

# Fylde Coast

## Population Health Management & Primary Care Network Development

What are the causes of the causes  
& how do we build community?





**Fylde Coast -  
Blackpool, Fylde &  
Wyre LA districts**



# Empowering People & Communities

## Directory of Services (FYI)

### Residents & patient engagement – Co-production

- Blackpool Citizens Inquiries
- Altogether Better Primary Care Champions
- Social Prescribing – Link Worker & VCFS Provision
- Fleetwood Health Creation - Connecting to others, gaining self-confidence and being in control of your own life
- Just Good Friends – Lytham St Anne's, focus social isolation
- Patient Participation Groups – various projects (Healthy Heroes, Dementia sing a long).

### Patient Activation Measures (PAMS) & Workforce Behaviour Change Coaching

#### Self Care Strategy

- Prevention, lifestyles and behaviours;
- Self Care Week November (2018 - over 70 events Fylde Coast)

### Personalised Care: Shared Decision Making & Personal Health Budgets

#### Place – Integration 20:20

- Connecting statutory, voluntary, business sector



# Where have we been? Where are we going to?

## Resident Engagement

- **Citizen's Inquiries**

Central West

Far North

South

Central East

Central South

Claremont.....

- **Altogether Better – Community Health Champions**

North

## Professional Engagement

- **Integration 20:20**

