Cambridgeshire and Peterborough health system Blueprint

2014/15 to 2018/19

20th June 2014

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1. Document purpose

This document sets out a System Blueprint for the Cambridgeshire and Peterborough health system for the years 2014 to 2019. This health system exists to serve the people of Cambridgeshire and Peterborough and its overall aims are to empower people to stay healthy, improve the quality of care and improve outcomes and to continually develop a sustainable health and social care system.

Production of this document has been led by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). However sustainable system development is dependent on all health organisations working in partnership. Local Authorities are important commissioners of health and public health as well as commissioners of social care. We believe that by working together as a health and social care system we can achieve the best outcomes for patients, their carers and for the population we serve.

We recognise that forming a plan to deliver better health outcomes and a more sustainable health system is a complex process. This version of the System Blueprint is a working document which is being actively considered and discussed by the Boards of the partner organisations in the health system in June and July. A timeline showing the phases of work is set out in figure 29, section 10 (Forward process for the Cambridgeshire and Peterborough System Blueprint).

Whilst we have endeavoured to keep our plans realistic and grounded in what we think we can achieve, we also aspire to commission safe, high quality care and to achieve the best patient experience possible within the resources available to us.

2. Summary

The Cambridgeshire and Peterborough health system faces significant challenges over the next five years. We have used the intelligence gained from Joint Strategic Needs Assessments (JSNAs) and other sources of evidence to learn more about the health needs of our population and in doing so we recognise the following key messages:

- The Cambridgeshire and Peterborough health system is not financially sustainable and if nothing is done, it will face an financial gap of at least £250 m by 2018/19
- The population of Cambridgeshire and Peterborough is increasing and there will be a greater proportion of older people in 5 years' time
- Demand for mental health services continues to increase
- There are significant levels of deprivation and inequality that need to be addressed
- People are living longer and health outcomes are generally good but there are significant differences in people's health across our system
- Our health system has multiple stakeholders

In this context, and specifically as a result of the financial challenges faced by the system, fundamental changes are required to the organisation, provision, co-ordination and delivery of services.

We have focused our work in the following key areas:

- Elective care
- Mental health
- Non-elective care
- Older people and vulnerable adults
- Prevention and self-care
- Women and children

A number of transformation programmes are ongoing in these areas already. For example the Older People's Healthcare and Adult Community Services (OPACS) Procurement is an innovative way of commissioning for better outcomes and the Better Care Fund provides an opportunity to commission with Local Authority partners. A "Care Design Group" approach has been used for elective and non-elective care to identify schemes that have the potential to reduce our £250m gap by up to £80m. Further schemes and system changes need to be considered and worked up, and similar development work, led by our clinicians, will determine the way forward in each of these key areas. The System Blueprint also needs to align with developments in primary care. Going forwards, the planning process needs to enable individual organisations to align their plans to the System Blueprint.

Governance and resourcing requirements have been determined and will enable the blueprint process to move into phase 2 and beyond. This document describes these key areas, as well as the other enablers (IM&T, workforce) that are crucial to the successful delivery of the changes being developed.

Although the next few years will have many challenges, we know, too, that we have significant opportunities to innovate and transform services. We believe that we are well placed to make the most of the opportunities available and to effectively address the wide range of challenges set out in this plan.

3. Introduction

This plan takes as its starting point transformational interventions that were already ongoing in the Cambridgeshire and Peterborough health system. From April to June 2014 the planning process has been supported by a team from PwC who were funded by NHS England, Monitor and the NHS Trust Development Authority to provide additional support to the Cambridgeshire and Peterborough health system

3.1 The formation of this System Blueprint: the reasons for selecting Cambridgeshire and Peterborough health system as a challenged health system.

In 2013 NHS England, Monitor and the NHS Trust Development Authority issued coordinated planning guidance requesting commissioners and providers to develop 5 Year Plans for their systems by the end of June 2014.

NHS England, Monitor and NHS Trust Development Authority undertook an exercise to identify those health systems which were particularly challenged as a whole, and were most likely to benefit from intensive support in order to develop plans which would improve outcomes for the public and patients whilst developing a financially sustainable future across the health economy. These were the health systems that were at most risk of failing if the plans submitted did not identify future service configurations that were achievable and could resolve the major local challenges. In particular, the exercise focused on the level of financial challenge within the health system, and how aligned provider and commissioner plans were.

NHS England, Monitor and NHS Trust Development Authority then appointed teams to support commissioners and providers in these challenged health systems to consider options for the future sustainable provision of healthcare services. The objectives of this work were to provide support at a local level that:

- Enabled commissioners and providers in the local health system to submit strategic plans that were robust, deliverable and clearly set out how the anticipated challenges would be met
- Facilitated commissioners and providers to develop full implementation plans for the change that would prevent risk of failure
- Provided confidence that capacity was in place to deliver the plans, and outlined any areas of risk or where further support may be required

What factors make the Cambridgeshire and Peterborough health system unusual?

There are a number of factors that could make this health system more complex than many others. These include the following:

- Hinchingbrooke Health Care NHS Trust: The first NHS trust to be operated by a private partner, Circle
- Peterborough and Stamford Hospitals NHS Foundation Trust: Currently supported by a contingency planning team to find a system-wide solution to the Trust's financial challenges

- Cambridge University Hospitals NHS Foundation Trust: A national centre for specialist treatment, and one of five Academic Health Science Centres in the UK
- Papworth NHS Foundation Trust: The UK's largest specialist cardiothoracic hospital, with a plan to proceed with building a new hospital in Cambridge

Additionally, whilst the health system as a whole has better than average health outcomes, including healthy life expectancy, there are significant health inequalities.

