

# Improving health and wellbeing in Nottinghamshire

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A resources pack for the local health and care system

July 2019



# Intro

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This Resources Pack is one of a series produced for all those working in and with local health and care systems across England. It was commissioned by [Age UK](#) on behalf of the [VCSE Health and Wellbeing Alliance](#) and [Healthwatch](#) following the January 2019 publication of the NHS Long Term Plan.

The Resources Pack brings together a range of information and data to build a shared understanding about the local population and the communities in which they live, the wider local context affecting health and wellbeing, and specific aspects related to the delivery of local health and care services.

It is intended to be read as a standalone document, but please feel free to use any or all of the material within the pack in your own way, for your own purposes. This includes on websites, media (social or otherwise), in presentations, research documents or other publications. All we ask is that you acknowledge the source.



health &  
wellbeing  
alliance ■



navca

**VERSUS**  
**ARTHRITIS**

healthwatch



## This pack

While it is framed within the context of the NHS Long Term Plan the intended audience for this pack is broader than the NHS. We hope this pack will be useful to all those working with people with health or care needs in the Nottinghamshire area.

We would like to encourage you to share this Resources Pack with anyone you think might find it useful - whether they are an NHS or other public sector manager or commissioner, health and social care professional or clinician, social worker, charity, social enterprise, business, special interest or community group, carer, family, friend, neighbour or colleague.

This is a living document so do contact us if you have feedback or additional information that you think could be useful to share in future versions. Our contact details are on the back page. Thank you.

# The NHS turned 70 last year

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Like many of us reaching such a landmark, it gave cause to reflect on the health and wellbeing of the population, the recent history of our health service and how to improve it to keep up with the times and the demands placed on it.



# Our health and wellbeing in 2019

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We are **living longer than ever before** and most people can expect to live into their 80's.

Our population is **ageing** with one in five people now aged over 65.

The population is also **more diverse** with one in five people being from ethnic groups other than White British.

Our health needs are becoming **more complex** with 25% of people now living with two or more long-term health conditions.

**9M PEOPLE** ACROSS THE UK DESCRIBE  
THEMSELVES AS LONELY



**ONE IN SIX OF US** REPORT FEELINGS  
OF ANXIETY OR DEPRESSION

# Social and environmental factors

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People's health and wellbeing is affected by many different social and environmental factors. An estimated **20% of GP consultations** are about a social rather than a medical problem.

An environment in which people are able to keep active, meet others socially, eat well, maintain an appropriate weight, and get support to stop smoking and reduce alcohol consumption is good for health and wellbeing. Just taking more regular physical activity **reduces the risk of premature mortality by 30%**.

Housing, education, air pollution, personal relationships, work and the like all have an impact. Improving air quality in the UK would prevent **36,000 related deaths** a year.

# Income and inequalities

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Money makes a difference. The UK is the seventh most economically unequal country in Europe. People in our more deprived areas **die an average 16 years earlier** than in more affluent areas.

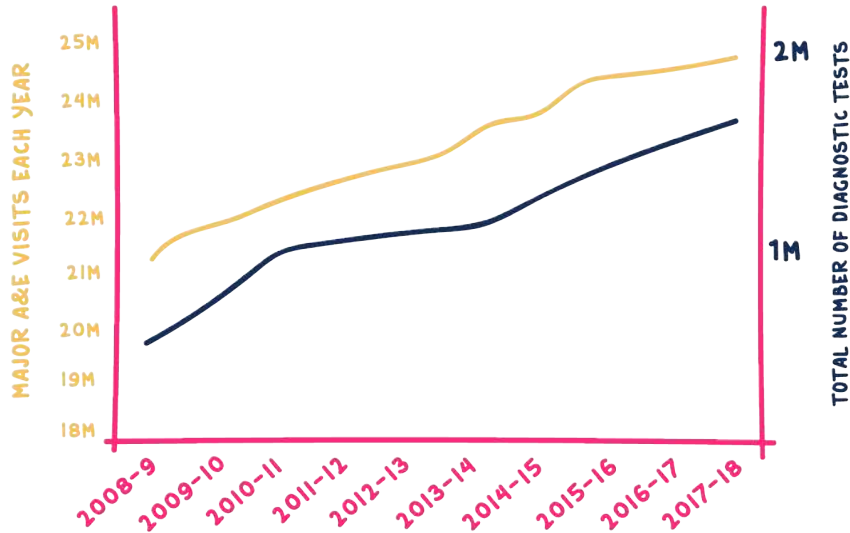
Health inequalities also exist related to ethnicity, gender and sexuality, and among those from disadvantaged groups such as Gypsy and Traveller communities, homeless people, asylum seekers, and people in contact with the criminal justice system. **42% of English Gypsies have a long-term health condition**, compared to 18% in the population as a whole.



**PEOPLE IN DEPRIVED AREAS DEVELOP MULTIPLE HEALTH CONDITIONS 10-15 YEARS EARLIER THAN IN MORE AFFLUENT AREAS**

# National trends

Demand is rising...



The NHS is providing more GP appointments, A&E consultations, operations and outpatient treatments and diagnostic testing than ever before.

