NHS England

Strategy template

2014/15 – 2018/19

South Nottinghamshire

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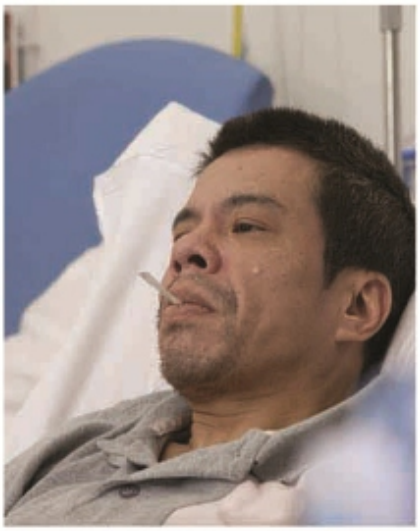

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Submission Details	Organisation response	Supported by:
Which organisation(s) are completing this submission?	• Nottingham City CCG • Nottingham North & East CCG • Nottingham West CCG • Rushcliffe CCG	
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System Vision	Organisation response	Supported by:
What is the vision for the system in five years' time?	• While we celebrate the overall ongoing rise in life expectancy for people in South Nottinghamshire (Notts), we are faced with the fact that the gap between the health of the poorest and the wealthiest areas of our community is still widening. Furthermore, as people are generally living longer, our population is growing with an inherent increasing complexity of long-term conditions, providing a significant challenge for health and social care. We seek to keep people healthier and out of hospital but this now requires major changes in the way services are organised. The South Notts healthcare economy has come together in a 'unit of planning' including four clinical commissioning groups (CCGs) – Nottingham City, Nottingham North and East, Nottingham West, and Rushcliffe – to establish and implement a vision that will help us achieve high quality care for all, now and future generations • Our vision for South Notts is: "*Creating a sustainable, high quality health and social care system for everyone through new ways of working together, improving communication and using our resources better"* • In order to deliver this vision, we will need to re-shape the health and social care system with the patient/citizen at the centre, not institutions. Organisational barriers will come down, teams from different sectors will work together seamlessly, hospitals will be for people who need to be in hospital, and care will predominantly take place in the home or the community. GPs/primary care will be at the fulcrum, liaising with social care, mental health care, community care and acute care, to achieve the best outcomes for patients/citizens. Resources will shift from hospitals to primary and community care, with reductions in emergency department attendance and shorter stays in hospital. These changes will be carried out based on the clinical needs of patients, with patient safety paramount. Services will be high quality, accessible, sustainable and based on the real needs of the population. • People across South Notts have told us they want to be supported to stay well and be independent for as long as possible. They want their care close to home and to be treated with dignity and respect. We will help people to look after themselves and encourage the responsible use of services. We will inform them of the health and social care services available from statutory and voluntary sector organisations, linking in with the respective Health and Wellbeing Strategies. We will have an honest dialogue with our communities – so they fully appreciate the challenge facing health and social care and so they can help re-shape the system for the benefit of all. • How will we know we have achieved our Vision? o People will only be in hospital if that is the best place to meet their needs – not because there is nowhere else to go o Community care before and after operations may mean patients only have to attend hospital for their operation o Services in the community will allow patients to be rapidly discharged from hospital, re-gaining their independence at the earliest opportunity	Appendix A - Plan on a page *'Call to Action'* engagement activity being undertaken across South Notts supports the patient's perspective Key strategy documents across Unit of Planning organisations

System Vision	Organisation response	Supported by:
	o New technologies will improve people's ability to self-care o Specialist workforce teams will be concentrated in one place – and for some services that may mean patients have to travel further than currently o The workforce will be trained to offer more flexible care o Where areas of the workforce are scarce, they will be based in fewer locations o Services from the NHS, social care, voluntary sector and in care homes will deliver a continuum of care, working to a single set of processes o People will understand and will access the right services in the right place at the right time – and we will be more rigorous in enforcing front door policies o People will be living longer, more independent and better quality lives, remaining at home for as long as possible o Transformational 'whole system' change is needed to achieve this vision. Unless we significantly change our approach, we face a funding shortfall to deliver care in South Notts of approximately £140 million by 2019. We will focus on key outcome measurements to keep check we are on track to produce these improvements. • Key priority areas for transformational change include primary care, urgent care, elective care, proactive care, and children's services. Through these areas, and additional ongoing local work, we will seek to achieve our vision and the seven outcome ambitions of NHS England's strategic planning process. **Our vision:** "Creating a sustainable, high quality health and social care system for everyone through new ways of working together, improving communication and using our resources better"	

System Vision	Organisation response	Supported by:
	 • Our vision aligns with the Better Care Fund (BCF)[1] across South Notts, working together to promote people's independence, general health and wellbeing, and supported by seamless health and social care services. • In devising and refining this strategy, we have widely consulted with the public, patients, carers, clinicians and colleagues across health and social care, including two care economy events in March 2014 and one in June 2014. We will continue to listen and engage with our communities to find out how the health and social care system should best be re-shaped. In the next five years we will piece together the fragmented health and social care provision that exists today and re-focus it to consider the person as a whole, prioritising their independence, with organisations working together for everyone, seamlessly, efficiently, and with great care.	
How the vision includes: **1**. Ensuring citizens will be fully included in all aspects of service design	• The Francis Report has highlighted the critical importance of listening to patients. The South Nottinghamshire Transformation Board (SNTB) is committed to reflect this in our strategic vision through emphasis on patient empowerment, personalisation and supporting independence. This will be supported by improved signposting to services and support that best meets patients/citizens' needs, better provision of information and a focus on 'the right care, the right	See supporting documentation – "Call to Action Stage 1 and 2 Feb 14"

[1] The BCF is a single pooled budget to support health and social care services to work more closely together in local areas. The BCF not only brings together NHS and local government resources, but also provides an opportunity to shift resources from acute services into community and preventative settings.

System Vision	Organisation response	Supported by:
and change, and that patients will be fully empowered in their own care.	place, the right time'. • The South Nottinghamshire care economy has held a series of engagement activities to seek the views of the public on how they envisage their NHS in the future. More than 30 events have been held to gather a representative cross-section of views from the local community. Feedback has also been received through online surveys that have run in parallel to the face-to-face engagement events. These forums have given the Unit of Planning an insight into the views of patients/citizens across South Nottinghamshire as well as providing feedback from the specific local populations in the geographical locations of the CCGs. This is important as the Unit of Planning covers diverse populations with differing health needs, geographies, transport networks, lifestyles and housing. • Lay members and patient representatives also took part in the three Design Group events in March and June to identify transformational interventions that form part of our strategy. • In order to develop the five-year strategy and continue involvement with patients/citizens at every stage, a new group has been established to link directly with transformation plans through the SNTB. It has patient and public representation from across the 12 organisations with seats on the SNTB The group will contribute to the transformation process of the SNTB by reviewing transformation proposals, ensuring that these are shared with constituent member organisations and providing feedback on these to the SNTB. The group will focus on the impact of SNTB transformation proposals on citizens, patients, carers and the public and will have input into the provision of information and communications to external stakeholders including wider patients and public. • On a more practical level, the extension of the 'Friends and Family Test' to the community sector will also provide patients with an additional feedback mechanism about their care. In addition empowerment of patients will also be supported through the provision of Personal Health Budgets and through the provision of personalised care plans being in place for those with long-term conditions. • In order to respond to the recent reconfiguration guidance (NHS England, 2013: Planning and Delivering Service Change for Patients) and to continue to involve and include patients and citizens in the transformation process (including those from diverse populations), the CCGs within the Unit of Planning are developing an engagement strategy to support the service changes proposed by the five-year strategy. This includes a number of engagement activities with patients and citizens which have taken place alongside the design process in April and May 2014, and this engagement work will be developed further as transformation priorities are further refined.	

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	• The engagement strategy details the following with regards to planned engagement activity: planned engagement work involves linking CCG citizen engagement activities with transformation priorities and outcomes. In addition, partner organisation engagement streams will be accessed to offer a more joined up approach to citizen engagement across the SNTP. This will include joint engagement activities across the organisations and sharing feedback and patient experience where appropriate. Engagement activity to support transformation will involve an ongoing two-way conversation with citizens, broadly split into three categories: - General (information and feedback on general transformation agenda) - Specific (information and feedback on planned changes prior to implementation) - Formal consultation (information and feedback on planned interventions where there is significant change to services prior to implementation) • Meetings have also been held with partner organisations to identify where opportunities exist for joint engagement activities – these include joint work with Healthwatch and East Midlands Ambulance Service (EMAS). The Transformation Engagement Manager is working closely with the CCGs' newly-developed Equality and Diversity team to ensure that equality and diversity are fundamental aspects within the engagement strategy. Within Nottingham City CCG, work is already underway to engage with diverse groups, and engagement activities have been undertaken with offenders, young people, sex workers and homeless people on topics such as access to health services and their communication preferences.	
2. Wider primary care, provided at scale	• South Nottinghamshire's vision requires the delivery of an equitable, high quality, efficient and accessible service that is clinically effective for the whole patient population and primary care is pivotal to this. As a result, primary care will have a stronger role in improving outcomes and be at the heart of a more integrated system of services. We are aiming for a primary care-led approach to pursuing a preventative agenda and managing patients with long term conditions effectively, allowing the hospital sector to focus on the most acutely ill patients, shifting resources from the acute sector to the community. Work is also underway around enhanced specifications for practices including components in relation to seven-day working and end-of-life care. • The vision for primary care at scale will also continue to be shaped by the future strategic framework for the commissioning of general practice services by NHS England and by participation in the NHS England Primary Care Local Learning Collaborative for Nottinghamshire and Derbyshire. Alongside this, pilot and developmental work is happening at a local level, for example, GP urgent care pilot, workforce education and development programme and the Engaged Practice Scheme (EPS). The EPS is focused around improvements in productivity, capacity, quality and access.	CCG Primary Care Plan on a Page

System Vision	Organisation response	Supported by:
	• Mechanisms such as CCG and Area Team assurance meetings will be used to support the processes of transforming primary care, including supporting Local Professional Networks to deliver Pharmacy, Oral and Dental (POD) strategies and promoting the role of the community pharmacist for health advice. • Future workforce requirements are being considered through commissioning education and training to support people and carers to prevent ill health and manage their own care. To do this we are working with current providers to identify workforce numbers, workforce roles and workforce costs as well as working with commissioners to understand the workforce changes required and new ways of working to support seven-day service delivery in different settings. • There will also be investment in primary care services within the Emergency Department (ED) to increase capacity by streaming patients prior to them being seen. This will require a detailed understanding of the medical workforce supply and demand as well as requirements for specialist staff, unqualified health support staff roles and nurse roles across different settings. • Where appropriate, innovation will be embraced along with new technologies (improved ways to share information) and ways of working. Emphasis will be given to adopting an ethos of continuous improvement through education and peer support for primary care, so that the following aspirations are achieved: – Reduction in unwarranted clinical variation – Reduction in variation in patient outcomes – Reduction in variation in patient experience – Addressing health inequality – Promoting prevention and self-management (*Support to Thrive*) – Supporting and delivering care closer to home – Supporting reduction in the number of unnecessary hospital admissions (*Choose to Admit)* – Supporting patients to remain in hospital for no longer than necessary (*Transfer to Assess*) – Being responsive to local need with maximum patient and stakeholder engagement – Ensuring that services and care are fully accessible • CCGs in South Notts are also currently confirming their likely intention to submit expressions of interest to NHS England to develop new arrangements for the co-commissioning of primary care services. This is on the basis that further discussions and engagement with member practices is required as well as further consideration to a potential collaborative approach to delivering co-commissioning of primary care services.	

System Vision	Organisation response	Supported by:
3. A modern model of integrated care	• The South Notts health and social care economy (CCGs, local authorities, practices and citizens/patients) has come together to develop a vision for seamless integrated care which is focused on providing proactive, holistic and more responsive services for local communities. The Better Care Fund is important to our aspirations in this area – this includes a number of the workstreams (for example, re-ablement services, community hub development) and the concept of seven-day working, which is fundamental in providing the same level of service throughout the week. • Initial integration work has focused on older people and a model was designed to maintain independence where possible and manage crises effectively when necessary. Although this model began with a focus on the frail elderly, work is now underway using this as a framework to be extended across the entire adult population (over-18s). The focus being over the five years of the strategic plan to improve the patient experience, commission services innovatively to reduce admissions to secondary care, prevent avoidable admissions and working to improve the ability of services to facilitate timely and safe discharges through whole system reconfiguration. This will also require a workforce commissioned and educated with the right skills to care for people with physical and mental ill health to deliver dignified, person-centred care. • The approach to integration builds on the three strategic priorities of '*Support to Thrive*'[2], '*Choose to Admit*'[3] and '*Transfer to Assess*'[4]. The model reflects the requirement for integrating provision at a local level (as a result at CCG level there is a tailoring of services within the overall agreed framework to suit local arrangements, for example, the concept of neighbourhood teams is being developed within the proactive care workstream) whilst acknowledging the demands of a single acute provider shared by multiple commissioners (see attached narrative on vision for Integrated Care for Older People). These priorities are reflected in a number of the Better Care Fund schemes. • In relation to children and young people, work is underway to develop a Nottinghamshire-wide integrated and sustainable model of children's care delivery via a network of community-based services for children and young people with acute and additional health needs including disability and complex needs. The services included in the ICCYPH (Integrated Children and Young People's Healthcare) programme include community and acute specialist paediatric nursing and	See supporting documentation – "Greater Nottingham's vision of integrated care" Supporting documentation for ICCYPH Better Care Fund documentation

[2] *'Support to thrive'* is about supporting people to remain independent in their own homes for as long as possible through self-care and/or appropriate levels of low level community-based support.

