

CHORLEY PUBLIC SERVICE REFORM EXECUTIVE GROUP

PROGRAMME UPDATE

PURPOSE

The purpose of this paper is to provide an update on the main activity completed with regards to the Task Group (Connecting partners in Chorley inner-East), and the Extended Multi-Disciplinary Team meeting with a focus on Primary Care.

CONNECTING PARTNERS IN CHORLEY INNER-EAST TASK GROUP UPDATE

The task group met on 3rd March, with a good representation from services operating in the locality of Chorley inner-East. The group considered how to improve connections across organisations to establish a more consistent frontline approach and raise awareness of support available to residents with a view to improving health and wellbeing outcomes through preventative help and early interventions. It is within the remit of the group to be creative in testing different approaches in delivering services.

MEMBERSHIP

There is a wealth of experience across the group in both the locality and in services provided. The representatives included, VCFS, Community Beat Manager, PCSO, Communications leads from Hospital and CCG, LCFT services including Adult Mental Health/Health Visitor/District Nurses, Community Fire Safety Manager, Council Intervention and Prevention Officer and Lancashire Wellbeing Service.

APPROACH

The locality profile developed for Chorley inner-East was presented with key themes identified as:

- Community Safety – Police hotspots, young offenders, low level of community assets
- Pensioners Living Alone – issues around vulnerability, social isolation, access to services
- Younger Population – issues around vulnerability, caring responsibilities, education and employment prospects and health concerns particularly lower level mental health and obesity.

From experience and discussion in the group it was verified that the key themes identified through the profile were correct, with the addition of needs of Carer's, and ethnic minority groups in the area to also be factored into any work being considered.

In the context of the locality, the group considered current organizational activity; how we could start to work differently as partners in this area as part of a more joined up approach; and what mechanisms could be utilized to engage more effectively.

NEXT STEPS

Findings from the discussion will be progressed at the next meeting, planned for 16th March. The group will focus on:

1. How we can share service related information more effectively as partners and with residents to ensure appropriate access
2. What we can do differently in the locality area to engage with residents and raise awareness of services with consideration to community based days of action and opportunities to test co-location principles.
3. Understanding of wider opportunities to utilise and/or test digital and virtual tools or initiatives



EXTENDED MULTI-DISCIPLINARY TEAM (MDT)

This work stream is to look at how we can more effectively share information and put in place interventions to support individuals placing highest demand on the system, identified from a primary care point of view, as part of early intervention and prevention.

APPROACH

At present MDTs are held in GP surgeries each month, with a focus on elderly patients with long term conditions. The attendees as minimum usually include GPs, Practice Nurse, and Community Matron.

From a discussion with the Chorley Surgery, Chorley Council and Police based on a cross section on anonymised cases causing the GP concern, it was established that:

- The co-hort of patients could be expanded to cover vulnerability of adults causing concern; and
- The co-hort of patients could have support from a wider network of partners to give early help.

MEMBERSHIP

The proposed membership for the extended MDT format is GP, District Nurse, Community Matron, Lancashire Wellbeing Service, PSCO (Police), Lancashire Fire and Rescue, Chorley Council and Lancashire County Council (Social Care).

NEXT STEPS

The plans are to undertake the next MDT with a wider membership as above, asking GPs within the surgery to identify patients from a more broadly defined cohort who are vulnerable and at risk of admission. The principles and processes tested through the existing Integrated Action Team will be applied in terms of consent and information sharing.

Additional coordination resource will be implemented to support the administration and management of this meeting activity. This coordination role will span a number of multi-agency groups operating locally to help collate intelligence that will inform future integration options.

The functioning of the proposed extended MDT format will be evaluated to help demonstrate viability to other practices within the GP peer group, with a view to more extensive integration as a testbed for locality based MDT's alongside other pilots taking place elsewhere in Lancashire.