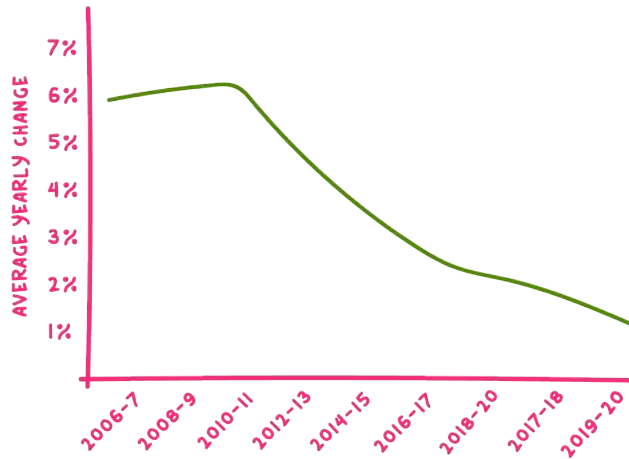
THE COMPLEXITY OF DOCTORS' CASELOAD HAS **INCREASED**

**80% OF THE NHS BUDGET IS SPENT ON PEOPLE WITH MULTIPLE CONDITIONS REQUIRING COMPLEX CARE**



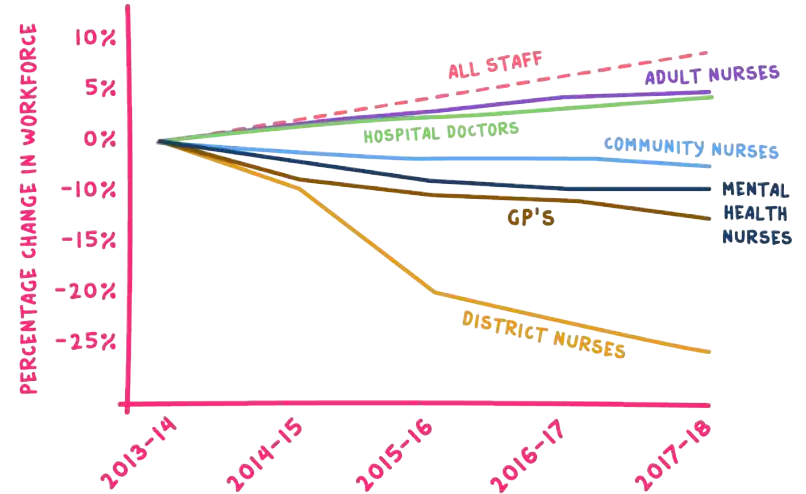
# National trends

## NHS funding growth has fallen...



Many NHS organisations face difficult and deteriorating finances.

## Workforce is under pressure...



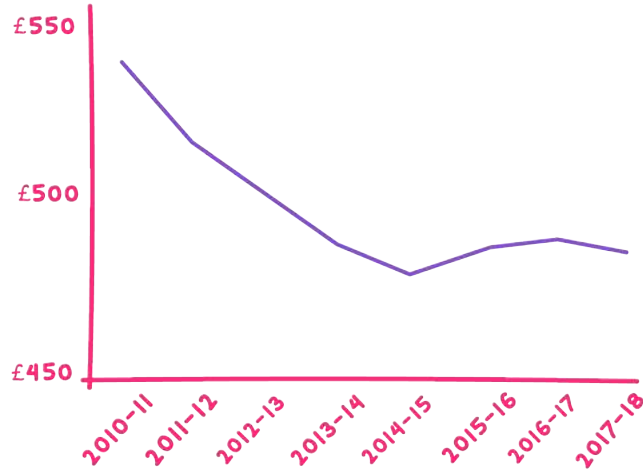
NHS staffing levels have risen overall but the numbers of GPs, and some types of nurses have been falling. There is an estimated 100k shortfall in the NHS staff needed.

# National trends

One in seven older people report difficulty in carrying out everyday tasks like getting out of bed, going to the toilet or getting dressed.

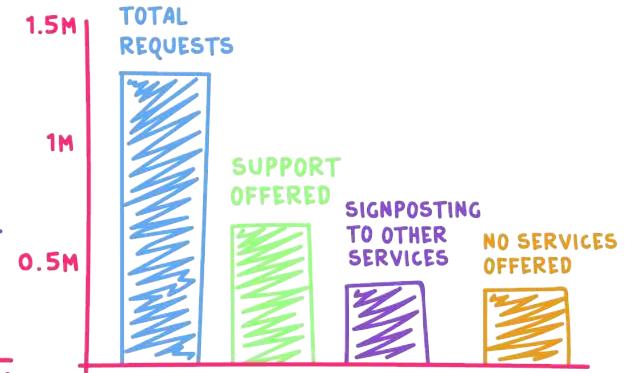
More than half of these people get no help at all from paid carers, family members or friends.

Funding for adult social care has fallen by nearly 20% per head since 2010...



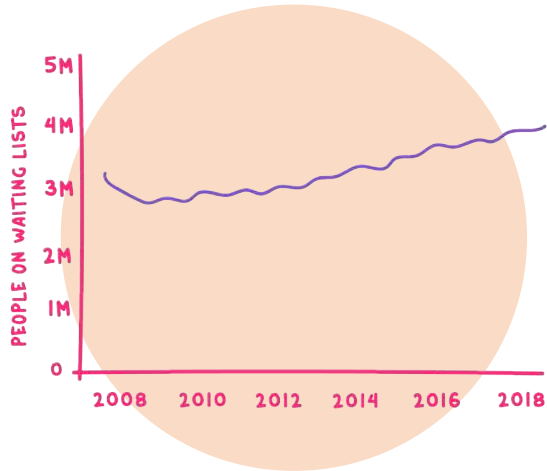
£21.7bn was spent on adult social care in 2017/18, 50% of which is spent on providing or arranging care for older people (over 65).

Over 50% of requests made by older people for adult social care in 2017-18 were turned down or passed to other agencies...

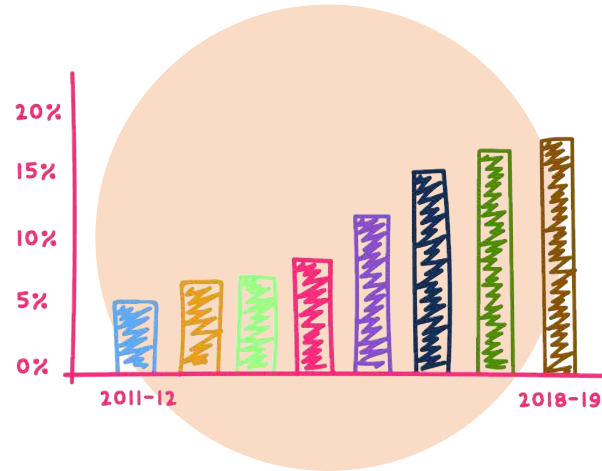


1.3 million older people made requests for government supported care in 2017-18.

