Our Strategic Priorities

2017-2020
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**Introduction**

Nottingham City CCG commissions a vast range of healthcare services from an array of providers. These include NHS Trusts, GPs, voluntary organisations and others who offer hospital, mental health and community-based care, as well as ambulances and patient transport. Through these arrangements we ensure that local people have access to the services they need on a day-to-day basis, whether for an emergency or something more routine. Many of these requirements are set out within national plans for the NHS, such as the Five Year Forward View, and you would expect every CCG in the country to be commissioning similar arrangements.

However, our role is not limited to commissioning the standard services you might expect to receive wherever you live in the country. Where appropriate, we also need to tailor services to meet the needs of people living locally. The local population of Nottingham City has a number of health-related needs and influencing factors that make it unique. These need special attention so that we can endeavour to bring the health and wellbeing of local people in line with other comparable cities in England as far as possible.

It is worth noting that commissioning local healthcare services becomes more challenging year on year as the population expands and ages. Funding is not available nationally to reflect these significant increases in demand. Our aim is therefore to make sure that we commission quality healthcare services that offer the best possible value for money, and which deliver the greatest health benefit to the population we serve.

Alongside national plans to develop NHS healthcare, there are a number of partnership strategies and plans in place within Nottinghamshire and Nottingham City that will help to address local needs. These include the Nottingham City Joint Health and Wellbeing Strategy, and the Nottingham and Nottinghamshire Sustainability and Transformation Partnership Plan (STP).

Whilst these plans are fully aligned and have similar objectives, for example to improve life expectancy by three years, they focus on the areas that can be addressed through working together as partners, rather than as individual organisations. As a result, we believe that some crucial gaps remain. These reflect the extensive data available about health and wellbeing within Nottingham City, as well as feedback we have gained from listening carefully to local people, GPs, other clinicians, and colleagues from partner organisations.

We believe that these gaps are where our CCG, as the local commissioner of healthcare services, can have the greatest impact on the health and wellbeing of those we serve most immediately: Nottingham City residents. We have therefore chosen to define these areas as our strategic priorities and have developed programmes of work to address them.

This document sets out these priority programmes which, in terms of making transformational change, will remain our focus for the next three years. Some of these areas will drive improvement in the medium- to longer-term, whereas others may enhance healthcare services and patient experience almost immediately.

We believe that describing and sharing our strategic priorities will help to focus attention on the healthcare areas we are seeking to transform specifically within the City. This will help to inform local people, clinicians, our partners and others about how, and why, we propose to prioritise our spending as well as the efforts of healthcare staff locally. Ultimately, local people will find it easier to hold us to account for delivering the commitments we are making.

It is important to note that these strategic priorities complement our commitments set out within the various other strategies and plans in place, and they are not mutually exclusive. The diagram and table overleaf show how these all fit together and describe the purpose of each document. Our CCG is fully committed to achieving our strategic priorities for Nottingham City as well as the various objectives and actions described within these other plans.

Having engaged local people, clinicians and others throughout this process, we encourage you to share both this document, and your views on these priority areas and how well you think we are addressing them. Our contact details are on the back page and we look forward to hearing from you.

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1. The Five Year Forward View was launched by NHS England in 2014. Since then, two further related documents have been published: the Five Year Forward View for Mental Health, and the General Practice Forward View. See pages 7 and 45 for more information.
Relevant Strategies and Plans

The following diagram shows the various strategies and plans that, when combined, define our overall commissioning programmes and activities. Further information about each publication and how to find out more can be found in the appendix on page 43.

We are committed to delivering the objectives and actions set out within each plan, whether they relate to NHS developments nationally, our wider partnership work, or the priority programmes agreed by our own organisation.
Our population

Our strategic priorities respond directly to facts and figures about the local population. These are described in detail within the local Joint Strategic Needs Assessment (JSNA)\(^2\), and we have also used information from the Office of National Statistics (ONS).

This section highlights the key health needs of our local population to show why it is important that we prioritise certain areas.

If you are interested in learning more, you can view the latest Nottingham City JSNA and ONS statistics on-line at: http://bit.ly/2sLeXMi and http://bit.ly/27THfBg

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**Nottingham City population**

The health needs of the population vary significantly depending on where you live in the City:

- **High population turnover** - 1 in 5 people moves home every year, with half of these people moving out of the City.
- **1 in 3 children** and **1 in 4 adults aged 60+** are affected by income deprivation.
- **The first language of 1 in 4 school children is not English**.
- **Lower levels of older people** compared with the national average, although the number aged 85+ years is expected to increase.
- **More people aged 16-64 claim some form of benefit** - 4.4% higher than the England average.

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**Healthy life expectancy in Nottingham**

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
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<tr>
<td>57.8 years</td>
<td>58.4 years</td>
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Furthermore, for people living in poorer parts of the City, the time they will spend healthy can be up to 17 years less (Public Health England 2016).

The average healthy life expectancy across England is nearly 6 years more: 63.4 years for men and 64.1 years for women.

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**Key Nottingham health facts**

- The health needs of the population vary significantly depending on where you live in the City.
- **15,000 adults** have been diagnosed with diabetes.
- **3 in 4 premature deaths** are caused by cancer, circulatory disease, respiratory disease or liver disease.
- Preventable sight loss (surgical blindness) is twice the England average.
- **1 in 5 people smoke** (compared with 1 in 6 in England).
- Smoking during pregnancy is 70% higher than the average for England.

- There are **significantly higher numbers of alcohol-related hospital admissions and deaths** than the England average, and this is increasing.
- **3 in 5 adults** are overweight or obese.
- At any one time in Nottingham, there are estimated to be **over 51,000 people** with a **mental health problem** including depression and anxiety.
- **1 in 10 children** aged 5-16 years have a diagnosable mental ill health condition. However, 7 in 10 of these children do not receive appropriate advice, support or treatment at a sufficiently early age.
- **Musculoskeletal problems** are a major cause of ill health and demand for these services in Nottingham is 8% higher than the national average for urban areas.
- Despite its young age-structure, Nottingham has a **higher than average rate of people with a limiting long-term illness or disability**.

