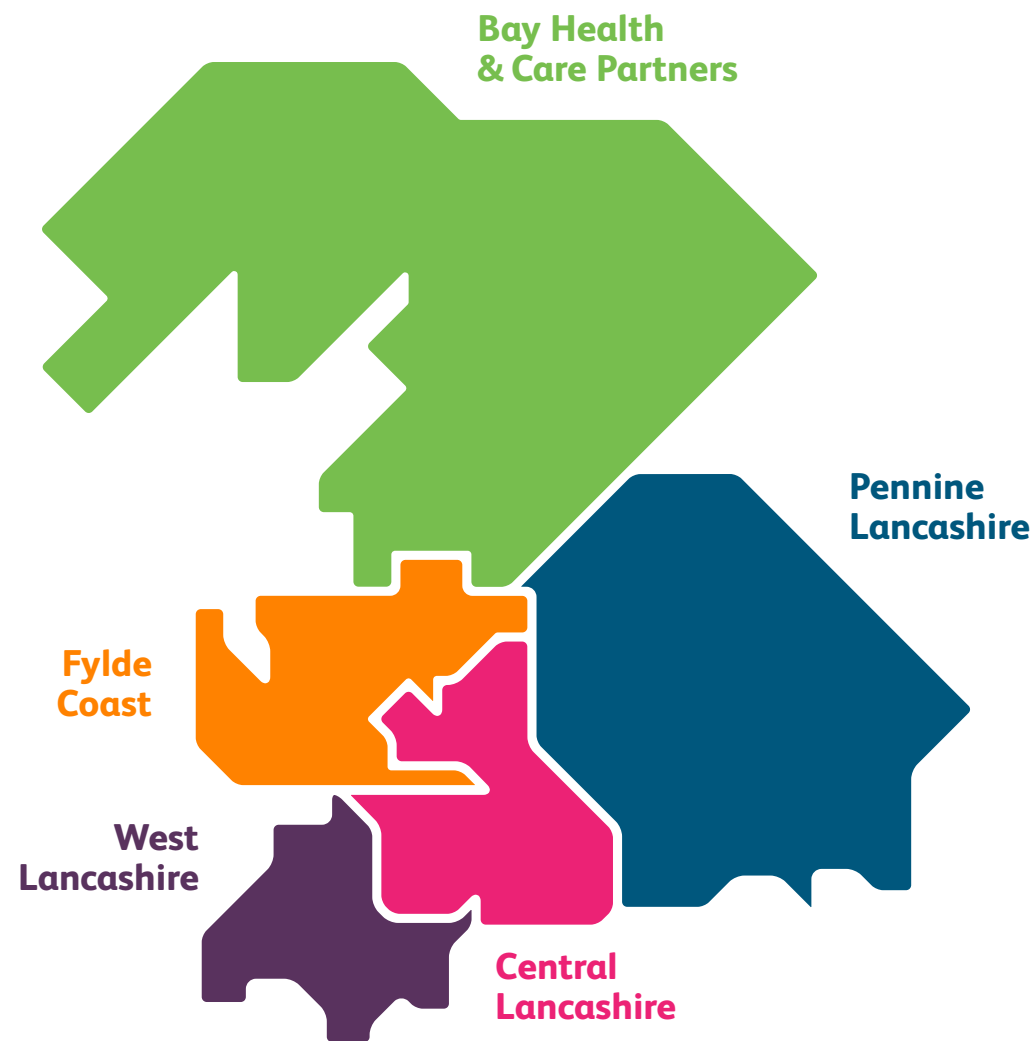


# A Healthier Lancashire and South Cumbria

## Improving health and care for local people

Published March 2017





Healthier Lancashire and South Cumbria is a partnership of organisations working together to improve health and care across our region.

There are five local areas, as shown on the map. Services and organisations in these areas are working together to join up health and care. Feedback collected from these areas has been fed into developing an approach to improve health and care across Lancashire and South Cumbria.

This document explains the challenges faced across our region and the collective approach for working together for the future of health and care.

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This is your opportunity to understand the health and care challenges we face. Please help us by reading this document and by getting involved.



# What is Healthier Lancashire and South Cumbria?

**Healthier Lancashire and South Cumbria is a partnership of organisations with a shared vision for health and care across our region.**

We benefit from services that are already working in partnership. The staff involved in those services know we are facing some really tough challenges. They realise we need to act now to ensure we can safeguard our services for the future.

