

Integrated Nottinghamshire

Pioneer Submission

Improving lives in Nottinghamshire:
One vision, local solutions, individual lives

Nottingham University Hospitals NHS Trust

Nottinghamshire County Council

NHS England

Nottingham City Council

Nottinghamshire Healthcare NHS Trust
Positive about mental health and learning disability

Nottingham North and East Clinical Commissioning Group

East Midlands Ambulance Service NHS Trust

Circle

Broxtowe Borough Council

Nottingham West Clinical Commissioning Group

Nottingham CityCare Partnership

Sherwood Forest Hospitals NHS Foundation Trust

Rushcliffe Borough Council

BASSETLAW DISTRICT COUNCIL

NHS Bassetlaw Clinical Commissioning Group

Doncaster and Bassetlaw Hospitals NHS Foundation Trust

the gold standards framework

Rushcliffe Clinical Commissioning Group

Newark and Sherwood Clinical Commissioning Group

Mansfield District Council
Creating a District where People can Succeed

Mansfield and Ashfield Clinical Commissioning Group

NHS local

NEWARK & SHERWOOD DISTRICT COUNCIL

Ashfield

East Midlands Local Education and Training Board
A sub-committee of NHS Midlands and East

Gedling Borough Council

NEAS

NOTTINGHAM EMERGENCY MEDICAL SERVICES

Nottingham City Clinical Commissioning Group

healthwatch Nottinghamshire

The University of Nottingham

CNCSS
We CARE about healthCARE

WE ARE MACMILLAN.
CANCER SUPPORT

In Nottinghamshire, we have a clear vision for Integrated Care.

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Our Vision

We treat citizens as people, not cases:

- by removing false divides between physical, psychological and social needs; and
- by bringing compassion to the fore.

Services will be re-focused on the whole person. People and systems providing care will:

- Be joined together to see the whole picture when a person is in need of support;
- Support citizens to thrive, creating independence not dependence;
- Be tailored to overall need - hospital will be a place of choice, not a default; and
- Not incur delays, people will be in the best place to meet their needs.

Our ambitious citizen perspective

- I wish to retain my independence
- I receive care as close as possible to my home
- All services that I use are seamless
- My needs are assessed so that support is there when I need it
- I am supported throughout my recovery

The Future of Nottinghamshire

We aspire for an Integrated Nottinghamshire; a county where health inequalities do not exist and all people:

- Live longer, healthier and happier lives;
- Feel respected and valued and are able to contribute to their communities;
- Can access the services they need to live independently for longer; and
- Have greater choice and control over their lives.

Integrated Nottinghamshire brings the experience of our citizens to the forefront of everything we do. We will tackle the growing pressures of ageing populations and increasing numbers of people with complex, long term conditions by radically challenging how health and social care currently works. We will build resilience by enabling people to be real partners in their own physical and mental health, moving from a dependency model to one of co-production. We will remain sensitive to the unique differences and needs within each locality but ensure alignment and delivery of the combined outcomes frameworks across the NHS, Public Health and Social Care.

Nottinghamshire has proven success in delivering holistic approaches to care. With an outstanding track record of working collaboratively and demonstrating sound governance we will quickly mobilise our aspirations for change and improvement.

The scale of challenge is not underestimated. Analysis of our health and social care economy suggests that if we continue to deliver care in the way we currently do we will be facing a gap of almost £150m by 2018. Yet interventions have been identified that will significantly close the gap, requiring significant integration of services at pace and scale.

What we want as Pioneers

- An opportunity to accelerate the learning and evidence base we are building from our existing integrated models of care on a county-wide and national footprint;
- Assistance developing new commissioning models for health and social care, including the recommissioning of our integrated urgent care front door;
- Advice on how to develop our workforce to best serve the needs of our citizens;
- Support to establish a proven model that contributes towards national A&E challenges; and
- To support Sherwood Forest Hospitals NHS Foundation Trust to build on the Keogh Review and help other providers achieve Foundation Trust status.

What we offer as Pioneers

Nottinghamshire is uniquely placed as a Pioneer of Integrated Care.

- We are delivering at a scale that will make a real impact to our citizens;
- We have excellent clinical and citizen engagement and are already building a social movement around integrated care;
- We have well developed CCGs with a strong history of transformational change;
- We have a diverse population that represents the challenges faced throughout England;
- We already have plans to address pressures on acute care; and
- The timing is perfect: our journey has already begun.

Who we are

The size of our county means we are delivering integrated care at scale.

Together we support a population of 1,086,600 and manage a budget of £1.8bn.

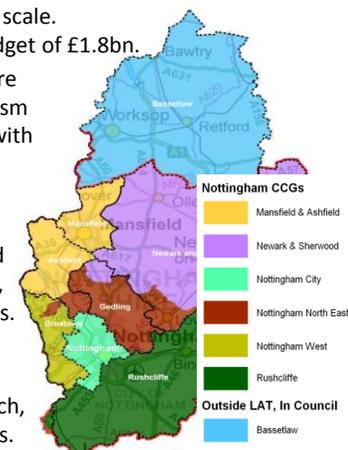
We are complex and diverse. We deliver innovative integrated care which overcomes the challenges many others will face. A microcosm for the country, we manage urban deprivation to rural isolation, with a difference in life expectancy of 13 years across the county.

