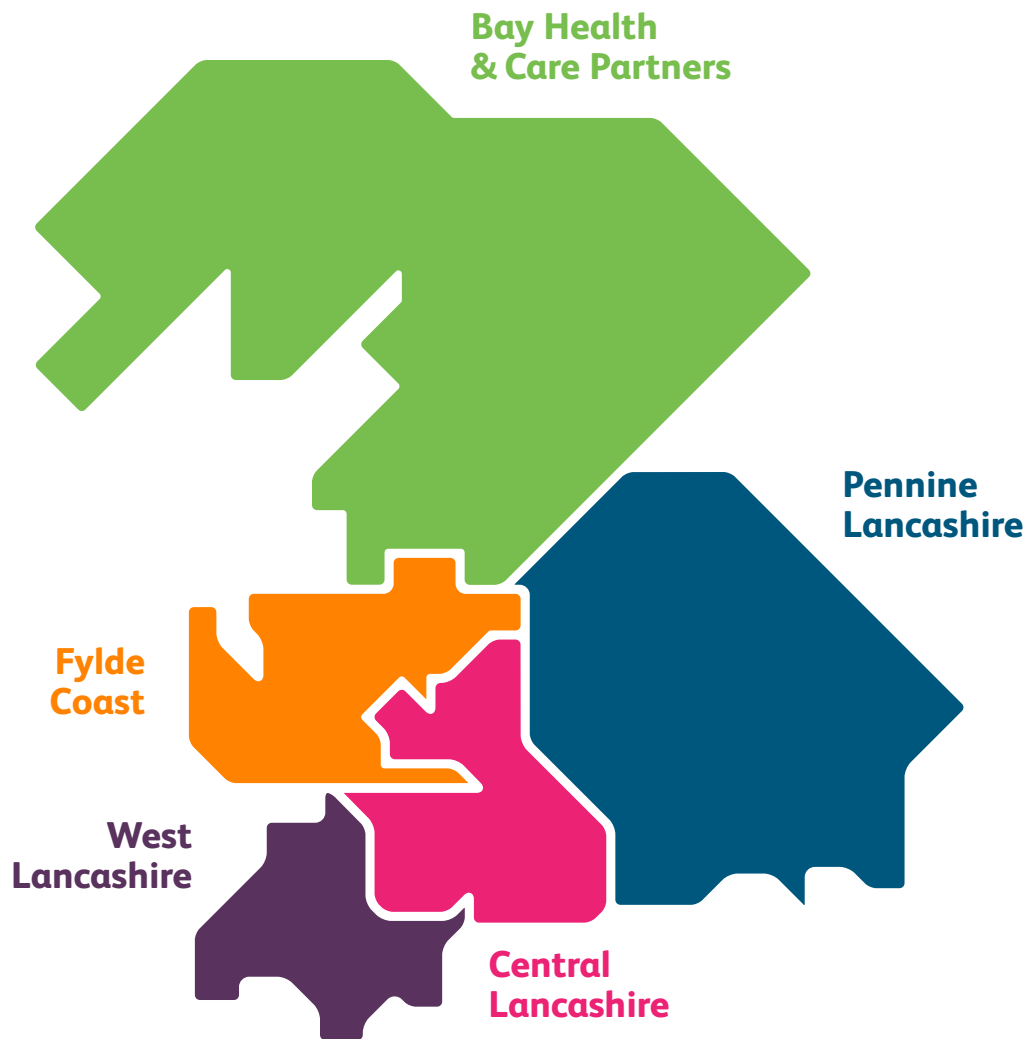


A healthier Lancashire and South Cumbria

Improving health and care for local people

Published May 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 link health and care. Feedback collected from these areas has been used to develop an approach to improve health and care across Lancashire and South Cumbria.

This document explains the challenges faced across our region and the 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 which have a shared vision for health and care across our region.

We benefit from services that are already working together. The staff involved in those services know we are facing some really tough challenges. They realise we need to act now to make sure we can continue providing our services in the future.

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

What this document is 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 needs 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 get rid of waste and not duplicate effort (that is, tasks being carried out more than once). 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.

Also, many of their facilities are not used in the best way possible. 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 that 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.

