

Chorley Public Service Reform Executive

10 March 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, 15th March 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 16th February 2016 (Pages 3 - 8)**
- 3 **Implementation Group and Programme Update (Pages 9 - 10)**
- 4 **Procurement Update (Pages 11 - 12)**
- 5 **Self assessment position note (Pages 13 - 14)**
- 6 **Sustainability and Transformation Plan Update**
- 7 **Wellbeing, Prevention and Early Help Update**
- 8 **Lancashire County Council Asset Review**
- 9 **Any other business**
- 10 **Confirmation of next meeting**

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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, 16 February 2016

PRESENT:

Councillor Alistair Bradley (Chair), Jamie Carson (Chorley Council), Steve Winterson (Lancashire Care NHS Foundation Trust), Dr Lindsey Dickinson (Primary Care Representative), County Councillor Tony Martin (Lancashire County Council), Mel Ormesher (Lancashire County Council), Diane Gradwell (Trustee, VCFS Network), Carole Lee (VCFS Network), and Karen Sharrocks (Chorley and South Ribble Clinical Commissioning Group).

APOLOGIES:

Councillor Paul Leadbetter, Gary Hall (Chorley Council), Rebecca Huddleston (Chorley Council), John Buck (Lancashire Fire and Rescue), Jon Clegg (Lancashire Constabulary), Sue Moore (Lancashire Care Foundation NHS Trust), Carole Spencer (Lancashire Teaching Hospitals), Allan Jones (Business Advocate), Amanda Jakeman (Department for Work and Pensions), Janet Hodgson (Runshaw College) 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, in particular to new members Carole Lee (VCFS) and Karen Sharrocks (CCG). Introductions were made and apologies were noted.

2.MINUTES AND MATTERS ARISING FROM EXECUTIVE MEETING ON 19TH JANUARY 2016

Minutes were agreed as correct record with no matters arising.

3.IMPLEMENTATION GROUP UPDATE

Steve Winterson advised that the Implementation Group understood the direction from the Executive and what needs to be delivered on the programme, but from a capacity point of view there seems to be a gap in understanding on how much commitment can be made to the various activities e.g leading the workstreams, being involved in locality groups.

When the Public Service Reform groups were formed in September, a set of commitments from all organisations on the partnership were signed up to, as either full or affiliated memberships, and it is important that this is now carried out from planning through to delivery. Suggestions on which areas will lead/support delivery the work will be put forward, and shared across the partnership.

It was noted that the CCG has been through a number of staff changes, and will look to field a more regular representative at the Executive and Implementation Group. It was also noted that due to the number of areas not represented at the meeting some activity outside the meeting was required to reiterate commitment needed.

Action Point – All Executive members to have a discussion with relevant Implementation Group representative on their capacity to deliver the elements of the work programme. The commitment to deliver work needs to be confirmed before the next Executive meeting in March to the PMO.

4.PROGRAMME PLAN FOR INTEGRATED LOCALITY

Vicky Willett presented a framework which builds on the proposal made at the last Executive meeting. Three areas of work make up the core of the programme this year, which are:

- Building Community Capacity
- Establish the Consistent Frontline
- Enhanced Multi-Disciplinary Approaches

These each have more detailed workstreams within each area, with deliverables and phases of work set out in a detailed plan. Supporting activity is also captured and will include:

- Data and Intelligence
- Workforce Development
- Communications and Engagement
- Digital Connectivity

The plan identifies the activity to be completed which will be reported through to the Executive in August.

To manage the activity there are a number of tools in place. To identify the lower level activity over the next few weeks, a Call to Action Plan will be managed through the Implementation Group members. Project Mandates with more detailed objectives and measures have been drafted and will be supplied to partners leading on particular workstreams. A communications and engagement plan is also in development, as well as a Risk Register to monitor any issues.

To enable the work to move at pace, resources are required within weeks to develop locality groups and testbeds quickly. Two phases of work were discussed in detail:

Locality Task Group

This has two objectives – to connect locality partners, review current activity and opportunities for joint interventions, campaigns, events, and to process improvements to ensure 'Making Every Contact Count (development and testing of standardised question set based on Springboard).

Representatives to support this work are most likely to be those who coordinate frontline teams, and are involved in preventative/early intervention activity, or communications and engagement.

