

Chorley Public Service Reform Executive

Tuesday, 21 March 2017

Present:

Chair – Councillor Alistair Bradley, Gary Hall (Chorley Council), Jamie Carson (Chorley Council), Vicky Willett (Chorley Council), CI Mike Adamson (Lancashire Constabulary), Karen Shorrocks (Chorley and South Ribble Clinical Commissioning Group), Steve Winterson (Lancashire Care Foundation NHS Trust), Dr Shashidhar Khandavalli (The Chorley Surgery), Debbie Duffell (Lancashire County Council), Mel Ormesher (Lancashire County Council), Iain Pearson (Lancashire Wellbeing Service), Amanda Jakeman (Department for Work and Pensions), Diane Gradwell (VCFS Network), Becky Hedgcock (SPICE) and Rosie Farrer (SPICE).

Apologies:

Councillor Paul Leadbetter, County Councillor Tony Martin (Lancashire County Council), John Buck (Lancashire Fire and Rescue), Sarah James (Our Health, Our Care Programme), Sue Moore (Lancashire Care Foundation NHS Trust), Carole Spencer (Lancashire Teaching Hospitals), Andrea Trafford (GP Business Manager), Janet Hodgson (Runshaw College), Allan Jones (Business Representative) and Lynne Johnstone (Go On Lancashire).

1.WELCOME AND APOLOGIES FOR ABSENCE

As acting Chair to cover the first part of the meeting, Gary Hall welcomed everyone to the meeting, and apologies for absence were noted.

2.MINUTES, MATTERS ARISING AND ACTIONS FROM EXECUTIVE MEETING ON 24TH JANUARY 2017

Minutes from the meeting of 24.01.17 were approved with no matters arising.

Actions were cleared as follows:

ACTION: Councillor Martin to provide LCC contact regarding access to Liquid Logic system to support integrated hub activity.

Update – Access to Liquid Logic part of main agenda discussion. Cleared.

ACTION: Mel Ormesher to provide a narrative on potential neighbourhood hubs for Chorley, with indication of services involved and estimated timings.

Update – Mel provided an update with potential services in neighbourhood hubs. Part of main agenda discussion. Cleared.

ACTION: A revised Terms of Reference was issued with the agenda pack, and Executive were asked to raise any comments by 17.02.2017.

Update – no comments raised, Terms of Reference agreed as proposed. Cleared

3.PROGRAMME UPDATE

Steve Winterson provided an update from the Implementation Group meeting held on 7th March, and advised that although all projects were rated as green and progressing well, there were some challenges relating to the Wellbeing Workforce workstream. This was due to Charlie Cox leaving the Police, which had highlighted the need for succession planning against the programme of activity, which will be picked up through the Implementation Group.

More detailed updates for key workstreams were then provided by relevant leads:

Community Resilience

Rosie and Becky from SPICE presented findings from the Building Community Capacity Report based around activity in Chorley inner-East, and how this can be built into public service delivery. The report provides information from policy/practice around the country, and considers how this can be developed in Chorley. The Executive were asked to consider that the recommendations being presented reflect the challenges being faced, including increase of demand against reducing budgets, and provide wider opportunities to be developed.

Becky advised that they have considered the potential in communities, and through research have found that through creating the right conditions, and utilising assets, people become resilient and help themselves and others when wider help is needed.

A definition on what is building community capacity was stated as “Building community capacity is about public and voluntary sector services coming together to design and deliver supportive infrastructure that enables individuals and groups to contribute towards making their community stronger and healthier.”

Becky advised the activity carried out on the project, including working with groups, individuals and services in the community of Chorley inner-East. This resulted in 254 hours of volunteering, 42 co-delivered sessions and 439 people engaged in activity as well as a number of other achievements. A process model had been established (Plan/Create/Do/Show), and an asset map was presented to reflect the journey and to highlight opportunities e.g. green spaces.

Three core shifts to support community capacity were identified as being:

- People are empowered to take control of their lives and community;
- Identification and increased use of assets with places is key; and
- Service and activities must organise and behave differently to support a shift towards early intervention and prevention.

In the local area a high level of social capital was acknowledged, and through a number of “pop-up” events engagement was established with residents. It was found that there is a keenness to be involved and individuals (hidden heroes) are willing to step up to support others, although some people lacked confidence and didn’t know where to start. Some were struggling with costs of activities, and time credits were seen as key levers to socialisation to support this concern.

Good connections have been made through community ambassadors and with businesses (both retail and industrial), highlighting some great opportunities to be developed further e.g. future engagement approaches, sponsorship and increased spend opportunities with Time Credits.

Recommendations were set out across three areas:

- Support community capacity through existing service
- Developing new projects in partnership with the local community
- Creating the conditions

These were set out into investment levels (Low/Medium and Higher), and presented to the Executive. Initial reflections included:

- Findings are a useful insight into how people can be engaged and encouraged to support their community;

- Noted that this work links to the work of the Lancashire Volunteer Partnership, and development of Time Credits across Lancashire;
- Highlighting different needs in the communities, including utilising green spaces, and how people are engaged, with good opportunities to help build confidence.
- Good reflection between ranges of volunteering and support from formal to grass root support in communities, and what motivates people to get involved;
- Opportunity to integrate these recommendations going forward and supporting creating the right conditions;
- Good opportunities and understanding of how to link in with businesses in the area e.g. Community Business Champions;
- Acknowledgement from the involvement of the community with this work, and that there is a lot of activity already established;
- Integrated Community Wellbeing Service is looking at how we work differently across organisations, and recommendations provides new approaches; and
- Relationships established through this work can be developed further to support people's potential.