This document describes some of those challenges and gives some ideas for how we might solve them. This document is not a detailed plan of what may change. It is instead a vision of how we can work together with local people and our communities to make a difference.

## What is this document based on?

Over the last few years people from all over Lancashire and South Cumbria have been involved in local events and groups. The feedback from these groups is that people want everyday services close to home. They are also tired of having to repeat their stories every time they see a different professional. Overall, they feel services should be more joined up around what people really need and they want their views about health and care services taken into account as plans are made to change them.



Our workforce need more support. We cannot always recruit the staff we need to join our teams. This means we are struggling to meet demand for services. We need to look for other options. One way forward is to take out waste and duplication of effort. By using technology to share information and link up with each other, our staff can provide a better service with the resources they have in place.

Many of their facilities are not used in the best way possible either. We know we have many out of date buildings that are just not suitable. We also have the opportunity to make better use of other public sites, such as community centres. This means, overall, we need to think differently. Instead of getting by we need to make the most of what we have and invest where it is needed.



## Is this document a Sustainability and Transformation Plan?

**This document is not a Sustainability and Transformation Plan. It sets out the shared challenges we face and how we are working together to create solutions to tackle them.**

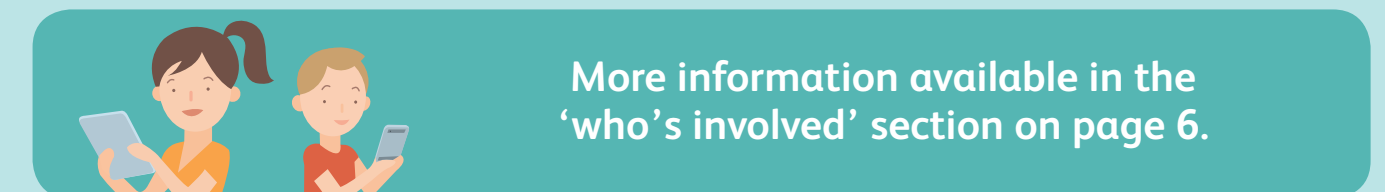
However, in October 2016, a document for our region was drawn together called a Sustainability and Transformation Plan.



FOR MORE INFORMATION VISIT  
**[www.healthierlsc.co.uk](http://www.healthierlsc.co.uk)**

NHS England leads the National Health Service (NHS) in England. In 2015, NHS England worked with other national organisations to produce The Five Year Forward View, which is a national plan to improve health and care services. This national plan states that services need to get better at preventing ill-health, improve overall quality and safety and become more efficient.

In January 2016, NHS England asked 44 regions, like Lancashire and South Cumbria, to bring together NHS organisations, Local Authorities, voluntary and community groups to form a Sustainability and Transformation Plan. Lancashire was ahead-of-the-game, because local organisations were already having these conversations. In November 2016, a draft of the local STP plan was published. Its purpose was to encourage further thinking about potential solutions and draw together local plans. The next steps are to have some more local conversations to develop the ideas further before coming up with firm proposals.



More information available in the  
**'who's involved' section on page 6.**

# Who's involved in Healthier Lancashire and South Cumbria?

The region of Healthier Lancashire and South Cumbria is diverse. The geographies are different and so are some of the local challenges. Our health and care services are provided by lots of different organisations and groups. So in order to tackle the local challenges, our region has been split into five local areas. They are part of Healthier Lancashire and South Cumbria and will be involved in improvements that need to happen across the whole region, but they are also developing local plans for their own areas.

In addition to the organisations listed with the map in this section, there are over 200 GP practices. There are also Trusts which provide ambulance services, mental health as well as health and wellbeing services across the region. These services are all working closely together in each of the local areas.

We also value the importance of working with all the voluntary, community and charity groups, who are vital partners involved in health and care across our region. The other emergency services, housing providers and voluntary, community and faith sector are also involved, as we are focused on making a difference to everything that connects health and care to communities.



