

Nottingham and Nottinghamshire *Sustainability and Transformation Plan*

2016-2021

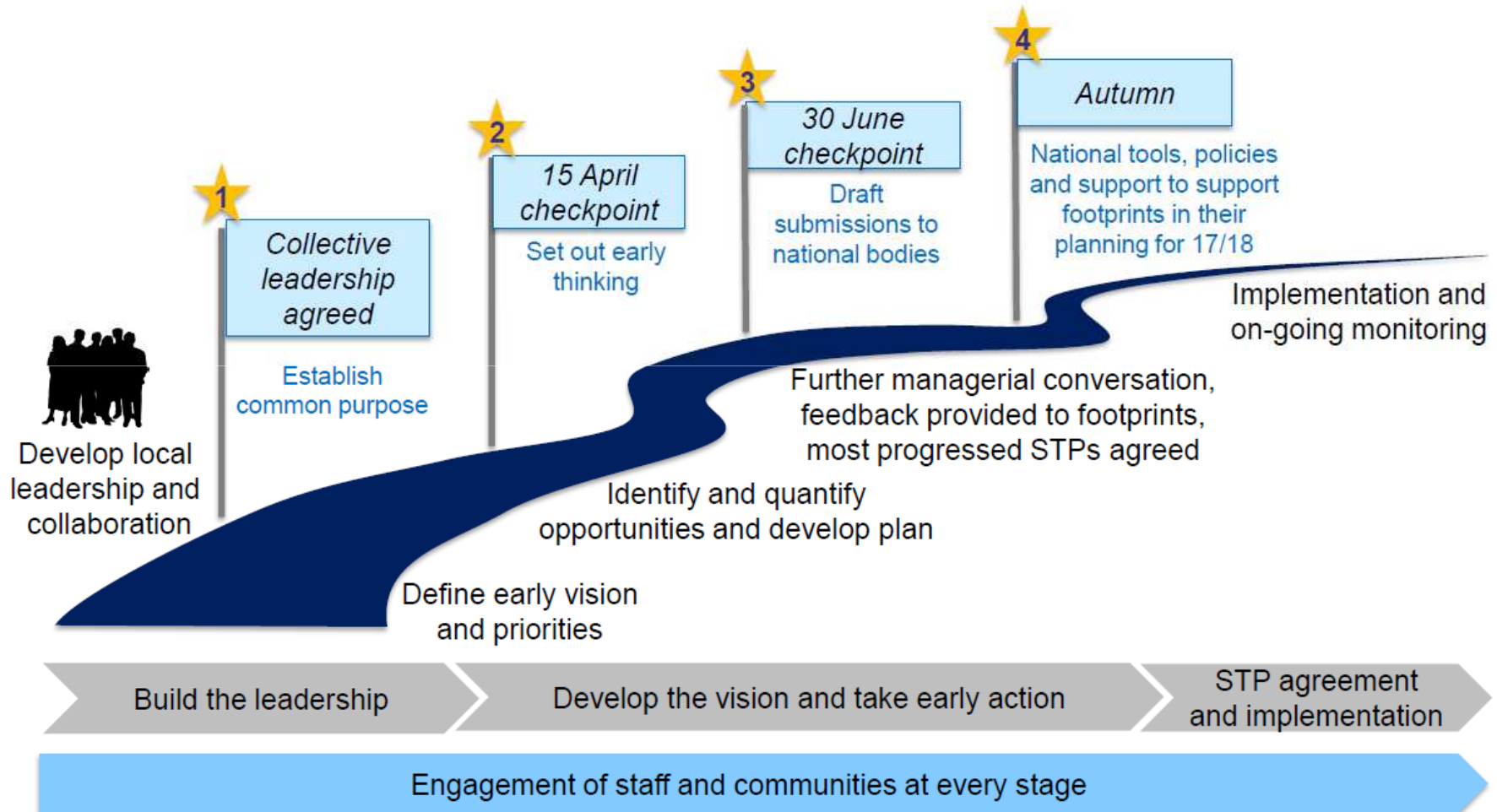
Midlands and East 14



Progress Update

- Draft STP narrative plan and finance spreadsheet submitted 30th June – a work in progress and not subject to formal approval at this stage
- Senior health and Local Government leaders will begin conversations with the NHS Arms Length Body Chief Executives and chairs to identify work required to finalise our local STP by October 2016
- Nottinghamshire process begins on 22nd July
- Updated STP development/implementation process shared

