

Chorley Public Service Reform Executive

Tuesday, 18 July 2017

Present:

Chair – Councillor Alistair Bradley, Councillor Alan Cullens, Jamie Carson (Chorley Council), Vicky Willett (Chorley Council), CI Mike Adamson (Lancashire Constabulary), Dr Shashidhar Khandavalli (The Chorley Surgery), Sarah James (Our Health, Our Care Programme), Steve Winterson (Lancashire Care Foundation NHS Trust), Iain Pearson (Lancashire Wellbeing Service) and Amanda Jakeman (Department for Work and Pensions).

Apologies:

Gary Hall (Chorley Council), Phil Whittaker (Lancashire Fire and Rescue), Sue Moore (Lancashire Care Foundation NHS Trust), Carole Spencer (Lancashire Teaching Hospitals), Mel Ormesher (Lancashire County Council), Diane Gradwell (VCFS Network), Karen Sharrocks (Chorley and South Ribble Clinical Commissioning Group), Janet Hodgson (Runshaw College), and Allan Jones (Business Representative).

OBSERVER: Councillor Margaret France

OFFICERS: 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 23RD MAY 2017

Minutes from the meeting of 23rd May 2017 were agreed as a correct record with no matters arising.

Action from last meeting was updated as follows:

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

Update – Project extended to December 2017 through TCA funding, cleared.

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

Update - issued with outcomes of last meeting, cleared.

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

Update – Contacts provided to PMO, cleared.

3.PROGRAMME UPDATES

An update of key activity from the Public Service Reform Programme was provided from programme leads:

Collocated Multi Agency Unit

Mike Adamson provided highlights from the three month review of the multi-agency co-located Team (PIVOT), which is based at Chorley Fire Station.

Mike advised that the work looked to test co-location of critical partners, understand positive interventions and how this promotes prevention, and how technology can be tested, despite limitations of organisational systems.

Key achievements have been that:

- Six organisations have developed and delivered a multi-agency hub;
- Facilitated better responses from public services managing 40+ complex cases involving vulnerable residents, with successful outcomes;
- 90% success on cases involving alcohol (10), showing improved outcomes, including 4 entering treatment to detox/rehab;
- Reduced duplication by gathering intelligence linking quickly to relevant care coordinators/social workers to enable clinical support/care packages to be reviewed; and
- Reduced time where 60% of staff advised it previously took 1-2 hours to capture initial information, and through PIVOT this has been reduced to minutes.

Strengths of the team have been: increased levels of a joint working; access to real-time information; sequencing and timing of approach across multi agency support; and enhanced learning and widening of knowledge base of staff involved.

A breakdown of case activity was summarised, showing that mental health and substance misuse were key reasons for referrals. A case study was discussed to show the potential cost savings and value of interventions in place, e.g. reduce attendance at Emergency Department, reduced levels of Anti-Social behaviour, and support from Lancashire Wellbeing Service to encourage engagement into support for alcohol recovery.

Comments from the Executive included:

- That the integrated working is effective and supportive of vulnerable residents, and the teams have shown great commitment and value in working more closely together;
- Support to bring in children and families in the multi-agency approach, with the view that this would help improve outcomes at an earlier point in life;
- Although IT systems present restrictions, the staff involved have been able to communicate effectively with positive results;
- Understanding of other schemes being established and how geographical areas could be developed as one model e.g. Chorley and South Ribble, collectively sharing problems/solutions;
- Through the multi-agency working the groups are managing varying levels of complexities, but fundamentally have a similar approach in bringing services together, sharing intelligence and learning, and delivering interventions at an earlier point; and
- Support delivered in this way for children, families and vulnerable adults also results in wider connections with many third sector/grass roots groups and support, which helps raise awareness of access to support and helping people help themselves in their local communities, supporting health and wellbeing approaches;

From the report, the recommendations were agreed by the Executive, and these will be progressed by the Project Team at the most relevant point, including the understanding of how the multi-agency working in PIVOT also links to work in the Integrated Community Wellbeing Service and Primary Care User Support Team, as well as wider approaches including LCC Early Action Integrated hubs. The PIVOT Team will continue to work from the Fire Station site, and be supported with co-ordination resource.

Evaluation for the Chorley Public Service Reform programme for Year 2 will show activity developed in all workstreams to date, with the view to see how this fits together and is developed and embedded going forward linking with wider transformation, being flexible enough to work across boundaries.

Integrated Community Wellbeing Service

Jamie Carson provided an overview of the report issued with the agenda, and advised that phase one is now complete with 170 staff now in place (from Chorley Council and Lancashire Care Foundation Trust) in the Council Offices on Union Street. Learning from this phase is being captured and there are a number of workstreams which have been developed to focus on the next 18 months (phase two).

This includes developing the Making Every Contact Count approach which is delivered through the LCFT teams, including nutrition/exercise/smoking considerations as part of daily interactions with patients/residents. This will be developed further to look at potential triggers which could lead to further support for housing issues, environmental health, emotional support, debt issues etc.

Familiarisation events to gain a better understanding of services such as Lancashire Wellbeing Service, Police Early Action and Neighbourhood Teams are also planned, as well as establishing a central hub for the co-located teams to provide an opportunity to discuss causes for concern and share expertise. This will look to meet twice weekly over next 3-6 months, with potential to become more frequent and build into daily activity.

Challenge for the new service will be around supporting prevention and access to lower level support to avoid people getting in the "system", in contrast to managing people who are already in the system and have support already, which include many cases managed by other multi-agency groups.

Other work involves linking with multi agency groups such as PIVOT, Primary Care User Support Team, and Safeguarding (MASH), and how the Integrated Community Wellbeing Service can be involved in raising awareness of opportunities available to support health and wellbeing and help build resilient residents and communities.