## There are five local areas working together across Healthier Lancashire and South Cumbria

### CENTRAL LANCASHIRE OUR HEALTH OUR CARE

NHS Greater Preston Clinical Commissioning Group  
NHS Chorley and South Ribble Clinical Commissioning Group  
Lancashire Teaching Hospitals NHS Foundation Trust  
Preston City Council  
Chorley Council  
South Ribble Borough Council

### BAY HEALTH AND CARE PARTNERS BETTER CARE TOGETHER

NHS Morecambe Bay Clinical Commissioning Group  
University Hospitals of Morecambe Bay NHS Foundation Trust  
Cumbria Partnership NHS Foundation Trust  
Blackpool Teaching Hospitals NHS Foundation Trust  
South Cumbria GP Federation  
North Lancashire GP Federation  
Cumbria County Council

### ORGANISATIONS WORKING ACROSS THE REGION

Lancashire County Council  
Lancashire Care  
NHS Foundation Trust  
Mersey Care  
NHS Foundation Trust  
NHS England  
North West Ambulance Service  
NHS Trust

In these areas, partner organisations are working with a range of stakeholders to develop new ways of working involving local services, staff, district councils, voluntary, community and faith organisations and local people.

### FYLDE COAST

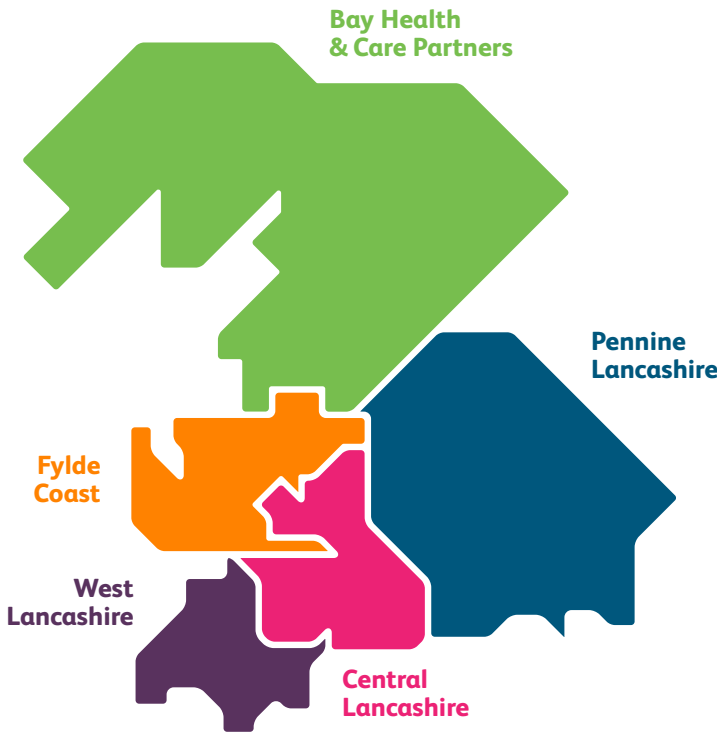
NHS Blackpool Clinical Commissioning Group  
NHS Fylde & Wyre Clinical Commissioning Group  
Blackpool Teaching Hospitals NHS Foundation Trust  
Blackpool Council  
Fylde Borough Council  
Wyre Council

### PENNINE LANCASHIRE TOGETHER: A HEALTHIER FUTURE

NHS Blackburn with Darwen Clinical Commissioning Group  
Blackburn with Darwen Council  
NHS East Lancashire Clinical Commissioning Group  
East Lancashire Hospitals NHS Trust

### WEST LANCASHIRE

Southport & Ormskirk Hospital NHS Trust  
NHS West Lancashire Clinical Commissioning Group  
West Lancashire Borough Council





# Why we need to change...

Across Lancashire and South Cumbria, we face some real challenges which mean we can't carry on delivering health and care services the way we do now. We will be honest in explaining these challenges. Our health and care services are struggling to address the level of illness and poor overall health we face. As a consequence, people don't always receive the quality of care they need. We need to tackle these challenges to move towards a health and care system that is fit for now and the future.

## OUR VISION

is to join together with people who use services and people who deliver services to tackle our challenges and improve health and care.

The population of Lancashire and South Cumbria is approximately 1.7 million and is increasing.<sup>1</sup>

## Finance

### It isn't all about the money, even if it appears that way.

Funding for the NHS is set to increase over the next few years. However, the need for our health and care services is higher than ever and is predicted to increase. This means there will be a mismatch between the growth in our funding and the even higher increases in demand for services and the higher prices of delivering services. This financial gap could reach as high as £572 million<sup>2</sup> by 2020/2021 for Lancashire and South Cumbria if we do not change the way we provide services.

