

Chorley Public Service Reform Executive

11 February 2016

You are invited to attend a meeting of the Chorley Public Services Reform Executive to be held in **Committee Room 1, Town Hall, Chorley on Tuesday, 16th February 2016 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 and apologies for absence**
- 2 **Minutes and Matters arising from Executive meeting on 19th January 2016 (Pages 3 - 6)**
- 3 **Implementation Group Update**
- 4 **Programme Plan for Integrated Locality (Pages 7 - 10)**
- 5 **Moving toward a place based system of Public Services (Pages 11 - 14)**
- 6 **Lancashire Combined Authority Update**
- 7 **Leadership Workstream - Executive Self-Assessment (Pages 15 - 18)**
- 8 **Any Other Business**
- 9 **Date of Next Meeting**
Next meetings planned - 15th March at 16.00 and 19th April at 16.00
- 10 **Below the Line - Risk Register (Pages 19 - 20)**

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Distribution

All members and officers of the Chorley Public Services Reform Executive.

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Chorley Public Service Reform Executive

Tuesday, 19 January 2016

PRESENT:

Councillor Alistair Bradley (Chair) and Councillor Paul Leadbetter (Leader of the Opposition, Chorley Council), Gary Hall (Chief Executive, Chorley Council), John Buck (Group Manager, Lancashire Fire and Rescue Service), Sue Moore (Lancashire Care NHS Foundation Trust), Diane Gradwell (Trustee, VCFS Network), Jon Clegg (Lancashire Constabulary), Allan Jones (Business Advocate), Amanda Jakeman (Department for Work and Pensions), Chris Sinnott (Chorley Council), and Sarah James (Lancashire Teaching Hospital Trust).

APOLOGIES:

Rebecca Huddleston (Chorley Council), County Councillor Tony Martin (Lancashire County Council), Mel Ormesher (Lancashire County Council), Reverend Martin Cox (VCFS Network), Steve Winterson (Lancashire Care Foundation NHS Trust), Janet Hodgson (Runshaw College), Jayne Mellor (Chorley and South Ribble Clinical Commissioning Group), Dr Lindsay Dickinson (Primary Care Representative), and Andrea Trafford (GP Business Manager).

OBSERVER: Councillor Hasina Khan

OFFICERS: Vicky Willett and Hayley Hughes

1.WELCOME AND APOLOGIES FOR ABSENCE

Members were welcomed to the meeting by Councillor Alistair Bradley. Apologies were noted, and it was also noted that the meetings for the Executive in November and December 2015 were cancelled to allow work to be developed by the Implementation Group.

2.MINUTES AND MATTERS ARISING FROM EXECUTIVE MEETING ON 20TH OCTOBER 2015

Minutes were agreed as correct record with no matters arising.

3.IMPLEMENTATION GROUP UPDATE

Vicky Willett advised that since the last Executive meeting in October, the Implementation Group have completed a data capture exercise, agreed on a locality level, which was set at a Lower Super Output Area (LSOA), and agreed an area of focus as a starting point for testing new ways of working which is Chorley inner-East. Data has been collected and shared on this locality to develop a profile, and although there are some gaps in information which will continue to be worked on, a full set of proposals has been put to the Executive for consideration. The Implementation Group will take forward the work required by the proposal and develop an action plan. The group have also had a presentation from the Healthier Lancashire Programme on Digital Health which forms one aspect of wider transformation activity monitored and supported through the Implementation Group.

Members of the Executive confirmed that they were satisfied with the progress and work completed by the Implementation Group, and it was noted that the level of detail produced in the proposal was exceptional and what was needed to enable application at locality level. Assurance was provided that this is similar to other approaches being developed e.g. LCFT project in West Lancs.

4. PROPOSAL ON INTEGRATED LOCALITY

Vicky Willett presented the proposal to move services forward to meet the challenges set by the Public Service Reform Strategy, including the three year workplan, in particular in Year One looking at Integrated Services and perfect localities.

The paper gave context and challenges including demographic change, budgetary pressures, and policy change and reforms with considerations and decisions required from the Executive members.

A summary definition of a perfect locality has been developed to describe our collective intentions as: making communities more resilient, creating opportunities for improved outcomes, and a focused support from services.

Aims and objectives are set out to support the partnership in the pursuit of a perfect locality, embedding early interventions, sharing data and intelligence, supporting frontline services and developing community support.

Proposals are a collective understanding from the datasets gathered, of which a summary has been provided. This includes foundation activity as well as some quick wins which should be seen within a short timescale. Proposals impact all areas of the partnership, and will need a commitment and resources to support the outcomes stated.

