

# Chorley Public Service Reform Executive

Tuesday, 30 January 2018

## **Present:**

Chair – Councillor Alistair Bradley, Councillor Alan Cullens, Gary Hall (Chorley Council), Rebecca Huddleston (Chorley Council), Vicky Willett & Catherine Hudspith (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), Karen Sharrocks (Chorley and South Ribble Clinical Commissioning Group), Craig Chapman (Lancashire Wellbeing Service), Diane Gradwell (VCFS Network), and Amanda Jakeman (Department for Work and Pensions)

## **Apologies:**

Sue Moore (Lancashire Care Foundation NHS Trust), Phil Whittaker (Lancashire Fire and Rescue), Tim Grose (Lancashire County Council), Janet Hodgson (Runshaw College), Allan Jones (Business Representative), and Councillor Margaret France (observer)

**Officer:** Hayley Hughes

## **1. WELCOME AND APOLOGIES FOR ABSENCE**

Councillor Alistair Bradley welcomed everyone to the Chorley Public Service Reform Executive, and apologies were noted.

## **2. MINUTES, MATTERS ARISING AND ACTIONS OF THE MEETING OF THE CHORLEY PUBLIC SERVICE REFORM EXECUTIVE 18TH OCTOBER 2017**

Minutes from the Chorley Public Service Reform Executive held on 18<sup>th</sup> October 2017 were approved as a true and correct record. Actions raised at the meeting were both cleared as follows:

*Action: PMO to develop a delivery plan for presentation at the next Executive – cleared as part of agenda item 5.*

*Action: Sarah James to advise PMO of next Our Health, Our Care Programme Board - cleared as Vicky and Shashi attended to deliver presentation on the CPSR work, with the main focus on PCUST, which was well received.*

## **3. PRIMARY CARE USER SUPPORT TEAM EVALUATION**

Dr Shashidhar Khandavalli presented the full evaluation report from the Primary Care User Support Team. The project ran in two phases from January to December 2017, working across 4 primary care practices and 42,000 population (increasing to 5 practices in phase 2), targeting high intensity users of primary care. The project had three key objectives:

1. To support improved care for residents and patients
2. To understand potential for capacity release within primary care by better meeting the non-clinical needs of residents
3. To inform future transformation and new models of care at scale by gathering system intelligence on sources of demand and gaps in provision

The key findings indicated that the approach did improve resident care with significantly increased wellbeing outcomes. It also generated powerful intelligence about our local system - identifying mental health, outpatient services and wellbeing services as key factors in

transforming primary care provision, supported by effective coordination to help overcome the complexities of the current system.

However, within the timeframes of the project it wasn't possible to conclusively evidence an increase in GP capacity as a result of the intervention, due to practice level variations in operational processes and data.

The PCUST project identified 4 key recommendations:

1. Co-location of mental health service within primary care
2. Co-location of Lancashire wellbeing services (LWS) within primary care
3. Co-location of secondary care outpatients service within primary care
4. Care navigators/care coordinators within primary care

Dr Khandavalli explained that the recommendations were not prescriptive and that co-location or co working could take a number of forms to support transformation and integration, with scope for further testing without necessarily requiring a change of contact. The project has provided valuable data to support specific clinics that could be community-based, mainly around follow up activity. It also highlighted opportunities to improve access to support for low level mental health concerns.

Comments and observations from the Executive included:

- This work should help shape an Accountable Care System model for this locality;
- Recommendations suggest a better way in which we manage the resources available, through flexible co-location;
- To date the project has been funded by the council funds which has successfully generated significant evidence and benefits for health transformation. Further progress will require the support from the wider health economy;
- Commissions around mental health (START), in Primary care settings are in progress, and further details will be provided by Karen Sharrocks at the next meeting;
- Testbed opportunities for Accountable Care Systems to be developed alongside work to form the primary care groups i.e. cluster groups to look at how to embed the recommendations; OHOC will enable opportunities to support this development;
- Opportunities for other organisations to support key pathways, for example wellbeing and employability, to be considered as part of pathway redesign
- Evidence supports building better pathways through the Prevention Framework and in doing things differently; and
- Doesn't need to be commissioner led i.e. potential devolved budget to support local change e.g. care navigators

Overall the findings from the project were well received and supported as a way to inform next stages of delivery. The Executive agreed to communicate to health colleagues to consider wider implications. This is also referenced in the delivery plan (agenda item 5)

***Action: Response from Chorley Public Service Reform Executive to be sent to health economy, vis OHOC, in support of work delivered through the Primary Care project, highlighting benefits to system transformation work and giving consideration to how this is now progressed as part of health economy transformation.***

***Action: Karen Sharrocks to provide an update on the commissions around mental health at the next CPSR Executive***

## **5. PREVENTION STRATEGY**

Sarah James, Our Health Our Care Programme Director provided an overview for the Prevention and Early Intervention Framework, which is being developed. The framework has been reviewed through a workshop with a wide range of representatives from health, public services, third sector and patient representatives.