Suggested representatives:

- Police – Community Beat Manager (Lead)
- Fire and Rescue – Community Safety Officer

- Council – Early Intervention and Prevention Officer (links to community development)
- VCFS – Project officer
- LCFT – Community mental health teams leader/coordinator
- Lancashire County Council – Wellbeing Service partnership officer
- CCG – Communications and Engagement officer
- Hospital – To be determined, involvement to support need/pressures in system

Extended MDT

This has the objective to implement an extended MDT format to lower risk frequent flyers, and families with primary care focus. This would be a testbed to support residents with moderate needs to reduce escalation of risk i.e. admission to hospital. Looking to involve one GP practice at the start, with a view to building across to others covering the locality of Chorley inner-East.

Representatives to support this work would have a direct connection to primary care, and to support residents.

Suggested representatives:

- CCG – Primary Care Development (Lead)
- Primary Care representative
- Lancashire County Council – Wellbeing Worker
- Police – Geographical inspector or Early Action Coordinator
- Hospital – opportunity to test specialist in-reach services
- VCFS – Network knowledge to link into services i.e. Homestart, CAB

Comments from the Executive included a need to understand the footprint of the Lower Super Output Area (LSOA) locality and how this would be evaluated and fit with wider structures in place i.e. LCC Service Planning areas. It was agreed that testbeds are flexible to look at wider areas, and through evaluation of smaller areas the outcomes will look upwards in terms of how these are developed further into structures formed, and how findings can be reported into organisations.

Executive agreed that they are committed to the work proposed, committed to capacity and resource to deliver the work, and to evaluate progress. Members were asked to be honest in terms of appropriateness of activity, and to flag up different test approaches that could be part of the work programme e.g. digital tech initiatives.

An update on Transformation Challenge Award was given as part of this agenda item, which is managed as part of the Public Service Reform Programme. This has had funding secured and will enable a number of activities to be progressed quickly, in particular on building community capacity.

In summary, the partnership has a plan in place to start work in March, with a view to completing and evaluating the first phase by August, and funding and resource commitments to deliver the activity required.

Action Point - Executive Members to consider work planned, confirm representatives from each organisation, in particular confirming proposed leads.

5.MOVING TOWARD A PLACE BASED SYSTEM OF PUBLIC SERVICES

Jamie Carson advised that the purpose of this paper is to acknowledge the challenges for public services and look to reduce duplication, work together and deliver the right work at the right level.

This will be achieved by establishing 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; and
- reiterating an approach to developing collective capacity for transformation setting out what we are trying to achieve as an Executive Group

A table showed how a number of programmes “link” together, from wider Pan-Lancashire activity covering economic growth, through to networked boroughs, managing health and social care integration, and a more localised level of Chorley and neighbourhoods covering prevention and early help interventions.

From discussions the Executive agreed this helped focus in on the work being done and how it fits with wider strategies and work activity, enabling commitment from organisations to the partnership in Chorley e.g. work on the Sustainability and Transformation plans covers the pan-Lancashire level, but also needs support from localities in testing innovation e.g. NHS vanguards.

Further updates on this work will be provided through the Executive. Consideration is being made on existing groups and how these need to adapt to support a pan-Lancashire approach.

The Executive supported the recommendations set out which were:

- That 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
- That 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 supports the work being undertaken, avoiding duplication; as well as shaping and influencing to support the priorities of the Chorley Public Service Reform Strategy.
- That 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.
- That 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.

Action Point – *For the PMO to ensure regular updates on the Sustainability and Transformation Plan, Lancashire Combined Authority and Central Lancashire Health and Wellbeing Partnership are provided.*

Action Point – *Steve Winterson to ensure that the Implementation Group remains fit for purpose and provides regular updates on progression of activity.*

6.LANCASHIRE COMBINED AUTHORITY UPDATE

Councillor Bradley provided an update on the Lancashire Combined Authority advising that a framework has been developed to enable councils to work together, including 15 districts, unitary authorities and the county council.

Proposals for a shadow combined authority to be in place in May, with a view to have a full combined authority in place in Autumn. A public consultation on the framework is due to complete mid-February. By working as a whole there will be opportunities to make improvements for all Lancashire residents, in particular looking at growing the economy, improving transport, jobs and skills.