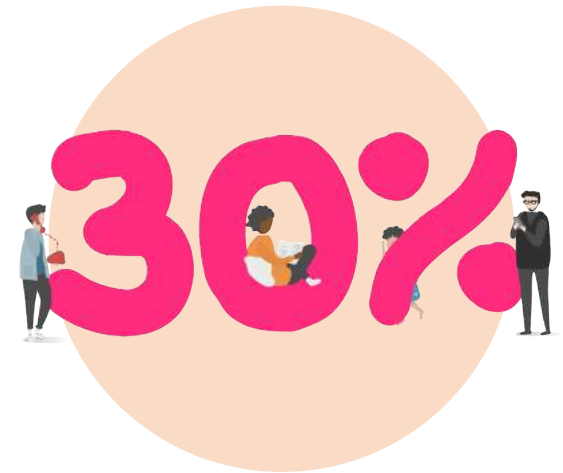
# National trends



The number of people on waiting lists for treatment are increasing.



The % of people spending over 4 hours waiting in A&E is increasing and targets are being missed.



30% of people report difficulty in getting a GP appointment.

# Recent reforms



# Recent reforms

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Rising pressure on health and care services is not a new thing. There has been almost constant reform since the NHS began and the last seven years is no exception...

- ▶ **2012** - Health and Social Care Act triggers extensive reorganisation of NHS services in England.
- ▶ **April 2013** - Clinical Commissioning Groups (CCGs), Health and Wellbeing Boards and Healthwatch are created. Local authorities are given statutory responsibility for public health, competitive tendering is extended and NHS England is created with operational independence.
- ▶ **October 2014** - The NHS Five Year Forward View (5YFV) is published. It has a focus on prevention and the integration of services is proposed with GPs, hospitals, district nurses, mental health services, social care, charities and social enterprises working more closely together to meet health and care needs. Different approaches to integration - like Multispeciality Community Providers (MCPs) and Primary and Acute Care Systems (PACs) - are piloted through 'NHS vanguard sites'



# Recent reforms

- ▶ **December 2015** - Sustainability and Transformation Plan (STP) footprints are established to implement the recommendations of the 5YFV, in effect creating a new planning framework for NHS services centred around collaboration rather than competition.

STPs are tasked with bringing together CCGs, local authorities, acute hospital providers, mental health and community hospital providers, public health, primary care, social care, voluntary and community sector organisations, local people and communities to develop five year place-based STPs to improve the health and wellbeing of their population. This is done in different ways by different areas - in some STP footprints local authorities take the lead, in others it is CCGs, or groups of NHS providers.

STPs are the first step towards a significant change in how local health services are designed and delivered. The intention is that STPs will become the future gateway to funding for local health and care services.

- ▶ **June 2016** - Draft STPs are submitted to NHS England. There are 44 STP footprints initially, with some merging to create 42 by 2019.

42 health and care  
planning footprints in England



# Recent reforms

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- ▶ **October 2016** - the original 44 STPs are published outlining how local services will be transformed and made sustainable. They cover a wide range of issues from prevention through to the provision of specialised services. 14 plans are subsequently greenlighted to become Integrated Care Systems (ICSs), which more closely integrate the NHS and local councils around the design and delivery of health and care services and have more powers to act on the ambitions set out in their STP.
- ▶ **April 2017** - the VCSE Health and Wellbeing Alliance is set up to facilitate integrated working between charities, social enterprises, the Department of Health and Social Care, NHS England and Public Health England at a national level.
- ▶ **September 2017** - Sustainability and Transformation Plans are renamed Sustainability and Transformation Partnerships.
- ▶ **June 2018** - HM Treasury gives NHS England a financial boost of £20.5bn in real terms over next five years. To access the money NHS England has to draw up a 10 year plan as to how it would make best use of the cash injection.



# The health and care system in England

NATIONAL POLICY

Ministry of Housing, Communities & Local Government  
 Department of Health & Social Care  
 Public Health England  
**NHS**  
**NICE** National Institute for Health and Care Excellence  
*The AHSN Network*  
**healthwatch**  
*Health Education England*  
**Care Quality Commission**

LOCAL PLANNING

Local authorities  
 Clinical Commissioning Groups  
 Health and Wellbeing Boards  
 Sustainability and Transformation Partnerships / Integrated Care Systems

LOCAL SERVICES

Social work teams  
 Acute Hospitals  
 Ambulances & paramedics  
 Community & District Nurses  
 Public health officials  
 Minor Injury Units  
 Charity sector infrastructure organisations  
 Charities, community groups and social enterprises  
 Mental health services  
 GPs



# The charity and social enterprise sector

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Sometimes referred to as the Voluntary, Community and Social Enterprise sector - or the VCSE for short. The UK charity sector makes a vital contribution to improving health and wellbeing, often providing support for the most vulnerable and disadvantaged communities. There are over **160,000 charities** in the UK with nearly **1 million employees**, **21 million volunteers** and a combined **income of £43 billion**. Social enterprises are businesses that reinvest their profits to create positive social change. **There are over 100,000 social enterprises** in the UK with **2 million employees**.

There are lots of places to find information about the charity and social enterprise sector - nationally and in local areas. This includes individual charities like [Age UK](#) and [Citizens Advice](#) but also the many membership organisations and representative bodies for specific types of organisation like the [National Council for Voluntary Organisations \(NCVO\)](#), the [National Association for Voluntary and Community Action \(NAVCA\)](#) and [Social Enterprise UK](#).

# Partnership working

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A number of initiatives are underway to try and increase partnership working and collaboration across and within statutory health and care services, charities and social enterprises.

As well as the [VCSE Health and Wellbeing Alliance](#), this includes the [Building Health Partnership Programme](#) and the piloting of VCSE leadership groups and alliances as part of the STP /ICS Accelerator programme in some local areas.



