



# Help us to improve your health and care services

This booklet sets out a range of challenges facing health and care organisations working in Chorley, South Ribble and Greater Preston. This is the first step in the journey to improve services for local people.



# Our Health Our Care

## Introduction

Health and care organisations in central Lancashire have formed a partnership, to build better services.

By changing how health and care services are organised and provided, local people will be able to access the care they need, when they need it, in the right setting and be better able to stay well.

Under the 'Our Health Our Care' banner, organisations have come together to produce this booklet.

### The lead partners are:

- NHS Chorley and South Ribble Clinical Commissioning Group
- NHS Greater Preston Clinical Commissioning Group
- Lancashire Teaching Hospitals NHS Foundation Trust

- Lancashire Care NHS Foundation Trust
- Lancashire County Council

In partnership we want to work across organisational boundaries. Together, we will think differently to overcome the challenges we face in delivering health and care services.

To truly meet the needs of local people it is critical that those who use our services are involved in changes, as well as employees and other stakeholders such as the local voluntary, community and faith networks.

We will work with you to create a modern health and care system, delivering the best possible outcomes for people, now and in the future.



## Why should things change?

### **Bernard's story as we are now**

Meet Bernard, he is 86 and suffers from emphysema, type 2 diabetes and arthritis. As a widower he lives alone, but has some family who live in the next town. He is increasingly isolated and depressed, as he is spending a lot of time at home alone.

He does visit his GP but is often unable to discuss all his ailments in a brief consultation. After a fall at home, he tried but couldn't see his GP, instead he called for an ambulance.

Bernard goes to A&E and when he is transferred to a ward due to his injury, he explains his conditions a number of times.

When Bernard is ready to be discharged from hospital, he needs to be seen by social services to make sure he gets support at home, this means he is waiting in hospital until arrangements are made.

When he gets home, his GP and social care support are not connected to get him what he needs.

The cycle starts again and Bernard is admitted back to hospital a number of times before being admitted to a care home.



Bernard's story highlights some of the challenges facing our local population as they use health and care services. Some of the challenges are outlined below.

## Patient experience challenges

Our current health and care system can be complex and confusing for people to navigate. This can prevent people from having real choice and often leaves them feeling frustrated by the lack of communication between services about their care.

Health and care organisations need to be working together to smooth the patient journey between services. With a greater focus on patient experience, we can get better at working together and finding ways to improve.

## Clinical challenges

The needs of our population have changed, so we need to adapt and think about delivering services differently. For example, people are living longer and often have more complex or multiple conditions. This means we need to support people to stay healthy, and help them maintain their independence at home or in their community.

We need to provide the most appropriate tools, advice and guidance to enable people to make the right lifestyle choices to stay well for longer.

We need services to be as flexible as possible so that people can be treated close to their own home and avoid the stress of going into hospital, or staying there longer than they need to. We need to use medical and technological advances to help us modernise.



## Financial challenges

The cost of delivering services has risen for many reasons, including the provision of more specialist care, funding the latest drugs and keeping up with technological advances; all of which are needed to improve the quality of care.

The demand on our health and care services is increasing and budgets are not rising at the same rate. By spending money differently and planning changes carefully with local people, we can continue to prioritise the quality and safety of services, whilst finding improvements across the whole health and care system to enable the best use of the limited resources we hold.

## Workforce challenges

There is a national shortage of health and care workers such as GPs, some specialist doctors, nurses and carers. As demand

for services continues to rise, we will need to find a different and more sustainable way to deliver high quality care. Together, we need to think radically about how the workforce could be arranged differently in the future, by looking at the staff we have and the staff we need.

## Estates challenges

Some of the buildings used for delivering health and care services are no longer fit for purpose. They were built for different times and needs, and their upkeep can be a costly drain on budgets. We need our buildings to support effective health and care services, to make every visit the best it can be.

We need to invest in and modernise our estates to ensure that the right care is delivered in the right place and where possible alongside other services.



## What could be different for Bernard

Remember Bernard our 86 year old widower with emphysema, type 2 diabetes and arthritis – imagine if his journey could be different...

For Bernard, if our health and care services were more joined up, he might have a single contact with overall responsibility for his care, such as Anne - a care coordinator.

Anne would be able to meet with Bernard and others involved in his care such as his GP and social worker, to agree a care plan.

Anne could visit him at home to help him manage his conditions. Bernard will have access to alternative services, which means if he does have a fall, he may not need an unnecessary hospital stay. If he needs to go into hospital after a fall, following a review of his care plan he is able to be discharged quickly.

Anne spends time talking to him about his loneliness and he becomes involved with a local befriending charity and has weekly trips out.

Bernard gets the help he needs, where he needs it and is healthier and happier as a result.



# Our Health Our Care

**There is clearly a real case for change and as local health and care leaders, we must make this change happen. This is what the Our Health Our Care programme aims to do.**

## **Get involved**

Involving local people is at the heart of this work. We will be holding a series of public events to find out what's important to you, what changes we could make and how we can achieve this together. Details of these events can be found on our website:

[www.ourhealthourcarecl.nhs.uk](http://www.ourhealthourcarecl.nhs.uk)

Let us know what you think by coming to one of our events, or by contacting us on the details below.

If together with your input, we agree that major changes to our local services are needed, we will put these forward for formal public consultation to ensure all of our communities have their say.

You can find out more on our website and register for our e-newsletter:

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Email us at:

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