The proposals will manage high cost cohorts, support vulnerable people, tackle wider determinants and produce a different way of working in the community. They are based around three themes which are:

- **Building community capacity** – will include a commission for an organisation to cover community potential, identify gaps and assets with proposals for campaign
- **Establishing the single front line** – using collective resources develop consistent and improved referral pathways, embed the Lancashire Wellbeing Worker service, testbed joint interventions including standard question sets, and utilising digital opportunities
- **Enhanced multi-discipline approaches** – using principles of Integrated Action Team, develop testbed in locality, including primary care through a possible local management group, looking at earlier interventions, scalability and risk stratification.

Proposals are expected to be delivered within 3-6 months, with results and evaluation being provided around the six month stage. The Executive had assurance that any work done in a specific area will look to be focused in the locality, to test principles and approaches with a view to be scaled up as part of the evaluation process and next phases of work. Using the LSOA as a test bed area seemed reasonable given the population is around 1700 residents.

The report also covers the wider transformation agenda, and it was agreed to have further detail on how the programme fits from a district and county level perspective at the next meeting.

The outcomes stated are aspirational and will be challenging. Measures will be in place and the Executive supported the need to be able to show improvements to focus activity, but be flexible enough to understand if the target proposed is not at the right level.

Financial benefits will focus on the high cost cohort, and it was noted that savings on measures relating to wider determinants may take longer to achieve. Review of cost savings will form part of the evaluation process.

Resources and capacity to deliver the proposals will need to have the authority from the Executive, and approval to actively engage with staff to re-shape relevant areas was also being sought.

Funding from the Transformation Challenge Award (TCA) has been secured to support specific proposals, and the Executive are the accountable body to manage local delivery as part of a wider programme. Any extended or additional work would need to be funded through the partnership, although this is mainly considered to be resource and capacity at this stage.

Comments were invited from the Executive members, which are summarised:

- Need to understand timescales against the proposals, ensuring that work proposed is realistically deliverable;
- Engagement and awareness of the work to front line worker now to be developed;
- Involvement of the voluntary sector is key to understanding how services fit with the work done in the community;
- Opportunities to in-reach specialists to support community delivery and potential locality based test bed;
- Referral routes are part of this activity in terms of ensuring best direct route to support, and manage at first point of contact to reduce “referral fatigue” i.e. levels of signposting, as well as an understanding of how support is escalated/de-escalated;
- Extend the partnership to other areas such as public houses and gambling establishments to understand root causes, develop social responsibility and access to support networks;
- Consider who in organisations should be linked into the Implementation Group to deliver the next stage and ensure alignment with organisational business plans; the hospital will be supplementing activity with relevant managers and clinical directors.
- As part of measures to make sure prevention and early help are delivered as well as reducing pressures from high end services i.e. helping prevent people being admitted to hospital as well as supporting people leaving;
- Overall the report was clear and concise, and is flexible to complement and support wider transformation programmes;
- It was acknowledged that there are similar projects Executive members are involved in which helps to validate the approach. Jon Clegg advised that the Police are involved in two similar projects which involve LCC and Ribblesdale East, and Transforming Lives in East Lancs. Vicky confirmed that we are linked into Transforming Lives to share findings from both areas;
- Outcomes are challenging, and as part of developing the measures consider phased approach; and
- As part of the cost savings, and impacts on areas, it was noted about funding streams from other areas, in particular VCFS organisations.

Discussion included the potential risk of capacity and funding issues against activity in work programme, as testbeds may reduce impacts in some areas, and potentially reduce payments, but create capacity demand elsewhere which are not funded. This is mainly due to how services are currently commissioned. Work on building community capacity is in the work programme, and initiatives will be monitored and measured as activity takes place. A risk has been raised to capture this issue.

Executive members approved the outline proposals, and gave commitment to:

- Trial new ways of working;
- Obtain wider organisational sign up and engagement;
- Authorise and support the redistribution and allocation of resources to support locality based working;
- Influencing and challenging where necessary to overcome barriers to data sharing

Next Steps

The Implementation Group was tasked with developing a more detailed action plan to operationalise proposals including assuming lead responsibility for aspects of the programme, which will be confirmed at the Executive in February, including quick win elements of the programme.

An evaluation will be completed and brought back to the Executive after six months

5.DEVELOPING SUSTAINABLE PUBLIC SERVICES: INTEGRATED COMMUNITY WELLBEING SERVICE FOR CHORLEY

Sue Moore provided background to the report, which has been borne out of the need to work together across services to manage the less acute end of the spectrum of need, with the focus of being customer centric, and looking at areas of low level interventions, and reducing bureaucracy residents are facing.

The proposal is modelled over a longer period of time, compared to the previous proposal discussed, and will look to manage public health services and rebuild society at a practical and organisational level. An example of hoarding was given where someone may not reach the threshold of low level mental health, but still need emotional support as well as practical support from a number of areas, who equally can only intervene if there are environmental health issues.