Method of joint working

The content of this plan has been informed by three distinct but related strands of cross-system joint working.

1. A Joint Strategic Planning Stakeholder Group has been meeting regularly from December 2013 to . This is chaired by the CCG Director of Commissioning and has on its membership Directors from across the Health and Social Care system and Healthwatch. In May 2014 the group held a "system summit" which considered the different plans from the organisations in the system. Outputs from this work include agreement on the demographic projections and the risk log. The system summit realised that there were differences in growth assumptions across the system and as a result the CCG commissioned further work to illustrate these differences. This is shown in section 5.3.

2. PwC were appointed by NHS England to work across Cambridgeshire and Peterborough. They commenced this role on 3rd April 2014 and their work has been overseen by a local steering group chaired by the Director of the NHS England Norfolk, Suffolk and Cambridgeshire Area Team. This process has produced an overview of healthcare, and a system-wide estimate of the financial challenge. PwC have facilitated two "Care Design Groups" that have taken a clinically focussed approach to identify changes that could improve outcomes and the financial sustainability of the health system. Their estimation of the financial impact of these changes is shown as figure 23.

3. The Cambridgeshire and Peterborough Chief Executives Group is working to agree the governance and delivery arrangements for this strategic planning work. A concordat on joint working is in the process of being signed off by the organisations in the system. Proposals on a delivery structure and resourcing for the next phase of this process will be considered by the Chief Executives Group on 27th June 2014.

3.2 Approach

The starting point of this plan has been an understanding of the health needs of the Cambridgeshire and Peterborough population. Information about this is presented in appendix 1. The ambitions for improving health outcomes have been analysed and are presented in appendix 2.

The need to improve health outcomes whilst maintaining a financially sustainable system is not new to the Cambridgeshire and Peterborough health system. This plan outlines the transformational interventions that

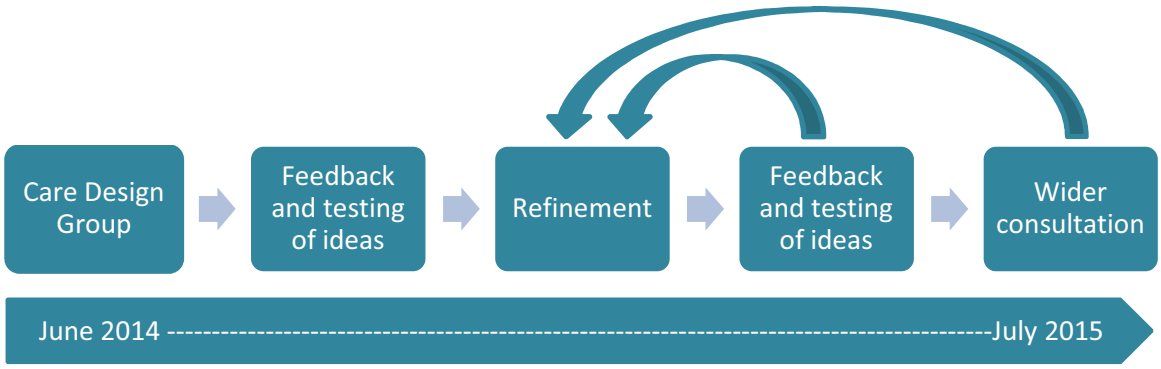
are ongoing already, notably the CCG's Older People's Healthcare and Adult Community Services (OPACS) Procurement, and how these are expected to impact on the system.

PwC has provided some of the system-wide financial analysis. The design of interventions for system change has centred on the use of "Care Design Groups" (CDGs). These are clinically focussed groups that function to:

- Develop agreement at a care professional level of the preferred affordable model of care for the area under consideration
- Reflect this model to commissioners and providers organisations so that an affordable system as a whole can be outlined
- Describe the capacity required to deliver the new models of care to ensure this can then be matched against available capacity.

The Care Design Group process is set out in figure 1 below:

Figure 1: Care Design Group process



The CDG process has, to date, identified potential savings of up to £80m. It is recognised, however, that £80m, is significantly short of the £250m shortfall and other approaches to identify options for change are likely to need to be considered.

3.3 Cambridgeshire and Peterborough: our population

Cambridgeshire and Peterborough CCG serves a diverse, ageing population with significant inequalities. The CCG population is currently 883,000 and is predicted to increase between 2014 and 2019 by 5.3%.

- The population in this local health system is increasing with a greater absolute increase in people who are aged over 65

Some areas of the CCG have a population that changes rapidly. For example, Cambridge City has a student population of nearly 30,000 equating to nearly 23% of the City's resident population. In addition, changes in the migrant population add to the complexity of commissioning services. International migrants in Cambridgeshire and Peterborough come from all over the world and from different socio-economic backgrounds. The most common countries of origin for migrant workers registering in Cambridgeshire and in Peterborough in both 2010 and 2011 were Lithuania, Latvia, and Poland.

Overall, Cambridgeshire is less deprived than Peterborough although there are significant areas of deprivation in Fenland, North East Cambridge and North Huntingdon. Peterborough is predominantly urban with 26% of the population in Peterborough living in the most deprived areas in the country (Dogsthorpe and East Wards).