In addition, funding for care services is decreasing. This means when people can't access the care they need at home or locally, they often have to stay in health facilities through no fault of their own.

We spend large amounts of our funding on treating illnesses caused by the effects of diet, inactivity, smoking and drinking alcohol. Smoking costs us more than £290 million<sup>3</sup> each year and alcohol misuse costs more than £495 million<sup>3</sup> per year.

Through all of this our workforce is committed to providing the best services they possibly can. We all need to help them to do that. We can't pretend the funding isn't an issue, but equally it isn't the only issue.

## Our challenges

- Financial shortfalls due to increased demand for services
- Poor health throughout our region
- Lack of joined up care
- An ageing population with complex needs
- Workforce recruitment problems
- Increased need for mental health support



## Poor health

Some people die younger and experience ill health from an early age, especially in areas with higher levels of deprivation, that is, where incomes are lower and unemployment is higher. There are high levels of physical and mental health problems, and we have even seen increased levels of suicide for people in our communities.

3,500 deaths across Lancashire and South Cumbria are considered preventable.<sup>4</sup> For example, over 2,000 people over the age of 35 die each year from smoking related illnesses, such as cancer and heart disease.<sup>5</sup> Alcohol misuse is also a big issue. Nearly 8% of the population are estimated to be high risk drinkers.<sup>5</sup> We know that it isn't always easy to cut down on drinking or stop smoking, so we need to support people and communities to make changes. Others in our community are also at risk. We know that people with a learning disability are more likely to die younger than those that don't.

In Lancashire and South Cumbria cardiovascular disease, heart failure, hypertension, asthma, dementia and depression are more common than the national average.<sup>6</sup>

There has been an increase in the rate of young people between the age of 10 and 24 being admitted to hospital for self-harming.<sup>7</sup>

## What works now

A smartphone text messaging system is working in some areas for the Heart Failure Service. It sends patients reminders and health advice tailored to their needs. It also captures real time information such as their oxygen level, pulse rate, blood pressure and weight readings. This has resulted in patients being more confident and able to self-manage their conditions. It also resulted in reducing hospital admissions and unnecessary visits. This meant clinicians could see more patients overall.

## Our workforce

Challenges with recruiting and retaining a skilled workforce are a real problem. We have an aging workforce without enough younger replacements coming through. If we can't always increase the workforce needed then we need to look at how we can create new roles, train staff and work more effectively together. Enhanced use of technology will enable staff to share information with each other and patients. This will result in less duplication and a better service for patients. We realise this won't work for everyone, but it could benefit many.

### EXIT

20% of GPs are 55 or over and therefore likely to retire over the next 10 years<sup>1</sup>

## What works now

Our communities are already working together with GPs in a number of areas. Where this has worked in other parts of the country it has delivered some great results. A public health intervention with strong links with general practice in another part of the country showed improvements in health behaviour of citizens. This included a 62 % increase in stopping smoking, a 22 % increase in eating fruit and vegetables and a 33 % increase in levels of physical activity.<sup>8</sup> This model is similar to initiatives already taking place in our region.

# Older people with complex needs

For most of our area, the quality of life for people with long term health conditions is worse than the average across England<sup>4</sup>. We aim to find a way of joining up the care they receive from different organisations to give them a better quality of life. Many people with long term health conditions are frail and elderly patients. When their care isn't joined up around their needs, they often end up in hospital beds because they can't be treated closer to their homes.

## What works now

Frail elderly patients with multiple long-term conditions are benefitting from the launch of a new community based service called Extensive Care. Previously these professionals operated from different services and organisations. By coming together in Extensive Care, they are able to meet all the needs of a patient and reduce the likelihood of an unplanned hospital visit.

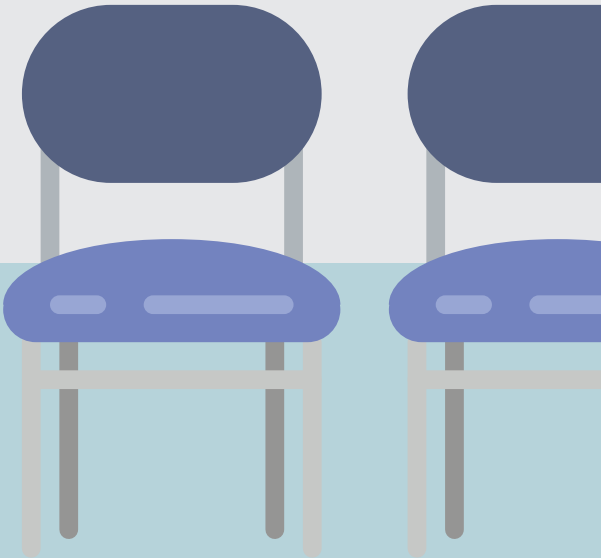
# It isn't always easy to decide which service to use...