[3] '*Choose to Admit'* is the ambition that people are only admitted to hospital if that is where they need to be rather than because alternative community based services are not available when they are needed.

[4] '*Transfer to Assess'* aims to assess people for ongoing long term care needs after a hospital stay in their own homes rather than in the hospital and to give them time to recover sufficiently before these longer term decisions are made.

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	therapy services. Closely associated services are community paediatricians and Child and Adolescent Mental Health Services (CAMHS). In the last year, an Integrated Commissioning Hub for Children and Young People has been developed across Nottinghamshire (including the three county CCGs in South Notts, two CCGs in Mid Notts, Bassetlaw CCG and Nottinghamshire County Council). The commissioning team is now in place and they are beginning to take on commissioning responsibilities for children's health, social care and education services. • Mental health is also an area where there is a commitment to improve outcomes and support greater integration of service provision - not just for children and young people but for the entire population. The issue of parity of esteem between mental and physical health has recently been discussed at the April 2014 meeting of the Health and Wellbeing Board within the Nottingham City area, and within the County area, a mental health strategy is in the consultation process. The mental health provider has a wide range of services in its portfolio and is committed to integrating its pathways of care. For patients with both mental and physical health needs, the intention is to work across all providers to better manage co-morbidities and establish 'parity of esteem'. Progress will be at pace and scale, across all partners to overcome barriers and to provide the right care at the right time in the right place. The mental health provider's 'Integration Challenge' has identified the following priorities in delivering services: pathway design; mental and physical health co-morbidities; liaison; prevention and well-being; and workforce and training. Education and training of the current and future workforce in mental health will therefore be a priority including recognition and management of cognitive impairment and dementia, identifying frailty and co-morbidity and the overall impact of the ageing process on health and wellbeing. • In terms of the wider workforce, new roles may need to be developed and support for educational commissioning will be important to enable integrated care to be provided through a flexible workforce.	
4. Access to the highest quality urgent and emergency care	• There is recognition across South Nottinghamshire that the existing urgent and emergency care system cannot meet the challenges of the future and that the previous model of increasing acute capacity is not viable. As a Unit of Planning there is a commitment to reduce dependency on emergency care by managing long term conditions more effectively in the community, improving access to urgent primary care, effective early assessment of patients in the Emergency Department and discharging patients to community settings instead of admitting wherever possible – in support of reducing emergency activity. Furthermore, where patients do require admission to acute care, improvements will be made to the current systems to ensure that patients are able to leave the acute care setting as soon as they are medically fit, with transfer home or to other non-acute care settings. • An urgent care plan is currently under development with a focus on delivering a proactive, robust and resilient urgent and emergency care system for patients through a whole system integrated approach. The system will provide improved access to primary care services when that response	

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	is the most appropriate for the patient. The approach being adopted is closely associated with the outputs of the Keogh Review and providing the right care in the right place, by those with the right skills, the first time. The strategic objectives being agreed for urgent care also link closely to findings from the Keogh Review: - Developing local information as a positive driver for change - Patients receiving timely and appropriate care relevant to their needs - Patients able to understand clearly the scope of services available - Ensuring there is simple and convenient access to services - Ensuring that assessment or treatment should not be delayed through the absence of diagnostic or specialist advice, inside or out of normal office hours - Ensuring that patients receive a consistent response wherever, whenever and however they access the system - Providing sufficient capacity in acute, community and social services to ensure patients access high quality services in the right place at the right time • Senior leadership for urgent and emergency care in the local health community is provided through the Urgent Care Working Group which incorporates representatives from all key stakeholders, including the ambulance service. The Urgent Care Working Group will oversee the Urgent Care plan and will also be the body that co-ordinates the designation of the facilities within the local network during 2015/16. This Group will also build upon the transformation ideas put forward for Urgent Care in the March and June events to inform the compilation of this five-year strategy for South Notts (see the Improvement Interventions section of this plan). The Group has started the process of developing its strategy, in line with the Keogh Review, around the needs of the people of South Nottinghamshire. The detail of this strategy is scheduled for completion by the end of June.	
5. A step-change in the productivity of elective care	• CCGs are actively working with providers to streamline pathways (for example, in pre-operative assessment, follow-ups and one stop diagnostic clinics) to enable providers to meet high quality outcomes in the context of the tariff deflator. • Improved use of assistive technology (for example, telecare and telemedicine), new clinical models, approaches and techniques and a continuation of the extensive programme of secondary care pathway redesign will also all further enhance elective productivity and constitute part of our strategic approach. • The overall vision is to achieve a system in which elective services are organised around the patient and their access to them, rather than around each individual organisation and in which	

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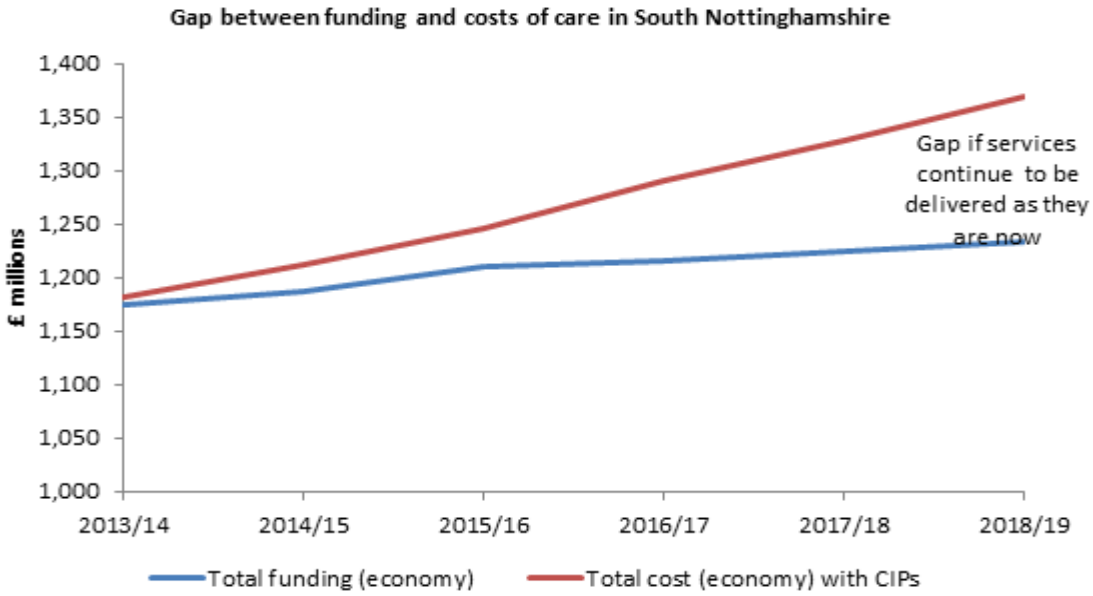
	resources (people, places, technology) are used in the most effective way – with patients being seen by the most appropriate clinician relevant to their need (see the Improvement Interventions section of this plan).	
6. Specialised services concentrated in centres of excellence (as relevant to the locality)	• Specialised services are those services that are provided to a catchment population of more than one million people. The number of patients accessing these rarer services is small and a critical mass of patients is needed in each centre in order to deliver the best outcomes. These services are commissioned directly by NHS England. Locally this is undertaken by Derbyshire and Nottinghamshire Area Team (AT) and the South Notts Unit of Planning is committed to working with the Area Team collaboratively in this regard. This joint working also extends to the AT's responsibility for commissioning military and offender health (for example, the AT is working with CCGs and others to improve the model of integrated care that Armed Forces service leavers with mental health or complex physical health needs receive and supporting the national roll-out of the Mental Health Liaison and Diversion programme and implementation plan priorities for offenders). • South Notts CCGs will support both Nottingham University Hospitals NHS Trust (NUH) and Nottinghamshire Healthcare NHS Trust to become centres of excellence with respect to the delivery of specialised services. They will also ensure that local operational plans involve strong engagement in the development of the national strategy for specialised services and that there are close contract management arrangements with specialised commissioners for providers. • Nottinghamshire Healthcare NHS Trust will continue to play an important role both nationally and regionally as a specialised centre for the provision of national and regional forensic services and the provision of regional specialist mental health services for both children and adults in services such as gender dysphoria, perinatal services and child and adolescent inpatient services. The Trust has strong links with the East Midlands Academic Health Science Network (EMAHSN) and is host for the East Midlands Collaboration for Leadership in Applied Health Research and Care (EMCLAHRC) and is working with Health Education East Midlands (HEEM) to ensure education commissioning supports specialist skills training. • Nottingham University Hospitals NHS Trust will continue to play an important role to develop services which support its designation as a Major Trauma Centre as well as a major centre for: - Paediatric surgery and cancer care - Spinal surgery and neurosciences - Cardiovascular care - Cancer services - Nephrology and renal transplantation	

System Vision	Organisation response	Supported by:
	• This is supported by the Trust's partnership with the University of Nottingham including the designation of two National Institute for Health Research (NIHR) Biomedical Research Units and hosting of the AHSN for the East Midlands.	
How does the five year vision address the following aims: a) Delivering a sustainable NHS for future generations?	• Analysis and modelling work has been undertaken on the financial challenge over five years. This shows that whilst funding for healthcare is predicted to remain constant in real terms, social care budgets are expected to come under significant pressure due to the public sector austerity. • The current cost of the health and social care economy in South Nottinghamshire is in the region of £1,174m. This includes NHS England expenditure on primary care (GP, dental, ophthalmic and pharmaceutical services) even though these are not strictly within the control of the South Nottinghamshire Transformation Board. It does not, however, include NHS England expenditure on specialised services. Likewise other local authority services, such as public health services, are also excluded. Spend on acute services at £403m (34%) represents the largest spend in the health and social care economy. Adult social care is the next highest at £264m (22%), followed by primary care at £245m (21%). Continuing care at £48m (4%) and community care and mental health care at £90m (8%) each are next, with ambulance services representing the lowest spend at £22m (2%). • The costs of delivering care will increase as a result of population growth, ageing and medical inflation. The result is that if services continue to be delivered as they are now, current estimates are that by 2017/18 there will be a gap in the region of £100m and £140m by 2018/19 between available funding and the actual costs of delivering health and social care in South Nottinghamshire even after current CIP plans are taken into account.	Appendix B – Risks and Mitigating Actions

System Vision	Organisation response	Supported by:



- However, as detailed later in this strategy, South Nottinghamshire has a range of interventions planned and underway that aim to support the sustainability of the care economy in the future (given the scale of the transformation required a range of interventions will be necessary). As the scale of the projected gap in future years is considerable, ambitions to change must be large scale and as a result carry risk as to their full attainment. Actions can be taken to mitigate these risks and further work is required to work through the benefits and improvements to be made across urgent, elective, proactive, children's services and primary care (Appendix B).
- Work has been undertaken on the impact of BCF schemes, QIPP plans and other improvement activities over the next five years. All providers are active partners in the development of plans and engaged in the leadership of the strategic priorities for South Nottinghamshire. Analytical work has determined the impacts of BCF plans and proposed transformational interventions on providers and ongoing discussion is happening. As further detail is developed, there will be continued engagement on how a change in settings for care and reconfiguration of services can be worked through in such a way that supports providers and commissioners to transition and be adaptable.
- A focus on organisational development and supporting the workforce for the required change are important and discussions are underway on this. Looking at both the workforce of today and tomorrow, we will need to commission education and training programmes that enable our future