Together, we are demonstrating the partnership working required to tackle our greatest health and social care challenges.

We are made up of seven CCGs, three acute trusts, one integrated mental health and community provider, one community provider, a city council, a county council and seven district/borough councils.

We are also working collaboratively with our academic partners to ensure a sound evidence base and an evaluation programme.

We bring a strong record of conducting high quality health research, and of supporting the use of research to improve health outcomes.



We understand our integration challenges and have a plan for change.

Our Burning Platform

It is widely recognised that in Nottinghamshire the current health and social care system is unsustainable without transformational change. Our health and social care economy is facing a very clear set of challenges. Some of these are universal to commissioners and providers throughout England and urgently need pioneers to develop solutions. Others are specific to Nottinghamshire and take into account our local communities and organisations. Our most pressing challenges are:

- An ageing population, with more people needing more care. Over the next 20 years, the number of people in Nottinghamshire aged 66-84 and 85+ is expected to increase by around 36%-49%, with an average increase of 2,800 and 950 people respectively per year;
- A rising birth rate, placing increasing demand upon services;
- Increasing numbers of young people with learning disabilities reaching adulthood – 128 in 2013/14 at a cost of £3.6m to the County Council;
- Extreme winter pressures, creating significant demand for acute hospital beds;
- Rising citizen expectations around the quality and location of care;
- Financial constraints as health care sees only small budget increases, while social care sees decreases; *If you do just one thing, get those who know what they are doing to work better together*
- Saving requirements for adult social care of approximately £11m, requiring a fundamental review of the social care offering; *National Child & Adolescent Mental Health Review*
- Challenging fixed points in the system, such as the PFI arrangements at King's Mill Hospital.

Even without these changes in the health and social landscape, we still face the challenge of providing better and more seamless healthcare that is tailored to the individual, and is proactive and preventative. At the moment we are not achieving this. Our citizens have told us that our services are currently:

“Every so often I get carted off to hospital”
Patient

- Disease specific: people are often under the care of three or more teams;
- Fragmented: poor communication between teams means information is lost;
- Confusing: it is not always clear what services are available;
- Limited: long waiting times and lack of out of hours services mean that often there is no option but to call 999; and
- Reactive: services respond to crises rather than preventing them.

Our Burning Ambition

It is our ambition to provide an integrated care experience for our citizens. Doing nothing is not an option: we need to transform the health and social care system in Nottinghamshire, in accordance with our design principles:

“Achieving integrated care would be the biggest contribution that health and social care services could make to improving quality and safety”
National Voices

1. Our citizens and staff shape our vision;
2. We act as one community to promote the health and wellbeing of the citizens of Nottinghamshire. We work together, invest together, manage risks together and learn together;
3. We move care closer to home and achieve better value for care provided, where appropriate;
4. We prevent illness or crises where possible and transfer resources (people, physical assets and finance) from reactive services to proactive services to support this;
5. We provide single points of access for citizens, and integrated provision of services;
6. We enable the system to cope with growing demand within expected resource constraints; and
7. We design interventions that will make significant contributions towards public health and social care outcomes.

A Campaign Approach to Change

Central to our design is a social movement approach to integration. The Strategy and Implementation Group for Nottingham South (SIGNS), inspired by the narrative from National Voices, provides a shared set of principles that will both shape the transformation and build public support for the change:

Together, we focus on the needs of our citizens

- We enable our citizens to remain independent
- We integrate around our citizens

Together we take and share responsibility

- We plan together, work together and improve together
- We solve problems together and we share credit

Together, we simplify how our system works

- We work to achieve and then exceed our shared standards
- We assess citizens' needs to ensure early identification and intervention, rapid and flexible response, and reablement support

We have a strategy for integration...

Our Strategy for Integration

Our integrated care aspirations are articulated through our strategy for integration. By delivering in our localities we will achieve the care outcomes that integrate Nottinghamshire.

An Integrated Nottinghamshire without boundaries or divides

An integrated system that achieves an overall benefit of improved patient experience and quality, whilst ensuring the long term sustainability of health and social care in Nottinghamshire.

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VISION

Achieving outcomes for our citizens

- I am supported to thrive
- I choose care that is right for me and I am in control of my health
- Urgent care is there for me in a crisis and recognises my needs
- I am supported to recover in my home

Personal
independence and
control

Proactive care
close to home

OUTCOMES

Tailored and
integrated urgent
care

Timely and
appropriate
discharge

Seamless recovery
support

Integrated as one, delivering in localities

Our integration vision will be achieved by delivering targeted interventions at both the county-wide and locality level (Bassetlaw, Mid-Notts, and City & South). These will be driven by an overarching model of care, tailored to the needs of local health and social care.