The proposal is flexible to enable partners to be engaged when they are ready, and will start off with Chorley Council and Lancashire Care Foundation Trust.

Chris Sinnott advised the group that the work had been supported by the findings from the Chorley Commission, and covers the principles of the Public Service Reform Partnership, and both proposals will complement each other in terms of cohorts and timings. The longer term work will shift how organisations are built, and through the strategic and economic case will look to take 10% savings out of the system over a ten year period.

Detailed proposals have been agreed at the full Council in November, and the next steps will involve discussions with all partners from the Executive about the level of involvement and how to shape the work going forward.

Comments were invited from the Executive members. Sarah James welcomed the conversations being planned, and agreed that this links with wider transformation programmes, and that both proposals discussed today are clearly set at a different pace. John Buck noted that this work gives a clear expectation of what is important to Chorley.

Gary Hall advised the group that there are council proposals going forward to restructure the organisation which should enable reforms to be embedded and focus on early intervention as a key priority. Sue Moore also advised that LCFT were also going through re-structure to support community wellbeing with a locality focus.

Councillor Bradley advised that the Lancashire Combined Authority work, which involves 15 authorities, have agreed five work strands, which includes one on Public Service Reform, and with the two proposals delivered today, that these fit with the Lancashire view, and set Chorley in a good place to enable work to be completed at pace. An update on this work will be provided at the next meeting.

6.ANY OTHER BUSINESS

It was noted that the areas not represented should be made aware of the proposals and seek commitment to these.

Sue Moore advised that the NHS Planning Guidance is explicit on locality, and work is being done with the Service Transformation plans for locality. Gary Hall mentioned he has contacted LCC regarding aligning localities in relation to the public health budget. Sarah James advised that the work of the Implementation Group fits with the LTHTR sustainability and transformation plan. Chris Sinnott advised that a paper regarding the impacts of proposals on the spatial levels involved would come to the next meeting, as previously stated.

7.DATE OF NEXT MEETING

Date of next meeting will be on 16th February 2016 at 4pm, at Chorley Town Hall.

CHORLEY PUBLIC SERVICE REFORM EXECUTIVE

PROGRAMME UPDATE

PURPOSE

The purpose of this paper is to advise how work will be delivered from the Integrated Locality proposal put forward to the Executive in January 2016. It will cover the framework of the plan, timing of delivery, including “quick win” projects, resources, and how this links to the Transformation Challenge Award (TCA) programme.

Members of the Executive are asked to give approval to the plans put forward, commit to the resources required, including leads against relevant workstreams.

PROGRAMME PLAN

The proposals outlined at the last meeting focussed on three key themes; Building Community Capacity, Establishing the Single Frontline and Enhanced Multidisciplinary Working. Each theme incorporated a variety of activity which has now been collated into a single work programme in collaboration with the Implementation Group.

Work programme activity will be phased with the aim of quickly getting partners to work together in a different way by setting up appropriate structures and delivering ‘quick wins’, building up an evidence base to inform and shape delivery to ensure sustainable outcomes.

Outcomes are intended to be delivered on a short term and medium term basis, including some that will provide a platform for other elements to be developed. Where relevant we are looking to evaluate short term activity by August, and report to the Executive in September.

Appendix A provides an overview of the programme including key objectives, outputs and broad timescales with next steps outlined below.

PHASE 1 ACTIVITY

Initial activity will focus on the following areas:

Theme	By August 2015:	Lead
Building Community Capacity	<ul style="list-style-type: none"> Develop specification and procure external provider Hold a community conversation Complete community audit to understand needs, assets and potential Capacity building options Implement testbed initiatives 	PMO
Establish the Consistent Frontline	<ul style="list-style-type: none"> Establish locality partnership task group Identify joint campaigns/interventions Implement quick wins Undertake activity to embed Lancashire Wellbeing Service 	To be confirmed PMO
Enhanced multi-disciplinary	<ul style="list-style-type: none"> Link Lancashire Wellbeing Service into Primary Care INT's Create an extended MDT for moderate needs based on 	Police/Primary Care



working	locality area <ul style="list-style-type: none"> • Appoint and test multi-agency coordinator function 	
Communications and engagement	<ul style="list-style-type: none"> • Develop framework • Sign off • Implementation 	To be confirmed with support of PMO

PROGRAMME MANAGEMENT

A number of tools will be used to manage programme activity:

Tool	Scope	Lead
Detailed programme plan	12 month plan of all tasks, deliverables, dependencies, leads and timescales	Programme Office/Implementation Group
‘Call to action plan’	1-3 month plan of key next steps and tasks to progress activity	Implementation Group
Detailed mandates	Detailed work stream plan with work required, outcomes and measures, timescales and dependencies	Implementation Group work stream leads
Communications and Engagement Plan	Stakeholder engagement activity and key messages to support delivery	To be confirmed
Risk Register	Register to identify and note mitigating actions. Risks will be managed by the Implementation Group and escalated to the Executive where appropriate.	Programme Office

RESOURCES

To progress the activity required at pace will demand additional resource and commitment from the Implementation Group to take a lead on specific work streams, commit to attending meetings and undertaking work outside the group format. It is proposed that the Executive considers how this can be established, particularly from full members of the partnership (Chorley Council, LCFT, LFRS, LTHTR and CCG).