See supporting documentation –

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	staff to be flexible in terms of skill set and delivery settings, responsive to continual innovation and equipped to work across a range of diseases with patients/citizens as co-producers (such as patients who are involved in designing and putting in place the type of care which they wish to receive). At the same time we will be investing in our existing staff through Continuing Professional Development (CPD) to support them to be flexible in their skill set and the environments within which they will provide care. • The delivery of this strategy is crucial to support South Notts' future sustainability but there are inherent challenges and risks in implementing such a complex, interdependent and system-wide level of transformational change, as well as working to support delivery of 'business as usual'. • The East Midlands Clinical Senate has provided independent strategic clinical advice on the vision set out in the five-year plan and whether it describes a safe and sustainable health and care system, as well as how the plan will improve quality and outcome of patient care and whether the improvement interventions are realistic and effective.	South Nottinghamshire Transformation Board Workforce Review See supporting documentation – Clinical Senate feedback
b) Improving health outcomes in alignment with the seven ambitions?	• South Nottinghamshire's ambitions address all five domains of the NHS Outcomes Framework. The vision is to secure additional quality years of life for the citizens of South Nottinghamshire by moving towards a more proactive model of care that will empower citizens to make positive lifestyle and health choices to improve their overall health. This proactive approach will also help citizens to improve their quality of life and, alongside this, care will be delivered closer to home and in the community with new models of integrated care that deliver health and social care support outside of an acute setting wherever possible. • The new model will feel seamless to the citizen and improve their experience both inside and outside of the hospital. A transformed primary care system better aligned with community and acute care will also contribute to this shift of activity away from the hospital. Urgent care will also be improved to contribute to the reduction of avoidable deaths due to poor care. • The local health outcomes will be achieved through a variety of interventions across the health and social care economy (in the areas of urgent, elective, proactive, children's services and primary care) that are characterised by the three principles of '*Support to Thrive'*, '*Choose to Admit'* and '*Transfer to Assess'*. • As well as improving outcomes, we also intend to improve the quality of all services commissioned for patients. For example ensuring that recommendations from the Francis, Berwick and Winterbourne reviews are appropriately reflected in the contracts we agree and ensuring patient safety is central to clinical decision-making and service planning. We will continue to work closely to ensure frontline staff are aware of how to raise a safeguarding concern and that effective systems are in place to support this. We remain committed to the importance of gathering and acting on patient experience and supporting clinical leadership to	Latest version of 2 year CCG template

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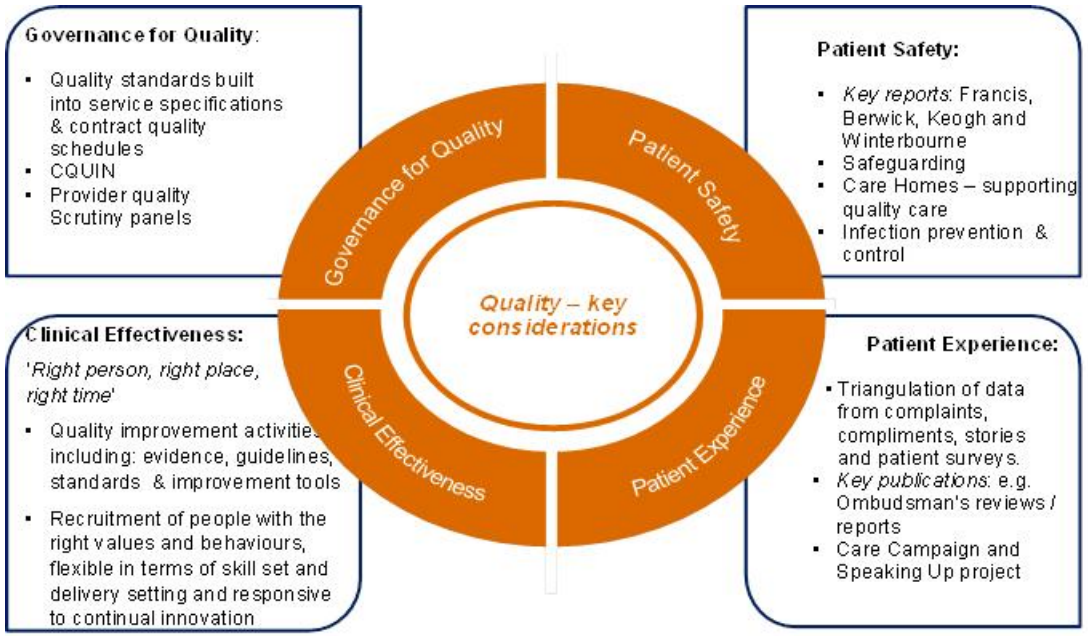
	develop a compassionate and caring workforce. • To achieve a good quality service, the values and behaviours of those working in the NHS need to remain focused on patients/citizens first. Organisations that truly put patients/citizens first will be ones that embrace and nurture a culture of open and honest co-operation. This is the approach being adopted across South Nottinghamshire with key quality considerations such as those summarised below being built into the commissioning and delivery of services.  	
c) Reducing health inequalities?	• Across South Nottinghamshire there is a commitment to reducing health inequalities in local populations by targeting the health and wellbeing of people with the greatest health needs. The five-year strategic plan will link directly to the findings of the Joint Strategic Needs Assessments of Nottinghamshire County Council and Nottingham City Council (example in table that follows) which have been presented to both Health and Wellbeing Boards and are included in the CCG strategic commissioning intentions. • CCGs will continue to focus targeted interventions at practice level based on ward level understanding of deprivation and use of secondary care services and key outcome measures	

such as cancer survival rates, with the support of public health teams. In addition, within Nottingham City CCG there are some challenges around health inequalities and deprivation which are specific to the urban environment.

	Nottinghamshire County Joint Strategic Needs Assessment (JSNA)	Nottingham City JSNA
Mental Health	Nottinghamshire has a lower overall rate of death by suicide than the England average, but a higher rate of suicides in people over 75.	In Nottingham it has been estimated that around 40,000 people have a common mental health problem. The level of severe mental illness in the City is 45% above the national average. Around 1,000 people have a psychotic disorder.
Dementia	The prevalence of dementia is expected to rise across Nottinghamshire by 88% between 2010 and 2030 from 9,800 to 18,400 because of the ageing population. The rate of increase for Nottinghamshire is expected to be higher than for the East Midlands. Currently it is estimated that only about 40% of people with dementia are diagnosed and treated by their GP.	Dementia prevalence will rise in Nottingham by 2.7% to 2015 and by 5.6% thereafter.
Cancer		Mortality from all cancers (for all ages) is significantly higher in Nottingham than in the East Midlands for both men and women. Cancer is the joint largest contributor to the life expectancy gap for females in Nottingham and the second biggest contributor for males.

	Nottinghamshire County JSNA	Nottingham City JSNA
Deaths	Nearly 7,000 people die in Nottinghamshire each year, of who more than 80% are over 65. The main causes of death are circulatory disease, cancers and respiratory disease. More than half of these people die in hospital, but many of them have no clinical need of hospital care. It is estimated that around 40% of all deaths could be anticipated, and these people could therefore be offered the opportunity of advance care planning.	The majority of deaths occurred following a period of chronic illness, where death could be anticipated and care planned. The three main causes which contributed 73.55% of all deaths were circulatory diseases – 31.50% (735 deaths), cancer – 27.78% (648 deaths) and respiratory diseases – 14.14% (333 deaths), of which 6.6% (163) were attributed to COPD.
Child obesity	In Reception year, more than one in five children in Nottinghamshire are either overweight or obese. By Year 6, the rate is almost one in three, similar to the national figure.	The prevalence of obesity at age 4-5 years and 10-11 years in Nottingham is significantly higher than the England average. The proportion of children that are obese doubles between age 4-5 years and 10-11 years.

- In relation to childhood obesity and strengthening secondary and tertiary prevention, both Nottingham City and Nottinghamshire County's Health and Wellbeing Strategies have prioritised this as an area for development, and this priority has been taken into consideration within the Children's Services design group as part of the five-year strategy development process. Most work in this area is being taken forward by the Health and Wellbeing Boards and work is already ongoing with the CCGs (such as re-procuring weight management services in the County area, roll-out of the National Weight Management Programme and ongoing discussions with Health and Wellbeing Boards in both areas).
- In formulating the five-year strategy there has been strong and ongoing engagement with the Director of Public Health for both Nottingham City and Nottinghamshire County. This has involved discussions on the inter-linkages between the JSNAs for each area and the strategy, through one-to-one discussions and public health involvement in the Design Group process. Given this ongoing engagement, there is confidence that the strategy supports the achievement of priorities as set out in both the JSNAs and the broader Health and Wellbeing Strategies for

System Vision	Organisation response	Supported by:
	both areas, and that there has been (and will be) good and ongoing collaboration between the CCGs and public health in the implementation of the strategy. From a public health perspective, the areas of focus within this strategy (such as proactive care, urgent care, elective care and children's services) were viewed as being helpful and supportive of areas where the JSNAs have highlighted the need for targeted interventions – for example, the proactive, elective and urgent care workstreams should help on achievement of JSNA priorities around cancer, mental health, end of life and the children's services workstream should help to progress work in relation to childhood obesity. • In addition, EDS2 is a helpful tool that supports CCGs' statutory duties under Equality and Human Rights legislation (Equality Act 2010, Human Rights Act 1998) and the Health and Social Care Act (2012). It requires equality and diversity to be embedded within an organisation's mainstream processes to support: - Better health outcomes - Improved patient access and experience - A representative and supported workforce - Inclusive leadership. • Proposals to carry forward EDS2 will go through the appropriate governance processes of organisations in the South Nottinghamshire care economy and be accordingly reflected in the implementation of our strategy.	
Who has signed up to the strategic vision? **How have the health and wellbeing boards been involved in developing and signing off the plan?**	• The strategic vision is being shaped by the South Nottinghamshire Transformation Board (SNTB) and the membership of this group contains all the commissioners and providers in the South Nottinghamshire Unit of Planning: Nottingham City Council, Nottinghamshire County Council, Nottingham West CCG, Nottingham City CCG, Nottingham North and East CCG, Rushcliffe CCG, Nottingham University Hospitals NHS Trust, County Health Partnerships, Nottinghamshire Healthcare NHS Trust, Nottingham CityCare Partnership, East Midlands Ambulance Trust and Circle Partnership. • The SNTB includes the clinical leads of the CCGs and the Director of Public Health, who are also represented on the Health and Wellbeing Boards. The draft strategy was presented to the County Health and Wellbeing Board on 5 March and was taken to Nottingham City Health and Wellbeing Board on 30 April. The Director of Public Health for Nottinghamshire County and Nottingham City and Healthwatch (Nottingham and Nottinghamshire) is also represented on the SNTB. The final version of this strategy will be taken to the Nottingham County Health and Wellbeing Board on 2nd July 2014 and to the Nottingham City Health and Wellbeing Board on 27th August 2014. • In developing the five-year plan, the priorities of Nottingham City Joint Health and Wellbeing	

System Vision	Organisation response	Supported by:
	Strategy and Nottinghamshire (County Council) Health and Wellbeing Strategy have been considered. In the case of the former, the priorities of integration and mental health (intervening early as part of children's services) are core to the South Notts five-year strategy. The other two priorities of preventing alcohol misuse and supporting priority families will be assisted by improvement in the integration of children's services, an emphasis on early intervention and through neighbourhood-based multi-disciplinary teams to support family members with complex needs (see Improvement Interventions section of this strategy and proactive care). Priorities for Nottinghamshire's Health and Wellbeing Strategy include prevention, children, young people and families, adult and health inequality priorities and wider determinants of health and wellbeing. Key areas for change within the five-year strategy for South Notts that will have a direct impact on these priorities include primary care (prevention and self-care), proactive care (multi-disciplinary teams managing the health and social care needs of the frail elderly, those with mental health and other complex needs) and children's services (integrated service provision shaped around children and the needs of their families) - see Improvement Interventions section of this strategy. • On 6 and 13 March, all of the organisations listed above, as well as patient and third sector representatives, attended transformational design events to work through more of the detail of the vision and build on it with ambitious interventions to enact the transformational change required. This included Health Education East Midlands to ensure that workforce development and education commissioning requirements to support transformational change were integrated throughout the strategy and delivered through the locality based Local Education and Training Councils (LETCs). There also was a further event on the 5 June to confirm assumptions on activity changes and impacts of the transformational change identified in respect of urgent, elective and proactive care and children's services and start the process of implementation planning. • The Local Area Team has also been involved in discussions to align the South Notts strategic vision with the LAT's commissioning strategy.	
How does your plan for the Better Care Fund align/fit with your five year strategic vision?	• The initiatives identified in BCF are currently being implemented or soon will be and contribute to the Unit of Planning's agreed vision of seamless integrated care. As a result, the BCF plan forms an important part of our strategy for the next five years. • The impact of the BCF schemes is currently being worked through and reviewed to determine whether they are delivering as much impact and benefit as possible. As this work is completed it will be reconciled with the activity and financial projections for the next five years to support alignment. • The vision for the BCF across South Nottinghamshire aligns with the vision for this five-year strategy and is underpinned by the same principles of independence, personalised care and seamless integrated health and social care for the benefit of citizens/patients and the	BCF application for the City CCG and County CCGs