INTERVENTIONS

Integrated
community
teams

Simplified
access

Risk
stratification

Crisis
management
and CGA*

Single patient
records

In practice: Mid-Notts Clinical Navigator

The delivery of the Clinical Navigator intervention in Mid-Notts will provide a local service that has been developed and owned by stakeholders in the region. It is shaped by the overall strategy and contributes to tailored and integrated urgent care, so supporting the overall benefit of an integrated health and social care system.

In practice: Virtual Wards

The development of 'virtual wards' in the City & South began in 2009 in Rushcliffe CCG. They contribute to proactive care closer to home by identifying those who are most at risk and treating them before a hospital admission is necessary. Our 'Integrated as one, delivering in localities' approach has allowed other CCGs to learn from Rushcliffe's example so that virtual wards are now being put in place across the region.

...and are building an integrated model of care.

We have an overarching model of care built around the principles of 'Support to Thrive', 'Choose to Admit', 'Transfer to Assess' and 'End of Life Care' that we use to drive our county-wide and locality based interventions.

Support to Thrive

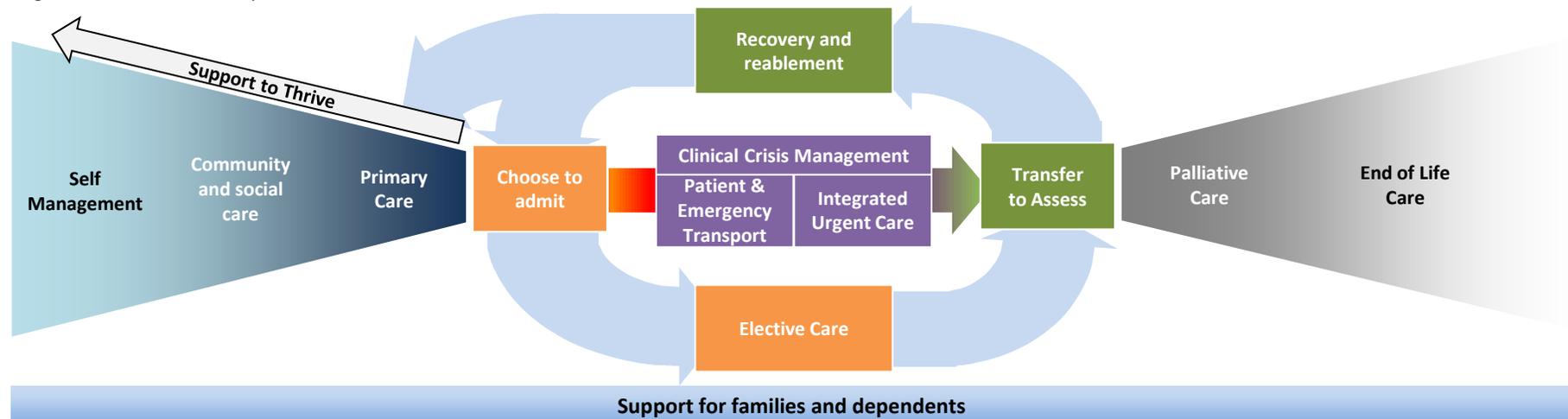
Citizens are supported to thrive in order to maintain independence, health and wellbeing. Where care is required it is provided in the community and in the comfort of peoples' homes. For people at high risk of admission / crisis, the first step is again to effectively provide support in the community. For example, the PRISM (Profiling Risk, Integrated care, Self Management) programme in Mid-Notts uses risk profiling software to identify those at high risk of admission / crisis. Multi-disciplinary community based teams then provide proactive support. If community, social or primary care is needed there is horizontal integration to provide a seamless transition between services such that citizens do not know if they are receiving an NHS, local government or community based service.

Choose to Admit and Transfer to Assess

We seek to reduce crises through early intervention and proactive care. However, inevitably crises will occur. Where the need for acute care emerges, people are managed in ways that suit them best. The requirements of citizens are assessed, for example, through Comprehensive Geriatric Assessments (CGAs). This identifies problems early and makes sure the right treatment with the right care plan is in place. People are not admitted to hospital simply because other services are not available. They can choose when and where to receive their care and support services, such as home aids and transport that fit around their needs. Urgent care services are integrated, with a single front door and appropriate crisis response. For example, through our clinical navigator in Mid-Notts, a telephone advisory service helps health professionals to make the best decisions about where to direct patients. People leave hospital as soon as their health is stable enough for them to do so. Their needs upon leaving are organised by staff on their ward and there is ongoing care out of hospital to aid recovery, supporting people to thrive.

End of Life Care

We provide palliative care for those who are nearing the end of their life, putting in place the support structures both for them and for their families and dependents. We have a defined End of Life Care pathway and are working with care home providers to ensure that staff are fully trained to provide the care and support our citizens require. The Gold Standards Framework (GSF) Centre are running several quality improvement programmes in Nottinghamshire, training generalist frontline staff that care for those in the final years of life. This is reducing emergency admissions and deaths in hospital, but more importantly, is empowering staff and enabling more people to die in their own home.



We have strong examples of where we are implementing our strategy, both county-wide and in our three localities.