We know that it isn't always easy to determine whether you should see your GP, but if people used their local pharmacies more or online services it could make a big difference. The health and care system is confusing meaning people are unsure where to go. Just over a quarter of all people seen by their doctor could have had their issue resolved in another way.

Also about a third of people who go into A&E departments could have been seen by their GP or another community service. We know that this may be because it's the weekend and they have no other option. People will need to be helped to understand what is available and where to find it, so it is easier for them to choose well.

If people can make another choice other than A&E when it isn't an emergency, it could make a big difference to the funds available for our services. Just take a look at the costs of services below.<sup>9, 14</sup>

SERVICE	COST
Average visit to an A&E.....	£119
Visit to walk-in centre.....	£57
Seeing a GP.....	£36
Consultation with practice nurse	£12
Call to NHS 111.....	£10
Visit to NHS Choices website.....	13 pence



# Increased need for Mental Health Support

Children, young people and adults' physical health needs are not being treated together with their mental health needs. This can lead to a variety of issues such as social isolation and self harm. This also results in physical health conditions being left untreated and people dying early. We will support people with teams close to home. We will also provide support for mental health in A&E departments to take into account both physical and mental health needs, whilst reducing pressure on services.



We have described our challenges and over the next pages we look at some of the possible solutions. These are early ideas and we want to work with people in the community to develop these into more details proposals.



# Our focus on prevention

**In Lancashire and South Cumbria there are stark differences in the quality of health for people,<sup>12</sup> meaning that those who are worst off financially experience poorer health and shorter lives. We aim to change this.**

Traditionally in health and care, we focus on helping people to get better once they are ill or making them as comfortable as possible with their condition. We will shift more resources to helping people to look after themselves and to make healthy choices the easy choices, so that they stay fit and healthy for as long as possible.

When we get older and experience long term conditions, we haven't always got the help to hand to make sure our conditions don't get any worse. This is also where prevention can play a clear role. Professionals will in future be able to predict changes in people's conditions and help them to avoid it getting worse by offering support, advice and treatment when it is needed.

40 % of all premature deaths are related to lifestyles.<sup>4</sup> This means we spend more on treating illnesses caused by the effects of diet, inactivity, smoking and drinking alcohol. A few small changes in our habits could make a big difference to the quality of our lives and how much is spent on treating preventable illnesses.

## WE KNOW IT ISN'T EASY



Enjoying an alcoholic drink and fast food is a normal part of life for many of us and it can be difficult to fit exercise into our everyday lives. Some people also feel they don't have a choice. Poor housing and life stresses can contribute to pushing people towards unhealthy choices, such as alcohol misuse and smoking. Healthy eating can be an expensive option for some. But if we could all make small changes, coupled with help from professionals, then it could make a big difference overall.



## How we want to work together on prevention...



### OUR FOCUS ON PREVENTION

We will support a higher level of connectivity among residents in our communities to improve their long-term health and wellbeing. This will help transform neighbourhoods into dynamic communities where local people can live, work and thrive.

It's time to focus on education. Starting right from school, people should make choices that could keep them healthier, both physically and emotionally. We will work with schools, employers, community groups and charities to spread prevention messages.

We will help people with common conditions (like coughs, rashes and so on) to better manage their health at home. People should feel more confident and safe in being responsible for their own health when it is something minor.

People with long term conditions, for example diabetes and heart failure, will be given advice and tools to monitor their condition. This will help them to manage their own care where they are able and willing.

There will be a strong focus on preventing older adults from becoming socially isolated which impacts on both their physical and mental health.

We will focus on improving health and wellbeing and reducing avoidable deaths including those from suicide. This includes improving workplace health and wellbeing.

We can identify the people who are likely to have very complex health and care issues in the future. This means health and care professionals can work with those people and their families to stop any avoidable health problems. It also means that the care given can be joined up to take away duplication and confusion for the patient.