System Vision	Organisation response	Supported by:
	maximisation of their wellbeing.	
What key themes arose from the Call to Action engagement programme that have been used to shape the vision?	Initial engagement with the public of South Nottinghamshire revolved around four key questions: 1. How can we meet everyone's healthcare needs? 2. How can we improve the quality of NHS care? 3. How can we maintain financial sustainability? 4. What must we do to build an excellent NHS now and for future generations? The key themes that have arisen from engagement activity so far are: • A clear shift towards individuals taking more responsibility for their health through education, prevention (supported by 34% of patients engaged) and self-management (supported by 22% of patients engaged) • Support for more care in the community (supported by 65% of patients engaged) • A recognition of the benefits of integrated care and partnership working • Improved access to primary care services • Strong support for the NHS to listen to patients and the public • Request for feedback and response to ensure high quality care • Value, dignity, respect and compassion as key outcomes (supported by 39% of patients engaged) whilst maintaining the current waiting times (supported by 22% of patients engaged) • Need to use NHS resources efficiently and to reduce the complexity, ensuring the basics of care are delivered well *"Encourage people to use appropriate services… Encourage them to take responsibility for their own health".* *"Ensure services are integrated - patients treated holistically rather than dealing with separate conditions in isolation".* *"Improve preventative care, early diagnosis and intervention, self-help, local help, support community carers".* *"Put care back into the community with properly trained staff".*	See supporting documentation – Call to Action Stage 1 and 2

System Vision	Organisation response	Supported by:
	Feedback on these questions has been taken into account in shaping the vision as well as further investigation into what high quality NHS care means to patients and the types of improvements that could be made within the context of financial constraint. During May and June 2014, patients and citizens have remained engaged with the CCGs regarding the outcomes of the Call to Action engagement activities, and this has included discussions around re-branding ongoing engagement work so that this links closely to Call to Action. A summary of key themes arising from Call to Action engagement is included (please note that this is not a weighted document so does not quantify how many people made or agreed with each comment, does not identify bias or use a particular research methodology – rather it sought to capture general themes), and an infographic is being developed as part of the ongoing engagement plan to inform patients and citizens (including the Citizen's Advisory Group members) of the themes. Prior to a third Design Group on the 5 June 2014, the Citizens' Advisory Group members were sent a report on the outcomes from Call to Action engagement – members were asked to review the findings and ensure that key themes were fed into and taken on board within discussions at this event. In addition, the Transformation Engagement Manager has also attended or supported a number of engagement meetings within individual CCGs, such as within Nottingham North and East CCG where a presentation on Call to Action was made by the CCG Stakeholder Engagement Manager at the most recent meeting of the People's Council.	See supporting documentation – "Call to Action – Themed Feedback"
Is there a clear 'you said we did' framework in place to show those that engaged how their perspective and feedback has been included?	• Each event and engagement activity has built on feedback received from previous engagement events and always refers back to the context of Call to Action. • The next stage of engagement will be to seek more focused input to the improvement priorities as they emerge and are developed. CCG People's Councils and Cabinets will play a key part in supporting this stage of engagement. • All members of the public will be invited to participate via CCG websites on an ongoing basis as the strategy is developed. • The CCGs within the Unit of Planning have appointed a Transformation Engagement Manager, and a core aspect of this role is to ensure that feedback from patients and citizens is taken on board. The Transformation Engagement Manager is undertaking a mapping exercise which focuses on: - Detailing current and planned engagement activity from the four CCGs and how, or if, these fit in with transformation priorities or whether they can be expanded to make the most of any citizen engagement activity by linking it in to transformation. - How the current and planned engagement activity from the four CCGs builds on feedback from the Call to Action feedback and how to build on this further.	See supporting

System Vision	Organisation response	Supported by:
	- Making links with all SNTB organisations to discuss/identify any current and planned engagement activity that may link into the transformation priorities. • In addition to this, all organisations within the SNTB will feed back to citizens via existing engagement channels within their own organisation. • A themed feedback report (highlighting areas such as finance, change, the prevention agenda, personal responsibility and integration) has also been developed (please note that this is not a weighted document so does not quantify how many people made or agreed with each comment, does not identify bias or use a particular research methodology – rather it sought to capture general themes), which was used to feed into discussions at the third Design Group. • The engagement strategy (under development), has also categorised engagement activities as follows: - General – feedback will be presented to the CAG and assigned to the priorities and then fed back to the design groups, transformation board and other similar forums. Summaries will be prepared for communication in traditional channels including newsletters and on social media and web-sites in relation to the communications plan for the transformation project. - Specific – it will be clear how the general feedback has informed each specific category – in relation to decisions as well as the structure for ongoing feedback. Feedback from the specific category will directly influence design changes and will be evidenced in specifications, business cases and proposals. - Formal – general and specific feedback will be used to carry out and support the formal consultations and will also inform the design of these events. Feedback will be formally communicated to the general public as well as informing final decisions, using all channels.	documentation – Themed feedback 1 for design groups
Has an assessment of the current state been undertaken? **Have opportunities and challenges been identified and agreed? Does this correlate to the Commissioning for Value packs and other benchmarking materials?**	• The assessment of the current state has been undertaken and has been validated with NUH. • Opportunities to support further improvement interventions have been identified and include alignment with BCF schemes and QIPP activities. • Commissioning for Value packs have been referred to, as has Dr Foster and the Any Town model. • At each of the design events held in March and June for Unit of Planning organisations, working groups were challenged to consider opportunities in urgent care, elective care, proactive care and children's services and to put forward ideas and suggestions for improvement. Materials from the NHS Any Town Model – High Impact Interventions, Early Adopters and Further Ideas – were available to challenge and inform thinking.	Latest versions of str-op-plan-fin-plan-temps (5 yrs)

System Vision	Organisation response	Supported by:
Do the objectives and interventions identified below take into consideration the current state?	• The current state was analysed as part of discussions at the Design Group events. Stakeholders were asked to list what the current issues and service considerations were for elective care, urgent care, proactive care and children's services so that new ideas could be aligned with current work and considered on a bigger scale to maximise efficiencies (attached information from the two Design Group events in March).	See supporting documentation – Outputs from DG2 v5 (Master)
Does the two year detailed operational plan submitted provide the necessary foundations to deliver the strategic vision described here?	• **The detailed two-year operational plan outlines ambitious and challenging targets for improving quality and outcomes. It should be noted that within this timeframe there will be a general election and as a result there may be policy changes affecting some of the plans for the health and social care economy which will have to be factored into implementation of the planning process.** • **Quality is also central to discussions with providers in South Nottinghamshire with recommendations from Francis, Berwick and Winterbourne being reflected in contracts.** • **Work will be ongoing on the financial analysis to support the planning process but at this point the two year plans deliver the financial foundations required to deliver the strategic vision outlined. As further work on interventions is undertaken this will be reconciled back to the financial position.** • **In addition, workforce planning and workforce scenario planning are being developed to support delivery of the plan.** • **Also key to the delivery of the strategic vision will be a number of changes to the systems for governing transformational change across South Nottinghamshire. The work of the SNTB will be supported by the recently appointed Director of Transformation to lead on implementation of improvement activities across the care economy.**	

Improving Quality and Outcomes	Organisation response	Supported by:

At UoP level, what are the five year local outcome ambitions i.e. aggregation of individual organisations contribution to the outcome ambitions?

	Ambition area	Measure to be used
1.	Securing additional years of life	*Potential years of life lost from conditions considered amenable to healthcare – a rate generated by number of amenable deaths divided by the population of the area.*
2.	Improving the health related quality of life for those with long-term conditions including those with mental health conditions	*Health related quality of life for people with long-term conditions (measured using the EQ5D tool in the GP Patient Survey).*
3.	Reducing the amount of time people spend avoidably in hospital by supporting integration	*A rate comprised of:* • *Unplanned hospitalisation for chronic ambulatory care sensitive conditions.* • *Unplanned hospitalisation for asthma, diabetes and epilepsy in under-19s.* • *Emergency admissions for acute conditions that should not usually require hospital admission.* • *Emergency admissions for children with lower respiratory tract infections.*
4.	Increasing the proportion of older people living independently at home	*No indicator available at CCG level.*
5.	Increasing the number of people having a positive experience of hospital care	*Patient experience of inpatient care.*
6.	Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital	*Composite indicator comprised of (i) GP services, (ii) GP out-of-hours.*
7.	Making significant progress towards eliminating avoidable deaths in hospital	*This indicator is in development - hospital deaths attributable to problems in care.*

Latest version of 2 year CCG template

Improving Quality and Outcomes	Organisation response	Supported by:

South Nottinghamshire Unit of Planning

	Outcome ambition 1	Outcome ambition 2	Outcome ambition 3	Outcome ambition 5	Outcome ambition 6
	PYLL (rate per 100,000 population)	Average EQ-5D score for people reporting having one or more long-term condition	Emergency admissions composite indicator	Proportion of people reporting poor patient experience of inpatient care	Proportion of people reporting poor experience of general practice and out-of-hours services
Baseline	2230.2	71.83	2143.3	162.35	5.24
2014/15	2147.2	72.33	1952.9	157.10	4.82
2015/16	2084.3	72.83	1862.4	150.86	4.45
2016/17	2022.7	73.33	1775.0	145.11	4.11
2017/18	1963.4	73.84	1690.4	140.35	3.78

- The ambitions around outcomes have been tested to varying degrees through engagement activities with patients, carers and the public as part of '*Call to Action'* in South Nottinghamshire and will continue to be as the detail of the strategic plan develops further.
- The work with patients and the public to date has identified a desire for individuals to be better supported to self-care and take control of their own health and for this to ideally happen as close as possible to their homes.
- Good quality hospital care is important to them but only when they really need to be admitted to hospital and as a result there is support for integration of services, more information and support to help inform decisions about their care and having a good overall patient experience.
- This engagement has been helpful in the development of our ambitions on outcomes; however we see this as an ongoing exercise and will continue to work with patients and citizens on this.

How have the community and clinician views been

- All system-wide groups are either led by clinicians or have clinicians as part of their membership, for example, South Notts Transformational Board, Urgent Care Working Group, South Notts Implementation and Strategy Group (Frail Older People) and Contract Executive Board.
- Outcomes and quantifiable ambitions have been signed off by clinicians on these groups and by CCG

Improving Quality and Outcomes	Organisation response	Supported by:
considered when developing plans for improving outcomes and quantifiable ambitions?	governing bodies. • Discussions on improvement interventions have involved a range of clinicians from primary and secondary care and this will continue as these interventions are worked through further and other areas to be considered for wide scale change are developed. • We have built and will continue to build on the patient engagement work that has been ongoing across South Nottinghamshire as part of organisations' routine engagement activities, as well as specific 'Call to Action' events. The community was also involved in our Unit of Planning events in March and June.	
What data, intelligence and local analysis was explored to support the development of plans for improving outcomes and quantifiable ambitions?	• All CCGs have comprehensive structures for gathering the views of patients and the public and these are used to provide valuable intelligence to planning outcomes and ambitions. • Outcome ambitions have been defined based on a baseline analysis of current performance, then benchmarking against comparators to identify potential scope for improvement. The final outcome ambition for each of the seven areas has then been discussed and agreed with relevant colleagues within and external to the CCGs, such as CCG planning leads and directors of public health. To date, CCG informatics teams have also benchmarked their outcome and ambition data with a range of other sources, including: – Joint Strategic Needs Assessments for Nottinghamshire County Council and Nottingham City Council – Right Care (including Commissioning for Value Packs and the NHS Atlas of Variation in Healthcare) – Public Health England data and toolkits – Office for National Statistics data (on demography and population growth) – Dr Foster benchmarking data (such as that on emergency admissions) – Data from the Local Area Team (on population growth) – Local data showing variation between practices and across the four CCGs – National data showing variation between practices – Other tools, such as those to examine statistical significance of variations in data	
How are plans for	• The JSNAs have been used to frame current strategic commissioning intentions. • Ongoing plans to improve outcomes and develop quantifiable ambitions align to existing JSNAs as the	

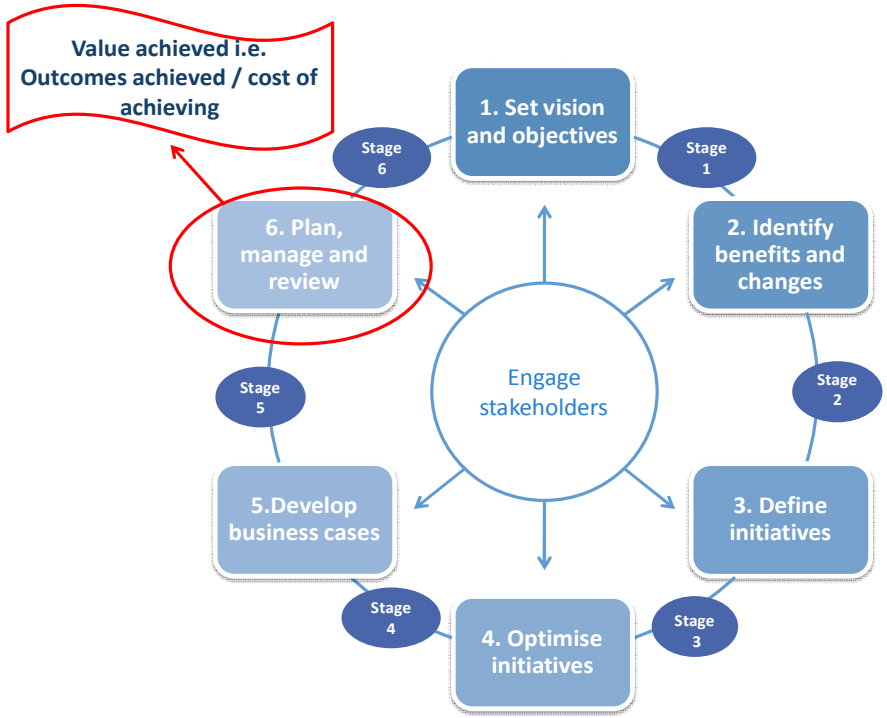
Improving Quality and Outcomes	Organisation response	Supported by:
improving outcomes and quantifiable ambitions aligned to local JSNAs?	JSNAs have been used as a reference point. • Discussions have also been undertaken with public health colleagues to support this.	
How have the health and well-being boards been involved in setting the plans for improving outcomes?	• The Health and Wellbeing Boards signed off CCG strategic commissioning intentions and have approved the BCF submissions which translate into the two-year operational plans and form part of the five-year strategy. • Members of the two Health and Wellbeing Boards sit on the SNTB as representatives of their individual organisations. In addition, arrangements were made to schedule time at the bi-monthly Boards meeting to discuss and sign off drafts of the content of the strategic plan and outcome ambitions. • Members of the Health and Wellbeing Boards (in addition to those that sit on the SNTB) also attended the March and June Design Group events in regard to developing content for the five-year strategic plan.	