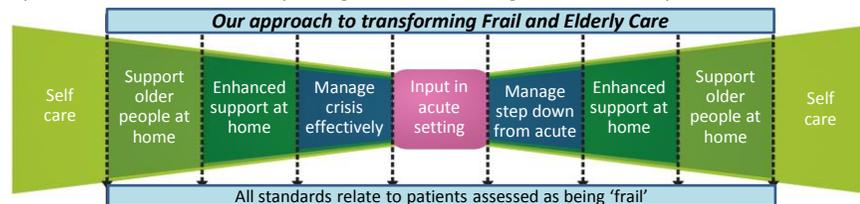
Our Integrated Model of Care combines county-wide transformation with locally tailored interventions. There are a number of interventions that will act across the county and provide large scale transformation for our citizens. However, we also understand the importance of local ownership and so are tailoring our strategic approach to address both the specific needs and specific challenges of each region. Some of the key interventions currently underway across the county and in each locality are outlined below.

Nottinghamshire-wide: Frail and Elderly Care



Frail Elderly Care has been identified as a clear priority for integrated care. There is an Integrated Commissioning Board for older people across the county with a joint commission strategy already established. We have a carers strategy at a county level with additional regional commitments, for example, additional funding from Bassetlaw to enhance carers services in the district.

We have a county-wide agreed approach to transforming frail and elderly care, based upon our Integrated Model of Care. It provides a set of thresholds and time based standards to assess citizens for risk and manage their care appropriately. Our approach has received commendation from David Oliver, former National Clinical Director for Older Peoples' Services and is already being delivered throughout the county.



Nottinghamshire-wide: Assistive Technology

We began the implementation of Flo Simple Telehealth across the whole health and social care pathway in Nottinghamshire in November 2012. It uses patients' own mobile phones and inexpensive biometric devices to monitor people at home. By March 2013 there were 250 people using telehealth; we aim to increase this to over 2,400 people in 2013/14 and for Flo to be 'business as usual' by March 2014.

Benefits are already being realised, including increased patient compliance and self-management. This is reducing the strain on NHS resources by decreasing face to face contacts, increasing clinical productivity and reducing travel time, while also increasing patient vital signs monitoring. Patient satisfaction is very high, with 100% of people evaluated keen that Flo becomes part of their usual care delivery.



Bassetlaw: Reablement Service

Bassetlaw's reablement services are already building a solid foundation for the implementation of Integrated Care. These services have been jointly commissioned by Local Authorities and CCGs working closely with local resources. As the new model of reablement is established it will be reviewed to prevent duplication and gaps between services. A joint care strategy group representing all partners has now been in place for two years to co-ordinate this work and monitor and evaluate the impact on outcomes.



Mid-Notts: Integrated Care Blueprint

Mid-Nottinghamshire now has a Blueprint for Integrated Care in place, which aims to deliver 14 targeted interventions throughout the localities. These have been agreed across providers and commissioners following analysis and baselining. The interventions fall into four workstreams: Proactive Care & Long Term Conditions, Urgent Care & Crisis Response, Elective Care, and Women & Children. Together they are predicted to deliver up to £35m of savings for the localities, as well as driving citizen-focussed care and system-wide quality benefits.

One of the key interventions is a crisis hub / clinical navigator. This will provide a point of contact for healthcare professionals seeking the most appropriate route for their patients. It will cover all services available (acute, community care, social care and primary care).



City & South: Adult Integrated Care

In Nottingham City and the south of the county, interventions are focussed on transforming local services so that they are person, rather than condition led. This is shaped by a shared narrative, 'Ada and Maureen's story', to explain why integrated care matters in a way that everyone can relate to.

Services will be led by Care Delivery Groups (CDGs) made up of groups of GP practices and neighbourhood teams comprising multi-disciplinary health and social care staff. Eight CDGs will operate across the city, with resources tailored to the specific needs of each area. Teams will provide 24/7 access to support, integrating primary and secondary services and providing rapid response where appropriate.

The CDGs will also be supported by a care coordinator to release clinicians to focus on direct patient contact and support.

We have the governance and infrastructure in place to deliver as a Pioneer and have a track record of transformation....

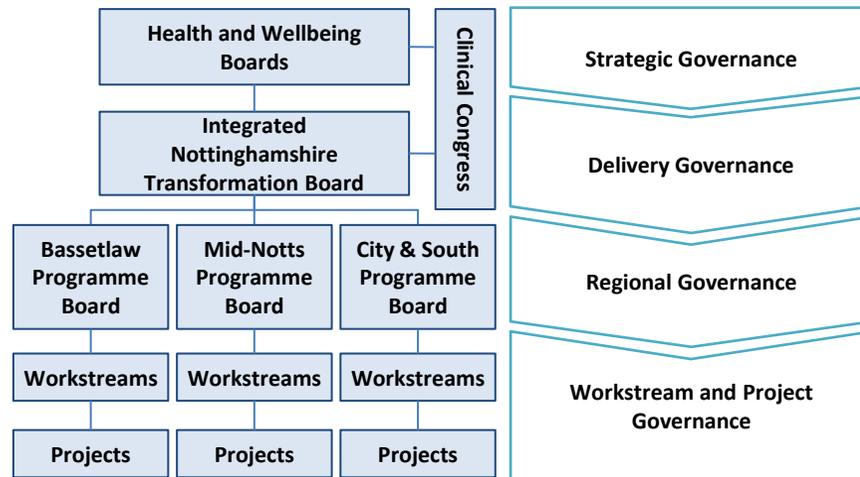


Delivering the Transformation

We have earmarked non-recurrent funding for Integrated Nottinghamshire, so are able to mobilise immediately. We have the capacity and governance in place and stakeholder buy-in to develop very detailed delivery plans from our existing roadmap.

