Nottingham City NHS Primary Care Trust
Nottinghamshire County NHS Teaching Primary Care Trust
Bassetlaw NHS Primary Care Trust

# Strategic Services Development Plan

# 2008 - 2013

# Pan Nottinghamshire Strategic Service Development Plan 2008 - 2018

## EXECUTIVE SUMMARY

### 1. AIM AND PURPOSE

The Strategic Service Development Plan (SSDP) 2008/09 outlines the priorities for further development for PCTs across Nottinghamshire. It is the output of an annual process which examines the environment in which strategic planning operates within each PCT, taking account of local health need, key strategies and plans of the PCT and of partner organisations (where known) and provides a range of service configuration and estate priorities on which to focus discussions over the coming months.

Unlike previous SSDPs this plan does not propose solutions relating to service, capacity and premises issues but proposes possible developments for further consideration and engagement of key stakeholders. Although a formal requirement of the NHS LIFT Strategic Partnering Agreement, these discussions may result in developments may be taken forward via a variety of procurement options including NHS LIFT. Once approved, priorities featured within the SSDP will be subject to the development of individual detailed business cases, which will be submitted to the PCT Board for approval thereafter.

### 2. LINKS AND RELATIONSHIP TO THE PCT ESTATE STRATEGY

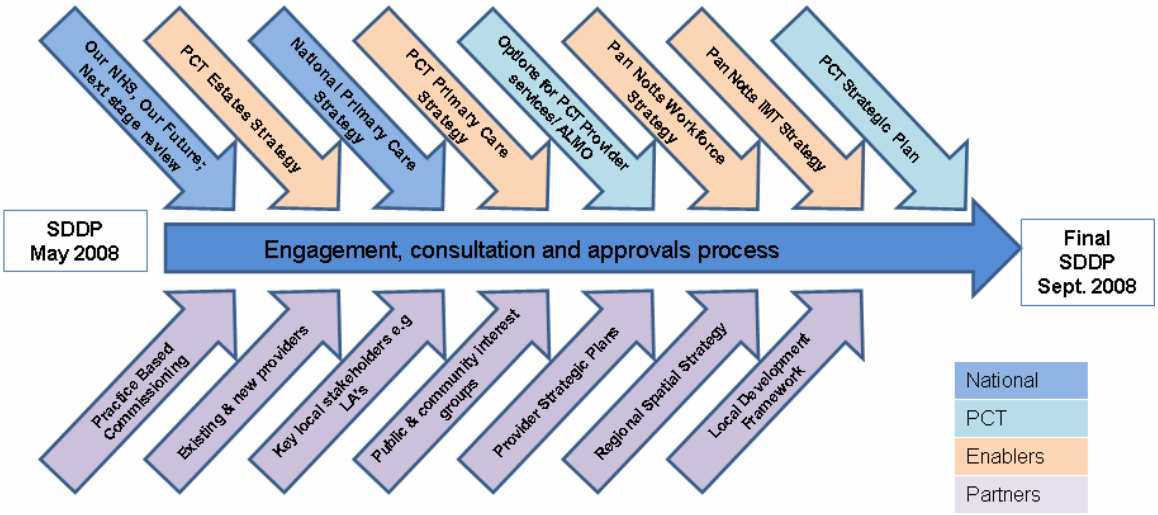
The SSDP should be read in conjunction with the PCT Estate Strategy, which will be submitted to the respective PCT Board for approval in July 2008. The PCT Estate Strategy will be outline the investment priorities for the PCT relating to capital developments and will feature a range of strategic principles underpinning capital priorities. These strategic principles are referenced in the SSDP (Section B-5.1).

It should be acknowledged that all PCTs are required to produce an SSDP on an annual basis and it is a requirement that any capital development scheme, or revenue schemes pertaining to premise improvements, that are to be taken forward is reflected in the SSDP as a key strategic priority for the PCT.

### 3. STRATEGIC CONTEXT

The SSDP 2008/09 has been written during a period of rapid change and uncertainty for PCTs. In particular emerging national and local enabling strategies have added to the complexity of the SSDP and the nature of its subsequent recommendations. It should be acknowledged therefore, that the SSDP 2008/09 reflects the position of PCTs in May 2008 and will growth in depth, as emerging strategies are developed and following extensive engagement with key stakeholders. It should be acknowledged therefore that with key strategic intentions at local and national levels still in development that the SSDP will evolve during the period May to September 2008. It is possible therefore that the recommendations and priorities featured within the SSDP as at May 2008 are subject to change as they are tested against the emerging national and local strategic context.

Fig 1. Pan Nottinghamshire Strategic Service Development Plan.




It should be noted that the current priorities proposed have only been considered within the boundaries of Nottinghamshire County (including Nottingham City and Bassetlaw). It is important therefore that as part of the process that follows Board approval, that discussions are initiated with neighbouring counties (North Yorkshire, Lincolnshire, Derbyshire, and Leicestershire) to consider and possible opportunities and or constraints/conflicts. This is particularly pertinent given current Equitable Access Health Centre consultation exercises and the potential location of new facilities and primary care services within neighbouring communities.

## 4. FORMAT OF THE SSDP FOR 2008/09

While PCTs across Nottinghamshire have produced previous SSDPs specific to populations served by the 2 Nottinghamshire LIFT Companies, the SSDP for 2008/09 represents a combined plan, which reflects the commitment of PCTs in Nottinghamshire to work together to identify possible opportunities and address constraints/conflicts relating to service and capital planning. The decision to move toward a combined plan for Nottinghamshire also signals a shift towards exploring future priorities and opportunities for working in partnership relating to services and premises developments within key locations rather than posing estate procurement solutions.

The Pan Nottinghamshire SSDP consists of five documents that collectively one single SSDP for the LIFT Co's spanning Nottinghamshire. For the purpose of submitting to individual PCT Boards the SSDP will consist of 3 sections – to enable discussions to focus on the priorities for individual PCT Trust Boards.

| | |
|---|---|
| **Section A** | **Countywide Context and Background** |
| **Section B** | **Individual PCT Priorities for Change** |
| **Section C** | **Summary of Nottinghamshire Priorities (Nottinghamshire County Teaching PCT, Nottingham City PCT and Bassetlaw PCT)** |

### 4.1 Section A – Countywide Context and Background

This section describes the strategic context across the whole of Nottinghamshire, in which the future service configuration needs to be considered. It outlines the

opportunities for working in partnership, which will be explored further as part of the engagement strategy of the SSDP and individual schemes for PCTs.

### 4.2 Section B - Individual PCT Priorities for Change

Section B examines the strategic context for each PCT and articulates the service development priorities for each PCT over the next 10 years. Recommendations are proposed following an assessment of the PCTs ability to respond to;

- Local Health Need
- Population Growth – and information pertaining to Local Housing Development Plans
- Findings from the recent PCT Estate Audit (quality and functionality of PCT and GP premises).
- Consistency with PBC Strategic Plans

Priorities are summarised in Appendix 1a and supporting narrative in Appendix 1b.

### 4.3 Section C- Summary of Nottinghamshire Priorities

The summary of the Nottinghamshire priorities brings together the options from all three PCT plans from across Nottinghamshire and considers if collectively there are any opportunities/conflicts that would need to be considered as part of the next phase of the development of the SSDP. At present the SSDP concludes that there are no conflicts with each proposed scheme serving a discrete community. It is recognised however, that during the three-month confirm and challenge process that further work will need to be done to confirm if there are any conflicts across the county border and within Nottinghamshire as part of the Equitable Access Procurement Exercise.

## 5. ENGAGEMENT STRATEGY

As illustrated by previous SSDPs, engagement of stakeholders in shaping the content of the SSDP, its recommendations and the detail of individual schemes presents a real challenge to PCTs. In many respects engagement can be more useful and meaningful when there are a range of options/priorities against which healthy debate and opportunities may be stimulated. In order to respond to this challenge, the SSDP will now be subject to a three-month period of 'confirm and challenge' with key stakeholders (as referred to in Fig I).

This engagement process will be led by individual PCTs and will include the engagement of a range of stakeholders who are all key in influencing and shaping the SSDP and the detail of individual short term priorities featured (Pre-commitments, Business Continuity Priorities and Schemes highlighted as 0-3 Year Priorities) including;

- **Practice Based Commissioners:** Practice Based Commissioning (PBC) Operational Management Group and PBC Cluster Executive Boards.
- **Existing and New Local Service Providers:** GPs, Nottinghamshire Community Health, Nottingham University Hospitals NHS Trust, Sherwood Forest Hospitals NHS Foundation Trust, Doncaster & Bassetlaw Hospitals NHS Foundation Trust, Nottinghamshire Healthcare Trust, East Midlands Ambulance Service,

Independent Sector Treatment Centre and other independent sector providers and the Voluntary Sector

- **Local Strategic Partners:** Nottinghamshire Joint Commissioning Executive, Local Authorities at County/City, District, Borough and Town levels, and Local Strategic Partners through link PCT Directors and existing Local Strategic Partnership (LSP) Boards.

- **Patients and members of the public:** In addition to the existing PBC Patient Reference Groups, public engagement will be sought via the Nottinghamshire Overview and Scrutiny Committee and Nottinghamshire LINKS – Local Improvement Networks for Public Engagement.

- **Professional groups**: Local Professional Committees e.g. LMC, LPC.

This period of engagement allows for the SSDP to provide stimulus to some of those discussions regarding the possible opportunities for working creatively in partnership. This will include the engagement of Greater and North Nottinghamshire LIFT Companies as part of their commitment to develop flexible business models to aid delivery of the Nottinghamshire SSDP.

## 6. APPROVALS PROCESS

The SSDP 2008/09 will require submission through a formal approvals process, which spans the three Nottinghamshire PCTs and the 2 Nottinghamshire LIFT Companies this includes the;

- Respective PCT Boards

- Greater Nottingham and North Nottinghamshire LIFT Companies

- Greater Nottingham and North Nottinghamshire Strategic Partnership Boards

- East Midlands Strategic Health Authority

- Following the engagement of key stakeholders during the period of May-September, the SSDP will be resubmitted to the PCT Board, which will take account of issues highlighted as part of the confirm and challenge process.

**Pan Nottinghamshire Strategic Service Development Plan 2008 – 2018**

**SECTION A: COUNTYWIDE BACKGROUND**

## 1. INTRODUCTION

The aim of this Strategic Service Development Plan (SSDP) is to articulate a shared vision of the future services that will need to be commissioned to improve the health and well-being and to reduce the health inequalities of the population of Nottinghamshire.

The three Primary Care Trusts (PCTs) in Nottinghamshire County (Bassetlaw PCT, Nottinghamshire Teaching Primary Care Trust (NCtPCT) and Nottingham City PCT) have worked in partnership to develop a single integrated plan for the whole of Nottinghamshire. Through joint planning, the PCTs will collectively be able to commission services that truly reflect community needs and acknowledge the flow of patients across administrative boundaries. Through partnership working health care can be widened beyond traditional boundaries to encompass wider determinants of health such as education and leisure.

The individual PCT plans featured in Section B reflect issues at a more local level, highlighting drivers where they are different to the general profile for Nottinghamshire.

### 1.1 Main drivers for change

The drivers for change facing PCTs in Nottinghamshire County collectively are:

- An ageing population with significant health needs.
- Significant population growth and population shifts over the next 10 years.
- The aim for healthcare to be part of a wider package of developing sustainable communities delivered through joint working with partners and contributing to local regeneration.
- Improving the range, quality and accessibility of services with care being provided closer to people's homes.
- The changing profile of the workforce in general practice and primary care.
- Advances in both medical and information technology enabling improved models of care.
- Ageing premises with some being unsuitable for the delivery of future services.

### 1.2 Evidence of the need for change

The three PCTs are committed to making sure that any proposed development options are based on recent, measurable and comparable evidence. To inform decision-making data collection was commissioned covering the following drivers:

- Health Need
- Population growth and change
- Evaluation of the existing NHS facilities and premises to determine their appropriateness and location to enable future service delivery.

The implications for individual PCTs and future commissioning decisions are featured in Section B of this document.

## 2. ENDORSEMENTS & PARTICIPANTS

- Bassetlaw Primary Care Trust
- Nottingham City Primary Care Trust
- Nottinghamshire County Teaching PCT
- NHS East Midlands
- NHS LIFT

## 3. LOCAL HEALTH ECONOMY

### 3.1 Population Growth

Nottinghamshire is the largest county in the East Midlands. The population of over 1million makes up approximately a quarter of the region's residents. As with all large populace there are many significant differences between individual areas, these have important effects on health outcomes and subsequent health service usage.

**Demographics: Nottinghamshire County, Nottingham City & Bassetlaw PCTs**

| | **Estimated Population (as of mid-yr 2003)** | **Projected Population Increases (% ⇧ by 2010)** | **Population Density (persons / square KM)** | **% Ethnic Minority Population (2001)** |
|---|---|---|---|---|
| **Nottinghamshire County Teaching PCT** | 646,000 | 2% | 443 | 3% |
| **Nottingham City PCT** | 273,000 | -1% | 3559 | 15% |
| **Bassetlaw PCT** | 109,000 | 4% | 169 | 1.5% |
| **England** | **49,856,000** | **3%** | **377** | **9%** |

Source: Office of National Statistics www.statistics.gov.uk

The overall projected population percentage increases are variable throughout Nottinghamshire. Bassetlaw PCT demonstrates the highest increase expected by 2010 at 4% and Nottingham City the lowest with a 1% reduction. The numbers of residents in three out of the six Nottinghamshire County areas are expected to increase by almost 1% over the National average for England (Ashfield, Rushcliffe & Newark and Sherwood). However, Broxtowe, Mansfield & Gedling are anticipated to display low levels of proliferation.

There is a mix of densely and sparsely populated districts throughout Nottinghamshire ranging from the rural Bassetlaw PCT, Newark and Sherwood areas to the highly urbanised Nottingham City. Rushcliffe, Ashfield, Mansfield, Broxtowe and Gedling areas demonstrate both urban and rural traits.

### 3.2 Health Need

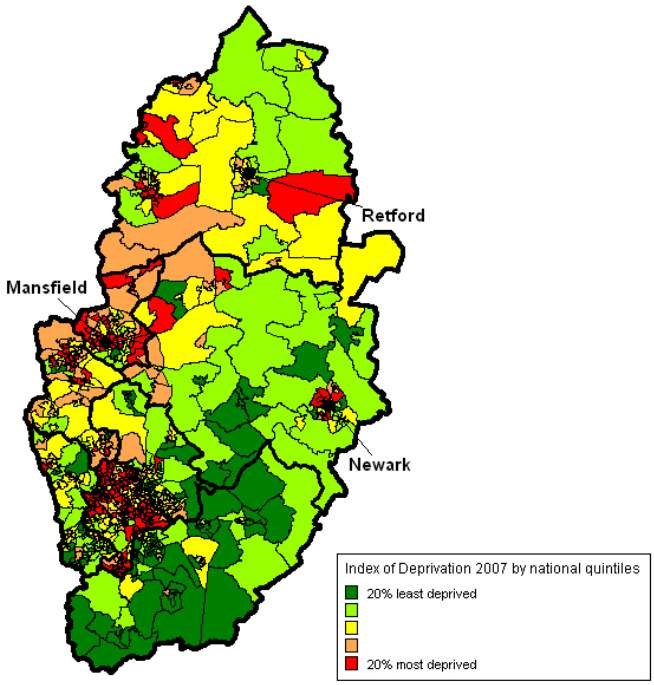
The following table illustrates some examples of key health indicators. It confirms a direct relationship between poor health outcomes and deprivation. It displays the directly age standardised rates for mortality from all circulatory disease, crude rates for teenage conceptions (<18 years), % of low birth weight babies (live & still births <2500g), estimated smoking prevalence and obesity levels.

**Key Health Indicators: Nottinghamshire County, Nottingham City & Bassetlaw PCTs**

| | **Mortality All Cause Circulatory Disease (Rate)** | **Teenage Conceptions (Rate)** | **Low Birth Weight Births %** | **Estimated Smoking Prevalence (>16 years) %** | **Estimated Obesity Levels (BMI 30-40) %** |
|---|---|---|---|---|---|
| **Nottinghamshire County Teaching PCT** | 79.7 – 124.1 | 17.5 – 54.1 | 5.0 – 9.1 | 16.3 – 29.3 | 19.5 – 28 |
| **Nottingham City PCT** | 142.0 | 73.4 | 10.0 | 36.2 | 27.6 |
| **Bassetlaw PCT** | 105.8 | 42.4 | 7.7 | 23 | 27.5 |
| **England** | **102.8** | **42.4** | **8.0** | **24** | **23.7** |

Source: Office of National Statistics www.statistics.gov.uk, Office of the Deputy Prime Minister, Teenage Pregnancy Unit, East Midlands Public Health Observatory, Department of Health, National Centre for Social Research

The Index of Multiple Deprivation (IMD) is a method of measuring wider determinants of health. These scores are ranked in order of deprivation levels for all local authority geographical areas of England (1= most deprived).




As would be expected, within Nottinghamshire there are wide variations in levels of deprivation. In some areas, particularly those in the north and west of the County and the City have considerable proportions of their populations living within the most deprived areas in England. Nottingham City is placed in the 2% of local authorities with the highest relative deprivation levels. Mansfield district lies within the 10% most deprived; conversely Rushcliffe is ranked in the top 10% least deprived local authorities.

Nottingham City shows evidence of poor health status compared with the national average across all other key indicators. Teenage conceptions, low birth weight babies, smoking and obesity levels are all statistically higher than would be expected nationally. Circulatory deaths and teenage conception rates are considerably higher in the more deprived areas of the County. This result is mirrored in the lifestyle indicators of smoking prevalence and obesity levels. The Bassetlaw results show that smoking and obesity rates remain above average English levels.

A higher than average health need was a major factor in identifying potential development schemes or localities that need further consideration. (See Appendix 1a)

### 3.3 Sustainable Urban Expansion

Local Authorities within the Nottingham Housing Market Area (Ashfield, Broxtowe, Erewash, Gedling, Nottingham City and Rushcliffe Councils) have jointly commissioned a study to assess opportunities for the provision of sustainable urban extension(s) of the Nottingham Principal Urban Area. This is in response to Government Guidance and the recommendations of an Independent Planning Inspector who considered the Draft Regional Spatial Strategy. This strategy sets out draft housing requirements for the Nottingham housing market area and whilst the number of dwellings is yet undecided, it is clear that the existing urban area will not be able to absorb all of the proposed housing growth.

In preparation for the issue of the final guidance, which will include housing numbers, the Councils have commissioned a technical study which will consider strategic planning and transport issues, physical constraints and supporting infrastructure which will assist Councils in identifying the most sustainable options for growth. PCTs have been involved in early workshops and have been recognised as key stakeholders who will be pivotal in providing the necessary infrastructure to support the resulting population growth. It is essential that the PCTs are involved in the on-going planning process and that the impact on local health services is assessed as soon as size and timescales for delivery are known.

## 4. ESTATES AUDIT SUMMARY

In 2008 the three Nottinghamshire PCTs all commissioned technical consultants to carry out comprehensive estates audits covering all NHS premises countywide. The surveys covered all Health Centres, GP practices, LIFT buildings and other miscellaneous NHS facilities. It should be noted that there are a small number of premises that have not yet been surveyed, but the outcomes will be included in later versions of this document. The audits for all three PCTs and the LIFT buildings were then collated, analysed and summarised.

The audit was based on standard 4 facet estates categorisation which considers both the physical condition and the functionality of the buildings. Full details of the survey specifications can be found in the Estates Code categorisation guidance.

An overall category was assigned to each building as follows:

A Excellent condition / performance

B Reasonable condition / performance

B (C) Generally reasonable but some items require attention

C Poor condition / performance

D Very poor / unacceptable condition / performance

**4.1** As a proportion of the whole estate countywide the PCTs have the following:

| | |
|---|---|
| Nottinghamshire County teaching PCT | 63% |
| Nottingham City PCT | 25% |
| Bassetlaw PCT | 12% |
| LIFT buildings | 24% |

Bassetlaw PCT has a lower ratio of health centres to GP practices, with the City PCT having a higher ratio of GP practices to health centres. Nottinghamshire County teaching PCT has wider variation with different ratios across the PCT.

**4.2** The estates audit will inform the individual PCT Estates Strategies and will be a key consideration for assessing options in the SSDP.

The estates audit has highlighted remedial work required to bring the estate up to an acceptable standard which will be a key feature of the PCT Estate Strategy due July 2008. However, it is not anticipated that necessary estate improvements would prohibit the development of facilities to support service developments. (For

further detail of the estates audits by individual PCT, see Section B, Estates Summary and the associated Estates Strategy).

## 5. STRATEGIC CONTEXT

There are a range of key strategic drivers at both national and local levels influencing the context for the Nottinghamshire SSDP;

### 5.1 Operating Framework

The Operating Framework 2008/09 sets out a brief overview of the priorities for the NHS:

1. **The health and service priorities for the year ahead:** freeing up the front line by moving towards local stretch targets, whilst delivering on national priorities. 2008/09 is the start of the next three-year planning round. In this context, the Operating framework sets out the priorities and planning framework for the NHS for the 2008/09 financial year, within the context of the 3 year CSR period 2008/09 – 2010/11;
2. **The reform levers and enabling strategies:** reform with a purpose – to improve services. The focus will be on developing world class commissioning as the key agent for change on behalf of patients and the public, using the full range of levers and incentives to transform services and improve outcomes;
3. **The financial regime:** setting out a framework that fully supports reform goals and incentives transformational improvements in services within available resources. Key to this will be the need to sustain the surpluses the NHS is on track to deliver;
4. **The business processes:** ensuring a business-like and transparent approach to planning that supports locally led decisions whilst providing accountability. There is a strong emphasis on genuine partnership working at a local level with local government and other partners to ensure that local health and wellbeing needs are better understood and addressed in partnership.

A core part of the ambition for the NHS is responding to what patients and communities have told us which includes:

- improving cleanliness and reducing healthcare associated infections
- improving access through achieving 18 weeks referral to treatment and better access to GP and primary care services
- keeping people well, improving overall health and reducing health inequalities
- ensuring improvements in patient experience, staff satisfaction and engagement
- not being found wanting in preparations to respond to emergencies such as a pandemic flu outbreak.

### 5.2 NHS Next Stage Review (Our NHS, Our Future)

In July 2007, the Prime Minister and Health Secretary announced a major review of the NHS. Led by Professor Lord Ara Darzi, “Our NHS, Our Future (the Next Stage Review)” will identify the way forward for a 21st Century NHS which is clinically driven, patient - centred and responsive to local communities.

