

Chorley Public Service Reform Executive

Wednesday, 18 October 2017

PRESENT:

Chair – Councillor Alistair Bradley, Gary Hall (Chorley Council), Rebecca Huddleston (Chorley Council), Vicky Willett (Chorley Council), Phil Whittaker (Lancashire Fire and Rescue), CI Mike Adamson (Lancashire Constabulary), Sarah James (Our Health, Our Care Programme), Steve Winterson (Lancashire Care Foundation NHS Trust), Iain Pearson (Lancashire Wellbeing Service), Diane Gradwell (VCFS Network), Tim Grose (Lancashire County Council), Karl Worsley (Department for Work and Pensions), Karen Sharrocks and Donna Roberts (Chorley and South Ribble Clinical Commissioning Group).

APOLOGIES:

Councillor Alan Cullens, Dr Shashidhar Khandavalli and Andrea Trafford (The Chorley Surgery), Sue Moore (Lancashire Care Foundation NHS Trust), Janet Hodgson (Runshaw College), and Allan Jones (Business Representative).

OBSERVER: Councillor Margaret France

OFFICER: Hayley Hughes

1.WELCOME AND APOLOGIES FOR ABSENCE

Covering the start of the meeting as Chair, Gary Hall welcomed everyone to the Chorley Public Service Reform Executive.

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

Minutes from the meeting of 18th July 2017 were agreed as a correct record with no matters arising. Actions raised were cleared as stated:

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).

Note issued and part of agenda – Cleared

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

This strategy is now Out of Hospital Strategy and to be discussed as part of agenda – Cleared

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

Presentation on evaluation approach issued to Executive, and evaluation completed and part of agenda - Cleared

3.EVALUATION FINDINGS

Councillor Bradley then invited Vicky Willett to provide an overview of the evaluation for year two of the Chorley Public Service Reform Work programme.

This was supported by a summary document, and full evaluation report provided as part of the agenda pack. Vicky advised that building on the findings from year one, which tested concepts and principles of public service reform, year two helped formalise processes and ways of working within a locality.

Vicky advised that the evaluation covers work delivered from January to October 2017 in year two of the work programme, with the following objectives:

- A true test of co-location
- Development of work with primary care at scale
- Building Community resilience
- Supporting system wide transformation

An overview was provided on the four main workstreams, which were:

1. Co-located multi agency team
2. Primary Care Hub
3. Building Community Resilience
4. Integrated Community Wellbeing

Using case studies, profiling, and findings from the activity delivered under these workstreams, key learning has been:

- Early intervention works
- Shared intelligence is essential
- Co-location is a platform for improving workforce relationships
- Integration methods require flexible implementation
- Coordination is key
- Resilience starts in communities
- The Integrated Community Wellbeing Service provides a vehicle for leading and influencing the longer term wellbeing of communities

Overall the Chorley Public Service Reform Partnership has achieved great things over the past two years, and has established itself as a leading group on public service reform in Central Lancashire, by having a cohesive approach and delivering outcomes that show potential of creating efficiencies to support and sustain future change and deal with increasing demand.

All partner organisations were thanked for their involvement and for the work completed and the Chorley Public Service Reform Implementation Group were also thanked for their support in producing the findings for the evaluation.

The members of the Executive were asked to provide feedback on the findings. Comments included:

- Positive findings on the value of Lancashire Wellbeing Service involvement, which has been shared with commissioners;
- Coordination needs to be in place on multi-agency groups, as without this groups are not as effective;
- Consideration of costs of wider referrals, taking into consideration recent work from Lancashire Wellbeing Service with New Economics Foundation;
- Acknowledging that accurate costings are difficult, but key focus should be on overall outcomes and ability to reduce resource required on managing activity;
- Support for work on early prevention as the way of supporting transformation;
- Agreement that evaluation reflects activity completed, with very positive outcomes;

The members of the Executive were asked to consider the longer term plan to move forward as a strategic partnership. Three next steps were proposed:

1. Support the development and adoption of key Central Lancashire strategies including the Out of Hospital Strategy and future Prevention Strategy.
2. Develop a Chorley delivery plan for key strategies (to be led by the Executive and aligned to the Our Health Our Care programme) that embeds learning to date and recognises the role of wider partners in delivering transformational place-based change. This should include consideration of new structures such as GP collaboratives and the Integrated Community Wellbeing Service as vehicles for change.
3. Aligned to the delivery plan, produce a resourcing and workforce plan to support integrated working; this should explore options for shared resource to facilitate local strategic delivery and links to future commissioning priorities

Discussion points noted were:

- How the positive outcomes can be replicated at scale across wider areas, and built into transformation activity;
- Some activity e.g. coordination support will come at a cost, and if partners agree with further work, then resources and funding will need to be committed to;
- Support from partners on multi-agency working as benefits seen from operational level on this;
- Need to move towards prevention, linking with the new prevention strategy and Our Health, Our Care programme;
- Retain pace and ability to deliver on bigger scale, consider who is best placed to affect change;
- Consider natural geographies e.g. South Ribble, and work in development to reduce any duplication; and
- Look for opportunities with CCG commissioning delivery plans for next year.

There was broad agreement from the Executive on the proposed approach, and it was agreed to work up a delivery plan for approval at the next Executive meeting.

Action: PMO to develop a delivery plan for presentation at the next Executive.

Support was offered to help raise profile of the good practice in Chorley at Our Health, Our Care Programme Board

Action: Sarah James to advise PMO of next Our Health, Our Care Programme Board

4.OUT OF HOSPITAL STRATEGY OVERVIEW

Donna Roberts presented the Out of Hospital Strategy for the improvement of out of hospital care across Chorley, South Ribble and Greater Preston. The strategy supports the NHS five year forward view, looks to reduce pressure on GPs, and encompasses all out of hospital care. The strategy has a focus on localities, and for Chorley Central there are eight GP practices which have been grouped into two collaboratives. This does not necessarily fit with other geographical footprints such as wards, or service planning areas, but does logically fit with patients' needs across the areas agreed and covers a population of around 30-50k.

The new models of care presented in the strategy are fundamentally based on locality and patient need with a focus on integration to ensure a holistic approach to meeting needs. Solution design events have brought in services which are wider than health and include how voluntary sector can support pathways, and sustainable care, supporting transformation to give the right care at the right time, and in the right place.

The strategy will influence how we make most effective use of workforce resource and skills, and will also link in with prevention strategy, which is in development.

A concern was raised on non-clinical staff being asked to action certain processes, and the need for training and legal liability to be considered. Donna gave assurance that recognised competencies have been developed and will be delivered as standard across all practices to ensure standardisation and that levels of competence are attained.

It was recognised that this strategy acts as a building block with the next steps of the public service reform partnership, and will create a number of opportunities, including GPs working in collaboratives and localities, linking closely with the prevention strategy.

It was noted that the GP collaboratives will not be “centralised hubs”, but have a shared approach on intelligence led demands in the locality to be aligned to wider services including statutory and third sector.

The Executive will continue to be kept up to date on how the strategy progresses.

5.OUT OF HOSPITAL WORK PROGRAMME AND GOVERNANCE ARRANGEMENTS

Gary Hall advised that this item was for information to the Executive, and to note that the report provided indicates the complexity of the way in which the Sustainability and Transformation Partnership (STP) will be managed and reported. The CCG Steering Committee will be the decision making body which will report into the STP Board. It was noted that no timeframes are detailed, so localised activity, including that of the Chorley Public Service Reform Partnership, must maintain pace of change and deliver as this could inform and support further development of the STP, and support the health economies working together. Concerns have been raised that there is no representation of any district councils in the proposed governance structure.

Report was noted by the Executive.

6.ANY OTHER BUSINESS

No other business was raised.

7.NEXT MEETING

Next meeting to be confirmed, which will link in with development of the delivery plan as discussed.