



Our Case for Change

Creating a specialist community health provider across Bedfordshire, Luton, Milton Keynes, Cambridgeshire and Peterborough, Norfolk and Waveney, and Suffolk.

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Introduction

Why change is needed

Cambridgeshire Community Services NHS Trust (CCS) and Norfolk Community Health and Care NHS Trust (NCH&C) are high performing specialist community health and care providers working in the East of England. Both have a strong track record, with the highest ratings from the Care Quality Commission, best in class NHS staff survey outcomes, and a decade of experience in good financial management.

While the saying goes: 'if it's not broken, don't fix it' both Boards take our stewardship roles seriously and recognise the huge challenges (both financial and demographic) on the horizon. We will be better prepared to tackle these together.

We share many similarities in the services we provide and the staff we employ. Both organisations are passionate advocates of the need for specialised community health provision in order to improve outcomes for residents and reduce the costs faced by the taxpayer for health and care services.

We are already successfully sharing roles and expertise across our organisations and view working together as a natural progression.

Working together means we can enhance how care is provided through strengthening our relationships with Primary Care, Social Care and the third sector to meet patient and user needs more creatively. Being able to attract, train and retain our future workforce will ensure patients receive an improved service. Integrated Care Boards and Local Authorities will trust us to deliver their strategies, and we will be in a better position to meet the increasing demand and complexity that our health and social care services face both now, and in the future.

There are three key reasons why we are choosing to come together:

1. With the rapidly increasing demand and complexity coming into health and care services, the NHS and Local Authorities will need specialist community health and care providers to flourish. By operating at a larger scale, from a combined organisation, we will be better placed to design and provide the best care to be found in the NHS.
2. If we are to deliver the radical approach required to improve equitable health outcomes across all ages and demographics, we will need the combined skills, talents, and infrastructure of both organisations to succeed.
3. Whilst we have both been successful, in UK health care terms, we are both relatively small organisations. With public finances being challenged, it is the responsible approach to reduce costs and duplication, achieved, by operating as one, rather than separately.

Introduction Continued

Working as a single organisation will result in financial benefits through creating greater economies. We will achieve savings by consolidating our non-clinical expenditure and support service infrastructure allowing us to increase the proportion of our resources that are spent on direct patient care.

Our two Boards have considered various structural collaborations with different NHS providers. We have concluded that the development of a larger specialist community health and care provider is the most appropriate and progressive option.

As a specialist community health and care provider, our sole purpose will be to deliver great care that supports the priorities and strategies of the four Integrated Care Boards and the eight Local Authorities across the geographies we serve.

Our services and staff will integrate their work with acute colleagues, General Practice, children and adult social care, mental health specialist and importantly local voluntary and non for profit groups.

This Case for Change paper sets out the next steps for us joining together. This starts with the creation of an NHS "group model". Our two organisations will remain in place, but the leadership will be provided by a single executive team and Board. That team will lead the our integration and in time create a new, vibrant health and care organisation, drawing from the best aspects of both.

We hope you are excited about the possibilities of our collaboration and please read on to find more details on the rationale for our case for change and our next steps.



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What are our challenges as separate organisations?

Our common challenges revolve around the size of our organisations and the difficulties of implementing/ resourcing the longstanding NHS policy to provide more care at home and in community facilities.

Both organisations are relatively small organisations (in an English NHS context), and therefore struggle to afford an infrastructure which can support and transform how care is delivered. This is especially true in the expanding areas of digitalised care and the use of data. Operating with a larger infrastructure and a broader cost base, we will be able to enhance our capability to deliver cutting-edge care to people in the community. We will be able to invest in advanced telehealth and digital platforms, which will help improve access and outcomes for our clients and patients.

The community health care sector has often been overlooked, or an 'after thought', in how policy/priorities are implemented and resources are allocated. This has meant that, for successive years, we have had revenue growth that barely covers inflationary pressures and does not cover the cost of meeting current demand and complexity of need within our local populations (which was well-articulated by The Nuffield Trust in their recent analysis¹). This challenge already manifests in increasing waiting times for children's and clinic-based services. We are also facing significant population changes. In parts of West and North Norfolk, for example, more than 40% of the population is over the age of 65. In Luton, there has been an overall 11% population growth over the last decade.

All of these factors mean our staff are continually stretched trying to keep up with the demands, across all age ranges, in every geography that we operate.

Both organisations are passionate advocates of the need for specialised community health provision in order to improve outcomes for residents and reduce the costs faced by the taxpayer for health and care services.

