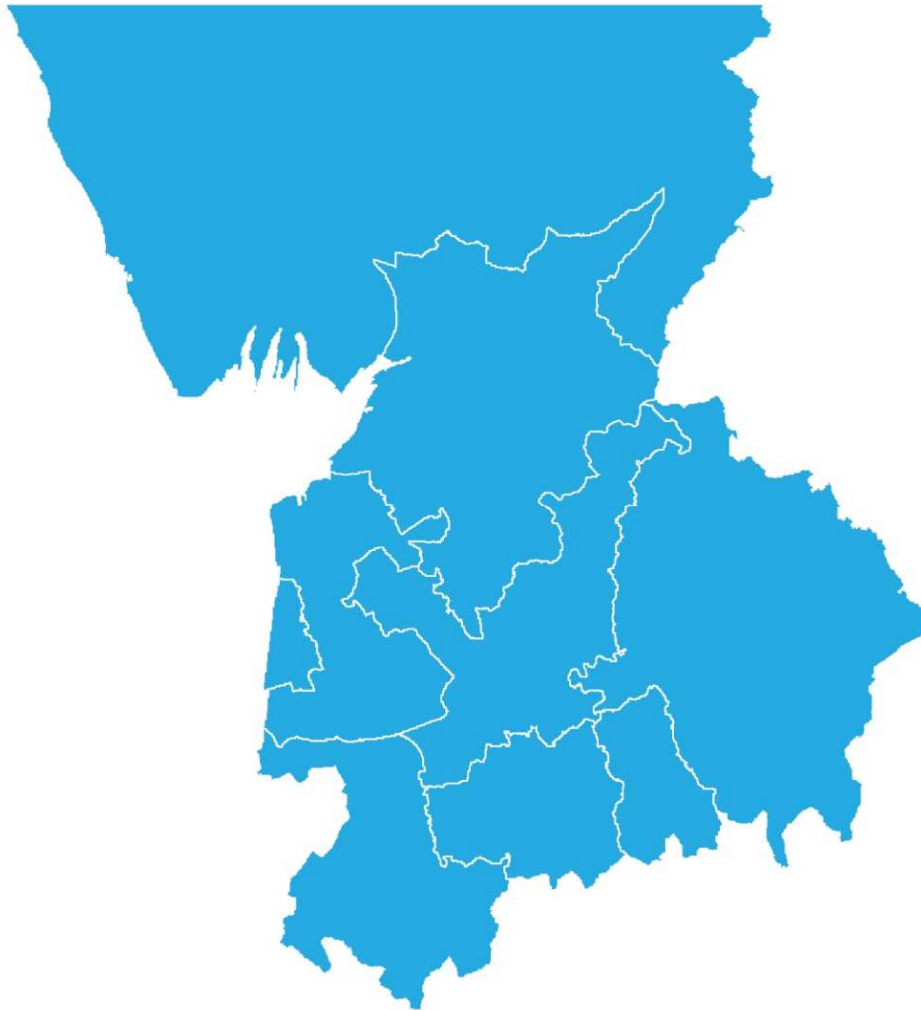


# Healthier Fylde Coast

Improving health and care together

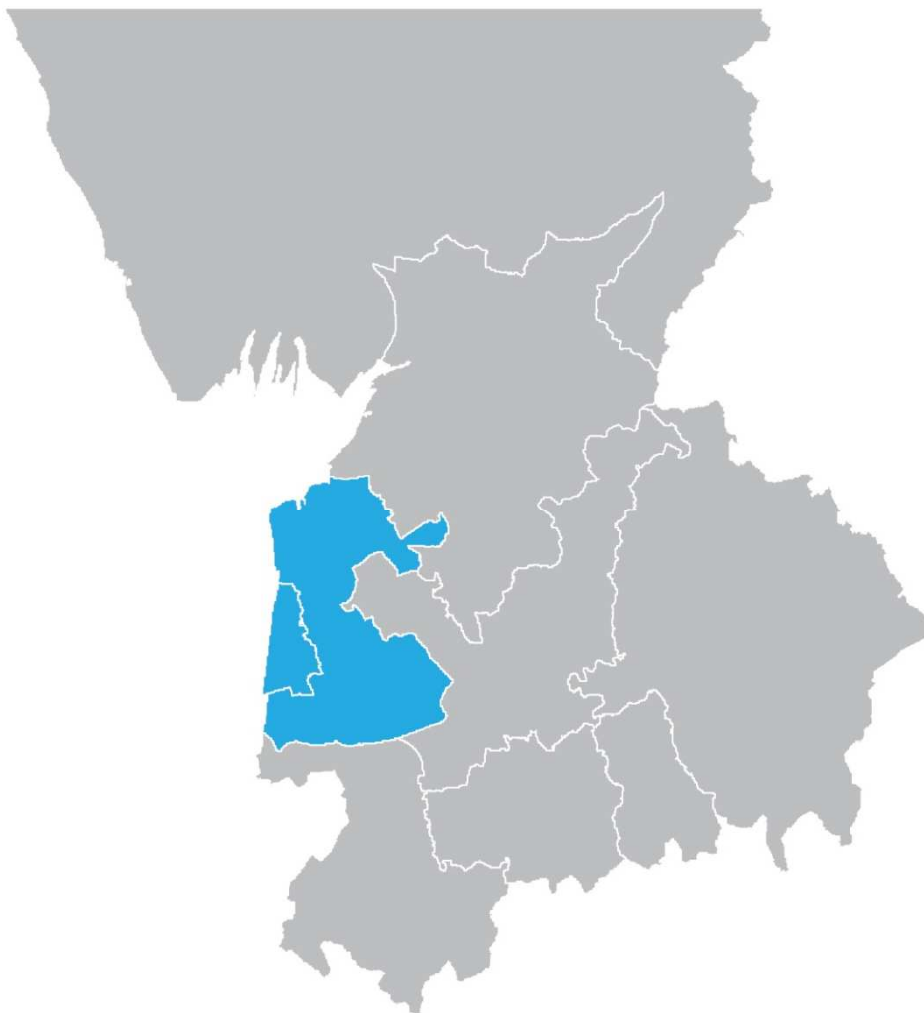




# **Lancashire and South Cumbria Integrated Care System (ICS)**

**‘Healthier