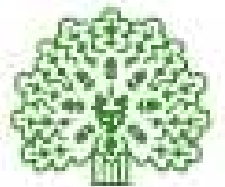# Nottingham and Nottinghamshire Sustainability and Transformation Plan
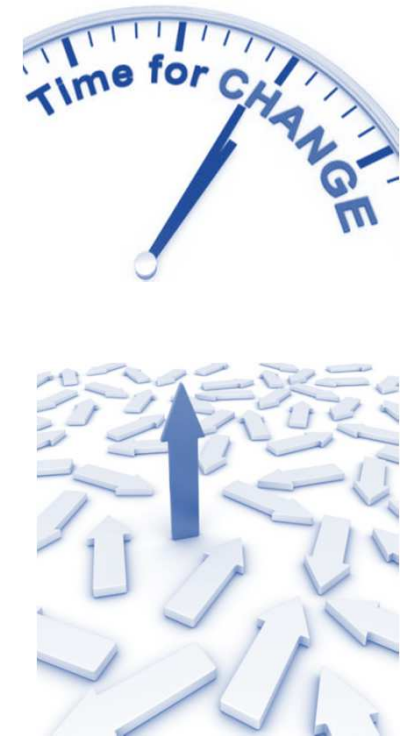
David Pearson

13th June 2016

STPs

- Five year plans to be developed

- Route maps to improved, more sustainable health and care systems

- 44 footprints, which are vehicles for collaboration

- Nottingham and Nottinghamshire footprint

- Planning still needs to take place at different levels:
  - Mid Nottinghamshire and Greater Nottingham plans, sensitive to local population issues
  - Overarching plan that addresses strategic issues that require consideration on a larger population basis.
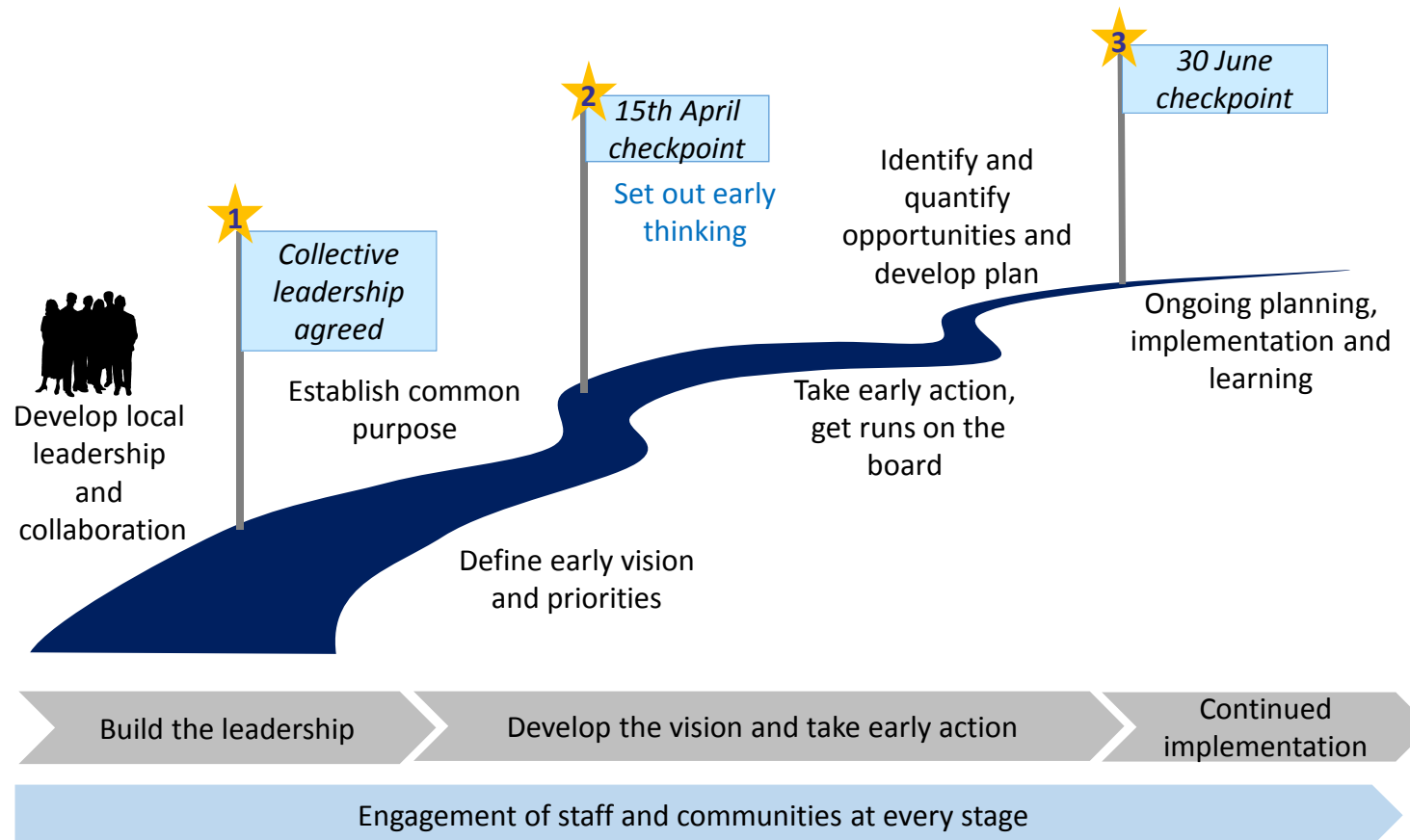
STPs cont.

