

Chorley Public Service Reform Board

2 December 2020

You are invited to attend a meeting of the Chorley Public Services Reform Executive to be held in **Teams Meeting, Chorley on Tuesday, 8th December 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
- 2 Last meeting was a task group on the Covid response and next steps picked up through individual actions (no formal minutes taken)
- 3 Future partnership development (report attached) (Pages 3 - 6)
Vicky Willett, Shared Service Lead – Transformation and Partnerships to present.
- 4 Evaluation of social prescribing (attached) (Pages 7 - 24)
Hayley Hughes, Public Services Referral Hub Co-Ordinator to present.
- 5 Suicide awareness and prevention update (attached) (Pages 25 - 30)
Hayley Hughes, Public Services Referral Hub Co-Ordinator to present.
- 6 Any other business
- 7 Date of next meeting - to be confirmed

Yours sincerely



Gary Hall
Chief Executive of Chorley Council
For Chorley Public Service Reform Board

Distribution

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

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Chorley Public Service Reform Partnership

Future partnership development: Roadmap and next steps

1. Purpose

To update the Executive on opportunities to bring South Ribble Partnership and Chorley Public Service Reform Partnership (CPSRP) together and set out a road map for alignment.

2. Recommendations

The following recommendations are made:

- 2.1. To determine the outcome of discussion at point 7
- 2.2. To note and agree the principles of alignment as detailed at section 5
- 2.3. To note and approve the next stage and approach detailed at section 6

3. Background

At the meeting of the CPSRP in May, members agreed to undertake work 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. The work highlighted how a successful response was enabled by shared intelligence, effective multi agency communication, a common goal, and the deployment of partnership resources in a coordinated way. South Ribble Partnership undertook a parallel piece of work with similar conclusions. One of the recommendations suggested that the opportunities for working at scale across Chorley and South Ribble be progressed further.

With the extension of shared services between Chorley Council and South Ribble Borough Council, there is now resource available to develop how the two partnerships can come closer together with a combined approach and single strategy.

4. Opportunities

Each partnership has strengths that will complement and enhance their existing highly regarded reputations. Each benefit from strong levels of engagement and impact across a wide range of partners.

The benefits for each partnership and the opportunities that should be explored include how to:

- share knowledge and expertise
- use pace and agility to accelerate transformation
- influence change and public service reform at scale
- reduce duplication and increase efficiency
- establish a shared vision to guide our collective use of resource

5. Principles

The following principles are proposed as a basis for developing a combined approach:

5.1. Shared Strategic Vision:

Establish a joint vision for partnership working, integration and outcomes for residents, businesses and communities that responds to our local context

5.2. Shared Structure:

Rationalise the number of meetings and agree a structure that provides effective decision making, with membership predominately made up of chief executives and senior decision makers across the two districts.

5.3. Single Voice:

A single voice through strong collaborative representation as a group of partners will position Chorley and South Ribble to have greater influence within wider systems in which partners operate. The combined footprint would level up and represent a significant area which could better engage at scale with existing groups such as the Integrated Care Partnership as well as many of the GP networks which currently cross over district boundaries.

5.4. Local Identity:

The Partnership remains agile to undertake activities in either locality as well as across the whole footprint. It is recognised through a distinct umbrella brand, that represents each area and its partners.

5.5. Sustainability and Resourcing:

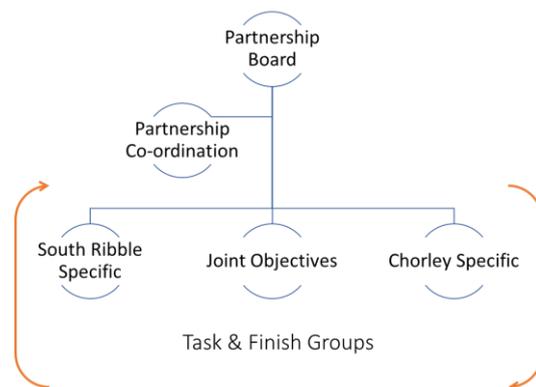
To investigate and develop proposals around a sustainable mechanism for funding partnership management and initiatives.

6. Approach

To ensure that there is a considered approach to establishing a joint area partnership, a development programme and road map is set out below.

6.1. Development Programme

Each partnership board/executive comes together meeting jointly, commencing in January 2021 to co-design a future partnership arrangement for the Chorley and South Ribble areas, including proposals for a joint strategy and terms of reference. During this time existing partnership business will continue under a split agenda.



