

Chorley Public Service Reform Executive

15 March 2017

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, 21st March 2017 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, Matters arising and Actions from Executive meeting on 24th January 2017 (Pages 3 - 8)**
- 3 **Programme Update (Pages 9 - 16)**
 - Programme Overview – Paper from Steve (pages 9-11)
 - Collocated Multi-Agency Unit – Paper from Mike and John (pages 13-16)
 - Primary Care User Support Team – Presentation from Shashi covering mid-point review
 - Community Resilience Presentation – Presentation from SPICE on Recommendations and Findings
 - Integrated Community Wellbeing Service – Presentation from Jamie
- 4 **Partnership Updates**
 - LCC Neighbourhood Hub Approach – Paper (to follow) from Mel Ormesher
 - LCC Wellbeing, Prevention and Early Help – Paper (to follow) from Debbie Duffell
- 5 **Lancashire Public Service Delivery Model (Pages 17 - 20)**
- 6 **Any other business**
- 7 **Date of next meeting**

Next meeting proposed as Tuesday 23rd May 2017 at 16.00 – 17.00 at Chorley Town Hall.

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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, 24 January 2017

Present:

Councillor Alistair Bradley (Chair), Gary Hall (Chorley Council), Vicky Willett (Chorley Council), CI Mike Adamson (Lancashire Constabulary), Erin Portsmouth (Chorley and South Ribble Clinical Commissioning Group), Sarah James (Our Health, Our Care Programme), Steve Winterson (Lancashire Care Foundation NHS Trust), Dr Shashidhar Khandavalli (The Chorley Surgery), County Councillor Tony Martin (Lancashire County Council), Mel Ormesher (Lancashire County Council), Iain Pearson (Lancashire Wellbeing Service), Amanda Jakeman (Department for Work and Pensions), and Lynne Johnstone (Go On Lancashire).

Apologies:

Councillor Paul Leadbetter, Sue Moore (Lancashire Care Foundation NHS Trust), Carole Spencer (Lancashire Teaching Hospitals), Diane Gradwell (VCFS Network), Andrea Trafford (GP Business Manager), Janet Hodgson (Runshaw College), and Allan Jones (Business Representative).

Observer: Councillor Hasina Khan

Officer: Hayley Hughes

1.WELCOME AND APOLOGIES FOR ABSENCE

As acting Chair for part of the meeting, Gary Hall welcomed everyone to the meeting, and apologies for absence were noted.

2.MINUTES, MATTERS ARISING FROM EXECUTIVE MEETING ON 27.09.16

Minutes from the meeting of 27.09.2016 were approved with no matters arising.

Actions from this meeting were all cleared:

Implementation Group to develop proposals on workstreams and present this back to the Executive in November, utilising TCA funding to fast track relevant activity in line with funding objectives.

Update – proposals formed part of the Agenda Pack in November, with accompanying note from Chair to ask for agreement to approach.

Executive members to communicate support for evaluation findings and recommendations to respective Implementation Group members and facilitate mobilisation of resources to deliver year 2. *Update – commitment to work activity and agreement of resources part of the consideration in November.*

It was noted that the meeting planned for 22.11.16 was cancelled due to availability of members. Also noted was the response from the Clinical Commissioning Group (Chorley and South Ribble) regarding the primary care hub (dated 13.12.16)

The CCG supports the initiative, and recognises that this model has been effective in other geographies. Currently the CCG is finalising its operational plans for the next 2 years and at this point in time cannot fully commit any resources to the evaluation or mobilisation of this project. It is worth noting that this model is not currently within commissioning intentions for 2017/18. However we recognise that we may need to look more closely at this initiative as part of our primary care strategy. We have a new Head of Primary Care in post in December

will discuss this work in more detail. As raised previously one of our concerns as a membership organisation was that we were transparent and managed any potential conflicts of interest appropriately, and treated our member practices fairly in respect of investment and pilots, however as this investment has oversight from the Chorley reform Executive we are assured that appropriate governance has been followed.