Integrated Nottinghamshire Governance

Our governance model reflects the way that integrated care will be delivered within Nottinghamshire, and includes representation from all of our major health and social care stakeholder groups.



Productive Notts: Getting the governance right

Our 'Productive Notts' (now Integrated Notts) programme has been identified as a leading example integrated care practice by the Local Government Association.

Productive Notts was formed as a partnership of health care organisations in 2009 and was extended to include local authorities in 2011. It took a county-wide approach to addressing the issues of frail older people, led through intensive stakeholder engagement and culminating in an event attended by 80 staff from across the county.

Productive Notts established the foundations for the excellent working relationships that were essential for developing integrated care and to set up county-wide programmes on Assistive Technologies (Flo), Information Sharing (Connected Nottinghamshire) and Frail Older People, as well as delivering over £60m of savings.

Sharing our learning

We know that any intervention into health and social care must be based upon a sound evidence base. We have a strong history of working with organisations to develop evidence and ensure our programmes are based on the latest findings. For example, Newark and Sherwood's long term conditions QIPP programme is built upon Sir John Oldham's evidence based integrated care approach.

However, we also recognise that integration is an ongoing process and we are committed to being at the forefront of this in Nottinghamshire and beyond. We have a track record of developing and implementing innovative integrated care, and of sharing our learning from this. For example, we took part in the DH/DCLG leadership pilot on integration and we are now speaking nationally on PRISM, cited at the NHS Confederation Conference.

Mid-Notts were learning partners with the NHS Institute in preparation for authorisation and we have incorporated the NHS Change Model into our projects and Organisational Development Plan. Nottingham City is also part of the East of England King's Fund learning network on integrated care, which will enable the sharing of good practice developed locally and the opportunity to incorporate continued learning from across the country into programme planning.

We work collaboratively with our academic partners, providing system wide support to our CLAHRC, the East Midlands Leadership Academy, and the Institute of Mental Health. These relationships offer knowledge transfer from research and other academic material, support networking beyond the locality, and assist with implementation and evaluation.

Our Successes so far

Joint commissioning strategies, aligned budgets: Dementia End of Life Care Reablement	Joint commissioning: Improving Lives in Nottinghamshire	Jointly funded and commissioned integrated provision: Mental Health Intermediate Care Service (MHICS)
Joint training and working: Roll out of Gold Standard Framework for end of life care	Integrated provision with Third Sector Partners: Working with Macmillan on long term conditions	Joint working with Pharma: Joint improvement projects in COPD, diabetes, falls and bone health
Large scale strategic development: Joint services centres to support integrated working	Joint strategy and implementation plan: Assistive Technology (Flo), Connected Nottinghamshire	Multi-agency groups: Frail Elderly Strategy Groups for Mid and South Notts Urgent Care Boards

...so we understand the critical factors that make change successful.



We recognise that integrating care presents significant transitional and operational challenges. In order to realise our overarching benefit of an Integrated Nottinghamshire, there will be a number of critical success factors:

1. Clinical and Organisational Leadership

Leadership is the single biggest contributory factor to the success or failure of a complex change programme. Our governance structure, led by the Health and Wellbeing Boards, will ensure the integrity of the programme and drive benefits for citizens.

2. Strong and Deliberative Engagement

Engagement with all our stakeholders is key to making sure that there is a strong sense of ownership of the change. We have dedicated groups in place to facilitate this, including our Citizens' Panels and engagement workstreams.

3. Business Case & Benefits Lead Approach

A key tool the system will use to underpin the change will be a robust detailed business case. This will enable Integrated Nottinghamshire to be rigorous in its pursuit of both financial benefits and outcomes for citizens.

4. Programme Management

We understand the necessity of rigorous programme management and have already made sure this is in place across the county, so we know how we will deliver our plans, manage our risks and evaluate our outcomes. As an example, the Mid-Notts aspirational roadmap to 2016 is outlined below.

5. An Integrated Delivery Team

Our delivery teams include representation from major stakeholder groups, programme management, design, clinical leadership, information, estates and workforce transformation.