Lancashire and South  
Cumbria’**

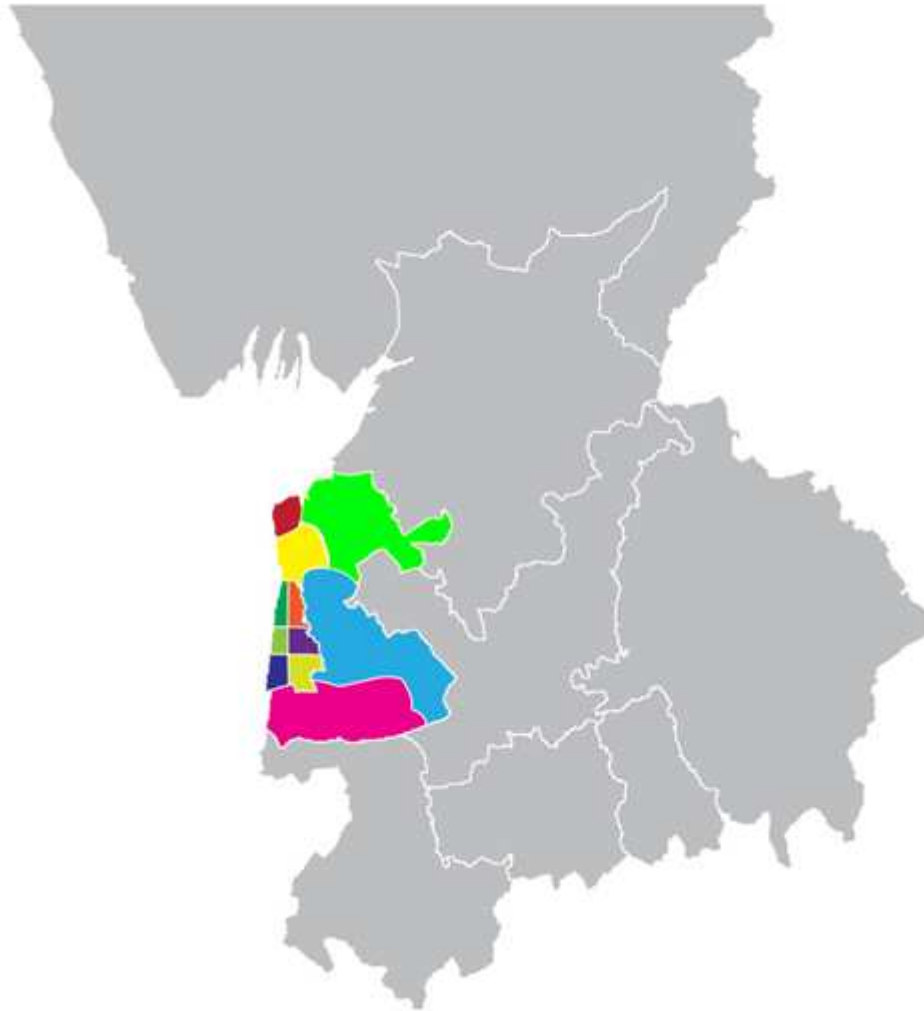
The system is a partnership  
of NHS and other  
organisations working to  
deliver our five-year  
Sustainability and  
Transformation Plan.