Sustainability	Organisation response	Supported by:
Are outcome ambitions included within the sustainability calculations?	• Outline estimates have been made and there has been triangulation of the outcome ambitions with the sustainability calculations as further work on costs and benefits has been completed.	Latest version of 2 year CCG template Str-op-plan-fin-plan-temps (5 yrs)
Are assumptions made by the health economy consistent with the challenges identified in a Call to Action?	• The Unit of Planning is committed to being ambitious in planning for quality driven service provision that is sustainable and which patients and citizens have played an active role in co-designing. • 'Call to Action' identifies the potential of a major shift in service delivery from secondary to primary care and South Nottinghamshire's vision supports this. However, such changes cannot be delivered unless we have a workforce with the right numbers, skills, values and behaviours. This is an area that South Notts is factoring into its plans and also linking closely with Health Education East Midlands (HEEM), inclusive of Nottinghamshire Local Education and Training Council (LETC). • HEEM are supporting the operational and strategic planning process through: – Workforce planning support: identifying how many staff are needed with what skills, values and behaviours to meet patient needs both now and in the future. – Recruiting and attracting the right people to funded education and training programmes to support skills development of the current and future workforce. – Commissioning education and training places from universities and trusts to deliver high quality and safe training experiences to equip staff to deliver high quality care. • More recent discussions with HEEM have focused on joining up the emerging models of care from the Design Group processes for elective, urgent, proactive and children's services with ongoing workforce modelling. Within the Unit of Planning area, a workshop has recently been held focusing on the workforce transformations required to take forward and support the five-year strategy, and the following areas were discussed: – Community-based workforce and shifts of care outside of hospital – New staffing models, such as single access teams – Opportunities for substitution and new roles relating to shifts in balance of care – Consideration of education and training needs for the new workforce – Feasibility and timescales for managing the educational needs for a changing workforce – Technology support and adoption for community-based workforce and educational impact – Innovation required to proceed at pace and scale • HEEM are holding discussions on setting up an "enabling workstream" and working group to support workforce transformation (similar to groups set up in other surrounding areas). A detailed workforce	See supporting documentation – South

Sustainability	Organisation response	Supported by:
	model has not yet been developed, but is likely to emerge from this group through ongoing workshop events as more detailed models of care for transformation are designed. Discussions at the first meeting of this working group proposed that the following areas are taken forward (see document attached for further details on each: – To formalise the link between Nottinghamshire LETC and the SNTB – Aligning HEEM with Nottinghamshire LETC – To develop a South Nottinghamshire workforce profile – To identify short-term up to two years' workforce improvements – Roll out what is currently working well – Provide greater flexibility of workforce development and collectively target the known pressure areas – Develop new roles to meet the demands of our five-year strategy – Model core proactive/planned care workforce based on local needs and variation rather than historical or previous financial modelling • However, HEEM has already undertaken a number of steps which are supportive of the transformation agenda, such as: – A pilot of the Advanced Clinical Practitioner role in urgent primary care: this has included development of essential core knowledge, skills and education levels for this role along with education and training plans and service costs. – Plans for expanding GP and specialist recruitment to support transformational change and increasing demand for individuals in these key roles. HEEM has supported this through the development of workforce solutions, increasing the number of relevant hospital placements, developing a recruitment and retention strategy for medical staff in the East Midlands, and marketing of such opportunities in the region.	Nottinghamshire Transformation Workforce Proposal
Can the plan on a page elements be identified by examining activity and financial projections covered in associated templates?	• The financial and operational template supports the 'plan on a page' elements.	Latest version of 2 year CCG template Latest versions of str-op-plan-fin-plan-temps (5 yrs) Appendix A – Plan on a page

Improvement interventions	Organisation response	Supported by:
Please list the material improvement interventions required to move from the current state and deliver the five year vision.	• The SNTB recognises that further interventions need to be identified and developed to address the scale of transformation required. That said, a lot of good initiatives are underway already that will have a significant impact on clinical quality, whilst simultaneously driving efficiencies in the system. A number of these are local to individual organisations and have the potential to be considered on a wider footprint and replicated across organisations. However, there is variation in terms of the level and pace of progress with such interventions within and between different organisations in the care economy. • In order to develop a list of transformational interventions required to deliver the vision, stakeholders across South Nottinghamshire assessed the scope of these initiatives as part of Design Group discussions in March 2014 and a session on the 5th June. In the detail which follows, we have set out plans for five areas of transformational change (urgent care, elective care, primary care, proactive care and children's services) and there will be a range of projects relating to these areas (large scale change plans and some smaller scale and more local plans). At present, plans for four of the five areas (excluding children's services) are at a high level – over the forthcoming months, working groups will be convened across the Unit of Planning to prepare more detailed proposals and implementation plans for each area, including further work on whether the scale of ambition is realistic or whether further transformational changes will be required in addition to those presented. The focus has been on Stages 1 – 2 per the following diagram and now needs to concentrate on Stages 3 – 4. • It is important in undertaking these interventions that they achieve the change required and deliver value for the patients and citizens of South Nottinghamshire. As a result the Unit of Planning aspires to an accountable care system in South Nottinghamshire that focuses on value and supports integration. The central issue in the delivery of health care not just locally but nationally is the value of care delivered for patients and the public (value being defined as health and social care outcomes achieved over the cost of achieving those outcomes). Value transcends organisational boundaries, it is must be a commonly held goal by all organisations involved in the delivery of care and part of the further planning required in the forthcoming months is defining these outcomes and starting to gather data on them to determine if the 'right' progress is being made for patients in receipt of for example urgent or elective care.	

Improvement interventions	Organisation response	Supported by:



- With regard to children's services there is a range of work already ongoing across Nottingham City and County such as work in the City with priority families and the Small Steps Big Changes project with the 0-3 age group (the strategy for this work has been co-produced with parents and has added £45 million pounds into the City over 10 years to strengthen the evidence base on programmes focused on improving outcomes in communication, nutrition and social and emotional wellbeing), and work in the County on an integrated commissioning hub for children's health, social care and education services. With this in mind, there has been some discussion on the potential to expand integrated commissioning across children's services in order to simplify the existing system and reduce duplication – these were specific priorities for children with complex needs (a relatively small proportion of the population). Further exploration of this area has identified strong interest in interventions similar to those suggested for proactive care and a need for a more comprehensive dialogue on transformational change in children's services for both complex and non-complex cases. It is therefore noted as an area of focus for the strategic plan but more discussion is required on key components of service structure and design to support integrated children's services provision.

- It also should be noted that within the timeframe of this plan there will be a general election (2015) and as a result there may be policy changes which will have to be factored into implementation of the planning process.

Examples of existing local programmes that support improvement

General Practice Same Day/Urgent Care Service	Early supported discharge "Transfer to assess"
Redesign of cancer pathways	Ehealthscope
Community Geriatrician and Comprehensive Geriatric Assessment	Engaged practice scheme
Community Hub development	Intermediate care bed based model
Risk stratification	City Adult Integrated Care
Reablement services	Nottingham South Falls service
Enhanced support to care homes	NUH Better for You programme
Support for carers	Frail Older People programme
Telehealth	

Improvement interventions	Organisation response	Supported by:

Urgent care

Overall Vision: The vision for urgent care is to deliver an integrated community, primary and secondary approach to delivering front line care for our population who present with emergency needs – co-ordinating care around the patient. We will also deliver urgent care efficiently, safely and in a timely manner, wherever possible avoiding admission to hospital.

This will be delivered through a number of projects that will combine to deliver a transformational change - examples of interventions being prioritised for exploration include those set out below.

Aims

Current initiatives which are underway, or have been scoped, include the following and these are aligned with the direction set by the Urgent Care Board:

1. Access
   - Establish a system for a "front door" service so patients are treated promptly and receive the right care by the right clinician at the right time. This may include re-shaping and making better use of existing services such as enhanced use of walk-in centres and 24-hour access/service provision, and better links between GPs, pharmacists, walk-in centres and urgent care centres.
   - Establish a system for navigation to support primary care "urgent care" patients accessing specialist advice in a timely manner (and avoiding unnecessary admissions).
   - Enhancing primary care so that the offer becomes more attractive and amenable than an A&E attendance, including connectivity with opticians, dentists and pharmacists.
   - Development of a crisis response team (nurse-led) across the whole Unit of Planning area.

2. Frail elderly patients
   - Develop integrated care plans for the most vulnerable citizens/patients that transfer across primary, secondary and community services.
   - Rapid response to include a geriatrician to enable ordering of bloods, scans, treatment and social care packages being put in place.

3. Patient flow
   - Develop a new urgent care centre to provide a range of services that support

Improvement interventions	Organisation response	Supported by:
	rapid assessment and treatment at the front door as well as the capacity and capability to outreach into the community to support continued management (and transfer) of patients in their own home. • Encourage the appropriate and timely transfer of citizens/patients from NUH and out of community bed based services, including continuing the current initiatives to reduce delays to transfer of care; delivery of the system-wide choice policy to place medically fit citizens/patients into an interim placement whilst waiting for a care home of choice, rolling out and evaluating the "Transfer to Assess" model. 4. Demand • Determine capacity (workforce, beds and home care packages) requirements to ensure a resilient system and one that moves care from the acute into the community wherever possible. • Learn from different local models of delivering home visits to reduce the number of citizens/patients who get admitted due to the lateness in arriving for ambulatory care. 5. Prevention • Extended support to care and nursing homes to meet more unscheduled care needs, thus avoiding admission wherever possible. • Development of a system to prevent re-admission, especially following early discharge.	
Expected outcomes	The overall outcome ambition is to have an urgent and emergency care system that is able to meet the needs of the South Notts population, within the resources available, delivering improved quality and patient experience. The combined interventions are expected to have a range of impacts such as the following but further testing and discussion on these are required: • Greater proportion of care being delivered in the most appropriate setting • Reduction in A&E attendances among adults or ensure no rise in A&E attendances among adults • Reduction in emergency admissions or ensure no rise in emergency admissions • Achievement of four-hour target in line with similar trusts across the country • Reduction in length of stay • Reduction in community beds, although community capacity will increase as patients move to home-based care	

Improvement interventions	Organisation response		Supported by:
		• Positive contribution to NHS England Outcome Measures 3, 5 and 7	
	Enablers	• Cultural change: visible leadership, team working, clear messages for patients and the public, one-system working and practices, and promotion of innovation. • Taking bold steps and calculated risks, for example, working together on alignment of incentives, commitment to mutualism, joint accountability and shared exposure to risk and reward between a number of organisations in the Unit of Planning. • IT (Connected Notts will support) • Workforce including training and education • Estates • Contracting mechanisms	
	Barriers	• Financial risks • Organisational – when and for what services the system is operating in joint planning and delivery mode	
	Implementation timelines	• The Urgent Care Board has set its priorities for the next 12 months and these actions are already underway. • The Urgent Care Board brings together senior system leaders who will work with partners, patients and wider stakeholders to identify bold changes to the current urgent and emergency system in line with the Keogh Review. The Urgent Care Board will ensure delivery of the transformation in keeping with the South Nottinghamshire Transformation Board. Detailed planning for years two-to-five will commence in year one.	
	Elective care *Overall Vision:* A system in which elective services are organised around the patient and their access to them, rather than around the organisation. Resources (people, places and technology) are used in the most effective way – with patients being seen by the most appropriate clinician relevant to their need. This will be delivered through a number of projects that will combine to deliver a transformational change - examples of interventions being prioritised for exploration include those set out below.		
	Aims	**Deliver only the elective services which must be delivered within hospitals and develop options for that care which can be delivered elsewhere**. South Nottinghamshire will first review which elective services must be provided in an	