STP development process



Stakeholder Engagement

- Significant engagement by all partners in developing the plan – through Steering Group and existing transformation channels
- 2 events with all partners – March and June.
- Clinical leaders event in June – brought together CCG, acute provider and Public Health leaders
- Non-Executive Directors and Local Authority members event in June – considered future engagement approach
- Further engagement events planned to build on commitment and themes to date

Key Areas of Focus

- Developing the business cases for the various interventions required to close the “3 gaps” – some already have very detailed plans, and some describe efficiency “opportunities”
- Building up the detail in our financial plans – including impact of the acute merger
- Building on the detailed work already undertaken in our Vanguard sites
- Supporting acceleration of primary care strategies
- Developing our enabling strategies – workforce and estates
- Local Digital Roadmap endorsed and feedback is very positive

Governance and Implementation

- Creating a context for shared decision making – health and local government
- Aligning current resources to maintain a focus on local delivery
- Identifying resources required to support overall STP implementation
- Working with the NHS Arms Length Bodies and Local Government to create the right conditions for success

Communication and Engagement

To date:

- We have engaged health, local government and partner organisations in developing the STP
- We have used insight from public, patient and carer engagement in the development of initiatives

Next steps:

- We will develop an STP communication and engagement strategy
- We will further engage citizens/communities in implementation; both through locality level and also in our system-wide aspirations
- We will build upon our engagement with the third sector

Leadership Commitment

- Video with contributions from our Leaders to support our plan

To see and hear more from our system leaders, go to:

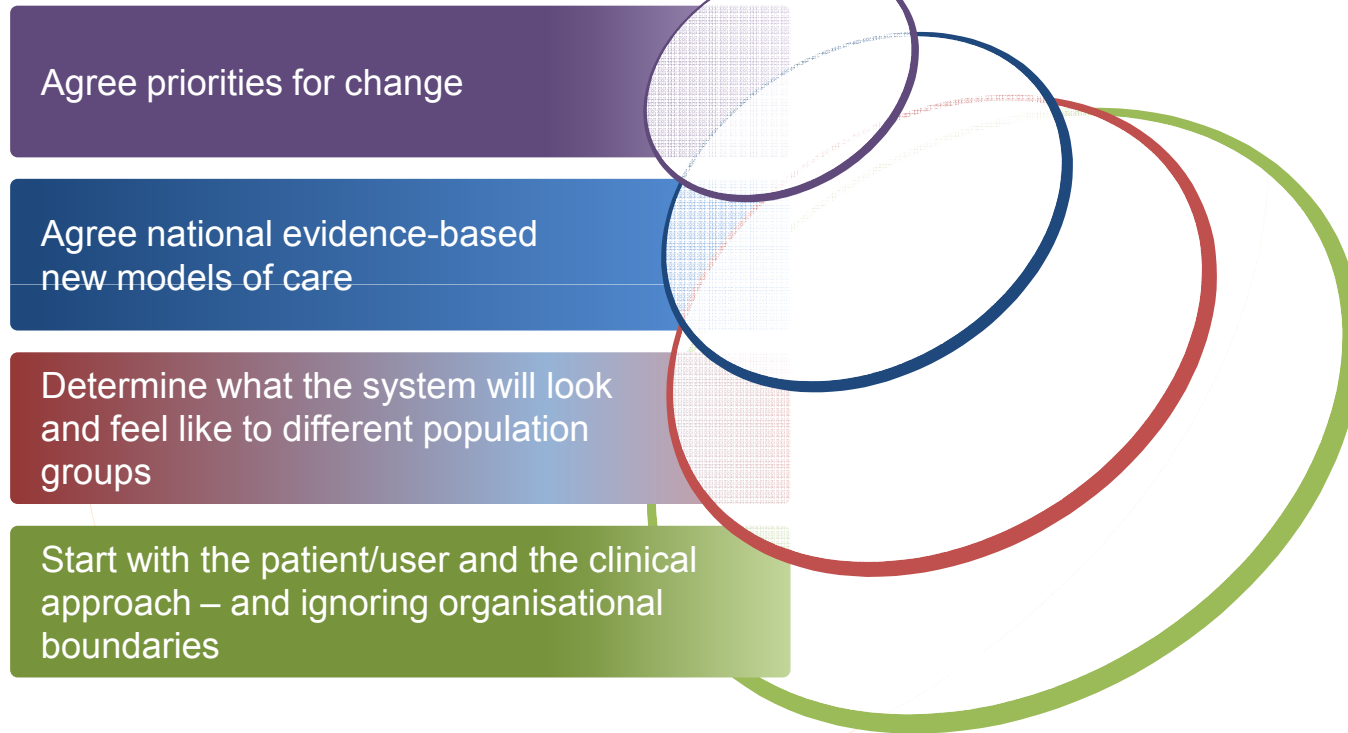
<https://vimeo.com/user53620290>

Strategic planning

- Planning still needs to take place at different levels:
 - STP is the overarching plan that concentrates on the big strategic issues that it makes sense to tackle across a wider population
 - Health and well being
 - Mid Nottinghamshire and Greater Nottingham plans, sensitive to local population issues and transforming the way we do things
 - Care close to home
 - Individual operational plans which support the delivery of day to day care
 - The annual plans for commissioner and provider organisations

The Greater Nottingham approach

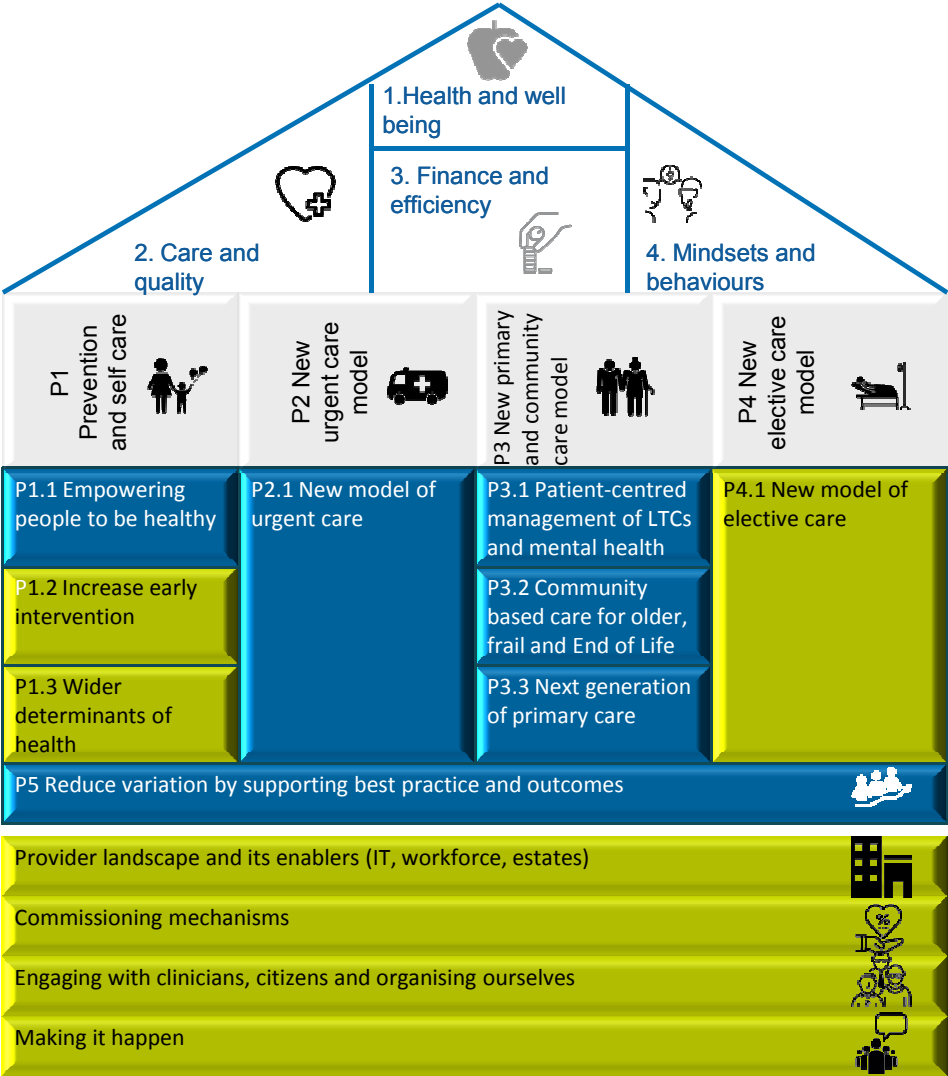
Bottom-up process feeding into the wider Nottingham and Nottinghamshire STP