It is proposed that joint meetings between each partnership be conducted as follows:

- Existing chairs of each partnership share the duties and rotate between meetings
- Vice Chairs: Leaders of each district Council will provide the vice chair (where they are not currently chair)

Period	Development Stage	Description	Joint Board Meeting
Feb – March 2021	Shared Partnerships Strategy	Undertake a workshop with the joint boards to outline key priorities, objectives and outcomes. The findings of this workshop be used to develop the community strategy for Chorley and South Ribble. Existing evaluation and work that has been conducted should be consolidated, avoiding the need for further wider consultation through development stage. This includes the Covid-19 evaluation and South Ribble Partnerships recent community strategy consultation.	16 th March 2021

Period	Development Stage	Description	Joint Board Meeting
April – May 2021	Shared Governance Arrangements	To develop a new constitution/TOR that sets out a simple, but clear set of governance arrangements and decision-making structure for the Partnership. This is to be achieved through taking a desktop study on the existing sets of governance and rules and best practise including membership. Providing the joint boards with a report on options for governance.	13 th July 2021
May - September 2021	Action Plan	Draft an action plan for a single partnership to set out a 12-month delivery plan together with a range of suitable indicators to measure performance. <i>Provisional Date 25th May 2021 for initial workshop on Action Plan</i>	
September 2021	Decision on Implementation	Each board to review and proceed to decision of implementation of a joint partnership between Chorley and South Ribble. <i>14th September 2021, meeting of the Partnership Board</i>	14 th September 2021

7. Discussion

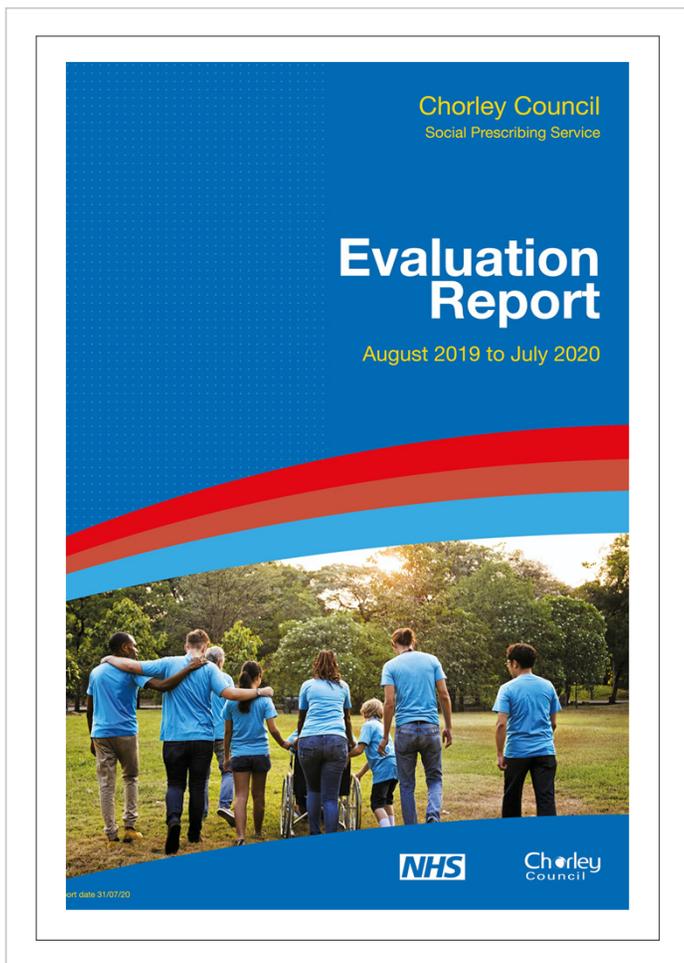
The Executive are asked to discuss the following points and identify any appropriate actions arising from those discussions:

- 7.1. Do partners support in principle the development of a joint partnership between Chorley and South Ribble? (timing and principles)
- 7.2. What opportunities are there that may further influence the alignment of the two partnerships?
- 7.3. Would a joint partnership provide opportunities for your own organisation in achieving your corporate objectives/projects?