- Population focused
- Vision for health and care system
- Focus on closing gaps in:
  - ✓ Health and Wellbeing
  - ✓ Care and Quality
  - ✓ Finance and Efficiency

- Building energy, relationships and collaborative leadership
- Trust and ownership is crucial for implementation

Overview of the process

1 *Collective leadership agreed*

Develop local leadership and collaboration

Establish common purpose

2 *15th April checkpoint*

Set out early thinking

Define early vision and priorities

Identify and quantify opportunities and develop plan

Take early action, get runs on the board

3 *30 June checkpoint*

Ongoing planning, implementation and learning

Build the leadership

Develop the vision and take early action

Continued implementation

Engagement of staff and communities at every stage
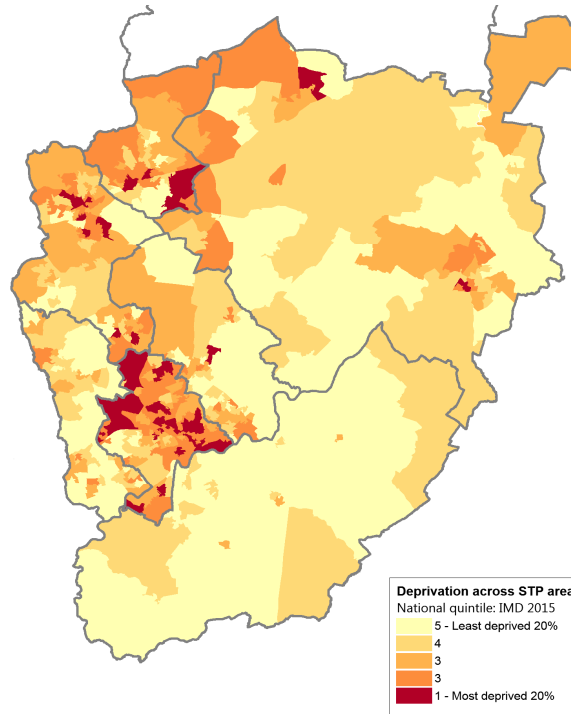
Nottingham and Nottinghamshire at a glance

Characteristics

- Local resident population of approx. 1,001,600 people

- Total spend £2.1 billion

- Diverse, growing and ageing population

- Local people want:
  - Support to stay well and independent
  - Quality care, with more services in or close to home
  - Joined-up services, that will be there for future generations

Deprivation across STP area
National quintile: IMD 2015
- 5 - Least deprived 20%
- 4
- 3
- 3
- 1 - Most deprived 20%

The System

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

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

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

Patient flows into bordering areas

Opportunities for Nottingham and Nottinghamshire

1. Go further and deeper in our analysis of the gaps: Health and Wellbeing, Care and Quality, and Finance and Efficiency. We can investigate in more detail some of the key issues in practice and how we can improve outcomes and make the most of the public purse.

2. Identify high impact changes which support implementation of local innovations. These will be things that we can coalesce around across the whole of Nottingham and Nottinghamshire as they make sense at scale.

3. We can collectively change the culture across Nottingham and Nottinghamshire to ensure that we deliver the necessary changes.