The Greater Nottingham Strategy

Five priorities delivering nine transformation projects

Modernisation of the system to enable transformation to happen



Our four strategic aspirations



Increase healthy life expectancy by 3 years



Reduce mortality rates and avoidable admissions; meet 4 hour target



Deliver projects worth £415 million in savings to ensure a sustainable system



Develop the mindsets and behaviours to successfully implement the strategy

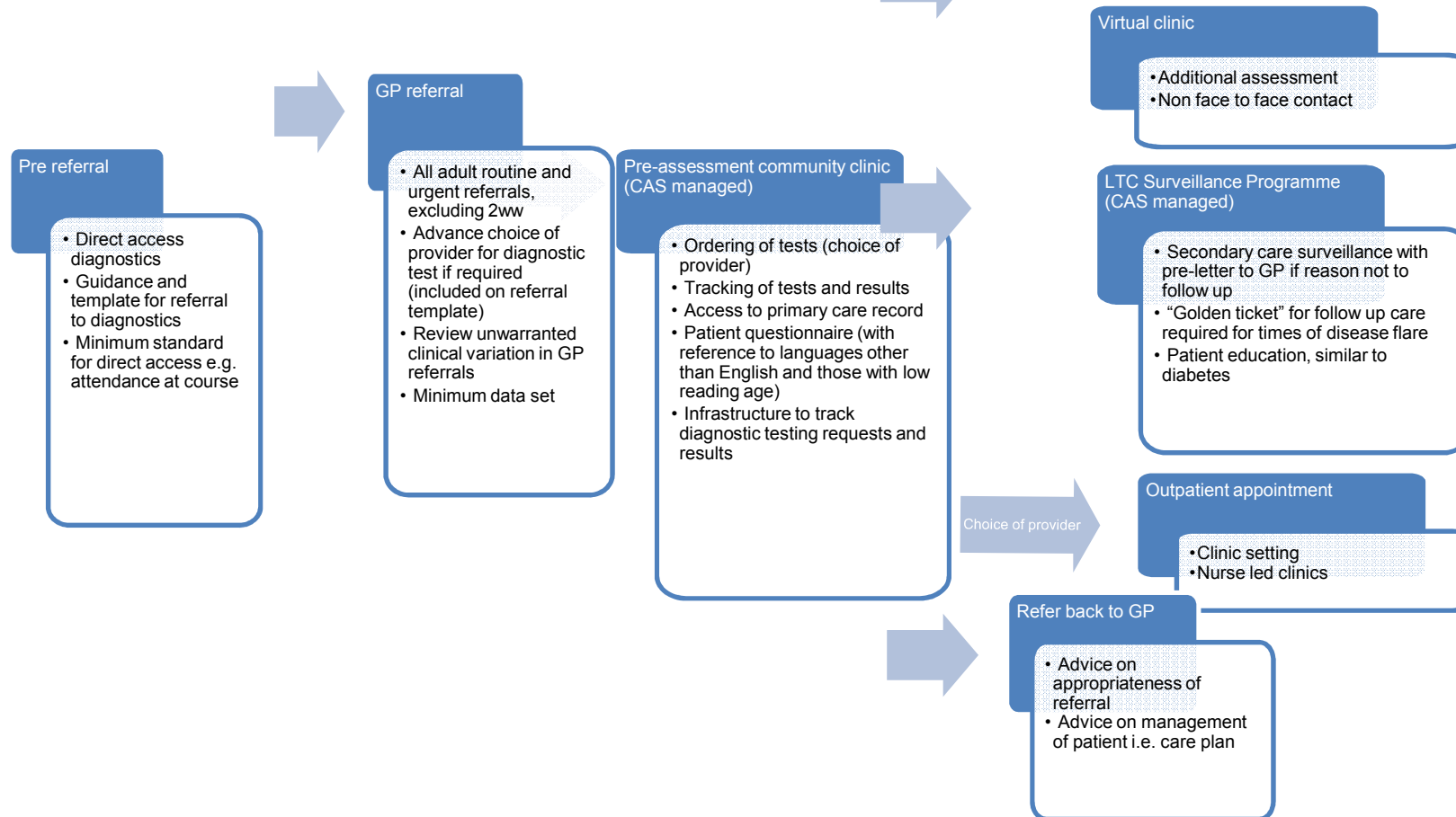


Next steps for Greater Nottingham

- § Detailed planning – mobilising our strategy through to successful delivery
- § Engaging our people and our communities in making change happen
- § Focusing on the “fourth gap” around culture, changing mindsets
- § Developing models for commissioning and providing services
- § A structure for decision-making and delivery