The PMO will support co-ordination of activity, and will continue to progress the supporting work, including Data and Intelligence and procurement of the provider to deliver the Building Community Capacity work stream.

FUNDING - TRANSFORMATION CHALLENGE AWARD (TCA)

Funding from the DCLG TCA has been secured to support a programme of work, in partnership with Lancashire County Council, Chorley Borough Council, and Rossendale Borough Council. The key aim of the programme is to improve health outcomes of residents, and admissions avoidance to hospital/residential care, and reduce levels of care package costs. The cohort is mainly frail elderly, but will involve additional key cohorts in systems where there are high levels of need.

A proposal for £245,000 was submitted to the TCA Programme Board in December, specifically for Chorley, which included activity that fits with the wider Public Service Reform Programme. This funding will enable work to begin quickly to deliver outcomes which positively target high levels of need, develop community capacity and support future sustainability and relates to the following specific elements of the work programme:



- Building Community Capacity – Community engagement; community mobilisation; community befriending and community coproduction
- Establishing the consistent frontline - Standard referrals testbed
- Enhanced multi-disciplinary working - Strengthening primary care Integrated Neighbourhood Teams
- Enhanced multi-disciplinary working - Co-ordinator support to multi-agency groups
- Data and Intelligence - Development of community risk profile
- Data and Intelligence - Development of primary care risk profile

The programme started in September 2015, and is likely to be completed by March 2016, so any funding allocated must be spent during this period.

RECOMMENDATION

- **Members of the Executive are asked to give approval to the plans put forward**
- **Commit to the resources required and consider how this can be established**



Theme and work streams	Objectives	Deliverables	Phase 1 Mar-May	Phase 2 June-Aug	Phase 3 Sept - Nov
Building Community Capacity - Community Engagement* - Community Capacity* - Community Befriending* - Community Coproduction*	<ol style="list-style-type: none"> To understand community assets and potential To develop and test ways of changing community behaviour to 'help themselves' To identify a model for increasing community capacity and resilience To assess current befriending provision, develop recommendations and action plan To identify a model for community coproduction 	<ul style="list-style-type: none"> Specification to appoint external provider to deliver work stream activity Report to outline findings of community engagement (provider) Options for innovative community development approaches/initiatives (provider) Model options for community capacity and resilience (provider) Report on audit of current befriending provision, conclusions, recommendations and action plan (provider) Report and model options for co-production to support service planning and design (provider) 	<ul style="list-style-type: none"> Specification developed and contract awarded Commence delivery with small community conversation Options for community development initiatives 	<ul style="list-style-type: none"> Implementation of community development initiatives, monitoring and evaluation Model options for community capacity and resilience 	<ul style="list-style-type: none"> Recommendations on delivery of community befriending service Report on co-production
Establish the Consistent Frontline - Embed the Lancashire Wellbeing Service - Partnership Connectivity Testbed - Standard Referrals Testbed*	<ol style="list-style-type: none"> To embed the Lancashire Wellbeing Service To join up partnership activity to address priority issues in the locality area To understand key points of contact and opportunities for early intervention To identify and test joint partnership interventions To implement a standardised approach to frontline delivery and referral processes 	<ul style="list-style-type: none"> Evaluation of Lancashire Wellbeing Service Locality task group proposals on 'quick win' opportunities Map of key points of contact and options for joint interventions Partnership connectivity test bed - evaluation of test bed joint interventions and recommendations Standard referrals test bed - review of processes and set of standardised questions Standard referrals test bed – evaluation and recommendations including workforce training and development 	<ul style="list-style-type: none"> Set up partnership locality task group Task group to map out activity and develop proposals Implement quick win activity e.g. days of action, joint campaigns 	<ul style="list-style-type: none"> Review quick win activity Identify joint interventions Task group to progress standard referrals test bed Initial test of standardised referrals 	First phase evaluation <ul style="list-style-type: none"> Evaluation of standard referrals test bed Work force training Evaluation of Lancashire Wellbeing Service
Enhanced Multi-disciplinary approaches - Strengthen Primary Care Integrated Neighbourhood Teams* - Extended MDT	<ol style="list-style-type: none"> To support existing Primary Care MDT process with support from early intervention areas/community support To establish a new locality group with a focus of primary care, to positively target and support residents of moderate risk 	<ul style="list-style-type: none"> Agreement of wider support in existing MDT Agreement of process to involve wider groups Understanding of wider activity testing MDT process and pick up lessons learned Test extended format of meeting in managing cases Agreement of partners involved in locality meeting Identify target cohort in locality area Data Sharing process to support activity Evaluation of multi agency working in Primary Care and Locality, and how this fits with wider groups 	<ul style="list-style-type: none"> Agree membership and meeting dates for both groups Test revised MDT approach Consideration of Data Sharing process Record outcomes of discussions 	<ul style="list-style-type: none"> Review outcomes to date and if wider support needed Review wider activity e.g. Transforming Lives/Ribbleton Trial re-format of MDT Review Data Sharing process 	<ul style="list-style-type: none"> Evaluation of additional support and new format of existing MDT Evaluation of locality group, outcomes, members and if sustainable

