# Chorley Public Service Reform Board

10 July 2020

You are invited to attend a meeting of the Chorley Public Services Reform Executive to be held in **Virtual Meeting, Chorley on Tuesday, 14th July 2020 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**

a Notes of last meeting held on 19 May 2020 (attached) (Pages 3 - 4)

2 **Partner updates on the Covid transition to recovery**

3 **Feedback from the Covid learning task and finish group (Pages 5 - 16)**

4 **Any other business**

Yours sincerely

Gary Hall
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For Chorley Public Service Reform Board

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**Distribution**

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

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# Chorley Public Service Reform Partnership

Meeting Notes – Tuesday 19.5.2020 – 2pm

**Updates related to Covid 19 response activity and approach:**

CAB – business as usual, currently just limited around face to face but looking at how to restart this safely. Implementation of referent and supporting a 'one front door approach'. Key risk is around debt activity which had reduced and therefore anticipating a future spike.
Employment/employability is a key theme – furlough, rights, terms and conditions, health and safety issues

DWP – paying customers and processing new claims with a 48-hour turnaround on advances. Regular contact with vulnerable individuals. Opportunities and local vacancies including temporary work linked to food retail.

CCG – supporting acute providers and primary care colleagues in crisis mode. Gone through the peak and trying to commence business as usual and routine services. Ability to move at pace – particularly digital and ICT. Population Health Management approach opportunities.

Primary Care – fundamental transformation of services and successfully met the Covid challenge so far. Important digital opportunities to connect people to care. Advantage for the most disadvantaged will be the baseline to support others as we go forward. Need to understand: What does our population look like, who is within those segments and how do we manage them going forward? Risk of limited resource – opportunities to work more collaboratively. Reduction in social anxiety.

LSCFT – anticipated early spike in demand but only just emerging. Recover, retain and restore principles to guide future strategy. Digital first and self-care are key things to retain. Already taking opportunities to move MDT's with district nurses to being online as a first step – now in progress.

ICP board looking at opportunities/systems and pulling information together around learning.

Lancs Fire and Rescue – update attached

Gary suggested a piece of work across partners to inform our system change, using the population health management approach. Dr Khandavalli highlighted the need to segment population – analytics across the sectors and Andrea Trafford reinforced a population health management approach. Proposal for a short task and finish group with key reps and terms of reference.

Angela Barrago gave an update on the Chorley Community Response Hub – very successful. Gained an early understanding of gaps. Key themes around food and digital. There is capacity within the community if we enable it. Need to link the data together and feed into the review piece.

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# Chorley Public Service Reform Partnership – Covid-19 Response

# Task and Finish Group Outcomes

## Background

The Covid 19 pandemic demanded that in order to mitigate the very worst impact of the virus, public services had to mobilise rapid transformation in order to respond to the needs of communities. This meant breaking down barriers, sharing information and building new relationships with partners and communities.

There is now an opportunity to identify, accelerate and embed areas of positive change to ensure that we can continue to support the longer term health and wellbeing of our residents by protecting those who are most vulnerable and at greatest risk of issues such as debt, employability and poverty.

## Approach

At the meeting of the CPSRP in May, members agreed to convene a task and finish group to: 'understand how our response to Covid 19 can change the way that we work together as partners as part of long term system change, taking a population health management approach based on shared intelligence and an understanding of the wider factors that will influence positive health and wellbeing outcomes for communities.'

Objectives of the task and finish group were:

1. To evaluate how partners responded to the Covid 19 crisis, identifying what worked well and what we want to see continue
2. To use our collective insight and intelligence to understand how we target activity and resources to achieve the greatest impact for our population as part of the transition to recovery
3. To consider how our response influences shared priorities, values and behaviours
4. To develop evidence and recommendations to feed back to the partnership and other system transformation initiatives to inform sustainable change, and the role of the partnership in taking this forward.

Partners were asked to submit their responses to a number of key questions as a basis for further discussion through a virtual task group. A summary of the responses is included as an appendix. Also included is a dashboard summary of intelligence for the Chorley Community Hub and a briefing note on the post Covid policy context for public service reform.