People with learning disabilities will be encouraged to have annual health checks and to take part in health screening programmes. This will help them to live healthier and access available treatments quicker to prevent early death.

We will increase the early diagnosis of people with conditions such as diabetes and cancer through early detection programmes.

We intend to embed health and care in the planning of employment, transport and housing across Lancashire and South Cumbria.



For examples of where these approaches are already working, go to our Case for Change section on page 8.



# Mental health, not just physical health

Meeting the mental health needs of children, young people and adults across our region is a key priority. We will build upon our strong track record of diagnosing conditions early and giving people the help they need, so that their conditions do not get any worse.

But we know there are a number of issues to address. Too often a person's physical health needs are not treated together with their mental health needs. This can lead to a variety of issues, leading to their physical health conditions being left untreated and them dying early. We are aiming to tackle this problem by ensuring mental health teams are working close to home, where possible, with GPs as well as in schools and wider community services.

Mental health problems in young people can result in lower educational attainment and are strongly associated with behaviours that pose a risk to their health e.g. smoking, drug and alcohol abuse and risky sexual behaviour.

When it comes to very specialised mental health services, such as psychosis, perinatal mental health or eating disorders, we will ensure we have the facilities and professionals available in the right place. We will ensure people do not have to travel out of our region to stay in a mental health facility, unless there is a clinical need.

## Helping people to access mental health services quickly



## FOCUS ON MENTAL HEALTH SERVICES

We will help people access services quickly. We will also make sure there are enough well trained staff to support people and to take care of people locally where possible.

We will ensure that mental health conditions, including dementia, are diagnosed as early as possible. Evidence shows that early treatment helps ensure that conditions do not worsen. Also by offering the right care and support, people are able to continue to live in their own home for longer.

We will improve the way we join up physical health needs with mental health needs. This will help improve life expectancy by ensuring their physical health needs are met equally.<sup>10</sup> This will be achieved through closer working with GP practices so that we can give people a holistic approach provided locally, without the need to go into hospital.

Services will respond quickly to offer the right support for people who are considering harming themselves. This means health services will work more closely with local Councils that provide social care and specialist support.

We will review all services provided to ensure they deliver what is needed and help people to recover. This is especially true of children's mental health services, which must provide children with a safe environment suited to them. There are also people who need a secure place because of the seriousness of their illness. In either situation, it is important that these services are close to where people live.



## What works now

Improving Access to Psychological Therapies, sometimes known as Talking Therapies, supports the 1 in 4 people who experience common mental health conditions such as depression and anxiety. Various therapies, including enhanced counselling, are used to support people's recovery. These conditions are often linked to other long term health issues such as Chronic Obstructive Pulmonary Disease and Diabetes. Pennine Lancashire is at the forefront of helping people to live long and fulfilling lives, through better management of these conditions, and their associated mental health issues. It is intended that learning and good practice identified within Pennine Lancashire will be rapidly spread across Lancashire and South Cumbria.

# Investment in local care

**We think we should invest more money into GP services and community care. That means investing more in the services that people use every day, with more care delivered locally. Every day tests and investigations, diagnosis and treatment of diseases, managing minor injuries and minor surgery can all be provided closer to home.**

We will see different GP practices working more closely together, and with community care, mental health services, learning disability services and voluntary groups. We will develop and train a range of professionals who can manage your issues without always needing to see a GP. This should mean it is easier to see a GP, when you really need to, as giving patients a wider range of options should free up more of the GPs' time. We aim to improve access to services in the day, at evenings and at weekends so that you can get the advice you need when you need it.

## PHARMACY



We will also help people to better understand how pharmacies and online resources can help deal with coughs, colds and other common conditions. Advice and support should be as convenient as possible for everyone, including making the best use of smart phones and digital technology.

## Working together to improve local care...



## OUR FOCUS ON LOCAL SERVICES

We will invest more funds into local care, so that people can receive joined up services seven days a week. GPs and community services will work closely with hospital colleagues to provide better care closer to home.

Our GPs will work with pharmacies and other community services to give people with minor conditions access to help and support. Working more closely with pharmacies will also help people on multiple medications and those needing support to manage their medicines.

We will give more training and support for GPs and other community care professionals, so that they are better able to offer wellbeing support for people.