Supporting activity					
Data and intelligence - Locality profile - Multi-agency co-ordinator support* - Risk profiling*	<ol style="list-style-type: none"> To complete data collection on locality to establish profile supporting programme activity To understand barriers to data sharing Co-ordinator in place to assess work To develop risk profiling to positively target residents in need 	<ul style="list-style-type: none"> Locality profile model Data Sharing Protocol in place Evaluation of multi agency working, understanding cohort, interventions, and benefits of groups established Risk Profiling model in place supporting community and primary care to be sustainable in managing needs 	<ul style="list-style-type: none"> Baseline of locality data Establish control area Recruit co-ordinator Review risk stratification with LFRS/Primary Care 	<ul style="list-style-type: none"> Information Governance Workshop Review wider activity e.g. Transforming Lives/Ribbleton Co-ordinator to support groups 	<ul style="list-style-type: none"> Locality profile assessment Data Sharing Protocol Evaluation from Co-ordinator Risk profiling model in place
Workforce development	<ol style="list-style-type: none"> To establish support required for workforce to deliver changes proposed 	<ul style="list-style-type: none"> Support in place for relevant workers taking changes forward 	<ul style="list-style-type: none"> Support Ongoing 	<ul style="list-style-type: none"> Support Ongoing 	<ul style="list-style-type: none"> Support Ongoing
Communications and engagement	<ol style="list-style-type: none"> To ensure Communications and Engagement is established across the programme 	<ul style="list-style-type: none"> Communications and Engagement Plan 	<ul style="list-style-type: none"> Development, sign off and dissemination 	<ul style="list-style-type: none"> Support Ongoing 	<ul style="list-style-type: none"> Support Ongoing
Digital connectivity	<ol style="list-style-type: none"> To ensure that Chorley Public Service Reform Partnership is involved in wider programme activity e.g Digital Health Programme To maximise digital tools and approaches in locality working 	<ul style="list-style-type: none"> Activity delivered as part of LCC testbeds (TCA) Activity delivered as part of Digital Health Programme Digital platforms to support locality working 	<ul style="list-style-type: none"> Review position of programme 	<ul style="list-style-type: none"> Identification of Testbeds e.g. Autonomy system 	<ul style="list-style-type: none"> Delivery and Evaluation of relevant testbeds

CHORLEY PUBLIC SERVICE REFORM EXECUTIVE

MOVING TOWARDS A PLACE-BASED SYSTEM OF PUBLIC SERVICES

BACKGROUND

1. The challenges facing public services are well-rehearsed. Changing and increasing demand for services, coupled with decreasing resources, mean that many public organisations face significant gaps in the budgets that will increase in the coming years.
2. At its last meeting, the Executive considered and approved a paper setting out proposals for the focus and work of the Chorley public service reform partnership, based around the aim of creating a 'perfect locality'. That will be achieved by delivering a series of pieces of work, including a testbed locality in Chorley East.
3. To achieve sustainable change, and the work programme that this Executive has agreed, it is important that the Executive are able to maintain a focus on the work needed so that they can provide clear and strong leadership to the Implementation Group and, more widely, to local public services in Chorley. It was therefore proposed in the report to the last meeting, that consideration should be given to how the Chorley partnership and its programme fit within the wider system of public services and reform.
4. This paper sets out proposals about how public service reform can be targeted at different spatial levels to achieve the maximum benefit.

LINKS TO OTHER PARTENRSHIPS

5. By its nature, the conclusions and recommendations made in this report need to link to other partnerships. A similar paper was presented to the central Lancashire Health and Wellbeing Partnership on 10 February. Gary Hall will give an update at the meeting about the outcome of the discussion at that meeting.