Many areas outside Lancashire have already moved to a combined approach, which has enabled devolution to be tested in regions. Significant savings are also part of this work which will enable budgets to be managed more effectively across a wider remit. Having a combined authority in place will increase working across boundaries, develop experience of working together, with a view increase opportunities with others such as LEP, and Police Commissioners, and give a united front to political challenges.

Public Service Reform and Health and Wellbeing are also part of the remit of the group, and Chorley is looking to be a key advocate in this work. The Executive will continue to be updated on the progress of this work as an understanding of the impact of the changes will need to be considered

7.LEADERSHIP WORKSTREAM - EXECUTIVE SELF-ASSESSMENT

Vicky Willett advised the group that to progress the System Leadership workstream, to develop the partnership as Leaders of Systems, the proposal is for the Executive to undertake a self assessment exercise to establish a position statement.

Members are asked to consider the framework, and make an assessment of the Executive as a leadership body, assigning a score from 1 to 5. From this the PMO will also ask the Implementation Group to complete the same assessment, and report findings from both exercises to support possible recommendations on potential development activity.

Action Point – *Executive Members to provide an honest assessment of where the collective partnership is at currently. Scores to the PMO ahead of the next meeting.*

8.ANY OTHER BUSINESS

No other business raised.

9.DATE OF NEXT MEETING

Consideration was given to the frequency of future meetings for the Executive, and it was agreed they should continue to reflect the pace of work to facilitate timely decision making.

The date of next meeting is currently planned for 15th March at 4pm, at Chorley Town Hall.

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CHORLEY PUBLIC SERVICE REFORM EXECUTIVE GROUP

PROGRAMME UPDATE

PURPOSE

The purpose of this paper is to provide an update on the main activity completed with regards to the Task Group (Connecting partners in Chorley inner-East), and the Extended Multi-Disciplinary Team meeting with a focus on Primary Care.

CONNECTING PARTNERS IN CHORLEY INNER-EAST TASK GROUP UPDATE

The task group met on 3rd March, with a good representation from services operating in the locality of Chorley inner-East. The group considered how to improve connections across organisations to establish a more consistent frontline approach and raise awareness of support available to residents with a view to improving health and wellbeing outcomes through preventative help and early interventions. It is within the remit of the group to be creative in testing different approaches in delivering services.

MEMBERSHIP

There is a wealth of experience across the group in both the locality and in services provided. The representatives included, VCFS, Community Beat Manager, PCSO, Communications leads from Hospital and CCG, LCFT services including Adult Mental Health/Health Visitor/District Nurses, Community Fire Safety Manager, Council Intervention and Prevention Officer and Lancashire Wellbeing Service.

APPROACH

The locality profile developed for Chorley inner-East was presented with key themes identified as:

- Community Safety – Police hotspots, young offenders, low level of community assets
- Pensioners Living Alone – issues around vulnerability, social isolation, access to services
- Younger Population – issues around vulnerability, caring responsibilities, education and employment prospects and health concerns particularly lower level mental health and obesity.

From experience and discussion in the group it was verified that the key themes identified through the profile were correct, with the addition of needs of Carer's, and ethnic minority groups in the area to also be factored into any work being considered.

In the context of the locality, the group considered current organizational activity; how we could start to work differently as partners in this area as part of a more joined up approach; and what mechanisms could be utilized to engage more effectively.

NEXT STEPS

Findings from the discussion will be progressed at the next meeting, planned for 16th March. The group will focus on:

1. How we can share service related information more effectively as partners and with residents to ensure appropriate access
2. What we can do differently in the locality area to engage with residents and raise awareness of services with consideration to community based days of action and opportunities to test co-location principles.
3. Understanding of wider opportunities to utilise and/or test digital and virtual tools or initiatives



EXTENDED MULTI-DISCIPLINARY TEAM (MDT)

This work stream is to look at how we can more effectively share information and put in place interventions to support individuals placing highest demand on the system, identified from a primary care point of view, as part of early intervention and prevention.

APPROACH

At present MDTs are held in GP surgeries each month, with a focus on elderly patients with long term conditions. The attendees as minimum usually include GPs, Practice Nurse, and Community Matron.