By joining forces, we will be better prepared and able to make the vital innovations required to better support residents of our local communities to optimise their own health. We will ensure people can access early help with acute and complex illnesses and provide leading edge services to receive the care they need in the last years of life.

The benefits of working together

There will be many benefits to working as one, but key areas that will help us to meet the needs of residents more effectively include: enhancing how care is delivered to local people; improving support to our staff; using our resources and money more effectively and strengthening how our organisations operate.

See following pages for details on:

A: Enhancing how care is delivered

B: Improved support to our staff

C: Maximise finance and resource allocation

D: Strengthen our organisational capability

The benefits of working together

A: Enhancing how care is delivered

There are three ways alignment of services and leadership will be enhanced.

1. For like-for-like services that are provided in different geographies, we would drive the benefits of working together. This would mean testing, spreading, and adopting new ways of working across areas, standardising our professional practice and care delivery, and aligning our research activities.
2. We will revolutionise how digital care is used in all community health care delivery, underpinned by our ability to radically improve how data is used to support improvements in care delivery.
3. In Norfolk and Waveney, we would bring the children and young people's services together under single operational and clinical leadership.

How? Our collaboration will lead to co-located multidisciplinary teams, that are better able to meet the needs of those presenting with needs related to neurodiversity. Bringing together Community Paediatrics, Speech and Language Therapists, Occupational Therapists, Community Nurses, and the Healthy Child Service will offer flexibility when matching children and young people to the right professional.

For services that are provided across multiple geographies, we will share and standardise best practice, provide senior, influential clinical leaders, and underpin our clinical work with increasing prowess in research. Harmonising clinical practice will ensure high-quality care that reflects the needs of our diverse communities is delivered across all services. This approach will benefit councils and the NHS, supporting innovation to meet the challenge of increasing demand within tight budgets.

Using expertise from both organisations in digital infrastructure, and designing and implementing digital care models, we will develop new skills in-house. This will give us greater capability and capacity to enhance care coordination, and give patients access to their information and our services.

Examples of standardisation working across a large geographic area:

We provide one of the largest **sexual health and HIV services** (iCaSH) in England, operating across Norfolk, Peterborough, Cambridgeshire, Bedfordshire, and Milton Keynes. We have used scale, and access to a range of expert clinicians to improve standards across the service. This has led to better equity of provision, development of sub-specialist skills, and more expert clinical leadership. With commissioners, we have used information about local needs to ensure high quality services with a specific local focus are delivered.

Children and young people's services in Norfolk – both organisations are already part of a system collaboration with Norfolk and Suffolk NHS Foundation Trust, Norfolk & Waveney Integrated Care Board and Norfolk County Council. Bringing our portfolios together will accelerate progress and unlock opportunities for integrated working.

The benefits of working together

B: Improved support to our staff

As a combined organisation, we will be better placed to attract and retain exceptional leadership and clinical talent, offering more diverse and challenging roles that will pave the way for significant opportunities for professional growth and impact. A single approach will enable us to combine our education and training resources and our strategic workforce planning expertise.

By strengthening our relationships with key universities and further educational providers, we will be able to retain and attract a workforce for the future, enhance our ability to invest in new roles and expand our in-house support for employment-based apprenticeships, providing an important route into registered professional roles. These enhancements will enable our staff to improve care delivery, advocate more effectively for patient needs and contribute to shaping the priorities that reflect the specific needs of local communities.

As a larger Trust, we will have greater clinical and operational leadership and oversight across multiple geographies, which will enable us to share best practice and intelligence and be more resilient across our teams. By pooling our organisational infrastructure and clinical expertise, we will continue to be a great employer but also be a leader in the delivery of community services, offering new and exciting career paths for people, in a more dynamic and capable workforce equipped to meet future challenges.

Examples of the roles we would expect to develop in our Virtual Ward and hospital at home services both in Norfolk and Waveney, and Bedfordshire and Luton - consultant nursing, allied health professional and medical roles, ideally shared and rotating into local acute hospitals. These will be supported by community-based senior medicine management and dispensing staff, who will support 365 day a year provision of complex therapy interventions in people's homes and local clinics.

The benefits of working together

C: Maximise finance and resource allocation

Working as a single organisation will result in financial benefits through creating greater economies of scale and the ability to enhance financial stability. We will achieve savings by consolidating our non-clinical expenditure and support service infrastructure. Aspiring to operate with an overhead cost of 12-13%, we plan to make savings of £4 to £5.5 million, realised over a two to three-year period.