Figure 2: Resident and registered population projections 2011 to 2019

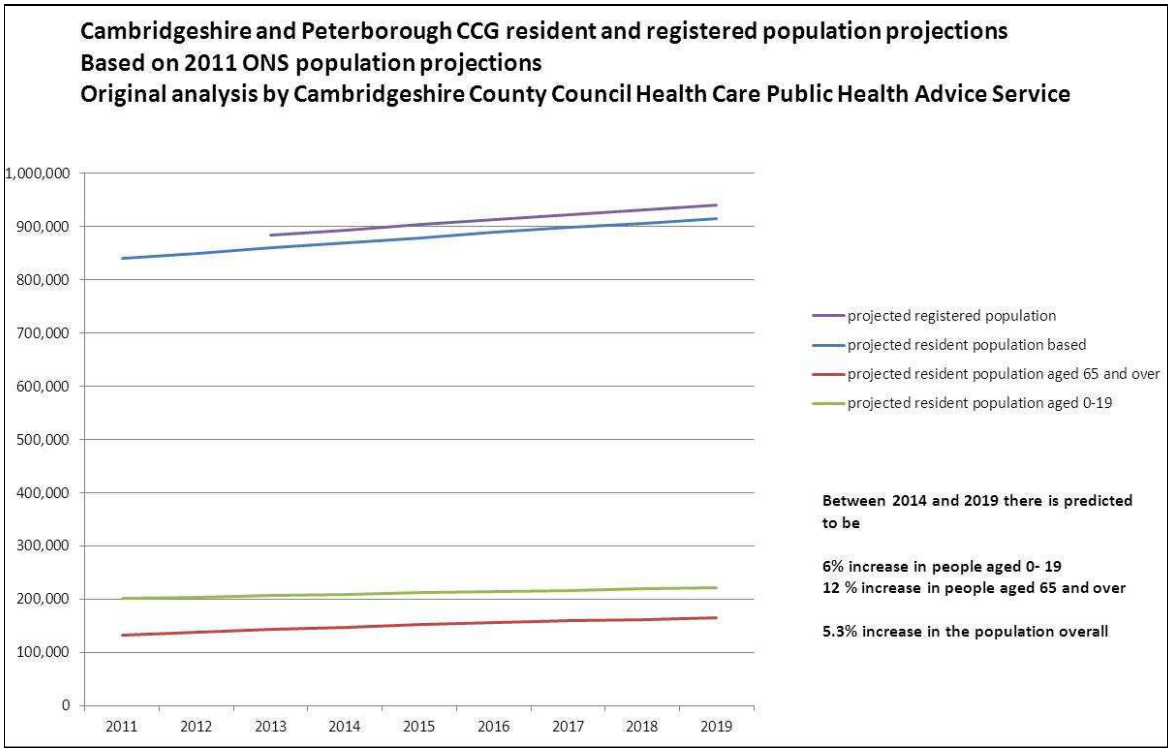


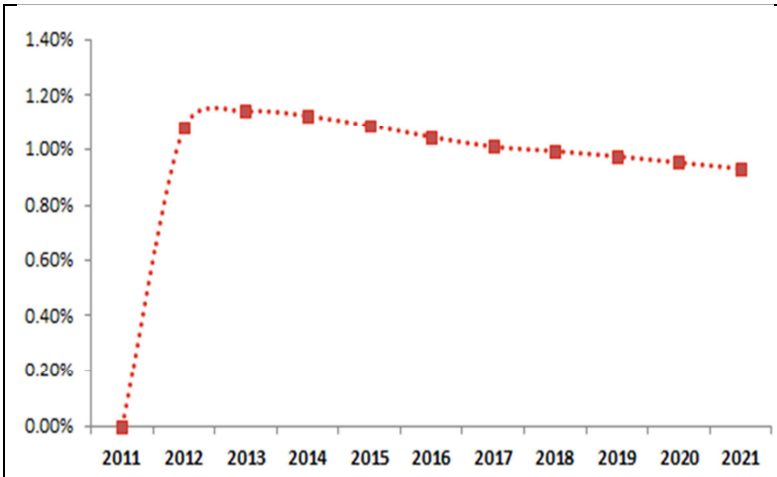
Figure 3: Cambridgeshire & Peterborough: Area and population overview

Population projections (2011 – 2021)

- Projected total population by 2021: 0.99m
- Projected population increase for Cambridgeshire: 11%
- Projected population increase for Peterborough: 13%

Source: PwC

Figure 4: Population growth, 2011 – 2021



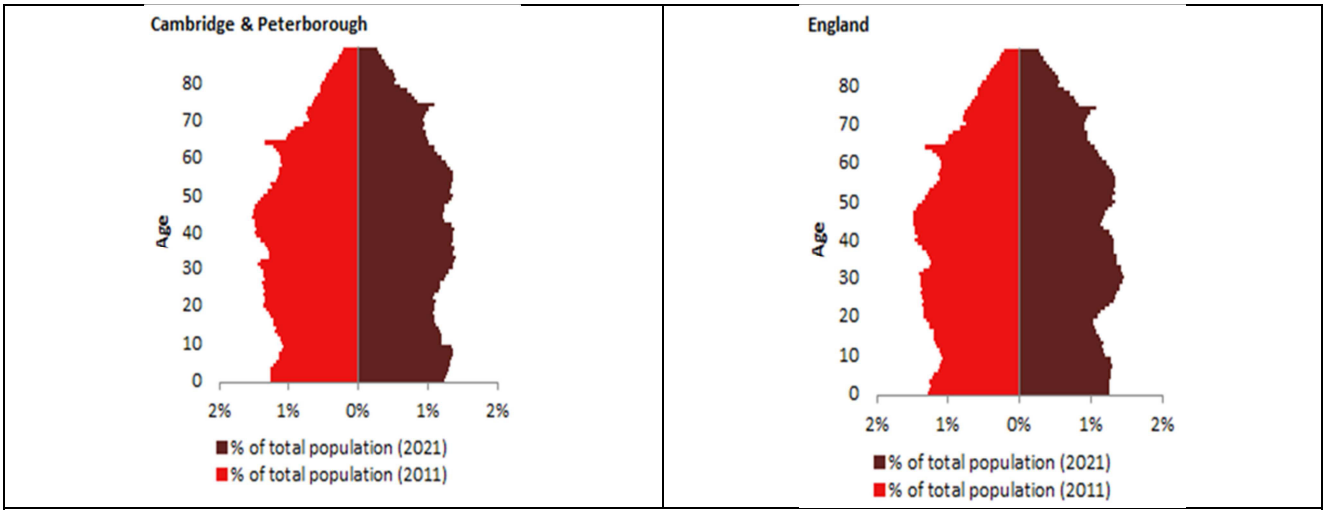
Source: PwC (information from Office of National Statistics (ONS) Sub-national population projections, Interim 2011-based)