# The VCSE Health and Wellbeing Alliance

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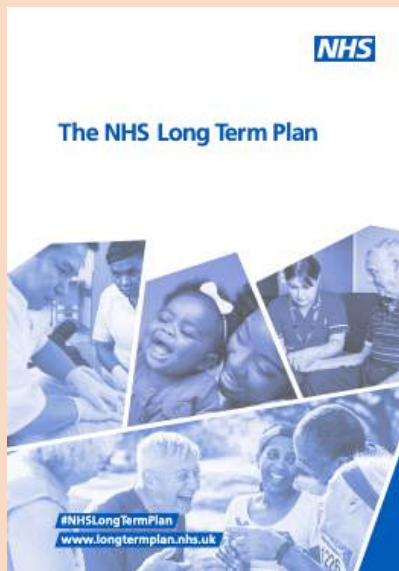
**20 MEMBERS  
THAT INCLUDE...**

- [Age UK](#)
- Carers Partnership (formed by the [Carers Trust](#) and [Carers UK](#))
- [Citizens Advice](#)
- [Clinks](#) and [Nacro](#)
- Complex Needs Consortium (a partnership between [VoiceAbility](#), [The National Autistic Society](#), and [Sense](#))
- End of Life Care Consortium (formed by [Hospice UK](#), [Marie Curie](#) and [Together for Short Lives](#))
- [FaithAction](#)
- [Friends, Families and Travellers](#)
- [Homeless Link](#)
- [Maternity Action](#)
- [Men's Health Forum](#)
- [Mental Health Consortium](#)
- [National Voices](#)
- [National Association for Voluntary and Community Action](#)
- [National Council for Voluntary Organisations](#)
- [Race Equality Foundation](#)
- [The National LGB&T Partnership](#)
- The Valuing People Alliance (made up of [Learning Disability England](#), the [British Institute of Learning Disabilities](#) and the [National Development Team for Inclusion](#))
- [Young People's Health Partnership](#)
- [Win-Win Alliance](#)

# The NHS Long Term Plan



# The NHS Long Term Plan



Published January 2019

- ✓ It prioritises how the **£20.5bn cash injection** from the Treasury will be spent over the next five years and sets out the NHS ambitions to improve the quality of care and health outcomes in England over the next ten years.
- ✓ It builds on the work started by the STPs and follows the vision set out in the 2014 Five Year Forward View. It envisages a 21<sup>st</sup> century NHS that partners with others to deliver **joined-up, tailored and community-based care to improve the health and wellbeing of people**. A plan for universal personalised services, a new draft GP contract and a consultation on primary legislation are published at a similar time further developing the vision.
- ✓ The development of the NHS Long Term Plan involved consultation with patients' groups, professional bodies and frontline NHS staff through 200 events, 2,500 separate responses and insight offered by **85,000 members of the public** and from organisations representing millions of people.
- ✓ It is a **plan for the NHS**, not the whole health and care system. Plans for the other pillars of the health and care system - public health and social care - are expected to be developed as part of the Government's next Spending Review, with Green Papers exploring the policy options published in advance.

# Vision

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## FUTURE NHS SERVICES WILL BE:

The changes in the Long Term Plan aim to ensure that everyone gets the help they need to stay as well as possible for as long as possible and have access to the right care at the right time when they need it.

### Tailored

People are supported to be as well as possible in a way that best suits them, their family and carers, and living situation. People are given choice about treatment and have access to link workers who provide advice on different options for connecting with other support and people in communities that can help improve health and wellbeing through non-medical means.

### Community-based

Services are designed and delivered locally, to be as close to home as possible, and GPs, community nurses and others working in local communities get a greater share of the increased funding and staff.

### Preventative

Disease is diagnosed and treated earlier and people have more options to make healthier choices about smoking, drinking, clean air, diet, maintaining a healthy weight and being physically active.

### Targeted

To help reduce the wide, growing and unjust inequalities and differences in health and life expectancy between the best and worst off.



# Vision

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## **FUTURE NHS SERVICES WILL BE BUILT ON:**

A stable and supported workforce, with a Chief People Officer dedicated to building sustainable NHS staffing levels and improving the health and wellbeing of the existing 1.2 million NHS staff in England.

### **Improved funding**

£20.5bn extra committed over the next five years, equivalent to 3.4% real terms growth each year.

### **More coordinated services**

NHS bodies and services, with local authorities, the care sector, charities and social enterprises working together to improve health and wellbeing.

# Delivery

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The Long Term Plan outlines **five practical changes** to the way NHS services are delivered.



## Integrated Care Systems (ICSs)

At the heart of future services, all the 42 designated STP footprints will become ICSs by April 2021. With this will come changes to commissioning arrangements and funding allocations with decisions made at at a system level (for 1-3m people), place (250k-500k people) and neighbourhood (30k-50k people). At each level integration will include NHS bodies, local authorities, the voluntary sector and others working in health and care. The ICSs, in partnership with local authorities, will increasingly focus on tackling the wider social determinants of health - like money, work, environment, housing - and health inequalities to reduce the differences in health and life expectancy between the richest and poorest.



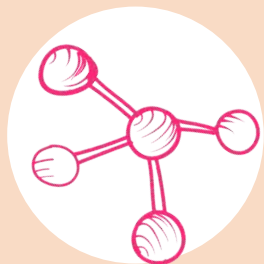
# Delivery

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## Redesigned emergency care

More GP-led Urgent Treatment Centres and increased clinical streaming at A&E at times of pressure.



## Primary Care Networks (PCNs)

Bringing together GP practices in local areas that together serve 30-50,000 people. They are expected to be in place by July 2019. PCNs will work together with other NHS providers, social work teams, public health officials, charities, community groups and social enterprises to offer more tailored, coordinated health and care to their local populations. Expanded teams in primary care will include new roles such as social prescribing link workers, clinical pharmacists, physician associates, physiotherapists and community paramedics. PCNs will have a responsibility to proactively assess the local population's health risks and inequalities and target resource that prevents ill health and improves population wellbeing. PCN Clinical Directors will be outward facing roles, with a remit to build relationships and work collaboratively across different groups and organisations in local areas.

# Delivery

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## Personalised care

A new model of tailored care is rolled out to 2.5 million people within five years, through Primary Care Networks, and includes the introduction of 1,000 new social prescribing link workers, 200,000 personal health budgets and care and support planning for 750,000 people with long-term health conditions.



