

STP

The Nottingham and Nottinghamshire Sustainability and Transformation Plan

NEWSLETTER ISSUE 3 OCTOBER 2016

MAKING PROGRESS

WELCOME

Welcome to this third STP newsletter. At the time of writing, theme leads are busy finalising their cases for change as part of the next STP submission to NHS England by October 21.

The submission will see the detail of our plans progressed and changes made in response to panel feedback following the first draft submission at the end of June.

It has been a busy period since the initial submission of the draft STP as we have continued the dialogue with staff and stakeholders about how best to tackle the 'gaps' of health and wellbeing, care and quality, and finance and efficiency.

Following the June 30 submission and the panel feedback from leaders of the national bodies, work is underway to address the priority areas for action for our STP submission by October 21.

Current activities are seeing the progression of detailed plans for individual projects to address the quality, health and wellbeing, and finance gaps including new models of care and national clinical priorities. Clarity is being sought on our governance structure and delegated decision-making so that we can demonstrate clear evidence of wider stakeholder sign-up and engagement. Working alongside colleagues in public health, we are establishing the prevention plan including the contributions that primary care can make and how we can best influence citizen's lifestyle changes.

Other ongoing work includes the development of a fully costed workforce plan, and a description of the service and financial benefits on the new models of care of the proposed Sherwood Forest Hospitals/Nottingham University Hospitals merger.

We are working on translating all the financial initiatives into more detailed plans where necessary. These include progressing the detail on the delivery of the organisational cost improvement programmes over the five-year period and ensuring that the majority of change initiatives are turned from outline plans to detailed business cases and implementation plans.

Included in our future work plan is time being spent 'stress testing' some of the assumptions being used in our modeling. We are also looking at the risks involved in developing the STP and how we best might mitigate against those risks occurring. Workshops in October are set to look at two example high impact areas with delegates able to challenge and re-work plans.

MEDIA INTEREST

The national and local media have picked up on STPs and we have provided as many interviews as possible about the work that is taking place in Nottingham and Nottinghamshire.



As one of the few social care/local government leaders of a STP, David Pearson has received many requests both directly from the media and indirectly via NHS England to speak to radio, TV and press. We arranged for a number of leaders to be interviewed for the Radio 4 You and Yours programme, with interviews with David Pearson and consultant Tasso Gazis from Nottingham University Hospitals (NUH) being subsequently broadcast. BBC news bulletins, BBC Radio Nottingham, and local media such as the Mansfield Chad newspaper picked up on the STP discussion and were provided with interviews. The launch of a national report by lobbyists 38

Degrees coincided with these interviews and there was coverage in The Guardian and elsewhere on the development of STPs nationally.

Tasso Gazis told You and Yours:

“There are two schools of thought (with regards to urgent and emergency services) – one is to set up urgent care and other centres with the hope and expectation that they relieve pressure on emergency departments when people need urgent help, the alternative philosophy is that if people are going to come you make sure that there is the right level of services for when they arrive to meet that demand. The other thing that is particularly relevant for the

sustainability and transformation plans is for people with long-term conditions such as long-term lung conditions and diabetes is: ‘are there things that could be done in a structured way in routine care that would mean when you get poorly you’re able to look after yourself more assertively and confidently?’ We know that the majority of beds in acute hospitals are occupied by people who have pre-existing long-term conditions or who are frail and older.”



David Pearson told You and Yours:

“I expect there to be a lot of debate, not only in Nottinghamshire but across the country but I think that’s absolutely right as health and care services are very important to us, when they’re right they can transform lives. We are committed to excellent local services but I also think that sometimes we have particular conditions or particular treatments that are required that are best served in a centre of excellence.”

When asked about the financial challenge facing STPs by You and Yours, David added: “We knew this would be the case across the NHS because the Five Year Forward View said that £8 billion was needed but that £22 billion would need to be saved and addressed through changing services and efficiencies. The best way to do this is to make sure that we are changing things to improve services and that we are able to make the case and that the population of Nottinghamshire can help in that design.”



WIDER ENGAGEMENT

There has been much media commentary as well as debates in Parliament in recent weeks over the supposed 'secrecy' associated with the development of nationwide STPs. Critics claim that plans across the country are being developed 'behind closed doors' and that citizen involvement is lacking. Here in Nottingham and Nottinghamshire we have been keen to get on the front foot and build a dialogue with staff, partners, other sectors, with the local community, and with the media. We know that our draft proposals will only work if they are forged from the views of staff and local people. We want our proposals to be as good as they can be. With the financial challenges we face and the potential benefits to be gained from new ways of working, we know we have to seize this current opportunity.

Our draft STP is built upon the firm foundations of months and years of engagement with local citizens through the involvement mechanisms of CCGs, trusts and the local authorities. The two transformation programmes in Mid Notts and Greater Nottingham have been developed in dialogue with their local populations, as have all the vanguards across the city and county which are advancing new models of care with engagement being intrinsic to their planning and implementation. These transformation programmes and vanguards are feeding in to the STP with our new five-year plan having the challenge of spreading best practice from these initiatives across the city and country.