A combination of reviewing supply contracts and identifying opportunities for cost reductions would enable most of the savings to be re-invested into frontline services. The remainder would allow targeted investments in key digital and clinical information posts, which would support transformation in care provision.

Realising these benefits highlights show, that by working together, we can improve the proportion of our collective resources that are spent on direct patient care.

Reducing our non-clinical costs would involve:

- Bringing together support services across both organisations into one structure, operating as one.
- Within eight months, we will move to a single Board and executive team, thereby reducing our costs.
- Moving to a single larger contract for common services that we buy to support our clinical infrastructure (employment and financial services, supplies, utilities, etc)
- Improving our buying power for the products and services we buy, currently totalling £93 million.

The benefits of working together

D: Strengthen our organisational capability

The infrastructure across our organisations exists to support our staff, who provide health and care to local residents. Joining our organisations means that we will benefit from scale, resilience in our support teams and shared expertise. It will allow us to use abilities found in one organisation, but not the other and, where neither has the skill set, to invest in new capabilities.

Sharing teams and resources will have benefits from greater scale, broader skills and improved resilience in the following areas:

- Co-producing patient care provision
- Safeguarding adults and children
- Pharmacy leadership and structure
- Infection prevention and control
- Clinical Education
- Service re-design expertise
- Clinical engineering
- Workforce planning
- Leadership development
- Data science
- Digital design and deployment
- Estates-specific skills and knowledge.

Benefits of our collaboration to other organisations

As a specialist community health and care provider, our sole purpose will be to deliver great care that supports the priorities and strategies of the four Integrated Care Boards and the eight Local Authorities across the geographies we serve.

Our senior operational and clinical leadership team will ensure we have a **razor-sharp locality focus, integrating care for adults and children with NHS and Local Authority partners**, whilst delivering care that is inclusive and reflects the needs of the local population. This local focus will ensure we support local systems to improve health inequalities and support a tighter approach to population health management.

A larger organisation will support local care delivery as it will be backed up by clinical leaders who oversee care across multiple geographies. This will allow for standardising best practices and sharing the innovation and learning that is developed in each Local Authority/Integrated Care Board area.

As separate organisations, we have effective working relationships with fellow community health, primary care, mental health, and acute care providers, supporting integrated NHS services. These arrangements will continue, deepen, and extend to cover more service areas in the future.

Of equal importance are our **formal and informal relationships with top tier Local Authorities**, including governance using s.75 agreements². The new organisation will be an adaptable and flexible partner to all the Local Authorities we work with and will allow us to deepen these partnership approaches for children, adults and older people.

Finally, our portfolio of community health services support **region-wide specialist areas of care**. As a trusted partner for neurorehabilitation, HIV, and rehabilitation for amputees, we will continue to be highly networked and involved in specialist clinical service developments. Providing specialist children services across three Integrated Care Board areas, we will be a dependable partner to support increasing numbers of children with complex needs, at the Jenny Lind Children's Hospital in Norwich and as part of the Cambridge Children's Hospital development.

An example from the urgent care pathways:

The East of England progresses at pace to develop unscheduled care hubs, supported by greater digital enablement and health optimisation insights. Our co-located services with 111 and out-of-hours GPs and ambulance service staff, allow for greater sharing of good practice and resilience across the multiple Integrated Care Board areas that we operate within.



Areas we will serve:

Bedfordshire
Cambridgeshire
Luton
Milton Keynes
Norfolk
Peterborough
Suffolk

²Section 75 of the Health and Care Act 2006.

Why have we chosen each other to collaborate with?

Alignment and similarities

Both CCS and NCH&C are specialist community health and care providers, being established in 2010. Between us, we cover a population of c3.5m people, providing most children and young people's, adults with disabilities, and older people's community health and care services. These services are delivered across Norfolk and Waveney, Cambridgeshire and Peterborough, Bedfordshire, Luton and Milton Keynes as well as dentistry services within Suffolk.

Our visions are aligned, based around a mission to deliver outstanding care that supports people to lead their best and healthiest lives. This integrated approach will be characterised by collaboration with patients, communities and partners.

Our operating models, structures, ethos, culture and approaches are very similar and therefore it is an obvious choice for us to integrate. We share an ambition to enhance how and what community health and care services are provided and so want to formalise our collaboration.

Our Boards have considered other structural options of collaborative working within the NHS. We decided that our symmetry, alignment, and desire to work together creates the best opportunities to form a new organisation that builds on the stand-out elements of both Trusts to transform how care is delivered.