## Digital technology

This will be mainstreamed, giving people and professionals access to joined up medical records, one online service through the NHS App, and online GP consultations.

# Programmes, Priorities & Targets

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The Long Term Plan outlines 13 areas of work:

- Ageing well
- Cancer
- Cardiovascular Disease
- Digital transformation
- Learning disabilities and autism
- Mental health
- Personalised care
- Action on prevention and health inequalities
- Primary care
- Respiratory disease
- Starting well
- Stroke
- Workforce



The following pages summarise key highlights from a selection of the programmes.

Further details about NHS England's plans are available on:

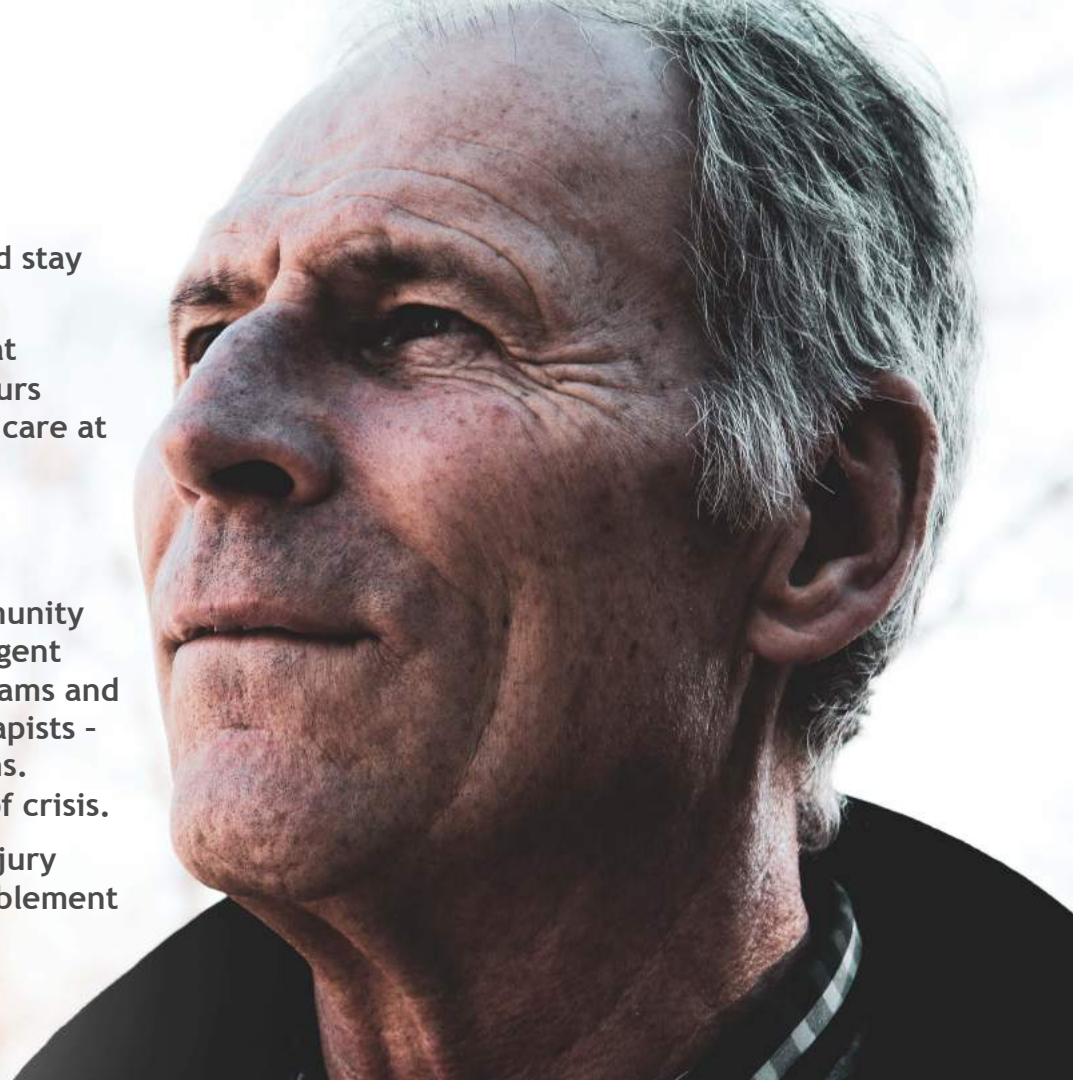
[www.longtermplan.nhs.uk/areas-of-work](http://www.longtermplan.nhs.uk/areas-of-work)

# Ageing well

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The aim is to support older people to live well and stay independent at home for longer. There will be:

- An upgrade of healthcare for care homes so that residents have access to a named GP, out of hours emergency support, pharmacists and palliative care at the end-of-life.
- Better use of technology such as monitors and wearable devices.
- Increased capacity and responsiveness of community services to ensure that older people can get urgent access to GPs, district nurses, mental health teams and allied health professionals - such as physiotherapists - to help prevent unnecessary hospital admissions. Enhanced rapid community response at times of crisis.
- More support for recovery after an illness or injury with increased access to rehabilitation and reablement services in the community.