**Themes and conclusions**

From the feedback received and discussion at the task group, seven key themes have emerged for consideration in terms of how we shape our partnership response:

- Addressing inequalities
- Shared data and intelligence
- Locality focus
- Multi agency communication
- Community resilience and coproduction
- Digital as a key enabler
- Equal recognition of the voluntary, community and faith sector

There is wide consensus that the locality led response has ensured the effective design of interventions and activities. This has been enabled by shared intelligence, effective multi agency communication, a common goal, and the deployment of partnership resource in a coordinated way. Feedback highlights the opportunity to move quickly and build on the momentum of change, but also the need to make time to reshape strategies and delivery models.

Initially short term priorities may be to:

- Sustain the approach to intelligence and data sharing, enhancing this with dedicated analytical resource to interrogate data, identify trends and make it easily accessible at a locality level
- Agree shared priorities for recovery in Chorley and map out pathways and resources to enable an integrated approach e.g. employability, mental wellbeing, health and nutrition, housing.
- Maintain effective mutli agency communication and coordination using digital tools and virtual teams

Medium term

- Engage system partners and influence the wider transformation agenda
- Evaluate the ongoing partnership response, monitoring impact and outcomes
- Review local plans and strategies, realigning priorities and governance
- Consider opportunities at scale across Chorley and South Ribble, working across the two partnerships and through primary care networks

**Partners are asked to review the feedback so far, identify any other key themes and indicate next steps**

Options may include:

- Undertaking a project locally, potentially across Chorley and South Ribble, to inform wider system changes
- Applying for a research or grant fund to create capacity for further learning https://www.health.org.uk/funding-and-partnerships/programmes/covid-19-research-programme
- Establishing a recovery steering group to monitor local activity and identify opportunities for transformation.

**APPENDIX A - PARTNER FEEDBACK**

| | What Changed | How | Where | Intelligence |
|---|---|---|---|---|
| | • For the people, org, system | • Maintain collaboration, creativity, innovation?<br>• Sustain positive changes?<br>• Work with communities to maintain/build resilience and strength? | • Place our focus going forwards?<br>• Invest and disinvest resources?<br>• Do we need to be and how could we work | • What data and intelligence is available to understand and inform recovery response<br>• Demand info and output/outcome data. |
| CAB | Extended hours<br>Public self-referral to referent<br>High and rising demand for redundancy advice<br>40% increase in housing advice<br>High divorce searches<br>Foodbank web page high traffic | Communities resilience - digital skills needed to access services, health info, online shopping, education and prevent social isolation. | Debt, benefits and employment issues<br>Need to develop digital skills and access. | Lot of data that can be drilled down to specific areas, what might be useful?<br>before/after data? |
| CCG | More use of phone/video consultation.<br>Access to face-to-face care limited.<br>Less use of urgent care.<br>MS Teams – impression of digital solutions improved, allowing good collaboration with partners.<br>Twice weekly MDT's, Weekly steering group. | Level of fatigue at the moment which will affect creativity/innovation.<br>Need to build in some thinking time. | Having shared common aims and ability to prioritize effectively, collective focus has been more effective than trying to fix everything. | Have significant amounts of data, figure out what's useful? |