Improvement interventions	Organisation response		Supported by:
		acute setting. Due to staffing, technology and other requirements, certain types of care can only be delivered in an acute setting; for that care which does not need to be delivered in hospitals South Nottinghamshire will develop options for the future delivery of these services using community, primary, self-care or other methods as appropriate. As result, workforce requirements will change and it will be important that consultant time is focused on those areas where their clinical expertise is a fundamental requirement. In addition, consultants getting a cycle of experience working in primary care is an area to be further explored. **Develop a system in which the care journey is designed around the citizen/patient, not defined by the organisational routes.** The redesign will begin from a 'blank sheet' and be driven by patient experience. We will start immediately by seeking to receive live citizen/patient feedback, via email, text and tweets, from those who are experiencing difficulties within the system. This redesign should look at: • Improving the referral process through guidelines, a comprehensive directory of services, a stronger relationship and more frequent conversations between GPs and consultants to share learning in order to reduce the unwarranted variation in referral rates. • Patients/citizens will be heavily involved in decisions regarding their own care, being fully informed of the options and potential outcomes and be supported and empowered to share decisions on the level of treatment they require. • Increasing citizens/patients' understanding of the quality and standard that they can expect from the service. • Increasing the availability of diagnostics without needing to see a specialist. • Retaining pre-ops for only those who need them. • Fundamentally changing the methods for follow-up appointments through the use of more modern resources. **Explore and adopt learning and experience from elsewhere, where agreed to be appropriate**. Look within and outside the NHS and UK for alternative ways of delivering elective care (for example, cataracts, enhanced recovery after surgery, use of technology to support outpatients) and explore ability to adapt and implement in the South Nottinghamshire context.	
	Expected outcomes	The combined interventions are expected to have a range of impacts such as the following but further testing and discussion on these are required:	

Improvement interventions	Organisation response	Supported by:
	• Positive contribution to NHS England Outcome Measures 3, 5 and 7 • Reduction in elective referrals for outpatients appointments • Reduction in elective admissions due to movement to other care settings	
Enablers	• IT (Connected Notts will support) • Workforce including training and education • Estates • Contracting mechanisms: Innovative contracting mechanisms will be explored only when the desired clinical model has been identified.	
Barriers	• Financial risks • Appetite for a change in cultural behaviours • Organisational – when and for what services the system is operating in joint planning and delivery mode	
Primary care *Overall Vision:* The overall vision for primary care is to provide a seamless, integrated and sustainable service that is responsive to local need. GP member practices will collaborate together in a fully supportive environment to foster a culture of continuous improvement that will deliver equitable, systematic and consistent access and care. The focus of care will shift towards prevention and self-care, which will be aided by innovation and the introduction of new technologies. This will be delivered through a number of projects that will combine to deliver a transformational change - examples of interventions being prioritised for exploration include those set out below. These proposals will undergo further development over the coming months. Plans for primary care should also be read in conjunction with proposals for the Better Care Fund in Nottingham City and Nottinghamshire and the outcome of expressions of interest by South Notts CCGs to NHS England for developing new arrangements for the co-commissioning of primary care services.		
Aims	**Access and standardisation** Access to primary care will be improved through equity of approach and an extended range of modes of access. This will involve minimum standards for delivery and an agreed seven-day service model, supported by the introduction of the latest technologies and strong clinical relationships. Further work is required to agree what constitutes an	

Improvement interventions	Organisation response		Supported by:
		operating model for seven-day services, and this will be undertaken through joint discussions within CCGs and with GP members. Strong clinical relationships will also contribute to improved education between clinicians and the sharing of good practice. **Prevention and self-care** Care will be delivered in a more proactive way with population-based anticipatory care planning for patients with long-term conditions, more support for carers, extended case management models, targeted education and the use of technology for care monitoring. Primary care is a local service but there is potential to scale up the most effective features of local approaches and apply these across South Nottinghamshire. **Supporting systematic and collaborative processes for primary care** Working with Derbyshire and Nottinghamshire Area Team to collaboratively deliver local plans for General Practice and full integration. Also share and diffuse best practice at pace and scale through the Local Learning Collaborative, EMAHSN, Senate and Networks, and Local Professional Networks.	
	Expected outcomes	Primary care will be at the heart of the future of health and social care in South Nottinghamshire and as a result of this the anticipated outcomes will cover all of the five domains of the NHS England Outcome Framework. The expected benefits for South Nottinghamshire will be a reduction in unwarranted clinical variation, variation in patient experience and variation in patient outcomes. The promotion of self-care and focus on prevention of illness will allow people to remain independent and receive care closer to home, which should lead to the prevention of people dying prematurely as well as an enhanced quality of life for people with long term conditions. These will be supported by a reduction in the number of unnecessary hospital admissions and reduced length of stay indicators. It is anticipated that there will be a positive contribution towards NHSE Outcome Measures 1, 2, 3, 4 and 6. *Please note: The Local Area Team is currently working to develop a consistent primary care strategy across Nottinghamshire and Derbyshire. As part of this work we understand that they will be quantifying the potential impacts and costs associated with implementing these schemes.*	

Improvement interventions	Organisation response		Supported by:
	Enablers	• IT (Connected Notts will support) • Workforce including training and education • Estates • Contracting mechanisms	
	Barriers	• Financial risks • Organisational – when and for what services the system is operating in joint planning and delivery mode	
	Proactive care *Overall Vision:* Care and support in the community will comprise a comprehensive menu of responses which are co-ordinated and organised to wrap around individuals, their carers and family putting them at the heart of the decision-making process. Services will support them to thrive and live as independently as possible through a focus on prevention, early identification of need, timely, appropriate co-ordinated and planned delivery of advice, information, support and care, via a fully integrated local community care team with general practice and primary care as the driving force.		
	Proactive care comprises a planned and co-ordinated approach to early identification of risk of deterioration, intervention and care delivery, and support to thrive as independently as possible and to maximise recovery following illness or injury. General Practice and primary care will be the driving force responsible for proactive care. Ready access to proactive and integrated care will deliver a step change in the management of the health and social care needs of the frail elderly and those with multiple long term conditions and complex needs, from early identification through to treatment and supported self-management, assisted by regular case review. This initiative will support the implementation of the new General Medical Services contract which requires a named, accountable GP to be responsible for overseeing the care of all people aged 75 or over, GPs to supervise risk profiling and proactive care management for patients with complex health and care needs and GP practices to support more integrated working with out-of-hours services.		
	Aims	1. Establish locality facing multi-disciplinary and multi-agency integrated care teams (working across traditional boundaries) aligned with groups of GP practices serving a patient population circa 25-30k seven days-a-week (see figure 1 outline model below) 2. Simplify and improve access to all local care services through the development of	

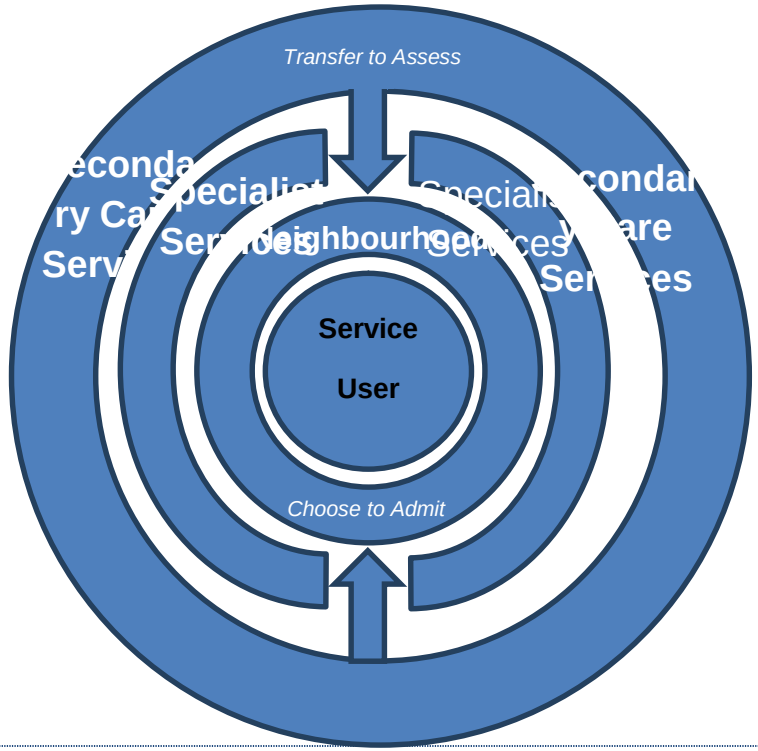
Improvement interventions	Organisation response	Supported by:
	an integrated multi-agency community hub 3. Using validated predictive modelling tools and regular locality multi-disciplinary team meetings, systematically identify those with frailty, escalating needs and risk of deterioration 4. All those identified at risk or in need of a proactive care approach will be assigned an appropriate a case manager, key worker or advocate who will: - Develop advice and information prescription - Develop an holistic goal-orientated care plan in partnership with the individual - Co-ordinate and oversee care delivery - Monitor and review 5. Actively build resilience and support people to self-care through the provision of information, advice and signposting to appropriate self-help support 6. Provide a systematic proactive planned approach to facilitating safe and timely transfer from hospital for those with ongoing needs requiring further assessment 7. Establish a comprehensive range of rehabilitation and re-ablement support services that are easily, and where necessary, rapidly accessed via the community hub to: - Provide comprehensive assessment and rehabilitation/re-ablement to prevent crisis - Support individuals to recover after illness or injury - Provide a rapid response to deterioration or crisis and “Choose to Admit” - Support timely transfer from hospital and “Transfer to Assess” .	

Improvement interventions	Organisation response	Supported by:

Figure 1 : Outline of the reconfigured integrated care model supporting proactive care

Neighbourhood/local care teams:

- GP
- Practice nurse
- Community matron
- Community nurse
- Social worker
- OT
- Physio
- Mental health nurse
- Care co-ordinator
- Voluntary sector



Community facing specialist services, such as:

- Geriatrician
- Psychiatrist
- Respiratory and oxygen assessment
- Diabetes
- Heart failure
- Palliative care
- Continence
- Tissue viability

Expected outcomes

The combined interventions are expected to have a range of impacts such as the following but further testing and discussion on these are required:

- Reduction in hospital admission
- Reduction in Accident and Emergency attendances
- Reduced acute length of stay
- Improved quality (for example, less fragmentation of services)
- Positive contribution to NHS England Outcome Measures 1,2, 3, 4 and 6

Improvement interventions	Organisation response		Supported by:
	Enablers	• IT (Connected Notts will support) • Workforce including training and education – early planning as of now • Estates • Contracting mechanisms	
	Barriers	• Financial risks • Organisational – when and for what services the system is operating in joint planning and delivery mode • Identifying unmet meet will mean additional activity • Cultural change for staff but also patients/citizens	
	Implementation timelines	• Years 1-2 priorities are achieving the seven aims set out above (for example, multi-disciplinary teams and multi-agency community hubs, use of predictive modelling and rehab/re-ablement) in terms of the type and number of staff in these this may vary according to local need. However the intention would be to have 'core' teams in place and as these became established then expand/extend as required • Years three-to-five enhancing the constitution of the multi-disciplinary teams and having a real focus on the public health preventative agenda	
	Children's services *Overall Vision:* Taking forward the recommendations and actions from a number of recent reviews into Children's services, supported by wider changes across the system in order to support integration and benefit realisation for children, young people and families. This will be delivered through a number of projects that will combine to deliver a transformational change - examples of interventions being prioritised for exploration include those set out below.		See supporting documentation – "Transformation in Children's Services"
	Aims	A range of work around Children's services is underway across Nottingham City and Nottinghamshire and for some of these areas work is already being taken forward based on detailed recommendations and/or implementation plans which have been developed. For the remaining areas, there is a need for more work as recommendations and/or implementation plans have not been developed to the same extent.	