**IN THE FUTURE** THE AIM IS THAT OLDER PEOPLE WILL BE ABLE TO  
ACCESS NHS SUPPORT IN THE COMMUNITY TO AVOID UNNECESSARY  
ADMISSION TO HOSPITAL '**WITHIN 2 HOURS OF REFERRAL**' AND '**ACCESS**  
**REHABILITATION IN 2 DAYS**'

NHS Long Term Plan, January 2019



# Starting well

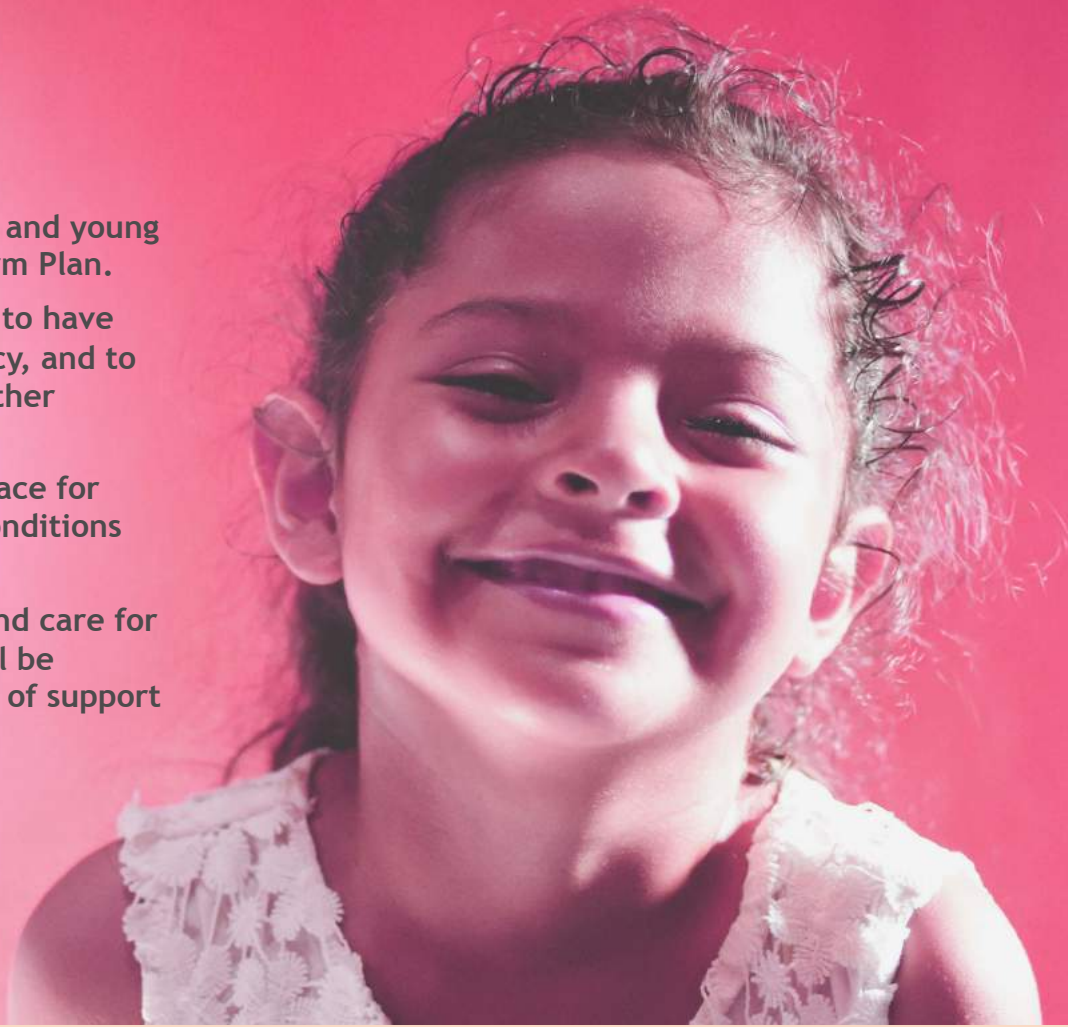
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The care and treatment of children and young people is prioritised in the Long Term Plan.

Commitments are made for women to have the same midwife through pregnancy, and to halve stillbirths, and infant and mother mortality.

Additional services will be put in place for children with common long-term conditions like diabetes, asthma and epilepsy.

Children's mental health services and care for people with learning disabilities will be improved through better joining up of support in local areas.



# Mental health

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A greater proportion of the NHS budget will be spent on **mental health** services to provide:

- more support for children and young people
- 24 hour mental health crisis care for people of all ages
- greater access to talking therapies for people with anxiety, depression and other common mental health problems



**£2.3BN A YEAR** SPENDING ON MENTAL  
HEALTH SERVICES BY 2023/24

**345,000** MORE CHILDREN AND YOUNG  
PEOPLE WILL GET MENTAL HEALTH  
SUPPORT WHEN THEY NEED IT

# Learning disabilities and autism

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More will be done to improve life for people living with **learning disabilities or autism**.

The whole NHS, including all staff, will have awareness of the needs of people with a learning disability and those with autism and make sure they get access to good quality appropriate care and treatment.

New targets are in place for people with learning disabilities or autism that include:

- annual health checks
- medication reviews
- reduced waiting times for specialist services
- reduced numbers of people with learning disabilities or autism unnecessarily admitted to hospital



**EACH CHILD AND YOUNG PERSON WITH THE MOST COMPLEX LEARNING DISABILITIES OR AUTISM HAS A NAMED KEY WORKER BY 2024**



# Prevention and inequalities

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Earlier diagnosis and treatment of **cancer, cardiovascular disease, diabetes, stroke and respiratory disease** is prioritised. Screening programmes and rapid diagnostic testing will be expanded across the country.

Additional NHS **prevention programmes** will be launched on smoking, obesity, Type 2 diabetes and alcohol-related A&E admissions.

NHS **Health checks** will be made more effective and widely available so that more people know their blood pressure, cholesterol and other risks to their health.

Goals will be set for **reducing inequalities**, including those relating to poverty.

**150,000 DEATHS WILL BE AVOIDED  
THROUGH INCREASED ACCESS TO  
STOPPING SMOKING, RESPIRATORY  
AND CARDIAC SERVICES**



**200,000 PEOPLE A YEAR WILL BE  
TREATED ON AN EXPANDED DIABETES  
PREVENTION PROGRAMME**

# Personalised Care

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The plan for universal personalised care aims to change the way NHS services and health professionals work so that rather than a one-size-fits-all approach, people (especially those with long term conditions) are given more choice and control over their care. There are six key elements:

## Choice

People are more aware of the choices they have over treatments, where these take place and the professionals they see.

## Care and support planning

People work with professionals to develop individual, tailored care plans that fit with their preferences, lifestyles, values and things they want to achieve in life.