6. Innovative Finance and Contracting

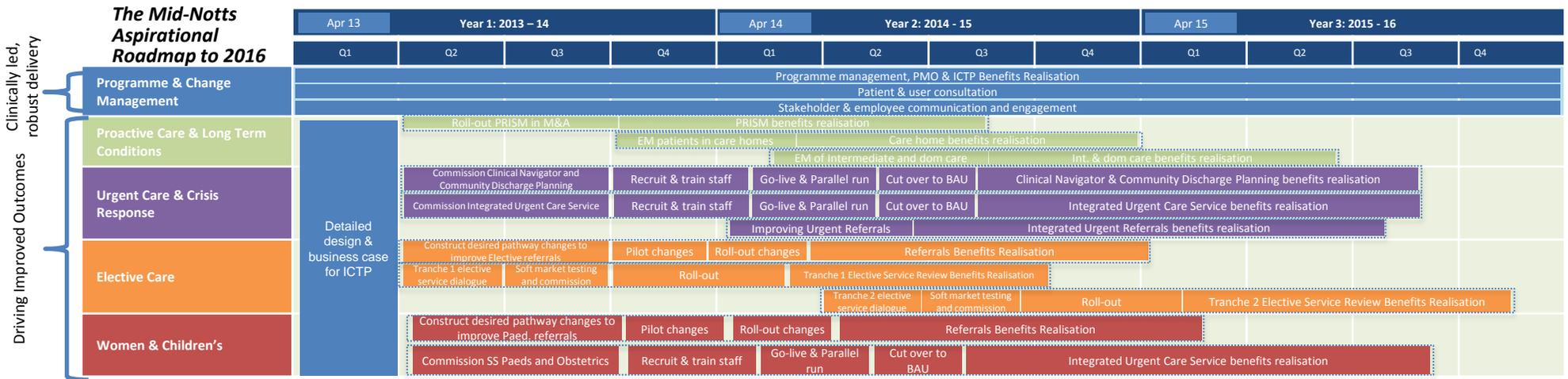
We are considering how to use contracting mechanisms to promote provider collaboration to ensure optimum outcomes for citizens that are also good value for money. We are already experimenting with alternative incentivisation models and as a pioneer would look to work within new models such as Capitated and Outcome-Based Incentivised Contracts (COBIC).

7. Timely access to Data and Systems

All of the interventions proposed require technology enablement. We are already working on sharing data and providing single records for health and social care through Connected Nottinghamshire. Our ambition is to have a system that will enable us to share information and learning, assess citizens for risks and enable seamless care.

8. Workforce and Culture

We are committed to delivering a workforce that meets the needs of patients through innovation, inclusiveness and engagement. Strategic direction is provided by the East Midlands Local Education and Training Board (LETB) and Training Council (LETC). Our culture is also one that is hungry for change. Our staff and our citizens see the value of what we are doing and are proud to be a part of such an important transformation.



Our citizens and staff shape our vision with us.

Engagement will be essential if we are to genuinely integrate services across the county and to achieve a smooth and efficient transition to new ways of working. Our engagement will be based around : 1) Engaged citizens and communities, 2) Collaborating commissioners and providers, and 3) Engaged workforce.

Engaged citizens and communities

Engaging our citizens and communities before, during and after integration is vital to the success of Integrated Nottinghamshire. We have already developed shared stories to help everyone understand why it is important that we change. We engage our citizens throughout the design of our Integrated Care interventions and also throughout delivery. An example of this would be the Communications and Engagement Forum and Citizens' Panel within the Mid Nottinghamshire Integrated Care Programme.

Patient and carer voices will also steer evaluation and ongoing development of Integrated Nottinghamshire. We propose to manage this by recruiting and working with a team of 'patient leaders and carer champions' who would act as a critical friend to review operational and strategic aspects of the programme. This team would ideally be supported and housed within local HealthWatches, and should be encouraged to maintain an independent view.

Collaborating commissioners and providers

Genuine collaboration between the county's major stakeholder groups is going to be essential for success. We want to use the Pioneer programme to develop a clear and consistent message about why change is important. We will develop the recent 'making it real' audit conducted by Nottinghamshire County into an action plan across the county. The principle of collaborating commissioners and providers (whilst adhering to the principles of competition and market forces) will be at the heart of the Integrated Nottinghamshire governance model (page 6) and the design and commissioning of our interventions.