CHALLENGES FOR PUBLIC SERVICES

6. The report considered at the last meeting set out the key challenges for public services in Chorley. They included:
 - Demographic change - the population is increasing and ageing; Chorley also has pockets of significant deprivation
 - Budgetary pressures - reduced budgets across public services and increasing demand
 - Policy change and reform - resulting in changing structures and delivery models
7. In addition to these challenges, it should be recognised that there are additional issues that need to be tackled in delivering public service reform. They include:
 - adopting a consistent collective approach to change – avoiding multiple partnerships, strategies and approaches
 - building collective capacity to avoid a 'fortress mentality'
 - using the right spatial level for different levels of focus
 - making meaningful change in integrating service deliver in localities.



PURPOSE OF THIS PAPER

8. This paper aims to respond to the challenges set out above, and to set out proposals that aim to establish the Chorley Public Service Reform Partnership as a strong advocate and collective driver for change, that complements other reform work at other spatial levels. It will do this by:
- setting the focus and scope of the partnership, within the wider Lancashire context
 - reiterating an approach to developing collective capacity for transformation

DEFINING THE FOCUS AND SCOPE OF THE CHORLEY PUBLIC SERVICE REFORM PARTNERSHIP

9. The scope and remit of public services are huge. The partnership needs to recognise the other key partnerships and spatial levels it needs to support, shape and influence to provide the greatest benefit to the system of public services and in the ambition of the Chorley Public Service Reform Strategy.
10. An attempt to illustrate this is set out in the table at Appendix A, setting this partnership within the Lancashire context. It should be noted that the table will not include every partnership. It aims to act as a basis for discussions, and to only identify the key partnerships for public service reform.

Spatial level focus

11. As a partnership covering a single borough with a population of 111,000, the public service reform partnership should focus on those issues that are best suited to that spatial level. Very broadly, the focus of partnerships at the different spatial levels could be:
- **Pan Lancashire:** strategic direction of health economy and economic growth
 - **Networked boroughs:** health and social care integration and resilience
 - **Individual borough and localities:** prevention and early intervention and community resilience

Partnership focus

12. Using the spatial level focus, it is then possible to define the challenges that the Chorley public service reform partnership should focus on tackling. This would broadly be around creating a focus on prevention and early intervention, and developing community resilience. This would be shaped through the key themes identified at the January Executive meeting of:
- a. Building community capacity
 - b. Establishing a single front line
 - c. Enhanced multi-disciplinary approaches

RESOURCING THE PARTNERSHIP

13. Driving change and undertaking the work identified in this paper will need a significant amount of collective work. As well as collective leadership from senior managers through the Executive, there will also need to be capacity developed to support the work of the system and act on behalf of leaders implementing decisions.



14. This should be achieved through the Implementation Group, and so each partner individually and together collectively, will need to be active in ensuring that group has the mandate and capacity to implement the programme agreed by the Executive.
15. The partnership has access to funding secured through the Transformation Challenge Award that will be able to support and accelerate elements of the work programme, as set out in the paper agreed in January.

RECOMMENDATIONS

16. The Chorley Public Service Reform Partnership should be the key partnership working for the Chorley Borough as a strong advocate and collective driver for change,
17. The Executive should recognise the reform work being undertaken at other spatial levels (such as the Sustainability and Transformation Plan), and ensure that it advocates and support the work being undertaken, avoiding duplication; as well as shaping and influencing to support the priorities of the Chorley Public Service Reform Strategy.
18. The Executive should ask to receive regular updates from the central Lancashire Health and Wellbeing partnership, and the emerging Combined Authority (overseen by the Lancashire local authority Leaders' group) on progress made on their areas of focus.
19. The Chair of the Implementation Group should be asked to review the functioning of the group and report back to the Executive on any changes needed to ensure its effectiveness.



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CHORLEY PUBLIC SERVICE REFORM EXECUTIVE

SYSTEM LEADERSHIP – SELF ASSESSMENT

PURPOSE

Further to the discussion paper on system leadership put forward to the Executive in September, this paper provides a proposal to support activity against the work stream of System Leadership, which is an element of the Public Service Reform Strategy to which the Executive have ownership.

Members of the Executive are asked to support the activity set out.

BACKGROUND

As part of the Year 1 activity we are looking to the Executive 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. Through understanding of the Advancing Quality Assurance (AQuA) – System Integration Framework, developed for the Health organisations, there is an opportunity to perform a self-assessment to benchmark the current position of the Public Service Reform Partnership.

PROPOSAL

Using the assessment framework that has been developed by AQuA (Appendix A), and adjusted to reflect the wider partnership of the Executive, we are proposing that members score against a number of domains to provide a benchmark position. From this we would look to re-assess in six months time, and against any low score areas we would consider further activity required, to enable us to improve how we deliver services on an integrated approach.