We will continue to make the best of the services that work well for people, as we know that continuity of care is important.

We will look at what has worked well in other areas and build upon those approaches, including investment in technology and sharing resources across different localities.

We will help more people with learning disabilities to live in the community and reduce the reliance on hospital based care.



## What works now

An Advice and Guidance scheme has already been launched in some areas. The innovative system means that GPs can contact hospital specialists where they have doubts over how best to manage a patient's condition, via an electronic conversation. Those conversations generally take 24-48 hours to conclude and resulted in 1,500 people being treated close to home and not having to be referred for an outpatient appointment.

# Joining up health and social care

We want to make sure services work together to support you and your family. This means that the focus is not on health alone but also includes social care services. However, adult social care is facing real issues. The number of people with social care needs is increasing and people need more help with a wide range of things, all against the backdrop of reduced funding for local authorities. Some carers are also struggling and many have their own health issues and may not get the support they need.

Children's social care is also under immense pressure. National figures from the Department of Education show 'Looked after Children' numbers are the highest for 30 years.<sup>11</sup> There is also an increase in complexity of help needed for children, which means health services are often needed to support them.

## Sharing information and working together

We want health and social care to be coordinated around you. Our local areas have already set up neighbourhood teams where health and care professionals share information and work together.



## OUR FOCUS ON JOINING UP HEALTH AND CARE

We want to support you to take control of your own health and care needs. We will give you the knowledge and advice needed to stay healthy and independent.

We are sharing information with each other, so people don't have to speak to a number of different organisations or fill in lots of forms. We are aiming to offer people with complex needs a single point of contact who will know all about their history.

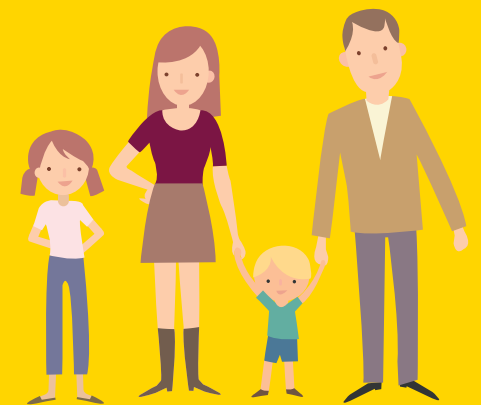
Our neighbourhood teams are looking to find better ways of joining up the various services provided to our population. This might mean looking after physical and mental health needs together. It may also mean joining up care in and out of hospital for people who have complex conditions. These teams will try to deliver as much care as possible locally so people only go to hospital if that is the best place to be.

We are working with residential care homes and care home providers to get the right care in place for those people who need it.

We will ensure advocacy services are available for vulnerable people who may need extra help in accessing care and support.

We will develop and deliver care plans that are centred on the needs of the individual, are well co-ordinated and are regularly reviewed.

Services provided will be regularly monitored and assessed to ensure they are delivering the high quality care we expect for our local population.



## What works now

We have already introduced a new way of working together in local groups. Locally-based care teams are working within 'neighbourhoods' – natural geographical areas – to complement existing services for patients. The teams work alongside local GPs and include wellbeing support workers, rehab therapists, care coordinators, nurses and healthcare assistants. They provide support to people aged over 18 who may need some extra help to stay well. This could be because they have a long-term condition which requires careful management or it could be because of other factors in their life (for example, they live with a carer who appears to be under pressure).



# Getting the right hospital care

We want to ensure people receive the very best care at their nearest hospital, or a more specialised hospital where specific expertise is required. This approach has been proven to save lives. We realise travel is a big issue for everyone. The geography of our region is diverse, with congested road networks and some rural areas where access is a problem, which means it can be very difficult for some people to travel for hospital care. Our focus is about providing as many services as possible locally, so that people only have to travel when it is absolutely necessary.

Our hospitals will work in partnership to give people access to the very best facilities and staff. This could mean care will be provided by a team of expert medical staff who work together across a number of hospital sites.

## Local where possible and specialised when needed

Hospitals already specialise in providing certain types of care. For example, Blackpool Victoria Hospital specialises in heart services to 1.5 million people across Lancashire and South Cumbria. Specialist services such as these exist to ensure that when a patient needs a specific operation or intervention, a highly experienced team is available.