Governance and leadership

- STP Steering Group, comprising provider and commissioner CEOs, Healthwatch and LMC

- Clinical engagement through established Clinical Congress which is expanded to operate as the Steering Group

- Dedicated STP resources; Programme Director (appointed 26th April), Programme Manager, Finance lead, Clinical leadership

- STP Operational Oversight Group managing day to day development of the plan and stakeholder engagement

- Task and finish groups e.g. finance and efficiency, prevention

- Other key forums actively engaged e.g. Sustainable Services Board overseeing acute Hospital Merger

- City and County Health and Wellbeing Boards receiving regular updates

- Enabling workstreams being established, using existing forums where possible e.g. Workforce, ICT, One public estate. New and dedicated cross-system groups being bought together to focus on emerging areas e.g. Innovation

- Complex system, including 6 CCGs, 2 x Healthwatch, 8 Local Authorities (including districts and boroughs). Footprint now co-terminous with single acute provider, as well as mental health and community services.

- Associates to our plan in Bassetlaw are engaged

Describing the HWB gap - Healthy Life Expectancy

- Describes how long a person may live in good health based on survey data (measured separately for men and women)

- Challenge - Life expectancy and healthy life expectancy are ⬆ however, life expectancy is increasing at a faster rate so our population is spending a greater **proportion of its total life in poor health**

- **Primary aim of STP is** ⬆ HLE but not to the determinant of life Expectancy. Increasing 'life to years' should not adversely effect 'adding years to life'
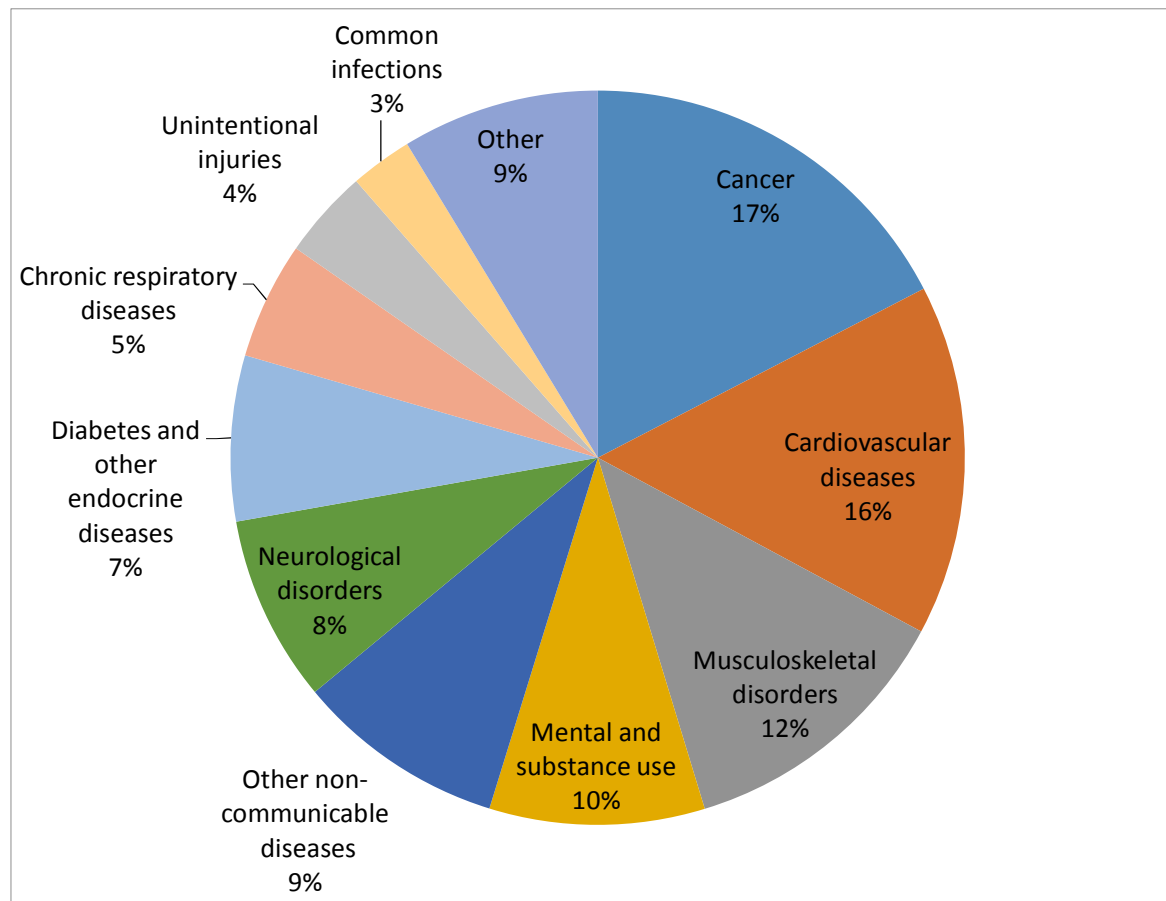
Target to increase Healthy Life Expectancy