Improvement interventions	Organisation response	Supported by:
	The third Design Group focused on evaluating the work which is already underway, or has the potential to progress further within Children's services in order to identify and collectively agree priorities across the care economy. **<u>Priorities for Children's services based on work which is currently underway:</u>** Within CAMHS, the existing strategy should be implemented as a matter of urgency. A key group of users within this service are Looked After Children. Investment in the short term will lead to cost savings and wider benefits in the longer term (over the next 10 years). Work already underway on the maternity reviews across the City and County should continue. This work is likely to be a longer term priority, but should link closely with up-skilling of parents, or parents-to-be. The ICCYPH/integrated complex and disabled children's programmes across the City and County should continue. Within adult services, there is a vision to move to a single integrated model across the City and County, and children's services should seek to align with this through working within hubs. The vision should be to achieve coterminosity with multi-disciplinary teams which are rolled out across adult services, but recognise the different needs of children within service provision. **<u>Additional priorities for Children's services:</u>** New/renewed focus on reducing Emergency Department attendances and inappropriate admissions for children (including preventable injuries). This will require a need to strengthen paediatric knowledge and skills in primary care to reduce the number of children arriving at secondary care prematurely. Changes across the system should be supported by the up-skilling of professionals and parents to provide care closer to home. This will include education for parents and professionals, but also standardisation of pathways across the Unit of Planning.	
Expected outcomes	The combined interventions are expected to have a range of impacts such as the following but further discussion and modelling of the potential impact is required: • Early positive experience of parenting (for example, attachment) • Parental confidence in managing child wellbeing • School readiness	

Improvement interventions	Organisation response		Supported by:
		• Health and wellbeing improvements, for example, child resilience, skills to enable and support independent living • Recruitment and retention of staff • Children, parental and staff satisfaction • Re-referral rates, for example, into CAMHS • Participation and engagement of children and young people in building the strategy.	
	Enablers	• **Spreading good practice** – existing good practice from a review of literature and which is in place already across the care economy should be collated and shared. • **Contracts** – in the longer term, there is a desire to rationalise the number of contracts for provision across Children's services. • **Communication** – this should be enhanced with parents and professionals • **IT** – work should continue through Connected Notts including implementation of use of the NHS number across health and social care. • **Workforce** – a single competency framework and workforce standards across the care economy. There should be a move towards an increase in the number of non-clinically qualified roles, by developing a "pyramid" model with fewer professionally qualified staff providing support and supervision for generic roles through clear governance arrangements • **Governance** – the child (and family) should be at the centre of all service design, working across existing organisational boundaries.	
	Barriers	• Need for up-front financial investment • Need to progress multiple strands of transformational change at one time • Provider capacity to innovate and work together • Organisational – working across existing organisational boundaries	

In terms of implementation, the following interventions were identified as priorities in the short term (in the next one-to-two years):

- CAMHS – implementation of existing strategy with a focus on Looked After Children
- Reducing Emergency Department attendances and admissions
- Up-skilling professionals and parents to provide care closer to home

The following interventions were then identified as priorities in the longer term (in the next three-to-five years):

- Maternity review - Implementation will start in years one and two but most of the work will be in the longer term.
- ICCYPH – Implementation will also start in years one and two but most of the work will be in the longer term.

Impacts for transformational activities

Potential impacts associated with the interventions (and the overall priority areas) on different types of activity are summarised in the following table.

Clinicians at Design Group sessions were asked to estimate potential impacts on different types of activity and these estimates are summarised below. The estimates from the urgent and proactive care groups related to the same activity metrics (adult A&E attendances, non-elective admissions and non-elective length of stay) and have therefore been grouped together.

Types of care	Intervention	High impact ambitious % change
Urgent care Proactive care	Reduction in A&E attendances of adults	26%
Urgent care Proactive care	Reduction in non-elective admissions of adults	26%
Urgent care Proactive care	Reduction in non-elective length of stay of adults	32%
Elective care	Reduction in outpatient referrals for adults	10%
Elective care	Reduction in elective admissions of adults	10%

Financial impacts have been estimated by considering how the cost of provision (using Reference Costs) may change given the activity changes described above. A range is presented to reflect that only a portion of costs will be released for any changes (with the potential for stranded fixed costs). In particular, the low estimate assumes that 66% of costs could be released when activity reduces.

Re-provision costs are also presented in the table that follows. These are based on those estimated in detail for other health and social care economies. As with the financial benefits, a range is presented. The lower end of the range represents population scaled costs from other economies while the high end of the range represents costs 25% greater than this.

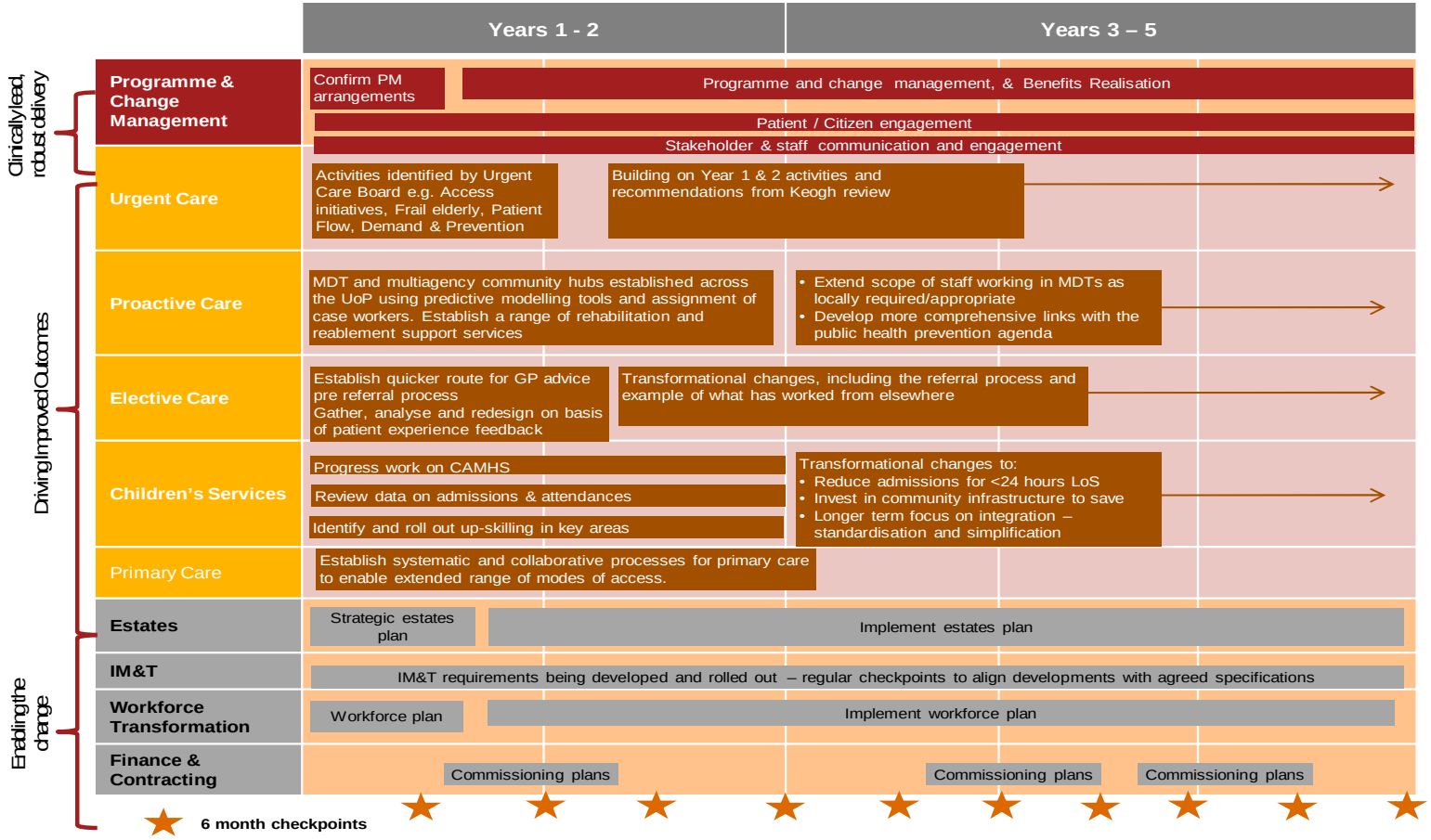
These financial impacts reflect only a high level analysis and a more detailed cost/benefit analysis will be required as the Transformation Programme continues. In particular, additional work will need to be undertaken to ensure that there is no overlap between the benefits presented and provider CIPs already counted against the financial gap. As a result these impacts are recognised as ambitious and should be considered targets for the health and care economy to strive towards in order to rebalance

care to the most appropriate settings. Further work is needed to improve their accuracy, which could include reviewing data from a range of financial and activity sources as well as the findings of clinical audits, pilots of interventions and experiences and findings from other healthcare economies.

Type of care	Potential recurrent financial benefit achieved by 18/19 (£m)	Estimated additional recurrent costs by 18/19 (£m)	Net benefit by 18/19 on achievement of benefits (£m)	Level of confidence/risk
Urgent care	37.4 – 56.0	18.7 – 23.4	14.0 – 37.3	A
Proactive care	33.8 – 50.7	28.1 – 35.1	(1.3) – 22.6	A
Elective care	11.2 – 16.8	1.8 – 2.3	8.9 – 15.0	A
Children's care	Work to estimate the financial impact of children's care interventions is ongoing			
Total	**82.3 – 123.5**	**48.6 – 60.8**	**21.6 – 74.9**	A

Improvement interventions	Organisation response	Supported by:

Implementation timeline



See supporting documentation – Implementation Timeline

Improvement interventions	Organisation response	Supported by:

Please Note:

Work is ongoing with regard to transformational activities to:

1. Identify additional interventions that can address the remaining financial gap facing the health and social care economy in 2018/19.
2. Further analyse the potential impact of the interventions proposed and therefore increase the levels of confidence associated with the activity impacts and financial forecasting.
3. Identify alternative scenarios based on the interventions allowing for potential high and low cases to be presented.

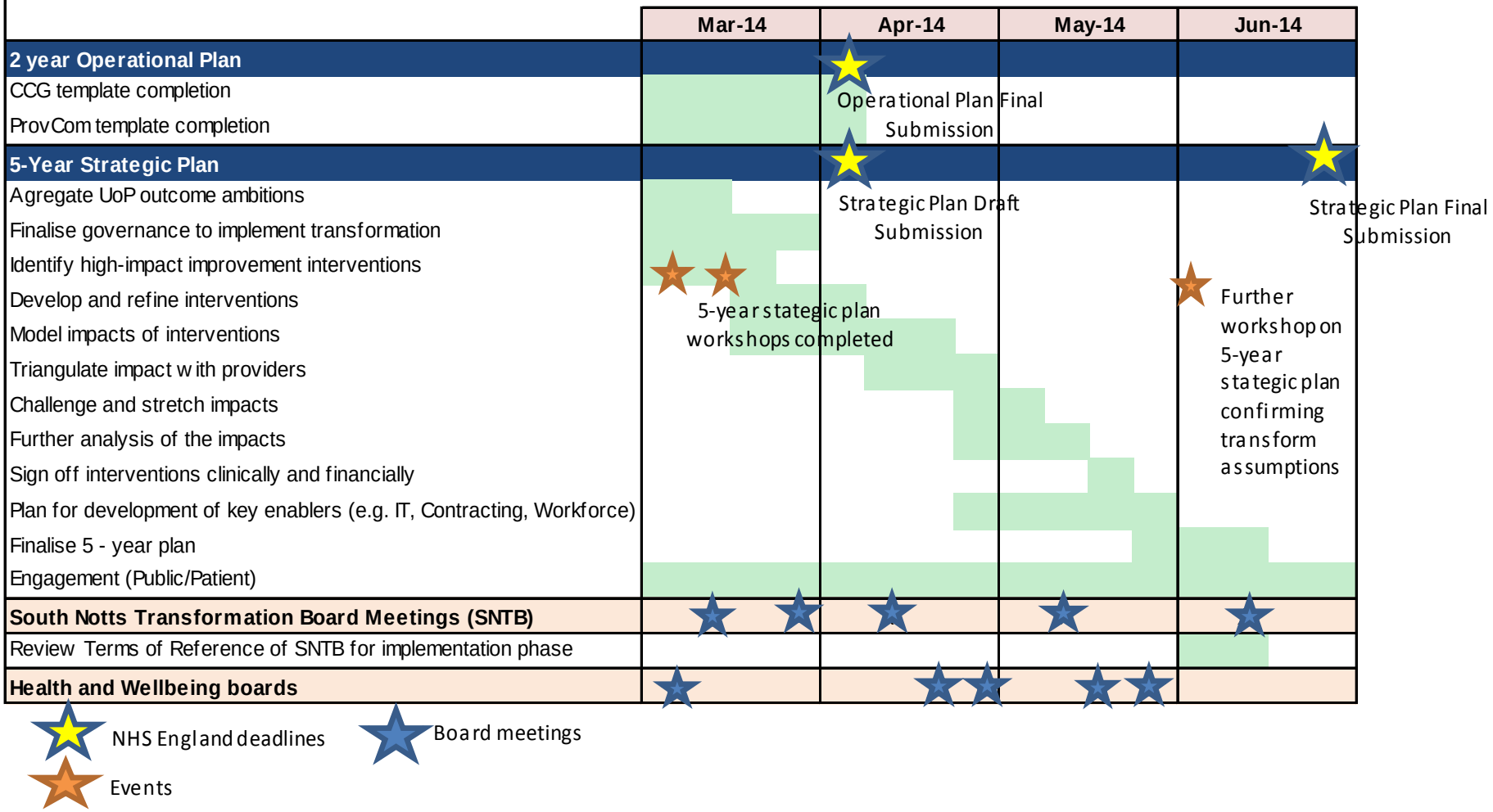
Governance overview	Organisation response	Supported by:
What governance processes are in place to ensure future plans are developed in collaboration with key stakeholders including the local community?	• The South Nottinghamshire Transformation Board (SNTB) has been set up for the explicit purpose of involving the stakeholder organisations (including the local population) through each step of developing and planning the implementation of transformational plans. Members of the Board take responsibility for reporting back to their own organisations - CCG Governing Bodies, Provider Boards and Local Authorities/Health and Wellbeing Boards. • A schedule of monthly meetings[5] were set up to enable the SNTB to regularly review and sign off the development of the five-year strategic plan. • The patient and public voice is represented by the Chair and Vice-Chair of the SNTB, who are both lay members. • Healthwatch Nottingham and Healthwatch Nottinghamshire are represented on SNTB as a participating observer. This means that they take a full part in the business of the meetings from a patient, carer and service user perspective and contribute to the development of communications and engagement activities but do not take part in the final decision-making process. • In order to ensure that the structures across the health and social care economy are fit for the purpose of driving forward transformational change, a review of governance structures and processes has been undertaken by an external organisation. This has generated a governance framework to guide the future operation of the SNTB and associated groups, along with making recommendations for their structure and functioning (for example, clearly aligning with the contracting processes to ensure that contracts being developed and negotiated reflect the transformational changes happening across the area). The newly appointed Director of Transformation will be taking this work forward as one of her priority tasks as of June 2014.	See supporting documentation – Governance Review – Final 05.04.14