Author: Howard Anthony

Date: October 2020

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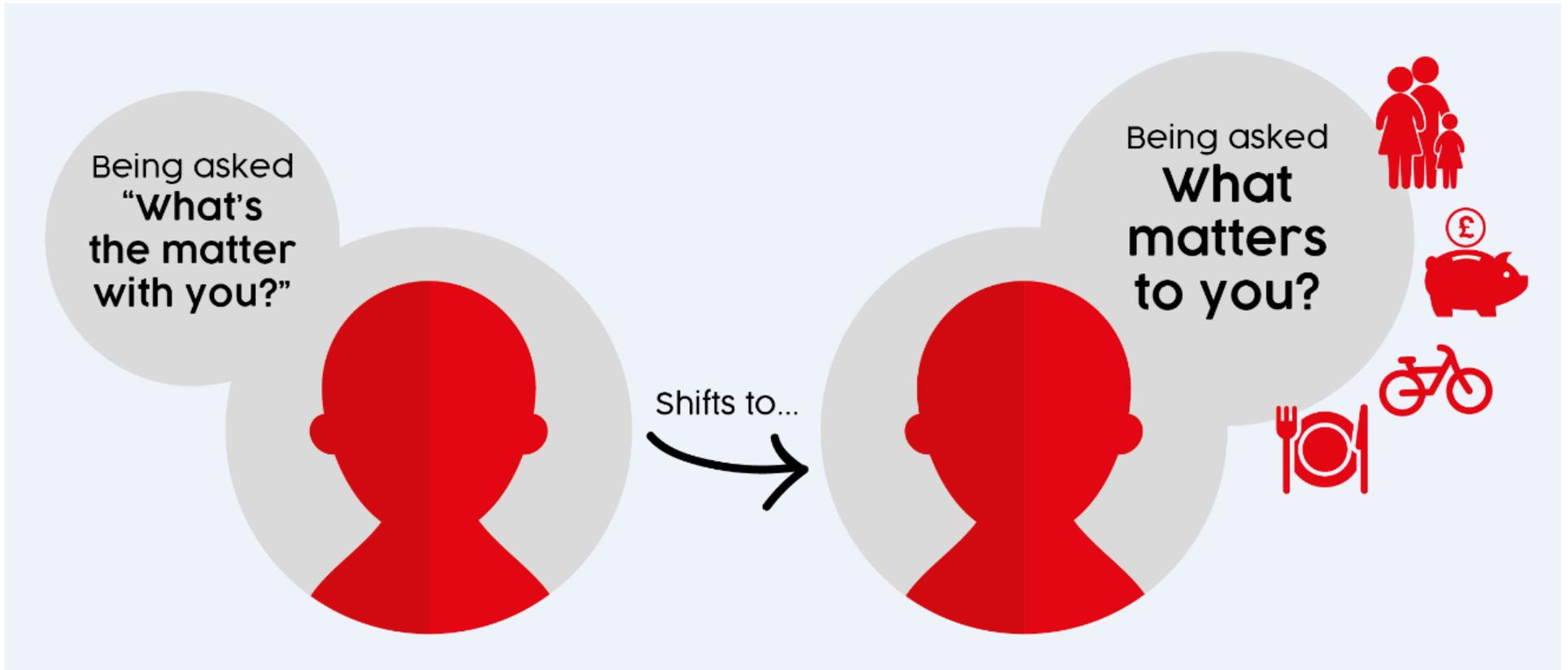


Chorley Council Social Prescribing Service Evaluation Overview

Chorley Public Service Reform Executive

Date 08.12.2020

Changing approach...



Aims & Objectives

As part of the initial proposal, the aim of the service model was to include (not exclusively) people:

- With one or more long-term condition;
- Who need support with their mental health;
- Who are lonely or isolated;
- Who have complex social needs which affect their wellbeing;
- Who are struggling with children/family life;
- Who have relatives struggling with mental health issues; and
- Who need help with diet and exercise.

Objectives included:

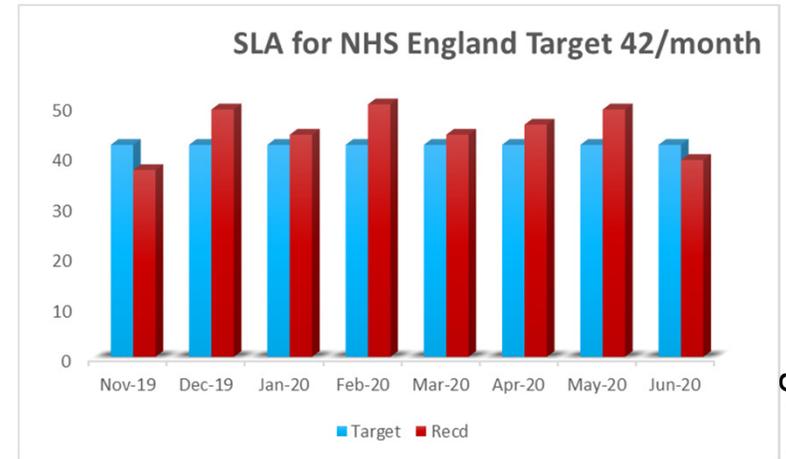
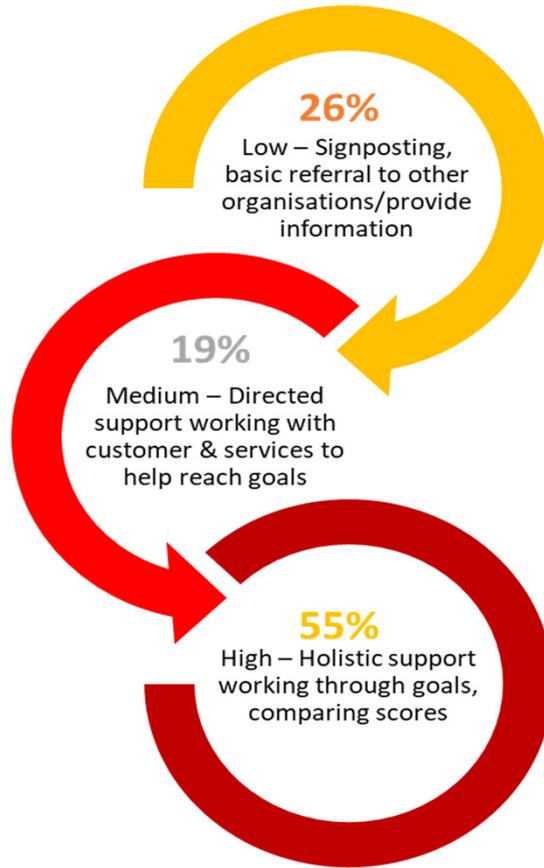
- Working with VCFS, public, health and private sectors to understand local offer;
- Work in partnership to raise awareness of social prescribing to reduce pressure on statutory services;
- Ensure that the offer meets the population need
- Identify barriers and gaps in provision;
- Provide tool for individuals to help them take control of their wellbeing;
- Recognise different needs of PCNs;
- Have robust processes in place to be able to track outcomes;
- Encourage people to recognize own strengths and assets.