Area	Males		Females	
Measure	Current	Target	Current	Target
Data period	*(2012-2014)*	*(2019–2021)*	*(2012-2014)*	*(2019–2021)*
City	57.8	61.0	58.4	61.6
County	62.1	65.3	62.8	66.0

What makes Nottinghamshire unhealthy?
Proportion of ill-health caused by different diseases

Pie chart showing proportion of ill-health caused by different diseases:
- Cancer 17%
- Cardiovascular diseases 16%
- Musculoskeletal disorders 12%
- Mental and substance use 10%
- Other non-communicable diseases 9%
- Neurological disorders 8%
- Diabetes and other endocrine diseases 7%
- Chronic respiratory diseases 5%
- Unintentional injuries 4%
- Common infections 3%
- Other 9%

What causes Nottinghamshire's disease?
Proportion of disease caused by different risk factors
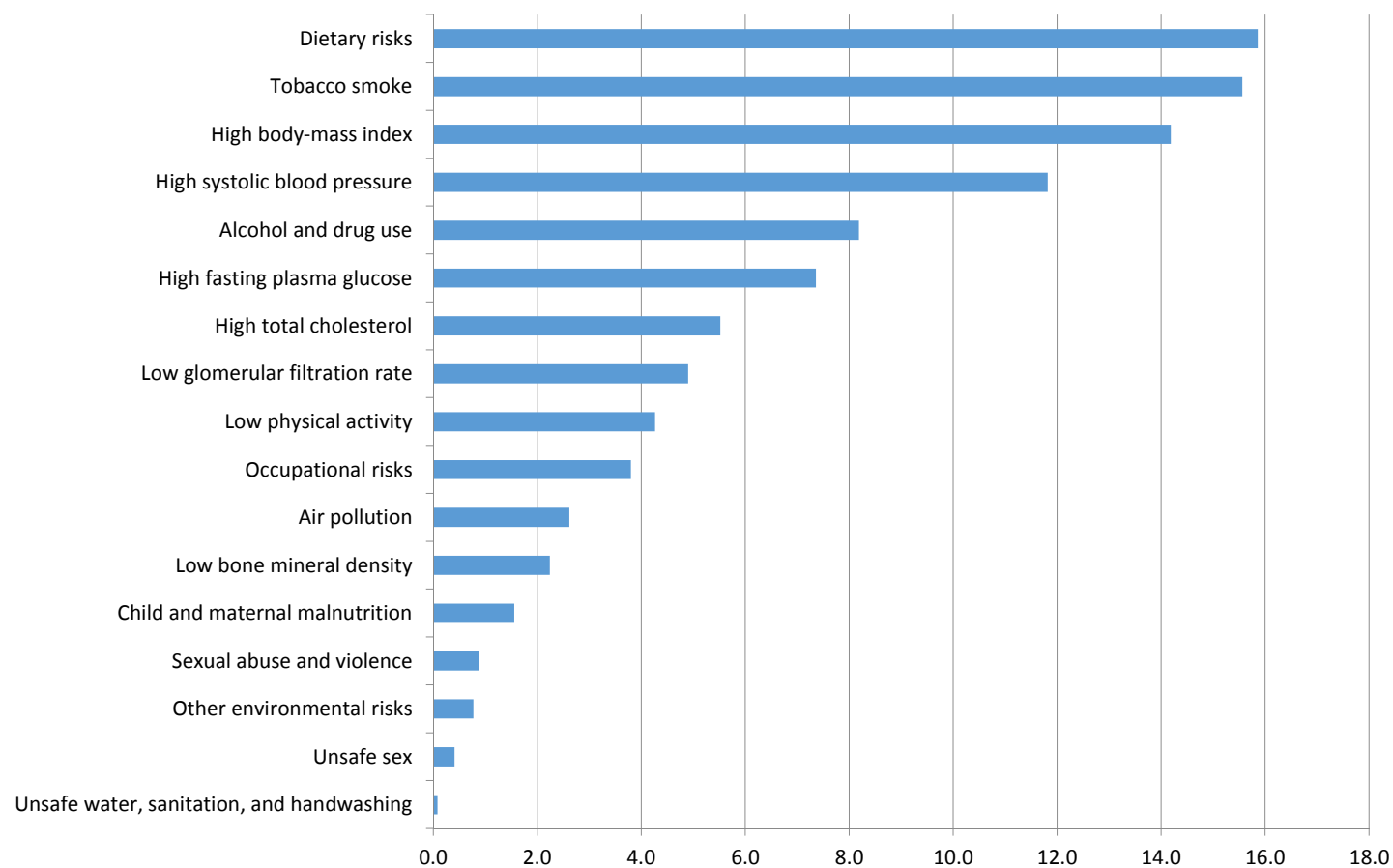
What do we mean by the care and quality gap?