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**Life span**

People in Nottingham live shorter lives and spend more of their lives in ill health compared with the England average.

- The local population is expected to rise to **332,700** by 2024.
- **318,900 people** are estimated to live in Nottingham City (based on latest estimates in 2015).
- **363,000 people** are registered with Nottingham City’s 54 GP Practices.
- **318,900 people** are estimated to live in Nottingham City (based on latest estimates in 2015).
- **Life expectancy is 76.6 years (men) and 81.6 years (women)**.
- That’s 2.3 years lower (men) and 1.5 years lower (women) than elsewhere (source: ONS 2015).

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**General facts**

- **1 in 3** is from a Black, Asian and Minority Ethnic (BAME) group – 34.6% (with more than a third of these from an Asian/Asian British background).
- **3 in 10 people** are aged between 18 and 29 (29%).
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**Further reading**

- Nottingham City’s JSNA is produced in collaboration by Nottingham City CCG, Nottingham City Council and the Crime & Drugs Partnership. Its purpose is to identify the ‘big picture’ in terms of health and wellbeing needs and inequalities in Nottingham City. It identifies need and demand, both now and in the future, and is an essential tool in informing our commissioning plans and activities.

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Introducing our strategic priorities

We are committed to involving local people in our commissioning activities, and engaged many local people and professionals in the development of our strategic priorities.

Activities included events, surveys and focus groups with various community groups to understand what different people need from their health services. As well as considering information about the health and wellbeing of our local population, we listened to the views of local people, and the professional opinions of our 54 member GP practices, other local clinicians and partners. We used the evidence and feedback gathered to inform the development of our ambitions and strategic priorities, which are introduced within this section.

Following a series of discussions and development sessions held in 2016, our CCG agreed three key ambitions, which we aim to achieve by 2020.

Our three ambitions

Our ambitions, which are shown on the right, centre on the key aspects of health and wellbeing where outcomes in Nottingham are worse than comparable cities elsewhere in England, but which are not fully addressed by the other plans in place. Using the public health information available, we have identified three significant gaps:

1) People in Nottingham live fewer years in good health than elsewhere;
2) A person’s quality of health and wellbeing varies considerably depending on where they live within the City; and
3) More local people need to be empowered to manage or improve their own health, which includes making personal lifestyle changes where their current choices may lead to poor health and wellbeing in the future.

Whilst our CCG ambitions focus on healthier lives, we also remain committed to the joint ambition of increasing life expectancy as set out within the Health and Wellbeing Strategy for Nottingham City.

Our strategic priorities

Having agreed our three ambitions, we looked at where we believe we can make the biggest and most significant difference in each area. Based on the public health data available we identified four conditions relevant to the health of people living within Nottingham City.

1 Mental Health:
   i) Adults
   ii) Children and Young People

2 Cancer

3 Long Term Conditions
   with a particular focus on diabetes and respiratory illnesses such as Chronic Obstructive Pulmonary Disease (COPD)

4 Musculoskeletal Problems

Key Enablers

In order to maximise the impact we make on these four priority areas of healthcare, we have identified two further key areas where it is essential that we make progress:

i) Primary care
ii) Social value and cultural competence

These enabling factors have also been highlighted during discussions with local people as areas where we can significantly improve the quality of patient care and experience, and improve access to services.

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‘Mental Health’ relates to a person’s emotional and psychological wellbeing. Our mental health affects how we think, feel and behave, and influences how we handle stress, relate to others and the choices that we make. Mental ill health is very common and affects people of all ages, with 1 in every 4 people experiencing related problems at some point during their lives. Diagnosing and treating mental illness at an early stage can reduce its impact dramatically.

The national picture

The Five Year Forward View for mental health, published in 2016, sets out a number of priorities that we are committed to delivering. These include:

• Delivering a health service that operates 7 days a week
• Closer integration between mental and physical health services
• Promoting good mental health and preventing mental ill health
• Improving access to psychological therapies (IAPT)

This national strategy also focuses on helping people to move off benefits or into employment by doubling the number of individual placement and support arrangements across England. This will help target people with mental health problems who want to work, but who need help and support to make this happen.

Challenges for Nottingham

There is a known link between a person’s wellbeing and certain factors such as deprivation, people with long-term conditions, and social factors. This means that certain groups are more likely to experience poorer mental wellbeing. As a City with some of the highest levels of deprivation, we know that this area is a particular challenge within Nottingham.

National research shows that people with physical health problems and disabilities tend to have poorer levels of wellbeing. It also showed that people who are unemployed or not in paid work tend to be affected more than people who are working, in full-time education or in retirement. Again, these are factors that affect many people living in the City.

Locally, there is a higher than average suicide rate compared with the rest of England and, more recently, we have seen higher numbers of patients with mental ill health cared for outside of Nottingham City owing to pressures affecting the availability of local beds. We have continued to invest in community-based teams over the past three years, but demand on the system is increasingly high and remains a challenge for us. We also know that those with mental ill health need access to support outside of normal working hours to help prevent avoidable emergency attendances at hospital.
Strategic Priority 1a: Mental Health - Adults

• Continue our work with GP practices to encourage them to improve the physical health of patients with serious mental illness. This will also help to address health inequalities, as this group of people is known to have a reduced life expectancy of between 10 and 15 years on average.

• Integration of mental health services into primary care and local care delivery groups to enable a proactive approach to mental health support, targeted at areas with the greatest need.

Over the coming months we will explore how we can improve access to alternative support services.

We also want to encourage more flexibility in the local mental health workforce to help reduce waiting times, and for crisis teams to be freed up to deliver services as intended. To achieve this, Nottinghamshire Healthcare NHS Trust is changing how its community teams work. Specialists in mental and physical health will work together as joint teams based within the various localities across the City. Not only will this mean a more holistic approach to a patient’s care, but also easier access to services and greater convenience for patients.

This approach will also mean that we can achieve greater efficiencies, so that services will be more readily available to a greater number of people. It will also help us to target and address variations in the quality of care.