Impact on Public Services

62%
of cases involved
health coaching
support



4.7% of
cases actively
managed related
purely to health
issues



Costs in System

Case Overview

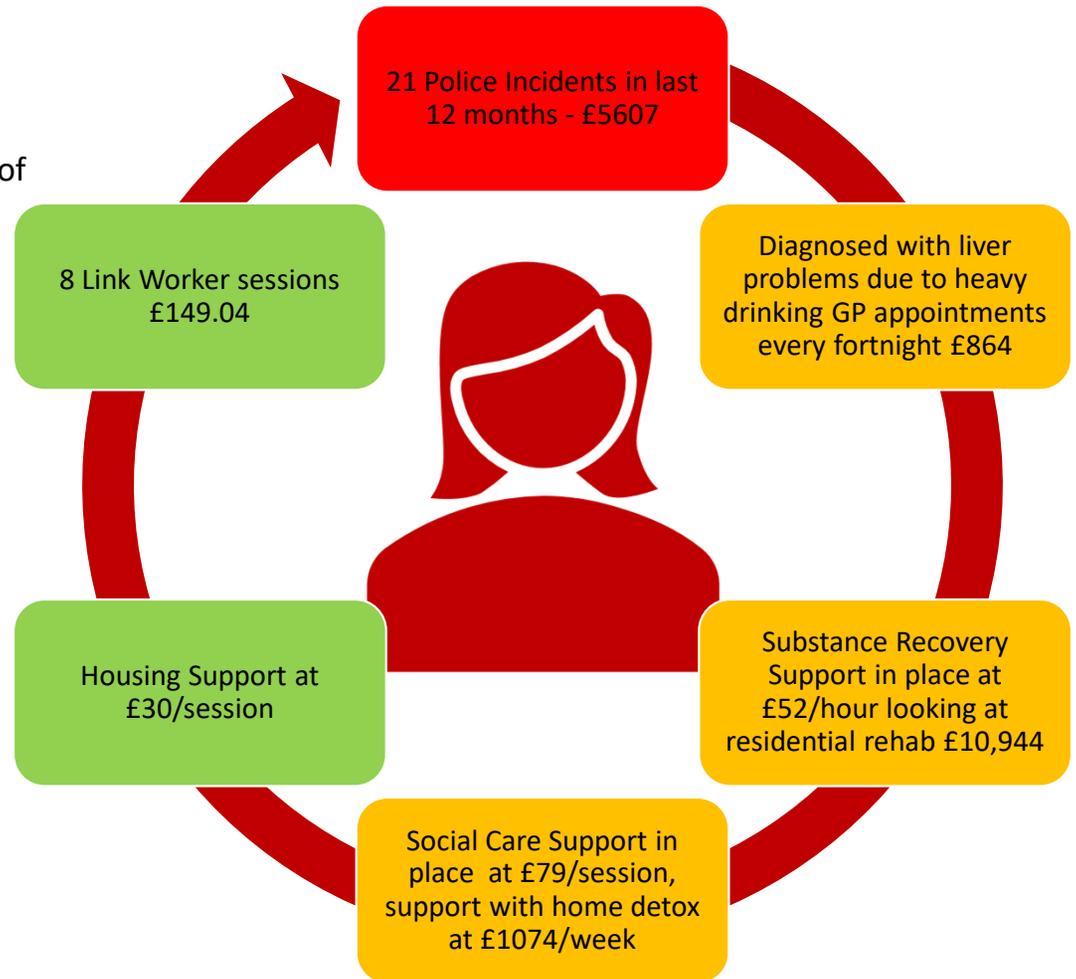
Female with low level mental health, subject to domestic violence, full time carer. Due to levels of alcohol intake numerous ASB incidents where police called, and lost custody of younger children. Rehab being considered so potential costs around £17,781

Case referred to social prescribing from Community Hub, support given:

- Health Coaching
- Looked at barriers around detox options
- Housing Support
- Encouraged to apply for a job

Outcomes

- Feels much better from having support
- Reduced levels of alcohol intake
- Reduced reliance on sleeping pills
- Lower anxiety levels re care support
- No rehab required as been able to refrain from alcohol (saving of £10,944), and savings on police call outs, saving (estimate £4065.07)

