Nottinghamshire Sustainability and Transformation Plan 2016-21

Footprint name and number: Nottingham and Nottinghamshire (14)
Region: Midlands and East
Nominated lead: David Pearson
Organisations within footprint:

NHS Mansfield and Ashfield CCG	Nottingham Emergency Medical Services
NHS Newark and Sherwood CCG	Healthwatch Nottingham
NHS Nottingham City CCG	Healthwatch Nottinghamshire
NHS Nottingham North and East CCG	Primary care providers
NHS Nottingham West CCG	Local Medical Committee
NHS Rushcliffe CCG	Nottingham City Council (unitary)
Nottingham University Hospitals NHS Trust	Nottinghamshire County Council
Sherwood Forest Hospitals NHS Foundation Trust	Ashfield District Council
Nottinghamshire Healthcare NHS Foundation Trust	Broxtowe Borough Council
Nottingham CityCare Partnership	Gedling Borough Council
Circle Nottingham Limited	Mansfield District Council
East Midlands Ambulance NHS Trust	Newark and Sherwood District Council
Community and voluntary sector partners	Rushcliffe Borough Council
NHS England (for specialised commissioning)	Bassetlaw health and local government as associates

21 Oct 2016

Opening statement

Commitment from STP system leaders:

Putting together this STP has been a **collaborative effort** which has been challenging as well as inspiring. The process of developing it has brought us together as leaders of health and social care across Nottinghamshire in a new way, driven by a collective determination to improve services for local people and find innovative ways to continue to deliver the best care. We know that unless we do this, our system will not be sustainable and affordable over the next five years given that funding cannot keep up with rising demand.

We need to make some quite **fundamental changes to be able to deliver care** in more joined-up ways, working across organisational boundaries and thinking less in terms of where care is delivered and more on how it is delivered. As leaders, we take responsibility to lead by example and work together as 'system leaders' to create the conditions for this to happen. This may sound obvious, but it is not straightforward given our statutory responsibilities, the formal accountability we have to Boards and our members, and the way funding flows in the current system.

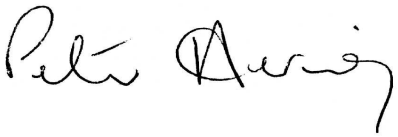
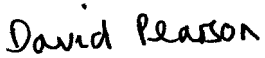
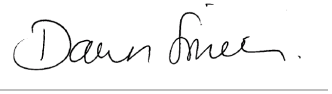
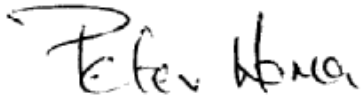
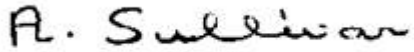
We have some **significant strengths to build on and are proud of what we have achieved so far**, with a number of innovative new ways of providing care and support in Nottinghamshire including five NHS Vanguards, one primary home care pilot, two integrated care pioneer programmes, a fast track for Transforming Care and the recently awarded Nottingham Biomedical Research Centre that brings together Nottinghamshire Healthcare NHS Foundation Trust, the University of Nottingham and Nottingham University Hospitals NHS Trust world class translational research. Learning from each other across the county has been a helpful by-product of the STP process and is something we are committed to continuing.

There are also **some risks of which we are all too aware**. Perhaps the biggest risk is that we are taking on a programme of change which is on a scale and of a complexity which we have never undertaken before. This will place new demands on us in terms of leadership, workforce and organisational development. It will reveal gaps in our capacity and capabilities which we will need to close if we are to be successful in delivering on the aspiration and initiatives described in the STP. First and foremost, we need to make the transition from planning to implementation, which will mean mobilising hundreds if not thousands of our staff to play their part in implementing specific changes which are part of the major initiatives we have agreed upon.

The financial gap our system faces is substantial, and though we have modelled the expected impact of our various initiatives there is **more detailed work to do to refine our estimates of the impact of each initiative**, as well as challenging ourselves to see whether we can bring forward some of the initiatives to deliver benefits earlier. There is also the unresolved question of how we work through situations where the financial gap falls unevenly across the system during the transition process, so that one organisation might be in deficit while others are in a relatively strong position.

There is a saying that ***'a journey of a thousand miles begins with a single step'***, and that seems apt for our situation. We are acutely aware that there is a very long way to go, and that making a strategic plan is much easier than delivering it. At the same time, we have made some important early steps, and done so together, in a way that bodes well for what lies ahead.

