

# **Chorley Public Service Reform Partnership**

One Public Service for Chorley

**Year 1 Outline Business Case and Action Plan 2015/16**



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## Introduction and Background

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The Chorley Public Service Reform Strategy was formally approved in June 2015 following a review of partnership working and resulting recommendations.

The Strategy established that the purpose of the Chorley Public Service Reform Partnership is to work together to integrate and reconfigure public services in Chorley to provide the best outcomes for residents. It sets out a five year vision which is, “by 2020, we will have high quality integrated public services which provide value for money and the best outcomes for the residents of Chorley”.

Overall the three year programme covers:

- Year One - One public service for Chorley
- Year Two - Integrated provider partnerships
- Year Three - Integrated commissioning

In addition overarching projects on System Leadership; Culture and Workforce; and Data Intelligence and sharing, will span the full three year programme.

**This document describes in more detail how year 1 of the Strategy will be achieved, setting out a challenging and ambitious programme based on the objectives outlined in the strategy and consolidating the commitment from partners as defined through the relevant agreements to full or affiliated levels.**

## Strategic Focus and Priority

Year 1 of the Chorley Public Service Reform Strategy looks to integrate public services, where possible, so that residents are supported holistically at the first possible opportunity by whichever organisation they come into contact with. The focus of activity in the first year will be on the redesign of processes and behaviours in teams in ‘perfect localities’ making every contact count.

To support this and fully engage with activity supporting delivery and reforms of public services, within year 1 of the programme, five portfolios will be managed through the Chorley Public Service Reform Partnership as follows:

Portfolio		Objective	Lead	Timescale
<b>1</b>	<b>Integrated Locality Working</b>	To have Public services delivered by a joint workforce, improving processes and behaviours based on a consistent understanding of locality, so that services are delivered in an integrated and coordinated system.	Implementation Group	Year 1
<b>2</b>	<b>Data and Intelligence</b>	To understand multi-agency activity to extend and enhance intelligence towards developing a shared data system to support an integrated service model.	Implementation Group	Year 1
<b>3</b>	<b>Partnership Oversight</b>	To have oversight, influence and co-ordination of the other reform programmes at a locality level.	Executive	Year 1
<b>4</b>	<b>Leadership</b>	To develop partners as leaders of public services for Chorley, working and thinking differently to translate the vision into action.	Executive	Overarching 3 year priority
<b>5</b>	<b>Culture and Workforce</b>	Development of shared values and behaviours that will form a basis for a single public service culture and integrated workforce.	Executive	Overarching 3 year priority

Each partner has already committed to upholding the following principles:

- **Strong and dedicated leaders who are able to commit their organisations to exploring and where agreed, delivering the new ways of working**
- **Allocation of staff resource to workstreams to deliver workstreams on their behalf**
- **Removal of organisational barriers to data sharing where possible**
- **Collective honesty up front about what is and isn't deliverable in partnership.**

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## The Case for Change

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The challenges facing public services over the coming years are widely recognised and acknowledged; reducing budgets and increasing demand for services mean that it will no longer be sufficient for individual organisations to manage their budget cuts within their own organisations.

Reductions in service levels and ceasing service provision in one part of the public sector impacts other elements of the system, and public service reform needs to recognise that if we are to continue to meet the needs of Chorley residents, a fundamental shift in thinking about how services are delivered is required.

The Chorley Public Service Reform Programme presents the opportunity to capitalise on the enthusiasm and commitment of partners to do things in a radically different way. Working in partnership, the ambition for Chorley is to make a step change in the way we work together for the people of Chorley and add real value to the approach and delivery of services.

### Chorley Context

The population in Chorley is changing :

- Chorley is predicted to have the fastest rate of population growth of any of the Lancashire districts between 2012 and 2037, as set out in the table below<sup>i</sup>:

District	2012	2025	2037	% change 2012-2037
Burnley	87,100	87,100	86,900	-0.2%
<b>Chorley</b>	<b>109,100</b>	<b>119,700</b>	<b>125,400</b>	<b>14.9%</b>
Fylde	76,000	80,000	82,700	8.8%
Hyndburn	80,200	79,900	79,500	-0.9%
Lancaster	139,700	144,000	148,000	5.9%
Pendle	89,600	92,900	94,200	5.1%
Preston	140,500	142,600	145,500	3.6%
Ribble Valley	57,600	59,700	61,000	5.9%
Rosendale	68,400	73,100	75,500	10.4%
South Ribble	109,000	114,600	117,400	7.7%
West Lancashire	110,900	111,800	112,500	1.4%
Wyre	107,900	112,300	115,200	6.8%
Blackburn with Darwen	147,700	150,600	152,000	2.9%
Blackpool	142,000	141,900	143,500	1.1%