| | | | | |
|---|---|---|---|---|
| Runshaw | Move to online learning/working. | Greater choice in when/how to learn, possible blended approach to future learning. | Building digital skills for elderly and non-office workers/those unaccustomed.<br><br>Blended approach to future learning.<br><br>Reassess the needs and purposes of buildings/facilities. | Engagement has been good.<br><br>Positive experience broadly, connectivity issues for some but most able to access what they need.<br><br>Students survey? |
| Police | Regular partnership briefings (virtual) neighbourhood police teams included giving efficient access to frontline information.<br><br>Visible policing, reassurance. | Digital increases to efficiency.<br><br>Good interaction with partners for shared messaging.<br><br>Check and avoid for duplication. | Debt increases may result in people turning to crime or reaching breaking point.<br><br>Vulnerability hot-spots - focus on domestic violence/child abuse.<br><br>Lancashire Talking – app for residents to input intel, allows police to response efficiently. | Initial reduction in demand, expect increase when restrictions lift. |
| CLLP | Loss of income from funding.<br><br>Abandonment of strategies and business plans.<br><br>Services forced online, better than anticipated.<br><br>High levels of volunteers.<br><br>Mental health impacts on staff. | Many forced to move services online and have found it better than feared.<br><br>Reduced traveling through online working – environmental improvements.<br><br>New services have opened but based on temporary funding. | Securing sustainability by long term funding.<br><br>Partnership in themed areas.<br><br>Large offices – asses need and cost savings.<br><br>Digital inclusion needs a wider offering.<br><br>Develop skills for managing sudden cultural changes for organisations.<br><br>Overcoming challenges where solutions require face-to-face.<br><br>Develop applications for contracts as opposed to other funding.<br><br>Support greater co-production | 100% of members – negative impacts.<br><br>Collective loss of £2.5M income from lockdown.<br><br>62% closed some services 8% closed completely. |

| | | | | |
|---|---|---|---|---|
| | | | with community in policy making. | |
| LSCft | Accelerated transformational initiatives.<br>Suppressed care, delayed demand surge expected<br>Moved services to digital/telephone<br>Some services moved to 7 day weeks and staggered shift patterns.<br>Clinical prioritisation for face-to-face consultations based on risk | Continue daily updates (to retain positive impacts)<br>Continue prioritising good news stories<br>Continue with online conferencing<br>Online consultations<br>Greater capacity for staff flexibility | Ensure core services resilient to future waves.<br>Psychological and socio-economic factors will likely present in the medium to long term.<br>Assess effectiveness of telephone/digital appointments<br>Need to increase PPE as face-to-face services restored | Significant reduction in demand in START/IAPT services, suppressed demand will create a delayed demand surge. |
| CBC | Move to home-based working<br>Community hub setup – highest volume of work related to Personal Shopping and Food Poverty | Extend digital offer for services<br>Digital inclusion a key aspect of resilience building | Digital inclusion - finding ways to improve access skills that is compatible with distancing guidance to allow access for those most vulnerable. | Data gathered suggests food poverty rates much higher for working age adults vs older age groups.<br>Personal shopping was an issue among all but was more prominent in the older age groups, possibly reflecting generational differences in digital access. |

# APPENDIX B

**Task group outcomes**

The task group took place on Tuesday 7th July to review the feedback, discuss the conclusions and consider next steps. It was attended by Joe Hannett (VCS), Andrea Trafford (Chorley Surgery), Guy Simpson (VCFS), Lisa Roberts (ICP) and Karl Worsley (DWP) with support from David Brunskill and Vicky Willet (Chorley Council).

The key themes from the discussion are summarised below:

- **Shared challenges** – partners identified a common aim to address the potential inequalities arising from the Covid crisis, taking a preventative approach that focuses on the wider determinants of health. A number of key themes were suggested as priorities around which to concentrate our activity and resources: employability; nutrition and health; housing. The focus initially would be on establishing a consistent view of the issues through our collective intelligence and adopting shared pathways, with an aspiration to move towards more shared decision making including resource allocation and workforce planning.

- **Data and intelligence** – have been at the core of our response effort through the community hubs, sharing intelligence more effectively to inform how we deploy our resources. As partners we have a wealth of local data about our communities which, when combined with national and regional sources, should create a powerful view of our population. Access to analyst and coordination capacity is limited locally, as is data management and visualisation capability.

- **Population Health Management** – The population health approach sets the model for how we should work collaboratively to develop and target interventions at a neighbourhood level. The Integrated Care System has set out early plans on how the approach aligns to the longer-term post Covid ‘restoration’ programme although timescales are as yet unclear. Chorley has experience of this approach through early pilot work and could quickly scale the principles as part of a pathfinder initiative to inform wider implementation.