Comments from the Executive included:

- Understanding of how this fits with the Lancashire Wellbeing Service activity;
- Potential visual "aid" to help provide clarity between multi-agency groups and cohorts involved, to help "outside parties" understand Chorley activity; and
- Consider timing of ICWS phase two evaluation plans (due October 2018) against the evaluation of the wider Public Service Reform Year Two programme.

Report noted and agreed that a regular update through the Public Service Reform Executive will be provided.

Primary Care User Support Team

Dr Shashidhar Khandavalli provided a brief update following the mandate paper issued to the Executive. Aims of Phase Two on this project are to be a working model to be scaled up at the end of the project period (Dec 17).

Focus will continue to be on new cases instigated from the trigger of 20 or more appointments with GP or Nurse in previous 12 months, and scope agreed as:

- Maintain phase one activity, improving processes and systems, and creating capacity wherever possible;
- Develop and extend the project to consider wider opportunities both in terms of scale and new models e.g. outpatient activity, mental health waiting times;
- Focus on evidencing outcomes for partners, primary care and the wider health system which should include analysis of demand, costs and improved outcome; and
- Develop intelligence to support future system transformation and commissioning.

Executive agreed to support next phase of project from July to December 2017 with £45,000 from Transformation Challenge Award budget, with regular progress reports to be provided to Executive.

4.EXTERNAL PROJECTS

Sarah James, programme manager for Our Health, Our Care provided an update on the programme following the purdah period. Sarah advised that the purpose of the programme is to:

- Develop new models of health and care for central Lancashire that will ensure we are financially and clinically sustainable for the future;
- Ensure the process is clinically led and we coproduce models with the public and patients;
- Use the process to design, validate and evaluate options for transformational change and a new model of care for the central Lancashire health and care system; and
- Produce and gain approval from NHS England for a central Lancashire pre-consultation business case.

Work done so far from September 2016 to April this year, has involved solution design events, involving a wide section of services, groups and organisations, including engagement with public, stakeholders and staff.

The events have covered standards, benefits and evaluation and led to new proposed settings of care, which support prevention and self-care, locality care and hospital care. Most support is set in a location in and around a patient's home, compared to a smaller set of services in local hospitals and specialist centres.

Discussion on transforming health care and how this links to the multi-agency activity described in this meeting identified that there are key links with a number of elements of the model, including hub activity, building resilience and enhanced primary care services.

Sarah advised that next phase of work will include consideration of pathways e.g. for diabetes care, frailty and COPD conditions, as well as how staff access advice and guidance in the health economy, and what the prevention strategy needs to be, linking with existing work in localities on this.

Timescales between the five local health economies work programmes (including OHOC), and the wider Lancashire STP programme are being considered, and this will factor in the remit of each programme i.e. OHOC focus on community based care, and wider Lancs to look at acute and specialised care.

Comments from Executive included:

- How funding for OHOC will be accessed to support working differently;
- How new models in localities can be tested and have focused decision making to support changes;
- How will the commissioning budget be managed;
- Concerns on timescales on pace of change and ability to influence this locally to support transforming systems; and
- Concerns on new technology coming in which may disadvantage patients/staff in rural practices e.g. impact of poor broadband access on digital proposals

ACTION: Councillor Bradley to write to Chorley and South Ribble Clinical Commissioning Group to support the aim to drive pace of change in central Lancashire, with a true focus on early intervention and prevention, through the Our Health, Our Care Programme, offering ability to test activity as part of a new model through the Chorley Public Service Reform Partnership, highlighting concerns on potential delays to making change happen if linked to existing budgetary controls and wider timescales on the pan-Lancashire Sustainable Transformation Plans (STPs).

ACTION: Clinical Commissioning Group to provide an overview of the Primary Care Strategy to the next Executive meeting

5.EVALUATION APPROACH

Vicky Willett advised that work has commenced on the evaluation of year two of the public service reform work programme. Learning will be captured on strengths and achievements from the workstreams, and how themes from the findings fit together to support direction in the next stage of the programme. This will be presented to the Executive September/October, and work is being supported through members of the Implementation Group in terms of case studies and data.

Three big questions posed to the Executive were:

- How do we embed the things that have worked well as part of a sustainable approach?
- How should this approach align to wider strategic developments and new models?
- How do we leverage Chorley's position to influence system wide transformation?

ACTION: The Executive were asked to pass any views on these to the PMO, and it was agreed that the presentation would be issued with the minutes from the meeting.

6.ANY OTHER BUSINESS

Amanda Jakeman from Department of Work and Pensions provided updates on the following:

Changes to Employment Support Allowance (ESA) and Universal Credit (UC) will be made in April 2018, which will be based on how budgets are awarded to support work capability. The Job Centre needs to work with partners and small employers (don't have more than 25 employees) as part of this approach, and a proof of concept is being trialled to see how 18-25 year olds can be supported to access work, though work experience.

Also in April 2018, Universal Credit will run as a full service which will include new claims being made on a new IT system, and there will be new expectations on clients making a claim. All claims for UC, housing benefits, ESA, Income Support, and Job Seekers allowance will be made on-line. An external stakeholder event will be held, and each Local Authority will be invited to this, to support the changes needing to be made. After the full service is established, there will be plans to bring in existing UC claims to the new system, as well as other benefit claims running up to 2020. These changes have already been brought into other parts of Lancashire and lessons learned from these areas were asked to be shared with Chorley Council.

7.DATE OF NEXT MEETING

To be held on Tuesday 24th October at 16.00pm at Chorley Town Hall.

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