of mental health crisis. Pilot project will be based in Preston and have an alternative community model of crisis prevention care. The service will start 27<sup>th</sup> July 2015.

### Nutrition

Chorley Council have teamed up with Lancashire Fayre to provide home delivered hot meals seven days a week (Chorley Council will subsidise up to five of these meals per week). The cost of the subsidised service is £3.65 (£4.25 non subsidised). Also new customers who are eligible for the subsidised service will also receive the first two weeks at half price reducing the cost to £2.12 for up to five meals per week. Within that price Lancashire Fayre also provide a 'safe and sound check' and a helping hand with 'odd jobs' like taking out bags of rubbish, posting letters, etc. The service is particularly helpful to people who struggle to leave the house due to physical or medical conditions, just come out of hospital, have caring responsibilities, or just that they find it hard to prepare food for themselves. There is not a requirement to have meals every day from the service, people can order just one a week if they wanted to, they can also order even if they don't qualify for the subsidised service. We have received some really positive feedback from some of our residents who are benefitting from the service, and anyone who is interested can contact Dave at Lancashire Fayre direct on: 01257 367630 or email: [info@lancashirefayre.co.uk](mailto:info@lancashirefayre.co.uk)





### Pension Advice

From 6 April 2015 a free and impartial government service had been introduced the purpose of which was to help people understand their new pension options. Telephone number 300 330 1001 or walk into any CAB Centre

The service is aimed at:

- people close to the age of 55 (ie within 6 months) or older
- people that had not had a guidance session before
- people that had a defined contribution pension scheme
- people looking for access/take benefits
  - some or all of their pension pot(s)
  - in the next 6 months; and
  - want to understand what their options are

Pension Wise offers guidance, not advice, and as the user is only eligible to have one 45 minute appointment it was important that the user prepares for their meeting in advance.

Key messages for people are:

- Take time when making decisions
- Always shop around – find the best deal for them
- Ask about charges – think about tax implications
- Beware of scams
- Make sure pension lasts as long as user did

### Probation

#### Safe Project

Blackburn Diocese run a mentoring project, helping offenders, ex-offenders and their families. Contact the Probation service for further information. 01257 260493

### Recovery Support

**Discover** - If you are worried about your own or someone else's drinking there is local help on hand. Discover (Chorley Drug and Alcohol Recovery Service) are at Friday Street, Chorley, PR6 0AA. Telephone: 01772 825 492. Website [gmw.nhs.uk/discover](http://gmw.nhs.uk/discover)

**Red Rose Recovery** is a service user led charity, working with people from the recovery community. This includes people in recovery from addiction to alcohol and substance misuse, their families and others affected. Website: [redroserecovery.org.uk](http://redroserecovery.org.uk) Central Contact: Lizzie Allan

Email: [lizzie@redroserecovery.org.uk](mailto:lizzie@redroserecovery.org.uk) / Mobile: 07935251579

**Safe Space** is for people within the recovery community to meet in an environment which is alcohol and substance free. Drop in Address: Chorley Community centre, Railway St, Chorley, PR72TZ, Telephone 07415 681656. Website: [chorleysafespace.co.uk](http://chorleysafespace.co.uk)

