



A woman with dark hair, wearing a light blue surgical mask and dark blue NHS scrubs with white piping. She has her arms crossed and is looking directly at the camera. A lanyard with NHS and CityCare logos is around her neck. The background is blurred, showing what appears to be a hospital or community center setting.

“I feel
proud to be
able to give
back to the
community
I live in”

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Section 1: Executive Summary

In the last two years the health and care system has faced the biggest challenge in living memory. Unprecedented demands were placed on the City's health system already contending with some of the highest levels of deprivation in the country. Community services made a critical contribution during this time to prevent the health service becoming overwhelmed.

This strategy sets out our ambitions and plans for the next three years. Our mission is to **'Make a difference every day to the health and wellbeing of our communities'** and we will deliver it through our vision of **'High quality, locally-led care'**.

Our vision is underpinned by four strategic aims. The first is to **'Improve care delivery and transform our services'**. In the next three years we will offer more localised services, both face-to-face by our dedicated team of healthcare professionals and through our enhanced digital platforms. We are committed to improving accessibility to our services, enhancing the quality and effectiveness of care for all our patients and families.

This strategy sets out our mission to **make a difference every day to the health and wellbeing of our communities**

We recognise that we don't deliver care in isolation and must work together with our colleagues across the health and social care system. So, our second strategic aim is to **'work in partnership to deliver better outcomes'**. We will use population health management data, our own and system data intelligence together with the experience of our communities to shape the way care is delivered in future.

Our people are our most important asset so, we will attract, retain and develop a culturally competent workforce who feel valued and supported, Our third aim is therefore to **'provide rewarding working lives and careers'** enabling us to build a diverse, inclusive and representative workforce supported by a vibrant learning and research culture.

As a social enterprise we are able to reinvest any surplus back into the local community. Our fourth aim is to **'Create long-term, sustainable improvement in our communities'**, tackling social problems, improve people's life chances, provide training and employment opportunities, support local communities and help the environment.

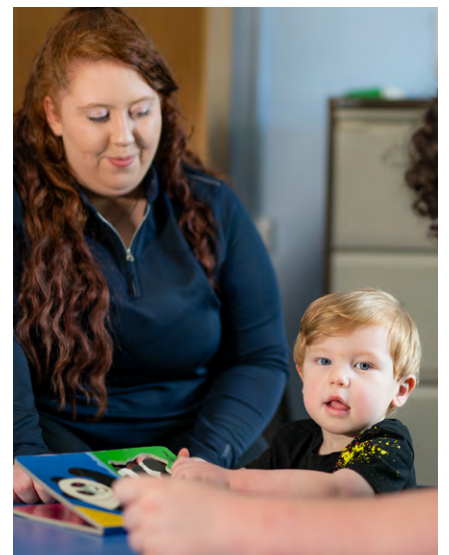
During the course of the plan, we plan to invest more than £3million across 18 programmes of work to deliver the strategy.

Whilst our strategy is focused on building a more robust and sustainable model of high quality, locally-led care in the City of Nottingham, where the need exists, we will evaluate opportunities to scale-up existing services and support the Integrated Care System (ICS) community transformation programme.



Lou Bainbridge
Chief Executive

Section 1



Section 1: An Introduction

CityCare is a Nottingham based community health services provider, dedicated to improving long-term health and wellbeing of the people in the City of Nottingham.

Following our most recent Care Quality Commission inspection in 2016 we were given an overall rating of Outstanding. Our services were assessed as being Outstanding for caring and well-led, and Good for being safe, responsive and effective.

We are commissioned by key organisations within the Nottingham and Nottinghamshire health and social care system.

We provide a broad range of health services in the community, ranging from health visiting and education for young families to community nursing and home-based rehabilitation services for older people.

In addition, we operate the city's NHS Urgent Treatment Centre (UTC) at Seaton House.

Our services are delivered across the city in a variety of community settings, such as health centres, children's centres, GP practices, nursing homes, and primary care settings, as well as within people's homes.

We employ approximately 1,200 staff across a wide range of professions and receive an annual income in excess of £55million. As a social enterprise we reinvest any surplus we make into improving our services and have the freedom to be flexible, innovative and responsive in delivering the services local people need, when and where they need them in the community.