Figure 5: Population age distribution (2011 – 2021)

- The population aged 75 and over is projected to increase by 33% in C&P.

Source: PwC

Figure 6: Cambridgeshire and Peterborough and England age distribution, 2011 vs. 2021



Source: PwC (information from Office of National Statistics (ONS) Sub-national population projections, Interim 2011-based)

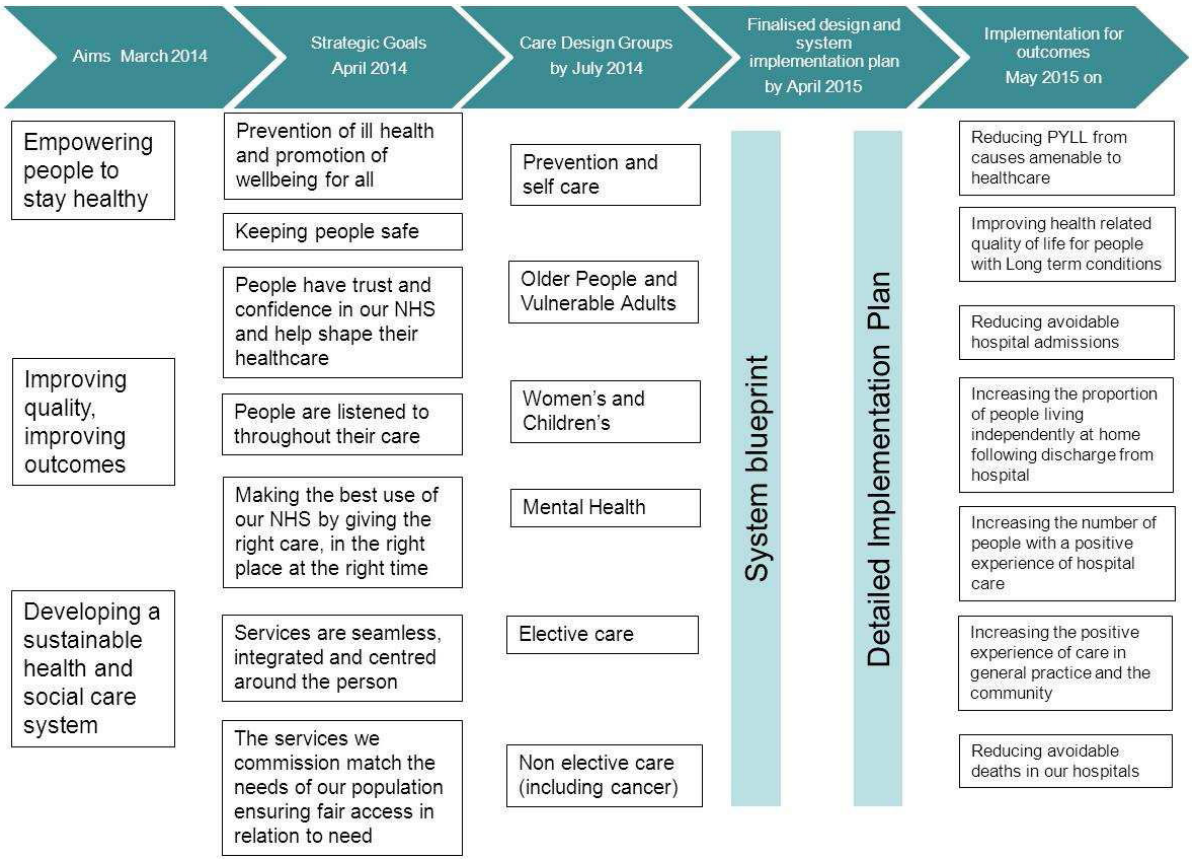
3.4 System strategic aims and goals

The Cambridgeshire and Peterborough health system has broadly agreed to a set of strategic aims for the next 5 years and strategic goals that will move us to them.

Figure 7 shows how the three strategic aims relate, with people at the centre of all that we do. Figure 8 shows how the strategic goals for the Cambridgeshire and Peterborough health system.

Figure 7: Strategic aims for the next 5 years: Cambridgeshire and Peterborough health system

Figure 8: Strategic aims and goals for the next 5 years: Cambridgeshire and Peterborough health system



We have identified that our biggest challenge is to ensure that we make the best use of our NHS by giving the right care, in the right place and at the right time. To do this we need to ensure clinical effectiveness, cost-effectiveness and health system efficiency.

4. Cambridgeshire and Peterborough health system Context

This section describes the current context in which the local health system operates and the expected changes in that context over the next 5 years.

4.1 Cambridgeshire and Peterborough: the health of our people

- Overall health is good across the local health economy
- However there is a significant inequality

Life expectancy is a good summary measure of health experience and differs significantly across the CCG area.