3.IMPLEMENTATION GROUP UPDATE

Vicky Willett and Steve Winterson presented the update from the Implementation Group. Vicky advised that since the Executive had met last, excellent progress had been made by the Implementation Group in designing and developing activity against the workstreams. Since the last meeting, the two hub formats have been mobilised with the primary care hub now operational. These include:

- Collocated Hub
- Primary Care Support Team
- Integrated Community Wellbeing Service
- Building Community Capacity
- Workforce Development

The programme update was very positive, although it also included some considerations from the Executive around any concerns on work delivered to date, in particular around the establishment of the integrated hubs. Shared case management solutions; additional service resource; and constraints around estates and accommodation were highlighted as potential future issues for wider system level integration activity.

Updates on key workstreams were provided:

Collocated Hub

John Buck and Mike Adamson reported that a lot of work had been progressed to reach the point of bringing in services that would be set up in the hub initially. A recent meeting with services was very positive and had commitment from all involved. John was assured that the right services are involved and Mike advised that additional services could be linked when required. This has enabled operational considerations to be identified, including limitations on a PFI building (legal agreement needed); how the hub will work operationally, including referral process/process mapping/case identification; access to shared case management; links with other hubs (Integrated Community Wellbeing Service/IAT/Primary Care); co-ordination resource; and Wi-Fi access.

The hub is working to a go live date of 1st March, subject to relevant IT and occupancy agreement being in place.

A meeting has been arranged to discuss operational issues further. The main issue around case management for integrated services was discussed further. To work effectively together as an inter-agency group, teams and services will need to have a central point to record and view case activity. Understanding that a potential longer term solution will be Liquid Logic, which is an LCC system. Councillor Martin advised that this system has been brought into essential services as a priority, but third party access to support integrated hubs could be considered, and has been piloted in Preston.

ACTION: Councillor Martin to provide LCC contact regarding access to Liquid Logic system to support integrated hub activity.

Gary advised should any issues be flagged which may cause delay to this collocated hub, that support could be identified to help progress i.e. legal support.

Primary Care User Support Team

Dr Shashidhar Khandavalli advised that the Primary Care User Support Team has been established from 9th January, operating three days each week, with involvement from

Lancashire Wellbeing Service, experienced health care workers, with admin support. The work focuses on supporting patients from being managed in the acute sector, to community based services, with a view to creating capacity in primary care, to help meet needs quicker and at an earlier point of intervention. Process maps have been developed, including case identification across four surgeries and consent to being involved. Cases need to have 20 or more GP appointments in a 12 month period, and three elements of need are in place (Clinical, Social and Psychological). Key metrics to manage and report against the activity have been identified, and updates will be provided to the partnership.

The involvement from Lancashire Wellbeing Service has been very positive in terms of understanding potential support available outside clinical pathways, and it is hoped that involvement from mental health services can also be agreed due to the circumstances being identified. LCFT are progressing this, although Lancashire MIND may also be an option to consider.

Steve Winterson advised that understanding the skill level of people involved is essential to capture as part of the pilot activity, as this will be key to understanding how the work can scale up in the future.

Gary advised that this work would be good to link in with the Our Health, Our Care Programme to support the clinical re-design activity. Sarah James confirmed that the clinical manager is linked in with the project.

Dr Khandavalli advised that EMIS are looking to automatically pick up information held on the system, as the current approach to understand actions already taken is time consuming. If there are any issues with what can be done by the EMIS team, it was agreed that Gary would be informed to consider alternative IT solutions.

Integrated Community Wellbeing Service

Gary Hall advised that a number of teams from both Chorley Council and Lancashire Care Foundation Trust are coming together from 1st April to become a new service. Consultation with staff is taking place, and there will be approx. 200 staff located in the town centre. This service will be a spoke and hub model, and will link in with the two smaller hubs previously discussed. A more detailed update will be presented at the next meeting of the Executive.

4.EVALUATION FRAMEWORK

Hayley Hughes presented a framework to evaluate the activity planned for year 2. This looks to produce credible evidence from all the workstream activity, which will be proportionate to the programme of activity agreed, as well as being suitable to link in with wider strategic programmes. Criteria has been set out to cover both the overall programme, and workstreams, and sights how it will be gathered and shown against the principles of the programme, including reducing demand, improving integration, increasing prevention, adding social value and improving wellbeing outcomes.