New model for gastroenterology



High quality data

Feedback to clinicians

Ongoing Education

Working together

- § Based on data from a number of sources
- § Brings together a number of smaller projects and initiatives into a single process
- § Will have impact on rising demand for services – particularly in relation to diagnosing and treating cancer – and provide single, standard approach for patients, based on their needs
- § New model has been developed across 4 CCGs, including one assessment service (rather than 4 separate ones)
- § The pre-assessment clinic will also act as a resource for 24 hour advice and guidance turnaround
- § Will be piloted in Rushcliffe and then rolled out to three other CCGs by April 2017



The forecast activity benefits from the New Care Models were used as the basis of the development of a set of system wide objectives. The mid-Nottinghamshire Strategy for 2014-2019 includes the following system objectives:

- Objective 1 – 15.1% reduction in A&E attendances**
- Objective 2 - 19.5% reduction in non-elective admissions**
- Objective 3 – 30.5% reduction in non-elective bed days**
- Objective 4 - 25% reduction in admissions to nursing and residential homes**
- Objective 5 – 9.8% reduction in secondary care elective referrals**
- Objective 6 – 20% reduction in paediatric non-elective admissions**

The forecast costs and benefits (financial and activity) were understood by all partners and were incorporated in to the Better Together “blueprint” and individual plans. Implementation of interventions commenced at the end of 2013/14.

Local priorities



- **Sustainable primary care**
- **Joining hospital and community services and re-cohorting patients into out-of-hospital care**

Service developments in 2014/15	Further developments in 2015/16	Planned developments in 2016/17
Roll out of integrated health and social care community teams (PRISM) in Mansfield and Ashfield and extension of existing services to 7-day working in Newark and Sherwood	Design and implementation of specialist intermediate care services to join up expanded community services with hospital services and general practice 7 day integrated community team working in Mansfield and Ashfield	Further development of specialist intermediate care facilities to required capacity Implementation of the cancer and end of life strategies, in line with integrated community teams Development of joint working arrangements across hospital and community clinical teams

Service developments in 2014/15	Further developments in 2015/16	Planned developments in 2016/17
Introduction of new hospital discharge processes and community services to prevent medically fit people being detained in hospital for assessments regarding their long-term care requirements (transfer to assess)	Expansion of crisis response teams in people's homes, introduction of care navigator for professionals (Call to Care), so that they can guide people to the services they need first time Expansion of transfer to assess to wider patient groups	Redesign of continuing healthcare assessment process to reduce complexity and hospital length of stay
Development of a self-care strategy (including how we will provide additional information and support for people to promote health and wellbeing and independence, advice and support for carers)	Development of Health and Wellbeing Hub at Ashfield Health Centre and Self-Care information and advice centres in other locations across Mid-Nottinghamshire, targeted communication	Integration of advice and information with integrated community teams Introduction of systematic shared decision making for elective procedures
Joint clinical protocols between out-of-hours GPs and emergency care at Kings Mill A&E and Newark MIU, pilots of ways to change GP appointment systems and improve access to urgent care	Building extensions and adaptations at both sites and integration of hospital and GP urgent care services, roll out of successful GP extended access pilots	Development of primary care hubs, full implementation of single front door

better+together

Mid-Nottinghamshire Alliance

Newark and Sherwood CCG

Mansfield and Ashfield CCG

Nottinghamshire Healthcare Trust

Nottingham University Hospitals

Sherwood Forest Hospitals

Nottinghamshire County Council

EMAS

Associates:

Circle

United Lincolnshire Hospital Trust

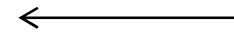
TEAM (Third sector SPV)

In attendance:

General Practice Provider Cabinet (to join Alliance once hubs established)

Helping to shape future health and social care in Mid Nottinghamshire

The Mid-Nottinghamshire Alliance



Overarching Alliance contract between Commissioners and Providers includes governance, risk/reward mechanism and performance regime



Individual bi-lateral service contracts with Provider Participants incorporating, for example, mandatory NHS Standard Contract terms

The Alliance will be a group of partners who collectively determine how services will be delivered and are collectively responsible for improving health outcomes. In 2016/17, the Alliance will cover the following areas:

- Development of whole-system plans for sustainable services until 2020/21
- Development and shadow testing of new payment mechanisms (capitation, based on outcomes)
- Working together to achieve some defined service changes under an Alliance contract
- Individual contracts with providers will also exist alongside this

Next Steps

- Further work required to develop detailed implementation plans
- Ongoing review of direction and pace
- Developing our governance and building our resources
- Ensuring continued alignment with Bassetlaw and other adjacent planning footprints