Our decision to integrate the two Trusts will not dilute the important formal relationships/partnerships with hospitals, mental health Trusts, community interest companies and Councils across our geographies. These partnerships will always be core to our operations for children and adults' community services.

A history of joint work

We currently share a Chief Executive and have just recruited a joint Medical Director at Board level. We can see the benefits of learning, sharing and leadership that comes with these roles working across multiple geographies in the future.

Recently our collaboration has extended to include shared leadership roles for children and young people's services in Norfolk, strategic estates and resuscitation officer. We will expand our shared expertise in the near future, particularly in data and digital developments, so both organisations can benefit from the developments happening in each Trust.

This collaboration highlights our willingness and capability to work together effectively, setting the stage for us combining into a new organisation in the future.

Our alignment of services

Our portfolios align across the numerous geographies our two organisations serve, most notably where patients come to us in clinical settings and children and young people's care. Our care provision is similar, and we aim to provide the same high standards of care for all of our patients to ensure we address the health inequalities we see across the East of England. We want to ensure that all of our services provide the care that our patients need and bringing both Trusts together will enhance the oversight and organisation of this.

Why have we chosen to collaborate with each other?

Alignment of current strategic aims

NCH&C Strategy 2023 – 2027	CSS Strategic Objectives	It is our ambition that by 2026
<p>To help us achieve our vision, we'll work to five new strategic priorities:</p> <p>Deepening our integration with partners</p>	Provide outstanding care	<ol style="list-style-type: none"> 1. Our services are inclusive and easy to access. 2. Our services are innovative and drive improvements in outcomes for people. 3. Our services support good health and help prevent ill health.
<p>Attracting and developing brilliant and fulfilled teams</p> <p>Continually improving standards of excellence</p>	Be collaborative	<ol style="list-style-type: none"> 4. All our services are tied into formal partnerships that improve outcomes for local people. 5. We always involve people from our local communities to help us improve our services. 6. We are leading care collaboratives in each of the systems we work within.
<p>Advancing our use of data and technology</p> <p>Being a future-focused organisation</p>	Be an excellent employer	<ol style="list-style-type: none"> 7. Our people feel valued and can realise their full potential. 8. Our people embrace diversity and promote an inclusive culture that challenges all forms of discrimination. 9. In meeting the need of our services, our people can balance their work and personal commitments and are trusted to work flexibly.
	Be sustainable	<ol style="list-style-type: none"> 10. We are financially resilient and support our people in developing and improving our services. 11. Our main sites have a community value and usage in place. 12. We take positive action to reduce the environmental impact of our services.

In comparison

		<div><div>NHS</div><div>Cambridgeshire Community Services</div><div>NHS Trust</div></div>	<div><div>NHS</div><div>Norfolk Community Health and Care</div><div>NHS Trust</div></div>
Funding		£177m	£162m
Workforce		2,360 WTE	2,638 WTE
CQC rating		Overall rating	Outstanding
		Safe	Good
		Effective	Good
		Caring	Outstanding
		Responsive	Good
		Well-led	Outstanding
Strategy		Values	Honesty Empathy Ambition Respect
		Objectives	Provide outstanding care
			Be an excellent employer
			Be collaborative
			Be sustainable
			Continually improving our standards of excellence
Location			
			Norfolk-based services only

What happens next?

Our organisations will first move into a group structure. This means that our two organisations remain in place and from early 2025 will be led by a single Board and executive team.

This Board and leadership team will then lead a process to align how the two organisations work, join the infrastructures together, and create a new and improved single way of working.

In tandem, under a process defined by NHS England, we will complete a business case which, subject to regional/national and Government approval, will eventually lead to the creation of a new single organisation.