Engaged workforce

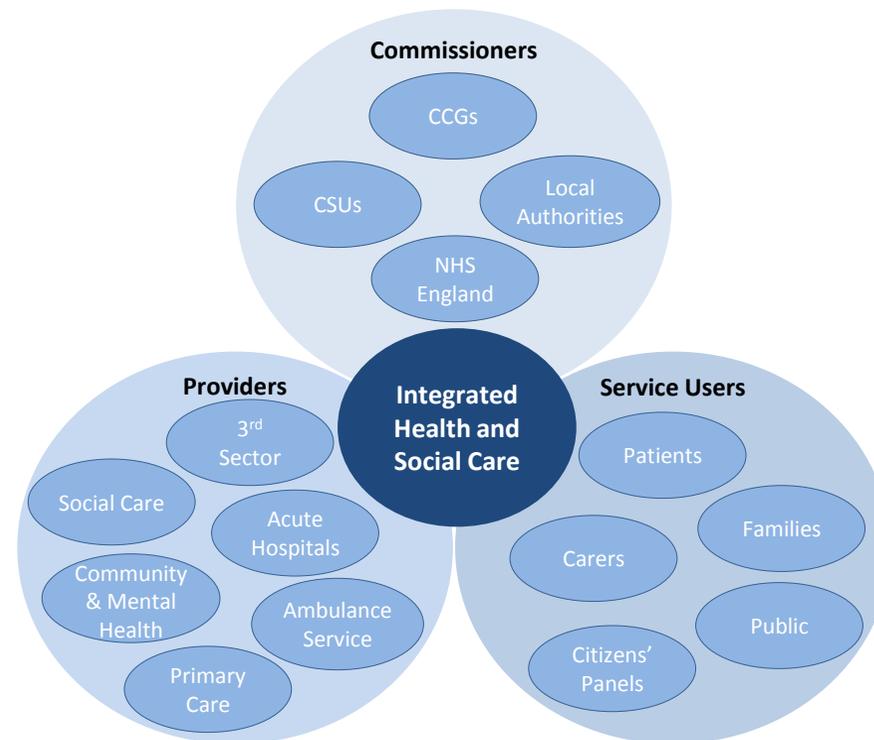
Given integration is knocking down traditional organisational barriers, our changes are likely to create significant workforce changes. This can lead to considerable uncertainty for our staff. We will engage our workforce throughout the programme through clear and consistent communications, driven by the Health and Wellbeing Board, and ensure that change is developed in partnership with them. For example, our Integrated Frail and Elderly Model of Care was designed in consultation with over 220 staff across the county.

"I feel so proud to be a part of this project – I think it's probably the most important thing I've ever been involved in as a nurse; the knock on effects for future practice are going to be enormous."

Luella Robb, Practice Nurse Clipstone Health Centre

We believe that change creates exciting opportunities for health and social care professionals in the county and we want them to be proud to work in the country's leading integrated health and social care economy.

The Integrated Care Stakeholder landscape



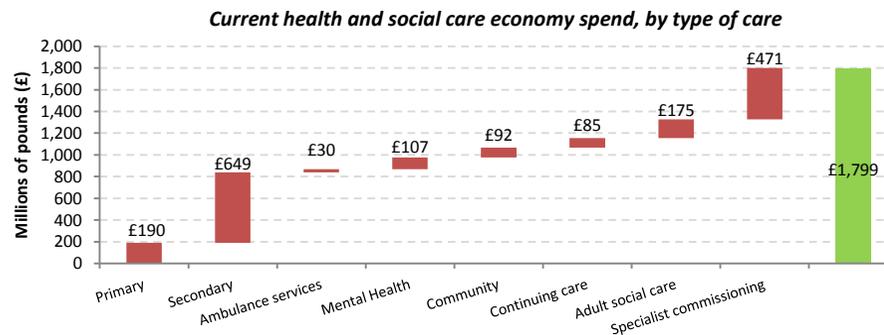
Wider Integration

In Nottinghamshire, voluntary organisations, the County Council, District Councils and Public Health are working together to build stronger communities, develop 'social capital' and reduce the demand on traditional health and social care services. For example, the County Council Trading Standards teams are based within the Adult Social Care, Health and Public Protection department. Through schemes such as "Buy with Confidence" they play a significant role in protecting the vulnerable and helping people to feel safe within their own homes and communities, while also providing education and support to help people maintain their independence.

Whilst our model is clinically lead, a financial and analytical case is a critical component of our delivery approach.

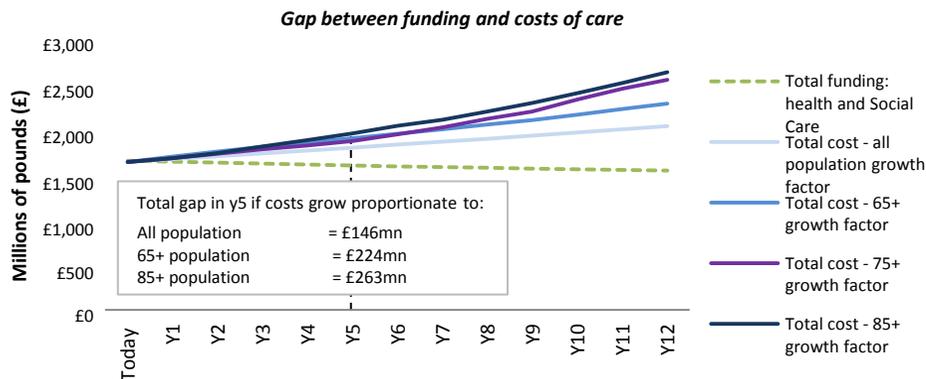
Our Health and Social Care Economy

Our initial estimates are that the total cost of the health and social care economy in Nottinghamshire is £1,800m. An indicative breakdown between different aspects of care is set out in the graph below, though we note that not all of this spend will be in scope for integrated care reconfiguration.