The four national review themes provided by the Next Stage Review not only provide the context for this SSDP, but the SSDP in-turn, will contribute to the delivery of services that meet these criteria;

**Fair –** equally available to all, taking full account of personal circumstances and diversity
**Personalised** – tailored to the needs and wants of each individual, especially the most vulnerable and those in greatest need, providing access to services at the time and place of their choice
**Effective** – focused on delivering outcomes for patients that are among the best in the world
**Safe** – as safe as it possibly can be, giving patients and the public the confidence they need in the care they receive

The relevant themes and messages that are emerging from the early findings of the Nottinghamshire Service Review advisory group reports, questionnaires and engagement events are outlined below:

- Tacking inequalities through addressing the variation in provision across the PCT and focussing on specific actions to reduce inequalities.
- Developing a health promoting NHS by ensuring that care pathways start with health prevention and continue with health and social well-being.
- Delivering care closer to home. Commissioning more day surgery, diagnostics and outpatients services in the community supporting behavioural change through promoting patient empowerment.
- Improving access through improved out of hours access to community services, provision of single points of access and improving clinical access (and GP direct access) to investigations and diagnostics.
- Focussing on person centred assessment of needs and integrated care. This will be done through: ensuring that clinical guidelines are underpinned by evidence based, cost effective treatments; empowering and promoting self-management of care plans, supporting cares through providing for their needs in care pathways and to look to integrating services to reduce fragmentation of service provision.
- Ensuring that basic services, communication, customer care, hospital cleanliness are addressed.
- Ensuring real choice though the provision of accurate patient information, listening and understanding what patients want and developing new models of service provision.
- Improving patient and information systems through the provision of real time, accessible patient data, developing shared information systems and ensuring consistent, comprehensive and locally sensitive patient information.
- Strengthening commissioning through focussing on health and social care system outcomes, quality and the development and use of sophisticated performance measures.
- The development of integrated care pathways – children, mental health, planned care, end of life and long term conditions.

In considering the service configuration and potential development options in this SSDP it is expected that options will contribute to the delivery of the above priorities in Nottinghamshire.

### 5.3 Scenario Planning

In the drive to become World Class Commissioners, PCTs across the East Midlands are working with Management Consultants McKinsey's to develop a range of 10 year scenarios to support PCT strategic planning. Anticipated release during June 2008, East Midlands Scenarios will provide essential strategic context for PCT Strategic Plans and PCT Strategic Service Development Plans, against which future planning assumptions can be tested.

## 6. WORKING IN PARTNERSHIP

Working closely with partners provides opportunities for innovation in the way services are delivered to local communities. The PCTs are committed to working with partners to achieve strategic alignment across organisations; this in-turn will enable joint development of integrated patient pathways and best use of resources across the whole health community.

However, it should be recognised that both statutory and contractual commitments with, or within, other organisations, can impose constraints on the plans and aspirations of the three PCTs. Once current contractual commitments have been met, this issue should be mitigated in-part through improved joint planning across the whole health community.

It should be recognised that this alignment of plans needs to foster a more open approach to sharing information and in particular for jointly considering estates strategies across the public sector to ensure optimum use of public facilities.

*The following are the key partnership organisations for the 3 constituent PCTs.*

### 6.1 PCT Provider Services

A wide range of primary care and community services are provided across Nottinghamshire by the PCT 'Provider Arms'. From April 1st 2008 these have become Arms Length Management Organisations (ALMOs).

The impact on any potential development schemes of future community service changes will need to be addressed at an individual PCT level as part of the consultation process. (See individual Section B for more detail).

### 6.2 East Midlands Ambulance Service NHS Trust (EMAS)

EMAS provides an Emergency and Urgent Care mobile health response and non emergency patient transport service for 4.6 million people in an area covering approximately 6,425 square miles across six counties. The service aims wherever possible to 'hear and treat' or 'see and treat' people in their own homes or on site as appropriate and only transport patients to a hospital or other community based healthcare service if absolutely necessary. Each year the service responds to more than half-a-million 999 calls and in excess of one million journeys for non emergency patients.

EMAS is keen to work in partnership in continuing to provide a timely and appropriate 24/7 mobile health service, with the ability to assess and treat people in their own homes. Where onward transportation is required then EMAS should be enabled to make the decision as to the best place for treatment Through agreed pathways of care EMAS can ensure that patients are transported to the right place at the right time, whether this is to a community based hospital, acute hospital or specialist treatment centre.

It is a natural step for EMAS to have greater involvement in the delivery and management of primary and community care and the Trust is very keen to explore and be involved in developing alternatives to hospital admissions. The workforce is skilled in providing care in diverse settings, and in both emergencies and non-emergency situations, so there are real opportunities for utilising and developing their skills and competencies to deliver a wider range of local services, particularly in respect of intermediate care and the management of long term conditions.

### 6.3 Nottingham University Hospitals NHS Trust (NUH)

Nottingham University Hospitals NHS Trust is the country's fourth largest acute teaching Trust. The Trust was established on 1st April 2006 following the merger of Nottingham City Hospital (NCH) and the Queen's Medical Centre (QMC). They provide general hospital services and a wide range of specialist services that are available not just to the local population but also to patients referred regionally and nationally. Currently NUH provides secondary and tertiary care for 80% of patients from the City and 40-50% of patients from the County.

NUH is aspiring to be a NHS Foundation Trust from the beginning of 2009. Work is in progress to determine the future strategic direction of Nottingham University Hospitals NHS Trust (NUH) with emphasis on:

- Care being delivered close to home wherever possible.
- Further centralisation of specialist services where necessary.

An External Reference Group with membership drawn from partner organisations, including Commissioners, public representation and an Officer from the Overview and Scrutiny Committee is contributing to the process. This Group aims to ensure that the emerging plans:

- Are consistent and coherent with other health community strategies to give patients the best care possible within the local NHS
- Are aligned wherever possible with the University of Nottingham to give patients the maximum benefit of being cared for by a leading academic health institution
- Have the support of key external stakeholders and will be deliverable from a health community perspective

The trust is currently focussing on a number of areas. PCTs will need to consider the commissioning implications of these service changes as part of their commissioning plans:

- **Emergency Department / Acute Care:** enhancing the emergency, urgent and acute services on the Queen's campus, with the aim of creating an Emergency Village, which will provide new and enhanced models of care for patients (both children and adults)
- **Heart Services & Stroke Services:** including the development of both primary angioplasty and hyper acute stroke (thrombolysis) services during 2008/09.
- **Renal:** a second renal dialysis satellite unit, to ensure that there is sufficient capacity to manage the increasing demand for this service
- **Obstetrics and Neonatal Care:** developing services to provide the best care possible for our patients as outlined in the Department of Health's 'Making it Better for Mother and Baby – Clinical Case for Change' (2007).
- **The Children's Hospital:** it is planned to move children's services to the Queen's campus; this is scheduled for May and June 2008.
- **Critical Care;** Developing both the physical infrastructure and the bed capacity in line with current and expected future needs.

### 6.4 Sherwood Forest Hospitals Foundation Trust (SFHFT)

Sherwood Forest Hospitals became a Foundation Trust in February 2007 and runs King's Mill and Newark Hospital, as well as providing services at Mansfield

Community Hospital. Sherwood Forest Hospitals Foundation Trust is the main acute service provider in Central Nottinghamshire.

SFFHT is currently building a brand new £320million super hospital on the King's Mill site as well as making significant improvements to Mansfield Community Hospital and a £7m investment at Newark Hospital. The new hospital is due for completion in March 2011 and will transform the way acute services are provided in central Nottinghamshire.

SFHFT are keen to work in partnership with their community colleagues to establish where best to provide services, recognising the national direction to provide more services in primary care. They are looking at a flexible service and business development model which includes the repatriation of tertiary care activity e.g. angioplasty from April 2008.

SFHFT have established links with GPs through training provision to support the delivery of more services in communities. The Foundation Trust now wishes to develop further specialist-led outreach services. The trust is keen to have an open dialogue with commissioners to determine what the optimum clinical pathway is and which services can be delivered:

- in an outreach way e.g. minor surgery
- by GP direct access e.g. cardiology
- GP & Nurse led with training support
- Specialist-led pathways delivered in community settings

SFHFT are supportive of World Class Commissioning and are keen to further develop relationships and partnership working with the health community to understand the strategic direction of its commissioners. They have formulated a Strategic Liaison Group with the PCT provider arm to look at the national agenda and take it forward.

### 6.5 Doncaster and Bassetlaw Hospitals NHS Foundation Trust

Doncaster and Bassetlaw Hospitals NHS Foundation Trust is a first-wave foundation trust. The services are provided on five hospital sites, and in the community. It serves a population of 410,000 in Bassetlaw and Doncaster, and employs over 5500 staff.

Three hospitals are owned by the Trust: Bassetlaw Hospital, Worksop, Doncaster Royal Infirmary (DRI) and Montagu Hospital. Outpatient services are provided at Retford Hospital (owned by Bassetlaw Primary Care Trust), and elderly rehabilitation services at Tickhill Road Hospital (owned by Doncaster and South Humber Healthcare NHS Trust). Across the hospitals, and community locations, staff provide a range of services equivalent to those provided in a large district general hospital.

### 6.6 Nottingham Healthcare NHS Trust (NHT)

Nottinghamshire Healthcare Trust is one of the country's leading mental health and learning disability service providers. The Trust was formed in April 2001 from the merger of a number of organisations providing mental health and learning disability services to the whole of Nottinghamshire.

The services offered by Nottinghamshire Healthcare Trust cover six areas:

- Adult Mental Health Services
- Child and Adolescent Mental Health Services
- Mental Health Services for Older People
- Learning Disability Services
- Forensic Services
- Drug and Alcohol Services

These services are provided in a variety of settings, from community psychiatric services to acute wards and low, medium and high secure provision. The Trust manages two medium secure units, Arnold Lodge in Leicester and Wathwood Hospital in Rotherham, as well as the high secure Rampton Hospital near Retford.

NHT have developed a 5 year integrated business plan looking at service developments and the possibility of further alignment with individual PCTs commissioning intentions. The expectation is that in-patient beds will be consolidated while outreach and community services are expanded for example, in psychological therapies.
NHT has a 10 year estates strategy and are keen to develop a wide range of community based services which would potentially result in the decommissioning of some current facilities. Any available capacity in NHS premises would need to be considered when assessing service development options within this SSDP.

### 6.7 Nottingham Independent Sector Treatment Centre (ISTC)

An independent sector treatment centre (ISTC) is planned to open on the Nottingham University Hospitals (NUH) QMC campus in June 2008. The contract is a 5 year 'minimum take' contract whereby the provider (Circle) is guaranteed a volume of activity and income. The minimum take contract does place some constraints on the PCTs ability to move services from secondary to primary care particularly in the specialties to be provided by the ISTC. However, there will be opportunities for service changes after the 5 year term of the contract. This determines the context for both the SSDP and individual PCT commissioning intentions in the medium term.

### 6.8 Local Improvement Finance Initiative (LIFT)

Across Nottinghamshire the health and social care community has two LIFT companies, namely Greater Nottingham (GN) and North Nottinghamshire (NN), which are jointly managed and co-located.

Shareholders common to Greater Nottingham and North Nottinghamshire are:
- Primary Plus (PP)
- Community Health Partnerships (CHP) – formerly PfH
- Nottinghamshire County Teaching PCT.

Additional North Nottinghamshire shareholders:
- Bassetlaw PCT

Additional Greater Nottingham share holders:
- Nottingham City PCT
- Nottingham City Council

Since becoming LIFT Co. partners in 2004, the PCTs have seen the delivery of a significant number of new developments across the county. These have enabled the PCTs to commission services in facilities that provide a suitable environment

for the delivery of improved clinical services and increased capacity to meet population growth. The development of these schemes has not only provided accessible services closer to people's homes but has contributed to wider community regeneration.

### 6.8.1 Greater Nottingham LIFT Co. (GN)

GN has to date, been one of the most adventurous and successful LIFT companies. Having Financially Closed five schemes totalling £46.6m (construction), (26,018$m^2$).

GN is arguably the sector leader in the provision and operation of Joint Access Centres (JAC). In addition to New Projects under Lease Plus Agreements (LPA), it has been successful in bringing forward and delivering minor capital works projects and increasingly providing Partnering Services under the Strategic Partnering Agreement (SPA). Currently schemes in development are Bulwell (JAC) and preliminary work on potential future schemes for NCtPCT.

### 6.8.2 North Nottinghamshire LIFT Co. (NN)

NN has successfully completed its first tranche of seven schemes. In addition, it has a subsidiary company; Estates Development North Nottinghamshire Assets (EDNNA), which was established to dispose of surplus PCT and GP buildings. NN has been successful in bringing forward and delivering minor capital works projects and providing Partnering Services under the SPA.

### 6.8.3 LIFT Exclusivity and Future Direction

As defined in the Strategic Partnership Agreements, the LIFT Cos have a right to exclusivity for the provision of primary and community based health and social care facilities developed by PCTs, including Partnering Services and Lease Plus Services (relating to Required Facilities and all Major Capital Projects).

These exclusivity rights do not apply to Required Facilities or Major Capital Projects, developed by PCTs, with a capital value of Less than £100,000 or where the lease is under 5 years, or the area is less than 150$m^2$.

Notwithstanding exclusivity, for both GN and NN to develop into long-term sustainable businesses, with value over and above that of the property portfolio, a more innovative and flexible approach to New Projects, Partnering Services and work streams will be required, where mutually beneficial.

## 6.9 Local Authorities

The PCTs are committed to working in partnership with Local Authority colleagues to improve health and well-being, and reduce health inequalities across Nottinghamshire County. The PCTs recognise that there are a number of priority areas where there is added value:

- joint planning across the whole community
- effective joint commissioning with local authorities

- integrated service delivery, including joint appointments and co-location of services
- Inclusion of wider determinants of health in planning and service provision, for example, police, schools, housing, and leisure.

This partnership working will be progressed through the Joint Service Needs Assessment (JSNA) and delivered through the Local Area Agreement and Local Strategic Partnerships.

## 7. ENABLERS

The Nottinghamshire SDDP is underpinned by a series of enablers which will contribute to effective delivery. Details of these strategies can be found at individual PCT level in section B

- World Class Commissioning
- Workforce
- IMT
- Finance

**Nottinghamshire Strategic Service Development Plan 2008 – 2018**

**SECTION B: NOTTINGHAMSHIRE COUNTY TEACHING PRIMARY CARE TRUST**

## 1. INTRODUCTION

This section of the Strategic Service Development Plan (SSDP) provides further detail of the profile and health needs of the population for which Nottinghamshire County Teaching PCT (The PCT) commissions services. It also describes the PCT vision and strategic priorities, which underpin the SSDP service development proposals, and outlines the process by which these potential service development schemes were identified and tested.

This document should be read in conjunction with the Pan Nottinghamshire SSDP (Sections A and Section C) and PCT strategic documents, namely the Strategic Framework 2007-2010, the PCT Commissioning Intentions 2008-9, the PCT Operating Plan 2008/09, and the Estates Audit 2008 and the PCT Estates Strategy (pending).

| | |
|---|---|
| Section A | Countywide Background |
| Section B | Nottinghamshire County Teaching PCT |
| Section C | Countywide Service Development Options |

## 2. LOCAL HEALTH ECONOMY

**2.1** The County has a population of approximately 646,000 living in a range of densely populated urban and remote, sparsely inhabited rural areas across Nottinghamshire. Deprivation levels and related local health inequalities are a significant feature in the overall health outcomes within Nottinghamshire.

**Demographics: Nottinghamshire County**

| | **Estimated Population (as of mid-yr 2003)** | **Projected Population Increases (% ⇧ by 2010)** | **Population Density (persons / square KM)** | **% Ethnic Minority Population (2001)** |
|---|---|---|---|---|
| **Rushcliffe** | 107,000 | 4.6 | 258 | 4.1 |
| **Gedling** | 111,000 | 0.6 | 931 | 3.8 |
| **Broxtowe** | 108,000 | 0.8 | 1328 | 4.5 |
| **Mansfield** | 99,000 | -0.3 | 1274 | 1.7 |
| **Ashfield** | 113,000 | 3.9 | 1013 | 1.1 |
| **Newark & Sherwood** | 109,000 | 4.0 | 163 | 1.5 |

| | | | | |
|---|---|---|---|---|
| **England** | **49,856,000** | **3%** | **377** | **9%** |

Source: Office of National Statistics www.statistics.gov.uk

The Index of Multiple Deprivation (IMD) is a method of measuring wider determinants of health. These scores are ranked in order of deprivation levels for all geographical areas of England (1= most deprived). As would be expected, within Nottinghamshire there are wide variations in levels of deprivation. It can be seen that some areas, particularly those in the north of the county have considerable proportions of their populations living within the most deprived areas in England.

The proportion of an individual district's population living within the most deprived Super Output Areas (SOA) in the country are summarised below:

| DISTRICT | IMD RANK<br>1= MOST DEPRIVED<br>354= LEAST DEPRIVED | PROPORTION OF THE POPULATION LIVING WITHIN THE MOST DEPRIVED SOA |
|---|---|---|
| **Rushcliffe** | 298 | 0% |
| Gedling | 195 | 4% |
| Broxtowe | 197 | 4% |
| Mansfield | 30 | 43% |
| Ashfield | 74 | 28% |
| Newark & Sherwood | 125 | 15% |

Office of the Deputy Prime Minister (IMD 2004)

**Key Health Indicators: Nottinghamshire County**

| | Mortality All Cause Circulatory Disease (Rate) | Teenage Conceptions (Rate) | Low Birth Weight Births % | Estimated Smoking Prevalence (>16 years) % | Estimated Obesity Levels (BMI 30-40) % |
|---|---|---|---|---|---|
| Rushcliffe | 79.9 | 17.5 | 5.0 | 16% | 19.5% |
| Gedling | 82.2 | 30.6 | 7.4 | 23% | 24% |
| Broxtowe | 86.6 | 27.0 | 7.1 | 21% | 24% |
| Mansfield | 115.6 | 51.5 | 9.1 | 25% | 28% |
| Ashfield | 124.1 | 54.1 | 8.0 | 29% | 27% |
| Newark & Sherwood | 104.4 | 35.8 | 6.4 | 23% | 25.5% |
| England | 102.8 | 42.4 | 8.0 | 24 | 24.2 |

Source: Office of National Statistics www.statistics.gov.uk, Office of the Deputy Prime Minister, Teenage Pregnancy Unit, East Midlands Public Health Observatory, Department of Health, National Centre for Social Research

These results confirm the expected relationship between poor health status and deprivation at a local level within Nottinghamshire County. At one extreme Ashfield and Mansfield have poor health status across all indicators except low birth weight. In contrast, Rushcliffe's health status is better than the national average. Ashfield and Mansfield areas demonstrate statistically significantly higher levels of mortality from all circulatory disease and their numbers of teenage pregnancies compared to the rest of England.

In summary, the specific problems faced by The PCT which have influenced the identification of priorities for further discussion include;

- Variable Levels of Deprivation

Deprivation levels within the County vary dramatically; it contains one of the most affluent and one of the most deprived areas in England. This has a direct effect on health outcomes and creates a unique challenge for the PCT to prevent further widening of these local health inequalities.

- Geographic Area: Equity of Access to Health Care

The populations served by the PCT live in a variety of settings from very rural to densely populated urban areas. These differences require careful service planning and local needs assessment to ensure equity of access regardless of where people live within the County.

## 3. STRATEGIC CONTEXT

**3.1** Nottinghamshire County Teaching PCT (The PCT) was established in October 2006, as a result of the merger of six former PCTs; Ashfield, Broxtowe & Hucknall, Gedling, Mansfield District, Newark & Sherwood and Rushcliffe.

The main function of the PCT is to improve physical and mental health, and well-being through commissioning comprehensive and equitable services to meet the needs of the local population. The majority of the population are resident within the boundaries of the PCT, with a small proportion resident within the boundaries of adjacent PCTs but who access services through, and from, GPs within the PCTs Boundary.

### 3.2 PCT Strategy

The Strategic Framework (2007-2010) provides the context within which the PCT will operate and make decisions. This document was developed following a series of stakeholder events during 2007.

Nottinghamshire County Teaching PCT (the PCT) aspires to be a leading commissioning organisation, improving the health and well being of people in Nottinghamshire. It will shape the local health care market and work closely with strategic partners to transform the quality and availability of health care and will make sure that public resources are used to the greatest possible effect.

In doing so, the overriding priority is the development of the PCT commissioning capabilities and of practice based commissioning (PBC). In particular the PCT aims to:

- Focus strongly on understanding health needs and public expectations

- Target resources on the prevention of ill health
- Ensure that resources are allocated more fairly, so that areas with the highest
- health inequalities get the focus and resource they need

### 3.3 PCT Objectives

The Strategic Framework identifies seven strategic objectives which are summarised below:

1. Demonstrate excellence in the planning and commissioning of services to improve health and well being.
2. Address inequalities in health, focusing resources and effort on the areas of greatest need.
3. Put people and patients at the centre of the local NHS and ensure they have a greater say in their own personal health care and in the monitoring of services.
4. Bring health care sooner, earlier and closer to patients and continually improve the quality and the safety of care.
5. Ensure best value for money in all the PCT's activities, continuing to achieve financial balance.
6. Shape and manage the local health care market to drive the quality and availability of care to the highest standards.
7. Support and stimulate PCT provider services to operate effectively in a competitive market

### 3.4 Local Priorities

The PCT is committed to delivering a series of locally identified priorities and national priorities as outlined within the NHS Operating Framework 2008/09 – 2010/11. These have been identified for development as part of the PCT's Strategic and Business Planning Process, based on Health Need and developed in conjunction with our Practice Based Commissioners, views from our partners and local people. For 2008/09 these are;

- Improving health outcomes for patients with Chronic Obstructive Pulmonary
- Disease (COPD)
- Reducing the amount of death and disease which is attributable to smoking within the Nottinghamshire population
- The prevention of falls in those aged 65 and over
- Improved experience of those approaching the end of life
- Reducing the number of avoidable admissions, in particular reducing the
- number of emergency bed days

Further detail on the delivery of these priorities can be found Appendix 3 and in the PCT Operating Plan 2008/9.

### 3.5 PCT Commissioning Portfolio

The PCT is responsible for planning and commissioning services to meet the needs of the people in Nottinghamshire County. The commissioned services include primary and community based care, secondary care and tertiary care.

The PCT commissions Primary Care by local NHS independent contractors including:

| | | | |
|---|---|---|---|
| GP practices | 97 | Dental Practices | 82 |
| Pharmacies | 130 | Optician Practices | 72 |

The commissioning and development of local services is clinically-led through 5 Practice Based Commissioning Clusters and 2 independent practices. The PBC Clusters have been instrumental in identifying local priorities and in developing plans that meet local needs. The clusters also have a key role in involving other local clinicians and the public in decision-making.

