

Chorley Public Service Reform Executive

Tuesday, 25 September 2018

Present:

Chair – Councillor Peter Wilson (Chorley Council), Gary Hall (Chorley Council), Rebecca Huddleston (Chorley Council), CI Mike Adamson (Lancashire Constabulary), Jayne Mellor (Chorley and South Ribble Clinical Commissioning Group), Andrea Trafford (The Chorley Surgery), Amanda Jakeman (Department for Work and Pensions), Tim Grose (Lancashire County Council), Sarah James (Our Health, Our Care Programme), Diane Gradwell (VCFS Network), Phil Gooden (Lancashire Care Foundation NHS Trust), Howard Booth (Innovations Agency) and Paul Brain (Innovations Agency)

Apologies:

Councillor Alistair Bradley (Chorley Council), Councillor Alan Cullens (Chorley Council), Sue Moore (Lancashire Care Foundation NHS Trust), Dr Shashidhar Khandavalli (The Chorley Surgery), Iain Pearson (Lancashire Wellbeing Service) and Phil Whittaker (Lancashire Fire and Rescue)

Observers: Councillor Margaret France & Councillor Graham Dunn

Officer: Hayley Hughes

1.WELCOME AND APOLOGIES FOR ABSENCE

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

2.MINUTES, MATTERS ARISING AND ACTIONS OF THE MEETING CHORLEY PUBLIC SERVICE REFORM EXECUTIVE 16TH APRIL 2018

It was noted that the meeting due on 26th June was cancelled due to availability of members. The minutes from the previous Executive meeting held on 16th April 2018 were agreed with no matters arising.

Actions from that meeting were noted as cleared.

3.PROGRAMME UPDATES

Further to information provided in the agenda pack, overviews of the following projects were provided:

Locality Project

CI Mike Adamson advised that further to the last meeting work has progressed to establish a project team on locality working across services in Chorley. Locations considered have included the existing spaces at Chorley Fire Station, Chorley Council Civic Offices and the LCC Library Building which now has a space available for integrated team working. IT support including use of Refernet and an Early Help Module are also part of this project, and services involved have been confirmed.

The model presented will be an all age service, open to all services in Chorley, supporting the most vulnerable children, families and adults in the district. The model will be supported through a dedicated co-ordinator, and the Executive confirmed the commitment to support this

post. Financial contributions have been confirmed from Chorley Council, Lancashire Constabulary and also Lancashire Care Foundation Trust, with non-chargeable building assets available from Lancashire Fire and Rescue and Lancashire County Council.

The benefits of the model will be:

- Having a “fixed point” through multi agency meetings/shared spaces enables the ability to work more closely across services, reducing duplication of activity required with residents/patients;
- Provides a holistic approach in case management in terms of interventions available, supporting people both stepping out of crisis, as well as preventing situations escalating;
- Networks have been developed supporting awareness of interventions and services available which is understood more widely across the whole local area; and
- Improved responses in terms of positive outcomes, ensuring the right team give the right support at the right time.

Observations included:

- Understanding the issues on the current backlog in the safeguarding process (MASH referrals), and that the integrated services are seen as a way of supporting these referrals;
- Support for cases including Mental Health; Domestic Abuse; substance misuse; debt and anti-social behavior, all of which can be referred into the hub for support if services need help to progress;
- Capacity of the teams, and to ensure it doesn't duplicate activity which should be provided by specific services; and
- Engagement from services and raising awareness. It was noted that the CCG can help support with awareness. Sarah James to provide contacts with GPs and Hospitals.

It was agreed that as part of the project, communications to raise awareness of the hub will be planned in including links with GPs in the area. Actions to progress the logistics of the services utilising the space in the LCC Library Building and IT development with a view to being in place early October 2018 will also be taken, and progressed by the Locality Project Team.