## Personal health budgets

People can manage their own health and care budget and support if they choose.

## Social Prescribing

People are connected into networks, activities and practical, social and emotional support in communities and the voluntary sector to address non-medical needs that impact on their health and wellbeing.

## Shared Decisions

People's personal preferences, circumstances, goals and values are combined with clinical expertise to reach decisions about treatment.

## Self-management

People's knowledge, skills and confidence are built to help them find ways of improving their own health and wellbeing where possible.


# The Public's Views

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Recent research commissioned by Age UK and carried out by Britain Thinks in May 2019 suggests that the things that are **important to people** with long-term conditions and their families are:

- Reducing long waiting times for surgeries and referrals
- Improving access to GPs
- Ensuring there is enough time with the GP or Health Care Professional to discuss their needs and health concerns

The research explored public perceptions of the NHS and changes proposed in the Long Term Plan. It involved six focus groups at three locations across England, and eight in-depth interviews.



“Booking times are always terrible. You always need to book several months in advance. Who knows if they’re going to be ill in several months time?”



“I always feel when I go to the doctors that I’ve got to say little and rush out”

# Implementation

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NHS England published a **detailed implementation framework** on 27 June 2019. An interim workforce implementation plan - the NHS People Plan - was published on 9 June 2019.

**Local health and care systems** - as represented by the Sustainability Transformation Partnerships and Integrated Care Systems (STPs and ICSs) - will be central to the implementation of the Long Term Plan's vision for a more place-based approach to designing and delivering health and care services.

To do this effectively the Long Term Plan recognises that the **charity sector is a key part** of future health services and as such STPs and ICSs will be looking to work closely with communities and their charities. The charity sector will be represented on ICS partnership boards.

Primary Care Networks (PCNs) are tasked with understanding the wider social context locally that impacts on health and wellbeing as well as the prevalence of disease and exposure to risk factors, existing provision of health, care and other support services and practical support in communities and the voluntary sector. PCN Clinical Directors will have a remit to seek partnerships locally with the voluntary sector to reduce **health inequalities** and ensure there is effective and appropriate services and support to vulnerable people.



# Nottinghamshire



# Location

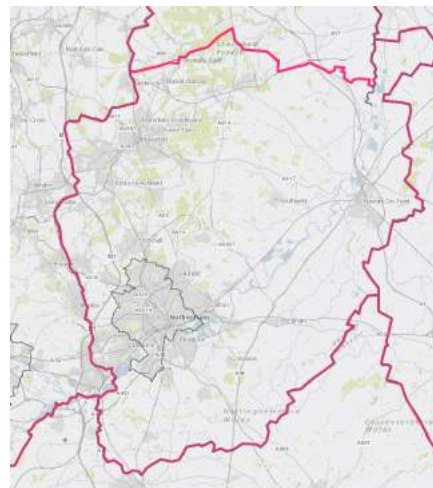
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In the East Midlands, the Nottinghamshire Integrated Care System (ICS) is bordered by Lincolnshire to the east, Leicester to the south, Derby to the west and Mansfield to the north.

The ICS footprint includes 6 Clinical Commissioning Groups, 3 local councils and 5 providers.

Nottinghamshire ICS



ICS footprint

# Your health and care system

- ▶ Priorities highlighted in the October 2016 STP include:
  - Organising care around individuals and populations - not organisations - and delivering the right type of care based on people's needs.
  - Helping people remain independent through prevention programmes and offering proactive rather than reactive care, which will also reduce avoidable demand for health and care services.
  - Supporting and providing care for people at home and in the community as much as possible, and ensuring that hospital, care home beds, and supported housing, are available for people who need them.
  - Working in multi-disciplinary teams across organisational boundaries to delivering integrated care as simply and effectively as possible.
  - Minimising inappropriate variations in access, quality, and cost, and delivering care and support as efficiently as possible so that the proportion of the budget spent on improving health and wellbeing can be maximised.
  - Maximising the social value that health and social care can add to local communities.

- ▶ **Over 103,000 emergency admissions a year**



- ▶ **A £3.7 billion health and care system**

# Your health and care system

Nottinghamshire ICS



Nottinghamshire ICS was considered to be **Advanced** (category 2 of 4) by NHS England in 2017.



All six CCGs are classified as **good** by NHS England.

## Care Quality Commission Assessments include

Nottingham University Hospitals NHS Trust - Good

Nottinghamshire Healthcare NHS Foundation Trust -  
Requires Improvement


Sherwood Forest Hospitals NHS Foundation Trust - Good






Nottinghamshire ICS is in the relatively ethnically diverse region of the East Midlands with:

- 85% white British
- 4% white non-British
- 6.5% Asian
- 2% Black
- 2.5% Mixed and other Ethnic Minorities



1.8% of the population in the East Midlands region identify as LGBT, compared to 2.1% for England as a whole.



3,418 people in the East Midlands region identify themselves as Gypsies or Travellers, out of 58,000 across England as a whole.

# Your local population

Nottinghamshire ICS

Average weekly wages range from £350 in Mansfield to £517 in Rushcliffe (compared to £530 nationally).

1.1 million  
people

in Nottinghamshire ICS

Around 4% unemployment in most areas but only 3.5% in Rushcliffe and over 8% in Nottingham (compared to 4% nationally).

16% are over 65 (compared to 17% nationally) but this varies across the area.

Only 11% of people are over 65 in the city of Nottingham.




# Social context

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Citizens Advice helps people to resolve money, legal, benefits, health, housing and a variety of other issues by providing free, independent and confidential advice.

Nottinghamshire ICS



5,140 households were assessed to be officially homeless and owed a duty of care in the East Midlands region from Oct to Dec 2018.



**18,000 people in Nottinghamshire seek advice from Citizens Advice each year**

28% of advice requests relate to benefits, including universal credit

28% are for advice on debt and other financial services

9% have concerns about their housing

5% people want advice on relationships and family

# Voluntary and community sector

Nottinghamshire ICS

The National Association for Voluntary and Community Action (NAVCA) is England's national membership body for local voluntary sector infrastructure organisations. Between them nearly 200 NAVCA members support over 145,000 local charities and voluntary groups across England.