DOMAINS

There are eight domains to score against, and for each one there are factors to consider.

1. Leadership

Do we have Leaders with the right 'system' skill set? Leaders who have a strong belief in integration?

2. Governance

Do we have a shared vision and objectives? An agreement to work together?

3. Culture

Do we have a vision of what we want the culture to look like?

4. Resident Engagement

Do we have a clear idea as to what outcomes we hope to achieve through engaging with residents?

5. Financial and Contractual mechanisms

Do we have knowledge of the different financial and contractual mechanism we could adopt? Do we need them at this stage of the programme?

6. Information and IT



Do we have an understanding of data needs?

7. Workforce

Do we have all relevant work areas included? An understanding of current workforce capacity and capability?

8. Service Model Design

Do we have an understanding of the outcomes we would expect to see as a result of integration?

There are levels to then rate against from giving a commitment, to having a domain embedded and sustainable for the future.

RECOMMENDATION

The recommendation is that the Executive members consider the framework, and make an assessment against each domain, and provide scores to the PMO ahead of the next Executive.

Relevant development activity will be proposed, taking into account suggestions from Executive members on what could be done better, taken as a good practice.

Members of the Executive are asked to support the activity set out.



Domain	Your Score	1 Commitment	2 Enabling	3 Implementation	4 Embedding	5 Sustainable Delivery
Leadership		Senior leaders have agreed to work on system integration and be personally engaged in leading integration activity.	There is consensus amongst senior leaders about the scale and scope of system integration with shared objectives and commitment to use resources differently to improve population level outcomes.	Senior leaders are highly visible and act as positive role models, meeting service users, carers and front line staff and giving a single consistent message about the purpose and aims of integration in order to win hearts and minds.	Senior leaders continuously build networks based on relationships with partners and wider stakeholders and build clinical and managerial capability to work effectively within organisations and across pathways.	Senior leaders address gaps or major problems relating to integration together, celebrate shared success and drive continuous quality improvement to achieve a shared purpose, vision and narrative, design a new system architecture and role model and coach desired behaviours.
Governance		All partners have agreed about how to establish an infrastructure to integrate teams, structures and processes to achieve a shared purpose.	All partners are clear about, and committed to, what they will jointly achieve through integration, programme governance has been agreed. System governance structures are still embryonic.	Shared accountability for performance and joint governance structure is in place between partner organisations including a programme management structure accountable to a shared board.	Choice, competition and contestability in the context of integration have been considered and addressed and governance arrangements allow for this.	Joint governance has proved effective in accounting to stakeholders for improvements in quality and in resolving or averting major problems that could compromise one or more integration partner(s).
Culture		There is agreement to work together across partner organisations, including commissioners, all health and social care providers and the voluntary sector to create an enabling culture to support the delivery of integrated services.	All organisations are starting to describe common goals and see the need to work together and support cultural change through organisational development.	All partners are clear about, and committed to, what they will jointly achieve through integration and joint communications.	Integration partners are building trust and commitment in the local community and the voice of all partners has equal weight and value.	All staff are familiar with, and demonstrate, the shared values, and commitment to the vision across the organisations participating in system integration. The concept of "Our Resident" e.g. Mrs Smith is embedded in the culture.
Resident engagement		All partners agree to actively engage service users in co-designing services to meet their needs.	Residents needs and values have been sought and built into integration plans.	Residents are partners in redesign and central to redesign.	Feedback mechanisms for residents are built into integrated services, with appropriate changes being made as a result of this feedback.	Feedback mechanisms indicate significant, sustained improvement in service coordination and experience.
Financial and contractual mechanisms		There is agreement to develop joint financial and contractual mechanisms to support the delivery of integrated services.	Integration partners agree the set-up investment costs, including dedicated programme management	Financial levers and incentives are developed to address barriers to large scale integration. Shared outcomes and joint performance measures are developed and being implemented across partner organisations	New contractual models, financial levers and incentives to deliver system integration and services closer to home are in place. Structures are in place to support financial governance across partner organisations	Budgets and finance processes have been aligned across integrated services by all partners in a way that continually promotes the benefits of integrated working. Return on investment benefits are realised
Information & IT		All partners agree to share information to support integrated services, planning, delivery and evaluation.	Risk stratified has been undertaken and information about who would most benefit from service co-ordination is shared and acted upon. Analysis has taken a population focus to enable a 100% population focus	IT workarounds have been developed to support integrated working e.g. shared records and decision support, performance and outcome measures. Information sharing is information governance and Caldicott 2 compliant	Information and IT backroom functions are fully integrated between all partner organisations and provide information to continuously assess quality and outcomes	Fully integrated health and social records are accessible by residents and staff involved. There is a "full disclosure" culture between partners enabled by innovative IT solutions
Workforce		All partners agree to develop their workforce to support new models of integrated services.	Workforce planning is developed to support new models of service provision. Education and training is planned to develop a workforce with the skills and values to deliver integrated services, organised around the needs of residents.	New roles and integrated service structures are being developed. Staff share records and are being co-located, making the best use of the combined real estate across partners	The integrated workforce accesses and uses guidelines to standardise, coordinate, deliver best practice and reduce unwarranted variations or gaps in provision. Workforce redesign supports integration with new roles/ responsibilities.	Multi specialty generalist and specialist groups of health, social care professionals, statutory services and VCFS are accountable for delivering integrated services and demonstrate improved outcomes for their defined population. Shared values creates a single team ethos and continuity of provision.
Service Model Design		There is agreement to improve service co-ordination as part of a system level plan to develop new services and models of provision.	There is agreement about the scale, scope and pace of the integration work, including mapping all community assets, including the estate. The target service user population is clearly identified and risk stratified, and integrated service specifications state the aims and outcomes of service redesign of each strata.	New service models are being designed and tested which make the best use of all available resources and community assets to deliver improved quality and costs. The consequence of integration on other parts of the system has been assessed and a contingency plan developed to avoid unintended consequences	Incentives and mechanisms are in place across integration partners. Services are aligned and guidelines/ pathways have been implemented and embedded.	A systematic programme of economy system level service redesign is well established and resourced by integration partners through the shared governance process