What local people say

Mental health is regarded by local people as the most significant priority for the CCG to address. There is a desire for equal focus to be placed on mental health as there is on physical health, and for the two to be considered together when commissioning health services. Improving waiting times for treatment and ensuring continuity of care were particular areas flagged as needing improvement.

Many people have shared with us how changes, gaps and transitions in care can make their mental health problems worse. There are also concerns relating to wider issues, such as social isolation, life pressure, trauma and social stigma. Some groups told us that they spend long periods of time alone because of fear of prejudice, responsibilities at home or lack of motivation. Others talked about mental health issues linked to the loss of social or family networks, for example refugees, asylum seekers or students who are living away from home; transgender people in relation to changing identity; and homeless people who have experienced changes in circumstances.

Some feel that mental health services need to cater better for certain needs, such as being homeless or deaf. Others told us that more mental health expertise in primary care would be helpful, with greater expertise on medication and the various treatment options available.

Our response

Mental health affects many groups of people disproportionately. Our aim is to improve the overall health and wellbeing of those with mental ill health, target specific groups including older people and black, Asian and ethnic minority communities, as well as address the gap in lifespan for those with severe mental ill health. We also want to reduce the number of people having to travel outside of the City for treatment, shorten waiting times, increase the amount of treatment and care undertaken within the community, and so reduce avoidable emergency visits and admissions to hospital.

Over the next three years we will specifically commission the following:

• Sanctuary services that provide safe environments to support patients outside of normal working hours to support patients with mental ill health.

• A mental health navigation service, enabling GPs to gain rapid access to advice from psychiatrists.

• Continuation of the STEPS programme (Support Towards Empowering People) for black, Asian and ethnic minority groups, providing tailored one-to-one and group support for those with language and other cultural barriers.
The national picture

In 2013, a survey estimated that 850,000 children and young people in England have a mental health problem7 and that:

• 1 in 5 young adults shows signs of an eating disorder
• 1 in 12 deliberately harms themselves
• Nearly 80,000 children and young people suffer from severe depression

Published by the Department of Health and NHS England in 2015, Future in Mind8 is a national programme that sets out best practice and describes how mental health services for children and young people should transform across the country.

It focuses on tackling the stigma around mental health, introducing more standards for access and waiting times, establishing ‘one stop shop’ services in the community, improving access for particularly vulnerable children and young people, and how different organisations can deliver these aims by working together in partnership.

Challenges for Nottingham

We estimate the emotional health and wellbeing of children and young people living in Nottingham by using national prevalence data.

We also know from feedback that there is a need for better and more targeted mental health services locally. Specific issues include:

Self-Harm

All services are seeing increasing numbers of children and young people who are self-harming. More children are being referred to children’s mental health services, attending the Emergency Department, or being admitted to children’s wards. Children are self-harming at a younger age, with reports of self-harm by seven year olds. There has also been an increase in complexity of the cases seen.

Suicide

The number of suicides among children and young people is low in Nottingham. To help reduce this further, it is important to tackle self-harm at an early age, as some suicides involving teenagers suggest a link with self-harm when they were younger.

Domestic Violence

A significant number of children in Nottingham City are witnessing or experiencing domestic violence, either as part of their family life or within their own relationships.
Children who are exposed to domestic violence are four times more likely to experience mental and emotional health issues, and so this is a significant issue for children and young people in the City.

**Children in Care**

In 2016/17, there were 623 children in care in the City (94.5 per 10,000 population), which is comparatively higher than similar cities in England. Although children and young people in care experience many of the same health risks and problems as their peers, these are often made worse by their experiences of poverty, abuse and neglect. This contributes to significantly higher rates of mental health disorders for children in care (45%, rising to 72% for those in residential care, which compares to 10% of the general population aged 5 to 16).

This feedback tells us that we need to prioritise the commissioning of services that offer early help and advice for children and their families, and which promote and support ‘resilience’. This means that we need to be clearer about what services are available, make certain that different services work together effectively, and ensure that services are delivered in the most appropriate location for children and young people to access them, for example, at school or college.

We also know that it is particularly important to plan a child’s transfer to adult services as they mature into adulthood. Without proper planning and support at this important stage in a young person’s life, they may not receive the ongoing support they need from adult services.

It is particularly important that services offer targeted support to the most vulnerable children and young people, who are significantly more likely to experience emotional and mental health problems than their peers. This includes children in care and care leavers, children within the youth justice system and unaccompanied asylum-seeking children.

Feedback from children and their families using children and adolescents’ mental health services (CAMHS) tells us that we need to focus on making it quicker and easier for families to access these services. This contributes to significantly higher rates of mental health disorders for children in care (45%, rising to 72% for those in residential care, which compares to 10% of the general population aged 5 to 16).

**What local people say**

In partnership with Nottingham City Council and a number of other agencies, we already commission a range of mental health services for children and young people. We regularly seek the views of clinicians, children and their families on the services already available in Nottingham and how these might be improved.

Our response

We want to ensure that services are both based on what is proven to work well, and tailored as far as possible to the needs of the individual child or young person. Over the next three years we will focus on the following:

- Increasing the number of children and young people able to take part in the Academic Resilience programme in schools and colleges. This programme helps children and young people to develop skills and strategies to cope with challenges they face that could, in turn, affect their mental health as well as impact on academic achievement. The programme is designed to help young people work through their problems and give them strategies to manage issues themselves, which will help to prevent mental health difficulties from developing.
- Increasing the availability of targeted and specialist mental health support for children and young people when they are in crisis, as well as those with eating disorders. This will include services for groups of children known to be more at risk of emotional or mental ill health.
- Improving the availability of, and access to, general children and adolescent mental health services (CAMHS).
- Improving the availability of services that provide early help and promote resilience for children and their families, as well as allowing them access to evidence-based treatments.
- Improving the way in which primary, community and secondary services work together when they come into contact with children, so that they can meet their needs more effectively.
- Making it easier for children and families to get information about early help and support services, as well as the interventions available and how to access them. This information should be accessible to those children and their families or carers who are more at risk.
- Providing schools and health organisations with consultation, advice and guidance from CAMHS to enable them to improve the support they give to children and young people with emotional needs.
- Developing the local workforce to ensure sufficient numbers of staff are skilled and competent to deliver evidence-based interventions and to provide appropriate support for local children and their families.
- Developing and collecting data measures which allow us to assess the impact that services are having, both on a case by case basis, and overall.
Cancer is a term for a number of related diseases. There are more than 100 types of cancer and it can start anywhere in the human body. In all cases, abnormal cells divide without control and can invade nearby tissues. Cancer cells can also spread to other parts of the body through the blood and lymph systems.