[Click to watch the film which accompanies Our Three-year Strategy document](#)



Outstanding

We have been rated Outstanding by the Care Quality Commission

Section 1: Our Services

Urgent Care

e.g. urgent treatment centres, response service

Rehabilitation Services

e.g. reablement, interim homecare

Long-term Conditions

e.g. diabetes and primary care, cardiac service

Adult Community Services

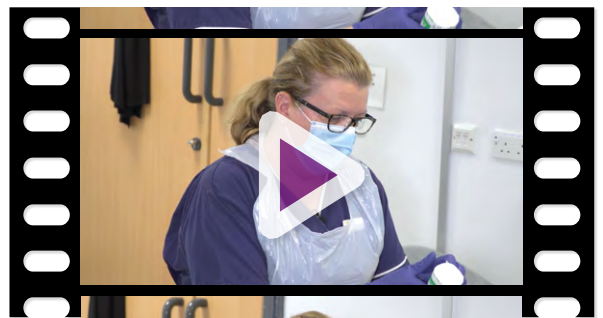
e.g. district nursing

Children's 0-19 Services

e.g. health visitors, school nursing, safeguarding

Specialist Services

e.g. tissue viability, palliative care, bone health



[Click to hear Dina Walster, Leg Ulcer Clinic Lead describe what working for CityCare means to her](#)



These services are delivered to patients in a variety of settings:

-  Homes
-  Care Homes
-  Schools
-  Community Health Centres/Clinics

Section 2: Key Achievements

Our service and staff came into face-to-face contact with

457,900 patients
...equivalent to 38,000 per month

50,770 patients attended our **Urgent Care Centre**, of which 95.5% were seen within 4 hours

Number of times community nurses visited patients:

148,300

11,300 patients assessed with musculoskeletal conditions

The number of patients that received an X-Ray:

10,300 Up 270% from 2017

520 Specialist paediatric assessments, twice as many as in 2018

Section 3: Social Impact

Social Enterprise

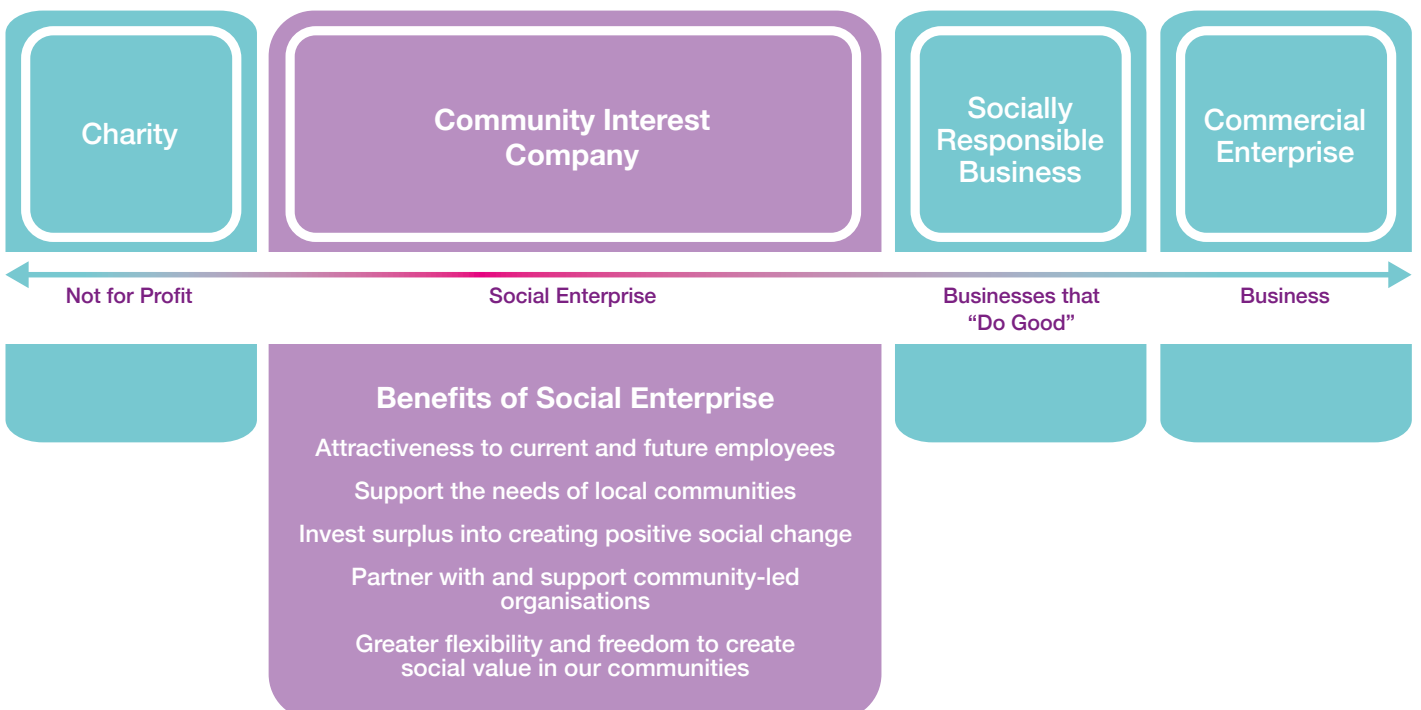
A social enterprise is a business operated to benefit society or the environment, not to generate profits for the business owner or dividend payments for shareholders.