The full report will be issued out for consideration and response across the partnership, and will be used to inform future decisions and commissioning. Next steps and approach to implementing recommendations to be agreed at next Executive meeting.

Primary Care User Support Team

Dr Shashidhar Khandavalli presented information from the activity completed on the Primary Care User Support Team (PCUST). Overall aims included exploring methodology to increase capacity in Primary Care and delivery of transformation programme; to help improve patient outcomes; and targeting high intensity users to understand clinical, social and psychological needs.

Four GP practices are involved in the workstream, covering a population of 42,000 patients. The cohort is patients who have accessed GP/Nurse appointments more than 20 times in the past 12 month period. A team has been established including healthcare workers and Lancashire Wellbeing Service who are collocated at The Chorley Surgery.

Following consent agreed, medical Records have been assessed, which has been intensive. Data on 31 (out of 72 cases enrolled) has been gathered, and patients have been engaged. From this metrics on a number of elements has been established. This included activity on emergency admissions, elective admissions, A&E attendance and outpatients. Unfortunately information from community/mental health has not been able to be established, but would add value to the overall findings.

From the discussion on the findings it was agreed that value on understanding activity around outpatients in support of the Our Health, Our Care programme and subsequent referral pathways, and potential for community delivery.

Access to medical data was noted as being an issue to be addressed, and if more information could be made automotive. Not all data available is set in real time e.g. Aristotle not up to date.

Case examples of where early findings have helped support patients and change the overall approach to managing conditions were detailed, including additional social support and referral to other areas e.g. Mindsmatter.

Overall the Executive was asked to consider supporting an extension of the pilot for a further six months. Initial costs, including set up was £42k, but to extend a further £35k would be required.

Points from Executive discussion included:

- Karen to consider further with Shashi how the findings can be shared across Primary Care membership, and impacts on future commissioning;
- Consideration of outpatient activity and which specialities these cover;
- Time to understand data in the full round of transformation activity, and where support can be in place to address wider determinants of health, bringing relevant services in collocated hubs;
- Ensure multi-agency approach links across different projects, to increase understanding, and link with relevant contacts in organisations;
- Consider future approach of Multi-Disciplinary Team meetings in Primary Care, and utilise wider co-hort to best effect;
- Data sharing in Primary Care and how this could be tested with wider organisations; and
- How to link in relevant third sector groups to help build community resilience.

Business case to be developed further by Dr Khandavalli for consideration of extending the pilot, and relevant additional funds, to be considered at the next Executive Meeting.

Collocated Multi Agency Unit

Mike Adamson provided an update on the collocated team, stating that weekly progress meetings are in place to manage the workstream, and plans are that the team will start locating together from 3rd April sharing daily business with at least three formal case management meetings per week. The focus will be on adults to start with, with a view to expand this to children and families through service reviews. Cases will include referrals from LCC SIAS (Screening and Initial Assessment Service), as well as existing partners, and an operating pack has been developed.

The location is planned for Chorley Fire Station, although concerns were raised on progressing the Chorley collocated team if there are also imminent plans to develop a collocated hub to manage children and young people through the new Wellbeing Prevention and Early Help service (WPEH LCC), who are also looking to bring in wider partners outside LCC. This service is to be located in LCC buildings (including Chorley Library building), which will also benefit from access to LCC systems (Liquid Logic system) and functions which will enable referrals to flow between teams more effectively. This work has been progressed through the Early Action Governance Board (membership includes LCC/Police/LFRS)

Debbie Duffell advised that LCC have committed to put in a staff base in Chorley covering the WPEH, and wider services have been asked to be collocated at this location to support an integrated service provision. Members of the Executive felt that it was important to support this activity given the potential added value for local services, but highlighted the extensive work that has taken place to date on this workstream and need to maintain pace in line with the proposed go live date of 3rd April. Therefore, it was agreed LCC would review available space, configuration and requirements (Including access to wi-fi) and advise on timescales for potential collocation at Chorley Library to inform future development of the collocated team.

ACTION: Mel Ormesher to assess feasibility of team locating from Chorley Library from 3rd April, and provide details, and alternative timescales to PMO by Friday 31st March.

Integrated Community Wellbeing Service

Jamie Carson, presented an update position on the new service, which will be delivered in three phases:

- Enabling – up to April 2017
- Establish the team – April 2017 – October 2018
- Embed the service – October 2018 onwards

Governance includes an established Executive Group, and a management team is in place. Accommodation has been agreed and teams from Chorley Council and Lancashire Care Foundation Trust will be collocated at Civic Offices on Union Street.

Debbie Duffell asked to be sighted on progress of this work, as due to the integration of resources with LCC teams, and the wider design and review of public health services, there needs to be an understanding of what this new service looks like for LCC to ensure that delivery of statutory/contractual/strategic commitments continues as services become more collocated.

It was acknowledged that a number of workstreams are coming together across public services to test how we do work differently, and more effectively. We need to understand what is important for residents, and provide the best value for staff. As we move to the delivery phase we need to ensure through better dialogue and governance that improvements can be made for the benefit of all public services.

4.PARTNERSHIP UPDATES

Due to time limitations it was agreed that although separate items on the agenda, the Neighbourhood Hubs and the Wellbeing, Prevention and Early Help Service were briefly covered in discussions under the Programme Update, and separate discussions were not required at this meeting.

5.LANCASHIRE PUBLIC SERVICE DELIVERY MODEL

This item was to raise awareness of this report (from pwc for Lancashire County Council), and consider implications from across the Chorley Public Service Reform Executive. A formal response was not needed as the report has not been issued for consultation

6.ANY OTHER BUSINESS

None raised.

7.DATE OF NEXT MEETING

Agreed as Tuesday 23rd May 2017 at 16.00 – 17.00 at Chorley Town Hall

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