- 77.7 for men in Peterborough (significantly below the national average)
- 80.6 for men in Cambridgeshire (significantly above the national average)
- 82.6 for women in Peterborough (statistically the same as the national average)
- 84.5 for women in Cambridgeshire (significantly above the national average)
- Circulatory disease and cancer are the main causes of death

4.1.1 Cambridgeshire

The health of people in Cambridgeshire is generally better than the England average, although there are areas that are affluent and areas that are deprived within the county. Deprivation is lower than average, however about 14,400 children live in poverty. Life expectancy for both men and women is higher than the England average. Life expectancy is 7.2 years lower for men and 5.3 years lower for women in the most deprived areas of Cambridgeshire than in the least deprived areas.

- Over the last 10 years, all-cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have fallen and are better than the England average
- In Year 6, 16.3% of children are classified as obese, better than the average for England.
- The level of GCSE attainment is worse than the England average
- Levels of teenage pregnancy, alcohol-specific hospital stays among those under 18 and breast feeding are better than the England average
- Estimated levels of adult 'healthy eating', physical activity and obesity are better than the England average
- The rate of road injuries and deaths is worse than the England average
- Rates of sexually transmitted infections and smoking related deaths are better than the England average
- Rates of incidence of malignant melanoma and hospital stays for self-harm are worse than average

Figure 9: Health profiles – Cambridgeshire

Domain		Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1	Deprivation	15751	2.5	20.3	83.7		0.0
	2	Proportion of children in poverty	14360	13.4	21.1	45.9		6.2
	3	Statutory homelessness	600	2.4	2.3	9.7		0.0
	4	GCSE achieved (5A*-C inc. Eng & Maths)	3380	57.5	59.0	31.9		81.0
	5	Violent crime	5756	9.3	13.6	32.7		4.2
	6	Long term unemployment	1827	4.5	9.5	31.3		1.2
Children's and young people's health	7	Smoking in pregnancy ‡	970	13.7	13.3	30.0		2.9
	8	Starting breast feeding ‡	5889	81.9	74.8	41.8		96.0
	9	Obese Children (Year 6) ‡	876	16.3	19.2	28.5		10.3
	10	Alcohol-specific hospital stays (under 18)	61	48.8	61.8	154.9		12.5
	11	Teenage pregnancy (under 18) ‡	269	24.8	34.0	58.5		11.7
Adults' health and lifestyle	12	Adults smoking	n/a	19.5	20.0	29.4		8.2
	13	Increasing and higher risk drinking	n/a	23.9	22.3	25.1		15.7
	14	Healthy eating adults	n/a	32.4	28.7	19.3		47.8
	15	Physically active adults	n/a	60.3	56.0	43.8		68.5
	16	Obese adults ‡	n/a	20.9	24.2	30.7		13.9
Disease and poor health	17	Incidence of malignant melanoma	124	19.6	14.5	28.8		3.2
	18	Hospital stays for self-harm	1386	228.3	207.9	542.4		51.2
	19	Hospital stays for alcohol related harm ‡	13550	1829	1895	3276		910
	20	Drug misuse	2172	5.3	8.6	26.3		0.8
	21	People diagnosed with diabetes	26519	5.1	5.8	8.4		3.4
	22	New cases of tuberculosis	35	5.7	15.4	137.0		0.0
	23	Acute sexually transmitted infections	3677	591	804	3210		162
	24	Hip fracture in 65s and over	600	426	457	621		327
Life expectancy and causes of death	25	Excess winter deaths ‡	217	14.3	19.1	35.3		-0.4
	26	Life expectancy – male	n/a	80.6	78.9	73.8		83.0
	27	Life expectancy – female	n/a	84.5	82.9	79.3		86.4
	28	Infant deaths	26	3.5	4.3	8.0		1.1
	29	Smoking related deaths	772	164	201	356		122
	30	Early deaths: heart disease and stroke	330	48.8	60.9	113.3		29.2
	31	Early deaths: cancer	637	94.5	108.1	153.2		77.7
	32	Road injuries and deaths	353	57.5	41.9	125.1		13.1

‡ For comparison with PHOF Indicators, please go to the following link: www.healthprofiles.info/PHOF