The PCT Practice Based Commissioning Clusters are:

- High Point Health (Ashfield and Mansfield Districts)
- Principia (Rushcliffe)
- Newark and Sherwood (Excluding Middleton Lodge (practice) Ollerton)
- Nottingham East (Excluding Calverton Practice)
- Nottingham West

In the main, community-based services are commissioned from Nottinghamshire Community Health (NCH), the former PCT Provider Arm, which became an Arms Length Management Organisation (ALMO) on 1st April 2008.

The PCT commissions acute services from a range of providers, with the predominant acute service providers being Nottinghamshire Healthcare NHS Trust (mental health), Nottingham University Hospitals NHS Trust and Sherwood Forest Foundation Hospitals NHS Trust. Circle is providing a new Independent Sector Treatment Centre on the QMC site which is due to open in early summer 2008. (See Section A: Partnership Working for further detail).

### 3.6 Equitable Access in Primary Care

The NHS Next Stage Review Interim Report (October 2007) carried out by Lord Darzi highlighted that access to primary care services across the Country is inequitable. To address this situation the Equitable Access in Primary Medical Care programme was established with a focus on achieving the visions of a fair and personalised NHS.

Nationally it is expected that there will be:

- new general practices in the 25% of PCTs with the poorest provision

- one new GP-led health centre in every PCT

The potential options for development of the GP led Health Centre in Nottinghamshire County Teaching PCT are currently out to public consultation.

It is envisaged that a decision on the provider of the service will be made in November 2008 and the service will commence from April 2009.

The procurement of this GP led Health Centre will be in advance of the service developments in this SSDP. It is anticipated that it will make a significant contribution to the delivery of the primary care service needs identified in this plan; therefore future service configurations will require re-evaluation following this decision.

### 3.7 Previous Service Development Schemes delivered through LIFT Co.

To date the following schemes have been developed within the PCT area through NHS LIFT;

| | |
|---|---|
| Park House Health & Social Care Centre, Carlton | Balderton Primary Care Centre |
| Stapleford Care Centre | Rainworth Primary Care Centre |
| Keyworth Primary Care Centre | Ashfield Health Village |
| Warsop Primary Care Centre | Bull Farm Primary Care Centre |

A more detailed background to NHS LIFT in Nottinghamshire and future opportunities for development can be found in Section A: Countywide Background.

Developments that have been previously identified, but have not yet progressed to formal business plans, will be included in the list of potential development schemes for this SSDP and will be re-considered subject to assessment against agreed criteria.

## 4. WORKING IN PARTNERSHIP

### 4.1 Local Authorities and Joint Commissioning

The PCT is committed to working in partnership with Nottinghamshire County Council and the District and Borough Councils in improving health and reducing health inequalities across the County. The PCT works directly with the following councils:

- Nottinghamshire County Council
- Ashfield District Council
- Broxtowe Borough Council
- Gedling Borough Council
- Mansfield District Council
- Newark & Sherwood District Council
- Rushcliffe Borough Council

Partnership working is planned and delivered through the Joint Service Needs Assessment, Local Area Agreement and Local Strategic Partnerships.

A local Joint Commissioning Board has been established with Chief Executives and Directors of Commissioning from Nottinghamshire County Teaching PCT, Bassetlaw PCT and Nottinghamshire County Council. The Joint Commissioning Board has confirmed the requirement to produce joint commissioning strategies by March 2009. To inform joint commissioning a Joint Strategic Needs Assessment is in progress and will cover the following areas:

- Children and Young People
- Older People
- Adults, Hard to Reach and Vulnerable People
- Mental Health
- Learning Disabilities and Aspergers syndrome
- Physical Disabilities and LTC Neurological Conditions

- Continuing Care

As part of the development of the SSDP, the PCT has met with all local authorities to discuss the impact of local developments on the provision of health services; the influence of PCT development plans on the local communities, and the opportunities for partnership working.

In particular there is recognition that with significant population growth there will be a considerable increase in demand for health services and that there is a need to establish easier mechanisms for developments to be brought to the attention of Partners. A trajectory of population growth for the county has been developed based on actual, planned and potential housing growth and this has been used to inform the prioritisation process.

It is acknowledged that the Local Area Agreement needs to provide the framework for reducing health inequalities by working in partnership. There also needs to be a stronger drive to move towards prevention of ill health through integrated approaches across health and social care.

There are opportunities for partnership working with recognition that there is scope for health services to be provided in non-NHS facilities, for example, joined-up services being delivered through the re-provision of secondary schools across Nottinghamshire through the Building Schools for the Future initiative.

### 4.2 Nottinghamshire County Council Priorities

| | | |
|---|---|---|
| Adult Services | Day care | Shifting from building based to community provision (some premises retained for complex care e.g. for those with dementia |
| | Extra Care Facilities | Specialist housing schemes under development; promoting independence, providing care until death, and including well being centres and rehabilitation |
| | Respite Care and support to carers | Increasing capacity for all groups especially the elderly with dementia and those with disabilities. Joint work with partners to support carers to enable them to continue to provide care. |
| Childrens' Services | Building Schools for the Future | Investment of circa £700M in new secondary schools, with the first phase focusing around the former colliery communities. Joined-up services to be delivered through schools. |
| | Childrens' Trust Established 1st April 2008 | Multi-agency Board including PCT representation, enabling joint planning and commissioning of integrated services |

It is expected that the delivery of these priorities will be dependent on partnership working with the NHS, in particular through integrated working around Long Term Conditions, joint commissioning and voluntary sector partnerships.

It is also acknowledged that partnership working needs to extend beyond the local councils (within the PCT boundaries) as people move across administrative boundaries in order to access a range of Public services.

## 5. ESTATES AUDIT

In 2008 the PCT commissioned technical consultants (Strategem) to undertake a comprehensive audit of all NHS estates within the PCT, including PCT owned and leased premises, LIFT buildings and GP owned premises. The purpose of this audit was to ensure that all premises from the legacy PCTs were surveyed to inform the development of a PCT Estates Strategy.

To inform local planning and commissioning the relevant estates audit reports have been sent to:

- Individual GP practices
- PBC Cluster General Managers
- PCT Commissioning team
- Nottinghamshire County Healthcare

The estates audit will inform the development of the Nottinghamshire County Teaching PCT (The PCT) Estates Strategy including priorities for capital investment. The estates audit outcomes will be a key consideration for assessing the priorities within this SSDP.

The estates audit has highlighted remedial work that is required to bring the PCT estate up to an acceptable standard. However, it is not of such magnitude that it is likely to prohibit the development of facilities to support service developments.

### 5.1 PCT Estates Strategy – Key Issues

The PCT Estates Strategy is currently being developed and has been informed by the recently completed estates audit. The PCT Estates Strategy will be submitted for PCT Board approval in July 2008. It is expected that it will cover the following issues:

- How the estate owned and leased by the PCT, can be best used to support the delivery of the service configuration ambitions in this SSDP
- The timescale and costs required to bring all PCT owned premises up to a standard comparable with those recognised as being the best nationally
- The timescales and costs required to ensure that all General Practice premises will meet the minimum Health & Safety and DDA requirements
- Work towards ensuring that PCT owned or leased premises not only meeting the minimum statutory DDA requirements but will exceed them to make premises fully inclusive to users with disabilities.
- An expectation that the PCT will fully realise the benefits of existing facilities, for example, through improved utilisation
- That future commissioning of new premises/decommissioning needs to be able to demonstrate measurable benefits from the development investment

- Whether a phased programme of decommissioning of estate is required for those facilities that either functionally or conditionally, are not suitable for the delivery of future services

- That the PCT will explore opportunities to use existing NHS facilities owned by other organisations as alternatives to the commissioning of new facilities.

- The impact of services being commissioned from providers using non-NHS facilities.

## 6. ENABLERS

There are several enablers, which underpin the delivery of the PCT Strategy and indeed the SSDP for 2008/09.

### 6.1 World Class Commissioning

World Class Commissioning (WCC) aims to obtain the best value and health outcomes for local citizens by understanding their needs and then specifying and procuring services that deliver the best possible outcomes within the resources available.

Nottinghamshire County Teaching PCT aspires to become a world-class commissioner by developing knowledge, skills, behaviour and processes within the organisation. It is intended to strengthen the PCT's role as a local leader of the NHS, building the organisation's reputation within the community. The PCT will work closely with partners and proactively seek and build engagement with the public, patients and clinicians. Analytical skills and knowledge management will be strengthened to ensure commissioning decisions are based on sound evidence, informed by local heath needs assessment.

In anticipation of the issuing of the WCC Assurance Framework, the PCT will be conducting a base-line assessment of current organisational structures, capacity and processes using the using the 11 competencies outlined in 'World Class Commissioning Competencies' (gateway ref 8754).

### 6.2 Finance

The PCTs Financial Strategy will be to consider future developments proposed within the SSDP as part of the PCTs overall approach towards financial planning. Any schemes proposed as part of the development of the SSDP will be subject to the development of a Public Sector Brief (where applicable i.e. potential LIFT schemes) and detailed business case approval. Similarly the PCTs Estate Strategy which will be submitted to the PCT Board in July 2008 and its associated investment plan will need to be considered within the overall financial context of the PCT.

### 6.3 IMT

The Nottinghamshire Local Health Community has developed an IM&T Strategy, which draws together the national requirements of the National Programme for IT (NPfIT), local clinical drivers and ambitions of individual organisations to drive up efficiency and productivity. In doing so the LHC has used six themes to inform its planning and to organise its clinical Change Initiatives.

1. Improving Care by Sharing Information
2. Improving Pathway management
3. Information Governance
4. Increasing efficiency
5. Measuring success
6. Preparation for NPfIT

It is envisaged that IM&T will act as an enabler for developing joint working practices, communications and clinical management across care settings. It is expected this will deliver significant elements of the clinical 10 Darzi "Challenge to IM&T". Examples of how IMT will support service redesign are:

- Effective pathway management.
- Electronic patient information at the point of care.
- Mobile working and remote access for clinical and administrative staff.
- Better use of staff accommodation and travel time.

For further information please refer to the Nottinghamshire Local Health Community IM&T Strategy 2008.

### 6.4 Workforce

The key drivers that will affect the workforce within the PCT (and services commissioned by the PCT) are:

| | |
|---|---|
| Changes in Service Models & Delivery<br>• Changes in the boundaries between secondary and primary care<br>• Extended primary care<br>• Self-care and care closer to home<br>• Intermediate care<br>• Chronic disease management<br>• Increase in day surgery/minimal in-patient stay<br>• Extended ambulatory care models<br>• Separation of emergency & planned care pathways | Workforce supply<br>• Changing demographics<br>• Workforce availability - training post numbers (allied health professionals, nursing and medical staff)<br>• Modernising Medical Careers<br>• Agenda for Change |
| National policy drivers<br>• Commissioning a Patient-Led NHS<br>• Connecting for Health<br>• Patient Choice<br>• Healthcare market<br>• Organisational reconfiguration<br>• Our health, our care, our say<br>• Change for Children<br>• Standard For Better Health<br>• NHS Litigation Authority | Affordability<br>• Gershon Review and Agenda for Productive Time<br>• Payment by Results<br>• Local affordability constraints (min. 15% management cost saving)<br>• Service rationalisation |

### 6.4.1 Ageing GP Population

| % of GPs aged > 50 (by legacy PCT) | | | |
|---|---|---|---|
| Ashfield | 56% | Broxtowe & Hucknall | 41% |
| Gedling | 27% | Mansfield | 28% |
| Newark and Sherwood | 53% | Rushcliffe | 24% |

There is work in progress within the PCT to identify those GPs nearing retirement age particularly as this has been identified as a major risk in some parts of the County such as Ashfield where circa 56% of GPs are aged over 50.

This provides the PCT with a challenge as there is a risk to the continuity of services with a significant proportion of GPs due to retire in the next 10 years. The need for primary care facilities that provide a good environment for the workforce must be considered when looking at potential development schemes, if we are to enlist new clinicians. However changes to the local workforce may also provide the opportunity to shape the commissioning of Primary Care services and the business models required for effective delivery in the future.

## 7. SERVICE DEVELOPMENT OPTIONS

While the PCTs Strategic Plan and the outcome of the Our NHS, Our Future Review in Nottinghamshire are not due for publication until later in 2008, the PCT has identified the following interim themes to underpin future service configuration. (These will be reviewed dependent on the outcomes of these policy documents).

### 7.1 Key Service Configuration Themes

- Service configuration needs to be evidence-based, taking into consideration health need, inequalities, accessibility and population change.

- The service configuration will be broadly based on a hub and spoke model but the exact configuration will be tailored to meet local needs and will take account of current services and premises.

- General Practitioners will be encouraged to respond to national and local drivers for change. This will include ensuring that developments are patient-centred, enable high quality services to be delivered and will improve access and choice. To achieve this they may need to explore new service and business models.

- Supporting the transfer of services from secondary to primary care, where clinically appropriate, so that people can access closer to home.

- Supporting the delivery of integrated care and maximising opportunities to deliver care in non-NHS facilities, for example; co-location with social care or services delivered by non-NHS providers in their own facilities

### 7.2 Prioritisation Process

Nottinghamshire County Teaching PCT (The PCT) collated a list of potential development schemes for consideration; these include schemes identified in

previous SSDPs that have not been progressed and additional possible schemes identified during the process of developing this SSDP.

The next stage of the process was to prioritise potential schemes so that effort and resource can be focused on the more in-depth work needed explore schemes that will deliver the most benefits to communities within Nottinghamshire County. The initial prioritisation was done by triangulating three factors:

- Health Need
- Population Growth
- Condition of current NHS estate

A summary of the Prioritisation Process is attached in Appendix 1a.

### 7.2.1 Health Need

The PCT Public Health Information and Intelligence team have collated and analysed data at ward level to provide evidence that reflects the variation in need at a community level. A summary basic indicator of overall health need is used in the summary matrix to flag, by area, whether the health need is above average (ΔΔΔ), average (ΔΔ) or below average (Δ). (Note: this summary information should not be used without reference to the detailed information in Appendix 2).

### 7.2.2 Population Growth

The expected population growth to 2018 was collated following discussions with District and Borough councils across Nottinghamshire and demonstrated a growth of between 9-19% across the county.

In addition Borough and District councils have provided data on planning applications that have been approved, or are in progress and where possible information on anticipated major developments. Technical consultants, Strategem have collated this information and have developed a 'population growth' trajectory' based on 2.3 people per dwelling. This is to enable the PCT to have access to information on the magnitude and timing of growth at a community level.

Aside from the level of detail available, it should also be noted that there are likely to be other major housing developments over the next 10 -20 years across the County, the size of which are not yet known, e.g. the Newark 'Growth Point'. The PCT aims to be involved in the shaping of future developments through joint working with the local authorities. It is recommended that as part of the annual SSDP process the 'population growth' trajectory is refreshed to ensure that the PCT has early notice of any developments, which can influence decisions regarding PCT Service Priorities.

In the summary matrix attached (see Appendix 1a) this has been presented as the number of people expected in new developments, calculated at 2.3 people per dwelling: >2001 (ΔΔΔ), 1000-2000 (ΔΔ), <1000 (Δ).

### 7.2.3 Condition of NHS Estates

In order to inform the Prioritisation of schemes, the summary matrix featured in Appendix 1a considers Health Centres and practices in a locality and an overall indicator equivalent to the categories in the estates audit has been attributed: Poor (ΔΔΔ), Generally reasonable / some investment required (ΔΔ), and good or excellent (Δ). This assessment is based on the findings of the recent Estates Audit as referred to in section 4.

### 7.2.4 Combined scores

The three factors have been considered for each scheme with those having the most significant challenges being allocated a higher priority. Consideration has also been given to pre-commitments and business continuity in the prioritisation of schemes.

It is acknowledged that this methodology gives equal weighting to each factor which may not accurately reflect local circumstances. However, it does provide a transparent and evidence-based system to identify those potential schemes that need to be considered in more depth at the next stage of the SSDP process.

The table below lists the potential priorities as part of the 2008/09 SSDP. The scoring of the individual schemes is detailed in full in Appendix 1a with supporting narrative in Appendix 1b.

| **Pre-Commitments** | |
|---|---|
| Newark Clinic, Lombard Street | Sutton-in-Ashfield,<br>Dr. Mukhopadhyay |
| Arnold | Bingham |
| **Business Continuity priorities** | |
| MCH conversion, (Primary Care provision in Mansfield and the future of St. John's Street Health Centre) | Kirkby- in- Ashfield (Future of Kirkby Health Centre and Primary Care Provision) |
| Forest Town | |
| **0-3 year priorities** | |
| Hucknall | Huthwaite |
| Eastwood Clinic | Ollerton |
| **4 -7 year priorities** | |
| Sharphill / Edwalton / West Bridgford | Annesley / Newstead |
| East Leake | Cotgrave |
| **8 year + priorities** | |
| South Newark 'Growth Point' | Calverton |
| Ruddington | Sandy Lane |
| Lings Bar Hospital | Chase Farm (Gedling Colliery) |
| Childrens' Centre | Mansfield Woodhouse |
| Beeston | Skegby Health Centre |
| Oak Tree Lane | |

**It should be noted that appearance in this document is an acknowledgement that the PCT needs to consider the future service configuration in each of these localities. This may involve the commissioning of new developments and/or the decommissioning of premises.**

## 8. NEXT STEPS

Section C of the SSDP (Countywide Service Development Options) describes the review by all 3 PCTs of the potential developments across Nottinghamshire to ensure that collectively they would provide a coherent configuration of services.

It also describes the engage and approval processes that will be undertaken following Board approval of this SSDP. In order to confirm, challenge and test the Priorities listed.

Nottingham City NHS
Primary Care Trust

**Nottinghamshire Strategic Service Development Plan 2008 – 2018**

**SECTION B: NOTTINGHAM CITY PRIMARY CARE TRUST**

## 1. INTRODUCTION

This Strategic Service Development Plan (SSDP) outlines the future primary care and community service direction for the next 5 to 10 years for Nottingham City Primary Care Trust (PCT). This document is part of a set of five documents that collectively form the Pan Nottinghamshire SSDP.

| | |
|---|---|
| Section A | Countywide Background |
| Section B | Nottinghamshire County Teaching PCT |
| | Nottingham City PCT |
| | Bassetlaw PCT |
| Section C | Countywide Service Development Options |

The three PCTs in Nottinghamshire County (Bassetlaw PCT, Nottingham City PCT and Nottinghamshire Teaching Primary Care Trust) have worked in partnership to develop a single integrated plan for the whole of Nottinghamshire. Through joint analyses and planning, communities across the city and county will benefit from a single strategy that acknowledges the flow of people across PCT boundaries and through economies of scale, optimises the use of resources.

This section of the SSDP aims to identify potential service developments to meet local needs within Nottingham City PCT. It mainly focuses on PCT owned and leased premises, but considers the impact of local provider owned facilities when identifying potential development schemes.

It will not provide a definitive list of recommended estates investments but proposes potential developments, with some schemes ready to be taken forward and others needing further consideration at a later date. Based on recent and reliable evidence potential schemes have been identified and prioritised based on an assessment of four factors:

- Previous SSDP priority
- Health need and population changes
- Service direction and partner support
- Condition of current NHS estate.

It is a requirement that any capital development scheme, to which the PCT commits, is outlined in an SSDP. Reference should be made to the PCT's Estates Strategy for specific estates investments proposals.

This SSDP should be read in conjunction with the Pan Nottinghamshire SSDP (Sections A and C), the PCT's Operational Plan 2008, the Estates Audit 2008, the Estates Strategy and the Nottinghamshire Local Health Community IMT Strategy 2008.

It is acknowledged that this plan has been written during a period of rapid developments and therefore will be subject to change as a result of emerging national and local policy, including the Our NHS, Our Future: Next Stage Review (June 2008), Nottinghamshire

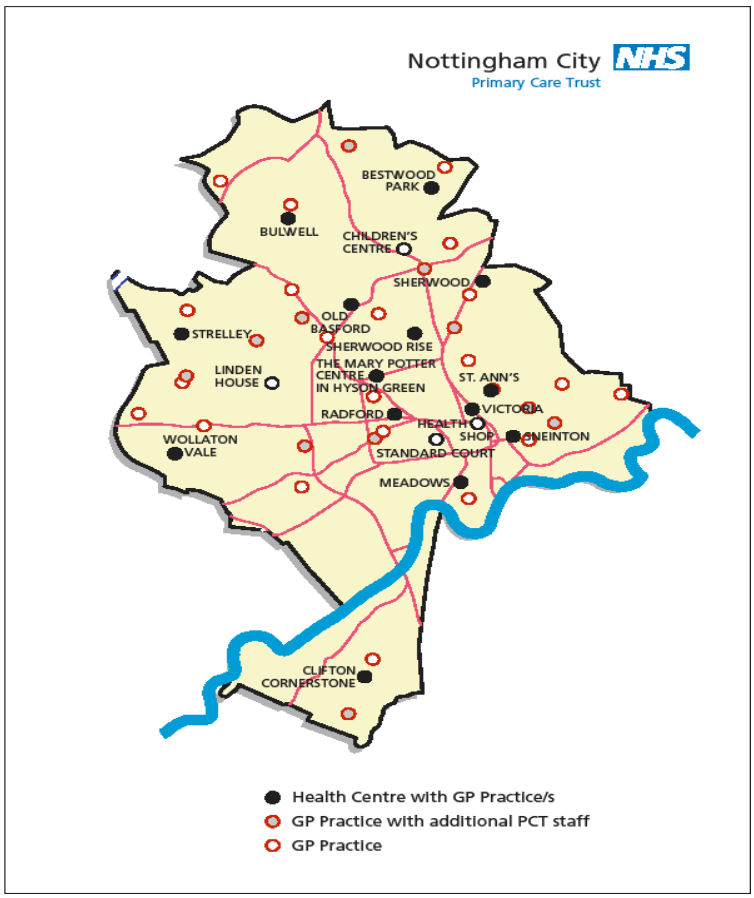
Workforce Development Plan (end June 2008). The authors are confident that this plan reflects the known direction for the provision of health care and have worked closely with colleagues to ensure that the options contained in this plan will underpin delivery of identified service priorities.

It should be recognised that for the SSDP to provide the basis for future service developments it will need to be comprehensively reviewed annually and potential schemes that have not been progressed will be re-validated. This will inevitably result in the priority of individual schemes changing to meet the need as identified in subsequent plans.

## 2. LOCAL HEALTH ECONOMY

### 2.1 Introduction

Nottingham City Primary Care Trust has an estimated resident population 283,219 (2005) but serves a population of 325,000 people registered with GPs in the areas of Aspley, Bakersfield, Basford, Bestwood Estate, Bestwood Park, Bilborough, Broxtowe Estate, Bulwell, Carrington, Cinderhill, Clifton, Clifton Estate, Hyson Green, Lenton, Mapperley Park, Meadows, Radford, Rise Park, Sherwood, Sneinton, St Anns, Strelley, Top Valley, Wollaton, Wollaton Vale. The PCT is responsible for improving the health and well being of its registered population and has an annual budget of £470 million. The PCT has 62 GP practices, 54 general dental practices, 56 pharmacies and 45 ophthalmic practices providing primary care services with a range of community services provided from health centres – see map below. There is also a Walk-in-Centre located near the city centre providing a nurse-led service from 7 am – 9pm every day.