The place based prevention framework focuses on four key areas – culture, community, workforce and system, supporting overarching policies across Central Lancashire. The expectation is that this will be adopted as a basis from which to develop interventions and actions at the most appropriate geography to meet the needs of the population.

Feedback from the review workshops to date included further consideration of:

- Tough messaging
- De-medicalise prevention
- Personal responsibility
- Resilience and recovery
- Access
- Environment
- Integrated Community Teams
- Culture as a priority
- Wellness
- Early Intervention
- Importance of developing workforce and leadership
- Role of the third Sector and VCFS
- Community
- System
- Pilot Scheme

The Chorley Public Service Reform Executive were asked to consider the framework and provide comments or feedback to Sarah. The framework will be signed off by the OHOC joint programme board on the 8<sup>th</sup> Feb as one of the key strategies to inform transformation. It will then be adopted and delivered locally.

For Chorley the principles of the framework have informed the development of the delivery plan at item 5 and the delivery plan will be the vehicle for local delivery of the framework.

Comments from the Executive included:

- The framework needs to be able to work for everybody;
- Flexibility on different collaboratives having different population levels and needs, e.g. should look to focus on cluster groups to support differences between communities;
- Do the collaboratives replace the Primary Care Networks? i.e. some confusion on different models;
- Don't focus on the form, but the value of the function of having this in place;
- Clarity on responsibilities of implementing this across groups involved;
- Pennine Commissioning Body mentioned as a good example of engagement with the third sector, making sure they are a clear part of the framework and interventions developed, avoiding duplication;
- Ensuring that areas have a common understanding of what the framework is, and who commissions which services;
- Opportunities to engage with critical cohorts at the earliest point, the framework mentions schools but should be even sooner; and
- Seek out networks that offer opportunities to be creative in solutions and interventions e.g. men's health checks in social clubs.

Overall, the framework fits with work delivered in Chorley in last couple of years, and supports work being done in terms of what is right for the place. The Executive must lead by example and support other areas in the early adoption of this framework and in how we approach this way of working.

**Action: Executive members to provide comments/feedback on the Intervention and Prevention Framework to Sarah James by COB Friday 2<sup>nd</sup> February. E-mail**

[Sarah.James@lthtr.nhs.uk](mailto:Sarah.James@lthtr.nhs.uk)

## 6. DELIVERY PLAN

Vicky Willett presented the delivery plan for January 18 – June 2019, following consideration of the Evaluation of year 2 activity.

As a partnership we agree that we want to:

- **Continue to develop and deliver integrated public services** - we've demonstrated the principles of how this can be achieved through multi agency working and the potential benefits for the system. This approach should now be translated into business as usual.
- **Cultivate more resilient communities to shape a different relationship with public services as part of enduring system change** – this means we need to work differently and agree a shared plan for how we will do this including where we will focus activity, how we utilise our workforce and how we train our people.
- **Commit to moving care closer to communities** – and demonstrate how this can be achieved by doing things that increase connectivity across settings of care.
- **Make sure that system change works for our place** – we will develop the partnership for the future, support the infrastructure that will enable large scale system change and provide strong leadership for transformation.

The plan looks to deliver two key objectives:

1. Transitioning core principles and tried and tested ways of working into operational delivery so that they become part of business as usual rather than a one off test bed or project.
2. Developing the reform ambitions of the Chorley Public Service Reform Partnership and taking a more strategic approach to developing our system and delivering change with a focus on leadership development, shared system intelligence and the economic determinants of health and wellbeing.

The Executive were asked if they:

- Support the objectives of the delivery plan;
- Agree with the seven proposed actions and timeframe, and if any others should be considered; and
- Support the proposed use of resources including contribution of £15,000 from each partner organisation

Partners supported the plan, with the following observations:

- Sarah James highlighted opportunities to link into wider work across Central Lancashire for example, action 1 links to the OHOC review of frailty pathways.
- Sarah noted progress towards Accountable Care System and the aim for a shadow group to be in place by 1<sup>st</sup> April
- Members discussed the shared intelligence function and noted that this would be on a small scale initially with funding to cover officer and software support
- Members supported looking across a wider geography if opportunities present.

Members supported the resourcing plan and proposed commitment, particularly highlighting the value of the coordination role. A request was made for a list to be circulated indicating partner commitment.

**Action: A number of next steps were proposed to mobilise the delivery plan, to be completed for presentation ahead of the next meeting of the Executive in March:**

- **Review partnership governance including structures and representation. For example, it may be appropriate to disband the implementation group and focus on the delivery methods outlined above with an overarching PMO;**
- **Establish programme resource including partner contributions through one to one meetings with partners;**
- **Develop the work streams into more detailed mandates with clear actions and milestones; and**
- **Undertake further locality profiling to inform the work streams.**

The next steps were agreed to be progressed before the next meeting. Funding support to be circulated and all partners requested to confirm their commitment and contribution by Friday 16th Feb.

## **6. ANY OTHER BUSINESS**

No other business was raised.

## **7. DATE OF NEXT MEETING**

Next meeting to be held on 27<sup>th</sup> March 2018 at 16.00 Chorley Town Hall

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