Pathways

Phil Gooden from the Chorley Integrated Community Wellbeing Service (ICWS), provided an overview of the pathways activity which involved areas concerning mental health, housing and employability. The three pathways were selected because they:

- could reach a high number clients/received high volumes of referrals;
- have the ability to reduce demand and crisis situations if managed well; and
- can facilitate the most significant benefit at the earliest opportunity.

Phil advised that on the mental health activity, a focus has been on the early offer to people referring into the service, which has integrated a number of teams who can help support (including Mindsmatter, Health and Wellbeing, Lancashire Wellbeing Service. 400 people had accessed the service by the end of May, and the findings from this will now be considered as part of the next phase, which will consult with the people involved in the pathway, gaining patient experience and feedback, and how to improve matching up service users with relevant interventions.

The housing work has been focused on the issue of people who present homeless and have more severe mental health needs, which often lead to housing which is not conducive to recovery, which then perpetuates their condition and increasing risk of higher housing needs. This pathway will look to involve care co-ordination and a fast track process to support better accommodation. This will also look to have the Housing Solutions Team as a trusted assessor to help with appropriate accommodation and mental health support.

Employability pathway has established that there is significant support available across a range of services from needing co-ordination support to helping people upskill from existing jobs. Further engagement with DWP managers, and having a common approach across organisations will help establish this pathway as a consistent approach to help people get work ready, support them into work, and also upskill to other opportunities.

This work will continue to be progressed through the Integrated Community Wellbeing Service.

3.PROGRAMME DEVELOPMENT

Rebecca Huddleston presented a paper following approval of three workstreams in April. Updates on activity was advised, which were:

Establish a shared Intelligence system

A working group has met to understand what data is held by organisations, and how it's used. Initially work was to look at potential IT solutions, but a key element of this is the capacity needed to analyse the information. The Executive was asked to consider the potential short term resource to support this work further.

Driving Reform through leadership, organisational and workforce development

A working group has also met in early September to discuss the elements of the mandate which was put forward for approval from the Executive. This is not to duplicate existing programmes in organisations, but to consider how organisations could be more integrated on certain elements of development. The proposal included setting a pledge commitment, annual conference event possibly linking to value stream analysis, and organizational development and recruitment placements.

Develop a partnership economic reform agenda

Previous work programmes have been health focused, but for this year the partnership is looking to how business and commercial sector could be involved in supporting public service reform, and help build resilience in communities. Work completed has involved building an economic profile, considering anchor institutions, and business forums. The next phase proposed was to refresh the skills framework and action plan previously developed by Chorley Council, to support the activity in this mandate. This was put on hold previously due to lack of capacity to progress. The update on the work stream to develop a partnership economic reform agenda was noted.

The Executive were asked a number of questions on the three areas, and approved the leadership, organisational and workforce development mandate and noted the update on the economic reform workstream.

Actions

Executive to confirm any resource for a data analyst or intelligence officer who has any capacity to support the partnership in the short term (up to March 2019) to Hayley Hughes by 11.10.18

Executive to identify any further representatives to engage in the leadership and workforce work stream to Hayley Hughes by 11.10.18

Support offered from the Executive included, potential support from the CSU (CCG) on the data analysis resource, links for Value Stream Analysis work to help support the leadership and development mandate; and full support from DWP following their involvement with local employers and the approach set out.

4.OUT OF HOSPITAL STRATEGY

Sarah James advised that the ICP is the local response for Central Lancashire to support system wide change in the health economy. The partnership includes 2 CCGs, Hospital, LCFT, Primary Care, Providers, LCC, District Councils and VCFS. An independent chair has been approved and the partnership have now met for the first time. The strategic priorities over the next 12 months will include clinical programmes; out of hospital transformation; technical changes (economic/finances) and commissioning. Sarah offered to provide a more detailed update at the next Executive meeting.

Jayne Mellor advised that the Out of Hospital Transformation involves three elements: prevention and early intervention; out of hospital activity; and acute sustainability, although there are interdependencies between the three elements. This work supports the NHS five year forward view, and placed based commissioning approach, with the intent to provide care as close to home as possible and wrap services around GPs.