[5] 8th January; 22nd January; 12th February; 12th March; 26th March (additional); 9th April; 14th May; 11th June; 9th July; 13th August; 10th September; 8th October; 12th November; 10th December; 14th January 2015; 11th February; 11th March, 9th April, 14th May and 11th June

Values and Principles	Organisation response	Supported by:
Please outline how the values and principles are embedded in the planned implementation of the interventions	• **A core set of values and principles supports our overall vision as well as the operation of SNTB and provides a guide for the transformation agenda across the Unit of Planning.** • **The emphasis is on engagement, promotion of health and wellbeing, committing to acting as one community (an accountable care system) and displaying ambition and courage, alongside managing risk and sustainability together.** • **We will challenge ourselves that these values and principles are being supported in the development of our transformational interventions; they will become key checklist criteria as we plan and implement.**	

As part of the five-year strategic plan development, the Unit of Planning has been committed to undertaking a range of actions and events to support their plan to be ambitious and promote sustainable services. A project plan indicating the timelines that were set for delivery of these actions is outlined below.

South Notts Timeline of Transformation Work



Appendix A: Plan on a page

1

South Nottinghamshire health economy is a system comprised of partner organisations across health and social care who have come together to agree, refine and implement the following vision of:

Creating a sustainable, high quality health and social care system for everyone through new ways of working together, improving communication and using our resources better

2

System Objective One
Increase the proportion of people living independently at home

System Objective Two
Reduce time spent unavoidably in hospital through more and better integrated care

System Objective Three
Improve the health related quality of life of those with long-term conditions including mental health conditions

System Objective Four
Secure additional years of life for people with treatable mental and physical health conditions (Parity of Esteem)

System Objective Five
Engage with the local population to support behaviour change, promote public health messages and to ensure efficient use of healthcare resources

System Objective Six
Support quality of services – safe and avoidable harm and clinical effectiveness

System Objective Seven
Deliver services which optimise patient/citizen experience; reflect best practice and deliver the NHS Constitution

4

Delivered through:

- *Support to Thrive* activities, for example, neighbourhood multi-disciplinary teams working across primary, secondary, community and social care; re-ablement services to encourage and support patients to develop confidence and skills around conditions and continue to live at home; provision of assistive technology. Emphasis on self-care.
- Local CCG primary care strategies with a focus on improving access, use of GP in EMAS 111 and ED and the exploration of different models for primary care, for example, GP urgent care pilot.
- Unified front door to improve urgent care patient flow.
- *Choose to Admit* activities: for example, community hubs serving as a single point of access for community team referrals following a crisis.
- *Transfer to Assess* activities: for example, early supported discharge – work with NUH and community services to develop early discharge systems and approaches such as in-reach discharge co-ordinators.
- Integrated Children and Young Peoples' services.
- Commissioning services in response to identified need (JSNAs).
- Reducing health inequalities through targeted health initiatives.
- Work to redesign cancer pathways across South Nottinghamshire.

Delivered through:
Community engagement in service planning at a local level and engagement of GPs and the third sector to support delivery of key health messages. Working collaboratively across organisations to ensure effective communication/engagement with all patients including vulnerable and minority groups. Also provision of NHS 111.

Delivered through:

- Commissioning services that hold providers to account through Quality Scrutiny Panels, incentivisation of quality improvement through CQUIN; close monitoring of trends on safety, listening to patient feedback and improving performance against Friends & Family Test. Also the Connected Nottinghamshire Programme is co-ordinating the information system integration requirements required to support transformation.
- Continued joint working at local authority level on safeguarding.
- Ongoing work with HEEM on workforce planning support.

5

Overseen through the following governance arrangements

- Shared system leadership via the South Nottinghamshire Transformation Board (SNTB).
- Diversity in make-up of the SNTB, in addition to Unit of Planning membership, also Healthwatch, public health and lay membership.
- Sharp focus on views and involvement of patients and the public.

3

Measured using the following success criteria

- Delivery of the Unit of Planning vision
- Improved outcomes achieved as per outcome ambitions set for 2014/15 – 2018/19
- Sustainability of the care economy achieved
- Improved patient /citizen and carer experience
- Achievement of KPI/outcome metrics of BCF
- Reduction in emergency activity and hospital length of stay for urgent and proactive care (20 – 30%)

6

System values and principles

- Engage and consult carers, patients, citizens and staff
- Promote health and wellness
- Commit to acting as an accountable care system
- Ambition and courage alongside accepting and managing risk together to support sustainability

High level risks to be mitigated

- Challenge inherent in implementing complex, interdependent, system-wide transformational change
- Maintaining 'business as usual' and improving service quality through significant service change
- Supports sustainability of the health and social care economy through ambitious targets for change.

Appendix B – Five-Year Strategic Plan Risks and Mitigating Actions

Risk	Mitigations
1. The plan produced by the unit of planning does not provide a confident view of its ambitions	• The plan builds on insight gathered from providers, commissioners and citizens/patients across South Notts. • Nationally produced indicative benchmarking data has been used in the development of some of the 'known' interventions to determine the high impact opportunities *(we know key areas for change and a number of the supporting interventions however the benefits and impacts of these have to be fully worked through and identification of what else needs to change to maximise benefits).* • Robust project management and system leadership - South Notts CCGs are fully committed to achieving the ambitions set out for the next five years, however they are aspirational at this point and need further work to give confidence that they are achievable hence leadership and the project management role will be crucial. • Involvement of key stakeholders across the care economy - there will be an ongoing programme of work over the next six to 12 months to test and develop further the interventions and benefits discussed in the March design events as well as work on what else needs to be developed, improved and changed to support the scale of change needed.
2. The plan does not describe the detailed interventions required to deliver the ambitions	• Work will continue beyond June and final submission of the plan to NHS England to confirm the interventions to support the delivery of the ambitions as far as possible and start the design phase. • The plan will provide the strategic framework to deliver the South Notts vision and associated ambitions – it will need to have a degree of flexibility with regard to the level of interventions identified as further work is needed on the benefits they will generate and remaining gaps to be addressed over the forthcoming months. • In the work to date there is a clear rationale behind the metrics and assumptions made that will support the delivery of the ambitions - however they need to be tested further with clinicians and practitioners across the care economy, and this will be an ongoing exercise over the next six to 12 months.
3. Plan not owned by key stakeholders	• The plan has been shaped by the SNTB and the membership of this group contains all the commissioners and providers in the South Nottinghamshire Unit of Planning as well as representatives with a key interest. • Clinicians and managers from all the organisations on the SNTB were involved in the initial development and design of interventions. There will be a continuing programme of work to develop these ideas further with a smaller number of these individuals via focused working groups. • Patients and carers were also involved in the design of the interventions and the SNTB will work with the Citizens' Panel to continue to involve the public in the plan and its development.
4. Plan does not ensure the sustainability of the system	• Plan aligned to the Better Care Fund. • Plan aligned with local providers' aspirations and the process of triangulation with key provider plans has been undertaken. However, this will need to be revisited on an ongoing basis. • South Notts will continue to explore mechanisms to promote the sustainability of the providers and commissioners in the care economy and if any changes to assumptions are made, then the implications of these will be factored in. • During 2015 a general election is due - this may result in policy changes that materially influence what has been proposed over the five-year plan period. Work would be undertaken to determine the impact of any such changes as soon as practicable and associated discussions undertaken across the Unit of Planning as well as with the LAT.
5. Plan not delivered as governance process not sufficiently	• The SNTB has been set up to oversee the development of this plan and the Terms of Reference will be reviewed in June to oversee the implementation of the five-year strategy. • Alongside this, the governance process for transformational activity in South Notts is being reviewed with a view to

Risk	Mitigations
robust to monitor progress and risks effectively	providing recommendations to inform the post-June set up. The newly appointed Director of Transformation will be leading on this.
6. Plan not delivered as capacity and capability not aligned to supporting delivery of the plan	• Senior clinical leadership across the Unit of Planning is aligned to the delivery of the plan. • A Director of Transformation has been recruited to help co-ordinate the delivery of the plan. • New workstreams will be designated and existing workstreams re-aligned to the plan as part of the governance review to ensure as far as possible that existing capacity is in line with the transformational requirements and accountability in place. • Close working is occurring with Health Education East Midlands and the LETC over workforce support and development planning to support the aspirations set out in the plan. • The Connected Nottinghamshire Programme is co-ordinating the information system integration requirements across Health and Social Care for the Nottinghamshire CCGs. Planning is underway to deliver the capabilities required to support transformation and the new models of care. All key stakeholders are engaged in this work with phase one of implementation due to commence from October 2014.
7. The rigidity of the primary care contracts impact upon the delivery of integrated community provision	• A number of South Notts GPs have been involved in the design of the plan and this will continue to happen as further work is undertaken to promote the proposed suggestions supporting achievement of the vision and sustainability of the care economy. • CCGs are collaborating with General Practice and the Area Team on the development of the primary care strategies across South Notts and on key enablers to support implementation – this needs to be on the basis of ongoing partnership working.
8. United leadership across organisational boundaries is not sustained to carry through transformation set out in the strategy	• Mechanisms in place to maintain and refresh leaders' energy over the long haul, for example, organisational development support and half-day away day sessions for the leaders across the Unit of Planning (engagement in the behavioural aspects of system change needed). • Unit of Planning will focus on the benefits at the heart of change and aligning staff so that the right people can make the right decisions, at the right time - approximately 70% of change initiatives fail to deliver their anticipated value due to people-related issues. • SNTB is giving consideration to having a 'critical friend' (an experienced health and social care professional) who can be called upon when inevitable challenges and organisational priorities prove problematic to help mediate in discussions and re-vitalise collaborative leadership over the five-year period.
9. Specialised commissioning not within the remit of South Notts UoP	• Work closely with NHS England and the Area Team on their specialised commissioning intentions and associated budget allocations to be able to factor in the impact of any changes in their intentions on CCG budgets and NUH finances and triangulate overall financial position.

Appendix C – Glossary

A&E	Accident and Emergency	JSNA	Joint Strategic Needs Assessment
AHSN	Academic Health Science Network	KLOE	Key Line of Enquiry
AT	Area Team	KPI	Key Performance Indicator
BCF	Better Care Fund	LA	Local Authority
CAMHS	Child and Adolescent Mental Health Services	LAT	Local Area Team
CCG	Clinical Commissioning Group	LETC	Local Education and Training Council
COPD	Chronic Obstructive Pulmonary Disease	LOS	Length of Stay
CPD	Continuing Professional Development	LTC	Long Term Condition
CQUIN	Commissioning for Quality and Innovation (a form of incentive payment)	MDT	Multi-Disciplinary Team
CYP	Children and Young People	NHS	National Health Service
ED	Emergency Department	NHS 111	Non-emergency NHS telephone line
EDS2	Equality Delivery System 2	NHSE	National Health Service England
EMAS 111	East Midlands Ambulance Service 111 (non-emergency telephone number)	NIHR	National Institute for Health Research
EPS	Engaged Practice Scheme	NUH	Nottingham University Hospitals
EQ-5D	EuroQol 5D	OT	Occupational Therapy
GEM CSU	Greater East Midlands Commissioning Support Unit	POD	Pharmacy, Oral & Dental
GP	General Practitioner	PYLL	Potential Years of Life Lost
HEEM	Health Education East Midlands	QIPP	Quality, Innovation, Productivity and Prevention initiative
HWB	Health and Wellbeing Board	SNTB	South Nottinghamshire Transformation Board
ICCYPH	Integrated Community Children and Young People's Healthcare	TBC	To Be Confirmed
IT	Information Technology	UoP	Unit of Planning