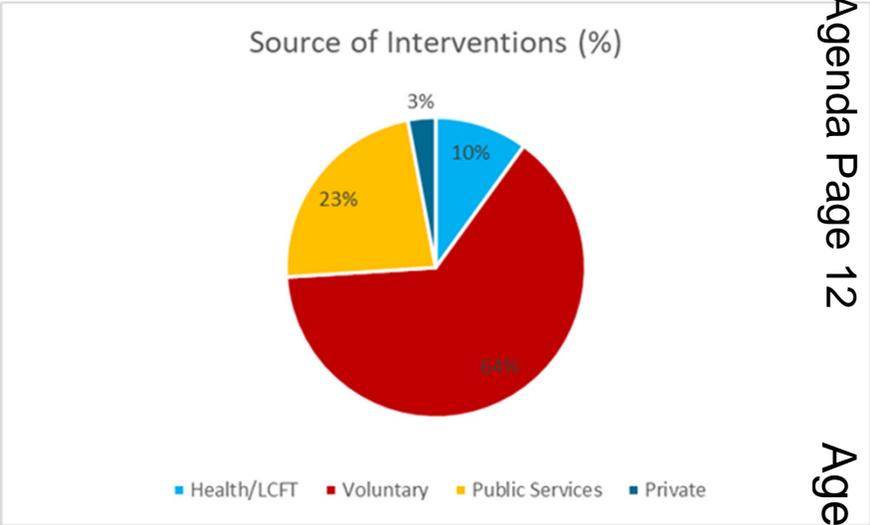


Impact on Community



34% of people feel less anxious following support

Level of Community Support on interventions **64%**



Impact on our Customers

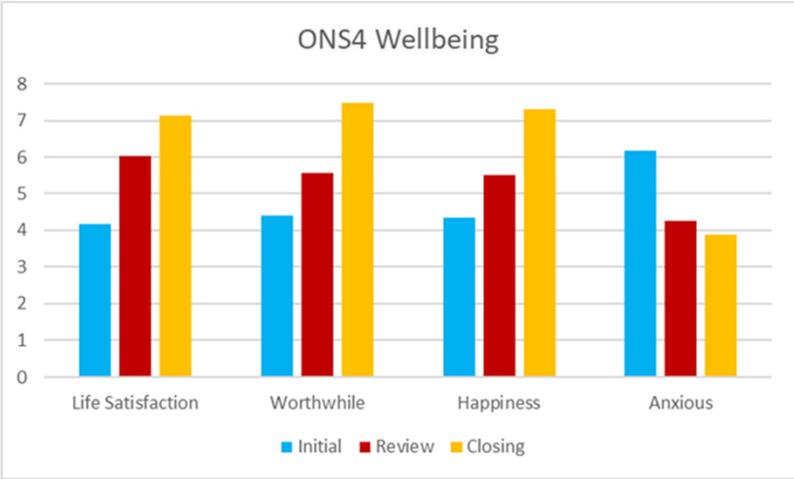
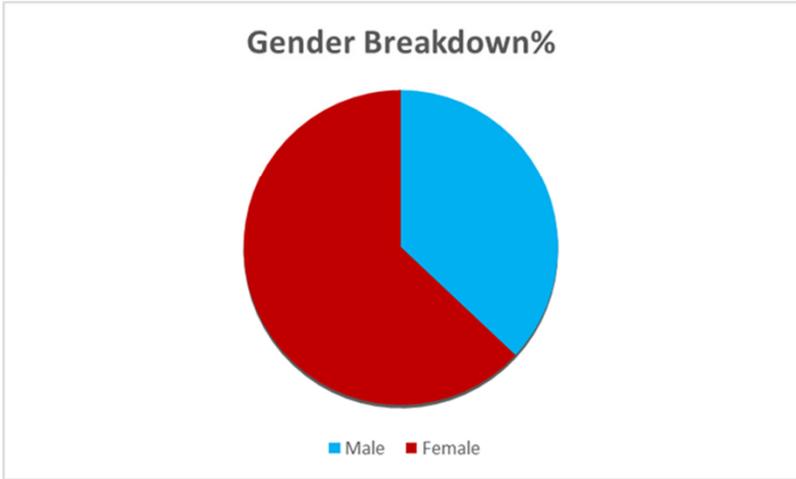
83%
advised that they are better able to manage independently