There are 63 individual GPs across central, and the new commissioning approach looks to standardise the primary care model, which will group GPs into collaboratives to serve the needs of the population. The CCG has also been working with LCFT to support the newly formed eight collaboratives with the integrated Care Teams (four in total).

Prevalence profiling has been completed on community needs, using the JSNA and service modelling and also staff profiling. This intelligence has been shared with the collaboratives, to understand resources available and needs of practices. It was noted that to ensure easy access for communities across the geographical footprints equality assessments have been completed to ensure that patients are not disadvantaged by the new approaches.

Budgets continue to support the secondary care, although in the new structure there will be funding to support prevention activity as part of the Integrated Care System.

Already the new approach has resulted in commissioning differently, examples include: GP 7 Day Service, Care Homes in reach model, Gynaecology Clinics in community, Diabetes model, and COPD MDT Model. These have been managed through collaboratives rather than secondary care.

Work is now moving at pace, and planned activity includes secondary care looking at further support to community teams and GPs, as well as the legal entity for the collaborations.

Andrea Trafford advised that the work completed on the profiling was well received by the collaboratives, and also that the commissioning changes have also been seen as good pieces of work to support community based services.

Jayne referred to the NHS 10 year plan which is due out in November which will still include place based commissioning, footprints in the Northwest, and subsequent commissioning levels.

Gary commented that the changes to clinical services are key to integrate what we are doing in the wider services in the localities involved, and that it is essential to link in with the leads. Jayne advised that the collaborative leadership teams will be announced soon and will share this with the partnership.

The Executive noted the updates on this work and welcomed opportunities to understand how the Public Service Reform partnership can supporting this further.

5. INNOVATIONS AGENCY OVERVIEW

Howerd Booth from the Innovations Agency (Academic Health Science Network) presented to the partnership an overview of the type of work they are involved in across the North West. They can help accelerate the spread of innovations to improve health and care, and on some

innovations these can be developed in other areas of public services. The innovations agency has a number of goals including:

- Support system transformation through the adoption of innovations that enhance quality and value;
- Support innovation centres and SMEs to drive economic growth;
- Drive adoption of digital innovation to improve health and care for our population;
- Deliver the NHS Improvement Patient Safety Collaborative programme; and
- Collaborate with the network on AHSNs to accelerate the spread of transformational innovation across the country.

They are involved in key projects to reduce the demand on attending A&E and Primary Care through innovations on self-care, access to support in communities. Paul Brain, also from Innovations Agency advised that he is working with GP surgeries to develop use of a device that can help support early identification of AF, helping prevent strokes. This is being rolled out into the Fire Service which is offered as part of the Home Fire Safety Check. Currently being piloted in Leyland, but this could possibly be rolled out across Central area.

Howerd referenced another project which is Integrated Locality Care, supporting mental health and wellbeing services, working with LCFT, Local Authorities, Police and Fire service and third sector. Other opportunities for collaboration were also presented. He also mentioned about support with the digital and transformation teams as part of the Integrated Care System.

Contact details for Howerd and Paul:

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Paul Brain paul.brain@innovationagnecynwc.nhs.uk

Presentation was intended to raise awareness of activity being delivered by this group, and to offer to partners support with work on the collaboratives, ICPs and pathway work to help support solutions.

Opportunities raised:

- Jayne advised on work they are developing on mental health pathway, and to support strokes, and the CCG would be interested in linking in.
- Andrea asked about how this agency links in with NHS England Exemplar programme.
- Mike asked for further details on the Information Gateway which was mentioned as supporting locality working.

6. ANY OTHER BUSINESS

No other business was raised.

7. DATE OF NEXT MEETING

Next meeting to be held on 27th November 2018 at 16.00 Chorley Town Hall. Forward look on meetings: 26.02.19 and 23.04.19