What is the sustainability and transformation plan?

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, including Lancashire and South Cumbria, to bring together NHS organisations, local authorities and voluntary and community groups to produce a sustainability and transformation plan (STP). Lancashire was ahead of the game because local organisations were already discussing plans. In November 2016, a draft of the STP was published. Its purpose was to encourage people to think about potential solutions to the health and care challenges set out in this document 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.



For more information visit
www.healthierlsc.co.uk

Who's involved in Healthier Lancashire and South Cumbria?

The region covered by 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.

As well as the organisations listed opposite, there are over 200 GP practices. There are also NHS Trusts, which provide ambulance services, mental-health services and health and well-being 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 religious groups 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

- 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 & Care Partners

- 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

West Lancashire

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

Fylde Coast

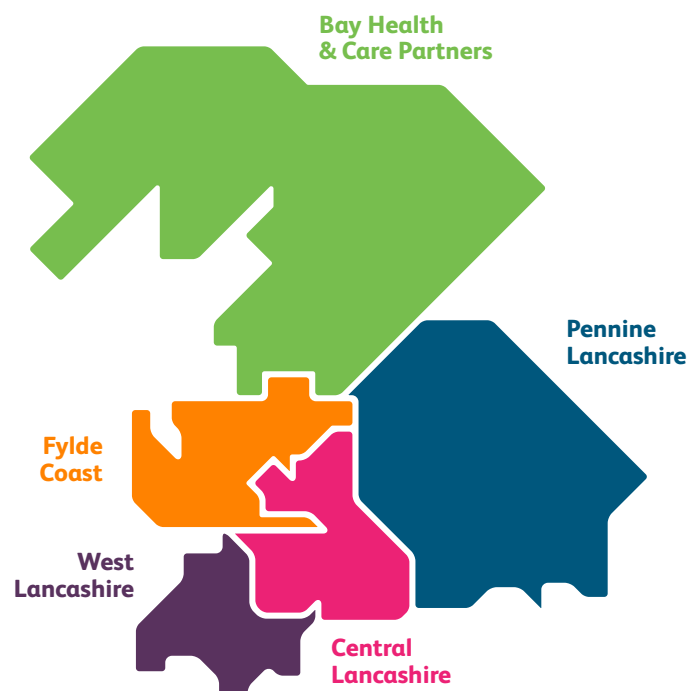
- NHS Blackpool Clinical Commissioning Group
- NHS Fylde & Wyre Clinical Commissioning Group
- Blackpool Teaching Hospitals NHS Foundation Trust
- Blackpool Council
- Fylde Borough Council
- Wyre Council

Pennine Lancashire

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

Other 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 interested organisations to develop new ways of working that involve local services, staff, district councils, voluntary, community and religious groups, and local people.

Why we need to change

Across Lancashire and South Cumbria, we face some real challenges which mean that 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 tackle the level of illness and poor overall health we face. This means that people don't always receive the quality of care they need. We need to overcome 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 provide 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. (See reference 1 below to see where this information comes from.)

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 costs of providing services. For Lancashire and South Cumbria, this financial gap could reach as high as £572 million by 2020/2021 if we do not change the way we provide services. (See reference 2 below to see where this figure comes from.)

On top of this, funding for care services is decreasing. This means that when people can't get the care they need at home or locally, they often have to stay in hospital through no fault of their own.

We spend large amounts of our funding on treating illnesses caused by the effects of poor diet, lack of exercise, smoking and drinking alcohol. Smoking costs us more than £290 million each year and alcohol misuse costs more than £495 million a year. (See references 3 and 4 below to see where these figures come from.)

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 that 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**
- **Problems recruiting staff**
- **Increased need for mental-health support**



2 Information from Healthier Lancashire and South Cumbria Sustainability and Transformation Plan, 2016.

3 Figures are specific for Lancashire and do not include South Cumbria, and come from Securing our Health and Wellbeing: Report of the Director of Public Health and Wellbeing, Lancashire County Council, 2016.

4 From NHS and Public Health Outcomes Framework. Information is based on the three-year data for 2012 to 2014.

Poor health

Some people experience ill health from an early age and die younger, 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 in our communities.