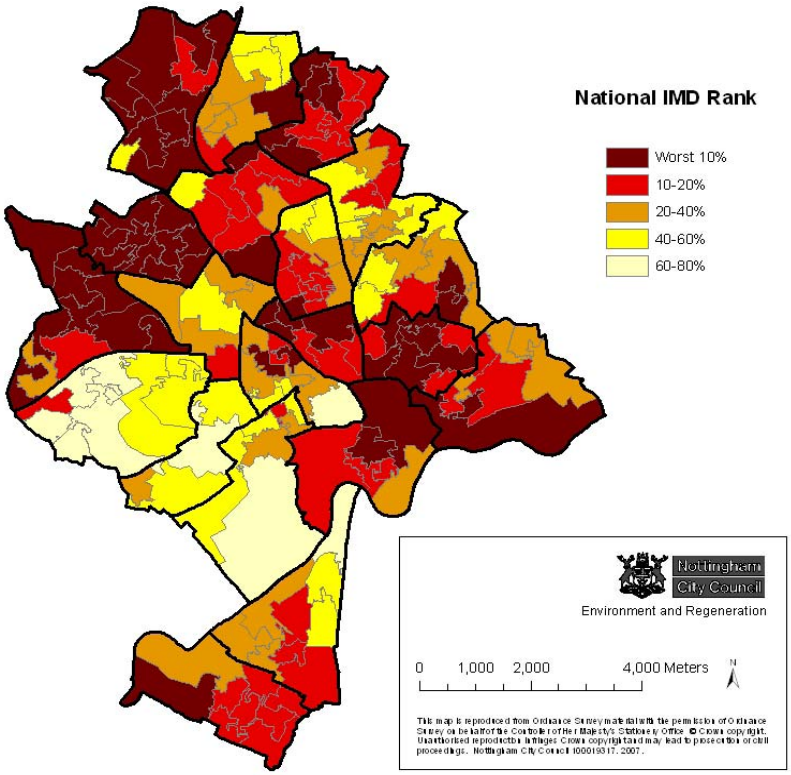


The PCT commissions secondary care services primarily from the local trusts, Nottingham University Hospitals Trust (NUH), Nottinghamshire Healthcare Trust and East Midlands Ambulance Service and imminently from an Independent Treatment Centre located on the QMC campus at NUH.

The population is diverse with high rates of deprivation and poor health, particularly cardiovascular disease, cancer and acute mental illness. There is a 10 year difference in life expectancy between the most affluent and deprived wards. There are high teenage pregnancy rates and substance misuse. Within the city there has been fast economic growth and rapid commercial development in recent years in Nottingham. However many living in the city continue to experience low wages, social end economic disadvantage and low skills levels. There are 2 universities in the city with students comprising about 1 in 9 of the population (in the order of 32,000).

The City was the 13th most deprived district in the country (out of 354) in the Government's 2007 Index of Deprivation which compares with 7th in the 2004 indices. Of the 176 Super Output Areas (SOAs) in the city used to compile the index, 56 were amongst the 10% most deprived of the 32,482 SOAs and 106 in the worst 20% nationally with the most deprived concentrated in estates in the north and north-west of the city, the inner city and to a lesser extent Clifton in the south. St Anns, Bulwell, Berridge, Bilborough and Radford are the worst affected. Nottingham is named as a 'Spearhead PCT' being one of the most health deprived areas in England.

**National Ranking of City Super Output Areas, 2007 (***Source: Department for Communities and Local Government, 2007*



## 2.2 Underlying Determinants Affecting Health (indices of Multiple Deprivation)

The Department for Communities and Local Government, indices of Deprivation, 2007 includes the following in relation to underlying determinants affecting health:

- There appears to have been improvements in the **Income** Deprivation Domain, with 44 SOAs now falling in the 10% most deprived in the country, compared to 64 in the 2004 indices. No wards have all SOAs in the worst 10%, although all of the SOAs in Aspley and St Ann's are in the worst 20%
- There is also a slight improvement in the **Employment** Deprivation domain, with 35 SOAs in the 10% most deprived, compared to 40 in 2004, and no wards with all SOAs in the worst 20%
- Nottingham's performance is also improving slightly for the **Health and Disability** Domain, with 70 of the 176 City SOAs in the worst 10%, compared to 85 in 2004
- 72 SOAs in the City, including all of the SOAs in Aspley and Bestwood, are in the worst 10% in the country for **Education, Skills and Training** Deprivation. The City's worst performing SOA is in Aspley, ranking 10th nationally out of 32,482. Three other City SOAs are in the worst 100 in the country
- Only 7 SOAs in the City rank in the worst 20% of the country in terms of **Barriers to Housing and Services**. The pattern remains very different to most of the other domains because geographical access to services is less restricted in urban areas
- **Crime** is still the domain in which Nottingham performs worst. As with 2004, 134 City SOAs are in the worst 10%. 161 are in the worst 20%. Five wards have all SOAs in the 10% most deprived in the country, and nine wards have all SOAs in the worst 20%. The City's worst performing SOA for Crime Deprivation is in Aspley, ranking 9$^{th}$ nationally out of 32,482. Eight other City SOAs are in the worst 100 in the country
- The **Living Environment** Deprivation remains one of the better domains for Nottingham, with just 4 SOAs in the worst 10% and 24 in the worst 20%.

## 2.3 Our Population – Age Profile

The table below sets out the age profile of our population.

| Age Range | Male | Age Range | Female | Total |
|---|---|---|---|---|
| 0 - 15 | 25,260 | 0 - 15 | 23,956 | |
| 16 - 29 | 45,029 | 16 - 30 | 42,244 | |
| 30 - 44 | 31,109 | 30 - 44 | 28,339 | |
| 45 - 64 | 25,741 | 45 - 59 | 20,074 | |
| 65 + | 15,490 | 60 + | 25,977 | |
| | **142,629** | | **140,590** | **283,219** |

*Source: Nomad plus 2005 estimates*

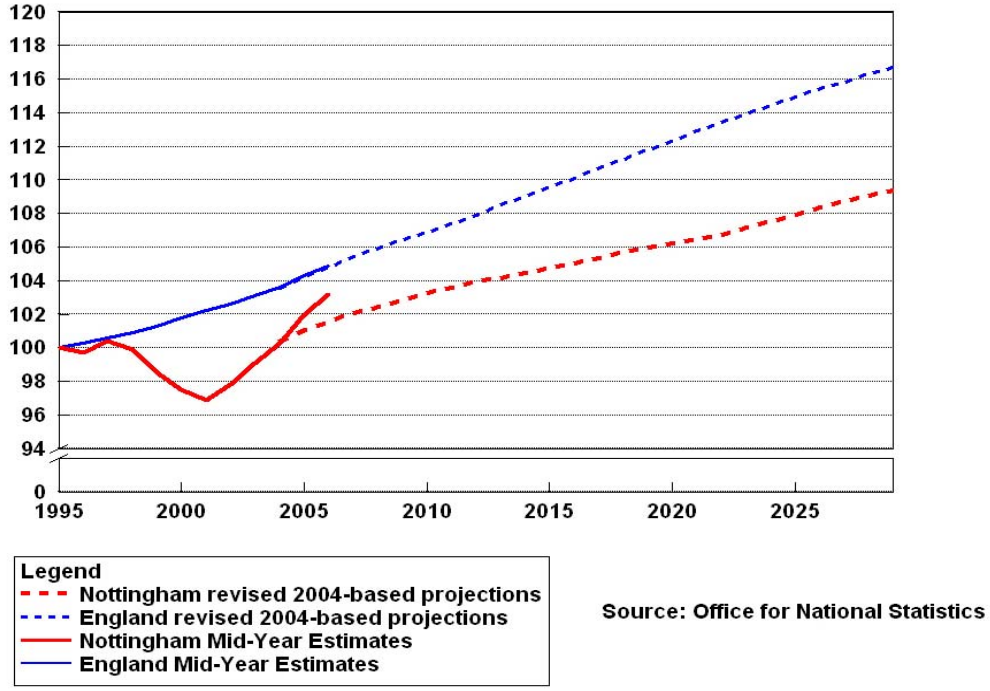
A higher than average proportion of City residents are young adults, in part because of the two universities in Nottingham. 32.8% of the population are aged 15 to 29 years, compared to 19.6% in England. There are corresponding low proportions in other age groups, but particularly those aged 40 to 64 years (24.7% compared to 32.3% in England).

The City gained 3,500 people due to international migration in 2005-06 with Poland the largest source, accounting for around a third followed by the more traditional sources of India and Pakistan. Migrants from EU Accession countries were predominantly aged under 35 years and more than half were men, helping to explain why slightly more residents are now male for the first time in a number of years. In addition to these two trends, a third factor has contributed to the

demographic profile of the City: the movement of people (including families) to the suburbs in surrounding boroughs. The City lost 2,700 people in net terms to the neighbouring authorities of Ashfield, Broxtowe, Erewash, Gedling and Rushcliffe in 2005-06. Of note were the net losses of 500 children aged under 16 and the 1,100 people aged 25 to 44, indicating the movement of families. This is considered to be indicative of the City's role within the Greater Nottingham housing market, with young adults moving in for lower-priced housing or attracted to city centre living, and some of those further up the housing ladder moving out.

These factors have not only affected the age structure, and driven growth, but taken together they also drive population turnover. It is anticipated that the population will continue to increase (see figure below). Projections based on past trends point to an increase of 10,000 (3.4%) between 2006 and 2016, with a further 9,000 (3.1%) to 2026. If these levels are reached, the City's population will be around the same as it was at its peak in the early-1960s. In terms of both numbers and percentages this is a 'middling' projected increase for a Core City.

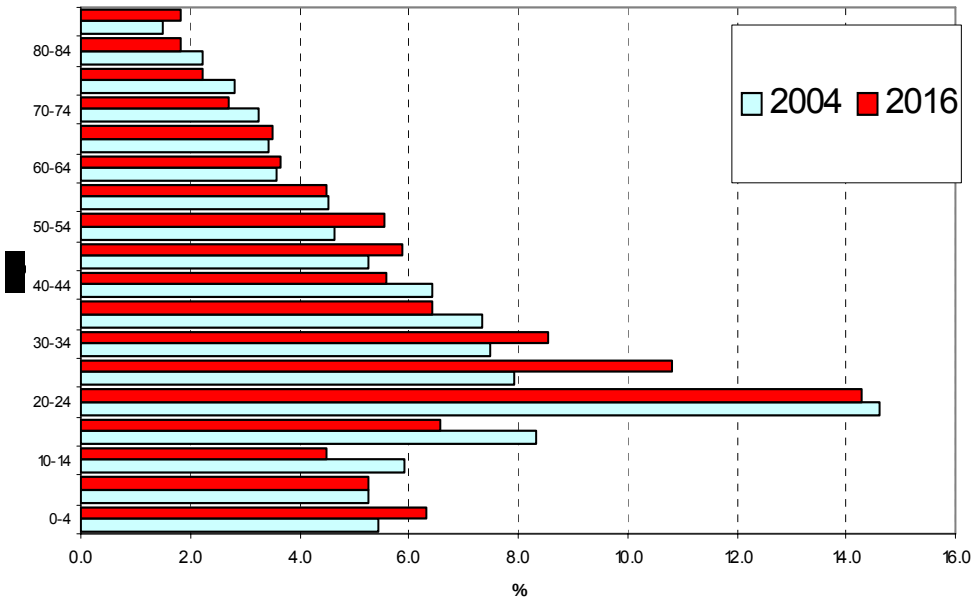
Nottingham City and England estimated and projected population, 1995 to 2009




Source: Office for National Statistics

The number of school-age children, currently falling, is projected to be rising by 2011, but it is not expected to reach its 2004 level again until after 2026. A reduction in the numbers aged 70 to 84 is projected, contrary to the national trend and trends in surrounding boroughs, due to the City's current age structure. An increase in over 85s is anticipated, probably due to improved mortality rates amongst men of that age. A greater proportion of older people are expected to be living alone (one third of those aged over 50 by 2026).

Nottingham City age profile




Source: ONS revised 2004-based projections

Nottingham is also characterised by diversity. The latest estimates of the Black and Minority Ethnic (BME) population show that 22.7% of the population were in BME groups in 2005 (defined here as non-White British), compared to 15.3% in England. The largest groups were Black or Black British (4.6%), Other White (3.7%), Pakistani (3.5%) and Indian (3.3%). 3.1% were in the Mixed ethnic group. Diversity is even more prevalent amongst younger age groups; 35% of Nottingham City school pupils are members of BME groups. People of retirement age are the least ethnically diverse group in the City, with 87.2% estimated to be White British. The proportion of the population from BME groups has grown since 2001, reflecting the younger age structures of some groups, recent population movements and an estimated 1,200 asylum seekers and about 5,000 refugees in the City.

It is expected that the proportion from BME groups will grow to at least 27% in 2026 even if there was no further migration, with the proportion of under 15s potentially reaching at least 43%. An increase in the proportion of BME mothers-to-be is anticipated and further work is underway to quantify that and the resulting ethnic and cultural mix that will need accessible services. The number of live births among the PCT residents was 3909 in 2006. The trend in the birth rate is currently increasing, reversing a general decline in birth rate over recent decades. The current expected levels and ethnic mix for 2010 -2015 are currently being calculated.

## 2.4 Our Population – Health Needs

The PCT has significant health challenges relating to levels of deprivation, poverty, educational attainment and underlying historical health behaviours and experiences.

Among these indicators are:

- Around 90,000 people in Nottingham City smoke (34% of the population) - a level equivalent to that in the rest of England 25 years ago

- Low levels of physical activity - only 27% of men and women aged 50-75 years participate in enough physical activity to benefit their health. More than 180,000 people need to exercise more
- Poor diet and nutrition - only one in five people in Nottingham are estimated to be eating five or more portions of fruit and vegetables each day
- Around 50,000 people are obese - enough to harm their health, and levels of childhood obesity are well above the national average (in Nottingham these are 13.4% boys and 11.2% girls in reception year)
- Around 50,000 people drink double the recommended level of alcohol each day and 10,000 are actually seriously damaging their health each day
- An estimated 5,000 problematic drug users - contributing to violent and acquisitive crime, loss of 'social capital' in many parts of the city and to premature death and illness.
- Around 33,000 people in the city have a common mental health problem
- Some city wards have under-18 conception more than twice the national average

Our work is beginning to have an impact. There was a 27% fall in the premature cardiovascular disease (CVD) death rate in Nottingham between 2004 and 2006. Yet although health, and life expectancy, is improving in Nottingham, we still have a major challenge in increasing the quality of people's lives and the ages they live to.

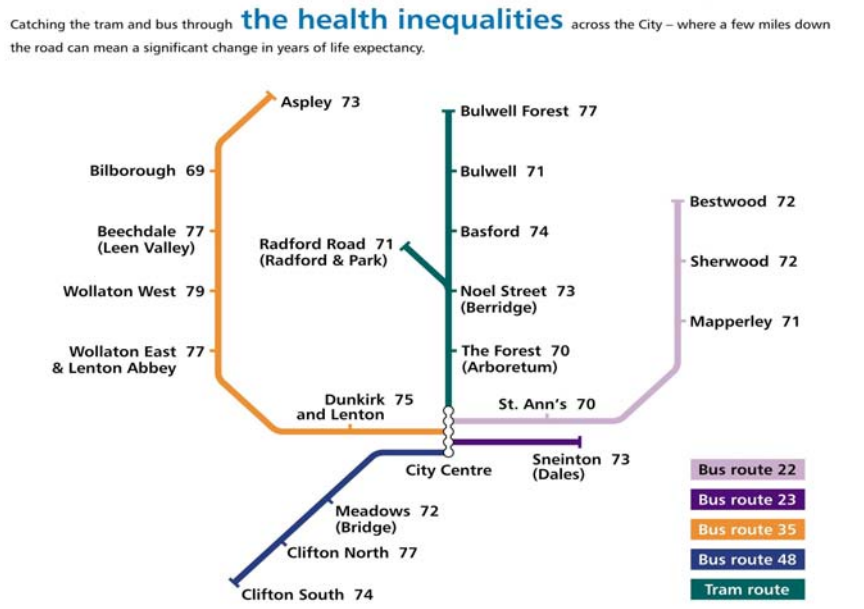
## 2.5 Low Life Expectancy and High Levels of Inequality

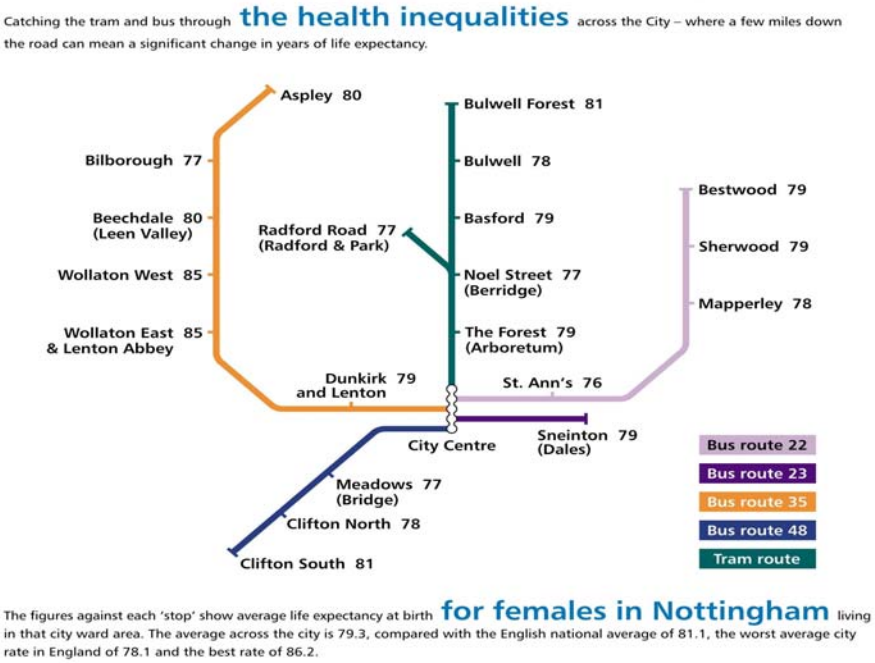
Life expectancy at birth in Nottingham is 73.5 compared to 76.9 in England. There are high levels of inequality in Nottingham, with a 10-year difference in life expectancy for men and women between the most affluent and deprived wards.

The gap between areas with lowest life expectancy and the national average is caused principally by:

- Premature (early) death (ie under 75 years old) from cardiovascular disease (CVD), respiratory diseases and cancers (57% contribution to the gap for Nottingham)
- 'Digestive diseases' (11-12% contribution) – about half of which is alcohol-related liver disease
- 'External causes' (15% contribution for males, 11% for females), which includes avoidable injury for children (in home and on the road), and adults (predominantly falls) and suicide. Again, alcohol would be a contributor in a proportion of these cases
- Infant mortality (3-8% contribution).

Tables 1 and 2 below describe the journey through health inequalities across the City




## 2.6 Local Priorities

The PCT's priorities have been derived from information available on local health needs and inequality in Nottingham City, our Practice Based Commissioners, views from our partners and local people, benchmarking data and current performance and delivery of national and local targets. The following are our

priority areas that we believe will have the greatest impact on the health and well being of our population, will improve life expectancy and reduce inequalities:

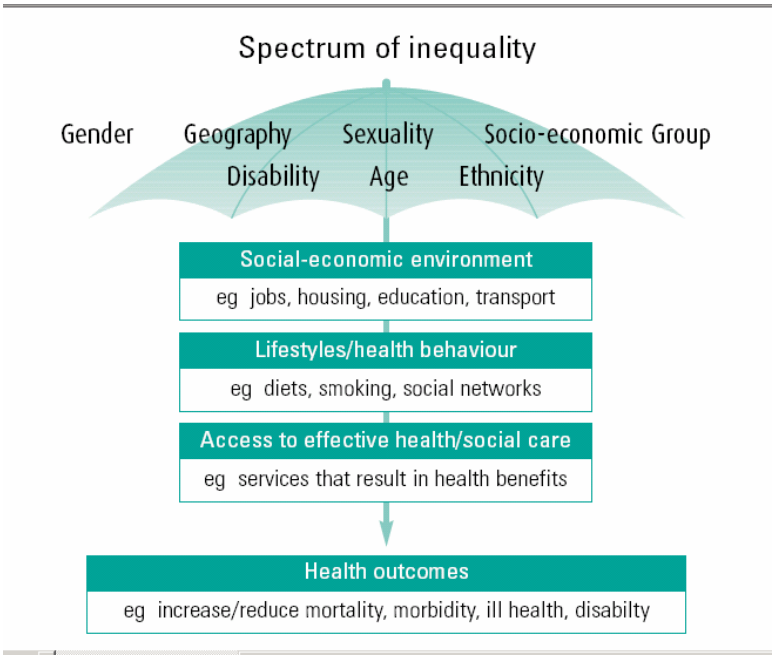
- Cardiovascular disease (CVD)
- Respiratory disease and cancer
- Alcohol misuse
- Avoidable injury - 'Accidents'
- Mental health
- Sexual health and teenage pregnancy
- Childhood obesity
- Dental health.

The local priorities have been agreed through an extensive City wide consultation via the Local Strategic Partnership and its theme groups including the City Health Partnership, the Crime and Drugs Neighbourhoods Partnerships.

## 2.7 Improving Life Expectancy

Reducing inequalities in socio-economic circumstances and opportunity, particularly education and income, would reduce mortality and increase life expectancy in poorer areas. There is a clear and persisting link between deprivation and social circumstances on the one hand and life expectancy and mortality on the other. Figure 1 demonstrates the inter-connected spectrum of factors that need to be addressed to improve health outcomes. While this FTAP focuses primarily on issues of lifestyle and access to health care, the FTAPs that address the socio-economic environment should be understood as integral to success on meeting the health outcome floor targets.

*Figure 1: The Spectrum of inequality*




Nottingham has a premature CVD rate that is considerably higher than the England rate; within Nottingham, the rate for the more deprived areas is considerably higher than in the more affluent areas. CVD accounts for a high number of premature deaths that are preventable and where NHS and partnership actions can make the biggest difference in life expectancy by 2010. It

is therefore crucial that we target CVD in the short term to reduce health inequalities and improve life expectancy in the long term. Targeting access to health care services and risk factors for CVD (smoking, lack of exercise, obesity and poor nutrition) will also crucially influence the risk of cancer and help achievement of this element of the target.