We have therefore **signed off this plan as a group of system leaders**, as an articulation of our level of ambition and commitment to work together to do the best we can for our citizens. We recognise that it is a 'work in progress' and gives us a good starting point for contract negotiations, though more detailed work will be needed to align the assumptions required to agree contracts and operational plans. We have some important gaps to close, are aware of those gaps, have discussed them and are equally committed to continuing to work together to refine and strengthen the plan, whilst ensuring we continue to take responsibility at a local level to mobilise for implementation.

STP The Nottingham and Nottinghamshire Sustainability and Transformation Plan	 Peter Herring Chief Executive Sherwood Forest Hospitals NHS Foundation Trust	 Ian Curryer Chief Executive Nottingham City Council	 Bev Smith Chief Executive Mansfield District Council
 David Pearson CBE STP Lead Corporate Director Adult Social Care, Health and Public Protection, Nottinghamshire County Council	 Anthony May Chief Executive Nottinghamshire County Council	 Sam Walters Chief Officer, NHS Nottingham North and East Clinical Commissioning Group	 Dawn Smith Chief Officer NHS Nottingham City Clinical Commissioning Group
 Ruth Hawkins Chief Executive Nottinghamshire Healthcare NHS Foundation Trust	 Dr Peter Homa CBE Chief Executive Nottingham University Hospitals NHS Trust	 Amanda Sullivan Chief Officer NHS Mansfield and Ashfield Clinical Commissioning Group and NHS Newark and Sherwood Clinical Commissioning Group	 Vicky Bailey Chief Officer NHS Rushcliffe Clinical Commissioning Group and NHS Nottingham West Clinical Commissioning Group

Executive summary

We have found the collaborative process of developing our Sustainability and Transformation Plan (STP) both inspiring and challenging. We have used the ongoing engagement and feedback with local citizens through the involvement mechanisms of clinical commissioning groups (CCGs), NHS trusts and local authorities to shape this plan reflecting what is important to people. We have built on the significant improvements to people's health, wellbeing, and care that have been delivered in the recent past, and by seeing the exciting innovations being led by our 'vanguards'. We have been inspired by how much potential there still is to improve our citizens' health and wellbeing, through doing what we already do well more consistently, by developing new ways of for delivering care better and more efficiently, or using technology to support people to manage their own care. We have been inspired to set ourselves ambitious goals and to renew and strengthen our commitment to work together across health, local government, independent sector, and voluntary organisations to deliver these goals.

It is clear that we are facing one of the most difficult periods in health and social care: as our citizens live longer - which should be a cause for celebration - the proportion of their life spent in ill health and their need for health and care support is growing. This is all taking place at a time when our collective resources to support them are increasingly limited and challenges our health and care systems to operate in a better, more sustainable way to support our population, and to do so quickly. This will be achieved not by having each organisation do more in the usual way, but by developing a new model of shared responsibility for health and wellbeing between our citizens and communities and our services, and by developing new models of working together across health and care organisations. We find ourselves challenged as system leaders, to lead together the delivery of a complex change programme at a scale and pace that our system has to date not experienced. This has led us to explore in detail what it takes - in terms of capabilities, resources and mindsets - to deliver, what existing strengths we can build on, and where we will need to learn from others.

Inspired by what we know is possible, we are determined to overcome these challenges and, engaging with the citizens of Nottinghamshire, working with our staff, and acting as one leadership team, build a 21st century health and care system that we can all be proud of. In the rest of this executive summary, we explain the challenges, our approach to overcoming them, and how we will deliver.

What challenges do we face?

Working together and listening to our citizens we have identified the main challenges across all ages and across mental and physical care needs. We know that the foundations of lifelong health and wellbeing are usually established as children and adolescents and it is therefore important to support children and families to make healthier choices.

