The Nottingham and Nottinghamshire
Sustainability and Transformation Plan

Nottingham and Nottinghamshire STP vision and progress to date

Nottinghamshire Health and Wellbeing Board
9 November 2016

Nottingham City Council
Nottinghamshire County Council
NHS

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Nottingham and Nottinghamshire STP

Characteristics

- Local resident population of approx. 1,001,600 people
- Total spend £3.7 bn (place) and £2.4bn (population)
- Diverse, growing and ageing population
- Local people want:
  - Support to stay well and independent
  - Quality care, with more services in or close to home
  - Joined-up services, that will be there for future generations

The System

8 Local Authorities
- Nottinghamshire County and districts
- Nottingham City (unitary)

6 CCGs
- Nottingham City
- Nottingham North East
- Nottingham West
- Rushcliffe
- Mansfield and Ashfield
- Newark and Sherwood

NHS Providers;
- Nottinghamshire Healthcare Trust
- Nottingham University Hospitals
- Sherwood Forest Hospitals
- Nottingham CityCare Partnership
- Circle Nottingham
- Primary Care
- Out of Hours
- Ambulance

Patient flows into bordering areas

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Our approach to addressing the gaps

- **Health and Wellbeing**
  - Our goal is to add 3 years to the healthy life expectancy of our population
  - Tackled through primary to tertiary prevention across pathways and the life course, e.g. obesity to diabetes
- **Care and Quality**
  - Health and care gaps identified across the system
    - Variation in A&E waits
    - Primary care capacity
    - Sustainability of the care market
    - Changing patterns of urgent and emergency care
    - Brining together Nottingham University Hospitals and Sherwood Forest Hospitals to improve quality and effectiveness
- **Finance and Efficiency**
  - Bridge a “do nothing” gap of ~£500m in NHS and ~£120m in Local Government finances
  - Transformation and organisational efficiencies
- **Transforming culture**
  - Transcending organisations, leading change across a bigger footprint as well as locally
  - New practices of promoting independence/self care, consistent pathways and management of risk

Our Vision: ***Sustainable, joined-up high quality health and social care services that maximise the health and wellbeing of the local population***

System Aims:

- People will be supported to develop the confidence and skills to be as independent as possible, both adults and children
- People will remain at home whenever possible. Hospital, residential and nursing homes will only be for people who appropriately need care there
- Resources will be shifted to preventative, proactive care closer to home
- Organisations will work seamlessly to ensure care is centred around individuals and carers
- Addressing mental and physical health and care needs of population collectively and making best use of the public purse

High Impact Areas:

1. **Promote Wellbeing, Prevention, Independence and Self-Care**: increase healthy life expectancy by 3 years by 2020/21 with a focus on decreasing the prevalence of smoking and reducing levels of obesity in the first 2 years. Enhance health and wellbeing to promote independence and expand levels of self-care
2. **Strengthen primary, community, social care and carer services**: ensure people stay healthier for longer by increasing access and resilience in general practice and improve the quality of life for people with long-term conditions and their carers
3. **Simplify Urgent and emergency care**: deliver the right advice or service at the right time including improving the urgent and emergency care pathway, and redesigning the system to enable reduction of 200 beds in acute hospitals in the first 2 years of this plan
4. **Develop Technology enabled care**: help citizens stay healthy and manage their own care; help clinicians and other staff deliver more care more efficiently and use new technology to support independent living and care at home
5. **Ensure consistent and evidence based pathways in planned care**: standardise care pathways reducing unwarranted variation, improve the prevention, early diagnosis and recovery in cancer care

Measured through the following success criteria:

- All within the health and care economy achieving financial balance by 2021
- Delivery of the agreed outcomes and targets that reflect our system values and citizen satisfaction: Improve Healthy Life Expectancy by 3 years
- High quality providers through regulatory outcomes

Supporting workstreams and enablers:

1. **Strengthen acute services**: closer collaboration between Nottingham University Hospitals Trust and Sherwood Forest NHS Foundation Trust
2. **Drive system efficiency and effectiveness**: deliver provider Cost Improvement Programmes, additional efficiencies through Carter and reduce variation in top 10 area by value
3. **Improve housing and environment**: provide social and warm housing to reduce emergency department and non-elective attendances
4. **Develop a proactive workforce and organisational development**: redesign our workforce to successfully deliver our transformation plan
5. **Maximise estates utilisation**: improve estate usage to release money and deliver our high impact changes
6. **Proactively communicate and engage**: engage citizens and staff to support us in the successful development and delivery of our plan

Clear delivery governance approach:

- One STP-level delivery architecture responsible for overall programme management, coordinates knowledge sharing and development of consistent standards, ensures capability building and organisation development, and implements footprint-wide initiatives and enablers
- Two delivery units with the vast majority of resources deployed that programme-manage locally implemented schemes, track performance and analytics, and allocates and deploys resources and teams
- Advisory Group, Clinical Reference Group and Delivery Group