- ✓ Connecting People

- ✓ Asset Mapping

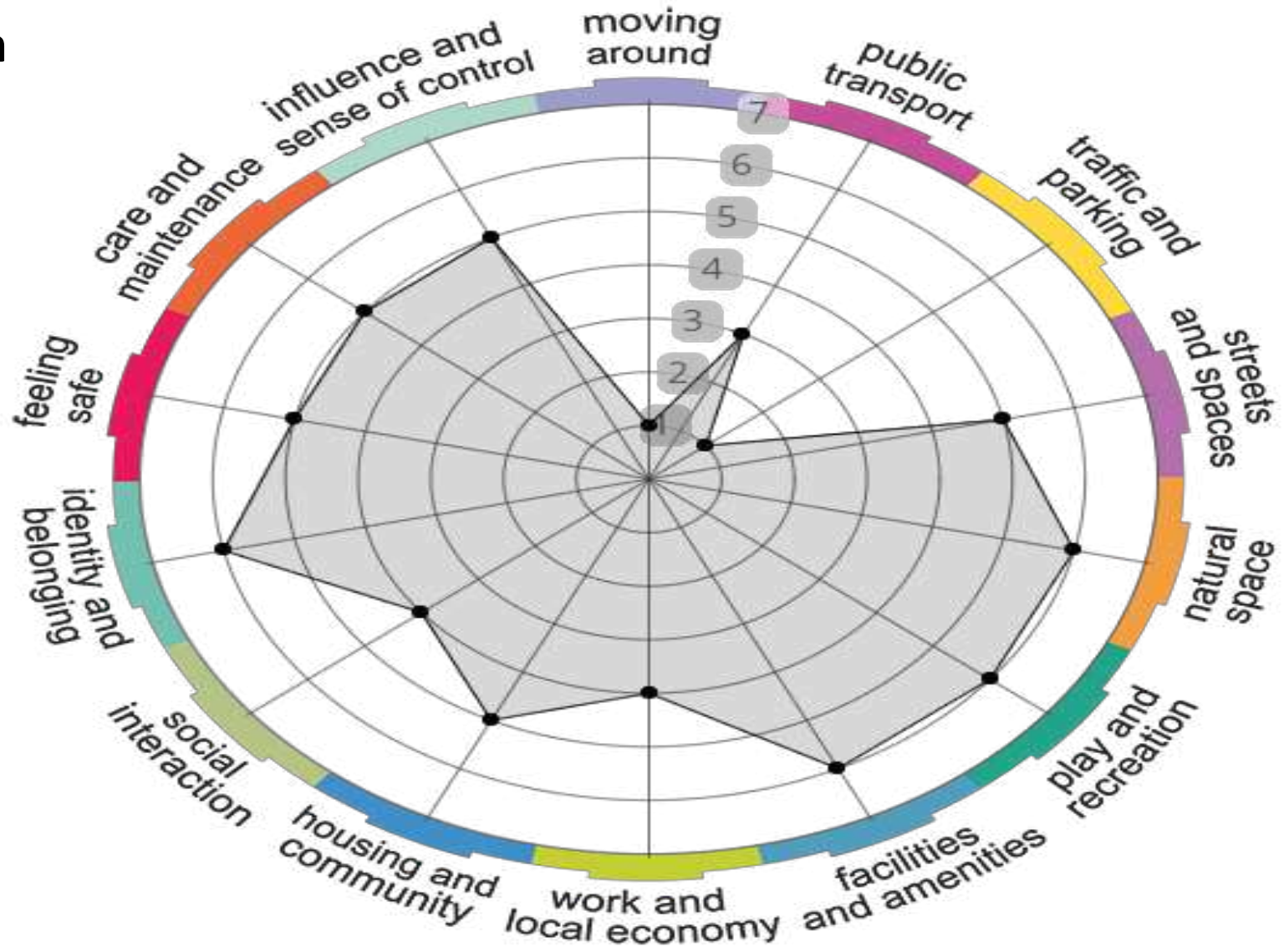
- ✓ Identifying Priorities & Actions

- ✓ Use of Place Based Tool



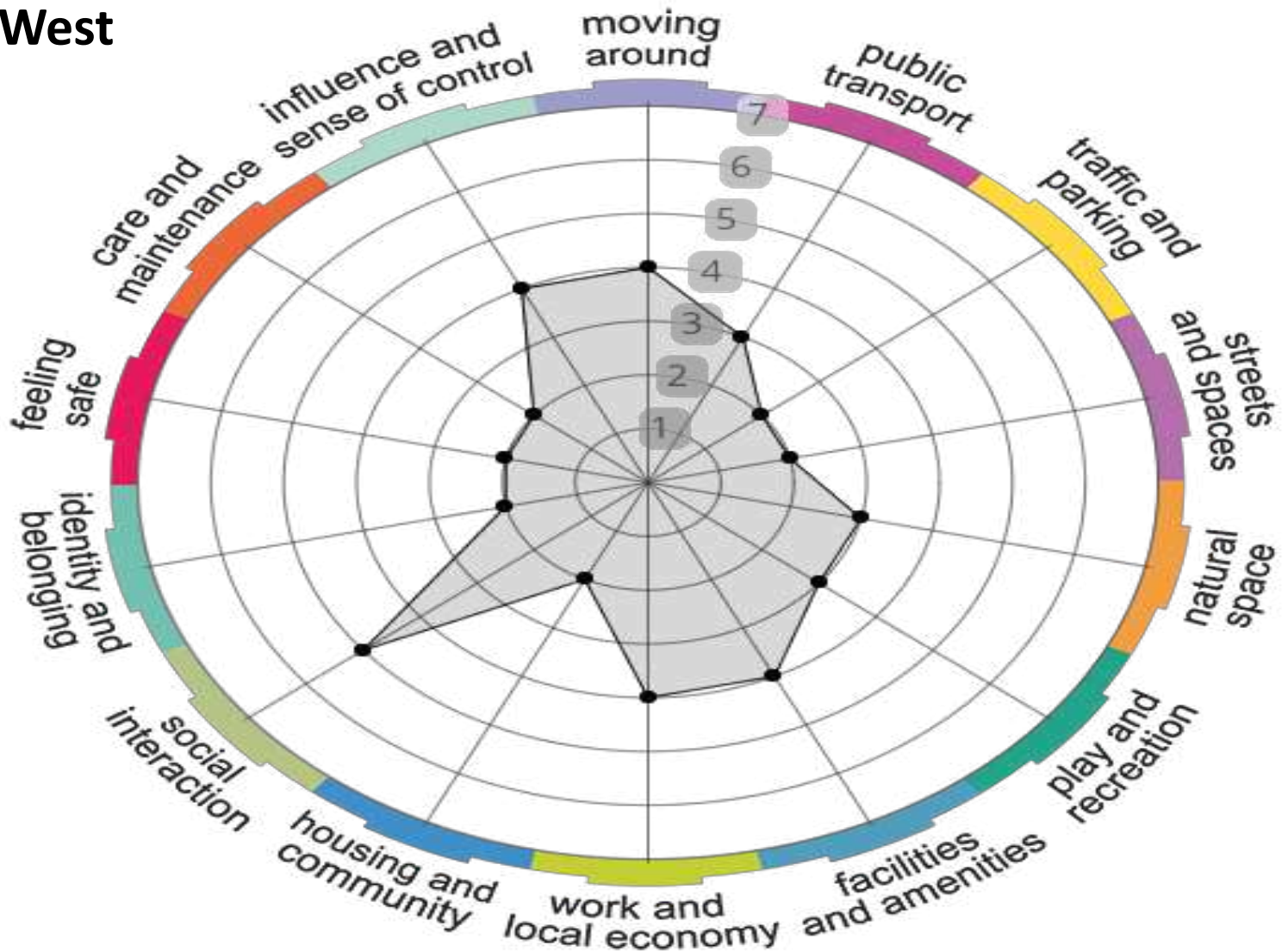
# Place Based Tool

## South



# Place Based Tool

## Central West



# Citizens Inquiry



# Citizen's Inquiry

- Resident led inquiries to understand the wider determinants of health and wellbeing within a neighbourhood.
- First piloted in Central Blackpool, Talbot and Brunswick ward.
- Residents undertake inquiry process over 12 weeks, including questioning of 'local experts' such as Director of Public Health, Chief Executive of Blackpool Teaching Hospitals Trust, Police, NHS Commissioners and / or GPs.
- At the end of the process, residents present their findings and recommendations to tackle the issues they have discovered.
- Working with local stakeholders they then agree and develop shared actions between the residents and organisations.







'ROOT' CAUSES LOW LEVELS HEALTH + WELLBEING

no focal point for the community

Poor lighting

Unsafe roads

Speeding

less free safe space

Parks unsafe

Making decisions without asking us

Youths abusive

no crossings

Health services - out of hours

charity shops

no local powers

Depression

lack of funding

nothing for youth to do

finding out what you people want

dogs running free