From a discussion with the Chorley Surgery, Chorley Council and Police based on a cross section on anonymised cases causing the GP concern, it was established that:

- The co-hort of patients could be expanded to cover vulnerability of adults causing concern; and
- The co-hort of patients could have support from a wider network of partners to give early help.

MEMBERSHIP

The proposed membership for the extended MDT format is GP, District Nurse, Community Matron, Lancashire Wellbeing Service, PSCO (Police), Lancashire Fire and Rescue, Chorley Council and Lancashire County Council (Social Care).

NEXT STEPS

The plans are to undertake the next MDT with a wider membership as above, asking GPs within the surgery to identify patients from a more broadly defined cohort who are vulnerable and at risk of admission. The principles and processes tested through the existing Integrated Action Team will be applied in terms of consent and information sharing.

Additional coordination resource will be implemented to support the administration and management of this meeting activity. This coordination role will span a number of multi-agency groups operating locally to help collate intelligence that will inform future integration options.

The functioning of the proposed extended MDT format will be evaluated to help demonstrate viability to other practices within the GP peer group, with a view to more extensive integration as a testbed for locality based MDT's alongside other pilots taking place elsewhere in Lancashire.



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CHORLEY PUBLIC SERVICE REFORM PARTNERSHIP EXECUTIVE**SYSTEM LEADERSHIP – SELF ASSESSMENT****BACKGROUND**

Following the recommendation of the Executive at the meeting in February, all members of both the Executive and Implementation Group were asked to complete a simple leadership assessment questionnaire based on a framework developed by AQuA to establish a benchmark position.

UPDATE

Since the last meeting, 10 completed responses have been received representing the majority of partner organisations, although not consistently across both groups (4 responses from the Executive and 6 from the Implementation Group).

Responses from Lancashire Teaching Hospitals, Lancashire Care Foundation Trust, Lancashire Fire and Rescue, Lancashire Constabulary, Chorley and South Ribble Clinical Commissioning Group, DWP and Chorley Council have been considered to inform an initial summary.

RESULTS

- The average score across all domains for both groups was level 2 which considers the current position to be 'Enabling' having achieved level 1 'Commitment' - although in some cases reaching level 3, 'Implementation'.
- Generally the Implementation Group has scored more highly than the Executive with the Executive scoring mainly 1's and 2's but the Implementation Group scoring some 3's and 4's.
- Scores are highest in relation to Culture and Service Design Model
- Lowest scores are given for Financial and Contractual Mechanisms, Information and ICT and Workforce

SUMMARY

The responses received to date suggest a fairly consistent interpretation of the current situation across all organisations, based on 6 months of operating under the current partnership structure. Higher scores from individual organisations and from members of the Implementation Group are likely to reflect different perspectives and roles within the wider system.

The scoring suggests a good understanding of common goals and strategy (Culture/Service Design Model) but highlights that resources and systems are yet to be aligned with strategic intent (Financial and Contractual Mechanisms/ Information and ICT/Workforce). The public service reform programme will start to progress activity in some of the weaker domains, for example around Information and ICT through work to develop community and primary risk profiling and the roll out of LPRES as part of the Healthier Lancashire digital work stream. However, it may be appropriate to undertake more focussed development across other areas such as Leadership and Workforce to ensure progression in these areas.

The table below shows the average score awarded by the Executive and Implementation Group for each domain. It also provides a summary description of the current position and next level of achievement to indicate opportunities for development:



Domain	Average Score		Current level	Progression
	Exec	IG		
Leadership	2	2	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.
Governance	1.5	2	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.
Culture	2	2.5	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.
Resident engagement	2	2	Residents needs and values have been sought and built into integration plans.	Residents are partners in redesign and central to redesign.
Financial and contractual mechanisms	1.5	1.5	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
Information and ICT	1	2	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
Workforce	1	2	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.
Service model design	2	2.5	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 strategy	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

NEXT STEPS AND RECOMMENDATIONS:

1. All members of the Executive to complete the assessment to ensure a consistent understanding and then a final summary report completed
2. Areas for development to be identified by the Executive along with any further action for the programme office to consider
3. The assessment to be undertaken again in 6 months time with the aim of achieving improvement in the current scoring.