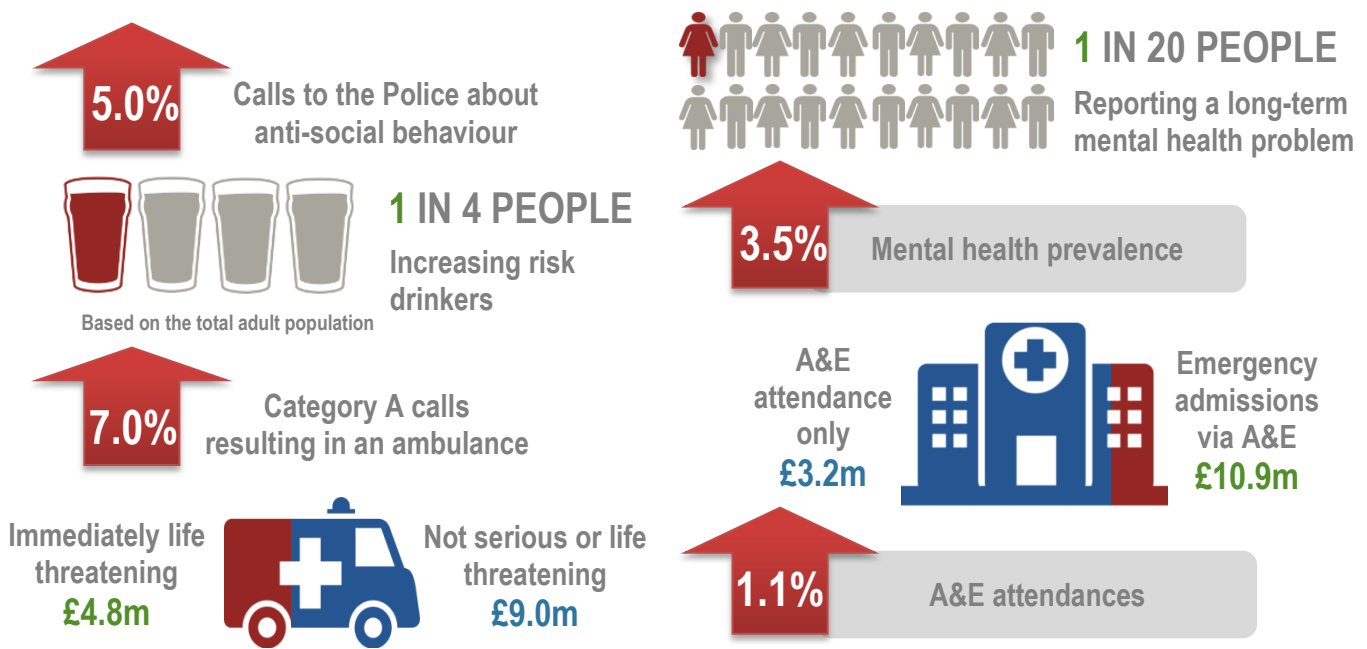
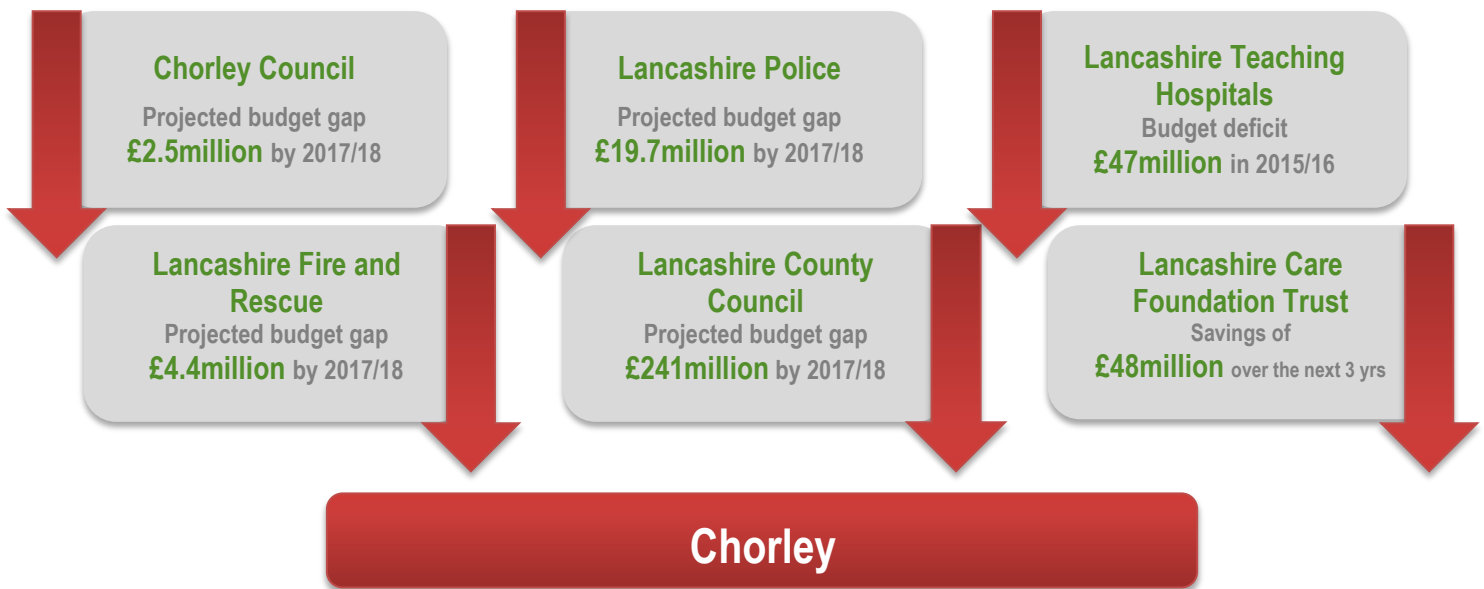
- In addition to a growing population, Chorley's population is likely to age over the coming years, with the percentage of the population aged 75 years and older increasing from 7.2% in 2012 to 14.4% in 2037<sup>ii</sup>.