more funding for youth

housebuilding on green land - flood plains

no communication about what's on exists

Cuts / CUTS

Litter

MPs salaries

Budget priorities eg Airport

Peoples driving

no Carnival

Exam pressures - losing sleep due to stress

elder issues + needs prioritised

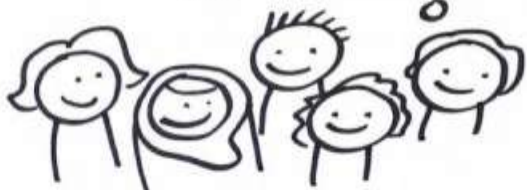
More family support

No traffic calming

no wider sense of com



WHAT DO  
**COMMUNITIES**  
DO BEST?



WHAT DO  
**SERVICES**  
DO BEST?



**HOW CAN THEY  
WORK TOGETHER?**

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WHAT HAPPENS WHEN  
COMMUNITIES DRIVE  
THEIR OWN PROJECT?



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# Systems & Cultures



# Success Measures

- Whole system approach to empowering people and communities, with a shared vision and plan
- System leadership
- Empowered and motivated staff
- Empowered people and communities
- Co-production at individual or wider community level
  - people with lived experience, communities, clinicians, managers and staff working together, as equals, on shared priorities
  - Clinicians/health professionals and people having different conversations, focusing on what matter most to 'patients' and creating plans that work for the person
- Creative methods for engaging people and communities
- Sharing and learning from what is working and not working