Health and wellbeing

- The proportion of local people living in ill health is growing, and while people are living longer, an increasing proportion of their lives is spent in ill health. Our healthy life expectancy is lower in Nottinghamshire than many other parts of England. This is due to:
  - An increase in conditions such as diabetes, heart disease and respiratory disease that are often the result of lifestyle choices
  - A result of people living longer, with growing numbers of people with dementia or at risk of experiencing loneliness or social isolation
- We have significant health inequalities, with more than one-quarter of our population living in the most deprived areas of England, and with Nottingham ranked as one of the most deprived city regions in the country. These need to be reduced
- There are big differences in deprivation levels across the city and county affecting older people and children and young people, and a concentration of higher levels of economic deprivation in Nottingham City, Mansfield and Ashfield

Care and quality

Access to care - Nottinghamshire is among the worst performers in the following areas:

- We consistently fail to meet the target for 95% of people arriving at A&E being seen and treated within four hours
- Our ambulance response times are lower than the national average
- Waiting times for treatment for cancer are higher than the national average
- Nottinghamshire has a higher rate than the national average for people with learning disabilities or autism being admitted to hospital
- Young people with mental health needs are receiving care within 10-13 weeks of being referred, against an aspiration of four weeks
- Access times to see a GP vary significantly across Nottinghamshire

Quality of care - we have wide variation within Nottinghamshire in the following areas:

- The numbers of people with long-term conditions aged under-75 who die from preventable conditions is higher than the national average in Nottingham City but not Nottinghamshire, and the number of excess deaths in general for people under-75 is also higher than the national average
- Our providers have good/outstanding regulatory ratings, but Sherwood Forest has a 'requires improvement' rating and is continuing to work to inprove the quality of services it provides.
- Our social care performance includes some of the best in the country, but we are facing sustainability challenges, particularly in the care at home market

Finance and efficiency

- While demand is growing, healthcare services are receiving small budget increases, while social care faces significant decreases
- If we do nothing next year, we are forecasting an overall system gap of £314m for the local authority social care and public health budget.

- By 2021, this would grow to an an overall system gap of £628m for the local authority social care and public health budget
- Closing this gap would require a reduction of 4.5% in spending growth every year against our historic performance of 2%.

How will we address our challenges?

We recognise that the way care is delivered has changed for citizens in the last decade. Many of these changes might not have been expected, such as people safely returning home the same day after having a major operation or soon after giving birth, where previously they would stay in hospital for many days. People with long-term conditions such as diabetes are now able to monitor and manage their health independently at home using technology. In other areas we know that we have not managed to change the system as successfully, with people spending time in hospital when they do not need the specialist care of a specialist but do not have the timely support available to allow them to remain in their own home. Another example is people returning to outpatient clinics when their care could be provided locally.

At a high level, we have to continue to drive change supported by **six main aims** in order to reach our goals and overcome our challenges:

- Organise care around individuals and populations - not organisations - and deliver the right type of care based on people's needs, for example:,
    - Help those who are largely well today (most of the population) stay well through prevention and health education and manage minor issues themselves in so far as it is possible
    - Help those with a complex or advanced long-term condition that needs professional expertise and support to be as enabled as possible to manage their own care, to have an identified system to escalate care quickly in the event of exacerbations, and to have regular monitoring to identify changes in their health and social care needs as early as possible
- Help people remain independent through prevention programmes and offering proactive rather than reactive care, which will also reduce avoidable demand for health and care services
- Support and provide care for people at home and in the community as much as possible – which implies shifting resources into those settings - and ensure that hospital, care home beds, and supported housing are available for people who need them
- Work in multi-disciplinary teams across organisational boundaries to deliver integrated care as simply and effectively as possible
- Minimise inappropriate variations in access, quality, and cost, and deliver care and support as efficiently as possible so that we can maximise the proportion of our budget that we spend on improving health and wellbeing
- Maximise the social value that health and social care can add to our communities

At a more detailed level, our approach will be to **drive change in five high-impact areas**, supported by **continuous improvement** in housing and environment, acute services, and system efficiency and effectiveness, and **enabled** by workforce and organisational development, estates utilisation, and proactive communication and engagement. These are each described below:

Five high-impact areas:

1. Promote wellbeing, prevention, independence and self-care

Our main focus is to prevent illness, disease and frailty to enable our citizens to live healthy and independent lives. We will tackle inequalities in health by targeting our support to those individuals and communities where ill-health and the occurrence of unhealthy lifestyles is greatest. We will measure our success by increases in healthy life expectancy, a reduction in inequalities across population groups, and supporting people to live healthy lifestyles. This will result in:

- An increase in healthy life expectancy of three years by 2020/21 through a reduction in the occurrence and severity of disease. This will be delivered by systematic efforts to support people to improve their health and wellbeing through lifestyle changes, such as reducing smoking and harmful drinking, and improving mental wellbeing, including:
    - Decrease the prevalence of smoking from 24.2% to 18.8% (city) and from 17.1% to 15.2% (county), with separate targets for pregnant women
    - Reduce levels of overweight and obese children aged 10-11 (from 37.9% to 35% in city and 31% to 28% county) and adults (from 62.3% to 59.3% city and from 67.3% to 65.5% county)
    - Reduce rate of alcohol-related admissions from 927.5 to 696.1 (city) and from 653.9 to 585.9 (county) per every 100,000 citizens
    - Reduce organisational staff sickness absence rates
- A reduction in avoidable demand for health and care services by promoting independence and self-care, including through improved information and education and greater use of technology
- Reduction in health inequalities across the STP by reducing the slope index of inequality (mortality from causes considered preventable) from 206.6 to 167.8
- Increase in population levels of physical activity and good diet and nutrition including breastfeeding, and mental wellbeing
    - Reduce levels of physical inactivity to 25.6% (city) and 26% (county)
    - Increase breastfeeding rates from 48.6% to 51.6% (city) and 39.8% to 44.4% (county)

2. Strengthen primary, community, social care and carer services

We aim to ensure that our communities are supported to stay healthier for longer, and that when they are at risk of becoming unwell they are able to swiftly access consistent levels of care that is organised around their needs. Increased levels of access to integrated primary, community, mental health and social care services will help people to live longer, healthier and more independent lives. It will also offer much needed support for carers, reduce the pressure on general practice and reduce the number of people requiring hospital services. This will result in:

- Swifter access to general practice, which will be available 8am-8pm, seven days a week
- Better quality of life for older people and people with long-term conditions
- Reduced numbers of avoidable hospital admissions
- Increased early detection of illnesses, in particular in cancer and dementia
- Reduced instances of waste and patient harm from poor medicines management
- More people dying in accordance with their wishes as a result of better end-of-life planning
- A more multi-skilled and empowered workforce not limited by traditional boundaries
- A net savings of £50m by 2020/21

Through the above, and other objectives, we will reduce the number of emergency admissions in our hospitals (for example, 30% in south Nottinghamshire and 19.5% in mid Nottinghamshire), we will reduce our prescribing costs by 2%, and increase to 40% the number of citizens with diabetes meeting treatment targets. We will be in the top 25% of areas for citizen satisfaction with GP opening hours, those recommending their practice, and those with a same or next day contact. We will be in the top 25% of areas for numbers of older people remaining at home 91 days after discharge from hospital.

3. Simplify and improve urgent and emergency care

We aim to support citizens to access the most appropriate advice or service for their urgent care needs, minimising disruption for citizens and their families. For those with more serious needs, we aim to provide a service that can respond rapidly to meet those needs, whether in the community or hospital, ensuring that patients receive the best possible care and return home as soon as they are well enough. This will result in:

- More people able to self-treat as a result of improved quality of information and support available
- Fewer people arriving at hospital as a result of improved access to urgent care in settings other than A&E, such as general practice or pharmacy
- Timely and safe care for those needing hospital-based urgent and emergency care as a result of swifter access to a senior clinician on arrival at A&E
- People who are admitted to hospital able to return home sooner as a result of more effective processes for discharging patients
- A net savings of £16m by 2020/21

First and foremost, at least 95% of our citizens attending A&E will be seen and treated within four hours. Additionally, we will reduce the total number of emergency admissions by 5% via improved navigation of our citizens and workforce to appropriate services, reduce mental emergency attendances and re-admissions over the next two years by 10%, and we will reduce 200 beds in our acute setting by providing better alternatives for our citizens who are medically fit to leave the hospital but currently do not have enough support in the community or at home.

4. Deliver technology enabled care

We aim to use technology to help citizens stay healthy and manage their own care, and to help clinicians and other staff deliver care more efficiently. This will result in:

- Improved access to information for citizens, including about the availability of services and to all records and relevant self-care information
- Patients and service users no longer required to repeat the same information multiple times to different health and care professionals
- Clinical and care staff able to access and share information to support individuals' health and care needs.
- Availability of new technologies to support independent living, care at home and better self-management of conditions
- Savings of £3m per year by 2020/21 as a result of making better use of technology

5. Ensure consistent, evidence based pathways in planned care

Early diagnosis of illnesses and health conditions can improve outcomes and reduce costs of treatment. This is particularly true of cancer and other long-term conditions. Through early diagnosis we will support citizens to manage their condition and prevent deterioration. Much of this support can be given close to home in a community setting. Where specialist treatment is needed in a hospital or specialist centre, consistent pathways will ensure that patients receive the most appropriate treatment and are supported to return to their place of residence quickly following treatment. This will result in:

- Fewer people diagnosed with cancer or an underlying medical condition through the urgent and emergency care system
- The 18-week referral-to-treatment time for routine planned care will be consistently achieved by ensuring that the right patients are referred for specialist care
- All national standards on waiting times for cancer diagnosis and survival rates will be achieved
- Improved outcomes for people who have hip and knee replacements
- Reduced avoidable admissions for people with musculoskeletal disorders
- Savings of £21m by 2020/21

As a result, we will reduce gastro and cardiology outpatient appointments by 23% by 2018/19, reduce unnecessary ophthalmology referrals ensuring patients have access to the most appropriate service without delay, provide community ophthalmology closer to home allowing hospitals to treat the most serious conditions, and achieve a 9% reduction in musculoskeletal outpatient referrals.

Three areas for continuous improvement:

Improve housing and environment – it is critical that our citizens, particularly those with complex needs, have suitable accommodation that keeps them safe and secure. We will work with our partners to establish clear housing standards and to offer suitable housing while improving engagement of the housing workforce on health issues. We will also use the collaboration made possible by our broader focus to support health and wellbeing by considering, for example, the built environment, leisure and open spaces, as well as co-ordinating the use of regulation to improve health outcomes, such as licensing and air quality.

Strengthen acute services – Nottingham University Hospitals NHS Trust and Sherwood Forest NHS Foundation Trust will work together to manage the pressures and changes that are impacting on acute hospitals. This will assure the ongoing provision of clinically safe, high quality, acute and specialist care for the citizens of Nottingham and Nottinghamshire. Our hospitals will be reshaped in response to the changes brought about as we increasingly provide appropriate care in the community.

Drive system efficiency and effectiveness – ensure the health and care system operates as efficiently and effectively as possible in order to reduce waste and reduce unnecessary variation in the way we deliver care, for example in how regularly older people at risk of falling are assessed, advised and supported, to ensure we spend as much of our money as possible on improving the health and wellbeing of our populations.

Three main enablers:

Future proof workforce and organisational development - we have more than 40,000 highly committed health and care colleagues. Re-designing our workforce is essential for the successful delivery of our plan by working together as a system and with our citizens. Through this we will strengthen the current workforce by introducing new roles, supporting areas where there are shortages, improving integration across sectors and organisations, and embedding approaches to prevention and supporting independence. Our strong relationships between employers, citizens and providers of education will help us to promote local engagement, employment, education and training to support long term sustainability that gives greater flexibility to deliver workforce changes more responsively.

Maximise estates utilisation – working across the system and breaking down organisational barriers to improve how we use our estate to release money tied up in buildings and maintenance. We will also work to ensure our buildings are fit for purpose and in the right locations to support the delivery of our high impact changes. Our estates strategy will deliver £20m saving to help support the financial delivery of our plans.

Proactive communication and engagement - successful delivery of our plan will require us to ensure that local partner boards, councillors, the voluntary sector, staff and citizens understand its purpose and benefits and are fully engaged in making it a reality. It is essential that we harness our staff's energy and commitment to support us in developing and delivering this plan. We want to involve our citizens in designing how we transform our system to enable them to be more independent and to shape the ways in which we deliver health and care services to deliver outcomes that matter to them.

Nottingham and Nottinghamshire STP Plan on a Page

Our Vision: *Sustainable, joined-up high quality health and social care services that maximise the health and wellbeing of the local population*

System Aims:

- People will be supported to develop the confidence and skills to be as independent as possible, both adults and children
- People will remain at home whenever possible. Hospital, residential and nursing homes will only be for people who appropriately need care there
- Resources will be shifted to preventative, proactive care closer to home
- Organisations will work seamlessly to ensure care is centred around individuals and carers
- Addressing mental and physical health and care needs of population collectively and making best use of the public purse

High Impact Areas:

1. **Promote Wellbeing, Prevention, Independence and Self-Care**: increase healthy life expectancy by 3 years by 2020/21 with a focus on decreasing the prevalence of smoking and reducing levels of obesity in the first 2 years. Enhance health and wellbeing to promote independence and expand levels of self-care
2. **Strengthen primary, community, social care and carer services**: ensure people stay healthier for longer by increasing access and resilience in general practice and improve the quality of life for people with long-term conditions and their carers
3. **Simplify Urgent and emergency care**: deliver the right advice or service at the right time including improving the urgent and emergency care pathway, and redesigning the system to enable reduction of 200 beds in acute hospitals in the first 2 years of this plan
4. **Deliver Technology enabled care**: help citizens stay healthy and manage their own care; help clinicians and other staff deliver more care more efficiently and use new technology to support independent living and care at home
5. **Ensure consistent and evidence based pathways in planned care**: standardise care pathways reducing unwarranted variation, improve the prevention, early diagnosis and recovery in cancer care

Measured through the following success criteria:

- All within the health and care economy achieving financial balance by 2021
- Delivery of the agreed outcomes and targets that reflect our system values and citizen satisfaction: Improve Healthy Life Expectancy by 3 years
- High quality providers through regulatory outcomes

Supporting workstreams and enablers:

1. **Strengthen acute services**: closer collaboration between Nottingham University Hospitals Trust and Sherwood Forest NHS Foundation Trust
2. **Drive system efficiency and effectiveness**: deliver provider Cost Improvement Programmes, additional efficiencies through Carter and reduce variation in top 10 area by value
3. **Improve housing and environment**: provide social and warm housing to reduce emergency department and non-elective attendances
4. **Future proof workforce and organisational development**: redesign our workforce to successfully deliver our transformation plan
5. **Maximise estates utilisation**: improve estate usage to release money and deliver our high impact changes
6. **Proactive communication and engagement**: engage citizens and staff to support us in the successful development and delivery of our plan

Clear delivery governance approach:

- One STP-level delivery architecture responsible for overall programme management, coordinates knowledge sharing and development of consistent standards, ensures capability building and organisation development, and implements footprint-wide initiatives and enablers
- Two delivery units with the vast majority of resources deployed that programme-manage locally implemented schemes, track performance and analytics, and allocates and deploys resources and teams
- Advisory Group, Clinical Reference Group and Delivery Group

Collaboration with Bassetlaw

How will we deliver?

We acknowledge that delivering a programme of this scale at this pace is a major challenge, especially as it has not been done before in our system. We have reflected on and sought expert views on what it will take for us to succeed, and have committed to leading and working together in ways that maximise our chances of success.

We recognise that delivering such an ambitious plan requires us to lead the system in a different way than we have done to date. Our footprint is composed of many organisations with a history of both innovation and successful delivery, and we are proud of that. But we need to shift from acting as organisational leaders trying to make the greatest contribution to health and wellbeing through our organisations, to acting as the leadership team for health and care in Nottingham and Nottinghamshire. This means streamlining our governance arrangements to improve the speed and consistency of decision-making, developing a clear delivery infrastructure to support the changes taking place, and where needed, securing expert support to build the capabilities and capacity of our implementation teams. We have started on this journey and are committed to seeing it through.

At the same time, a core principle agreed by partners in our STP is that we are one health and social care system, with a shared responsibility to manage the whole system finances to meet the populations' needs. In our plan we have set out the finances currently available across local authority and NHS organisations until 2021 and with our citizens we will determine the right mix of services for the population according to need and achieving the best outcomes. We will work together to make the best use of the public purse and ensure that we meet the ambition of our plan at a local level.

We also need to do further detailed planning and engagement in the weeks ahead, in the following areas:

1. We need to rapidly complete more detailed analysis and planning in some areas to confirm costs and the detail in these plans. This needs to take place in time for us to ensure that our operational plans for the next two years are deliverable and developed from a sound basis with the appropriate resources allocated to them

2. We need to continue to complete the good work that has developed a vision and modelling for our future workforce requirements. At its core, this will involve a cultural shift towards much more collaborative working across organisational and professional boundaries, as well as ensuring that we address any projected recruitment and retention challenges

3. As we set about delivering our plans, we need to confirm the measures which will close our financial gap in 2017/18 in order to support the longer term transformation. We therefore need to sequence our work in a way that allows us to make swift progress in year one

4. One of the key risks to our ability to deliver proposed changes is the financial gap that is still forecast for children's and adult social care and public health. We need to find a way to bridge this gap or we risk failing to prevent the required numbers of hospital admissions when people could and should have been better looked after at home

We intend to make swift progress addressing each of these areas between now and the end of 2016.

There is much to do, but equal levels of determination to get there, because we know how much positive difference we can make to deliver a healthier future for citizens, from birth and early years through to adult care, older people's care and end-of-life.