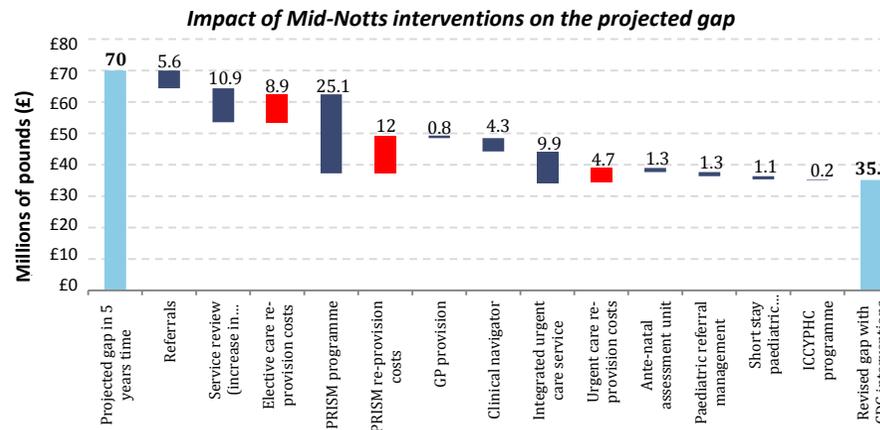
The scale of our financial challenge

The scale of challenge is not under-estimated. Analysis for the county has shown that, taking into account funding levels, population growth and inflation, the financial gap could increase to at least £146m in 5 years if services were to stay as they are. This could be even higher depending on the impact of demographics on healthcare costs (e.g. if healthcare costs rise in line with the over 85 population the gap in five years exceeds £260m).



Closing the Gap

We are confident that our current and planned Integrated Nottinghamshire interventions will significantly close our financial gap. An example of this is the analytical case we have put together in our Mid-Notts Blueprint, that identifies £35m in savings. These savings will be used either to address the funding gap or be reinvested in new models of care.



Holding ourselves to account

The Integrated Nottinghamshire governance structure and the Health and Wellbeing Boards will hold our transformation to account. We will regularly evaluate programme delivery and financial benefits realisation, ensure that there are high levels of satisfaction with services through patient, carer and staff feedback, and will manage a dashboard of system and quality (safety, experience and effectiveness) integrated care metrics.

- Non-elective admissions aged 65+ per 1,000 pop 65+
- Non-elective bed days aged 65+ per head of 1,000 pop 65+
- Non-elective re-admission rate within 28 days aged 65 and over
- Non-elective re-admission rate within 90 days aged 65 and over
- Excess winter deaths for over 65s
- No of delayed transfer of care days aged 18+ per 100,000 pop
- Registered deaths per 1,000 pop
- Proportion of local authority ASC spend on people aged 65+ on res/nursing care
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation
- Proportion of people aged 65+ discharged direct to residential care
- Permanent admissions to residential / nursing care aged 65+ per 100,000 pop 65+

Most importantly, we are clear what health and social care will feel like for our citizens in five years time.

Our vision, made reality

We have a clear idea of what we want to achieve and where we want to be in five years time. We have a strategy that shapes our plans and we have an integrated model of care through which to develop our interventions.

We have strong delivery teams that are already making change happen. They are supported by nationally recognised governance, an understanding of what makes change successful and an evidence base that builds on our local and national networks. Our track record gives us confidence we can and will transform health and social care for our citizens.

Most importantly, our vision is shaped by, and continues to be shaped by our citizens and our staff. Together we will work to deliver health and social care that is best for everyone; an Integrated Nottinghamshire where health inequalities do not exist and all people can live longer, healthier and happier lives.

Our ambitious citizen perspective

- I wish to retain my independence.
- All services that I use are seamless as I move between them.
- My needs are assessed, for example using a Comprehensive Geriatric Assessment of Frail Older people (CGA) to ensure that support is there when I need it:
 - To try to stop a predictable problem getting worse.
 - To help me recover and rehabilitate after illness.
- If I go into hospital for a planned operation my rehabilitation is booked at the time I agree to my operation and my home aids (such as a walking frame) are delivered before I am admitted.
- I receive support at home which reduces the need for me to move to a care home.
- If I move to a care home, the staff are properly trained and supported. They look after me in an obvious partnership with any other services provided.

Engagement through social Media

See staff and patients' views at: www.youtube.com/watch?v=zXypXVN_Yjk

Health and social care in five years

By 2018:

- Access to services will be less complex through single points of access and use of web based information allowing self access;
- People will only tell their story once as assessment functions are joined up and information is shared across health and social care;
- Citizens will have greater choice and control over their lives and more self determination;
- People will have greater self awareness of how to improve their own health and well being through prevention and healthy lifestyles;
- Local communities and individuals will be healthier, live longer and more independently. They will be supported to live with risk and will be less reliant on statutory services;
- Hospitals and long term care will be last resorts and only when there is an absolute need that cannot be met outside of these environments; and
- Organisations will be joined up and will work together to share resources and learning, with one combined Health and Social care personal budget.

What people are already saying

"Instead of hours spent on the phone, things happened immediately"

"I've had tremendous support"

"It's just fantastic how quickly I can get services in place for my patients"

"I didn't want to bother people. I felt I would never get better"

"I think that the proposed service would be great, it would be absolutely marvellous"

"I'm more determined to carry on, more confident, supported"

"I've had less hospital visits, I understand my body better"