Age Group	2012	2012 %	2025	2025 %	2037	2037 %
0-4	6,400	5.9%	6,400	5.3%	6,200	4.9%
5-9	6,200	5.7%	6,800	5.7%	6,500	5.2%
10-14	6,000	5.5%	7,000	5.8%	6,800	5.4%
15-19	6,200	5.7%	6,400	5.3%	6,500	5.2%
20-24	6,000	5.5%	5,000	4.2%	5,800	4.6%
25-29	6,500	6.0%	6,400	5.3%	6,900	5.5%
30-34	6,500	6.0%	7,500	6.3%	6,900	5.5%
35-39	7,200	6.6%	8,000	6.7%	7,200	5.7%
40-44	8,600	7.9%	7,600	6.3%	8,000	6.4%
45-49	8,600	7.9%	7,100	5.9%	8,500	6.8%
50-54	7,700	7.1%	8,100	6.8%	7,800	6.2%
55-59	6,800	6.2%	8,500	7.1%	7,300	5.8%
60-64	7,100	6.5%	8,200	6.9%	7,200	5.7%
65-69	6,700	6.1%	6,800	5.7%	8,100	6.5%
70-74	4,600	4.2%	5,900	4.9%	7,600	6.1%
75-79	3,300	3.0%	6,100	5.1%	6,200	4.9%
80-84	2,300	2.1%	4,000	3.3%	4,700	3.7%
85-89	1,500	1.4%	2,400	2.0%	3,800	3.0%
90+	800	0.7%	1,500	1.3%	3,300	2.6%
<b>All ages</b>	<b>109,100</b>	<b>100%</b>	<b>119,700</b>	<b>100%</b>	<b>125,400</b>	<b>100%</b>

- In 2025, 22.3% of the population will be 65 years or older<sup>iii</sup>, with a smaller proportion of the population aged between 20 and 64 years.
- The number of households in the borough will also increase in the coming years at a faster rate than other Lancashire districts. Between 2012 and 2021, there is a projected increase in household number of 8.07% in Chorley<sup>iv</sup>. This is higher than any other district in Lancashire.
- Chorley is diverse in its demographic composition with a number of distinct sub-localities. Within these localities there are a number of cases where adjacent streets can vary vastly in their demand for public services.
- There are approximately 1700 people in Chorley living in areas that fall within the bottom 20% nationally for multiple deprivation factors with clear links to the social determinants of health including debt and financial problems, housing, employment and education. Life expectancy is 9.6 years lower for men and 6.7 years lower for women in the most deprived areas of Chorley than in the least deprived areas.
- Chorley borders a number of other authority areas including West Lancashire, Great Manchester and most notably South Ribble with public service provision taking place across a number of different geographical footprints. In addition, each public service divides up the geography differently, whether it be ward level, network level, neighbourhood or district.
- Identified health risks for Chorley include: Cancer; Chronic obstructive pulmonary disease (COPD); Musculoskeletal (MSK); Obesity; Alcohol Abuse; Dementia; Frail Elderly; Malignant Melanoma; Breast Feeding; Smoking in Pregnancy; Alcohol Under 18s and Malnutrition.
- Wider determinants of health for Chorley include, causes of poverty (e.g. welfare changes, fuel poverty, debt); how to create prosperity; how to encourage work, and make work pay; having a