3,500 deaths across Lancashire and South Cumbria are considered preventable. See reference 4 below For example, over 2,000 people over the age of 35 die each year from smoking-related illnesses, such as cancer and heart disease (see reference 5 below). Alcohol misuse is also a big issue. Nearly 8% of the population are estimated to be high-risk drinkers (see reference 5 below). 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 help them to make changes. Others in our community are also at risk. We know that people with a learning disability are likely to die younger than those who don't have a learning disability.

In Lancashire and South Cumbria, cardiovascular disease, heart failure, hypertension (high blood pressure), asthma, dementia and depression are more common than the national average (see reference 6 below).

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 (see reference 7 below).

What works now

The Heart Failure Service has a text-messaging system in some areas. It sends patients reminders and health advice tailored to their needs. It also records readings of, for example, their oxygen level, pulse rate, blood pressure and weight. This has resulted in patients being more confident and able to manage their conditions. It also resulted in reducing hospital admissions and unnecessary visits. This meant doctors and nurses could see more patients overall.

4 From NHS and Public Health Outcomes Framework. Information is based on the three-year data for 2012 to 2014.

5 Figures are specific for Lancashire and do not include South Cumbria, and come from Securing our Health and Wellbeing: Report of the Director of Public Health and Wellbeing, Lancashire County Council, 2016.

6 Information from Health and Social Care Information Centre, 2015. Quality and Outcomes Framework (QOF) 2014-15.

7 From Public Health England Child Health Profile.

Our workforce

The challenges of recruiting and keeping a skilled workforce are a real problem. We have an ageing workforce and not enough younger replacements coming through. If we can't increase the workforce we need to look at how we can create new roles, train staff and work more effectively together. Increased use of technology will allow 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 are likely to retire over the next 10 years (see reference 1 below).



What works now

Our communities are already working with GPs in a number of areas. Where this has worked in other parts of the country it has produced some great results. A public-health intervention with strong links with general practice in another part of the country showed improvements in the way people look after themselves. 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 (see reference 8 below). This model is similar to initiatives already taking place in our region.

1 Based on the number of people registered with a GP in 2016/2017, according to NHS England, STP footprint analysis pack Lancashire and South Cumbria, Five Year Forward View 2016.

8 Statistics provided by C2 Connecting Communities, University of Exeter, 2016.

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 (see reference 4 below). We aim to find a way of linking 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 long-term conditions are benefiting 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 can meet all the needs of a patient and reduce the likelihood of an unplanned hospital visit.



Increased need for mental-health support

Children's, young people's 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 self-harm and feeling 'cut off' from society. 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.

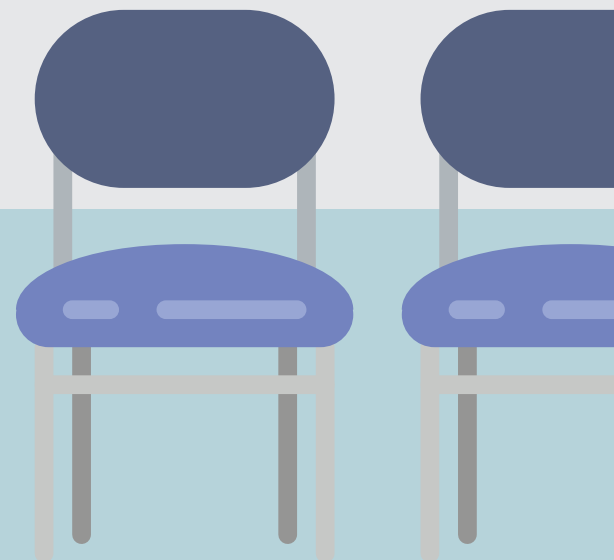
It isn't always easy to decide which service to use

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

Also, about a third of people who go to A&E departments could have been seen by their GP or another community service. People will need to be helped to understand what help is available and where to find it, so it is easier for them to choose well.

If people can make another choice rather than going to 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 (see references 9 and 14 below).

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



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 detailed proposals.

Our focus on prevention

In Lancashire and South Cumbria there are stark differences between people's health (see reference 12 below). In general those who are worst off financially experience poorer health and do not live as long. We aim to change this.