4.1.2 Peterborough

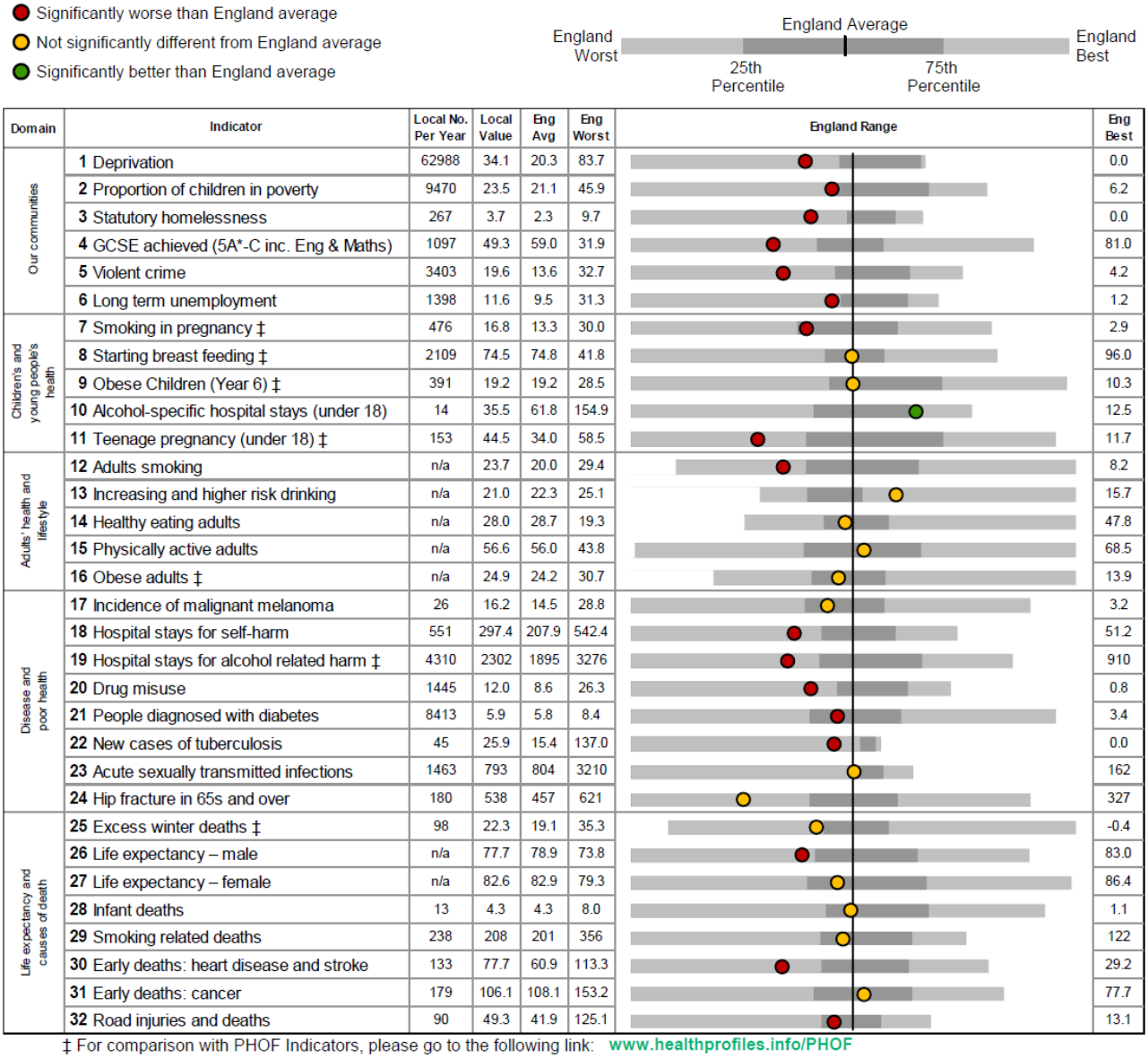
The health of people in Peterborough is generally worse than the England average although some areas are less deprived and some more deprived. Deprivation is higher than average and approximately 9,500 children live in poverty. Life expectancy for men is lower than the England average. Life expectancy is 9.4 years lower for men and 5.6 years lower for women in the most deprived areas of Peterborough than in the least deprived areas.

- Over the last 10 years, all-cause mortality rates have fallen. The early death rate from heart disease and stroke has fallen, but is worse than the England average.
- In Year 6, 19.2% of children are classified as obese.

- Levels of teenage pregnancy, GCSE attainment and smoking in pregnancy are worse than the England average.
- The level of alcohol-specific hospital stays among those under 18 is better than the England average.
- The estimated level of adult smoking is worse than the England average.
- Rates of road injuries and deaths and hospital stays for alcohol related harm are worse than the England average.

Priorities in Peterborough include reducing premature mortality, reducing inequalities in coronary heart disease and promoting healthy lifestyles.

Figure 10: Health profiles – Peterborough



Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	62988	34.1	20.3	83.7		0.0
	2 Proportion of children in poverty	9470	23.5	21.1	45.9		6.2
	3 Statutory homelessness	267	3.7	2.3	9.7		0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths)	1097	49.3	59.0	31.9		81.0
	5 Violent crime	3403	19.6	13.6	32.7		4.2
	6 Long term unemployment	1398	11.6	9.5	31.3		1.2
Children's and young people's health	7 Smoking in pregnancy ‡	476	16.8	13.3	30.0		2.9
	8 Starting breast feeding ‡	2109	74.5	74.8	41.8		96.0
	9 Obese Children (Year 6) ‡	391	19.2	19.2	28.5		10.3
	10 Alcohol-specific hospital stays (under 18)	14	35.5	61.8	154.9		12.5
	11 Teenage pregnancy (under 18) ‡	153	44.5	34.0	58.5		11.7
Adults' health and lifestyle	12 Adults smoking	n/a	23.7	20.0	29.4		8.2
	13 Increasing and higher risk drinking	n/a	21.0	22.3	25.1		15.7
	14 Healthy eating adults	n/a	28.0	28.7	19.3		47.8
	15 Physically active adults	n/a	56.6	56.0	43.8		68.5
	16 Obese adults ‡	n/a	24.9	24.2	30.7		13.9
Disease and poor health	17 Incidence of malignant melanoma	26	16.2	14.5	28.8		3.2
	18 Hospital stays for self-harm	551	297.4	207.9	542.4		51.2
	19 Hospital stays for alcohol related harm ‡	4310	2302	1895	3276		910
	20 Drug misuse	1445	12.0	8.6	26.3		0.8
	21 People diagnosed with diabetes	8413	5.9	5.8	8.4		3.4
	22 New cases of tuberculosis	45	25.9	15.4	137.0		0.0
	23 Acute sexually transmitted infections	1463	793	804	3210		162
	24 Hip fracture in 65s and over	180	538	457	621		327
Life expectancy and causes of death	25 Excess winter deaths ‡	98	22.3	19.1	35.3		-0.4
	26 Life expectancy – male	n/a	77.7	78.9	73.8		83.0
	27 Life expectancy – female	n/a	82.6	82.9	79.3		86.4
	28 Infant deaths	13	4.3	4.3	8.0		1.1
	29 Smoking related deaths	238	208	201	356		122
	30 Early deaths: heart disease and stroke	133	77.7	60.9	113.3		29.2
	31 Early deaths: cancer	179	106.1	108.1	153.2		77.7
	32 Road injuries and deaths	90	49.3	41.9	125.1		13.1