strong, local economy; social isolation; safety in the home and for businesses; environmental issues; impact of the City Deal; housing; family support (e.g. domestic violence, Child Sexual Exploitation (CSE), vulnerable families); education; transport; road safety (e.g. traffic accidents, killed and injured); crime and anti-social behaviour.

### Impact on services



- The increasing population, in particular ageing population, is a real challenge to all public services. Demand at high costs services including Emergency Departments, Fire, Ambulance, and Police is a clear area of focus. Health targets, including Better Care Fund, Public Health concerns on life expectancy, integrated health and social care to balance acute provision against primary care, vulnerability of residents, and root causes to ill health are all factors considered in development of the work programmes, delivering new workstreams and supporting wider work programmes with partner organisations.

- Public Service Reform cuts across a whole range of issues, from major health risks, public health concerns and social and economic factors. The work programme will set out to understand the key issues for Chorley residents, and work in partnership to turn the delivery of services around from acting at a high level, high cost basis reacting to chaotic and urgent demands, to reduce this level and provide better self-care, earlier intervention, and prevention of key factors.

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## Scope and remit

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The Chorley Public Service Reform work programme will cover a wide range of issues which will impact on multiple organisations. The Partnership is mindful of a number of transformation work programmes in development that may impact on the delivery of activities. The footprint covered by many of these programmes is much wider than Chorley, and the work programme will be active in connecting with these programmes, and also activity across partnerships, to reduce any risk of duplication, and to complement the wider work being developed.

The geographical scope of the work programme has yet to be defined and whilst Chorley will form the epicentre for delivery, the programme itself isn't restricted to the Borough boundary; this aspect will be discussed further by partners in order to arrive at a consensus for the most appropriate locality.

A number of current initiatives will feed into initial delivery activity and are worth noting specifically:

- **'The Big Chorley Conversation'** - will be the mass engagement of the Chorley population to form a vision for the future of life in Chorley and building an understanding of how public services and communities can work together to fulfill that vision. Engagement will take a number of forms including a large scale household survey, outreach activity and in-depth interview to develop journey maps and corresponding service user 'persona's' which will help to understand customer pathways and service touch points.
- **The Integrated Action Team (IAT)** - is an operational multi-disciplinary team, bringing together partners from a range of organisations to share information and identify interventions around high risk frequent flyers, often with a range of complex issues. To date the IAT has achieved successful outcomes through working together to share data effectively for the benefit of the individual and the organisations involved by reducing overlap and duplication. An evaluation exercise will provide valuable learning and intelligence along with recommendations as to how this work can be progressed through the Implementation Group.
- **The Lancashire Wellbeing Service** – replacing Help Direct/Connect 4 Life, will be delivered from 1 September and will help people to stay well and maintain their independence. It will particularly support people to have improved mental wellbeing and be better able to look after their health and the things that might affect it. People will be referred by their doctor, health worker or professionals from other agencies that might come into contact with those who would benefit from the service.