Nottingham's high infant mortality rate continues to be of concern and so is being addressed as part of the Floor Target Action Plan (FTAP) and the Local Area Agreement (LAA) with targets to increase breastfeeding initiation and at 6 weeks, and decrease smoking in pregnancy both city-wide and in Sure Start areas. A focus on disadvantaged families, mothers and children would address the infant mortality gap across social groups.

The March 2006 *FTAP Baseline Assessment* therefore recommended a focus on:

- Reducing the risk of cardiovascular disease (CVD) and the rate of premature CVD death in the 20% of SOAs with the highest CVD premature mortality rate; with a particular focus on those living in these areas who were:
  - Adults aged 40 years and over, and in particular men
  - Adults at high risk of, or living with, CVD
  - People of Pakistani, African Caribbean and Indian heritage
  - For infant mortality, the focus should be on smoking in pregnancy and breastfeeding in disadvantaged groups

Data from 1996 to present show that, although increasing over time, life expectancy in males and females remains lower than the England, East Midlands and NRF average. Although improving slowly, continuation of the current trends in cardiovascular disease and cancer mortality, and consequently in life expectancy, would continue to leave performance considerably short of target, for both men and women (Fig 2 & 3).

*Fig.2 Nottingham male life expectancy – current trend with trajectory to 2010 target*

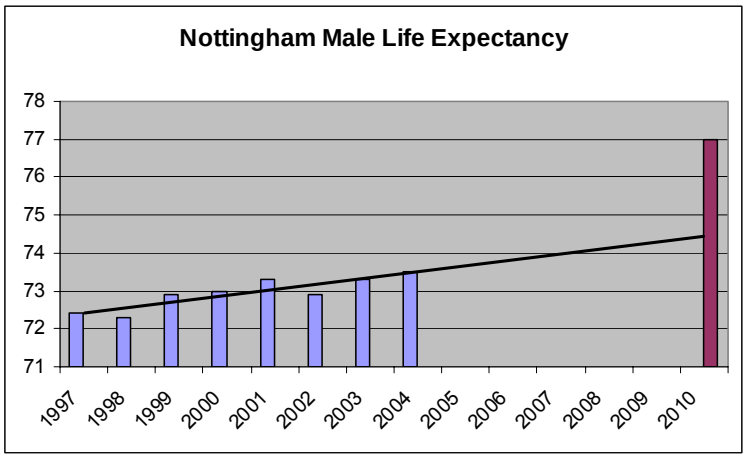
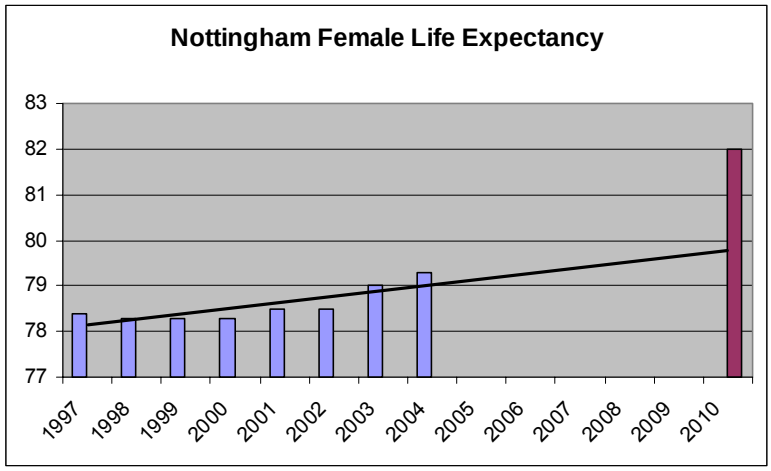


*Fig.3 Nottingham female life expectancy – current trend with trajectory to 2010 target*




### 2.7.1 Cardiovascular Disease (CVD)

Of the average 2,600 annual deaths in Nottingham, about one in three are due to CVD. This is a significant issue for Nottingham because it is the most common cause of premature death, is largely preventable (about 86% of deaths), and is a major contributor to the life expectancy gap (22-26% contribution). The early death rate (under 75s) varies significantly across the city, is around twice that of neighbouring Rushcliffe, and about 50% higher than that of England. The PCT is tackling CVD through community CVD risk registers, life style changes, targeted activity on smoking cessation, physical activity and diet in our target populations.

### 2.7.2 Respiratory Disease and Cancer

Respiratory disease and cancer together make significant contributions to the life expectancy gap (31-35%). The PCTs plans to reduce the incidence of cancer focus on raising awareness and prevention (smoking cessation, obesity reduction and screening and vaccination). COPD remains a high priority and in addition to the smoking cessation and tobacco control work, COPD community outreach teams are being enhanced as part of our LTC work, and COPD is also currently subject to Darzi, NUH internal project pathway work and a KPMG external consultancy. CVD remains our highest priority but preventive work will benefit cancer and COPD because our CVD interventions tackle many of the same risk factors (smoking, physical activity, diet and nutrition, alcohol) and are targeted at areas that represent a very similar geographic distribution of high premature mortality from CVD and cancer in Nottingham.

### 2.7.3 Alcohol Misuse

Nottingham has more than 10,000 active problematic drinkers, and one in 20 deaths in the city are alcohol-related. Alcohol contributes significantly to Nottingham's life expectancy gap and there are high rates of alcohol-related hospital admissions. An alcohol harm reduction strategy is in place, and new work on harm reduction and brief interventions in primary

care is planned in 2008/9. In addition, the Crime and Drugs Partnership continues to prioritise alcohol in its cross-agency work.

### 2.7.4 Avoidable Injury - 'Accidents'

Nottingham has a very high rate of avoidable injury in the over-64 year olds, with 70% due to falls. Ongoing health needs assessment is underway to allow further targeted commissioning of activity to help reduce this target.

### 2.7.5 Infant Mortality

Over the last 10 years, between 21 - 33 infants have died each year before their first birthday in Nottingham. The infant mortality rate (IMR) in Nottingham is consistently higher than the national average and is the highest in the East Midlands. The target for 10% reduction in infant mortality by 2010 (6.1/1000 births for Nottingham) is based on the 1998 rate. This is a difficult target to meet consistently due to the small numbers involved, with significant year on year variation. At a local level, it is therefore not that useful as a performance indicator or to set plans. Proxy measures are however useful – in Nottingham, we have chosen to focus on smoking in pregnancy and breastfeeding.

### 2.7.6 Mental Health

1 in 4 people experience mental health problems over the course of a year, and these problems are associated with major burdens of physical ill health. Locally, our relatively deprived population will suffer around a 30% higher level of distress than less deprived places. Good population mental health is challenging and requires a high level of social cohesion and community well-being. The PCT is working in partnership to develop a Mental Health and Well-being strategy and action plan across the LSP to achieve this, and will use the Darzi review recommendations to further support this work. In addition, care and treatment of 90% of common mental health problems and 30-50% of serious mental illness is managed within primary care. Strengthening resources in primary care is a key aspect of our action plan. Health equity work to review the provision of interventions for severe mental illness are also underway to ensure the target driven outcomes reflect meeting need in the local population.

The importance of effective provision of psychological therapies is now widely acknowledged. It is estimated that amongst adults aged 18-64 in Nottingham City, the prevalence of neurotic illness is 8%, of which 30% is deemed major or significantly disabling. This results in some 5000 people at any one time requiring supportive help beyond that normally available in primary care. Some of this is provided by adjunct counselling support in GP surgeries, and some picked up by the primary care mental health team. However, it is estimated that an additional 2000 psychological interventions are required for which work is in hand with significant additional investment to deliver increases NICE-guideline based CBT support in primary care.

### 2.7.7 Sexual Health and Teenage Pregnancy

The pattern and trend in Sexually Transmitted Infections (STIs) in Nottingham mirrors the situation nationally with almost a doubling in the past five years of STIs such as chlamydia, gonorrhoea and syphilis. Rates of HIV in Nottingham have climbed rapidly over the last three years – with an approximate doubling of the total number of people living with HIV. Around 50% of all new cases are people recently arrived from abroad, mainly Africa; 371 HIV infected patients were seen for treatment and care in 2005, increasing to 437 in 2006. Genital Chlamydia is the most common sexually transmitted infection diagnosed in Genitourinary Medicine (GUM) clinics in England, with high prevalence being documented among young men and women aged under 25 attending a variety of specialist and general health care settings. Rates of infection have remained high among 20-24 year group in men and 16-19 year olds in women. Tackling the prevalence of Chlamydia through the accelerated implementation of the screening programme is one of the key commitments in the Choosing Health White Paper. Action is required to reduce the prevalence and morbidity associated with Chlamydia infection. There is evidence that the effective management of Chlamydia infection will result in considerable health benefit.

Conceptions in teenagers are a cause of major concern. Teenage parents are prone to poor antenatal health and their babies often have lower than average birth weight and higher infant mortality rates. Having children at a young age can damage young women's health and well-being and severely limit their education and career prospects. And while young people can be competent parents, longitudinal studies show that children born to teenagers are more likely to experience a range of negative outcomes in later life, and are up to three times more likely to become a teenage parent themselves. Britain is notorious for having the highest teenage pregnancy rate in Western Europe. However since the launch of the Teenage Pregnancy strategy in 1999, steady progress has been made on reducing under 18 and under 16 conception rates to the point where they are now at their lowest level for the last 20 years. Nottingham City PCT are key partners, providing young people-friendly services, training and support to professionals and the Healthy Schools team. The Teenage Pregnancy Strategy is implemented alongside the Sexual Health Strategy, which aims to improve the sexual health of at risk groups including those under the age of 25. Work is targeted in the 5 'hotspot' wards – those wards with consistently the highest numbers of teenage conceptions: Aspley, St Ann's, Bestwood, Bulwell and Bilborough.

### 2.7.8 Childhood Obesity

Child obesity is both a local and national priority. Nottingham City PCT now has three years of annual survey data that indicate a high level of child obesity (with 1 in 4 children being overweight or obese in Reception Year children (ages 4-5) and 1 in 3 children overweight or obese in Year 6 (ages 10-11)). Obese children are at high risk of being obese adults, with obesity reducing their life expectancy by an average of nine years through a greatly increased risk of heart disease, cancer, diabetes and high blood pressure.

Obesity is not the only nutritional issue in Nottingham. There is also evidence of a significant proportion of children within the city who are

underweight or suffering from poor nutrition. Nottingham has higher rates of low birth-weight associated with high levels of deprivation and smoking in pregnancy. Locally we are seeing a number of cases of vitamin D deficiency manifesting in rickets. Dental health is poor with high rates of decayed missing or filled teeth.

Full details of the above are set out in the Nottingham City PCT Operational Plan 2008/09.

## 3. STRATEGIC CONTEXT

### 3.1 PCT Strategy

The PCT's overall Strategic Intent is 'an end to health inequality'. The Strategy sets out three key priorities for health investment 2008-2013:

- Improving health and well-being
- Better access to quality services
- Care closer to home

The PCT is strongly committed to a set of aims and values that will underpin real improvements in health services, health care and outcomes. The following values are core to our long term strategic aims and our engagement with key stakeholders:

- **Citizen focused**. It is essential we listen engage and respond to our citizens' needs so that we commission the right services for the right people in the right places
- **Valuing our workforce.** We will invest in our people enabling them to develop their skills and careers ensuring they have the right resources to carry out their roles
- **Collaborative working.** We will work jointly with our partners, Nottingham City Council, the voluntary and independent sector to ensure delivery of safe, high quality services
- **Spending money wisely.** We will seek to achieve value for money and overall financial balance
- **Continuously improving performance.** We will aim to achieve national and local targets and strive to be amongst the top performing organisations
- **Community responsibility**. As a significant employer we must consider our impact on the local economy and will do our best to improve our corporate social responsibility.

### 3.2 Primary Care Priorities

In collaboration with its Practice Based Commissioning Clusters, the PCT is currently assessing and refining its priorities for Primary Care in the light of its Strategic Intent, World Class Commissioning and financial position which will influence service planning and delivery in the future.

### 3.3 Provider Strategic Direction

The PCT has implemented an internal separation of the operational provider services which now operates through a Provider Services Management Board accountable to the PCT Board. The PCT Board receives the minutes from the Provider Services Management Board and monitoring information on provider services is included in the Performance Report to the Board. The PCT has

developed Service Level Agreements with all Provider Services which were in place from April 2008. The PCT has also undertaken an assessment of the provider services' position in relation to provider autonomy with reference to financial separation and governance arrangements. An option appraisal is being undertaken by an external organisation to determine the longer term future of the PCT Provider Services.

The Provider Arm has produced its Development Strategy which will influence service delivery in the future.

### 3.4 Equitable Access to Primary Medical Care Services: Procurement at PCTs

The NHS Next Stage Review Interim Report (October 2007) carried out by Lord Darzi highlighted the fact that access to primary care services is inequitable. Areas of the country which have the highest level of need, as defined by low life expectancy, also have the lowest number of GPs. In order to address this situation the Equitable Access in Primary Medical Care programme was established with a focus on achieving the visions of a fair and personalised NHS. Nationally it provides new investment of £250m to support PCTs in establishing:

- new general practices in the 25% of PCTs with the poorest provision
- one new GP-led health centre in every PCT.

Nottingham City PCT was identified as one of the PCTs with the poorest level of provision and has been allocated funding to procure three new general practices in addition to one new GP-led health centre.

Research has shown that areas with the poorest health are often those with the fewest GPs. Concerns have also been expressed by patients that it is not easy to get to see their local doctor. The PCT intends to ensure there are enough GPs for the city and that the people of Nottingham can access their GPs at times convenient to them.

A range of information has been considered to decide where the 3 new GP practices and the GP-led health centre should be sited. This has included information on people's health in the city, the location of current practices and where needs are greatest. Population trends and new housing along with other plans for new centres within the city have been considered. The outcome of the work is that the PCT is proposing to establish the three new practices in Bestwood, Bilborough and the city centre. The new GP-led health centre is proposed for the city centre. At this stage, only the areas have been identified, not the precise location.

#### 3.4.1 Bestwood

Bestwood has levels of poor health around old Bestwood and Bestwood park. There is a very high workload for General practice and a high number of practices with just one GP. Bestwood has a relatively young population, teenage pregnancies and rates of sexually transmitted diseases are higher than the national average and the numbers of people smoking are also high.

### 3.4.2 Bilborough

Bilborough has high GP workloads and low levels of appointments. There is the potential for a practice to cover parts of Beechdale and Aspley also. Bilborough has an ageing population and the highest rate of Emergency Department attendances.

### 3.4.3 City Centre

There are some areas of deprivation in the city centre with the potential to offer a service to other deprived areas. There is also the opportunity to offer innovative services to hard-to-reach groups and young people. The city centre has good access by public transport and does not have many existing practices.

### 3.4.4 Other Considerations

The following were considered but not prioritised:

- St Ann's is relatively well served by GP practices. The issue for St Ann's is not more doctors but better facilities
- The Meadows has identified health needs but the number of GPs there is satisfactory.
- Bulwell developments include a major 'One-Stop Centre', plans for which, include a health centre
- Clifton has new facilities within Clifton Cornerstone. There are questions as to whether an additional large practice would be feasible
- Lenton has a large young population that enjoys general good health. However there is still a significant population with poorer health who the PCT needs to ensure register and access local services
- The Riverside (Trent Basin) where the population set to move into the planned housing are likely to be young professionals and families with less health needs than the existing population elsewhere in the city.

Other areas of the city were considered but did not match the requirements

## 3.5 Strategic Service Development Plan 2002

The first Strategic Service Development Plan (2002) was used to confirm stakeholder commitment to LIFT (Local Investment Finance Trust) and led to the formation of Greater Nottingham LIFTCo in 2004. The first tranche of schemes to provide local communities with improved access to a greater range of health, social and council services have now been completed with the reconstruction of Clifton Cornerstone, opened in April 2006 and Mary Potter Joint Service Centre in Hyson Green, which opened phase 1 in April 2007 and will be fully open in June 2008.

## 3.6 Strategic Service Development Plan 2005/2006

In September 2005, the SSDP was updated the Greater Nottingham Strategic Service Development Plan 2005/2006 identified the following options for development in the city:

- St Ann's
- Bulwell
- Bestwood area
- City North and West
- Corporate Headquarters for Nottingham City PCT and Nottingham City Council
- Radford Health Centre
- Meadows.

## 4. WORKING IN PARTNERSHIP

### 4.1 One Nottingham and the City Health Partnership

One Nottingham is the local strategic partnership (LSP) for the City of Nottingham. It brings together the public, private, community and voluntary sectors based in Nottingham, so that every one living or working in the city has the chance to have their say about its future.

Nottingham is sometimes seen as a "tale of two cities" one rich and prosperous, the other suffering hardship and deprivation. The city centre, with its wealth and cosmopolitan lifestyle is surrounded by some of the poorest communities in the country. One Nottingham's goal is to narrow the gap between these areas, and to shape a better future for us all.

The City Health Partnership (CHP) is a multi-sectorial body and one of seven theme groups that support the delivery of One Nottingham's agenda. The CHP is a non-statutory body; however the Government has indicated that it may wish to see the establishment of statutory "Health and well-being Partnerships" although no clear timescale has been established for this purpose. Membership of the CHP has recently been amended by including the City Council Health Portfolio lead in anticipation of any statutory requirement. The membership of the CHP, comprises representation from:

- Nottingham City Council
- Nottingham City PCT and other statutory agencies representatives as appropriate including NHS representation from the acute trusts
- Voluntary sector (via Nottingham Community Network)
- The business community, as advised by ON
- The public health group at Government Office East Midlands (GOEM)
- Key linking groups: Children and Families Strategic Partnership, Greater Nottingham Health and Environment Partnership
- Representation from Neighbourhood Management and Practice-Based Commissioning structures within Nottingham City

A key task of the City Health Partnership is to lead the Healthier Communities and Older Persons block of the Local Area Agreement (LAA) an agreement between the City of Nottingham and Government, led by One Nottingham and signed off by GO-EM, the City Council and One Nottingham.

The City Health Partnership is a key vehicle by which Nottingham addresses health inequalities. It works with the expert analysis of wider determinants of poor health driven by the Health Equality Directorate, and, using Choosing Health monies, commissions and performance manages programmes of work designed to meet the identified need. This is undertaken via a sub-group of the CHP that co-opts patient representatives and wider community membership, including

Nottingham Black Partnership. The aim is to make the process open, inclusive and transparent. The consequence of this has been that a plurality of providers now exists, with strong roots in local communities and staff that often come from within those communities.

The accountabilities in this network of partnerships and their relationship to statutory bodies are complex. While the CHP is accountable to One Nottingham and thence to GO-EM the members of the partnership remain accountable as individuals to their employing bodies. The City Council is the Accountable Body for One Nottingham, but exercises that accountability to some degree at arms-length through the appointment of a Chief Executive to the LSP and a paid chair. It is clear that GO-EM holds One Nottingham to account for negotiating and the delivery of the Local Area Agreement. The City Council submits the LAA to regular scrutiny via its Scrutiny Panels. This is one method of ensuring that Elected Members have some say, and oversight of the work of the LAA.

### 4.2 Joint Strategic Needs Assessment

Local Authorities and PCTs have a duty to undertaken a Joint Strategic Needs Assessment (JSNA) from April 2008. The JSNA is a process that identifies current and future health and wellbeing needs of the population and describes the strategic direction of service delivery to meet these needs. The JSNA will inform more effective commissioning for health and wellbeing both in the short and long term. The JSNA for Nottingham is currently in draft form with the intention of the first document being available in May. Nottingham's JSNA is structured in 4 main sections:

- Demographic and wider determinants
- Behavioural factors
- Children, young people and families
- Adults.

The JSNA will be refined over the next 6 months and then updated on an annual basis. Nottingham's

### 4.3 Delivering Integrated Health and Care Services for the Residents of Nottingham City

Nottingham City Primary Care Trust has always worked closely with Nottingham City Council to secure the best possible services for local residents. One of the most recent such initiatives is the establishment of Children's Trust style arrangements which effectively bring together, in a seamless manner, all services for care and planning of children's services across the City. By integrating services in this way it is possible to deliver more effective, holistic and better value for money health and care services which are targeted at those who have the greatest need.

Building upon the success of this, and many other such initiatives, Nottingham City Primary Care Trust believe that there is a further opportunity to enhance the health and care of City residents by exploring closer integration of frontline community and social care services which serve both adults and children. The aim would be to create a fully integrated health and social care provider which has at its heart a real drive to improve health and well being locally and to do this in the most effective way possible.

Nottingham City Primary Care Trust has invited Nottingham City Council to join in, without prejudice discussions, over even closer working in respect of

integration of provider services in the future. The principle focus of this work is to explore the opportunities offered by combining, or closer working between, the provider function of both the Primary Care Trust and the City Council.

### 4.4 Nottingham City Council Strategic Regeneration Framework Programme

Nottingham is a Core City, the regional capital of the East Midlands, has two of the country's most popular universities, is among the UK's top shopping centres, has the fifth highest G.V.A. score in the Country yet contains some of the most deprived areas in the Country with wide gaps between the City and the national average on jobs, education, health, housing and crime. It is essential that transformation initiatives are designed, even more so than before, to directly benefit the people and the communities of Nottingham.

The City has responded to the challenges it faces by building on its strengths and diversifying its economy. The City Centre has been radically improved and the range of attractions and facilities it offers to residents and visitors has been strengthened and expanded. Nottingham is beginning to cultivate and exploit its many assets to be a nationally competitive city.

Whilst the City Centre, the Universities and other cultural assets continue to develop, the key issues are also being tackled, education attainment is improving, most types of crime are falling, a world class transport network is being developed, housing and community facilities are being renewed in many parts of the City. However, despite the successes there is a recognition that the rate of improvement needs to be greater. The quality of life on offer in Nottingham needs to improve more rapidly than elsewhere so that in the future the City is a better place to live, work, do business and visit than other Cities.

The challenge for the City is to combine sustainable regeneration with the delivery of real local benefits to the City's residents in terms of employment and quality of life. It is proposed that 3 Strategic Regeneration Frameworks be produced at the sub city level to provide an integrated, long-term (10-15 years) regeneration strategy. A strategic regeneration framework (SRF) will build on the strengths and stability of many parts of the City, promote the renaissance of the whole of Nottingham and guide public and private investment. These frameworks will involve and engage local communities and key stakeholders within the business sector and the full range of public sector agencies.