Like traditional businesses, social enterprises do aim to make a profit but it's what is done with the profits that sets them apart – reinvesting or donating them to create positive social change.

By selling goods and services in the open market, social enterprises create employment and reinvest their profits back into their business or the local community. This allows social enterprises to tackle social problems, improve people's life chances, provide training and employment opportunities for those furthest from the market, support communities and help the environment.

Nottingham CityCare Partnership Community Interest Company

As the largest social enterprise in Nottinghamshire, we have the freedom to be flexible, innovative and responsive and we work with local private, public and voluntary organisations to deliver the services local people need.



Section 3: National Context



Key National Drivers

- Covid pandemic triggered the expansion, adaption and transformation of community services
- Workforce burnout is a key issue and our people will need support
- Healthcare organisations are experiencing chronic staff shortages and is predicated to worsen.
- Complexity of care required is rising as co-morbidities increase
- Improving primary care and community services was a headline commitment of the Long-Term Plan
- ICSs will encourage collective working to meet the needs of their local population

Nottingham has some of the highest levels of deprivation...

The Nottingham and Nottinghamshire ICS covers a diverse population of over 1 million people, with 332,000 living in the City of Nottingham.

The City of Nottingham has a rich cultural mix – 35% of the population are from Black, Asian and Minority Ethnic (BAME) groups.

Nottingham City is the 8th most deprived in the county. 61 of the City Local Super Output Areas (LSOAs) fall amongst 10% of the most deprived in the country and 110 fall in the 20% most deprived.

Life expectancy for males is 77 and females 82 years old, which is below the England average.

In the short-medium term, Nottingham City is unlikely to follow the national trend of large increases in the number of people over the retirement age.

Despite its young age structure, Nottingham has a higher than average rate of people with limiting long-term illness or disability.

13th highest unemployment rate in the country, 12.7% of the people are claiming out of work benefit.

Over 2 in 5 households do not have access to a car, this is the highest level of bus use per head outside of London.



Key Local Drivers

- Nottingham has high levels of deprivation which results in poorer health and wellbeing outcomes
- Social deprivation and diverse ethnic mix are likely to increase the impact of Covid
- Funding shortfalls and debts will put Council services budgets under pressure
- ICS faces a £430m efficiency challenge over the next five years
- High workforce vacancies in all the local healthcare providers

Section 3: Demand For Care Is Outstripping Our Capacity

	Impact	Effect on CityCare
Covid Pandemic	<ul style="list-style-type: none"> Increased digital services Reduced use of estate Less capacity for waiting patients New Urgent Treatment Centre processes Complete assessments via video / telephone 	<ul style="list-style-type: none"> Unable to deliver traditional face-to-face services Adjust UTC infrastructure to account for social distancing requirements Discharge to Assess model enables NHS Continuing Healthcare assessments to be made in a community setting
Rising demand	<ul style="list-style-type: none"> Increasing demand for community services Significant increase in minor injuries presenting at UTC 	<ul style="list-style-type: none"> Increased workload. Lengthier waiting times Increased pressure on X-ray facilities
Complexity of care	<ul style="list-style-type: none"> Earlier discharge from acute hospitals Greater complexity of care (isolation had added greater complications related to mental health, frailty, fitness, diabetes etc) Specialist nature of care package makes it difficult to fill 	<ul style="list-style-type: none"> Lengthier assessments (and write-ups). Increased time to co-ordinate care. Increased volume of referrals & work within multi-disciplinary teams Greater activity / time required to fill care packages. Extra time spent resourcing causes delays in care reviews
Vacancies & turnover	<ul style="list-style-type: none"> Unfilled vacancies for full-time workforce Reliance on agency nurses to fill resource gap 	<ul style="list-style-type: none"> Reduced capacity and service resilience Develop existing workforce to fill skills gaps Increased agency staffing costs. Reduced productivity due to lack pre-existing knowledge of patients and processes
ICS redesign	<ul style="list-style-type: none"> Greater collaboration with other healthcare providers local authorities and other systems partners to deliver more integrated care Increased focus on tackling health inequalities 	<ul style="list-style-type: none"> Resources consumed during initial specification phase Service redesign may change future resourcing requirements