29%
advised that they are less likely to see the GP

88%
advised when they have a problem they are more able to talk about it

96%
better understood the services available to them

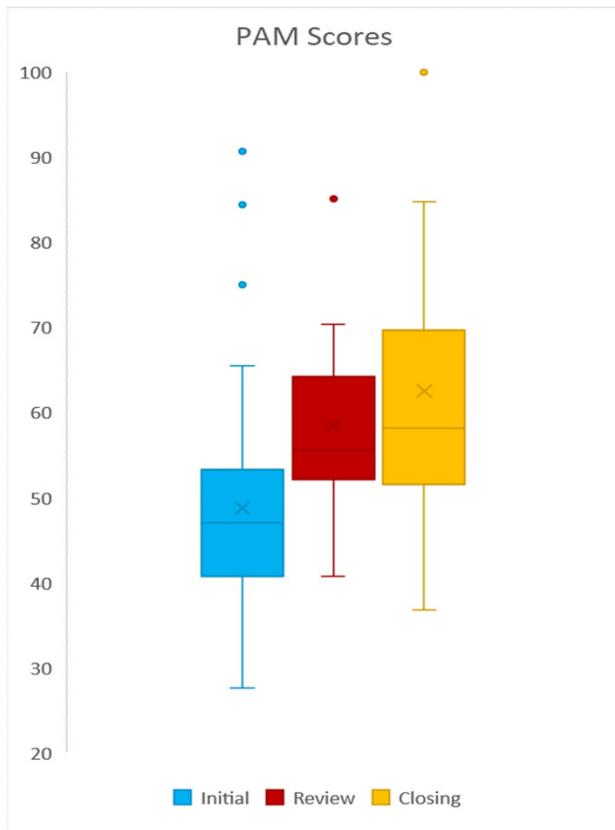
Social Prescribing Service is really helpful in many ways, helpful for advice, listening, with things I can join and services that can help me. It has stopped my loneliness as I have people to talk with now, I do not feel alone.



84%
of non-clinical cases required support linked to COVID-19

33%
of cases referred involved people feeling lonely

Impact on Health



9 Cases moved from Level 1 to Level 3



Being at Level 1 means:
62% more likely to have an avoidable hospital admission and;



151% more likely to develop a new chronic condition within 2 years

14 people moved from Level 2 to Level 3



Being at Level Two means:
44% more likely to have an avoidable hospital admission



51% more likely to develop a new chronic condition within 2 years.

88% of cases scored on PAM showed improvement

Learning

- Social Prescribing is a key part of a locality-based system
- Not all issues found in health are health related
- Health coaching skills are transferrable to non-clinical settings
- Measures help show improvements achieved
- No-one can do things alone – we all need to work across sectors to manage demand
- Creativity is key to managing shifting provisions
- Small interventions can make a big difference
- Need to raise awareness of the service
- Take opportunities to celebrate customer Journeys

Next Steps

- The NHS Funding is in place for 5 years to support social prescribing.
- Chorley Council Social Prescribing service has been extended up to March 2022, subject to review and match funding from Chorley Council
- Recruitment of additional SP roles with both PCNs
- Support taking forward Community Resilience Recovery Plan
- Develop Shared Local Plan for Social Prescribing – focus on co-horts
- Represent at ICS Lancs & SC Social Prescribing Collaborative

Evaluation Report

August 2019 to July 2020

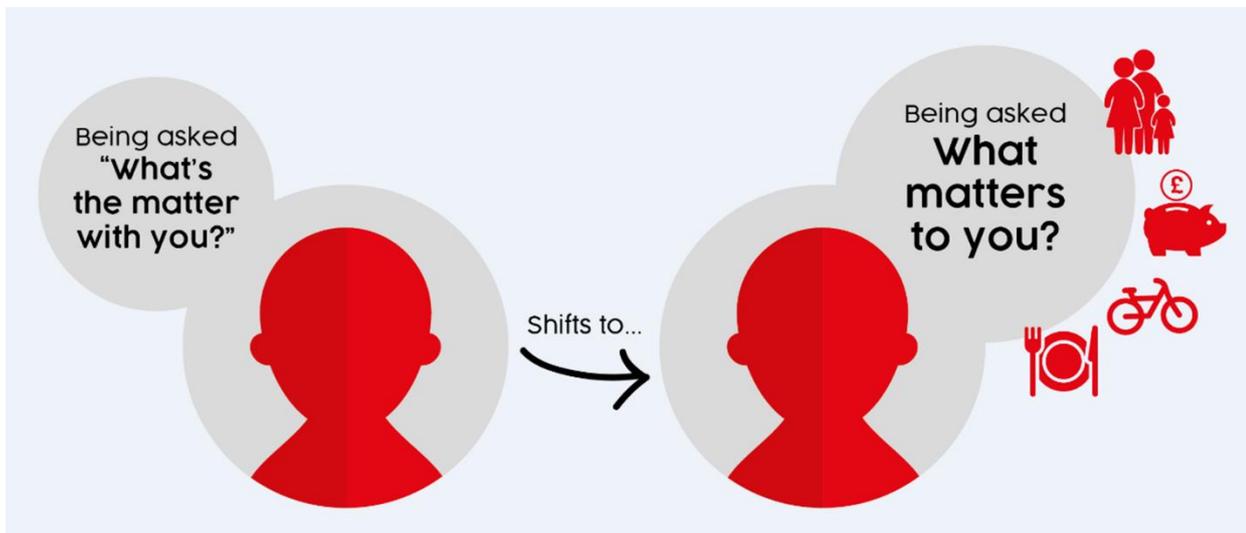


Purpose of Evaluation

- Show the value of the model from Chorley Council
- Capture the impact as being part of an overall system
- How it’s adapted to changes (pandemic)
- Consider future delivery