The PMO will ensure that all workstream leads have the ability to collect relevant information, and this will be reported at relevant points to the Executive.

The framework was approved by the Executive.

5.BEFRIENDING ASSESSMENT

Vicky Willett advised that through the community resilience workstream, SPICE have been commissioned to deliver an assessment of befriending across the borough. A report "Realising the Potential – Befriending in Chorley" has been received which sets out the benefits of befriending, what current services provide, and how these are delivered, and sets out a number of recommendations on how services could be improved, across a range of levels of investment.

Overall the report confirms that the provision is fragmented, and that befriending can take a number of forms, from peer support, coaching, face to face contact, and telephone support. Many good practices and services are highlighted, including Friends for You and the Age Concern Take Home and Settle service.

The Executive advised that the report was noted, and that it would be valuable to consider as part of the wider understanding of resilient communities, and to consider as part of the larger piece of work with SPICE which is building community capacity.

Executive members were advised to consider the report in own organisations, and how befriending support could add value to vulnerable residents, in particular with Carers in identifying support and help available.

6.EXTERNAL PROJECT UPDATES

Sustainability and Transformation Plan (STP)

Gary Hall advised that STP is looking to identify issues in the Health and Social Care system, and reconfigure how services are delivered. It is a five year plan to deliver changes, and will support the Our Health, Our Care programme (local delivery plan for central), although not all timescales between the two programmes are aligned, and differing requirements are leading to some confusion. Clarity on decision making and communications are needed, as the STP work programme is not yet confirmed. Local programme management is moving to the CSU. Complexity on boundaries covered by the local delivery plans was also noted.

Our Health, Our Care

Sarah James advised that the Our Health, Our Care covers the local delivery plane for Chorley, South Ribble and Preston, and is in the fourth month of a seven month programme of redesign. This includes how we join up services by integration to support reducing demand of planned and unplanned admissions. Governance and assurance is being managed through the Central Health and Wellbeing partnership. Design workshops have taken place with a wide range of partners every six weeks to consider how services are delivered in the community; locality; home based etc. Public engagement events have also been happening across the locality.

Go on Chorley

Lynne Johnstone provided an overview of the Go on Chorley project, which initially began as national campaign (Go on UK). The project aims to show residents the benefits of being on line, and aims to ensure that no-one is left behind in the digital world. A network for the North West is in place, which includes corporate support (e.g. Barclays Digital eagles/EE), and Go on Chorley is a test model for a pan-Lancashire approach. The activity increases skills in communities, for individuals, charities and with SME businesses, which supports community resilience. A local website has been developed to be a conduit to help people learn skills, through data input.

A group is based at Community House and supported by the Volunteer Academy; new volunteers have an induction and are supported in building confidence and skills. It is intended that further groups are set up across the borough which increase opportunities for volunteers in building skills, improving health and wellbeing as well as employability.

A launch event will be held on 1st February, and a plan of activity, including roadshows will be developed. Partners are engaged with the project and key metrics have been identified including supporting activity with primary care by being on-line for GP appointments/prescriptions.

Interest from primary care in linking in with high intensity users, Lancashire Wellbeing Service, LC and CCG was noted.

Progress on the above programmes will continue to be update to the Executive.

7.ANY OTHER BUSINESS

Gary Hall asked LCC colleagues for further clarity on neighbourhood hubs, and what these will potentially look like. Mel Ormesher advised that these will differ in service provision depending on needs of community, and timing will be reflective of which services are in place, and which need to be re-configured. Mel agreed to produce some narrative on the types of services being considered for Chorley, with estimated timings. The larger services including Wellbeing and Early Help service and Libraries will have an impact on the timings provided, and it was noted that over 30 changes to services had been made following the consultation last year.

ACTION: Mel Ormesher to provide a narrative on potential neighbourhood hubs for Chorley, with indication of services involved and estimated timings.

A revised Terms of Reference was issued with the agenda pack, and Executive were asked to raise any comments by 17.02.2017.

8.DATE OF NEXT MEETING

To be held on 21st March 2017 at 16.00, Chorley Town Hall

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