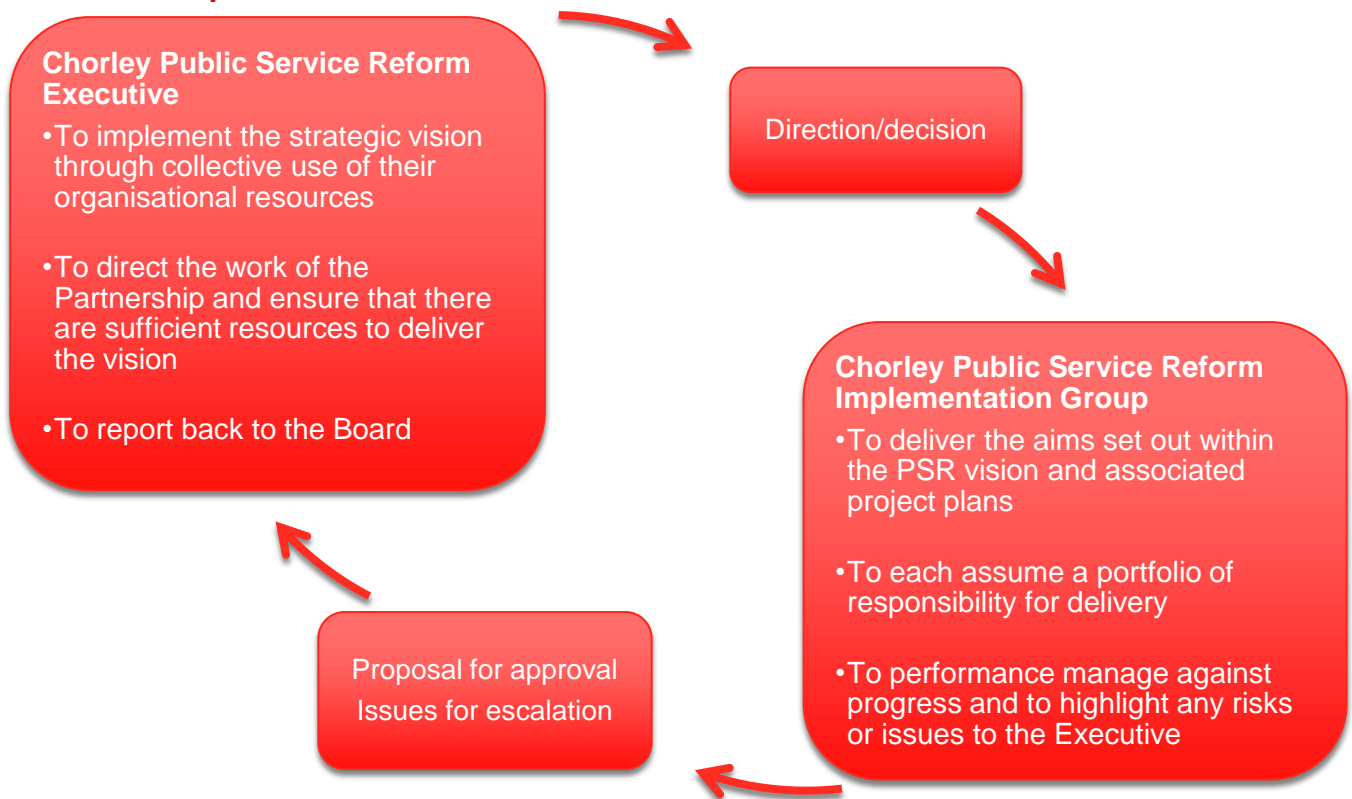
## Ways of working

The Public Service Reform Strategy clearly sets out the aims and objectives for the programme. The outline business case and associated action plan provide a starting point for work to commence. In some cases actions are very clear, whereas others are structured around key milestones and detail will emerge as the programme progresses, retaining an element of flexibility and the ability to respond to developments. The detail of the actions should be generated through partnership collaboration to maximise available expertise and promote shared ownership.

Meetings have been scheduled on a monthly basis with the aim of driving pace and building momentum however it is anticipated that a significant proportion of work will be undertaken outside formal meetings, particularly for the Implementation Group. Timescales are challenging, particularly for the Implementation Group with a number of key actions to be completed within the first few months of the programme with a view to achieving tangible improvements by April 2015.

The activity carried out by the Implementation Group should lead to a decision to be taken by the Executive and recommendations should flow back to the Implementation Group. Where the programme slips or delays occur, this should be immediately escalated to the Executive with clear explanation of the issue, reason and remedial actions.

## Roles and responsibilities



## Approach and Action Plan

The following section outlines each of the portfolios identified in the overall strategy in more detail. The action plan accompanying this document is attached at Appendix A, and sets out the proposed approach to delivering each portfolio and indicates specific leads along with broad timescales. It forms a starting point for activity and should be supplemented by more detailed plans that will emerge as the programme progresses.

### 1. Integrated Locality Working

It is widely recognised that public services are best delivered and integrated on a neighbourhood basis, where individual frontline workers should be empowered to deliver the right service for individuals and communities. As such a number of sector specific initiatives have been put in place including NHS Integrated Neighbourhood Teams. Public services should develop a common understanding and approach to locality-based working and a holistic approach to integration that makes sense for the service user.

This workstream is the key enabler to changing public services in Chorley with ambition to change service delivery from acting at a high level, high cost basis reacting to chaotic and urgent demands, to reduce this level and provide better self-care, earlier intervention, and prevention of key factors, with consideration to five stages of access to services.