Collaboration with Bassetlaw

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What will be different

Priorities

Promote wellbeing, prevention, independence and self-care Support people to stay healthy and independent, and prevent avoidable illness

Deliver technology enabled care Use technology to help citizens stay healthy and manage own care, and to help providers deliver care more productively

Strengthen primary, community, social care, and carer services Improve access to GPs, help people with long-term conditions stay well and avoid acute care, and support frail elderly to live (and die) in line with their wishes

Simplify urgent and emergency care Help people to quickly and simply access the most appropriate provider for their urgent care needs

Ensure consistent and evidence based pathways in planned care Provide planned care with minimum avoidable variations in quality and cost

Promote wellbeing, prevention, independence and self-care

- Strengthen system leadership and drive cultural change through all partner organisations to achieve effective prevention and promotion of independence and self-care
- Strengthen and deliver the core activities for the prevention of ill health and disease, and increase healthy life expectancy by 3 years
- Enhance health and well-being through new and wider approaches to promote independence, build resilience and expand levels of self-care

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Strengthen primary, community, social care, and carer services

- Improve **access to primary and community care**, including mental health services and social care
- Improve **primary and community care resilience**
- **Reduce unwarranted variation** in quality of care
- Increase the care and quality of life for people with **long term conditions and for older people**

Simplify urgent and emergency care

- Improve quality and level of information available for those with urgent care needs to minimise demand for A&E
- Improve access to urgent care beyond A&E and coordinate care access through patient and professional navigation
- Make sure there is timely and safe care for those in A&E and the wards
- Improve capability to discharge from A&E and hospital settings

Deliver technology enabled care

- Share information in a way that makes citizen data available at the right place at the right time
- Improve infrastructure and communication tools
- Improve access to information for citizens
- Improve overall digital maturity
- Continually search for new technologies and implement to support independent living, care at home and better self-management of conditions

Ensure consistent and evidence based pathways in planned care

- Standardise planned care pathways to achieve better value by reducing unwarranted clinical variation, e.g. gastro, cardiology, ophthalmology
- Developing new models of follow-up care to improve patient experience and reduce unnecessary attendances at hospital
- Implement the requirements of the FYFV for Cancer assuring the delivery of the constitutional cancer waiting times
- Develop innovation new models to transform the management and delivery of planned care

Supporting themes

Drive system efficiency and effectiveness deliver provider Cost Improvement Programmes, additional efficiencies through Carter and reduce variation in top 10 area by value

Strengthen acute services closer collaboration between Nottingham University Hospitals Trust and Sherwood Forest NHS Foundation Trust

Improving housing and environment Address the wider factors in society that impact on health and wellbeing

Enablers

Future proof workforce and organisational development Improve the sustainability and affordability of the local health and care system

Maximise estates utilisation more care in the community rather than in hospital should reduce the amount of estates. Benefits to be gained through reduced costs, reduced maintenance, making better use of existing buildings, and improved patient experience.

Proactive communications and engagement Critical in engaging citizens as we move forward and essential to success of the STP

Expected benefits of our STP include:

- Increased Healthy Life Expectancy by 3 years to 2020
- Proactive coordinated care for ~11% of population who are at risk
- A 30-40% reduction in inappropriate medical admissions and 25-35% reduction in surgical admissions, which results in a reduction in acute beds.
- Development of a Primary Care Urgent hub, and co-location, single front door access to GPs within A&E departments resulting in significant reductions in admissions from A&E.

- Purpose built Child and Adolescent Mental Health Service (CAMHS) and perinatal facility
- Making Every Contact Count across the wider workforce in Nottinghamshire, such as Fire and Rescue, and Housing
- Meeting key national targets
- Improved access to primary and community care
- Promoting independence to support more people to remain at home
- Back office consolidation across NHS Provider trusts

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Summary of key issues

- Rising need and demand (e.g. 16.3% increase in over 85s population, 10.85% increase in people with a learning disability)
- Overall funding remains a national challenge
- 40.25% of acute admissions relating to over 65s
- Improving health outcomes and quality whilst saving money requires major service and cultural change for workforce and citizens
- Nottingham and Nottinghamshire at the forefront of innovation
- Integration is a means to an end, not an end in itself
- Health and care in different history of change and culture. Need to blend the best of two rich traditions.

Next steps

Publication of the plan and consultation and engagement with the public

Further work required to develop detailed implementation plans

Ongoing review of direction and pace

Developing our governance and building our resources

Ensuring continued alignment with Bassetlaw and other adjacent planning footprints

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UPDATE ON SOUTH YORKSHIRE AND BASSETLAW STP