Working in specialised teams ensures that doctors are performing the same procedures day in, day out, building up excellent levels of expertise in treating complex conditions. There is clear evidence that working in this way has already saved lives and improved patient care. Already, trauma services have been changed to work in this way. It provides a better service for patients and develops the expertise of the workforce.



## OUR FOCUS ON LOCAL CARE AND SPECIALISED CARE

Our hospitals will work together to share staff and resources to enable local services to be maintained.

We will work with local community services to make sure the right care is provided in and out of hospital.

All of our hospital trusts will ensure they meet quality, safety and waiting time standards and will continue to provide care to their local populations for general hospital services.

We will ensure we deliver the A&E waiting time standard, as well as reducing waiting times for a senior doctor assessment. We will maximise the time that consultants are on hand to deliver care to our most seriously ill patients.

We are carrying out a piece of detailed work to look at how specialised services are provided. We aim to make the best use of our facilities and the expertise of our staff, to deliver expert care when treating complex conditions. This may mean providing specialist services in one location for some highly specialised care, with every day support provided locally.

The evidence suggests that more specialised surgery, some cancer and other services, could benefit from being provided in centres of excellence. This approach saves more lives and gives a higher quality service to patients.



**What works now**

Ophthalmology services are already working differently. Patients with minor eye conditions are being given appointments in one of 26 optometrist sites, instead of one of three hospital sites within South Cumbria. In three months almost a thousand patients have benefitted from receiving treatment closer to home – rather than having to travel to hospital for treatment.



# Care needed urgently or in an emergency

We know that people want access to urgent care services as close to home as possible. By urgent care we mean when you need some element of care that should not wait for a routine appointment such as a minor injury or sudden raised temperature. This is different to emergency care which is a life or limb threatening illness or injury where waiting would be catastrophic.

People may be unsure if their illness or injury is an emergency, urgent, or neither and so may go to an A&E because it is the only option which is always available to them. That's when help should be available either on the phone, online, through a pharmacy, GP or walk-in centre to give people an easily accessible and consistent alternative.

When people need emergency care, which needs to be immediately available and 24 hours a day, they need to be stabilised and treated as quickly as possible. Emergencies like this such as heart attack, stroke or major trauma should result in the ambulance service being called via the 999 service and the specially trained crews and paramedics are able to provide any immediate stabilisation and treatments needed. They are also able to establish which is the most appropriate hospital to transport their patient to so that they can get the best treatment for them and their emergency condition.

**Urgent care that shouldn't wait for a routine appointment and emergency care that is life threatening.**



## FOCUS ON URGENT AND EMERGENCY CARE

Better coordination and organisation of urgent care services is required. These include GPs, mental health, ambulances and walk-in centres. This approach will ensure the services work together and people will know where they can get help when they need it.

There will be evening and weekend access to GPs or nurses working from community bases. These will be equipped to provide a greater range of tests and treatments, with better use of pharmacies.

By linking hospital sites we can ensure that patients with the most serious needs get to specialist emergency centres when it's required.

Provision of 24/7 Mental Health Liaison Teams in A&E departments to support patients with physical and mental health needs. These patients are three times more likely to be admitted to hospital. This will improve patient experience and ensure timely intervention.<sup>12</sup>

We will improve our advice services through leaflets, phone-lines, web services and smart phones so that people know where to get help and when.

We will seek feedback from patients on urgent care services so that we can improve them and make sure they continue to meet patient needs.



## What works now

The Acute Visiting Service takes referrals from the North West Ambulance Service, nursing homes and GP practices, for patients who already have a care plan and whose illness can be assessed at home as an alternative to an immediate trip to hospital. This resulted in 519 fewer A&E attendances in the first three quarters of 2015/16.

# What happens next...

We have set out the complexity of our challenges. The next stage is to involve people in bringing together the details on what our vision for Healthier Lancashire & South Cumbria could mean for everyone.

A lot of work is already underway and our local areas have been involving people in their discussions for the last few years. We want to build on this work with local people and design the future together.

Opportunities to be involved either in your local area or within Healthier Lancashire and South Cumbria, will be publicised over the coming months. In the meantime, if you would like to contact us please use any of the options on the back cover.

## Get involved

Find local events and opportunities to have your say on these challenges through our website. You will also be able to find examples of changes that are already making a difference in your area.

[www.healthierlsc.co.uk](http://www.healthierlsc.co.uk)



## References

1

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