The five stages are based around the “Six Shifts” methodology from the Health and Wellbeing Board, with consideration to having an integrated approach and delivering across all public services, reaching wider than health and social care. Services need to be able to support residents at all levels of need, moving more into prevention/early intervention stages.

Stage	State	Definition
<b>Stage One</b>	Prevention	Persons being in a healthy state, no need for interventions from services, being responsible for own wellbeing and health, contributing and involved in community “perfect neighbourhood”
<b>Stage Two</b>	Self-Management	Persons in need of some advice due to changes in circumstances, they can access services through information and advice available (on-line/telephone). Services promote and support greater individual self-care making good use of technology e.g. Council One Stop Shop, or Lancashire Wellbeing Service
<b>Stage Three</b>	Community Support	Persons in need of further support from services, which is short term. These are provided in the Community, utilising the assets, skills and resources of citizens and communities e.g. health advice from Pharmacies, debt advice from Citizens Advice Bureau, support from Lancashire Wellbeing Service, or Fire Home Safety Assessments
<b>Stage Four</b>	Specialist Support	Persons in need of specialist services for support. Services are accessible to those who need it, and be delivered as far as possible in the community, improving the experience of moving between advisory services and “hands on” support e.g. moving from primary to secondary care, referrals to Recovery Services, social care.
<b>Stage Five</b>	Emergency Support	Persons in need of emergency, high level support. Services responding to those in high levels of need who can’t be supported at any other level, ensuring people are not at this level for any length of time i.e addressing wider determinants to move to Prevention/Self Management state.

## Objectives

To have Public services delivered by a joint workforce, improving processes and behaviours, so that services are delivered in an integrated and coordinated system.

**This work stream should achieve the development of a new way of integrated working and includes initial implementation activity.**

- Develop a single understanding of standard localities across the borough including high risk populations, utilising available profile information
- Map the relevant resources available in these localities (including staff/assets/commissioned services)
- Map existing or emerging activity to 5 stages of access to identify opportunities or gaps in provision
- Link in with Engagement activity including 'Chorley conversation' to understand how residents can be engaged in the development and design of public services
- Develop a model in which these services can be integrated on a perfect locality footprint, considering the most efficient way of delivering the right service including existing Integrated Neighbourhood Teams.
- Redesign customer pathways into services and how these can be improved – reducing numbers of contact points with different organisations
- Develop approach to implementation including transition plan for staff including how they can be empowered to deliver the right service – workforce training

## Outputs

To deliver improvements against key indicators, looking at specific outcomes, including support to the increasing in population in Chorley Borough (i.e. what are the improvements and can they be supported against an expected increased population)

- Proposal for perfect locality model, including transition costs, for consideration to the PSRB
- Testbeds against pathways across the borough
- Preventative work difficult to quantify, acceptance of long term projects/results for an agreed period

## Outcomes

- Reduced demand for high cost, reactive services, with earlier interventions
- More issues are dealt with at the first point of contact, with a multi-agency approach
- Increased customer satisfaction with public services
- Education and Awareness supporting easier access
- Staff across organisations feel empowered to work for the community they serve
- Community assurance for the people in, and moving into, the Borough

## Next Steps

- Mapping of local teams and services;
- Development of a Chorley Profile, and identification of "Hot-Spots";
- Recommendations of specific localities to testbed integrated services; and
- Allocation of Portfolios of workstreams to review service pathways, linking in with existing Health and Social Care Pathways.

## **2. Data and Intelligence**

A key recommendation of the Commission into the Future of Public Services in Chorley was that 'Information and Intelligence should be freely shared', stating that, 'The rich intelligence held across public services could be a key to driving real change.'

This workstream will look to extend the activity completed by the Integrated Action Team in year 1 and work towards developing a shared data system to support an integrated service model.

Activity will review existing multi-agency groups operating in Chorley to understand coverage, focus and population cohort. It will also identify other essential data sources to develop options as to how this information can be shared and used both operationally and with a view to evidence based commissioning, taking into account existing models or examples of best practise. Multi-agency data sharing mechanisms will be reviewed to identify customer touch points and referral processes considered to ensure that individuals are progressed in to the most appropriate services at the earliest opportunity.

### **Performance Management**

As part of this workstream, a set of outcome based measures will be developed. These measures will support the Executive to monitor progress against the strategy and provide a basis for evaluation at the end of year 1.