Some cancers are preventable, as they are influenced by lifestyle choices such as smoking, poor diet or exposure to the sun without protection. Not surprisingly, people living with cancer can experience psychological stress, such as anxiety or depression.

The national picture

In July 2015, NHS England published a five-year cancer strategy for England, which reflected feedback from hundreds of people and was supported by a special fund of £200 million. This national strategy focuses on six priority areas: prevention; earlier diagnosis; patient experience; living with and beyond cancer; investment in high quality, modern services; and commissioning, accountability and provision.

This cancer strategy is entirely relevant to health needs within Nottingham, and we are committed to the part we play in delivering it locally.

Challenges for Nottingham

Cancer is one of the City’s most significant health challenges and remains a top priority for us. Cancer is the highest cause of premature death in Nottingham, with the most common types of cancer being skin, lung, breast, prostate and bowel. Every year, 1,300 local people are diagnosed with cancer and 620 people die from the disease.

Around 2 in 5 cancers are preventable as a result of making healthier lifestyle choices. Smoking is the single largest preventable risk factor for cancer, followed by obesity and lack of activity. Whether a person accesses health services, including screening, is strongly influenced by their social and economic position, meaning that there are significant inequalities across Nottingham City.

Strategic priority 2: Cancer

What local people say

The most common theme raised by local people relates to barriers preventing people from getting their symptoms checked, particularly fear of diagnosis and lack of awareness about the implications of cancer. Black, Asian and ethnic minority communities in particular feel that more needs to be done to undertake health checks and screenings, which are reportedly more successful when undertaken in community venues. People clearly feel that more education is essential to help them recognise the early signs of cancer and what to look for.

As lifestyle choices can play a key role in preventing cancer and long-term conditions, many groups have discussed with us the barriers that stop them from making changes, both personally and in relation to their community and cultural background. Black, Asian and ethnic minority groups expressed a need for greater awareness about eating more healthily and becoming more active. People in the lesbian, gay and bisexual group workshop, those with learning disabilities and the deaf community feel that information and education should be more tailored, targeted and in the appropriate format to improve its effectiveness.

Some people have told us that they feel isolated once treatment is finished and they have been discharged from hospital, and that they would benefit from more psychological support throughout.

Our response

We intend to improve survival rates following cancer, as well as prevent cancer in the first place, and so close the gap between rates in Nottingham City when compared with the rest of the country. We want more patients to be treated within 62 days following an urgent referral when it is suspected they may have cancer, and for more patients to feel supported after discharge to enable them to recover physically and mentally. We also aim to improve experience scores based on patient feedback following treatment or discharge.

To make the most impact over the next three years, we will focus on:

- Rolling out lung cancer screening across the City, with a focus on GP practices based in the north west of the City where smoking rates and incidents of lung cancer are higher
- Working with all GPs and partners to improve rates of bowel screening
- Continuing to deliver targeted arrangements to encourage people to stop smoking, including services for hospital inpatients, patients accessing mental health care, lung MOT checks in areas where smoking rates are highest, and piloting the use of e-cigarettes
- Commissioning all elements of the Recovery Package, with a primary focus on implementing cancer care reviews and health and wellbeing events
- Giving GPs the ability to refer patients directly for diagnostic tests so they can assess possible symptoms of cancer in cases where the 2-week urgent GP referral process does not apply. This includes tests and scans for suspected bowel and pancreatic cancers
- Linking mental health services with physical health pathways, including improving access to psychological therapies to support those with cancer
- Targeting prostate cancer services towards black, Asian and minority ethnic communities where there are higher incidents of cancer owing to lower levels of awareness
- Performance managing and supporting hospitals to improve how quickly they see and treat patients following an urgent referral for suspected cancer

The Recovery Package is recognised in both the Five Year Forward View and the Cancer Taskforce Strategy and outlines a commitment to ensuring that every person with cancer has access to the elements of the Recovery Package by 2020. There are four main interventions: holistic needs assessment and care planning; treatment summary; cancer care review; and health and wellbeing events. The roll out of these interventions will better support and improve the quality of life of people living with, and beyond cancer.
A long-term condition cannot be cured, but can be managed by medication and other therapies. Examples are diabetes, heart disease and chronic obstructive pulmonary disease (COPD). Long-term conditions last a year or longer and can affect the quality of a person’s life. They may require ongoing care and support, and can lead to psychological problems. People with these conditions can be supported to lead a healthier and longer life by undertaking activities to manage their condition effectively.

There are clear links between long-term conditions, deprivation and lifestyle factors. Many conditions are preventable through encouraging people to make informed lifestyle choices, such as eating healthily or not smoking.

The national picture

As the average population continues to live longer, more people develop one or more long-term conditions. Many people with conditions go on to require emergency care or hospital admission, and most need ongoing support within the community. The care needed to support conditions is often complex, and demand for these services is very high. As a result, 70% of the health service budget nationally is spent on the care of people with long-term conditions.

National surveys tell us that patients with long-term conditions want to be more informed and involved with their own care. They also want greater access to more prevention services as well as better support to help them manage their conditions themselves.

Challenges for Nottingham

Diabetes and COPD have the greatest health impact in Nottingham. These are responsible for the majority of early deaths and poor quality of life in terms of health and wellbeing.

We know from national data that many people living in Nottingham have diabetes but have not yet been diagnosed, particularly those from black, Asian and ethnic minority communities. This equates to just under 3 in 10 people with diabetes undiagnosed in the City, which is nearly twice the national average. Side effects of having diabetes include damage to the retina (retinopathy) causing irreversible blindness if untreated, an increased risk of having a stroke, painful nerve damage (neuropathy), and a higher likelihood of needing a lower limb amputation.