# **Fylde Coast Integrated Care Partnership (ICP)**

**‘Healthier Fylde Coast’**

NHS and local authorities  
formally working together to  
improve the health and care  
of the whole Fylde Coast  
population.



## Neighbourhoods

Geographical areas across which GP practices and other health and care services work together to ensure joined-up care tailored to the needs of their local populations (typically between 30,000 – 50,000 people).

## Summary

- 'Healthier Fylde Coast' brings together NHS and council organisations to improve health and care.
- Challenges facing health and care are well documented.
- Making better use of our joint resources is crucial, including staff, services and money.
- We are working together 'to improve the health and care of the Fylde coast population'.



- Partners so far include:
  - NHS Blackpool CCG
  - NHS Fylde and Wyre CCG
  - Blackpool Teaching Hospitals NHS Foundation Trust
  - Blackpool Council
  - Lancashire County Council
- This builds on and formalises our way of working which has already vastly improved patient outcomes.



- Joined-up multi-disciplinary teams are key to helping solve some of the problems we face.
- By working more closely together we will:
  - Improve services, making sure they are sustainable for the future
  - Improve patient experience
  - Support better health and wellbeing
  - Improve the working lives of our staff
- Many exciting development opportunities ahead for our staff.



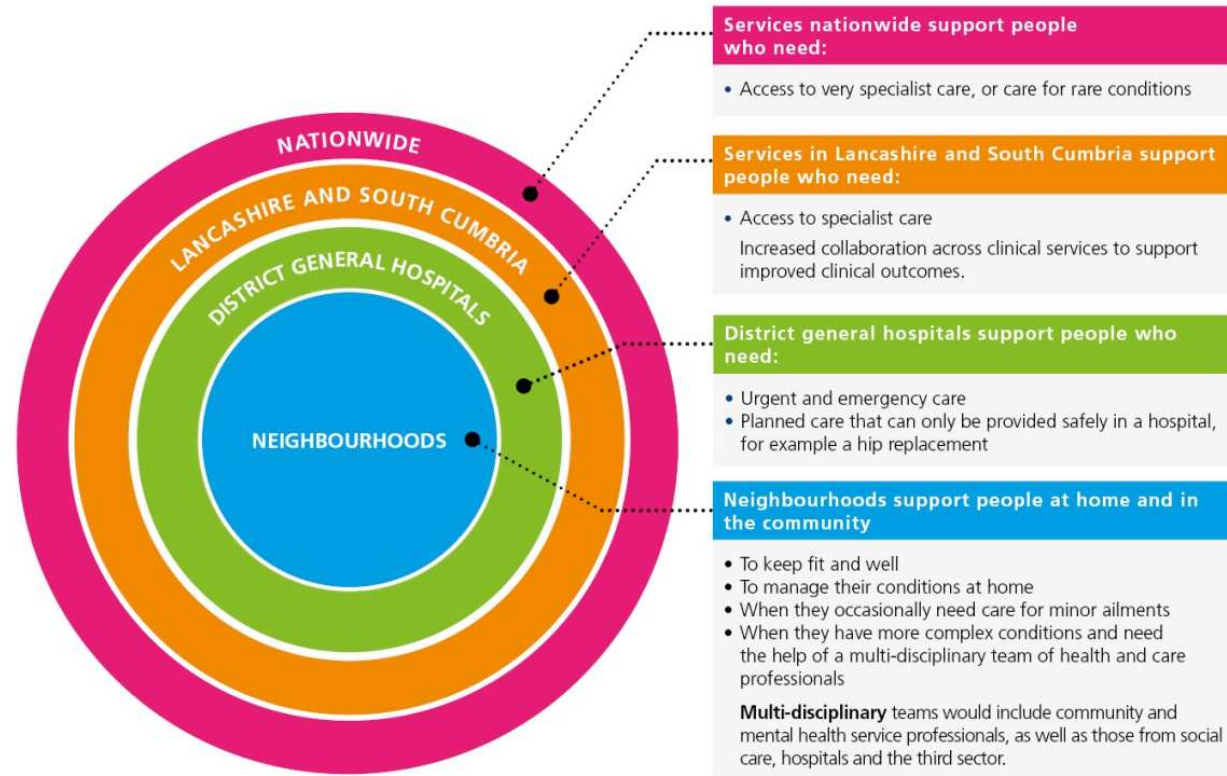
## Why is this needed?