NAVCA members often play a leadership role in the local voluntary, community and social enterprise sector, providing support and advice to charities and social enterprises, helping to recruit, train and place volunteers, and collecting and sharing information about the local sector and national initiatives.

NAVCA members in the Nottinghamshire ICS area include:

## Ashfield Voluntary Action

[www.ashfieldvoluntaryaction.org.uk](http://www.ashfieldvoluntaryaction.org.uk)

## Nottingham Community and Voluntary Service (CVS)

[www.nottinghamcvcs.co.uk](http://www.nottinghamcvcs.co.uk)

## Rushcliffe Community and Voluntary Service (CVS)

[www.rushcliffecvcs.org.uk](http://www.rushcliffecvcs.org.uk)



**215,000**  
people volunteer  
locally



There are over **2,212** registered charities in the Nottinghamshire ICS area, and a further **3,811** unregistered small, local, volunteer led organisations such as sports clubs, lunch clubs and some social enterprises.

# Health risks in your area

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Nottinghamshire ICS



**19%**

of 10 year olds are obese, compared to national average of 20%

**16%**

of adults smoke in the East Midlands region, compared to national average of 14%

**23%**

of adults are inactive in the East Midlands region, compared to national average of 22%

**669**

hospital admissions out of 100,000 in the East Midlands region are related to alcohol, compared to national average of 632

# Health indicators in your area

Nottinghamshire ICS

## Frailty

'Frailty' is a clinical term that refers to a person's mental and physical resilience, or their ability to bounce back and recover from events like illness and injury.

11,930 people in Nottinghamshire have been assessed to have moderate frailty and 7,994 have severe frailty.

9.4% of adults with depression

NATIONAL AVERAGE 9.9%

4.8% of over 65's have a dementia diagnosis

NATIONAL AVERAGE 4.3%

1 in every 300 adults in the East Midlands region receives long term support for learning disabilities

NATIONAL AVERAGE 1 IN 300 ADULTS



Rates of new dementia diagnosis are 12.3 per 1,000 people

NATIONAL AVERAGE 11.1 PER 1,000

# Health conditions in your area

Nottinghamshire ICS

▶ 8.2% of people with diabetes  
(estimated prevalence, diagnosed and undiagnosed)

**NATIONAL AVERAGE 8.5%**

▶ 187 people per 10k have had a hospital  
spell for diabetic foot disease

**NATIONAL AVERAGE 145**

▶ 175 admissions per 100k people for stroke

**NATIONAL AVERAGE 169**

▶ 42 people per 100k under 75 die from coronary heart disease

**NATIONAL AVERAGE 39**

▶ 575 new cancer cases per 100k people

**NATIONAL AVERAGE 521**



## Musculoskeletal Disease

7,000 people have  
rheumatoid arthritis

17% of the population suffer  
with back pain

**NATIONAL AVERAGE 17%**

18% of people aged over 45  
have osteoarthritis of the  
knee, and 11% of the hip

**NATIONAL AVERAGE KNEE OA 18%**  
**HIP OA 11%**

# New approaches to health and care

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Nottinghamshire ICS has been developing new models of care. This includes the:

- **Mid Nottinghamshire Better Together Vanguard**, a primary and acute care system project joining up GPs, hospital, community and mental health services
- **Principia Partners in Health Vanguard**, a multispecialty community provider project in Southern Nottinghamshire moving specialist care out of hospitals into the community
- **Nottingham City Clinical Commissioning Group Vanguard**, an enhanced health in care homes project offering older people better, joined up health, care and rehabilitation services
- **Greater Nottingham System Resilience Urgent and Emergency Care Vanguard** project with new approaches to improve the coordination of services and reduce pressure on A&E departments
- **East Midlands Radiology Consortium (EMRAD) Vanguard**, an acute care collaboration project

Nottinghamshire ICS





# New approaches to health and care

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Nottinghamshire ICS



Nottinghamshire ICS is actively looking to build partnerships and collaboration with the charity and social enterprise sector.

The Institute for Voluntary Action Research (IVAR) **Building Health Partnership programme**, in partnership with Social Enterprise UK, is currently operating in Nottinghamshire.

# Residents' views

Nottinghamshire ICS

In the Nottinghamshire ICS area, Healthwatch works to ensure that people are at the heart of health and care services. Following the publication of the NHS Long Term Plan Healthwatch surveyed residents to understand their priorities for future health and care services in the local area.

Having what I need to live a healthy life...  
24% said 'for every interaction with health and care services to count; my time is valued'



Being able to manage and choose the support I need...  
15% said 'choosing the right treatment is a joint decision between me and the relevant health and care professional'

The help I need to keep my independence and stay healthy as I get older...  
21% said 'I want my family and me to feel supported at the end of life'



The ways things can change to make this happen...  
17% said 'any results are communicated to me quickly making best use of technology'

# Sources

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Resources packs have been created for each of the 42 STP/ICS areas in England.

These include existing information from national sources that STPs/ICSs may already know, along with other data that is perhaps less well known - for example wider social and contextual factors that impact on health and wellbeing locally, the needs of the most vulnerable, existing VCSE activities/ forums/ projects around these issues and the views of local people.

Data used is from the Office of National Statistics, NHS England, NHS Digital, Public Health England, Age UK, Citizens Advice, NAVCA, Versus Arthritis or Healthwatch unless stated otherwise.

**VCSE**

health &  
wellbeing  
alliance ■



**healthwatch**



**VERSUS  
ARTHRITIS**

# Contacts and credits

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For questions, comments, feedback about this resource pack please contact the Age UK health influencing team: [healthinfluencing@ageuk.org.uk](mailto:healthinfluencing@ageuk.org.uk)

For info and general enquiries about the VCSE Health and Wellbeing Alliance please contact: [HWAlliance@dhsc.gov.uk](mailto:HWAlliance@dhsc.gov.uk)

## Credits

Content: Raisin Consulting

Design: Crackle & Pop

Illustration: rawpixel.com