Similarly, it is estimated that more than 5,800 people in Nottingham have COPD but have not yet been diagnosed. Over the past year, we have seen an increase in the rates of asthma (narrowing of the airways in the lungs, causing breathing difficulties) and bronchiectasis (widening of the airways in the lungs, which increases the risk of infection).

12 Source: Five Year Forward View, Chapter 1: “Why does the NHS need to change?”
What local people say

People have told us of the importance of targeted education and information to help identify symptoms of long-term conditions. They have also emphasised the value they place on community-based programmes, including tailored approaches which encourage self-care amongst specific communities. Health checks are seen as an important part of prevention and management of long-term conditions, particularly for black, Asian and ethnic minority communities. Many groups want to see more tailored and culturally specific programmes and information about healthy lifestyles.

Groups including lesbian, gay and bisexual, mental health service users, deaf, Caribbean, and asylum seeker and refugees expressed the importance of support groups in helping people to manage their own conditions. There is a particular emphasis on targeting support groups to specific communities, with many feeling that ‘mainstream’ groups would not address specific cultural or communication needs.

Our response

Commissioning for long-term conditions will remain a top priority for us over the next three years and beyond. Our ambition is to prevent people from developing long-term conditions in the first place, enable earlier diagnosis of conditions and, once diagnosed, support people in managing their condition as effectively as possible. We will also target specific groups where evidence shows that outcomes are poor, and awareness and uptake of services is low. We will commission services in line with what local people have told us, as well as available evidence including research. Our focus on this area will help to improve local health and wellbeing at the same time as reducing the pressure on critical health and care services.

To encourage patients to manage their conditions themselves we will be putting in place greater support, such as anxiety management, rehabilitation services and self-help groups. We will also implement diabetes programmes tailored to suit individual needs, including cultural and language considerations, and consider providing on-line programmes as an alternative.

Working with our health and care partners we will commission and support the following activities:

**Diabetes**
- Improve access to long-term conditions services for people from black, Asian and ethnic minority communities
- Work with public health, GPs and community services to increase the detection and diagnosis of Type 2 diabetes, particularly among more deprived groups and/or black, Asian and ethnic minority communities who are most at risk of having the condition but less likely to have been diagnosed
- Expand the availability and accessibility of culturally-sensitive educational programmes for those with diabetes and their carers
- Consider the provision of psychological support for patients with diabetes and other long-term conditions
- Address inequities in accessing diabetic retinopathy screening services
- Improve foot care and enable better links with podiatry services as part of the pathway
- Improve care for young people whilst in transition from children’s services to the new community diabetes service
- Support primary care to improve the management of patients with diabetes within the community by involving specialist nurses and pharmacists more effectively
- Support GPs in using data to improve the way they diagnose, manage and care for patients with diabetes
- Ensure that patients with diabetes-related health problems are fully supported within the community after they leave hospital as a result of enhanced discharge planning arrangements
- Use Equity Audits to monitor access and utilisation of the new diabetes service

**Respiratory**
- Ensure that more patients with COPD are diagnosed by undertaking training with GPs, smoking cessation advisers and other primary and community care colleagues to recognise the signs and symptoms
- Commission lung ‘MOT’ checks in areas where smoking rates are highest
- Tailor stop smoking sessions to meet the specific needs of individuals with COPD, and support hospital wards in helping to encourage patients with COPD to stop smoking
- To ensure they are operating effectively, review the following:
  - COPD admissions to understand better how they can be avoided
  - The respiratory pathway
  - The pulmonary rehabilitation programme
- Increase the proportion of patients with COPD receiving the annual influenza and pneumococcal vaccination

We will also consider the use of anxiety management programmes within the respiratory pathway.

**Other long-term conditions**

Alongside our work on diabetes and COPD, we will also undertake targeted activities to transform the health and wellbeing of those with other long-term conditions, including:
- Redesigning the stroke pathway
- Redesigning and procuring a carers’ service
- Redesigning and enhancing an integrated respiratory pathway across the system
- Continuing to integrate health and social care services where appropriate
- Continued education and training, targeted to those most at risk of developing a long-term condition, including those from a black, Asian or ethnic minority background
Musculoskeletal (MSK) disorders affect your muscles, bones or joints and include conditions such as osteoarthritis, tendonitis or fibromyalgia. Problems cause various symptoms such as recurrent pain, swelling or joint stiffness, and can greatly affect the quality of someone’s life.

MSK disorders are common with the risk of developing conditions increasing with age. Choices in lifestyle, occupation, activity levels and family history also influence the likelihood of developing a MSK condition.

The national picture
People with MSK conditions need access to a wide range of high-quality support and treatment, from simple advice to highly technical, specialised medical and surgical treatment. In many cases, this group of patients has endured some of the longest waiting times for hospital care, particularly while awaiting surgery. The national Musculoskeletal Service Framework addresses these issues by describing best practice, built around evidence and experience, and recommends actions for changing practice. It promotes:

- The redesign of services
- Making best use of the skills and roles of healthcare professionals
- Better outcomes for people with musculoskeletal conditions through a more actively managed patient pathway
- Explicit sharing of information and responsibility between different organisations and healthcare professionals

Challenges for Nottingham
Although the need to develop MSK services formed part of our 2013 strategy, we are now placing a higher priority on this area of care. Not only has demand increased so significantly, but rising levels of obesity remain a concern. Demand for MSK services in Nottingham City is 8% higher than the national average for urban areas in England. Added to this, we have seen a year on year increase in referrals of around 3%, which makes it harder to see so many people as quickly as we would like.

Based on national prevalence figures, around 85,000 adults in Nottingham City are affected by lower back pain each year. Arthritis Research UK has also produced estimates for the number of people suffering from arthritis of the knee or hip, which are the most common forms of osteoarthritis. In Nottingham, around 18,015 people (18.5%) aged 45 and over have knee osteoarthritis, 6,626 of whom have it severely; and 10,682 people (11%) aged 45 and over have hip osteoarthritis, 8,380 severely.