The Strategic Regeneration Frameworks will be the cornerstone of delivering the holistic, joined up interventions needed to support the regeneration of Nottingham city to capture our economic growth and the creation of successful neighbourhoods within it. Three SRFs will be established covering the North, Central and South areas of Nottingham City. Each SRF is designed to:

- Set out a clear analysis of the physical, economic, social and environmental conditions which affect that part of the city
- Outline the core principles and key objectives within which the regeneration effort can respond
- Set out the long term (10-15 years) for their areas that enable all stakeholders to understand the sequencing of investment decisions
- Place areas in a wider and longer-term strategic context that will enable them to play their full role in the economic regeneration of the city
- To capture all existing programmes and strategies of Nottingham City Council including the Housing Strategy and the Community Strategy
- Play a vital role in integrating all the physical economic, social and

environmental strategies and interventions required to deliver long term change and an improved quality of life for residents ensuring that they are all co-aligned

- Be instrumental in bringing public services together to drive up service quality, delivering on outcomes for the area and planning all capital investment in order to reinforce and sustain the residential, commercial and retail offers in the area.

Below each of the SRFs there will be a raft of Neighbourhood plans which will translate the headline strategies from the SRF into local actions programmes and opportunities. These Neighbourhood plans will provide the detail levels of interventions and investment required.

It is intended to develop 3 Strategic Regeneration Frameworks, which will cover the whole of the City excluding the City centre. It is expected that each SRF will take approximately twelve months from initial inception to final completion; however, where possible each SRF will be able to identify and bring forward projects which can be identified during the planning process

The development of a SRF for North Nottingham will be the first framework for the City.

### 4.5 Neighbourhoods

More new housing is being built in the City now than at any time since the early 1970s, when the redevelopment of older housing areas was in full swing. The total dwelling stock has risen by 6,300 (5.3%) since April 2001. Around two fifths of recent growth has taken place in the city centre. The housing market across Greater Nottingham is fairly typical of a large urban area, offering a good mix of housing types and tenure. However, housing within the City boundary is characterised by imbalance, with higher than average proportions of low value properties, and properties catering for less affluent occupants or those likely to move on in the near future.

To fulfil commitments within the Regional Spatial Strategy, and as part of Nottingham's Growth Point status, somewhere in the region of 945 dwellings will be required each year between 2006 and 2026, a total of 18,900 over the 20-year period. Its achievement will depend upon maintaining the vitality of the City's housing market, successfully developing Waterside and the other regeneration zones, and implementing the Neighbourhood Transformation agenda. Until recently there has been a strong impetus to improve the city centre (evident in the redevelopment of the Market Square, Trinity Square and the Lace Market to name but a few), but political focus is now shifting to regenerating neighbourhoods. In practice this will require overcoming a number of challenges and balancing a number of conflicting demands for space. One is the City Council policy to provide more good quality housing with more bedrooms, in order to widen the mix of housing available and to encourage more families with children to stay in the City. This will put additional pressure on space. To some extent this is going against the prevailing demographic trends, as 86% of the household increase in the City between 2006 and 2026 is likely to be in one person households. Because of this, the Nottingham Core Strategic Housing Market Assessment estimated that 76% of new housing built in the City needed to be "smaller and medium sized units". Even where "family housing" is provided, it does not mean that larger households including families with children will live in it. In 2001, over half of dwellings with six or more rooms were occupied by one or two people. The needs of older people will also have to be accommodated. Focus group work with older people in Nottingham identified the importance of

remaining independent. There is a need for diversity in housing provision suitable for older people, including adaptation of their own properties where appropriate, and were keen to see a diminution in labelling such housing 'older people's accommodation'.

### 4.6 Partnership Working Opportunities

Working jointly with our partners will provide significant opportunities for innovation in the way services are developed to meet the needs of and improve the health and wellbeing of our population. In developing joint services the PCT will work with partners to consider opportunities for co-location and integrated buildings that will enhance service delivery.

## 5. ESTATE

### 5.1 Estate Audit

An appraisal exercise of Nottingham City PCT estate was undertaken between September and November 2007 and included a review of 12 health centres and clinics, 41 GP premises and 2 new primary care LIFT buildings. The purpose of the appraisal was to assess the overall condition of the estate in accordance with the following 4 facets:

- Physical condition
- Fire, health and safety and DDA
- Quality
- Functional suitability
- Space utilisation.

The categorisation of the first four facets of appraisal uses the Estatecode categorisation of:

- A – excellent condition/performance
- B – reasonable condition/performance
- C – poor condition /performance
- D – very poor/unacceptable condition/performance.

In relation to space utilisation the following categories have been used:

- F – fully utilised
- O – overcrowded.

The following is a summary of the current condition and performance of the existing estate.

### 5.2 LIFT Buildings

There are 2 LIFT buildings within the Nottingham PCT estate which are at Clifton Cornerstone and Hyson Green JA Centre (Mary Potter Centre). Both facilities provide good, modern healthcare facilities.

### 5.3 Health Centres and Clinics

There are 12 buildings identified as health centres or clinics within the estate appraisal exercise. The backlog maintenance expenditure required is calculated to be £1.36m. Those health centres and clinics that have been specifically identified as requiring the most attention are:

| Property | | Key Aspects of Appraisal it Fails |
|---|---|---|
| Bestwood Park | C/C/F | Physical condition, quality and space utilisation |
| Bulwell | C/C/C/O | Physical condition, quality, functional suitability and space utilisation |
| St Anns | C/C/C/O | Physical condition, quality, functional suitability and space utilisation |
| Sneinton | C/C/O | Quality, functional suitability, space utilisation |

### 5.4 GP Premises

A number of GP premises were identified as requiring attention. These will be picked up via established processes for the enhancement of GP premises. While the maintenance of these properties is not the direct responsibility of the PCT, the estates condition of these premises will be considered alongside PCT owned premises and developments which will feature in future SSDPs.

### 5.5 Linden House

Linden House on Beechdale Road is the base for a number of Nottingham City PCT staff and also those from Nottinghamshire County tPCT. A recent 7 facet appraisal of Linden House stated it does not meet condition B the required standard for healthcare premises and is need of significant upgrade and investment to achieve condition B.

### 5.6 Wollaton Vale Health Centre

There are GP occupied portakabins which have reached the end of their useful life which needs addressing

## 6. ENABLING STRATEGIES

### 6.1 Financial Strategy

#### 6.1.1 Available Resources

Detailed settlements by PCT for 2008/09 were released in mid-December 2007 together with the finalised National Tariff for 2008-09 and the NHS Operating Framework.

To support the service planning process we have used the confirmed allocation for 2008/9 and have assumed an average cash uplift of 5.0% for the following two years based on the PCT's current position against its weighted capitation target. An assumed cost inflation rate of 2.3% has been applied across all areas of the PCT's Unified Budget with the exception of community prescribing where 8% has been used following historical trends.

The summary presented in Table 1, below, adjusts for recurrent funds brought forward and known commitments, to yield indicative resources available to meet the requirements of the Operating Framework and local service developments. The recurrent resources will be supplemented by non-recurrent funding available in-year to deliver time-limited initiatives such as waiting times reductions. The plan takes a measured approach to investment providing significant new services and initiatives in year 1 whilst maintaining a recurrent buffer to carry into year 2 and beyond where resource allocations are not yet determined.

For 2008/09 planned resources include the return of £2m from the SHA strategic reserve and re-provide for a 0.5% contingency to be held within the PCT. Following confirmation that the 2007/8 underspend of £6.5m will be returned in 2008/9 the PCT plans to lodge £11m with the SHA. This non recurrent contribution to the SHA strategic reserve should assist in achieving the East Midlands SHA expected contribution to the nationally required surplus. The plan shows that the PCT required 0.5% underspend will still be delivered for 2008/09.

### 6.1.2 Pay Expenditure

The PCT is aware that pay expenditure makes up the major part of the provider functions budget and as such continues to monitor expenditure closely throughout the year. New investment to deliver improvements in health and reducing inequalities within the City does require additional staffing. The current staff structure has been reviewed in the light of World Class Commissioning and Practice Based Commissioning. Existing teams will focus on this agenda but some additional support will be necessary. These developments have been taken into account when preparing the financial plan and all new vacancies are funded appropriately.

### 6.1.3 Productivity/Efficiency Savings

All NHS providers are required to demonstrate the achievement of the 3% efficiency target. As such this has been passed on to all providers from whom the PCT commissions services. This includes the PCT's provider function. Non NHS providers will also be required to demonstrate productivity/ efficiency improvements as part of the SLA agreement process.

As in previous years the PCT prescribing team will work with practices to ensure appropriate and cost effective prescribing to deliver further efficiencies in this area.

The NHS Institute Better Care, Better Value Indicators, have proved a useful source of reference in highlighting productivity opportunities for the PCT. Described elsewhere within the plan initiatives and service changes adopted by the PCT accord with best practice recommendations. In addition Reference Costs, Programme Costs and Health Atlas, and other DoH and independent tools provide a useful source of comparative data on which to review services to ensure they represent best value.

### 6.1.4 Capital Programme

In 2007/8 the PCT has undertaken detailed assessments on its premises stock and that of its primary care contractors. The results of this will identify what investment is required to ensure all buildings are fit for purpose. Linked with the estates strategy, this work should form the capital programme for 2008/9 and beyond. From 2008/9 the PCT no longer receives a capital allocation but can request funding for appropriate schemes. Following approval by the Board in March funding for the capital programme will be requested.

### 6.1.5 Risks

As a result of the significant investment plan for 2008/09 the PCT faces the possibility of upside risk resulting from unavoidable delays in recruitment/implementation. In order to mitigate this risk the PCT has:-

- Profiled anticipated appointments beyond quarter1 to allow for possible difficulties with recruitment.
- Wherever possible accelerated appointments and schemes to provide headroom later in the year.
- Attributed all development schemes to a responsible manager and implemented a rigorous monthly monitoring process.
- Developed a contingency list of in-year initiatives linked with the premises 7 facet appraisal and focusing on sustainability which not only improves the environment for patients and staff but provides future payback.
- Ensured that where schemes are dependent upon external support or approval the necessary development work has already commenced or been secured.

**Table 1**

## Three Year Resource Position 08/09 to 10/11

| | 2008/9 £m | 2009/10 £m | 2010/11 £m |
|---|---|---|---|
| **Recurrent Uplift** | **23.54** | **23.96** | **25.50** |
| | 23.54 | 23.96 | 25.50 |
| **Source & Application of recurrent uplift** | | | |
| Recurrent Uplift | 23.54 | 23.96 | 25.50 |
| Recurrent Surplus/(Deficit) B/F | 5.80 | 6.77 | 2.47 |
| Acute waiting list reserve | 5.00 | | |
| In-Year Contingency | 2.20 | | |
| Additional reserves slippage | 8.50 | | |
| **Total Available** | **45.04** | **30.73** | **27.97** |
| Commissioning Uplift 2.3% | (7.33) | (7.55) | (7.75) |
| GP Prescribing Uplift @ 8% | (1.60) | (3.40) | (3.52) |
| Non Commissioning @ 2.3% | (3.43) | (3.45) | (3.47) |
| In-Year Contingency Retained | (2.20) | | |
| Investment | (23.71) | (13.86) | (5.20) |
| **Recurrent Surplus** | 6.77 | 2.47 | 8.03 |
| **Non Recurrent** | | | |
| Balance of 2006/07 Underspend Returned | 0.50 | 0.00 | 0.00 |
| 06/07 SHA Strategic Reserve returned | 2.00 | | |
| 2007/08 Underspend Returned in 2008/09 | 6.50 | | |
| SHA Contingency | (11.00) | | |
| 2006/07 Non Rec Support Returned | 0.00 | 8.00 | 3.80 |
| Underspend b/fwd | 0.00 | 13.23 | 7.62 |
| Pre-commitments & clinical support | (2.54) | (0.08) | |
| Major health centre development | | (6.00) | |
| Other developments | | (10.00) | |
| **Non Recurrent Surplus/(Deficit)** | (4.54) | 5.15 | 11.42 |
| **Total Surplus/(Deficit)** | 2.23 | 7.62 | 19.45 |

## 6.2 IM&T

A Nottinghamshire LHC IM&T Plan is under development and will be completed by 31st March 2008. As outlined in the 2008/09 Operating Framework the plan will: -

- Outline how IM&T will support local service transformation programmes
- Identify benefits and how service improvement will be supported
- Describe the governance arrangements identifying how IM&T programmes across the LHC will be managed
- Outline a timeline and implementation plans for: -
    - NPfIT deployments
    - Supporting infrastructure
    - Interim systems to meet business continuity
- Identify local IM&T investment
- Describe how the National IM&T Expectations in Annex 1 of the "Guidance on preparation of Local IM&T Plans for 2008/09" will be met.
- Identify capacity and capability in terms of the manpower, skills and development requirements to deliver all of the above.

In conjunction with the Consultancy Firm Courtyard Consultancy who have been employed by East Midlands SHA, all healthcare organisations within Nottinghamshire are working together to develop this local health community wide plan. The completed plan will be signed off by Nottinghamshire Health Informatics Board and individual Organisation Chief Executives.

The national IM&T planning self assessment checklist which provides a risk assessment in relation to the production of the IM&T Plan as requested by the SHA.

The IM&T plan will be used to support the delivery of key LOP objectives which include:

- Building skills and capacity in activity data interpretation for PBC for PCT staff and front line clinicians involved in service redesign
- Addressing WCC competencies. Already the need for improved skills in database management, tracking and modelling and the use of a range of health profiling, analytical and performance monitoring tools
- Support for a 'telehealth' pilot to enable patients with long term conditions to better manage their symptoms.

## 6.3 Workforce

The PCT will invest in its workforce to develop their skills and careers to ensure they have the right resources to carry out their role. Clinical leadership and engagement is crucial to delivering our plans. Our Professional Executive Committee including representatives from our Practice Based Commissioning Clusters will provide leadership and direction to drive change through the system.

Plans to delivery of national and local priorities are dependent upon recruitment and workforce development programmes which are set out in the 'Nottinghamshire Health & Social Care Community Workforce Strategy 2007 to 2010' and the 'Workforce Development Plan'.

Staff recruitment and development has specifically been identified in the Operational Plan in the following areas:

- Infection control The PCT has negotiated with NUHT regarding increasing the number of hospital matrons to contribute to the delivery of safe and clean patient environments through ensuring best practice and high clinical standards. Infection Control Doctor Advice for PCTs and Nottinghamshire Healthcare Trust – additional consultant microbiologist to be recruited. The size and skill-mix the Specialist Infection Control team will be increased to provide additional advice, training and support to GPs, pharmacists, opticians and dentists, community services and nursing homes
- Stroke services – Early Supported Discharge Team (Occupational Therapy, Physiotherapy (including Clinical Specialist support), Specialist Mental Health Nurse, Speech and Language Therapy
- Establishing a Community diabetes team
- Expanding community nursing and intermediate care
- Midwifery: Working towards Maternity Matters will require expanding the current establishment, recruiting to the recommended ratio of 1:30 midwives. Also plan to undertake an establishment review and recruit and train dedicated support workers, establish an evening and night service, recruit a dedicated midwife for homeless/travellers team and establish a team to support specialist midwife for substance abusing expectant mothers
- Mental health - The proposed expansion of the current primary care provision to create a 'primary care psychological treatment centre' to increase capacity and the range of therapies offered will require substantial investment in staffing of some 25 wte staff
- 18 weeks - To commission a City PCT CAS which meets the specific needs of our population, and plans to deliver the target for 50% of practices to offer extended hours appointments by March 2009
- Emergency planning - Additional staff recruited
- World class commissioning will subsequently identify capacity issues (skills development, training and recruitment) that will need to be addressed in order for the PCT to meet the competencies.

There are significant workforce development requirements in the above which will be a challenge for the PCT, both in terms of capacity and capability. Systematic access to high quality training for all staff will be a priority for the PCT.

Successful recruitment to the above posts will result in an increase in staff in the order of 100 which will have implications for office and other accommodation for these staff.

### 6.4 World Class Commissioning

World Class Commissioning (WCC) aims to obtain the best value and health outcomes for local citizens by understanding their needs and then specifying and procuring services that deliver the best possible health and social care provision and outcomes within available resources.

Nottingham City PCT aspires to become a world class commissioner by developing the knowledge, skills, behaviour and processes within the organisation. We intend to strengthen our role as a local leader of the NHS, building our reputation within the community. We will work closely with our partners and proactively seek and building our engagement with the public, patients and clinicians. We will strengthen our analytical skills and knowledge management to ensure commissioning decisions are based on sound evidence, informed by local heath needs assessment.

In anticipation of the issuing of the WCC Assurance Framework, the PCT is conducting a base-line assessment of current organisational structures, capacity and processes using the using the 11 competencies outlined in 'World Class Commissioning Competencies' (gateway ref 8754).

## 7. CHANGE OPTIONS

### 7.1 Potential Options

Based on the factors set out in Sections A and B including health need, population growth, service direction and estate condition, the following list of options has been drawn up for further consideration:

- National Initiatives – Equitable Access to Primary Medical Services proposed developments :
  - Bestwood
  - Bilborough
  - City Centre

- Previous SSDPs:
  - St Ann's
  - Bulwell
  - Bestwood Area
  - City North and West
  - Corporate Headquarters for Nottingham City PCT and Nottingham City Council
  - Radford Health Centre
  - Meadows

- Estates issues:
  - Bestwood Health Centre
  - St Ann's Health Centre
  - Bulwell Health Centre
  - Sneinton Health Centre
  - Linden House
  - Wollaton Vale Health Centre.

### 7.2 Option Appraisal

Excluding the National Initiatives, the options have been assessed against the following criteria:

- Previous SSDP priority
- Health needs and population changes
- Service direction and partners support
- Condition of current NHS estate.

Full details of the optional appraisal are set out in the Appendix.

### 7.3 Option Appraisal - National Initiatives: Equitable Access to Primary Medical Services

The options for Equitable Access to Primary Medical Services have not been assessed against the criteria as the case for change is nationally driven and is therefore a high short term priority for the PCT. The details of the proposed developments will be subject of the outcome of the consultation and the

procurement process being undertaken collaboratively on an East Midlands basis.

## 7.4 Option Appraisal – Previous SSDPs

### 7.4.1 St Ann's

St Ann's is an area of significant deprivation. The deprivation score based on 'Townsend scores' 2001 census for St Ann's (zero is the average for England) is 11.243 the second most deprived area in Nottingham City. Indices for Deprivation 2007 for Nottingham City show St Ann's SOAs as having several of the highest levels for Multiple Deprivation. It is also notable in that it has high number of indicators associated with deprivation including high levels of unemployment and low income and low levels of educational qualifications. In respect of health disability and deprivation, St Ann's has 6 SOAs in the top 20 of 176, and rates are significantly higher when compared to the rest of Nottingham city wards for, death all causes, all elective admissions, all emergency admission, all admissions, admission rates for cancers, diabetes, heart failure and hear disease and admission rates for mental illness are the highest in the city.

St Ann's Health Centre, which includes a 3 GP Practice is mainly a single storey 1960s building with a small amount of office space on the first floor. Accommodation is very cramped with no expansion potential of the current building following an initial expansion approximately 6 years ago. Parking on the site is inadequate.

A proposal for redevelopment was identified in the SSDP 2005/06 which would expand the health centre building on the existing site and/or incorporating additional adjacent land. A new centre would increase service capacity and allow integration of other services i.e. Social Services and possibly Housing, Library Services. Also City Council initiatives in St Ann's may also provide scope for new development which could provide opportunities for improving PCT facilities, either as part of a joint service arrangement or on their own and the co-location of services. The St Ann's development has the potential of providing a Joint Service Centre "Spoke" linked to a City Centre Hub.

The recent Estates appraisal identified St Ann's Health Centre as Category C for physical condition, functional suitability and quality and thus in need of attention.

In summary, St Ann's was identified as a priority in the 2005/06 SSDP. It is one of the most deprived parts of the city with high levels of unemployment, low levels of educational attainment and significantly high levels of health need. The Health Centre has been assessed as needing significant attention in the latest audit. The Local Authority has also identified the area as requiring regeneration. There is much local support for improvements to health facilities in the area. It is therefore concluded that St Anns should remain a high priority for the PCT.

The Executive Management Team gave approval in February 2008 for St Ann's to be the next major centre development after Bulwell. Work has started on a feasibility study to be ready for end of June 2008, with more detailed planning work to commence during 2008/9.

### 7.4.2 Bulwell

Bulwell is located four miles north of Nottingham City Centre and has many characteristics of an inner city area. This is reflected in poor housing, high levels of unemployment, and higher than average levels of families with dependent children/single parent families especially on the Bulwell Hall and Crabtree Estates. Bulwell is ranked the 3rd most deprived area in the city with 10 of the 20 SOAs across Bulwell being in the 10% most deprived in the country.

There are five GP practices in Bulwell, two large practices situated in the Health Centre, 1 practice in purpose-built premises and 2 in converted premises. Bulwell Health Centre, is a single storey 1960s building with very cramped conditions, no room for expansion, and requiring significant updating in order to make it 'fit for purpose'. Parking on the site is inadequate.

A new building development, either on a new site or on the existing health centre site, was proposed in the SSDP 2005/06. This detailed the potential for services to be extensively redesigned to reflect an appropriate shift from Secondary to Primary Care taking into account the changing needs of the local population. The proposal was also to build on the already excellent links with local statutory and voluntary organisations and it was envisaged that further integration would result in appropriate services being available in the centre of Bulwell.

Work has continued to progress this proposal, and in November 2007 LIFT Stage 1 Approval was achieved for the development of a £22m Joint Service Centre, to be located close to Bulwell Town Centre, on the site of the existing health centre and surrounding properties, including several City Council premises and some in private ownership. The PCT proposes to include 2 GP practices (1 expanded in order to meet local need), and a range of PCT clinical and health promotion services. The City Council plans to include a library, youth facility, housing and payments desk, play centre, welfare rights services, community facilities, and indoor and outdoor sports facilities. Integrated office accommodation for PCT, City Council and Nottingham City Homes staff is also included. The City Council has secured £22.255m funding from the Department of Community's and Local Government (DCLG) to support the project.

At present work is focussed on design development for the scheme and the production of a LIFT Stage 2 Business Case. Stage 2 Approval and Financial Close are currently programmed for Autumn 2008.

This area is high priority for redevelopment for Nottingham City Council and is also an area of significant levels of deprivation and health inequalities. The Bulwell area has been assessed as under-doctored and the existing health centre is not fit for the provision of 21st century primary care services. It is therefore concluded that Bulwell should remain a high priority for the PCT and the business case for the development of a Joint Service Centre in partnership with the City Council is justified.

### 7.4.3 Bestwood Area

Bestwood is a mixed area, with Rise Park being relatively affluent; other districts have many characteristics of deprivation. Nearly half the population live in local authority rented accommodation, of whom 12 per

cent comprise lone parents, with above average levels of unemployment. 49 per cent of the local households do not own a car which places a premium on local access to a wider range of services in the area.

Housing growth is still strong in the area, and there is a high rate of patient allocations as a result of closed lists under the old GMS contract.