Key Operational Drivers

- Pandemic has forced us to adopt new ways of working
- Demand continues to increase but capacity is constrained by workforce availability
- Earlier discharge along with the mental and physical side-effects of isolation have increased the complexity of care required
- Attracting and retaining our workforce is key to delivering high quality services
- Commissioners will face significant financial pressures in the coming years



“There’s a real opportunity to make a difference - everyday”

Section 4: Strategic Priorities & Aims

Drivers	Priorities		
National	Restore employee wellbeing	Improve recruitment & retention	Adapt, expand and transform services
Local	Develop stronger relationships in the ICS. Be close to our commissioners	Use technology to improve efficiency and inform decision making	Create a social value programme targeted at reducing local health inequalities
Operational	Define future service delivery model(s) including digital	Develop resilient processes and infrastructure	Build learning & development capability



Our Strategic Aims:

- 1 | Improve care delivery and transform our services
- 2 | Work in partnership to deliver better outcomes
- 3 | Provide rewarding working lives and careers
- 4 | Create long-term, sustainable improvement in our communities



£3million

The amount we plan to invest across 18 programmes of work to deliver our strategy

Our Vision:

High Quality, Locally-led Care

**In 2025, by delivering our three-year strategy,
we will have achieved the following:**



Working as an integral partner in the local health and care system



Robust infrastructure and processes in place to sustain future growth



Staffed to deliver services that meet the needs of our communities



People feel valued and supported – we act as one team



Vibrant learning and research culture



Workforce reflects our local population health and care system



Social value programme targeted at reducing local health inequalities



Embrace different and innovative ways of working including digital

Our Mission:

Making a difference every day to the health and wellbeing of our communities



Our Values



Company values are the set of guiding principles and fundamental beliefs that help a group of people function together as a team and work toward a common goal.

Our values describe how we will work together and what we should expect from each other.

Section 5: Our Behaviours

Our Behaviours:



Teamwork

Work together effectively to achieve a common goal.



Accountable

Be responsible for what we do.



Courage

Speak up and act to make things better.



Inclusive

An environment where everyone feels welcome and valued.



Our Strategic Aims:

- 1** | Improve care delivery and transform our services
- 2** | Work in partnership to deliver better outcomes
- 3** | Provide rewarding working lives and careers
- 4** | Create long-term, sustainable improvement in our communities



Improve care delivery and transform our services

What we are trying to achieve...

This strategic aim is for CityCare to deliver outstanding quality, personalised, locally-led care to all our communities within the City of Nottingham.

In the next three years we will offer more localised services, both face-to-face by our dedicated team of healthcare professionals and through our enhanced digital platforms. We are committed to improving accessibility to our services, enhancing the quality and effectiveness of care for all our patients and families.

How we will achieve it....

<p>1 Attract</p> <p>Attract, recruit and onboard more people to deliver our services</p> <p>Make CityCare more attractive and visible to prospective employees. Enhance and upgrade the recruitment processes, create new entry pathways for people to join us. Reach out into our communities with initiatives in schools, higher education and community groups.</p>	<p>2 Productivity</p> <p>Improve service productivity</p> <p>Improve the efficiency of our processes, eliminate waste and defects, and wherever possible standardise the way we work.</p>	<p>3 New ways of working</p> <p>Design new ways to deliver and resource services</p> <p>Adopt new job roles through clinical apprenticeships and recruit & support “new to care” healthcare support workers. Redesign new models of clinical and restorative supervision and implement a revised preceptorship programme for Nurses and AHP’s.</p>
<p>4 Self care</p> <p>Promote self care & self management</p> <p>Give people access to tools and information to look after their own health. Use new digital tools to give better access to services outside of the usual hours and share their healthcare data with us. Focus our people resources on those who need to see us face to face.</p>	<p>5 Improve quality</p> <p>Safer, more effective and compassionate care</p> <p>Delivery models must be evidence-based and regularly re-evaluated, understood and applied with compassion. Design and implement a Patient Safety Specialist programme to analyse incidents, feedback and other quality metrics. Build a continual learning and improvement culture.</p>	<p>6 Financial envelope</p> <p>Ensure the right financial envelope for services</p> <p>Better understand our service performance baselines. Analyse our workforce capacity versus our contracted service specifications Set service managers performance targets. Agree new service specifications with commissioners.</p>

Work in partnership to deliver better outcomes

What we are trying to achieve...

This strategic aim is for CityCare to work more effectively with our partners in the ICS to collectively deliver better community health services to the people of Nottingham.

