

Chorley Public Service Reform Executive

Tuesday, 20 October 2015

PRESENT:

Councillor Peter Wilson (Chair), Councillor Paul Leadbetter, Gary Hall (Chorley Council), Rebecca Huddleston (Chorley Council), Pete Ashby (Lancashire Fire and Rescue), Carole Spencer (Lancashire Teaching Hospital NHS Trust), County Councillor Tony Martin (Lancashire County Council), Mel Ormesher (Lancashire County Council), Reverend Martin Cox (VCFS Network), Allan Jones (Business Advocate) Gill Dalton (Department for Work and Pensions), Amanda Jakeman (Department for Work and Pensions), Jan Ledward (Chorley and South Ribble Clinical Commissioning Group), Dr Lindsay Dickinson (Primary Care Representative), and Andrea Trafford (GP Business Manager)

APOLOGIES:

Councillor Alistair Bradley John Buck (Lancashire Fire and Rescue), Sue Moore (Lancashire Care Foundation NHS Trust), Steve Winterson (Lancashire Care Foundation NHS Trust), Diane Gradwell (VCFS Network), Jon Clegg (Lancashire Constabulary), and Janet Hodgson (Runshaw College),

OBSERVER: Councillor Hasina Khan

OFFICERS: Vicky Willett and Hayley Hughes

1.WELCOME AND APOLOGIES FOR ABSENCE

Members were welcomed to the meeting by Councillor Peter Wilson, covering the Chair role. Apologies noted, and the representatives from the local GP community were welcomed to the group.

1a.Minutes and Matters arising from Executive meeting on 15th September 2015

Minutes were agreed as true and correct record.

2.ACTIONS FROM CHORLEY PUBLIC SERVICE REFORM EXECUTIVE 15TH SEPTEMBER 2015

Action point updates proposed as cleared were agreed, and a review of the action for Executive members to confirm what leadership development is already in place in each organisation to develop Executive and shape and influence the wider system, and understand resources available that could be utilised in own organisations would be planned for the January 2016 meeting.

3.IMPLEMENTATION GROUP UPDATE

Rebecca Huddleston, as Deputy Chair of Implementation Group, provided a summary of the Implementation Group meeting from 6th October. The update included awareness of a data gathering exercise with group members, how partnership oversight will be maintained, and the setting up of a knowledgehub

system to enable group members to share information and progress activity. An options paper on Integrated Locality working will be presented to the Executive at the November meeting.

Rebecca asked how the group should approach delivery of the work programme if the pace of change required on data sharing conflicts with developing programmes e.g LPRES which are looking to deliver the same outcome. The Chair indicated that should this type of issue arise then an options paper should be developed with proposed solutions, and presented to the Executive.

4.PARTNERSHIP OVERSIGHT

Vicky Willett presented a paper to follow up development of the partnership oversight work presented at the previous meeting.

A matrix has been developed which will acts as a programme register, and each programme and initiative has been rated using strategic alignment and impact for Chorley to indicate which programmes are key to link into.

The top issues include Transformation Challenge Award, Integrated Action team and Lancashire Wellbeing Service. Your Hospitals, Your Health and Healthier Lancashire are also relevant to the work of the Public Service Reform Programme.

Programme Mapping against the five stages of need (based on the LCC Six Shifts definitions) have also been captured. This shows a lot of initiatives around the community areas, some programmes targeted with Age and Live Well, and a low number against Start Well, although it was felt that Start Well has a well established network in the local area.

Members agreed the approach to the register, including ratings used and scores given, it was noted that this was helpful to see how initiatives have impact across need and age ranges. Members were asked to ensure that this gives an accurate reflection of the programmes and initiatives relevant to the area. The register will be regularly reviewed and maintained by the Implementation Group and any areas of concern will be brought to the Executive.

5.COMBINED AUTHORITY UPDATE

Gary Hall gave an update of the development of a Lancashire Combined Authority which is a formal constituted body, with agreed powers, which acts collectively across Lancashire.

The move to look at this has been driven by the government talking to areas with a common voice, acting across a wider footprint. Benefits of this would be to enable Lancashire to develop further including devolution deals, financial powers, decisions on infrastructure and transport.

Activity over the next few months will include looking at governance, constitution, and voting rights. Partner engagement is key to this activity and this will start around December. Partners in health sector and local authorities need to work together to frame potential future planning on devolution bids, although it was clarified that a Combined Authority does not have to be linked to any future devolution bids for these to take place. The aim of the Lancashire local authorities is to agree a combined authority by spring 2016. A further update will be provided at the next Executive Meeting.

6.HEALTHIER LANCASHIRE UPDATE

Gary Hall provided an update, in his role as Local Authority Representative, on Healthier Lancashire. The health economy has been aligning plans to fully understand the activity going on across the sector. The outcome is that there is a funding gap of £800million over the next five years. Plans in place to make efficiencies in the system would bring in savings of £100million, and if the health organisations in Lancashire achieve performance against benchmarks, a further £400million would be saved, which still leaves a significant shortfall. Some solutions around Mental Health and Acute Transformation are part of the solution, and a meeting with system leaders will take place mid November to consider the findings of the aligning of the plans.

It was noted that the plans cover community, mental health and acute services, but not specialist areas, GPs, Pharmacies or Opticians. This has started in the North of England due to areas of deprivation poor health outcomes, alongside the shifting of resources to ageing populations.

Members noted the scale of the challenge faced and the potential, but likely, impact on service providers and service users. The Executive will be provided with updates on the progress of this programme.

7.YOUR HOSPITAL, YOUR HEALTH UPDATE

Carole Spencer gave a presentation on Your Hospitals, Your Health, which included a summary of the Clinical Strategy Framework covering what the hospital provides and what is done out of hospital. Models of care including Unplanned Care, Planned Care and Transitional Care were explained, and the work being carried out is to review the models and develop something clearer, in particular focusing on where people do not need to physically be in hospital for treatment, as this could be carried out elsewhere e.g rehab in the community, or changes to hospital sites to become transitional facilities.

Strategy principles have been developed and the review will include an External Focus and an Internal Focus on services and sites. A long list of options has been put together on how to configure the future, and stakeholders are being consulted in how to then bring this list down to 3-4 options to enable a public consultation to take place.

The Executive were advised that 60% people attending A&E do not need urgent care and access to a hospital bed, so from this we need to consider how we can deliver more locally and differently to support people in Chorley. This could include Early Intervention/Prevention and use skills from the Hospital into communities, focus on Transitional Care and what this could look like in the area.

Observations and responses from the Executive included:

- Use of technology i.e. skype for consultations, electronic imaging
- Looking at other models e.g. Manchester having GPs on hospital sites
- How to use building and sites, if smaller hospital needed then how can land be developed to support other issues
- How to utilise expertise of hospital staff into other areas

- Urgent Care Centre had piloted GP led facility at Chorley Hospital, with mixed outcomes, although this will continue to be supported following agreement of procurements
- GP/Consultant needs to be part of the intelligence of the system to support reduced admissions having a whole system approach
- Extra Care strategy work is ongoing across Chorley and needs to be linked with the hospital review, looking at Care Home Sector, recruitment of staff and impacts from Care Quality Commission, as well as convalesce and transitional care
- Recruitment and upskilling workforce can be supported by partnership alongside the future business case

Further to the options being agreed and consultation taking place, a business case will be developed. The Executive will be kept informed of progress on the Your Hospitals, your Health programme.

8.ANY OTHER BUSINESS

No other business raised

9.DATE OF NEXT MEETING

17th November 2015, in Committee Room One, Chorley Town Hall at 16.00