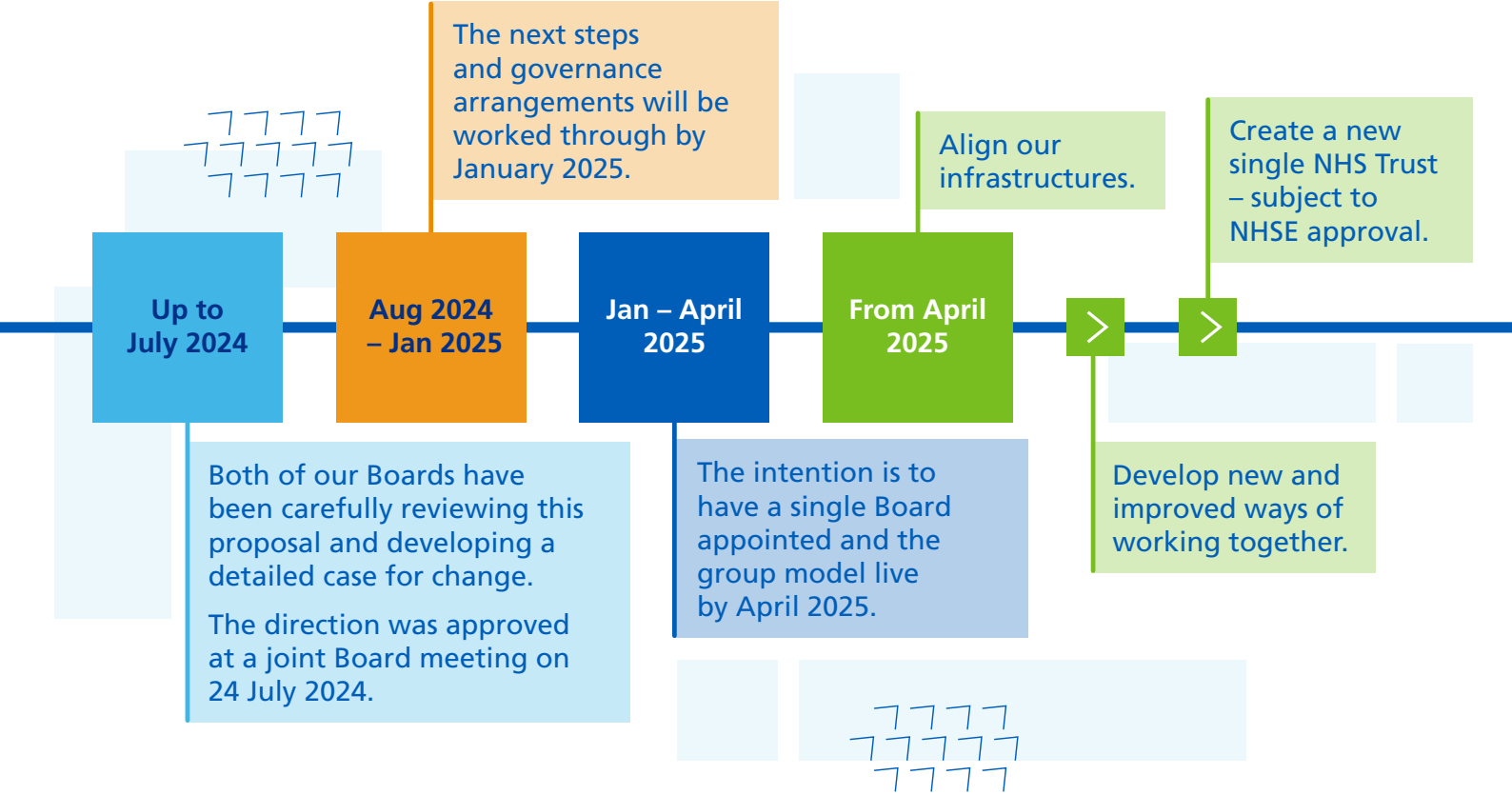
Most importantly, we will ensure an absolute focus on providing high quality care to local residents; supporting our staff and volunteers and delivering on current change and transformation of care in our own services and with other NHS and Local Authority partners.

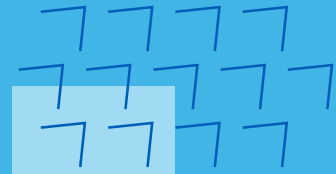
A single new organisation will only be successful if it is designed together with our local patients, carers, families, and staff. The aim will be to bring the very best parts of each organisation into something new: two organisations

collaborating to forge a new future. Learning from how we already operate across four Integrated Care Boards and with eight Local Authorities, we will be locally led and focused, with the benefit of leadership across service areas and the new Trust geographical footprint.

To ensure a smooth transition to a group model and then into a new single organisation, we will build on the transition risk register we have developed, mitigating these risks and supporting our staff and organisations through the changes. Our responsibility is to manage the above process without negatively impacting care delivery and our ongoing transformation projects. By proactively identifying and addressing potential challenges, we will maintain service continuity and quality, ensuring that the new organisation enhances rather than disrupts our operations.

Timeline





To learn more about our exciting plans; get involved have your say and to keep up to date – please access the information on www.buildingtrust.nhs.uk.

We look forward to hearing from you and including you in the development of an exciting new future for our organisations.