Because of the scale of local demand, we spend more money on MSK services in Nottingham City than on any other programme area.

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With NHS budgets having to stretch ever further, we are committed to finding better ways of delivering this service so that more people can be treated without any further increase either to waiting times or to our overall budget. MSK services are considered an important factor in helping to prevent avoidable surgery, which would need to be undertaken in hospital. They are also essential in helping people to live healthy lives - one of our core ambitions.

What local people say
Local people have told us that they wish to stay fit and mobile so that they can get out and about and continue doing the things they enjoy. They cited difficulties in getting a GP appointment, which affected their overall health, and said that they wished to manage their own health issues where possible. People would like to have better access to a choice of local and relevant services, a single approach to referral, and streamlined care that is better coordinated between different organisations and healthcare professionals.

Similarly, people want to see a more holistic approach taken by healthcare professionals, with equal focus placed on physical and mental health. Addressing these factors would ultimately result in a better patient and carer experience.

Many people involved in our discussion groups acknowledged problems with diet, exercise and lifestyle but felt that there were barriers to addressing these, e.g., being out of work, poor housing, work pressures, childcare commitments and lower levels of income.

Our response
Over the next three years we will focus on enabling better access to services for more people. We will redesign local services within the existing budget whilst continuing to improve the quality of services provided. Our activities will be based on what is working well in Nottingham and elsewhere, and will respond directly to what local people have told us. As part of this transformational programme we will:

- Ensure provision of services across the City so that patients have access to community physiotherapy and pain services as close to home as possible
- Introduce a single electronic referral process for patients suffering from pain, including urgent cases. All essential information will be provided at this first point of referral to minimise the risk of future delays in the patient’s ongoing care
- Provide each patient and their GP with a summary of the key points of their MSK journey, including an ongoing management plan, at each point of transfer
- Put in place opportunities for informed patient choice during every stage of the MSK pathway, with an emphasis on promoting self-care and management
- Encourage and support the training and up-skilling of community clinicians, so that they can refer directly to hospital-based orthopaedic and diagnostic services where appropriate
- Scope the potential of amalgamating pain management services with effective triaging of orthopaedic conditions into a single commissioned pathway, ensuring better outcomes for patients as well as consistency in the provision and quality of services across Greater Nottinghamshire
- Review the acupuncture service to meet NICE guidelines, making sure that the treatments available are based on evidence
- Work with health and care partners to encourage people to become more active, so reducing levels of obesity

While these new developments are underway, we will work with current providers to ensure continuous improvement in the services they provide.
Nottingham City Clinical Commissioning Group

Our Strategic Priorities 2017-2020

5. Strategic Priority 1a: Mental Health - Adults

The challenges faced within primary care in Nottingham are similar to those in most other cities across England. Based on results from the national GP patient survey, 17 in 20 Nottingham patients are satisfied with GP services they have received, which is the same as the national average.

However, there are a number of forthcoming challenges we need to address if GP and primary care services are to meet the needs of Nottingham City people well into the future. Local people have also raised concerns with us about certain elements of primary care during various engagement events and in surveys.

We recognise the importance of continuing to develop and improve primary care if we are to meet our ambitions and strategic priorities. We have therefore identified primary care as a ‘key enabler’, and it is essential to make progress in this area at the same time as delivering our strategic priority programmes.

Primary care is the first point of contact for most people when they need healthcare services. GPs (family doctors) are the main provider of primary care services, alongside community nurses, pharmacists, opticians and dentists. Primary care clinicians may refer a patient to a specialist for assessment or treatment.

Our CCG is responsible for managing contracts with GPs, and NHS England commissions all other primary care services.

Nationally there are workforce challenges, whereby fewer medical trainees are choosing to become a GP. Added to this, once qualified, more GPs are opting to work as salaried doctors or locums, which means a greater reliance on temporary staff at greater expense. Like everywhere else, this affects Nottingham City where we see high numbers of GPs approaching retirement age, and several local practices being run by a single GP. With greater demand on health services than ever before, these workforce challenges place even more pressure on community-based services.

Key Enabler 1:

Primary Care
Key Enabler 1: Primary Care

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Key Enabler 1: Primary Care

Key Enabler 1: Primary Care

We will continue to provide training packages to support improvements in administrative services. These include our successful training programme for receptionists, which supports them in having difficult conversations with patients and signposting people to other appropriate services.

Furthermore, we will be extending or reconfiguring the buildings of at least four GP practices over the next three years to make them fit to deliver modern primary care services.

Aim 2: Support primary care colleagues to manage variation, and standardise care for all patients and across all practices

We remain committed to the continuous improvement of local GP services. Across Nottingham GP practices there are differences in performance or patient outcomes. We want to reduce this variation, so that all practices are achieving good standards across all areas of care.

We are therefore launching a programme to look at how performance between our 54 member GP practices varies across a range of clinical areas. We will also continue to carry out thorough reviews where areas of poorer performance are highlighted by national surveys, with the aim of having all practices achieving similar standards by 2020.

What local people say

One of the principal concerns raised by local people relates to patients not being able to get appointments with their GP quickly enough, with some experiencing long waits. Many felt that same day appointments should be guaranteed, with urgent appointments being available either immediately or within a few hours of the request being made. It was felt that standards should be put in place for the length of time patients should expect to wait for urgent, routine and pre-bookable appointments. Once agreed, people wanted to see the same appointment system applied across all GP surgeries.

It was also suggested that more services during the evenings and weekends should be made available and easy to access. Groups such as mental health users, deaf people and those with a black, Asian or ethnic minority background feel that GP appointments should allow more time for those who have specific communication or other needs.

Beyond parents of young children, there was little awareness of alternative routes into health services other than GPs, for example, pharmacists or the 111 service.

Our response

We are introducing a number of projects with three specific aims as discussed below. These respond directly to local feedback and requirements set at national level.