- We want the very best health and care system for people living on the Fylde coast.
- Local and national challenges of people living longer with more complex conditions and requiring greater input from services.
- Artificial barriers also exist between services.
- This is our opportunity to develop better ways of working.





# What people will see



## How will we work in future?

- A common vision and a single set of goals across all organisations.
- We will do things once to reduce duplication.
- Agreed priorities and joint decision making.
- Four key areas of transformation: Urgent care, mental health, cancer services, and general practice.
- Multi-disciplinary clinical and non-clinical teams will work to common goals.



## Links to LCC proposed priorities

LCC proposed priorities	Fylde Coast work
Develop neighbourhood level integrated care systems	<ul style="list-style-type: none"><li>Locally-based care teams established within each of our 11 neighbourhoods</li></ul>
Improving delayed transfers of care	<ul style="list-style-type: none"><li>Single plan for urgent and emergency care</li><li>Discharge facilitators on wards</li></ul>
Improving stroke outcomes	<ul style="list-style-type: none"><li>Improving stroke rehabilitation</li></ul>
Address variation in diabetes care	<ul style="list-style-type: none"><li>Improving diabetic footcare</li><li>Rolling out education programmes</li></ul>
Reduce suicides	<ul style="list-style-type: none"><li>Supporting ICS suicide plan</li></ul>



## Supporting the ageing population

- Neighbourhood care teams
- Frailty pathway work with quality improvement organisation AQuA
- Care homes work
- Health coaching roles
- Empowering people and communities



## The ICP will support us to...

- Improve urgent and emergency care
- Make sure patients are treated within 18-weeks of being referred by their GP
- Make sure patients only have planned hospital care when this will be of benefit to them clinically
- Achieve other national priorities, including those for maternity and diabetes



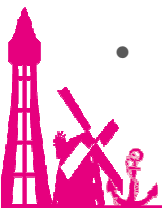
## ICP in action

- We are making excellent progress already, across clinical and non-clinical areas:
  - Urgent care
  - Extended access
  - Neighbourhood care teams
  - FYi directory
  - Clinical Senate
  - Nexus Intelligence
  - Care Home Connect
  - Communications
  - Finance
  - Community development