- **Influencing system change** – the task group highlighted opportunities to take a more proactive approach locally given that we have all of the relevant components in place and an ability to translate activity into outcomes at a community level. Closer working with South Ribble Council with many shared partners could support a joint initiative given existing strategic and geographical similarities.

APPENDIX C

# Post Covid-19 Public Service Reform

## Overview

Changes to working practices and the swift introduction of technology during the Covid-19 crisis have presented a catalyst for improving public services. The pandemic has necessitated radical thinking and innovation in order to meet unprecedented customer needs. Additionally, public perceptions towards health has changed significantly since the pandemic, with people now expecting more from services. Nearly 9 in 10 people (86%) now believe that the government has a 'great deal' or 'fair amount' of responsibility for ensuring people generally stay healthy. This is significantly up from 61% in 2018. In the context of an increased demand for services and a diminished economy, a fundamental rethink of public services will be required in the post-Covid service landscape.

The Joint Information Systems Committee (JISC) suggest that the crisis has created a new 'norm' for public services; one which is based on a digital model of working and service delivery. This will make it difficult for public services to revert to old norms. Digital methods have allowed a whole range of local services to be stitched together in new smart delivery structures as part of the Covid-19 response. This includes local collaboration across complex areas such as health and social care integration. The pace of change has been accelerated through necessity, as 'digital by preference' has been replaced by 'digital only' and 'digital first' models of operating during the pandemic.

In addition, the pandemic has altered the public service reform discourse. This is most evident in the case of social care, where the debate has shifted from the focus of how services are paid for to how to make the system more resilient to future crises and increase collaborative working. This is as fiscal austerity has been replaced with high levels of public spending and state intervention, however, it is uncertain how long this will be sustained for.

The crisis has bolstered the case for collective and partnership working, with interconnections critical in delivering outcomes, addressing complex issues, and responding to unique pressures. This is noted by the The Kings Fund, who are an independent think tank that work to improve health and care in England. The pandemic has seen joined up working across the NHS and local government and has provided the impetus to remove obstacles in information governance that have for years prevent integration. Rather than efforts to deliver isolated projects, the focus has shifted in favour of effective cross-sector co-ordination, aligning efforts and mutually reinforcing activities. This has been critical to the Covid-19 response and includes developing a shared understanding of the problem and a common agenda for addressing it, focusing on broad rather than narrow measures of success that encourage joint rather than siloed working, and investing in regular communication between key partners to share information and address problems.

In June 2020, the House of Lords Public Services Committee launched an inquiry that will seek to identify lessons from the pandemic, including what it can tell us about the future role, priorities, and shape of public services as well as future programmes of reform. The Chair of the committee, Baroness Armstrong, has noted that the pandemic has highlighted some fundamental weaknesses in the design of public services, particularly the lack of integration between health, social care and other services. On the other hand, it has encouraged radical thinking in areas, such as the establishment of numerous community initiatives to support people during lockdown, which have seen collaboration across the voluntary sector, NHS and social care providers, the police, local authorities and community services. The inquiry is ongoing and is currently in the early process of reviewing evidence before recommendations can be made.

## Case study one: Coventry City Council

Coventry City Council have been utilising existing approaches to partnership working in order to successfully respond to the pandemic. Back in 2012, Coventry was identified as one of the seven pilot areas to roll out the Marmot approach, which seeks to address health inequalities through partnership working, galvanising effort, expertise and resources to stimulate step change across the Health and Wellbeing system. Since then, Coventry has continued to use the approach and has employed it in order to mobilised quickly as a system to respond to Covid-19. This includes using their existing partnership work to share data between the Council, hospitals, and primary care to identify and support vulnerable groups, develop, and test a Local Outbreak Control Plan, and establish food and community networks. Their approach has been commended by the Local Government Association (LGA) as an exemplar.