Traditionally in health and care, we focus on helping people to get better when 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 making healthy choices the easy choices, so that they stay fit and healthy for as long as possible.

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

40% of all premature deaths are related to lifestyles (see reference 4 below). This means we spend more on treating illnesses caused by the effects of poor 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 illnesses that could be prevented.

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 residents in our communities to improve their long-term health and well-being by encouraging people to come together. 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 good-health 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 if they are able and willing to.

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

We will focus on improving health and well-being and reducing avoidable deaths, including those from suicide. This includes improving workplace health and well-being.

We can identify the people who are likely to have very complex health and care needs 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 get 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 include health and care issues in the planning of employment, transport and housing across Lancashire and South Cumbria.

Mental health, not just physical health

Meeting the mental-health needs of children, young people and adults across our region is one of our key priorities. 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 tackle. Too often, a person's physical-health needs are not treated along 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 aim to tackle this problem by making sure mental-health teams are working close to home, where possible, with GPs as well as in schools and in the community.

Mental-health problems in young people can result in lower educational attainment and are strongly associated with behaviours that pose a risk to health (for example, smoking, drug and alcohol abuse, and risky sexual behaviour).

When it comes to very specialised mental-health needs, such as psychosis, perinatal mental health or eating disorders, we will make sure we have the facilities and professionals available in the right place. We will make sure people do not have to travel out of the region to stay in a mental-health facility, unless this is medically necessary.

Helping people to get access to mental-health services quickly.



Focus on mental-health services

We will help people get access to 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 make sure that mental-health conditions, including dementia, are diagnosed as early as possible. Evidence shows that early treatment helps to prevent conditions from getting worse. Also, by offering the right care and support, people can continue to live in their own home for longer.

We will improve the way we link physical-health needs with mental-health needs. This will help improve life expectancy by making sure physical-health needs are met equally (see reference 10 below). This will be achieved through closer working with GP practices so that we look at a person's overall health and well-being rather than focusing on one condition at a time.

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 make sure 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 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.

10 Various sources:

- Lancashire County Council JSNA
- Cumbria County Council JSNA.
- Public Health England, Public Health Outcomes Framework

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. Everyday tests and investigations, treatment of diseases and 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 you 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 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.



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 several medications and those needing support to manage their medicines.

We will give more training and support to GPs and other community-care professionals, so that they are better able to offer well-being 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 investing in technology and sharing resources across different areas.

We will help more people with learning disabilities to live in the community and reduce the need for care provided in hospital.



What works now

An Advice and Guidance scheme has already been launched in some areas. The scheme means that GPs can contact hospital specialists direct if they have doubts over how best to manage a patient's condition. Those queries generally take 24 to 48 hours to be answered and resulted in 1,500 people being treated close to home and not having to go to hospital appointments.

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 a lot of pressure. National figures from the Department of Education show 'Looked after Children' numbers are the highest for 30 years (see reference 11 below). The help needed for children has also become more complex, which means health services are often needed to support children.

Sharing information and working together

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



Our focus on joining up health and social care

We want to help you take control of your own health and care needs. We will give you the knowledge and advice you need 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.

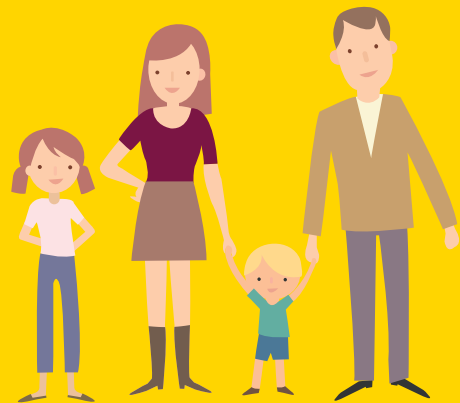
Our neighbourhood teams are looking to find better ways of joining up the various services provided to our population. This might mean looking after physical-health needs and mental-health needs together. It may also mean joining up care in and out of hospital for people who have complex conditions. These teams will try to provide 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 make sure 'advocacy services' are available for vulnerable people who may need extra help getting access to 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 make sure they are providing 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 well-being support workers, rehab therapists, care co-ordinators, 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 needs to be managed, 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 make sure people receive the very best care at their nearest hospital, or at a more specialised hospital if this is necessary. This approach has been proven to save lives. We realise travel is a big issue for everyone. The geography of our region varies, with congested road networks and some rural areas where access is a problem. This 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 together 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 for 1.5 million people across Lancashire and South Cumbria. Specialist services such as these exist to make sure that when a patient needs a specific operation or intervention, a highly experienced team is available.