Bestwood Health Centre delivers services to Bestwood, Bestwood Park, Top Valley and Rise Park. There are 6 practices in the area, 3 single handed practices, one with 2 GPs while each of the remaining 2 practices have 5 GPs.

At the time of the SSDP 2005/06, local planning involving Health, Leisure services, Sure Start and Housing had begun to explore the benefits of co-location. At least one of the local GP practices had expressed interest in relocating to an expanded Health centre and further opportunities may present themselves as discussions proceed.

Through the PCT's involvement in the Local Authority's Master Plan for Bestwood, the PCT had the opportunity to benefit from a development at Tesco whereby planning consent was granted on the understanding the community would benefit from the private sector in terms of the provision of accommodation at reduced cost. The PCT Board approved in October 2006 the move to Tesco for PCT staff and services and to decommission Bestwood Health Centre. The majority of PCT services and staff have moved from Bestwood Health Centre to accommodation at the Tesco development. The vacated space is to be used as a decant facility for the Bulwell development in the short term. The GP practice has been served notice but the next 2 years to find alternative accommodation. The PCT has made a 'Surplus Land' declaration to the DH on the Bestwood HC site.

The Bestwood areas has some areas of poor health and is considered to be 'under-doctored' in that access to general practice needs improving with GPs having high workloads. The area is being considered within the 'Equitable Access to Primary Medical Care Services' which, subject to consultation, will alleviate the GP access issue. The expansion in Primary Medical Services will also deal with the increase in population from the housing developments. The health centre has been identified as needing attention but the opportunity to move PCT staff to the Tesco development has resolved this problem to some extent. The GP practice has been served notice. It is therefore concluded that subject to the outcome of the Equitable Access to PMS initiative, the PCT should continue with its plans to decommission Bestwood Health Centre following the requirement to use it as a decant for the Bulwell project.

### 7.4.4 City North and West

Significant building and population growth, largely on "brownfield" sites, was forecast for the area of Nottingham north of the City Centre. Primary Care provision there includes a number of single-handed GPs and two Health Centres in PCT ownership (Strelley & Old Basford). At the time of the SSDP 2005/06 Nottingham City PCT expressed an interest in developing a significant primary care facility to serve the estates of Broxtowe, Aspley, Bilborough, Strelley and Whitemoor but there has been no further progress with this proposal.

Aspley is ranked as the most deprived ward in the city with Bilborough 4th. The city's worst performing SOAs for education, skills and training and crime are in Aspley and Bilborough. Bilborough has been identified as a location for a new practice through the 'Equitable Access to Primary Care Medical Services' initiative which depending upon the outcome of the consultation will address some of the need in this area relating to access to primary care. It is therefore concluded that any further work in this area should be deferred until after the 'Equitable Access to PMS' initiative is concluded and the outcomes known.

#### 7.4.5 Corporate Headquarters for Nottingham City PCT and Nottingham City Council

The commitment to joint working remains strong but there have been no further developments to date to move to a joint corporate headquarters. This will be kept under review and opportunities considered as they arise.

#### 7.4.6 Radford Health Centre

Radford Health Centre has undergone significant refurbishment of the clinical and waiting areas and reception carried out by LIFTCo, under the exclusivity clause, which was completed in February 2008. It is not therefore a priority for the PCT in the short to medium term.

#### 7.4.7 Meadows

The PCT proposed to redevelop Meadows Health Centre as one of several smaller spokes offering enhanced primary care services in the SSDP 2005/06 but to date no further progress has taken place. The Estate Audit has not identified the health centre as being in need of attention. It is therefore proposed that this area is kept under review and reconsidered alongside the City Council Strategic Regeneration Framework Programme.

### 7.5 Option Appraisal – Estate Issues

#### 7.5.1 Sneinton Health Centre

Whilst the Estates Audit has not identified the physical condition of Sneinton Heath Centre as poor, there are issues with the quality of the building and its functional suitability and it is considered to be overcrowded. The PCT will keep this under review in conjunction with potential Local Authority developments in the area through it Regeneration programme.

#### 7.5.2 Linden House

Following approval by the Board in March 2008, the PCT is negotiating the move of PCT staff from Linden House to a new base in the close vicinity for Nottingham City PCT staff and to Nottinghamshire County tPCT premises for County staff. Linden House will then be surplus to requirements and will be disposed of. This has been notified to the DH with the expectation that it will be within the next 3 years.

In conclusion, Linden House is in need of significant upgrade and has PCT Board approval to be disposed of as soon as alternative

accommodation for staff can be secured. This is therefore a high short term priority for the PCT.

### 7.5.3 Wollaton Vale Health Centre

The Board approved in March 2008 a building extension and alteration to the reception and office accommodation at Wollaton Vale Health Centre to address the issue of the GP occupied portakabins as part of the capital programme for 2008/09.

## 8. CONCLUSIONS

### 8.1 Short Term Developments

The option appraisal supports the following short term developments:

- The National Initiative – Equitable Access to Primary Medical Services will proceed subject to the outcomes of the public consultation with the intention of introducing additional GP practices in Bestwood, Bilborough and the City Centre and a GP-led health centre in the City Centre by December 2008
- A feasibility study to be completed by June 2008 to consider the case of need for a major development in St Ann's
- Progression of the business case for a Joint Service Centre in Bulwell
- Relocation of staff and disposal of Linden House
- Building extension to Wollaton Vale Health Centre

### 8.2 Medium Term Considerations

The option appraisal supports the following medium term considerations:

- Bestwood area post the Equitable Access to PMS implementation and Bulwell decant

### 8.3 Longer Term Considerations

The following should remain on the PCTs agenda for consideration longer term:

- City North and West post the Equitable Access to PMS implementation
- Corporate headquarters for Nottingham City PCT and Nottingham City Council
- Radford
- Meadows
- Sneinton

### 8.4 Other Considerations

It should be noted that the PCT will not sign up the development of premises unless the business cases for the development can demonstrate:

- Value for money
- National best practice
- Sustainability ie future proofing the design.

Bassetlaw NHS
Primary Care Trust

**Nottinghamshire Strategic Service Development Plan 2008 – 2018**

**SECTION B: BASSETLAW PRIMARY CARE TRUST**

To be inserted following PCT Board Approval in June 2008.

Nottingham City NHS Primary Care Trust | Nottinghamshire County NHS Teaching Primary Care Trust | Bassetlaw NHS Primary Care Trust

**Pan Nottinghamshire Strategic Service Development Plan 2008 -2018**

**SECTION C: COUNTYWIDE SERVICE DEVELOPMENT OPTIONS**

## 1. INTRODUCTION

This document outlines the potential service development options for the whole of Nottinghamshire County. It provides a basis for local consultation with NHS colleagues, partner organisations and the public to ensure that recommended development options reflect current and future local need.

This document is the last three sections that collectively form the pan Nottinghamshire SSDP. This paper brings together the potential service development options that have been identified by the three constituent PCTs (Bassetlaw PCT, Nottingham City PCT and Nottinghamshire County Teaching PCT). The schemes are considered together to confirm that collectively they would form a coherent service configuration across Nottinghamshire.

| | |
|---|---|
| Section A | Countywide Background |
| Section B | Nottinghamshire County Teaching PCT |
| | Nottingham City PCT |
| | Bassetlaw PCT |
| Section C | Countywide Service Development Options |

The potential schemes have been developed based on an assessment of:

- Health Need
- Population Growth
- Condition of current NHS premises

Each PCT developed a list of priorities for further consideration over the next 10 years (see individual PCT Section Bs for a full list of proposals).

**This document only considers the schemes that have been identified as a high priority, that is, they may be developed within the next 3 years (subject to affordability and to the development and approval of a detailed Business Case).**

It is assumed that as part of the annual SSDP process, later schemes (4 year and over) will be re-evaluated and the configuration of services reviewed across Nottinghamshire.

## 2. POTENTIAL DEVELOPMENT SCHEMES (0-3 years)

These schemes have been identified as potential development schemes by the constituent PCTs. Further detail can be found in the individual PCT Section Bs.

| Bassetlaw PCT | |
|---|---|
| No schemes identified as a priority within 3 years | |
| **Nottingham City PCT** | |
| St. Ann's Health Centre - redevelopment | Linden House – relocation of services and closure |
| Bulwell – Joint Service Centre | Wollaton Vale Health Centre – extension and alteration |
| **Nottinghamshire County Teaching PCT** | |
| Newark Clinic, Lombard Street, Mansfield | Kirkby Health Centre – relocation / reprovision of GP services. |
| Sutton in Ashfield- GP practice | Hucknall – not yet known |
| Arnold – Primary Care Centre | Huthwaite – not yet known |
| Bingham – Primary Care Centre | Eastwood - not yet known |
| St. John's Street Health Centre, Mansfield – relocation to Mansfield Community Hospital | Ollerton - not yet known |
| Forest Town – Primary Care Centre | |

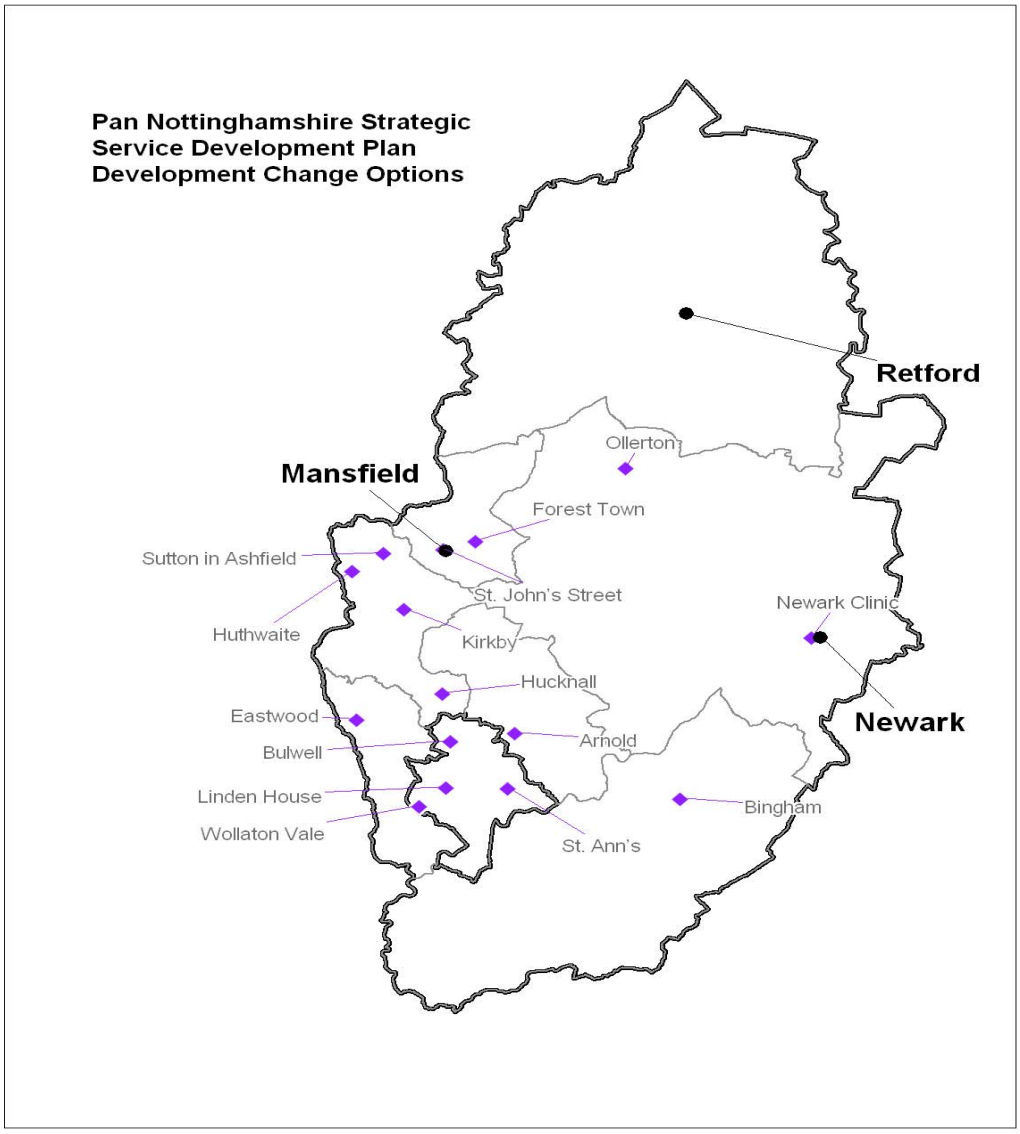
## 3. SERVICE CONFIGURATION

The potential schemes prioritised by the individual PCTs as requiring development within 3 years were assessed jointly to identify:

- Adjacencies
- Conflicts and opportunities

There appears to be a good geographical spread of possible developments with no conflict in terms of competition for a catchment population. There are no obvious adjacencies, with each providing facilities for a distinct community. (See Fig.1)

It is notable that the service configuration has only been considered within the boundaries of Nottinghamshire County. It is important that the impact of future developments in neighbouring counties (Yorkshire, Lincolnshire, Derbyshire, and Leicestershire) is considered, in particular the location of any Equal Access Health Centres near the county boundaries.

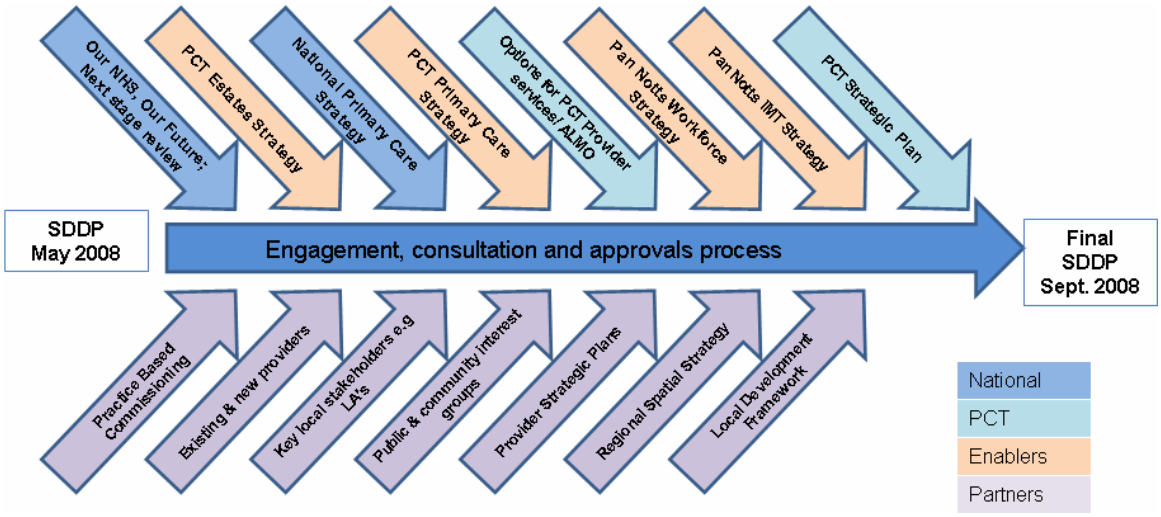



The PCTs are confident that the proposed schemes would provide a coherent service configuration to support health improvement across Nottinghamshire. However, it is recognised that later schemes will have to be revalidated to assess the service impact of earlier developments and the location of facilities developed under the 'Equitable Access in Primary Care' initiative.

## 4. NEXT STEPS

It is recognised that the development options and priorities identified in this SSDP (as at May 2008) will be subject to change as they are tested against emerging national and local policy changes. They may also change in response to the stakeholder 'confirm and challenge' process as detailed below.

Fig. 2 Pan Nottinghamshire Strategic Service Development Plan




## 4.1 Engagement Strategy

The engagement process will be led by individual PCTs and will involve a wide range of stakeholders who are key in shaping both individual short term priorities and the final 2008 SSDP.

Stakeholders will be asked to challenge the proposed schemes to make sure that any that are taken forward meet local need and will positively contribute to the health and well-being of local communities.

It is expected that discussions with stakeholders will include the following:

| | |
|---|---|
| **Service provision** | Capacity to provide services to meet current demand and the scope for expansion to meet future demand.<br>Suitability of premises to facilitate the provision of high quality, safe and effective clinical services |
| **Local priorities and aspirations** | Suitability of the premises to enable the provision of expanded or changed services and new ways of working in accordance with local ambitions as reflected in PCT, PBC Cluster and practice plans |
| **Existing capacity** | Assessment of the feasibility of utilising spare capacity in other NHS premises in the county. |
| **Alternative opportunities** | Exploration of alternative options for service delivery through partnership working or non NHS providers |
| **Public involvement** | Consideration of public expectation of local developments |
| **Local Authority priorities** | The contribution of the scheme to local community regeneration including the impact of this development on the delivery of local authority priorities. |

| | |
|---|---|
| **Cross-boundary developments** | Assessment of the impact of new service developments in North Yorkshire, Derbyshire, Lincolnshire and Leicestershire that may influence service needs in communities near the county boundary |
| **Affordability and Sustainability** | Agreement on the funding mechanisms for any developments and future responsibility for revenue costs |

### 4.2 Approvals Process

This SSDP will require submission through a formal approvals process spanning the three constituent PCTs and the two Nottinghamshire LIFT Companies. This will include:

- Respective PCT Boards (with re-submission following the consultation period)
- Greater Nottinghamshire and North Nottinghamshire LIFT Companies.
- Greater Nottinghamshire and North Nottinghamshire Strategic partnership Boards
- NHS East Midlands

A plan outlining the approvals timetable following PCT Board approval is currently in development.

## 5. CONCLUSION

Nottinghamshire County faces the challenges of addressing significant health need and population growth, and recognises that the best way to meet these challenges is to work collaboratively both within the NHS, with other partner organisations and the communities they serve. This SSDP demonstrates a commitment to work together to ensure the best use of resources to bring about ambitious service changes. These service changes will support the sustainable delivery of health improvement and reduced inequalities across Nottinghamshire.

## APPENDIX 1A

Note: Appearance on this list is not an indication of a commitment to develop these schemes but is an acknowledgement of the NCtPCT's intent to consider these schemes in more depth.

| | PBC Cluster | scheme number ***** | Facility / Scheme | Previous SSDP | Health Need * | Population growth** | Estates Audit *** |
|---|---|---|---|---|---|---|---|
| Pre-commitments **** | Newark & Sherwood | 1 | Newark Clinic, Lombard Street | North Notts 2005 | ΔΔΔ | ΔΔ | ΔΔΔ |
| | High Point Health | 2 | Sutton-in-Ashfield [GP practice] | North Notts 2005 | ΔΔΔ | ΔΔ | ΔΔ/ΔΔΔ |
| | NEC | 3 | Arnold [Primary Care Centre] | Greater Notts 2005 | ΔΔ | ΔΔΔ | ΔΔΔ |
| | Principia** | 4 | Bingham [Primary Care Centre] | Greater Notts 2005 | Δ | ΔΔ | ΔΔΔ |
| Business Continuity priorities | High Point Health | 5 | Central Mansfield, St John's Street HC service relocation (Mansfield Community Hospital conversion) | North Notts 2005 | ΔΔΔ | ΔΔΔ | ΔΔ |
| | High Point Health | 6 | Forest Town | North Notts 2005 | ΔΔ | ΔΔ | ΔΔ |
| | High Point Health | 7 | Kirkby Health Centre [Relocation/reprovision of GP practices] | n/a | ΔΔΔ | Δ | ΔΔΔ |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **0-3 year priorities** | NEC | 8 | Hucknall | Greater Notts 2005 | ΔΔΔ | ΔΔΔ | ΔΔ |
| | High Point Health | 9 | Huthwaite [GP development] | North Notts 2005 | ΔΔΔ | Δ | ΔΔΔ |
| | NWC | 10 | Eastwood | Greater Notts 2005 | ΔΔΔ | ΔΔ | ΔΔ |
| | Individual practices | 11 | Ollerton | North Notts 2005 | ΔΔΔ | ΔΔ | ΔΔΔ |
| **4-7 year priorities** | Principia** | 12 | Edwalton / West Bridgford [Sharphill] | Greater Notts 2005 | Δ | ΔΔΔ | ΔΔΔ |
| | Principia** | 13 | Cotgrave | Greater Notts 2005 | ΔΔ | ΔΔ | ΔΔΔ |
| | NEC | 14 | Annesley / Newstead | n/a | ΔΔΔ | Δ | ΔΔΔ |
| | Principia** | 15 | East Leake | Greater Notts 2005 | Δ | ΔΔ | ΔΔΔ |
| **7 year + priorities** | Newark & Sherwood | 16 | South Newark 'Growth Point' | n/a | ΔΔ | ΔΔΔ | ΔΔ |
| | High Point Health | 17 | Oak Tree Lane | North Notts 2005 | | Δ | Survey outstanding |
| | High Point Health | 18 | Sandy Lane | North Notts 2005 | | Δ/ΔΔ | Δ |
| | High Point Health | 19 | Skegby Health Centre | North Notts 2005 | | Δ | ΔΔΔ |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | High Point Health | | 20 | | Mansfield Woodhouse | | North Notts 2005 | | | | ΔΔ | | ΔΔ | |
| | NEC | | 21 | | Chase Farm (Gedling Colliery site) | | Greater Notts 2005 | | | | ΔΔ | | no facilities | |
| | NWC | | 22 | | Beeston | | Greater Notts 2005 | | | | ΔΔ | | Δ/ΔΔ | |
| | Principia** | | 23 | | Lings Bar Hospital [diagnostic / treatment centre] | | Greater Notts 2005 | | | | Δ | | Δ | |
| | Principia** | | 24 | | Ruddington | | Greater Notts 2005 | | | | Δ | | Δ/ΔΔ | |
| | Individual practice / PCT premises | | 25 | | Calverton | | Greater Notts 2005 | | | | ΔΔ | | ΔΔΔ | |
| | NCtPCT | | 26 | | Childrens' Centre | | Greater Notts 2005 | | | | n/a | | ΔΔ | |

**Explanatory notes**

| | | Health Need* | | Popn. Growth ** | | Estates Audit*** |
|---|---|---|---|---|---|---|
| ΔΔΔ | | Above national average | | < 1000 | | poor |
| ΔΔ | | Circa national average | | 1001-2000 | | generally reasonable |
| Δ | | Below national average | | >2001 | | reasonable / good |

*Health Need: This summary provides a very basic indicator of the overall health need only. It should not be used without reference to the detailed information supplied by Public Health Information and Intelligence, NCtPCT, which can be found in Appendix 2.