Speaking about social care service reform, the Kings Fund has warned against the risk of creating new systems that are fit for a pandemic but not fit for standard service use, emphasising caution in seeking solutions through the lens of the pandemic. The Coventry example illustrates how existing and tested approaches, as well as partnership working, can be utilised in order to create a resilient system. A common theme across the examples of best practices is partnership working and resilience building.

## Case study two: Portsmouth City Council

Portsmouth City Council has come together with health partners to respond to the pandemic in order to meet the needs of their population in transformative ways, successfully utilising existing frameworks of partnership working. Back in 2018, the Council established HIVE Portsmouth, which is a community connector of 670 organisations. The HIVE encourages organisations to work together by adapting their approach and purpose to meet local needs, with a shared strategic vision of building independence and self-reliance as an alternative to traditional services. The HIVE has become a crucial part of the Council's Covid-19 response, allowing standard operating procedures to be developed rapidly with strategic partners by facilitating collective coordination without the limits of organisational boundaries. This includes in the coordination of the delivery of food packages, prescriptions and well-being telephone calls. The benefits of this integration have been felt during the response, particularly its approach to managing and supporting the care market as well as resolving operational issues
quickly and collaboratively.

The pandemic has also encouraged reform and innovation. This includes the streamlining of services by establishing smaller dedicated duty teams as opposed to larger teams with less specialist skills. This has increase efficiency and created 'joined up' teams, with the Council unlikely to revert to the old model.

## Case study three: Wigan Council

The Covid-19 response has caused a resurgence in asset-based approaches, which emphasises the role of the community, across local authorities. The Kings Fund highlights the Wigan Deal as a successful model that has been replicated across the country as a result of the pandemic.

Since 2011, Wigan Council have been developing an asset-based model, which aims to nurture the strengths of individuals and communities to build independence and improve health. The Council have sought to create a culture in which innovation is encouraged and frontline staff are permitted to take decisions for themselves and rethink how they work, based on their conversations with people using services. This has meant taking a different approach to risk, where positive risk-taking is encouraged, and has resulted in citizen led services and policy.

The Council has also invested in local voluntary sector organisations and community groups through a dedicated community investment fund, with a focus on growing citizen leadership through roles such community health champions, dementia friends and autism friends, and on supporting social prescribing using community link workers based in general practices. The Council has been empowering communities through this 'citizen-led' approach to public health and creating a culture which permits staff to redesign how they work in response to the needs of individuals and communities. At the heart of this is an attempt to strike a new relationship between public services and local people that has become known as the 'Wigan Deal'. This was developed in order to empower residents as well as respond to increasing financial pressures.

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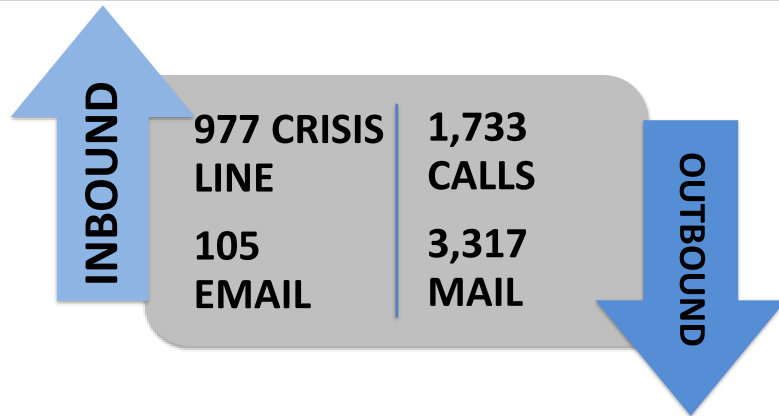
# COMMUNITY HUB DASHBOARD - CHORLEY COUNCIL

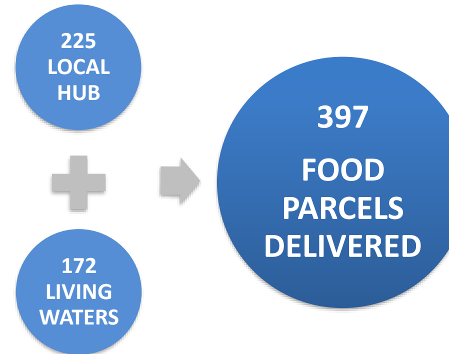
This is the community dashboard which presents cumulative metrics for the Chorley Council Community Hub which was set up to respond to the COVID-19 crisis. The community hub has been running since 23 March 2020 and has involved a total of 47 staff.