Name:

Organisation:

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CHORLEY PUBLIC SERVICE REFORM PARTNERSHIP

Risk Register

Updated: 05.02.2016

Matrix Score: (Residual Risk) What is the risk score taking into account the 'Controls in Place'.

Likelihood of Occurrence	High	4	7	9
	Medium	2	5	8
	Low	1	3	6
		Noticeable	Significant	Critical
Impact on Business				

Risk No.	Description of Risk	Risk Category	Date Identified	Controls in Place	Matrix Score	Actions Planned	Owner	Action Date
R1	Risk of not having a consistent view of structure and priorities for the next 12 months	Low	August 15	Strategy in place including a 5 year vision, and 3 year work programme.	1	Options on Locality Working submitted to Executive and approved	Steve Winterson	May 2016
R2	Risk of having differing priorities to wider programmes, including Transformation Challenge Award (Living Well, Living Better)	Low	August 15	Partnership 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.	3	Partnership Oversight Register in place and subject to regular review.	Programme Manager	February 16
R3	Risk of not having funding support, resource, and capacity to manage all elements of the work programme	Medium	August 15	All full partners have committed in principle to a financial contribution of up to £20,000 and contributions in kind as required.	3	Requests to fund specific activities and resources to be considered on a case by case basis by the Executive. TCA funding has also been confirmed.	Programme Manager	February 16
R4	Risk of not having commitment from full and affiliated partners	Low	August 15	Commitment provided by partners following discussion at the June 2015 CPSRB	3	Membership and attendance to be reviewed annual basis	Programme Manager	June 16

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Agenda Item 10



Risk No.	Description of Risk	Risk Category	Date Identified	Controls in Place	Matrix Score	Actions Planned	Owner	Action Date
R5	Risk of not connecting with Digital Technology planned in wider programmes to enable significant change	Medium	December 15	Interest from partnership flagged with Healthier Lancashire Digital Health Programme. Opportunities to be a pioneer for digital initiatives built into work programme	3	Regular updates with Healthier Lancashire in place. Activity has been added to Work Programme.	Programme Manager	May 2016
R6	Risk of data sharing and information governance being a barrier to how work can be progressed	Medium	December 15	Opportunity to manage this activity on wider footprint with Digital Health programme. Best practices will be used to develop specific information sharing agreements for interim period	3	This is covered in the work programme as part of Data and Intelligence Timescales of Digital Health Programme to be confirmed	Programme Manager	May 2016
R7	Risk of not having relevant funds drawn from Transformation Challenge Award budget to enable activity to start on work programme	Medium	December 15	TCA funds have been allocated to LCC, and a request has been made to have £245k allocated to Chorley Public Service Reform Partnership to support interventions, and £60k to cover Project Officer Costs	3	Confirmation of funds given at January Programme Board.	Gary Hall	May 2016
R8	Risk of capacity and funding issues against activity in work programme as testbeds may reduce impacts in some areas, and reduce payments, but create capacity demand elsewhere which are not funded. Mainly due to how services are currently commissioned.	Low	January 15	Work on building community capacity is in the work programme, and initiatives will be monitored and measured. If partners are noticing significant impacts these should be escalated to the Executive.	3	Review impact of testbed activity and consider incentives to manage any barriers in changing how services are delivered in the locality for the period of the project.	Executive Group	May 2016