- New care model development
- Improving against clinical priorities
- Rollout of digital healthcare (Connected Notts)

- Includes:
  - Plans for sustainable primary care
  - New models of out-of-hospital care
  - Models of acute care collaboration
  - Urgent and emergency care
  - Plans to improve quality and safety
  - Transforming care (learning disabilities)
  - Mental health
  - Place-based commissioning…… and other areas

What are our main gaps?

- Nottinghamshire is a national outlier (worst performer) in the following areas:

  - People with learning disabilities in hospital settings (Transforming Care Programme, net importer)
  - A&E waits (variation between units, but still national outlier overall)
  - Ambulance Red 1 response times
  - People eligible for continuing healthcare

- We have wide variation (best-worst) in the following areas:
  - Cancer waiting times and survival
  - Emergency bed days

Other key issues for us in Nottinghamshire

- Sustainability and affordability of services – we don't currently have fully developed solutions for either:

  - Workforce – particularly in primary care and some specialties, but widespread challenges
  - Clinical sustainability of some acute specialties (recruitment, volumes of activity)
  - Fragmentation / duplication / gaps in services (difficult to navigate)
  - Differential CQC ratings in many sectors (acute, care homes, general practice)
  - Nottingham University Hospitals and Sherwood Forest Hospitals merger
    - Best clinical pathways
    - Reducing unwarranted variation

We don't allocate or use public funds to best effect

- There is considerable scope to improve care and quality within our available resources through greater efficiency :
  - Handoffs and delays within / between organisations
  - Thresholds for treatment in different settings (primary, residential, acute and community care)
  - Mental and physical health parity of esteem (spend doesn't match overall population need)
- We are national outliers for (high) spend and (poor) outcomes in:
  - Mental health (some areas)
  - Genitourinary
  - Musculoskeletal

Finance and Efficiency - Scope

- Nottinghamshire wide population base

- All health services delivered to the population including;

Acute, community and mental health services, primary care including prescribing, specialised services, continuing healthcare etc.

- Local Authority services delivered to the population;