## INBOUND AND OUTBOUND CONTACT

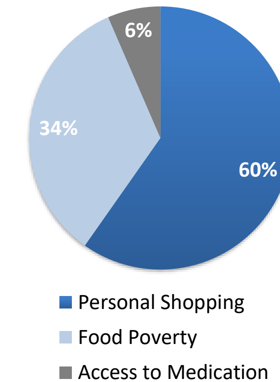



Number of calls to offer support to households in the borough who have been identified as having residents in a vulnerable category. These households were identified though council databases along with databases provided by the NHS, LCC and Lancs Fire.

## FOOD PARCELS



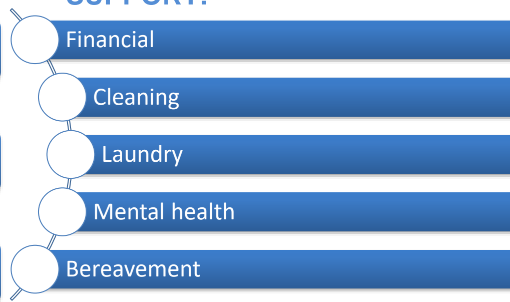

## INBOUND CALLS

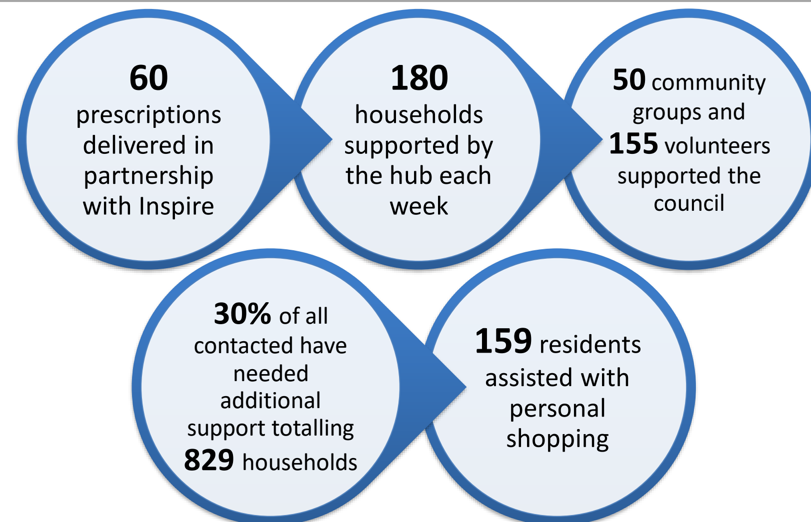



## WIDER COMMUNITY SUPPORT

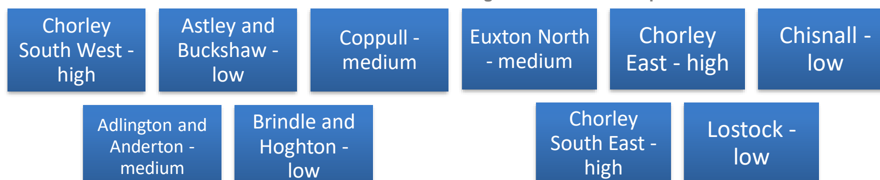
### TOP THREE AREAS OF SUPPORT:

### OTHER KEY AREAS OF SUPPORT:




### LOCATION OF SUPPORT TOP 10: high medium or low deprivation included




There has also been delivery of assistance with personal shopping and prescriptions delivery from key partners such as Chorley Buddies, Paulines Angels, and NHS responders

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