Shift in Approach

- Premise of the personalised care model was the foundation to the service created
- Shift of focusing in on what the matter was, to what matters to the person
- Many issues in health settings are not clinically related but cover a wide range of determinants
- Manage support in a locality based provision
- Reduce the need for people to access NHS/higher cost public services



Mobilisation of the Service

- Moved at a pace to recruit, develop and start to deliver the service within a short period of time
- Structured as part of the council’s Early Intervention Directorate
- Well placed to develop a strong network of different organisations to support peoples needs



Impact on Public Services

- Service is a key part of the public service offer, linking health and communities
- Joint working alongside key community providers e.g. LCFT, Citizens Advice
- Health Coaching skills are transferrable into non-clinical settings
- Manager responsible for service and multi agency working in locality
- Service is part of communities team to help develop third sector offer

4.7% of cases actively managed related purely to health issues

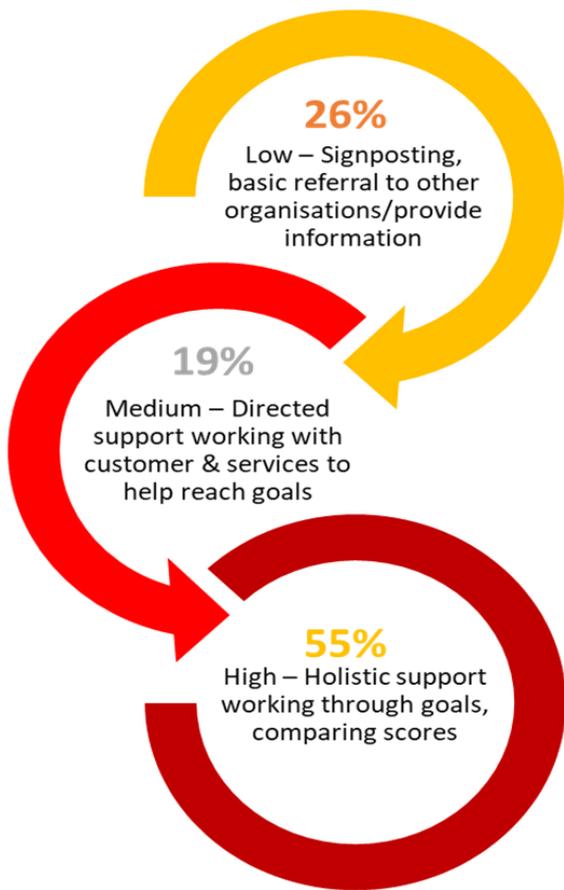
Performance Results

- Referrals received above target
- Contacts within 5 working days met
- Improved level of wellbeing benchmarked at 20% improvement

62% of cases involved health coaching support

Reasons for Referrals

- Needs established for a range of support from signposting to holistic support



- Highest areas of focus are emotional wellbeing and social activities



Customer Feedback: This is a note to say thank you to your team. I have received a lot of support from one of your link workers, who has taken time out to sort out packages from the government as I was not receiving any support from anywhere. She sorted things out immediately for me and my son. I do appreciate all the hard work you and your team have done and thank you from the bottom of my heart.

Impact on Community

- Largest support in provision has come from the community
- Regularly referring to 85+ third sector/voluntary organisations
- Top 20 groups all have a universal offer to all residents across the community
- Location of referrals within the PCN boundaries for clinical, and district wide for non-clinical
- Interventions and support is feasible outside of set boundaries

Level of
Community
Support on
interventions

64%

Scope of Community Provision



Chorley Council

Customer Feedback: Mental health has drastically improved, this has enabled me to go out. I think this is because I now vocalise more, you have made me realise that I do have a voice. I will challenge opinions now if I disagree to help people to see the other side.

All the things you have referred me to have been brilliant. I cannot pick the best one. It has given me positive things to do. My place and CAB. If it wasn't for my place, I would not have helped my friend with her garden. It has got me back to how I used to be and I am more enthused at the moment.

I feel the support I have received has been very positive as it has been brilliant to have someone to talk to and I can say what I think. I look at my achievements, rather than beating myself up about what I have not done.