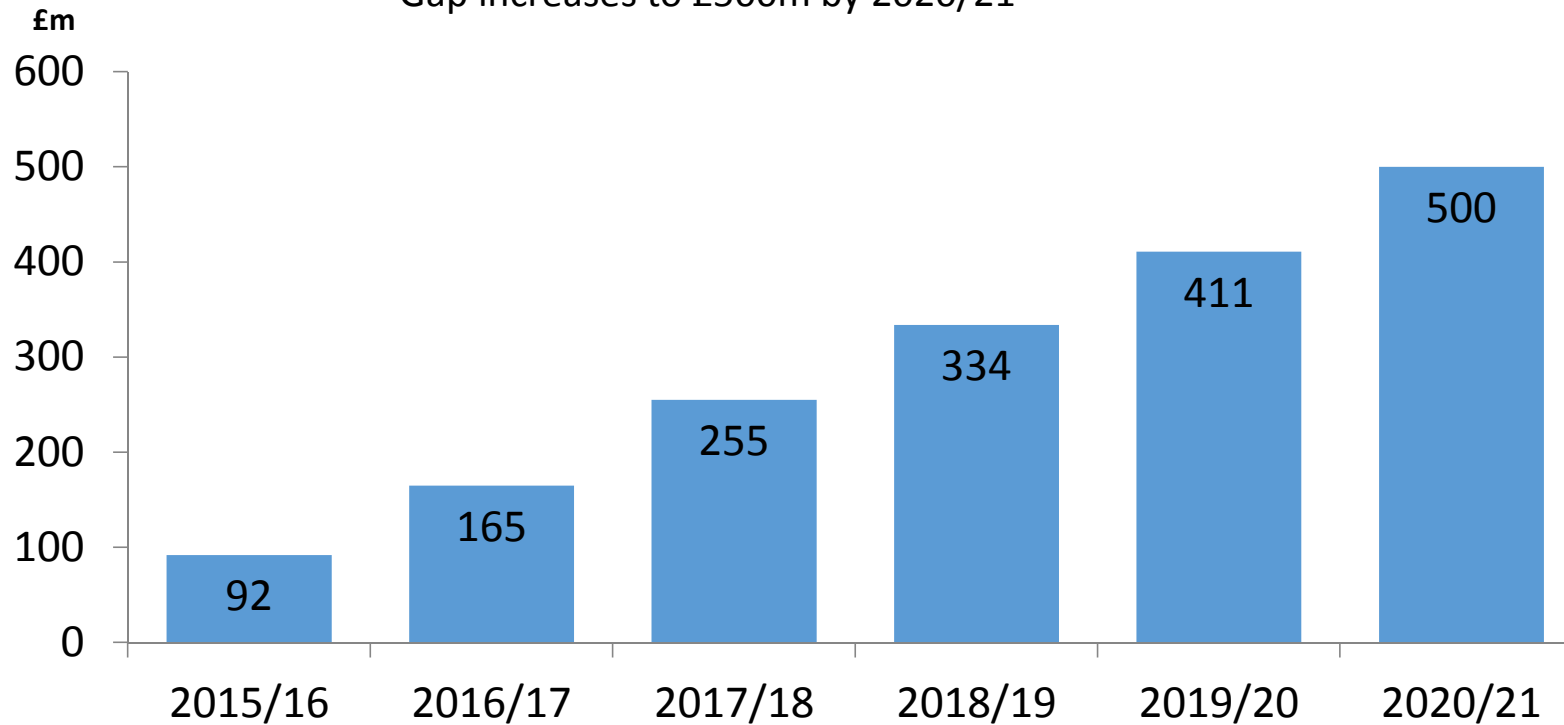Adult social care, childrens social care and public health services

Finance and Efficiency – 'Do nothing' gap

- Income grows for health service between 2.0% - 4.0% per annum, whilst there are continuing reductions to Local Government expenditure

- Cost inflation increases by between 2.0% - 3.1% per annum

- Activity grows between 2.0% and 5.5% per annum

- National 'must-dos' are delivered in addition to the above

- No organisational efficiencies

Finance and Efficiency – Preliminary 'Do nothing' gap

NHS

Gap increases to £500m by 2020/21

£m

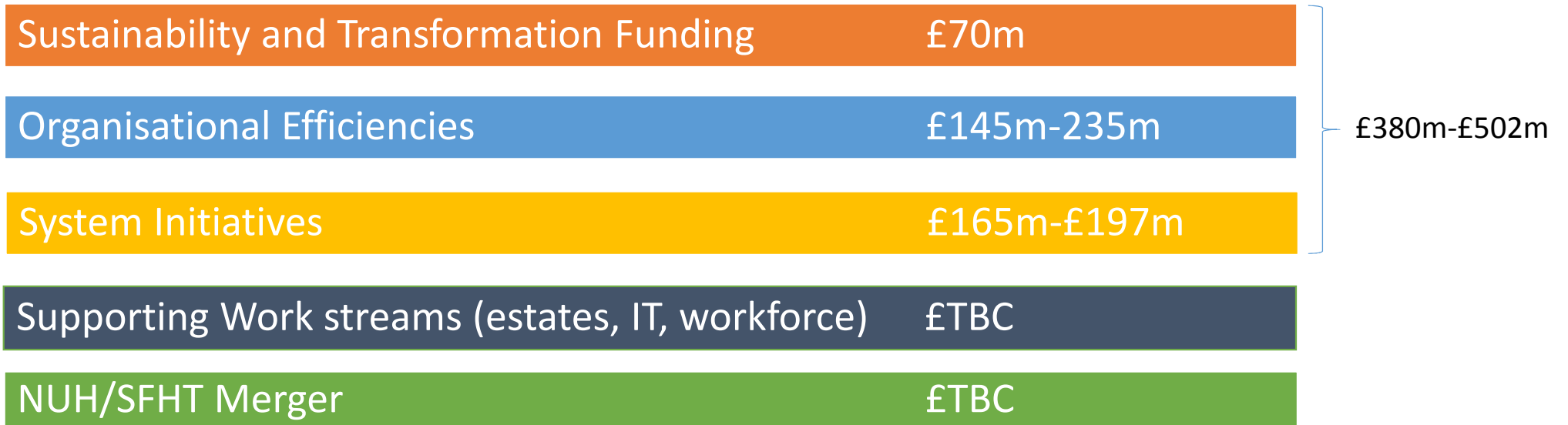| Year	Value
2015/16	92
2016/17	165
2017/18	255
2018/19	334
2019/20	411
2020/21	500