Aim 1: Improve access to GPs and other primary care services through our patient offer and pilot project for weekend working

Our Primary Care Patient Offer is a new initiative, which has been developed locally and commissioned for the next three years. As part of this offer we have introduced a number of standards for primary care locally which respond directly to local feedback; for example, all practices are now expected to offer same-day urgent appointments, routine appointments within three days, and pre-bookable appointments with nurses up to four weeks in advance. Other areas we are exploring include extending services into the evenings and at weekends.

We are arranging for translators or deaf signers to be present during dedicated GP appointments with patients who do not speak English or have hearing difficulties. We are also arranging longer appointments with GPs for these and other patients with special communication or other needs.

Aim 3: Enable more patients to manage their conditions at home, supported by their GP, modern technology, and other community-based services

We will empower local people to manage their health proactively. Multi-disciplinary teams will focus on supporting the patient first and foremost, rather than the disease. We will also enhance access to ‘social prescribing’, where GPs, nurses and other primary care professionals can signpost patients to a range of non-clinical services based within the local community. These might include social clubs or services that provide support and advice for a non-health related issue, but which is impacting on a person’s health and wellbeing.
Nottingham is a vibrant and diverse city, and home to people from all walks of life. This was reflected in our various discussions with local groups and people when developing our priorities.

Serving a population with such varying backgrounds and experiences means that we need to be particularly mindful of different needs when commissioning local services. Research shows that having a better understanding of different communities can help to improve both the quality of health care and advice given, as well as the person’s experience. It is particularly important when influencing attitudes and behaviours relating to lifestyle choices, e.g. smoking or diet, or when helping people to spot the signs of ill health or manage any health conditions they may have.

Having this understanding will also help us to communicate and engage better with local people. Our approaches need to be targeted and tailored more effectively to local communities, especially where traditional approaches are not working. We know that more face-to-face communication, through either voluntary and community organisations or trusted community leaders, can be far more effective than general healthcare messages shared widely with as many people as possible.

When commissioning the services we are responsible for, we can also have a positive impact on wider social, economic and environmental aspects that benefit the local community. The extra benefit we create is termed as ‘social value’.

Before starting any procurement process, as commissioners we are encouraged to think about the services we need to buy, or the way we will buy them, to help secure benefits for the local area and the people we serve.

Key Enabler 2: Social Value and Cultural Competence
What local people say
During our engagement activities, as well as supporting the development of our priorities and what we do, people have highlighted a number of key areas relating to how local services are shaped and delivered.

People from a wide variety of backgrounds, including communities we do not often hear from, feel we would be more effective in delivering our priorities if healthcare professionals had a better understanding of different cultural and other needs. There is a strong sense that greater cultural competence and understanding would also lead to more effective diagnosis and treatment, as well as a better patient experience overall.

Some groups demonstrated less awareness of how to access primary care services such as GPs, which demonstrates how generic, broadcast messages about health services do not effectively reach everyone.

They would like to see information about local services and educational health messages to be tailored and targeted so that they reach the right people more effectively. They also suggest working directly with communities in developing material, and making greater use of trusted people within communities to help deliver messages.

People are generally supportive of the principle of promoting self-care and taking more responsibility for one’s own health. They also recognise, however, that health cannot be separated from wider social and cultural factors, known as ‘the wider determinants of health’. These include aspects such as a person’s housing, living and working conditions, education, and their social and community networks. There was a particular emphasis on ensuring community-based support services, which are tailored to the characteristics and needs of specific groups.

Our response
In response to feedback from local people, we are developing a programme of work to support our commissioning activity that focuses on cultural competence, social value and communication. The programme covers three distinct areas as follows:

Aim 1: Agree a set of social value objectives and using them to increase the value we add through our healthcare commissioning activities

We want to make sure that we address the wider determinants of health in how we commission local services. This means finding ways to increase the social value of what we do and what we commission. We will make social value a core part of what we do by embedding it in everything that we do. We will make sure that every penny we invest provides as much wider social benefit as possible because, like our population, we recognise that health does not exist separately from social or cultural factors. While we do not have direct responsibility for certain influencing factors, for example employment or the environment, we recognise that these can have a crucial effect on a person’s health and wellbeing.

Aim 2: Improve communications and engagement with local people so that we target and tailor information and education

We acknowledge the feedback we have received about how we inform and educate people to help us deliver our commissioning priorities. We will develop a new communications strategy that focuses on delivering targeted and tailored messaging. We will work closely with local community and voluntary sector organisations, as well as trusted people within communities, to help us develop and deliver health messages. We want to focus on making our messaging as effective as possible, which means we will do fewer generic ‘one-size-fits-all’ communications.

Aim 3: Improve the cultural competency of our staff, clinicians and services

We are refreshing our cultural competency programme in response to feedback relating to the cultural, communication and other needs that people have when accessing health services. This programme aims to make our healthcare services and professionals more responsive to people’s needs. As a result, they will be better equipped to provide the right support for all patients.

The wider determinants of health

These are the broad social and economic circumstances that, together, determine the quality of the health of the population

Source: Dahlgren and Whitehead (1991)
Implementing our priorities

Now that we have agreed our strategic priorities, we are developing detailed action plans for each area. These set out the various tasks required, how we will measure their delivery and effectiveness, when they will happen, and the people responsible for delivering them.

Every two years we are required to produce an operational plan (see pages 7 and 43). The next version will include the relevant actions needed to deliver each of our strategic priorities. These documents are published on our website at www.nottinghamcity.nhs.uk or can be requested by contacting us directly (see the back cover for details).

Assessing how we’re doing

Overall, there is one key measure to evaluate the effectiveness of our work programmes: the number of years in which local people live in good health, both overall across the City, and within the particular communities that we are targeting. With the support of public health colleagues, each year we will evaluate progress against this measure and adjust our action plans accordingly should we feel that we are not making sufficient progress at the pace required.

Our Governing Body oversees our work and makes decisions on key CCG issues. It is comprised of senior officers from the CCG, elected GP member representatives and non-executive members, and meets once a month in public. Papers and meeting details are available on our website, and members of the public can submit questions beforehand so that areas of particular interest can be addressed during the meeting.