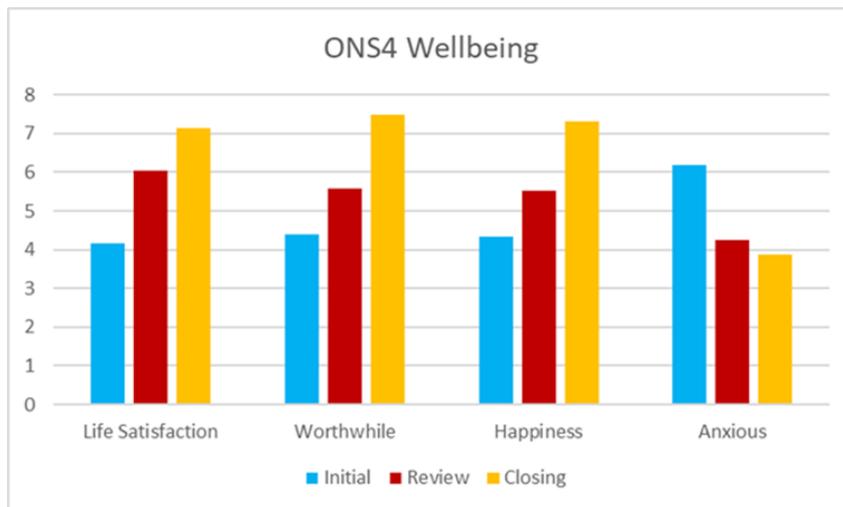
Impact on the person

- Levels of wellbeing captured through ONS have shown improvements in all areas
- Reduced anxiety levels which is great news.
- Great customer feedback received
- Support during COVID was mainly around emotional support, bereavement, and anxiety
- Welfare Checks in place to support customers during COVID
- Reduced levels of loneliness from 49% to 30%

33% of cases referred involved people feeling lonely

84% of non-clinical cases required support linked to COVID-19

Wellbeing Findings



Jess at Genesis Care, supporting a lady to connect with her local community and make some new friends.

Social Prescribing Service is really helpful in many ways, helpful for advice, listening, with things I can join and services that can help me. It has stopped my loneliness as I have people to talk with now, I do not feel alone.

83% advised that they are better able to manage independently

29% advised that they are less likely to see the GP

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96% better understood the services available to them

Impact on Health Services

- Patient Activation Measure (PAM) captured on clinical cases
- Most cases showed an improved level of score
- Potential savings on differences in points moving between levels on future hospital costs

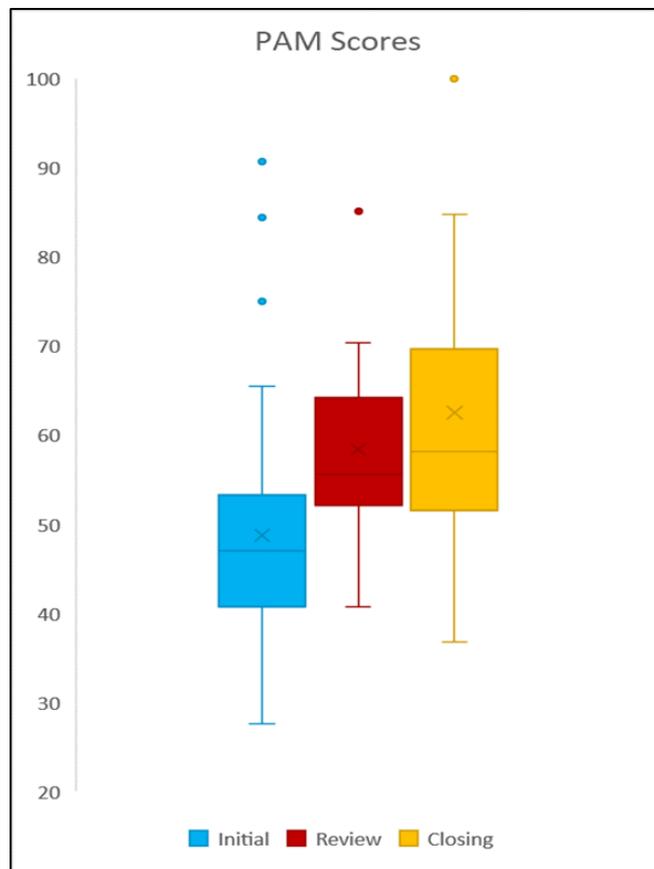
88% of cases scored on PAM showed improvement

Overall PAM Findings

Out of the PAM scores captured on the evaluation, an average increased score of 12 points on cases initially scored at Level 1 could save around **£202,044** in future hospital costs.

On an increased score of 10 points on cases initially scored at Level 2, could save an additional **£96,895** in future hospital costs.

Overall improvements to scores can be significant in terms of costs to health services. Compared to PAM Level 4 anyone with Level 1 or Level 2 scores moving up to higher levels can achieve much better health outcomes.



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- Need to raise awareness of the service
- Take opportunities to celebrate customer journeys

Summary

From the evaluation Chorley Council has set out a proven model to support social prescribing in the locality, playing a key role in bringing services together, and being able to react quickly to changing needs of residents in terms of being able to support service capacity and reduce people needing higher cost services.

The council has developed a community response plan to support the needs of the community going forward, including activity around employability, volunteering, food poverty, digital inclusion, financial hardship, diet and physical activity. The social prescribing service is a key part of this in terms of identifying gaps in provision and customer need we are looking to extend the model further.

Next Steps

A presentation has been given to the two Primary Care Networks, and a plan in relation to future resources and communications about the service will be develop, taking into account the primary care contract and specifications for social prescribing from NHS England.

Thank you to the everyone involved in the delivery of the service over the last 12 months, for the support given to help customers across Chorley, and in the development of this evaluation.

From the Chorley Social Prescribing Service





By virtue of paragraph(s) 1, 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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