‡ For comparison with PHOF Indicators, please go to the following link: www.healthprofiles.info/PHOF

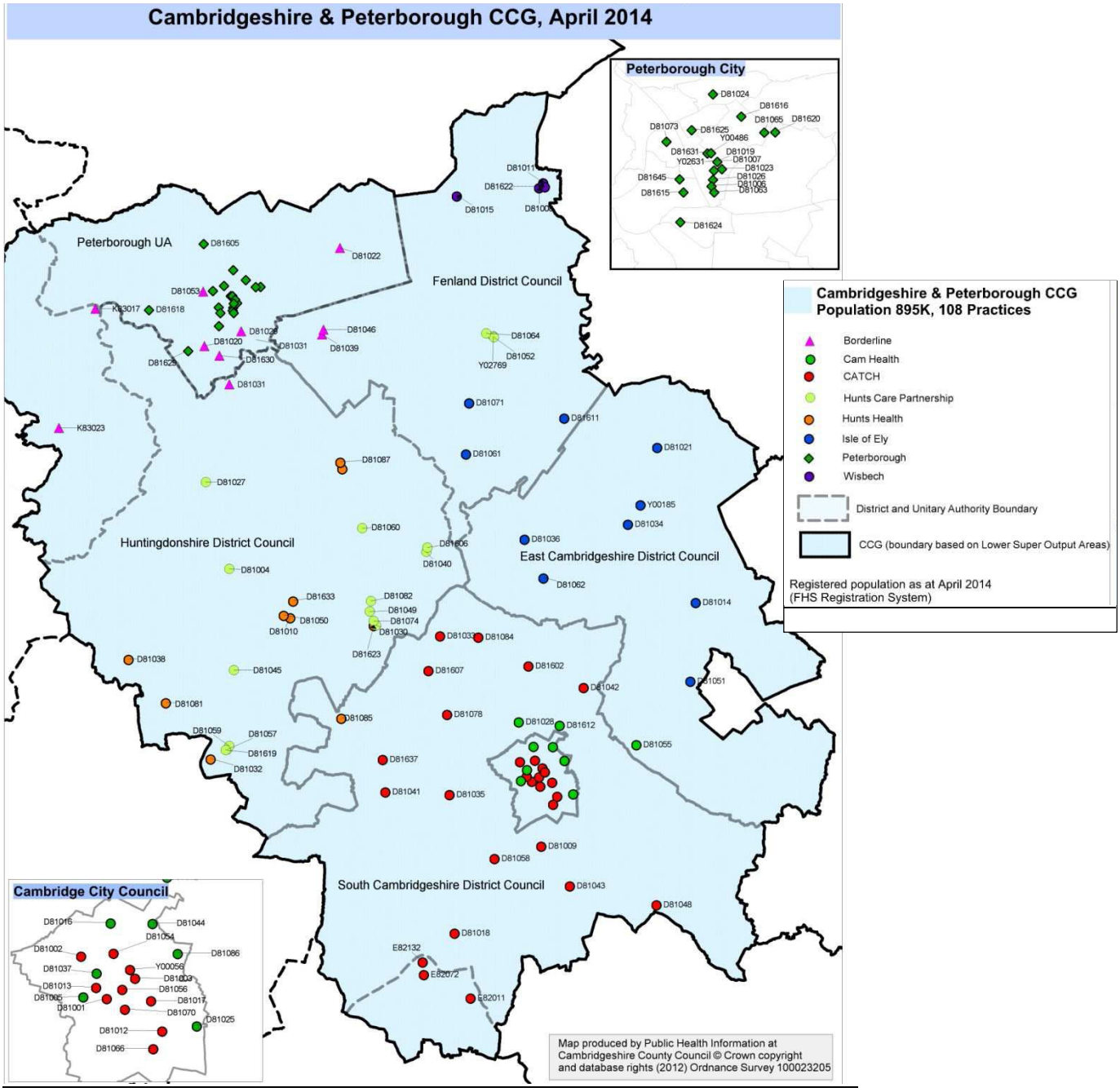
Appendix 3 provides further context around the health needs of our population, the health outcomes we want to deliver, our current position, areas where we can improve, our ambitions for improvement and next steps.

4.2 The health system across Cambridgeshire and Peterborough

The main health care commissioner in the health system is Cambridgeshire and Peterborough CCG. The CCG is the third largest in England covering a population of over 890,000 across 108 GP practices. The CCG is responsible for ensuring that high quality NHS services are provided to people living in the local area.

The following map shows where the CCG's practices are situated:

Figure 11: Cambridgeshire and Peterborough CCG



In Cambridgeshire and Peterborough, local GPs have formed Local Commissioning Groups (LCGs) which ensure a local focus when decisions about health services are made. This means that decision making is shifted closer to patients, enabling local change to happen quickly.