In addition, since we began drafting the STP we have been listening to the views of interested groups and individuals. In the build-up to the initial June submission we held two major stakeholder events with staff from health and social care organisations, representatives

from the voluntary sector, and representatives from independent Healthwatch. We have hosted several meetings for members of the city and county Health and Wellbeing Boards and non-executive directors of CCGs and Trusts, and held conversations and engaged in correspondence with local MPs. We have met with a dedicated STP clinical group to discuss the best ways of advancing the STP.

This newsletter is the third such newsletter issued by the STP to a mailing list of key stakeholders. The newsletters will all be made available, along with other STP materials, on a new website area dedicated to the STP which is being built by Nottinghamshire County Council's digital team. We have met as many media requests as possible and joined in national debates such as the recent NHS Expo where David Pearson joined a panel of experts lined up by the Health Service Journal.

Following submission of the revised draft STP by October 21, we intend to publish a public-facing summary to help further the dialogue with public and patients. This will be placed on the STP website which will also host a video of clinicians discussing local plans – currently available on Vimeo.

In other engagement activities we have seen CCG boards consider the draft STP, information taken to Better Care Fund programme boards, and an initial meeting of CCG, trust and local authority communications and engagement leads take place in order to help them brief their own organisations about plans and responsibilities. As we move into October and beyond we want to carry out more engagement activities with more audiences, sharing our initial thoughts and gaining vital insights from citizens about what is required and how any plans would best work in their local communities.



OBTAINING CLINICAL LEADERSHIP AND ENGAGEMENT IN THE STP

Clinical colleagues from across health and social care including primary and secondary care met at the end of August to debate clinical engagement within the STP.

Among the topics discussed were the linkages between the over-arching STP and existing plans in the city and county, the role and purpose of a clinical reference group and the difference that clinicians could make to the emerging proposals.

The meeting was held at County Hall, West Bridgford, as a follow-up to the initial clinical leads meeting in June with attendees including GPs, acute care leads, public health leads and social care leads.

Among the comments made, clinicians stated the challenge was to determine best practice through evaluation and scale up those initiatives across the area. It was requested that colleagues across health and social care try to adopt the same terminology when describing similar things and drop the jargon wherever possible. Clinicians also welcomed ideas to bring together existing plans throughout the area into a more simplified and streamlined overall plan.

Alison Challenger, Director of Public Health, Nottingham City Council, who helped organise the event, said: "What we were hearing from clinicians is that it would be best working to one plan for Nottingham and Nottinghamshire with sensitivity to local delivery where appropriate. We have also heard feedback that the clinicians group can best serve the process through having decision-making ability and the role of providing a 'sense check' to proposals."

LEADS FOR PRIORITY WORK AREAS

A number of workstreams are being established to consider how we might take forward proposed activities set out in the draft plan. Each area has a key individual sponsor and a senior responsible officer (SRO). They are:

Priorities	Sponsor	Senior responsible owner
1. Promote wellbeing, prevention, independence and self-care Support people to stay healthy and independent, and prevent avoidable illness	Barbara Brady	Rachel Sokal, Jane North and Helen Jones
2. Develop Technology enabled care Use technology to help citizens stay healthy and manage own care, and to help providers deliver care more productively	Vicky Bailey	Andy Evans
3. Strengthen primary, community, social care, and carer services Improve access to GPs, help people with long-term conditions stay well and avoid acute care, and support frail elderly to live (and die) in line with their wishes	Dawn Smith	Maria Principe
4. Simplify urgent and emergency care Help people to quickly and simply access the most appropriate provider for their urgent care needs	Amanda Sullivan	Dawn Atkinson
5. Ensure consistent and evidenced based pathways in planned care Provide planned care with minimum avoidable variations in quality and cost	Sam Walters	
6. Drive system efficiency and effectiveness Maximise provider productivity and efficiency	Louise Bainbridge	
7. Deliver the acute service reconfiguration Deliver quality and cost benefits from Nottingham University Hospitals and Sherwood Forest Hospitals merger	Peter Homa	Tim Guyler Peter Wozencroft
8. Improving housing and environment Address the wider factors in society that impact on health and wellbeing	Bev Smith	David Banks
Themes and enablers		
Future proof workforce and organisational development Improve the sustainability and affordability of the local health and care system	Lyn Bacon	Jackie Hewlett-Davies
Maximise estates utilisation More care in the community rather than in hospital should reduce the amount of estates. Benefits to be gained through reduced costs, reduced maintenance, making better use of existing buildings, and improved patient experience	Ruth Hawkins	Mike Simpson
Robust commissioning and system governance Support how we work together to deliver the STP	David Pearson	The STP Programme Executive Board
Proactive communications and engagement Critical in engaging citizens as we move forward and essential to success of the STP	David Pearson	Di Prescott

CONTACT THE STP LEAD

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