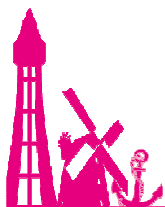
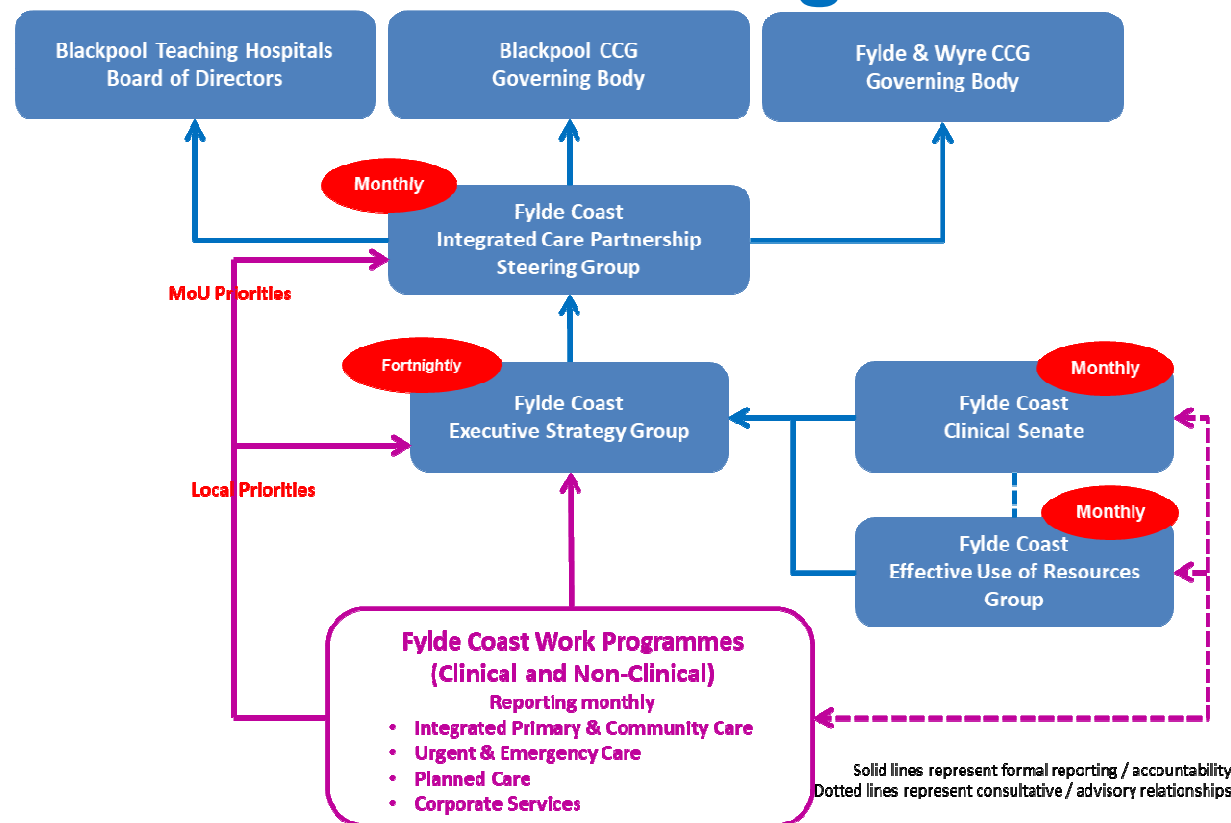


# Clinically-led transformation

- Clinical Senate established to drive our vision forward.
- Brings together a range of professionals to share best practice
  - GPs
  - Consultants
  - Nurses
  - Therapists
  - Public health practitioners.
- Provide leadership, guidance and input.



# Governance arrangements





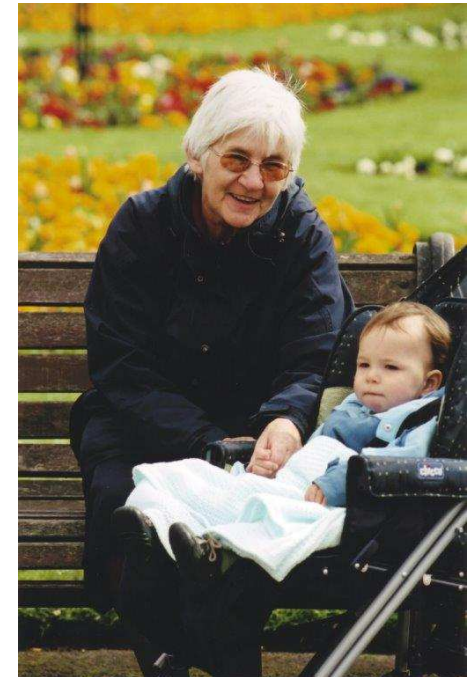
# Timescales

- Shadow form in 2018/19 which brings additional benefits:
  - More freedom to make commissioning decisions
  - Additional funding
- Steering group oversees this work.
- Phased approach to building the full partnership.
- Communications programme for staff and stakeholders.
- Learning will be used to help other health and care systems develop something similar.



# What this means for patients and staff?

- **For patients and their families:**
  - More support in community settings to maintain health and independence
  - The way care is provided will be easier to understand
  - Patients will be supported to manage their own health
  - Professionals will share relevant, secure information between services



- **For health and care professionals:**
  - New and flexible roles, development opportunities and increased job satisfaction
  - More time to spend with people who need their help
  - Shared records and increased data sharing
  - Improved communication between primary and secondary care
  - New technology and improved communication between services to make working lives easier and more efficient

