

**Partnership Summary on Review and Proposals for the future**

Further to the report discussed at the Board meeting on 21<sup>st</sup> April 2015 relating to the Review and Proposals for the future of Chorley Public Service Reform Board, this paper summarises the discussions that have taken place with partner organisations.

Face to face meetings have taken place with:

- Lancashire Fire and Rescue
- Chorley and South Ribble Clinical Commissioning Group
- Chorley Council
- Lancashire Care NHS Foundation Trust
- Chorley Voluntary Community and Faith Sector Network
- Lancashire Teaching Hospitals NHS Foundation Trust
- Lancashire Constabulary

Although arranged, a meeting with Lancashire County Council has unfortunately not been able to take place.

Meetings with the Department of Work and Pensions and Runshaw College have also been planned.

In summary all partners have recognised that change in public services is necessary, and in order to move from the incremental change we've made so far to a step change, agree that it requires some radical commitments to partnership working.

Three key areas have been discussed with partners:

1. Function - Clarity and shared understanding of what we are trying to change – what do we want to achieve? This has included the vision of the Board and work priorities.
2. Form - Structures to enable change – how do we need to be organised to achieve that change? This has included the governance of the board.
3. Commitment – what do we all need to commit to in order to make that change. This has included an understanding of the resources available in terms of staff and budgets.

A summary of the discussion from each meeting is attached at Appendix 1. Follow up discussions have also taken place following the development of the proposals to be presented at the Board meeting in June.

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**Lancashire Fire and Rescue**

**Meeting with John Buck on 14.05.2015**

**Board Vision** - Agreed with the refreshed purpose of the Board. Sense that there needs to be upmost clarity in what we are setting out to do. Concern with how we gauge and deal with different levels of commitment.

**Work Priorities for 2015/16** - Agreed with outline work programme.

- Integrated Locality Working- Integrated working provides many opportunities across the patch. Timescales are important; there is a clear window of opportunity that needs to be grasped now. From agreement to the new processes on the 16<sup>th</sup> June, there then needs to be a clear action plan with quick implementation. Needs to look more mid-long term than previously, looking at 1 to 3 years.
- Managing Mental Health - In terms of 'test bed' – mental health or reducing seasonal excess deaths would fit well with the LFRS ways of working
- Living Well, Living Better- Understand update on programme

**Governance**

- Strategic Oversight/Exec Group/Operational Group - Agreed – decision making, right representation, implementation. Unsure of the added value of the 'PSR Board' in terms of accountability, that the Executive plus scrutiny arrangements should be able to drive this

**Resources** - unable to make financial commitments to a programme office at this time

Partners should be asked to sign up to a list of commitments and sanctions for not delivering – be clear on what partners are to deliver and when

**Other** - Suggestion that the dashboard should be about how we monitor our performance as a Board against the work programme

**Chorley and South Ribble Clinical Commissioning Group**

**Meeting with Louise Giles on 18.05.2015**

**Board Vision** - Agreed with refreshed purpose of the Board. Fits with the CCG organisational plans

**Work Priorities for 2015/16**

- Integrated Locality Working- Agreed with the outline work programme – working in localities and integrating services should be the main focus of what we set out to do. Offer of support from public health analysts to help define a locality – work to be commissioned to undertake needs assessment of each area. Project should include customer journey mapping, looking at the numbers of touch points in services for people and how we can reduce those.
- Managing Mental Health - Any recommended changes can be made to CCG commissioned services via changes to specifications. In terms of the 'test bed' - mental health but reduce this down to make it more specific i.e. 'frequent flyers'.
- Living Well, Living Better- Understand update on programme

**Governance** - Agreed – decision making, right representation, implementation

Strategic Oversight- Unsure of the added value of the 'PSR Board' in terms of accountability, would prefer some form of regular update sessions

Operational Group- Implementation Group rep will be Dave Mc Bride.

**Resources**- non at this time, but suggestion that we look at a joint partnership bid for transformation monies

**Chorley Borough Council****Meeting with Cllr Bradley and Gary Hall 19.05.2015**

**Board Vision** – Agree that this is right to be a vision to cover a longer term period, five years, with a work programme for three years, and a clear purpose for the Public Service Reform Board

**Work Priorities for 2015/16** – Agree the content of the three year work plan, and need to make a step change, picking up pace with partners who are able to fully engage and see a difference to the way public services are delivered.

**Governance** – Agreed the principles of the Executive meeting on a more regular basis to support momentum of the work, together with a committed implementation group to give a consistent level of engagement and commitment.

**Resources** – Can commit to resource, and happy to support funding of the programme jointly with partners.

**Lancashire Care NHS Foundation Trust****Meeting with Steve Winterson on 19.05.2015**

**Board Vision** - Happy that this was moved to be the purpose of the board, integrated element being the key as this is something that organisations cannot do on their own

**Work Priorities for 2015/16**

- Integrated Locality Working - Supportive of integrated teams, and how the current footprints could align across partners to work together on key priorities, looking at services/assets in areas with objective to recommend how these can work together with efficiencies, including transition costs. Can support on Public Health data, as PH Doctors in LCFT as well as LCC. Action taken for Steve to speak to West Lancs Consultant to see what support could be available. [Integrated-Diabetes](#) service mentioned at Barbara Castle way, Blackburn as example of focusing on person and linking up services.
- Managing Mental Health - Steve mentioned integrated A&E working with Police/LCFT. Wherever there is an opportunity to connect mental health services with physical health and community services this will be fully supported by LCFT.
- Living Well, Living Better - Understand update on programme

**Governance**

- Strategic Oversight - not sure if this required, if this would be subject to scrutiny under normal governance. Organisations are accountable to relevant senior posts i.e. Chairs/non-execs separately. Liked possible update to make them aware of programme in Chorley as seen as ahead of the game.
- Exec Group - Supportive of this being more frequent and focused on activity
- Operational Group - Supportive of consistent member being involved giving resources as part of the day job i.e. if responsibilities is to deliver services in Chorley, this would be the person at the table

**Resources** - As long as the return on investment is there, and the objective is of benefit to all partners, would think this would continue. Agree that Public Health Research/Analysis support would be beneficial

**VCFS****Meeting with Diane Gradwell and Reverend Martin Cox 02.06.2015**

View to cover on behalf of VCFS sector. Discussed role of VCFS as part of board and programme, which gives a view of the needs of Chorley due to the areas and work/activities carried out.

