

Chorley Public Service Reform Executive

Tuesday, 23 May 2017

Present:

Chair – Councillor Alistair Bradley, Councillor Alan Cullen, Chris Sinnott (Chorley Council), Vicky Willett (Chorley Council), CI Mike Adamson (Lancashire Constabulary), Dr Shashidhar Khandavalli (The Chorley Surgery), Diane Gradwell (VCFS Network), Karen Shorrocks (Chorley and South Ribble Clinical Commissioning Group), and Sarah James (Our Health, Our Care Programme).

Apologies:

Gary Hall (Chorley Council), Phil Whittaker (Lancashire Fire and Rescue), Sue Moore (Lancashire Care Foundation NHS Trust), Steve Winterson (Lancashire Care Foundation NHS Trust), Carole Spencer (Lancashire Teaching Hospitals), Andrea Trafford (GP Business Manager), Mel Ormesher (Lancashire County Council), Iain Pearson (Lancashire Wellbeing Service), Amanda Jakeman (Department for Work and Pensions), Janet Hodgson (Runshaw College), Allan Jones (Business Representative), and Lynne Johnstone (Go on Lancashire).

Observer: Councillor Margaret France

Officer: Hayley Hughes

1.WELCOME AND APOLOGIES FOR ABSENCE

Councillor Bradley welcomed everyone to the meeting, and apologies for absence were noted.

2.MINUTES, MATTERS ARISING AND ACTIONS FROM EXECUTIVE MEETING ON 21ST MARCH 2017

Minutes from the meeting of 21st March 2017 were agreed as a correct record.

Action from last meeting was updated as follows:

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. *Update: Although a visit has been arranged to the Chorley Library Building, no timescales or feasibility has been confirmed to date. This is being progressed as part of the collocated multi-agency hub activity. Cleared.*

3.PROGRAMME UPDATES

Programme leads gave an overview on the main activity since discussion at the last Executive meeting in March, showing key progress, resources/funding needed at this point and next steps.

Primary Care User Support Team (PCUST)

Dr Shashidhar Khandavalli presented an overview of report findings from activity across four GP practices since mid-point review in March.

Comments from the Executive included:

- Ability to upscale this project could be considered across all practices in Chorley, including rural practices which may flag up other issues e.g transport, social isolation

- Information to support transformation of Primary Care e.g. outpatient data could inform activity on Our Health, Our Care programme;
- A Medical outpatient health clinic was mentioned which could support hospital transformation and be available in the community; and
- Alternative resource and support for constrained services such as mental health, could be found within existing community based support groups e.g. helping access to community based counselling services, whilst waiting for clinical appointments

It was agreed that the work from PCUST has delivered what was set out in the Strategy, and from the findings so far, there are more benefits to be gained from continuing the project for a further period, although further funding would be needed to support this.

The Executive was asked to consider an extension of the project for a further six months, noting the implications of staff involved (i.e. notice periods).

It was noted that due to Our Health, Our Care Programme is currently under a period of purdah but the findings of the project would be explored further to consider possible opportunities.

Karen Shorrocks advised that the CCG has a joint delivery plan with providers, and due to funding constraints, new funding requests need to show a clear business case to invest to save. The Primary Care Strategy is in development, and she suggested that project evaluation could be considered as part of the operational planning process. Dr Khandavalli was asked to share data from the project in early July with the Business Intelligence Team.

Chris Sinnott advised that funding could be found from Chorley Council to support an interim period, although further discussions would be needed with health colleagues on the Executive, including Our Health, Our Care, Lancashire Care Foundation Trust and Clinical Commissioning Group.

Discussion across the Executive agreed that this project has evidenced valuable intelligence and outcomes, and with more time a better understanding of what the data is showing in terms of gaps, community support, needs for mental health issues could be gained to support transformational activity. This would likely come at a cost and an understanding of how this aligns with other priorities and timescales needs to be considered quickly so that the project can continue for another 6 months to progress and transfer learning.

Action: With the principal that the Executive are happy for the project to move forward, Vicky Willett to arrange a discussion with relevant Executive members on how this can be progressed and resolved.

Collocated Multi Agency Unit

Mike Adamson provided an overview of activity since the last Executive, which includes the PIVOT team being established at Chorley Fire Station, Washington Hall site. The purpose of the team is to support vulnerable adults, by working closely together as a multi-agency team, to give a better response and considered plan of support to help residents with complex needs.