Baseline position – not a financial forecast

Note: Includes gaps of Nottingham City CCG, Rushcliffe CCG, Nottingham North and East CCG, Nottingham West CCG, Newark and Sherwood CCG, Mansfield and Ashfield CCG, City Council, County Council, Nottinghamshire Healthcare Trust, Circle, EMAS, City Care, NUH, Sherwood Forest Hospitals

Finance and Efficiency – Closing the gap

Sustainability and Transformation Funding	£70m
Organisational Efficiencies	£145m-235m
System Initiatives	£165m-£197m
Supporting Work streams (estates, IT, workforce)	£TBC
NUH/SFHT Merger	£TBC

£380m-£502m

System wide preliminary figures

The fourth gap – Transforming Culture

- Transcending organisations, leading change across a bigger footprint as well as locally

- New practices of promoting independence/self care, consistent pathways and management of risk

The High Impact Changes to be tackled via the STP

- Prevention, self care and promoting independence
  - Improved health and wellbeing
  - Sharing responsibility for health and wellbeing
  - Good advice and information, prevention, promoting independence at every stage, effective signposting
  - A wider view: Local Authority leadership on innovation, housing and prevention

- Primary and community services
  - GP Forward View
  - Scaling up (practices federating in Nottingham City and Rushcliffe CCG)
  - Multi-disciplinary working
  - Primary care hubs

- Urgent and emergency care
  - Ensuring right care, right place
  - Preventing admission to hospital and care
  - Managing and screening risk

- Technology enabled practice, care and prevention
  - Local Digital Roadmap

Supporting and enabling themes

- Consistent and universal application of key pathways and services
- Workforce and Organisational Development
- Mental Health
- Housing and Environment
- Finance and Commissioning
- Estates
- Innovation
- Service reconfiguration
- Communication and engagement

Our plan on a page

NHS

Our Vision	A sustainable, high quality health and social care system that improves the health and wellbeing of the local population

System Values

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

High Impact Changes

1. **Prevention, self-care and promoting independence:** life course approach to empowering the population to stay healthy, enhanced promotion of self-care to prevent deterioration, support for families and carers to support independence.
2. **Primary and Community Care:** reduced admissions of people with long term conditions, improved clinician to clinician navigation, next generation Primary Care, increased collaborative and proactive care with a focus on personalised budgets, improved pathways to support prevention at all stages and the early identification and effective management of early disease.
3. **Urgent and Emergency Care:** putting primary care at the front door of A&E, urgent response for citizens in crisis, improved transfers of care and discharge, and improved navigation, advice and information for patients and professionals
4. **Technology enabled care:** technology enabled practice, care and prevention. Sharing information and joint trusted assessor roles. Telecare, telehealth and assistive technology to support independence. Information and advice to enable prevention, self-care and wellbeing.

Measured through the following success criteria

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

Enabled and supported by:

- Consistent and universal application of key pathways and services
- Workforce and Organisational Development
- Communication and engagement
- Mental Health
- Housing and Environment
- Finance and Commissioning
- Estates
- Innovation
- Service reconfiguration

Overseen through the following governance arrangements:

- STP Steering Group with shared system leadership oversight of plan development and implementation
- STP Operational Oversight Group driving development and implementation of STP
- Programme Management to support development and implementation of the plan
- Workstreams delivering transformational change
- Local delivery through Greater Nottingham and Mid Nottinghamshire programmes and Vanguards

Collaboration with Bassetlaw

People who live in Nottinghamshire need us to be ambitious and tenacious

- *Destiny is..not a thing to be waited for, it is a thing to be achieved.*

  William Jennings Bryan