**Board Vision** – Went through some new areas including setting the vision and purpose which was agreed, but this needs to include aims and key steps to achieve.

**Work Priorities for 2015/16** Looking at having integrated services by 2020, and what needs to happen to achieve this, moving towards a three year plan. Yr 1 – One Public Service (sharing intelligence, how people referred into services) and Piloting Neighbourhood Service. Yr 2 – Providers working better together, with view to merge back office functions. Yr 3 – Commissioning on Chorley basis, with budget for borough, removing duplication. VCFS supported the idea, but need to have tangible objectives and see work happening, having incremental changes to support a Step change approach. Need to understand how evaluated and what outcomes would be expected in each piece of work.

**Governance** Discussed Exec and Operational Group, and full membership/affiliated member, which is difficult to define for VCFS as an umbrella organisation. There could be a full commitment to the principles of the board, and to the work programme, but resources and funding could not necessarily be committed to a “full membership” criteria. Discussed around VCFS having a specific role in the board, acting as a critical friend, voice of community, highlighting needs. Diane and Martin to consider this further. Also suggested about possibility of independent chair on the boards, which may help give better accountability. Discussed model of

hierarchy of objectives model having Aim/Service Aims/Objectives which need to overlap between Exec Group and Operational group making sure activity on track to support the aim.

**Resources-** Support the need to have dedicated resource to deliver a step change, with clear objectives reporting back and ensuring the aims of the programme continue to be met, although could not supply the resource as proposed. Noted potential conflicts of interests with current commissions and how work is carried out.

**08.06.2015 Update regarding roles** - There is an opportunity for the VCFS to contribute to the strategic direction being advocated. We are though conscious that, unlike most other colleagues around the table, we represent a sector rather than organisations when we meet in this context. It seems to us that there are two possible ways forward. The first is for the sector to have associate membership status. This option to us still brings with it potential difficulties within the wider VCFS sector as other organisations other than those we represent may feel that we our respective organisations are at a strategic advantage. The second option, namely a specific role(s) for the two VCFS representatives who could then be co-opted/given ex-officio status within the new group. This protects the wider sector. Whilst we are mindful that what we do is within the context of finite resources, we both see the value of our work for the sector and the people of the borough and are very open to further conversations going forward to work out in detail what this could mean in practice. The model that we are developing whereby the network administers the Equalities Forum on behalf of the Borough Council would suggest that there is a role for the sector along these lines.

#### **Lancashire Teaching Hospitals Trust**

##### **Meeting with Carole Spencer on 11.06.2015**

**Board Vision** – Supports the vision of the board, and discussed alignment of strategies in organisations with the strategy of the PSRB. LTHTR would be a full partner in the proposed structure. Discussed elements of providers and commissioners in the reform work programme. Consideration to have Primary Care representation in the Board structure, covering GP services and Community care in the locality. Also linking to Health and Wellbeing Board (LCC)

**Work Programme** – Discussed proposed workplans, and LTHTR supportive of longer term plans being in place. Mentioned exemplars of other areas across the country we could look at. System service structure would be a key part of integrated working across public services providing single leadership. Opportunity to pull in services to individuals in communities, rather than refer out via GPs to services, linking in with locality based teams.

**Governance** – Terms of Reference to show process of each board, reflecting inclusion of public engagement/political view, including values and behaviours.

- Strategic Oversight- For LTHTR this would likely be one of the Governors covering Chorley, who is publicly appointed
- Exec Group- LTHTR supports this group being in place
- Operational Group- LTHTR support this group being in place, need to articulate the programme

**Resources-** PMO to have reporting framework to enable strategy/decisions agreed to be articulated back to relevant boards in organisations to ensure reporting mechanism in place to show progress of activity and links with strategies/operational priorities. Resource could be committed in terms of staff time and funds, but would need to see return on investment. Look at annual report being developed.

#### **Lancashire Constabulary**

##### **Meeting with Chief Inspector Tracie O’Gara on 11.06.2015**

**Board Vision** – Support the vision and ambition of the Public Service Reform Board

**Work Programme** – Police are subject to review of structure and funding, and are willing to be fully engaged in supporting activity that is beneficial to the partnership and to the Lancashire Constabulary. Police priorities will be focused on threat and risk, as well as vulnerability, and integrated working will link with this work.

**Governance** – Lancashire Constabulary are keen to be involved in partnership working, but have limited resources and any commitment given would need to be agreed in connection with police priorities. Support the Executive and Implementation Group, and consistency of members and attendance will be key to the success of this. On the Board proposal there is a potential risk this may overlap with remit of the Executive.

**Resources-** Some concern on the regularity of the meeting and the resource this will take on a monthly basis, considering other partnership support in other areas. Cannot commit to a regular resource, or funding to the programme, but keen to be fully engaged on initiatives which are linked with police strategy and objectives.