Six services are involved in the team, including Police, Fire, Adult Mental Health, Discover, Lancashire Wellbeing Service and Chorley Council. By bringing this team together there will be a true test of col-location, including use of technology and sharing information.

The team meets three times each week for a morning briefing, and from cases brought to the team there is a check made on information held with organisations. Through this discussion intelligence is quickly gathered and wider learning has been found through understanding of support groups and services to help with specific needs.

Findings were presented on the twenty cases discussed, as well as some early feedback from team members. Two case studies were also discussed, which showed the benefits of the staff being together in the same locality, and also the complexity of the issues of one particular case, which needed management of support available to ensure engagement from the individual concerned.

Majority of cases have been female (13), and cover a wide range of issues including mental health concerns, self-harm, dementia/Alzheimer's in more elderly, alcohol misuse, and self-neglect. Debt, housing issues and relationships have also been key factors in supporting individuals.

Through a survey, feedback from the team has included consideration of frequency of meetings, noted a positive readiness to work together to improve outcomes, saving of time in terms of gathering initial information; and ability to work through best approach to support individuals in terms of timing of support being offered to ensure engagement.

Mike advised that there has been a review of the MASH process, which looks at vulnerability, and Police are working with Adult Social Care (SIAS Team) to pilot a new approach which links with the Preston Early Action Integrated Team, which may have an impact on the Chorley process.

Consideration of wider multi-agency working, including LCC Neighbourhood Centres, and what this means for Chorley continues to be progressed, although no timescales are set for this. LCC accommodation has been viewed by some services, and a further site visit is planned.

Mike advised that there is a LCC plan to set groups up across the county to support multi-agency working, which supports breaking down barriers, and gaining better outcomes.

Any outcomes from this work which will impact on the PIVOT Team, including current location will be brought back to the Executive for consideration of rationale for change. A review of the first three months will be brought to the Executive meeting in July.

Action: PMO to send both PCUST and PIVOT presentations to the Executive members

Service Finder Application

Vicky Willett provided an update on a Service Finder Application, which is being developed from LCC Digital Strategy, and through a private company IEG4. Funding is from Local Government Association. This aims to put more information at the frontline, and links to directories such as wellbeing support, including hyper-local information. Chorley is looking to capitalise on the early work, which is a web based (beta) version. It provide an Quality of Life assessment tool, which is a needs assessment which will generate appropriate services to the level of need (i.e. from seeking professional support, to signposting). A Focus Group from across the partnership has been arranged for early June, and will involve services from the frontline to help develop and shape the application, with a view to test this over the summer period.

It was noted that through the Our Health, Our Care programme, a gap around community information for the clinical network has been noted, and it was agreed for a representative to be involved in the focus group from this programme.

Action: For Executive to consider service involvement in this work going forward, and to contact PMO with representative details.

4.RESPONSE TO FINDINGS OF SPICE REPORT ON BUILDING COMMUNITY CAPACITY

Vicky Willett presented a paper which outlined the key findings from the SPICE report on Building Community Capacity (overview was presented at the Executive in March), and

suggests what they mean from a public service reform perspective, both for the Partnership, and in the context of the wider system.

Chris advised that the report proposes that through the resources in the Council on community development and through the VCFS network we act as a bridge to support the re-design of public services with communities. This is not through traditional activity which is seen as community development, but an overall approach which is built into how services are developed to help residents become more resilient.

The Executive agreed with the findings set out in the report, and supported the response that was set out. This was that:

- We commit to a shared vision to create the right conditions for resilient communities – based on an understanding that we need to prioritise building community capacity now to achieve sustainable public services as part of our system wide prevention strategy.
- We acknowledge the role of the council, alongside the VCFS Network, in providing a conduit between public services and communities - accelerating outcomes through future test beds and the development of the Integrated Community Wellbeing Service as part of the Public Service Reform Partnership work programme
- We agree to develop our collective workforce as community enablers – by giving them the skills and shaping the culture to start with ‘how can I help’ rather than ‘what service do you need’.

Sarah advised that Our Health, Our Care programme agreed that this fits with the programme principles of services being very local, and communities being more resilient.

Councillor Bradley noted that businesses could also play a valuable role in this, as they have a corporate responsibility to support social value, and are keen to connect to local communities.

5.ANY OTHER BUSINESS

None raised.

6.DATE OF NEXT MEETING

Next meeting to be held on Tuesday 18th July at 16.00pm at Chorley Town Hall.