We appreciate that we don't deliver care in isolation and need to work together with our colleagues in acute trusts, GP practices, care homes, social care, community and voluntary sectors. We will use population health management data, our own and system data intelligence together with the experience of our communities to shape the way care is delivered in future.



How we will achieve it...



Section 6: Strategic Aim Three



Provide rewarding working lives and careers

What we are trying to achieve...

Our aim is for CityCare to be recognised as a leading employer in the local healthcare economy. We aspire to attract and develop a highly motivated workforce who feel valued and supported.

Over the course of the plan we will build an increasingly diverse workforce, becoming more representative of the communities we serve. Establishing a vibrant learning and research culture will enable us to build the capability and skills of our people and encourage them to develop their careers with us.

How we will achieve it...





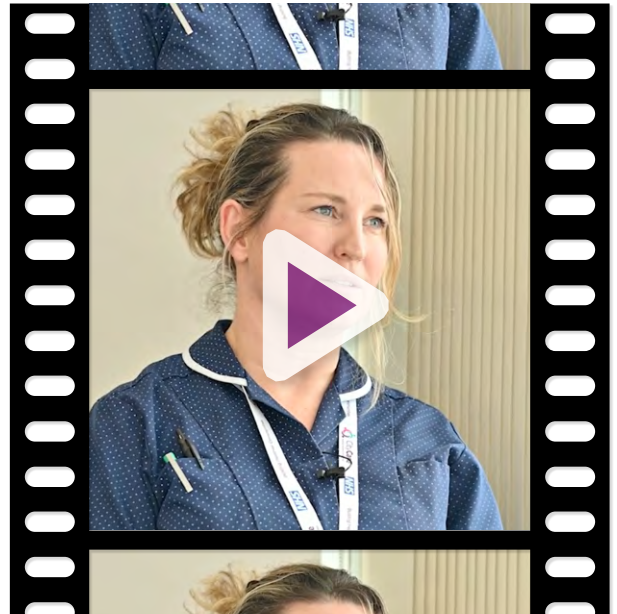
Section 6: Strategic Aim Four

Create long-term, sustainable improvement in our communities

What we are trying to achieve...

The aim is for CityCare to create long-term, sustainable improvements in the health and wellbeing of individuals, our communities, and the planet. In practice, this means undertaking activities and initiatives to address their needs. We aspire to improve people's lives, reduce health inequalities and create resilient, aspirational communities.

As a social enterprise we are able to create social impact that enhances the way we deliver services.



[Click to hear Jackie O Hara, Community Matron describe what working for CityCare means to her](#)

How we will achieve it...



Section 7: Summary & Next Steps

Throughout the development of this strategy, the senior leadership team has redefined the mission for CityCare, the vision for 2025 and the strategic aims and objectives. Engagement sessions were held giving staff an opportunity to contribute to its development; feedback has been invaluable in shaping the strategy, in particular the new values and behaviours.

The strategy is focused on building a more robust and sustainable model of high quality, locally-led care in the City of Nottingham. The portfolio of strategic investments, totalling more than £3m, are aligned to our strategic aims to:

1. Improve care delivery and transform our services
2. Work in partnership to deliver better outcomes
3. Provide rewarding working lives and careers
4. Create long-term, sustainable improvement in our communities

By delivering on our strategy we will **'make a difference every day to the health and wellbeing of our communities'**.

There will undoubtedly be challenges in delivering our strategy and we do not underestimate them. The pandemic placed unprecedented pressure on our health system and worsened the workforce challenge. Therefore, the largest tranche of our investment portfolio will be spent on people initiatives.

Employing more people though cannot be the only answer to solving the capacity gap. To meet the growing demands of our communities within the current financial envelope means that we must think differently. We must innovate, use new technology more effectively and deliver services more efficiently. This plan contains an ambitious programme of change which will, when completed, deliver a more robust, sustainable and scalable model of high quality, locally-led care.

Delivering healthcare in a city with some of the highest levels of deprivation, we recognise there are significant health inequalities within our communities. As a social enterprise we have the opportunity to reinvest any surplus back into the local community. Our plans contain initiatives to both directly, and indirectly, reduce health inequalities and improve the living of people within our communities.

Our three-year plan is ambitious but also realistic given the current environment. Delivering our strategy will mean that in 2025 we will have more resources to offer our communities and a workforce that more closely reflects our local population.





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NottinghamCityCare

www.nottinghamcitycare.nhs.uk

Nottingham CityCare Partnership CIC

Aspect House, Aspect Business Park,
Bennerley Road, Bulwell, Nottingham, NG6 8WR

Head Office: 0115 883 3148

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