**Population Growth: This is based on planning information (detailed / outline / allocated) provided by all the local authorities. The predicted population growth is based on 2.3 people per dwelling. Detailed information and the likely timescales for individual developments are available. *It should be noted that the information from Rushcliffe Borough Council is incomplete therefore growth will appear lower. Work is in progress to get full comparable data.*

***Estates audit: Summary categorisation based on the nearest Health Centre and main practices in the locality.  There are a small number of premises that have not yet been surveyed

****Pre-commitments: These are schemes that were identified as priorities by the legacy PCTs. See main document 'Service Change Options' for definitions of the categories (pre-commitment / business continuity / 0-3 years / 4-7 years / > 8 years
*****The scheme numbers are for reference only and give no indication of priority

## APPENDIX 1B

### Pan Nottinghamshire Strategic Service Development Plan

### SECTION B: Nottinghamshire County Teaching PCT

### Service Development Change Options

## 1. INTRODUCTION

This appendix should be read in conjunction with Appendix 1a and provides the narrative describing the current challenges and potential opportunities available.

## 2. PRE-COMMITMENTS

These are schemes that were identified as priorities by the legacy PCTs. They are consistent with the PBC Cluster strategies and there has already been significant time, effort and resource invested in their development. There are clear outline plans, which have been agreed with stakeholders, and there is public support for the development of these schemes.

### 2.1 NEWARK CLINIC, LOMBARD STREET.

The development of the Newark Clinic is a pre-commitment from the former Newark and Sherwood PCT. It will comprise of the relocation of the Lombard Street Surgeries GP practice and comprehensive treatment facility. The practice has been in its current location since 1964 in a building that has been 'added to' three times. It has now reached a stage where the facility has become cramped with no room for development and this is restricting the provision of services. The development of this scheme is part of a major commercial development, which does not involve LIFT and is currently in progress.

### 2.2 SUTTON-IN-ASHFIELD

The development in Sutton-in-Ashfield is a pre-commitment from the former Ashfield PCT. It will house one GP practice (Dr. Mukhopadhyay) and there will be additional capacity for community services. The development of this scheme is being progressed independently by the practice.

Ashfield is one of the most under doctored areas in the country. This project will increase GPs in central Sutton in Ashfield by one and will add a full-time trainee and replace 2 GPs who are approaching retirement.

### 2.3 ARNOLD

Arnold Health Centre redevelopment was identified as a potential development priority in the Greater Nottinghamshire SSDP published in 2005. Therefore there is some expectation around this proposal in the public domain. It would provide opportunities to work in partnership with Gedling Borough Council to develop their vision of the Arnold Town Centre Plan. The proposal could use the existing site or a new site for the development of GP practices and improving the quality and range of primary care services provided, focusing in

particular on Older people, Children and teenagers and health promotion & lifestyle.

The Estates audit flagged the current Arnold Health Centre as red, that is, even with significant investment the facilities are unlikely to reach an appropriate standard. The facilities are acknowledged to be cramped with no room for expansion of services.

### 2.4 BINGHAM

Bingham was identified as a potential development priority in the Greater Nottinghamshire SSDP published in 2005. Bingham is a market town in the south east of the county. The town has a population of circa 9000 and serves a large number of surrounding villages. There has been a rapid growth of housing developments on the peripheries of the town and existing services are struggling to meet the needs of the local community. Bringing together all the community based health services into one town centre location would enable easier access to currently fragmented services and more integration between community care teams. It should be noted that in the Countywide review of the provision of haemodialysis services, Bingham has been identified as a potential site for new services which would be accessible to people from the east of the county (including some city residents).

The GP practice operates from the Health Centre, which is part single and part 2-storey building. There is no lift to the first floor, which limits its use for practice purposes and does not meet DDA requirements.

The Estates Audit categorises Bingham Health Centre as red, that is, even with significant investment the facilities are unlikely to reach an appropriate standard.

## 3. BUSINESS CONTINUITY PRIORITIES

These schemes have been identified by Nottinghamshire County Teaching PCT as priorities as part of the SSDP process 2008. There are underlying contractual commitments or associated operational issues, which would pose a significant risk to business continuity if these developments were not progressed.

### 3.1 MANSFIELD COMMUNITY HOSPITAL (FUTURE OF ST. JOHN'S STREET HEALTH CENTRE).

St. John's Street Health Centre was identified as a potential development scheme in the North Nottinghamshire SSDP in 2005.

It is the intention of Nottinghamshire Community Health to relocate all services from current facilities by 2009. This will leave two small practices remaining within the Health Centre. There are concerns around the safety and efficiency of the use of such a large building utilised by only two small practices.

The PCT will need to decide the future use of the current premises and will facilitate discussions with partners on the provision of primary care in Mansfield town centre.

In addition there is the potential for a large GP practice to relocate services to the Mansfield Community Hospital in order to expand services.

The Estates Audit has categorised the health centre as red, that is, even with significant investment the facilities are unlikely to reach an appropriate standard.

### 3.2 FOREST TOWN

Patient's resident within the Forest Town area access primary care services from a range of primary care providers located within the Mansfield town centre, Mansfield Woodhouse and Clipstone, together with a temporary branch surgery of the Roundwood Surgery, operating from a redeveloped residential property, with time-limited planning consent.

In addition to temporary branch facilities, Forest Town has seen significant housing growth over the last 5 years, which has exacerbated service pressures.

Local practices from across the Mansfield district with partners resident in Forest Town, are keen to explore a federated model of delivery to meet the needs of Forest Town patients and have commenced discussions on how this may be taken forward. A critical issue is the absence of any substantive, appropriate accommodation to facilitate this.

It is envisaged that a development in Forest Town would alleviate accommodation pressures experienced by neighbouring health centres such as the Mansfield Woodhouse Health Centre.

### 3.3 KIRKBY HEALTH CENTRE

All the services provided by Nottinghamshire Community Health will have relocated from Kirkby Health Centre by 2009 into the Ashfield Health Village development. This will leave one small GP practice on site.

Concerns have been raised regarding the safety of the GP practice remaining alone on the premises and it raises the question of the viability of Kirkby Health Centre. Work is in progress to explore options for the relocation of this elsewhere in Kirkby in Ashfield. In the Estates Audit the Health Centre was categorised as red, that is, even with significant investment the facilities are unlikely to reach an appropriate standard.

## 4. 0-3 YEAR PRIORITIES

The potential need for service development in a locality has been identified, based on health need, population growth and the condition of current NHS estate. The exact nature of any service developments needs further consideration in the next stage of the SSDP process.

### 4.1 HUCKNALL

Hucknall was identified as a potential development priority in the Greater Nottinghamshire SSDP published in 2005. Significant housing development and a resulting large growth in population are expected around Hucknall in the

next 10 years. A shortfall in existing GP services in the area has been identified in an area where a considerable increase in the demand for services is anticipated. The PCT needs to work jointly with the local councils and any developers to explore opportunities for new GP practice and community services to be established. It should be noted that this is an area of deprivation with particular concern about teenage pregnancy rates, which are among the highest nationally.

There has already been significant new build in the area creating additional demand for services, especially around Papplewick where there are 2000 additional patients. A local stakeholder group is planned to consider the needs arising from this.

The Estates Audit categorised Hucknall Health Centre as amber, that is, it will require major expenditure to bring it up to a required standard. There are currently two GP practices operating from this Health Centre. In addition the Hucknall Orthopaedic Centre is categorised as red, that is, even with significant investment the facilities are unlikely to reach an appropriate standard.

It should be noted that Hucknall is one of the sites under consideration for the new 'Equitable Access Health Centre' and if this is developed it will provide services that can be accessed by the population of Newstead. Any future options in Newstead need to be re-considered once the impact and opportunities of any developments in Hucknall have been evaluated.

### 4.2 HUTHWAITE

Huthwaite was identified in the Central Nottinghamshire SSDP published in 2005 as a potential development priority. Currently there is a GP practice and limited community services provided in Huthwaite Health Centre. The Health Centre houses a large GP practice and a limited range of community services provided in inadequate accommodation. It is anticipated that a wider range of services could be delivered as part of a 'One Stop Shop' development providing integrated services.

The Estates Audit categorises Huthwaite Health Centre as red, that is, even with significant investment the facilities are unlikely to reach an appropriate standard. The main building and associated facilities (Portacabin with two consulting rooms and an ex-residential property) are in poor physical and functional condition and are a constraint to service developments. Additionally, the majority of car parking for practice staff and patients is on the street.

### 4.3 EASTWOOD

Eastwood Clinic was identified as a potential development scheme in the Greater Nottinghamshire SSDP in 2005. There is a recognised need to reconsider provision of GP services in the town as both practices have significant difficulty with access and the Church Walk practice is looking to expand their services.

It is notable that Eastwood is an area of significant deprivation and an area that local strategic partners are keen to explore the development of integrated services and facilities.

The Estates Audit has categorised the current Health Centre as red, that is, even with significant investment the facilities are unlikely to reach an appropriate standard. There have been particular issues with car parking that are causing some ill feeling in the local community.

### 4.4 OLLERTON

Currently there is no GP provision within the Ollerton Health Centre and there is scope to improve and expand the range of services provided.

Ollerton has been awarded funding through the 'Building Schools for the Future' initiative to provide a new secondary school. It is expected that this will provide opportunities for innovative approaches to deliver some services through the school. This will be of particular relevance in reducing local deprivation for example, through the provision of health prevention to reduce the high teenage pregnancy rate.

The Estates Audit categorises the Ollerton Health Centre as red, that is, even with significant investment the facilities are unlikely to reach an appropriate standard. Poor layout and accessibility in addition to building requirements are noted.

## 5. 4 – 7 YEAR PRIORITIES

The potential need for service development in a locality has been identified, based on health need, population growth and the condition of current NHS estate. The exact nature of any service developments needs further consideration in the next stage of the SSDP process.

Schemes in this category will be subject to re-evaluation to assess the impact on local services of the development of earlier schemes.

### 5.1 WEST BRIDGFORD/ EDWALTON (SHARPHILL)

There are a number of concerns around the capacity and accessibility of services in the South West of the Principia PBC Cluster. In addition the recent Estates Audit has noted some significant issues with the NHS premises in the area. At this stage there is no single option that is being recommended but there is recognition that as a matter of priority the configuration of services for the communities in this area needs further consideration.

Edwalton and West Bridgford were jointly identified as a potential development in the Greater Nottinghamshire SSDP published in 2005. A number of practices around West Bridgford are operating from Victorian houses, which are inadequate for the provision of enhanced services. There may be opportunities for new facilities around the Sharphill housing development including working with existing primary care providers in the area.

### 5.2 COTGRAVE

While the estates audit noted that the current health centre is adequate for the provision of current services, local clinicians do not think it functionally suitable for future developments or expansion and the provision of a wider range of primary care services.

The Estates Audit categorises the current Health Centre as amber, noting that it needs major building investment but is functionally adequate for current services.

### 5.3 ANNESLEY / NEWSTEAD

Newstead is a village that is currently reliant on practices in neighbouring villages providing services. This has been problematic due to practice boundary changes, which mean the village is now outside the catchment area of one practice that has a large number of Newstead residents on their list. The PCT are looking to commission some primary care services in the village, covering minor injury and minor illness, chronic disease management and health promotion. This is pertinent given the high proportion of children and teenagers and the known deprivation in the area. It is recognised that any development scheme in Hucknall will have a direct impact on Newstead, therefore service needs will need to be re-evaluated following any such development.

### 5.4 EAST LEAKE

The Estates Audit noted issues regarding the functionality of the existing GP practices and branch surgeries. Additionally the East Leake Health Centre has also been categorised as red, that is, even with significant investment the facilities are unlikely to reach an appropriate standard.

## 6. 8 YEAR PLUS PRIORITIES

The possible future need for service development in a locality has been identified. Schemes in this category will be subject to re-evaluation to assess the impact on local services of the development of earlier schemes. There are significant unknown factors, which need consideration when further information is available, for example the size of future housing developments.

### 6.1 SOUTH NEWARK GROWTH POINT

The PCT is aware that there are likely to be substantial housing developments in South Newark but the exact size, timing or developments and the impact on the demand for health services is not yet known. There is a recent LIFT development at Balderton, which in-part should meet some of the increased demand. In addition Newark is one of the sites under consideration for the new 'Equitable Access Health Centre'. Therefore the need for new services will need to be reviewed as part of the annual SSDP refresh.

Nottinghamshire County NHS
Teaching Primary Care Trust

**APPENDIX 2**

**Pan Nottinghamshire Strategic Service Development Plan**

**SECTION B - NOTTINGHAMSHIRE COUNTY TEACHING PCT HEALTH NEEDS PROFILE**

## Data sources and notes

- NCtPCT: Nottinghamshire County Teaching PCT
- Age profile: Census 2001, adjusted using ONS sub-national population estimates for 2005
- Deprivation: EMPHO synthetic estimates of the 2004 Index of Multiple Deprivation, ranked by 25% bands within England. The comparison in the text is to England.
- Carers and reported limiting long term illness (LLTI). Census 2001. The proportion of respondents who said that they provide unpaid care for more than 20 hours per week. The proportion who responded that they had a limiting long-term illness. The comparison in the text is to NCtPCT population.
- Teenage conceptions: teenage conception unit, data for 2001-03. Wards banded in 20% bands across England. The comparison in the text is to these national (England) bands
- All age, all cause mortality (AAACM) and rate of emergency admissions. These are based on the directly standardised rates for each ward for the period 2004-06. Comparisons are to the rates for NCtPCT registered population. Source: eHealthscope data tool.

### Ollerton area

- The wards of Ollerton, Boughton
- Situated in Newark and Sherwood District
- Age profile similar to NCtPCT
- Both wards in most deprived 20% in England.
- In the 2001 census, 4.9% of population stated that they cared for another person for more than 20 hours per week. This is high compared to the NCtPCT area (3.4%). The proportion of the population reporting a limiting long-term illness (LLTI) was 23.9%, also high compared to NCtPCT (19.6%)
- Teenage conception rate for 2001-03 was higher than the national rate
- The all-age, all cause (AAAC) mortality rate for 2004-06 was higher than that for NCtPCT
- Significantly high rate of emergency admissions to hospital for 2004-06 compared to the NCtPCT rate

### South Newark area

- The wards of: Devon, Magnus, Balderton West, Balderton North, Castle
- Situated in Newark and Sherwood District
- Age profile similar to NCtPCT
- Deprivation: Devon ward is in the most deprived 20% in England. Castle and Magnus wards are in the 20-40% most deprived wards.

- 3.1% of the population reported themselves as carers (more than 20 hours per week) and 19.0% as having an LLTI.
- All wards are average or better than average for teenage conceptions rates (2001-03)
- Magnus and Balderton North wards show low rates of AAAC mortality and emergency admissions compared to NCtPCT in 2004-06. Devon ward showed high AAAC and emergency admission rates for the same time period.

**Huthwaite**

- Sutton-in-Ashfield West ward
- Situated in Ashfield District
- Deprivation: this ward is in the 20-40% most deprived in England
- The age profile suggests that there is a lower proportion of males over 65 and a higher proportion of females aged 16 to 44 than across NCtPCT
- The proportions of carers and people with LLTI are broadly in-line with those for the NCtPCT area (2001 census)
- The teenage conception rate was among the highest 20% of wards in England in 2001-03
- Low AAAC mortality rate for 2004-06, but a significantly high emergency admission rate for the same period compared to NCtPCT

**Bingham area**

- Bingham West, Bingham East wards
- Situated in Rushcliffe Borough
- The age profile suggests that there is a lower proportion of males over 65 than across NCtPCT
- Deprivation: wards are in the most affluent 40% in England
- Low proportion of carers (2.2%) and people with an LLTI (14.(%) compared to NCtPCT
- Rate of teenage conception lower than England
- AAAC and emergency admission rate lower than NCtPCT

**Hucknall area**

- Wards of Hucknall North, Hucknall Central, Hucknall East, Hucknall West
- Situated in Ashfield District
- Age profile similar to NCtPCT
- All four wards are in the most deprived 40% in England
- The proportions of carers and people with LLTI are broadly in-line with those for the NCtPCT area (2001 census)
- All four wards are in the worst 40% in England for teenage conception rate, with one in the worst 20%
- All four wards show a high or significantly high AAAC mortality rate and emergency admission rate compared to NCtPCT (2004-06)

**Arnold area**

- Wards of Bonington, Kingswell, Mapperley Plains, Killisick, Daybrook and St Mary's
- Situated in Gedling Borough
- Age profile similar to NCtPCT
- Deprivation mixed, with two wards among the most deprived 20% in England and two in the most affluent 20-40% band
- Carers and LLTI: slightly lower than NCtPCT proportions

- Teenage conceptions: very varied, with one ward in the highest 20% band and one in the lowest 20% band.
- AAAC and emergency admits: some areas with high rates of AAACM and emergency admissions other areas have significantly low rates compared to NCtPCT (2004-06 data).

**Forest Town area**

- Wards of Forest Town East, Forest Town West, Oak Tree
- Situated in Mansfield District
- The age profile suggests that there is a higher proportion of females aged 0-15 than across NCtPCT
- Deprivation: two wards are in the most deprived 20% in England
- The population has a high proportion of carers (4.5%) and people reporting a LLTI (22.8%) compared to NCtPCT
- Two of these wards are in the worst 40% in England for teenage conceptions
- All three wards show high or significantly high rates of AAAC mortality and emergency admissions compared to NCtPCT (2004-06 data)

**Annesley area**

- Woodhouse ward
- Situated in Ashfield District
- The age profile suggests that there is a low proportion of males and females aged 0-15 and a high proportion of females aged 45-59 compared to NCtPCT
- This ward is in the most deprived 40% in England
- The population has a high proportion of carers (4.8%) and people reporting a LLTI (23.8%) compared to NCtPCT
- In the worst 40% in England for teenage conceptions
- The ward shows a high rate of AAAC mortality and significantly high emergency admission rate compared to NCtPCT(2004-06 data)

**East Leake**

- Leake ward
- Situated in Rushcliffe District
- The age profile suggests a low proportion of males aged 16-29 and a high proportion of females aged 45 and above compared to NCtPCT
- This ward is in the most affluent 20% in England
- Low proportions of carers (2.3%) and reported LLTI (14.9%) compared to NCtPCT
- Very low rates of teenage conceptions
- Low rate of AAAC mortality, significantly low rate of emergency admissions compared to NCtPCT (2004-06 data)

**Newstead**

- Newstead ward
- Situated in Ashfield District
- The age profile suggests a high proportion of females aged 0-15 compared to NCtPCT
- This ward is in the most deprived 40% in England
- Similar proportion of carers (3.2%) and reported LLTI (19.4) compared to NCtPCT
- In the worst 40% in England for teenage conceptions

- Low rate of AAAC mortality, significantly low rate of emergency admissions compared to NCtPCT (2004-06 data)

**Trent Bridge**

- Wards of Melton, Abbey, lady Bay, Edwalton Village, Trent Bridge, Lutterell, Musters, Compton Acres
- Situated in Rushcliffe Borough
- Age profile similar to NCtPCT
- Deprivation: two wards are in the most affluent 20% in England. All are more affluent than average.
- Low proportion of carers (2.0%) and reported LLTI (17.5%) compared to NCtPCT
- Two wards in worst 20% in England for teenage conception, three in worst 20-40%
- Low rate of AAAC mortality, significantly low rate of emergency admissions compared to NCtPCT (2004-06 data)

**Newark Town**

- Wards of Balderton North, Balderton West, Beacon, Magnus, Devon, Castle, Bridge
- Situated in Newark and Sherwood District
- Age profile suggests a high proportion of males aged 16-29, a low proportion of males aged 65+ and a high proportion of females aged 16-29 compared to NCtPCT population.
- Deprivation: one ward in most deprived 20% in England, two in 20-40 most deprived, others average deprivation.
- Similar proportion of carers (3.1%) and reported LLTI (16%) compared to NCtPCT
- Six of these wards are in the lowest 40% in England for teenage conceptions, one in worst 40%
- Mixed result for AAAC mortality and emergency admissions , with some wards significantly higher than and some significantly lower than NCtPCT

**Sutton-in-Ashfield**

- Wards of Sutton-in-Ashfield East, Sutton-in-Ashfield West, Sutton-in-Ashfield Central, Sutton-in-Ashfield North
- Situated in Ashfield District
- Age profile similar to NCtPCT
- Two wards are in the most deprived 20% in England, two in the most deprived 20-40%
- The population has a high proportion of carers (4.2%) and people reporting a LLTI (23%) compared to NCtPCT
- High teenage conception rate: all four wards are in the worst 20% in England for teenage conception rate
- All wards high or significantly high for AAAC mortality and emergency admissions

**Kirkby in Ashfield**

- Wards of Kirkby in Ashfield West, Kirkby in Ashfield East, Kirkby in Ashfield Central
- Situated in Ashfield District
- Age profile similar to NCtPCT
- One ward is in the most deprived 20% in England two are in most 20-40% deprived.

- The population has a high proportion of carers (4.43%) and people reporting a LLTI (24%) compared to NCtPCT
- High teenage conception rate: one ward is in the worst 20% in England for teenage conception – two in the worst 20-40%.
- All wards high or significantly high for AAAC mortality and emergency admissions

**Eastwood**

- Eastwood South and Eastwood North and Greasley wards
- Situated in Broxtowe Borough
- The age profile suggests a high proportion of males aged 45 to 65 compared to NCtPCT
- Eastwood South is in the most deprived 20%-40% in England; Eastwood N and Greasley the most affluent 20-40%
- The population has a high proportion of carers (4.05%) and people reporting a LLTI (22%) compared to NCtPCT
- Eastwood South has a high rate of teenage conception (20-40% in England)
- Eastwood South has a significantly high rate of AAAC mortality

**Cotgrave**

- Cotgrave ward
- Situated in Rushcliffe District
- The age profile suggests a low proportion of males and females of retirement age and a high proportion of females aged 0 to 15 (comparison to NCtPCT population)
- Average deprivation
- The population has a slightly lower proportion of carers (3.0%) and reported LLTI (18.2%) than for NCtPCT
- The ward has a significantly high AAAC mortality rate and a significantly low emergency admission arte compared to NCtPCT

Nottingham City NHS
Primary Care Trust

**APPENDIX 3**

**Option Appraisal**

| Option | Previous SSDP priority | Health needs & population changes | Service direction & partner support | Condition of NHS estate | Overall Priority Rating |
|---|---|---|---|---|---|
| Bulwell | High | High | High | High | High |
| Linden House | No | N/A | N/A | High | High |
| Wollaton Health Centre | No | Low | High | High | High |
| St Ann's | High | High | High | High | High |
| Bestwood Area | Medium | Medium | Medium | High | Medium |
| City North and West | Medium | Medium | N/K | Low | Medium |
| Meadows | Medium | Medium | N/K | Low | Medium |
| Sneinton | No | Medium | N/K | Medium | Medium |
| Corporate Headquarters | Low | N/A | Medium | Low | Low |
| Radford Health Centre | Medium | Medium | N/K | Low | Low |

N/A – Not applicable

N/K – Not known

| | |
|---|---|
| Short term | 0 – 2 years |
| Medium term | 3 – 5 years |
| Longer term | 6 –10 years |