To make sure we continue to maintain momentum in delivering our strategic priorities, our Governing Body will receive regular updates and review the progress we are making, focusing on a particular area each month.

Engaging local people and partners

Our strategic priorities and supporting plans directly reflect feedback from local people. We remain committed to engaging with our communities both to make sure that our work is having the desired impact, and to inform future activity.

We will share copies of our plans and progress updates with our People’s Council. This is a body comprised of local representatives from patient groups and the voluntary sector who, between them, mirror the demographics of Nottingham City. It was created to support our CCG in engaging and communicating with local people.

We will seek the Council’s advice on engaging further with our local communities to share progress and to gain feedback on the effectiveness of plans underway.

We will also encourage GP members to share our priorities and the progress we are making with members of their Practice Participation Groups. Likewise, patient feedback received via these groups will help evaluate the impact we are making and will inform our next steps.
Implementing our priorities

This publication and relevant updates will also be discussed regularly with our partners to ensure alignment with joint plans, such as the Health and Wellbeing Strategy and the Nottingham and Nottinghamshire STP, and to gain support for our strategic priorities. We will work with partners as far as possible to strengthen our ability to make progress in these areas and will welcome their feedback to help inform future programmes of work.

Reporting our progress

We will report progress against our strategic priorities and the impact we are making on the overall measure of healthy lives both in our annual report and at our Annual General Meeting. We are also planning to hold public meetings over the next three years, during which we will discuss areas of interest and speak to local people about the progress we are making. Relevant papers and updates will be available on our website and we will share notable events, news and other information with the local media.

Appendix: Relevant strategies and plans explained

<table>
<thead>
<tr>
<th>Strategy/plan</th>
<th>Timescale</th>
<th>Applies to</th>
<th>Summary</th>
<th>Web link</th>
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<tbody>
<tr>
<td>CCG Strategic Priorities</td>
<td>2017-2020</td>
<td>Local (CCG)</td>
<td>Sets out the CCG’s top priorities that will have the greatest impact on health needs in Nottingham City.</td>
<td>This document</td>
</tr>
<tr>
<td>CCG Operational Plan</td>
<td>2017-2019</td>
<td>Local (CCG)</td>
<td>How the CCG will deliver the NHS ‘must dos’ for day-to-day services, how it will drive forward strategic priorities, and how it will contribute to the Nottingham and Nottinghamshire STP (see overleaf).</td>
<td><a href="http://www.nottinghamcity.nhs.uk/images/stories/docs/About_us/Publications/Strategy_planning/NCCG_op_plan_201617.pdf">http://www.nottinghamcity.nhs.uk/images/stories/docs/About_us/Publications/Strategy_planning/NCCG_op_plan_201617.pdf</a></td>
</tr>
<tr>
<td>Joint Strategic Needs Analysis (JSNA) for Nottingham City</td>
<td>Many areas refreshed 2016</td>
<td>Local (Partnership)</td>
<td>Describes the health and wellbeing of the population living within Nottingham City and the lifestyle factors that have the most influence.</td>
<td><a href="http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottingham-JSNA.aspx">http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottingham-JSNA.aspx</a></td>
</tr>
<tr>
<td>Nottingham City Joint Health and Wellbeing Strategy – ‘Happier Healthier Lives’</td>
<td>2016-2020</td>
<td>Local (Partnership)</td>
<td>Describes the shared vision, ambitions and priorities for making Nottingham City happier and healthier. Rather than focusing on the specific responsibilities we have as individual organisations, this strategy focuses on the areas of need that can be best tackled by working in partnership. There are many factors that influence health and wellbeing, such as poor achievement at school, struggling to find employment, or making lifestyle choices that can cause problems later on, e.g. smoking or lack of exercise.</td>
<td><a href="http://bit.ly/2nyg7cE">http://bit.ly/2nyg7cE</a></td>
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### Nottingham and Nottinghamshire Sustainability and Transformation Partnership Plan (STP)

**Strategy/plan:** 2016-2021 Nottinghamshire

Describes the five-year joint plan for improving the quality of care, health and wellbeing of local people, the finances of health and care services across Nottingham and Nottinghamshire, and the role of partners in delivering these objectives. Through the STP, we work with health and care partners to transform services across the region, making them more effective and efficient in meeting the needs.

Web link: [http://www.stpnotts.org.uk](http://www.stpnotts.org.uk)

### Nottingham City Clinical Commissioning Group Our Strategic Priorities 2017-2020

<table>
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<tbody>
<tr>
<td>Five Year Forward View</td>
<td>2014-2019</td>
<td>National</td>
<td>Developed by the partner organisations that oversee health and care services at a national level, this plan describes what the NHS needs to do to address the widening gaps in the health and wellbeing of the population, the quality of care, and the funding of services. It sets out commitments for the NHS to deliver locally.</td>
<td><a href="https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf">https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf</a></td>
</tr>
<tr>
<td>General Practice Forward View</td>
<td>2016-2021</td>
<td>National</td>
<td>A later addition to the Five Year Forward View, this publication describes the national commitment to an extra £2.4 billion a year by 2020/21 to support general practice services. It sets out required improvements to patient care and access as well as investments to be made in new ways of providing primary care.</td>
<td><a href="https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf">https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf</a></td>
</tr>
<tr>
<td>'Improving Outcomes': The National Cancer Strategy</td>
<td>2011-2015</td>
<td>National</td>
<td>The national strategy for cancer aims to help the NHS deliver cancer services that are among the best in the world. It sets out how health and care services will be changed to improve results for all cancer patients and ultimately achieve better cancer survival rates.</td>
<td><a href="https://www.gov.uk/government/publications/the-national-cancer-strategy">https://www.gov.uk/government/publications/the-national-cancer-strategy</a></td>
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Notes
NHS Nottingham City CCG is keen to involve patients, carers, local communities and members of the public, healthcare workers, partners and others in the planning and evaluation of healthcare services.

If you have any questions or comments about this publication or the CCG’s work, you can contact us as follows:

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Visit: www.nottinghamcity.nhs.uk

Please contact us using the details above to request this document in large print and other languages.