### **Objectives**

- To review the findings of the Integrated Action Team
- To consider the Multi Agency Groups in the Chorley Borough, and how referrals are made into/out of the group;
- To understand the referral process into the new Lancashire Wellbeing Service, and how public services can refer in, and support individuals
- To understand what the intelligence of other neighbouring public services and what best practices could be used
- To develop options of how data can be shared and used in development of evidence based commissioning

### **Outputs**

- Analysis on touch points people access in services and how we can reduce them in the neighbourhood
- Clarity of the role of Multi Agency Groups and clear referrals in/out of groups and services to increase support at earlier points
- Proposal on shared use of data on evidence based commissioning

### **Outcomes**

- Reduced demand for high cost, reactive services, with earlier interventions
- More issues are dealt with at the first point of contact, with a multi-agency approach

### **Next Steps**

Findings of the Integrated Action Team will be presented to the Executive Group.

Information from partner organisations on Multi Agency Teams will be collected and reviewed, with recommendations and proposals to improve connectivity

### 3. Partnership Oversight

There are a range of both sector specific and multi-disciplinary transformation programmes and partnerships that are developing across the locality. The public service reform partnership has a pivotal role in having oversight, influence and coordination of these other programmes to ensure that priorities and resources are aligned as far as possible towards achieving maximum value for Chorley whilst minimising duplication. The members of the partnership should to commit to representing the interests of the Public Service Reform Partnership at the relevant forums and facilitating two way communication between the Partnership and other structures.

Given the national reform agenda, there are likely to be examples of similar activity taking place in the extended local area such as examples in Liverpool, Blackpool and Fylde (Vanguard), Trafford and Bolton. It will be important to feed in learning from these programme to inform best practise and allow for critical reflection. This will be incorporated in the development framework for the Executive and Implementation Group as required.

#### Objectives

To have oversight, influence and co-ordination of the other reform programmes at a locality level

- Maintain an oversight of the progress of other transformation programmes, including Better Care Fund, Healthier Lancashire, Your Hospitals/Your Health – ensuring that as a locality we are able to align, contribute and influence where possible
- Act as the local accountable partnership for the Transformation Challenge Award (Living Well, Living Better)
- Provide a forum through which partners are able to share an early indication of any organisational reform or changes across both local and wider transformational programmes
- Maintain oversight of other partnership groups:
  - Health and Wellbeing Board and Central Lancashire Health and Wellbeing Partnership
  - Clinical Senate
  - Children’s Partnership Boards
  - Community Safety Partnership

#### Outputs

- Alignment of organisational plans, key priorities, projects
- Executive are provided with:
  - Updates on activity across transformation programmes
  - Update on Transformation Challenge Award (Living Well, Living Better Programme)
  - Updates on activity in partnership groups

#### Outcomes

- Provide a local and coordinated response and influence to other transformation programmes
- Ensure clear links between our role and other partnership groups to ensure there is no duplication
- Provides a mechanism for leaders to inform and share ideas for improvements to the system

#### Next steps

Proposals for partnership oversight to be presented in a paper to the Executive in September mapping partnership and programme from across the area with suggested routes for engagement.

## 4. System Leadership

The Public Service Reform Programme brings together partners from a range of organisational backgrounds and disciplines. Across both the Executive and Implementation Group, representatives will be challenged to think and operate differently, as decision makers for Chorley. All members have committed to achieving the overall vision (within the remits of their partner status) and will be tasked with translating this into action, demonstrating resilience and working together to overcome barriers, particularly in relation to data sharing and being honest about what is and isn't deliverable as a partnership.

This is a 3 year work stream that should evolve and emerge as the programme develops to support learning and reflect the requirements of partners. A development framework will be created with some defined activities for year 1 and more broadly scoped objectives for years 2 and 3. Year 1 activity will focus on developing the Executive and may include facilitated sessions, critical analysis and shared learning sessions. In years 2 and 3 it may be appropriate to cascade this learning to members of the Implementation Group with a view to establishing leaders throughout the system. Year 1 development for the Implementation Group may be around achieving effective team working to accelerate outputs.

### Objectives

- Translating the vision into action
- Being clear on the role of leaders in organisations (actions, not just on the programme)
- Working together more, thinking differently
- Awareness of wider projects through the board, making connections with challenges and partners
- Have more ambition, more innovation, more risk taking

### Outputs

The work programme activity will include:

- Facilitated sessions on understanding of system leadership;
- Decisions made on proposals on how public service systems will run (process) in Chorley;
- Coaching sessions for staff involved in development of the new systems.

### Outcomes:

- Understanding System Leadership as a new approach to service delivery
- Having a shared view of what is possible and how this is delivered
- Provides a mechanism for leaders to inform and share ideas for improvements to the system

### Next Steps

A flexible development framework will be prepared and presented to the Executive including outline structure and timing of activity.

