Sustainability and transformation plans are five year plans detailing how local areas will work together to modernise health and care and achieve financial balance by 2020. In March 2016, England was divided into 44 geographic ‘footprints’ to create plans based on the local health needs. These plans were submitted to NHS England and NHS Improvement in October 2016 and have since all been published. The plans are still in development and areas will simultaneously start to implement the sections of the plan furthest ahead whilst continuing to work on other sections.

NHS England’s ‘Next steps for the Five Year Forward View’, published in April 2017, changes the language around STPs – referring to them as Sustainability and Transformation Partnerships.

This summary gives an overview of the key points in your STP based on the plans submitted in October 2016. It is not exhaustive and there will have been developments since this point. The level of detail in the summary is reflective of the level of detail within the plan. It does not reflect the BMA position in any way. To stay up to date with what is going on and to read the BMA’s analysis of the plans, please see our website: www.bma.org.uk/stp

If you would like to send comments on the STP process nationally then please email Holly Higgs (hhiggs@bma.org.uk).
14. **Nottinghamshire**

**Population:** 1.0 million

[Link to plan](http://www.nottinghamcitycare.nhs.uk/stakeholders/stp.html)

**Lead:** David Pearson, Nottinghamshire County Council

Contact your regional coordinator about your STP: jstringer@bma.org.uk

**Priorities are:**
1. Promote wellbeing, prevention, independence and self-care
2. Strengthen primary, community, social care and carer services
3. Simplify urgent and emergency care
4. Deliver technology-enabled care
5. Ensure consistent and evidence-based pathway in planned care

**Key points:**
- Likely candidate to become an ACS (Accountable Care System), with an early focus on Greater Nottingham and the southern part of the STP.
- Indicative workforce changes include 12% cut in band five and similar roles; 24% increase in community and primary care workforce. The core skills group would have a net reduction of more than 640 posts, with the largest falls in urgent and planned care. There would also be a drop of 116 mental health and learning disability posts but an increase of 38 in primary care.
- Within the illustrative example there would also be a net reduction of foundation skills staff, typically bands 1-4 staff, which would drop by more than 200. There would be growth in what the STP calls “enhanced” and “advanced” staff, which it defines as bands 6-7 staff and junior doctors and consultants, GPs and advanced nurse practitioners. Bands 6-7 posts would grow by 2% and the other roles by 7%, an increase of almost 300 posts.
- Across all staff groups, the example suggests there would be a net reduction of 562 staff – 2.7%.
- 13 services currently being delivered by Nottinghamshire University Hospitals will be re-tendered next year. All affected services are outside the national tariff payment system. Some services may not continue in their current form or if ‘de-commissioned’ may not run at all. Services will be affected from July 2017.
- 200 hospital beds to be cut over the next two years in acute settings.
- Improved emergency care expected to reduce emergency admissions by 5%, reduce mental health related emergency attendances and admissions over the next two years by 10%.

**Engagement:**
- Contact: STP@nottscc.gov.uk
- Workforce modelling session was held in January that the BMA attended.
- General feedback was sought with a deadline of 16/02/17 for submissions/contributions.

**Finances:**

*Financial gap by 2020/21*
- Healthcare: £473 million
- Social care: £155 million
- Combined: £628 million
Savings proposed:

- Strengthening primary, community, social care and carer services: £50 million
- Simplified urgent and emergency care (acute bed reduction of 200 over two years): £8 million
- Simplified urgent and emergency care: new model of urgent care (based on UEC vanguard value proposition): £8 million
- Consistent, evidence based pathways in planned care: £21 million
- Reduction in system variation: £45 million
- Maximise estates utilisation: £20 million
- Promotion of wellbeing, prevention, independence and self-care: £31 million

If planned organisational efficiencies and transformational plans are successfully delivered, the 2017/18 remaining gap is expected to total £40 million.

To support this, the STP would need additional transition funding of £26 million in 2017/18 and £19 million in 2018/19 to be invested in out of hospital care.