Working in specialised teams makes sure 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 so local services can be maintained.

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

All of our hospital trusts will make sure they meet quality, safety and waiting-time standards and will continue to provide care to local people for general hospital services.

We will make sure we meet the A&E waiting-time standard, as well as reducing waiting times for a senior doctor's assessment. We will maximise the time that consultants are on hand to provide care to the most seriously ill patients.

We are carrying out 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 everyday support provided locally.

The evidence suggests that more specialised surgery, some cancer services 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 benefited 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 care that should not wait for a routine appointment, such as a minor injury or sudden raised temperature. This is different from emergency care, which is where a life-threatening or limb-threatening illness and or injury where waiting would be catastrophic.

People may not be sure if their illness or injury is an emergency or urgent (or neither) so may go to an A&E because it is the only option that is always available to them. That's when help should be available, either on the phone or online, or through a pharmacy, GP or walk-in centre, to give people an accessible and consistent alternative.

When people need emergency care, which needs to be immediately available 24 hours a day, they need to be treated as quickly as possible. Emergencies like this, such as heart attack, stroke or major trauma, should result in a 999 call for an ambulance. Specially trained crews and paramedics can then provide any immediate treatment needed. They can also decide which is the most appropriate hospital for the patient so that they can get the best treatment.



Focus on urgent and emergency care

Urgent-care services, such as GPs, mental-health services, ambulances and walk-in centres, need to be more organised and co-ordinated. This will make sure the services work together and people will know where they can get help when they need it.

GPs and nurses will be available in the evening and at the weekend in community bases. These will be equipped to provide a wider range of tests and treatments, with better use of pharmacies.

By linking hospital sites we can make sure that patients with the most serious needs get to specialist emergency centres when necessary.

There will be Mental Health Liaison Teams in A&E departments, at all times, to support patients with both physical-health and mental-health needs. These patients are three times more likely to have to stay in hospital. This will improve patient experience and provide the care and treatment needed in good time (see reference 12 below).

We will improve our advice services through leaflets, helplines, online services and smart phones so that people know where and when to get help.

We will ask patients for feedback on urgent-care services so that we can improve them and make sure they continue to meet patients' 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 instead of going to hospital. This resulted in 519 fewer A&E visits in the first nine months of 2015/2016.

What happens next

We have explained how complex our challenges are. The next stage is to involve people in bringing together the details on what our vision for Healthier Lancashire and 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 plan the future together.

Ways for you 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, you can contact us by any of the options given on the next page.

Get involved

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

www.healthierlsc.co.uk



To contact your local area,
please use the appropriate contact details listed below.

Central Lancashire
Our Health Our Care

Phone:
01772 214 323

Email:
ohoc.enquiries@nhs.net

Website:
www.ourhealthourcarecl.nhs.uk

Bay Health and Care Partners
Better Care Together

Phone:
01524 518638

Email:
bettercaretogether@mbht.nhs.uk

Website:
www.bettercaretogether.co.uk

Fylde Coast

Phone:
01253 956400

Email:
engage.fyldecoast@nhs.net

Website:
www.yourcareourpriority.nhs.uk

West Lancashire

Phone:
01695 588 000

Email:
myview@westlancashireccg.nhs.uk

Website:
www.westlancashireccg.nhs.uk

Pennine Lancashire
Together: A Healthier Future

Phone:
01282 644738

Email:
elccg.togetherahealthierfuture@nhs.net

Website:
www.togetherahealthierfuture.org.uk

Healthier Lancashire and South Cumbria

Email:
info@lancashiresouthcumbria.org.uk

Website:
www.lancashiresouthcumbria.org.uk

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