## 5. Culture and Workforce

Integral to embedding a new way of working will be consistent value systems and behaviours for public service organisations in Chorley. Through year 1 of the programme, the Executive and Implementation Group will be supported to identify values specific to the CPSRB strategy and establish a roadmap for dissemination across the system. Although highly challenging, this work stream will set the expectation for public services in Chorley and also establish the foundations for future elements of the programme such as co-location and multi-disciplinary working. Looking towards years 2 and 3, it may be more appropriate to set broad milestones that focus on specific topics relevant to key themes such as HR.

### Objectives

As part of the discussion around behavioural changes under the review of the Public Service Reform Board, and including outcomes from the Chorley Commission, key issues are:

- Gaining better understanding of colleague needs and how they work
- Working across organisations for best practice
- Having a Gold standard approach in terms of helping people in quality of life
- Co-located multi-agency teams for actions

### Outcomes

The work programme activity will include:

- Facilitated sessions on understanding of culture, bringing together organisational best practice;
- Decisions made on proposals on how public services will be delivered (behaviours) in Chorley;
- Coaching sessions for staff involved in development of the new systems.

### Benefits

- Build up of confidence and trust working across organisations
- Break down of barriers to deliver new services
- Open new horizons on what is possible
- Development of interpersonal skills and self-development

### Next Steps

Development of shared value systems and behaviours will be included as an activity within the development framework to be presented to the Executive.

## Summary of key next steps

The table below summarises key next steps in commencing the programme of delivery and indicates how they link into the overall action plan.

Next steps	Corresponding Programme Activity	Portfolio	Group	Timescale
Mapping of local teams and services	1.1, 1.2, 1.3	Integrated Locality Working	Implementation Group	Aug/Sep 15
Development of a Chorley Profile, and identification of "Hot-Spots";	1.1,1.3	Integrated Locality Working	Implementation Group	Aug/Sept 15
Recommendations of specific localities to testbed integrated services	1.4	Integrated Locality Working	Implementation Group	Aug/Sept 15
Allocation of tasks to review service pathways, linking in with existing Health and Social Care Pathways.	1.2, 2.2	Integrated Locality Working	Implementation Group	Aug/Sept 15
Findings of the Integrated Action Team will be presented to the Executive Group.	2.1,2.2	Data and Intelligence	Executive Group	15th Sept
Information from partner organisations on Multi Agency Teams will be collected and reviewed, with recommendations and proposals to improve connectivity.	2.3	Data and Intelligence	Implementation Group	8th Sept
Proposals for partnership oversight to be presented in a paper to the Executive in September mapping partnerships and programmes from across the area with suggested routes for engagement.	3.1,3.2	Partnership Oversight	Executive	15th Sept
A flexible development framework will be prepared and presented to the Executive including outline structure and timing of activity.	4.1	Leadership	Executive	TBC
Development of shared value systems and behaviours will be included as an activity within the development framework to be presented to the Executive.	5.1	Culture and Workforce	Executive	TBC



## Capacity and Resourcing

Following the restructure of the Chorley Public Service Reform Board, and commitment to three tier structure of Board, Executive and Implementation Group, levels of capacity and resource have been confirmed by partners to support delivery of the work programme, Programme Management Office, and associated development and facilitation costs.

While the action plan is flexible to accommodate the evolving nature of the programme, it is likely that a number of areas may require additional resource in year 1 including training and development, digital technology to facilitate data sharing, change management and/or data analyst support.

Full details of the funding available, and options involved in developing this work programme will be considered by the Executive in September 2015.

## Risk Register

Risk	Level	Mitigation
Risk of not having a consistent view of structure and priorities for the next 12 months	Low	Strategy in place including a 5 year vision, and 3 year work programme.
Risk of having differing priorities to wider programmes, including Transformation Challenge Award (Living Well, Living Better)	Low	Chorley is part of Programme Board and will play full part in the structure of the work programme. Key part of Year One plan to link into different work programmes and partnership boards.
Risk of not having funding support, resource, and capacity to manage all elements of the work programme	Medium	Funding to be confirmed with partners so that consideration of additional capacity can be given
Risk of not having commitment from full and affiliated partners	Low	Commitment provided by partners following discussion at the June CPSRB

<sup>i</sup> Source: ONS sub-national population projections, 2012 based projections

<sup>ii</sup> Source: ONS sub-national population projections, 2012 based projections

<sup>iii</sup> Source: ONS sub-national population projections, 2012 based projections

<sup>iv</sup> Source: DCLG Liver tables on household projections November 2012