Every GP practice across Cambridgeshire and Peterborough, plus two practices in Northamptonshire and three practices in Hertfordshire, is a member of one of the following eight LCGs:

- Borderline
- CATCH
- Hunts Health
- Isle of Ely
- Peterborough
- Cam Health
- Hunts Care Partners
- Wisbech

The main healthcare providers in the Cambridgeshire and Peterborough system are as follows:

- Cambridge University Hospitals NHS Foundation Trust (CUHFT comprising both Addenbrooke's and the Rosie Hospitals)
- Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT)
- Hinchingbrooke Health Care Trust (HHCT)
- Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) – provides mental health services
- Cambridgeshire Community Services (CCS)
- Papworth Hospital NHS Foundation Trust - a tertiary cardiothoracic hospital

In addition, the care across Cambridgeshire and Peterborough depends on primary care, out-of-hours services, care homes with nursing beds, local authorities and the work of our Health and Wellbeing Boards.

4.3 Summary of services by setting of care

Figure 12 below summarises the services available in the health system by setting of care.

The CCG has commissioned work to understand how the settings for delivery of care in Cambridgeshire and Peterborough compare to other health systems in England. This benchmarking exercise considers activity commissioned by the CCG and NHS England. The work is still in progress and initial findings are:

- Overall, the CCG and Area Team commissioned less acute care than the national average in 2013/14. The difference between the activity across Cambridgeshire and Peterborough and national comparators indicates that there were fewer elective spells, excess bed days, and first and follow-up attendances than the national average. This was partly balanced by more outpatient procedures than expected. This effect was also seen in general at LCG level.

- The CCG buys more episodes of care in hospital for patients 65 years and older than might be expected for the size of the population aged 65 and over. One possible explanation for this is that people aged 65 and over in the CCG may receive some services in acute care whereas, in other health systems, these services are delivered in another setting. Section 6.1.1 outlines the role of the Older People's and Adult Community Services Procurement in enabling care for the over 65 year old population to take place in the best possible health setting for them.

Figure 12: Summary of services by setting of care

Increasing distance from patient's home & increasing specialisation of service.

Patient's home	GP	Community	Ambulatory	Hospital	Tertiary
Ambulance service see and treat. Early supported discharge. GP advice and care (phone and/or in person). Home rehabilitation/ recuperation. Hospital aftercare package. Integrated virtual ward. IV therapy. Pallative care. Primary care, mental health and community input into nursing homes. Rapid response team. Self care following advice. Telephone advice from case manager/ other specialist professional.	Advice and signposting from social care assessment team. Available for advice to hospital staff to support decision making. Early supported discharge. Enhanced unscheduled care access and provision by individual GP practices. Rapid access to advance from hospital specialist. Voluntary sector signposting.	Broader access to nursing homes to return patients where this is their home. Early supported discharge. Enhanced primary care service. Social care assessment providing advice and signposting. Intermediate care in a residential setting. IV therapy. Palliative care. Rapid access to social care assessment to facilitate discharge. Rapid response. Community rehabilitation/ recuperation. Step up/ down.	Certain procedures provided in an ambulatory centre or day surgery unit. Enhanced primary care service.	A&E. Drug, alcohol & mental health liaison. Early supported discharge. ICU/ HDU. MAU/ SAU. Medical and surgical inpatient care. Multi-disciplinary discharge planning from admisison. Primary care led minor injury/ illness service. Theatres.	Specialist cardiothoracic services. Specialist trauma services. Specialist drug and alcohol interventions. Specialist input provided via telemedicine. Specialist medical& surgical input. Specialist psychiatric interventions.

Virtual
999 including hear and treat, 111, online information, directory of services.

Source: PwC

4.4 Stakeholders in the Cambridgeshire and Peterborough health system

There are numerous stakeholders across our system and stakeholder management is integral to the successful development and delivery of the System Blueprint. A stakeholder management strategy has been developed. As part of this, stakeholders have been categorized in groups and methods of engagement have been determined for each group as follows:

Stakeholder Group A Stakeholders for whom a significant proportion of business is to commission or deliver healthcare in the system
• *CCG Governing Body* • *CCG Strategic Action Team* • *Contracted NHS provider Trusts* • *Directors of Social Care, Cambridgeshire and Peterborough* • *Local Commissioning Group (LCG) Chairs and Local Chief Officers in Cambridgeshire and Peterborough*

Stakeholder Group B Organisations who have a section of their business interested in commissioning or delivering healthcare in the system
• *CCG member practices: Cambridgeshire and Peterborough* • *CCG Patient Reference Group* • *CCG staff* • *Cambridgeshire County Council* • *Peterborough City Council* • *Hertfordshire County Council* • *Northamptonshire County Council* • *Health and Wellbeing Boards: Cambridgeshire, Peterborough, Northamptonshire and Hertfordshire* • *Health Education England* • *Health Overview and Scrutiny Committees: Cambridgeshire, Peterborough, Northamptonshire and Hertfordshire* • *Healthwatch organisations: Cambridgeshire, Peterborough, Northamptonshire and Hertfordshire* • *Local Medical Committee (LMC)*

Stakeholder Group C People who do not have a job to commission or deliver healthcare but are still a vital part of our local health system
• *Charitable organisations* • *District Councils* • *Independent and salaried contractors: GPs, dentists, pharmacists* • *Interest groups* • *Our residents in Cambridgeshire and Peterborough* • *Optometrists* • *Other Local Professional Committees* • *People who use local health services and their carers* • *Patient Forums and Patient participation groups (PPGs)* • *Private and voluntary providers* • *Media* • *Voluntary, community and third sector organisations*

5. Where do we need to get to: Current state of the Cambridgeshire and Peterborough health system

This section considers the changes that the Cambridgeshire and Peterborough health system needs to make between 2014 and 2019 to build a sustainable health system in which health outcomes continue to improve.

5.1 Joint strategic needs assessments: Over-arching themes from our JSNAs

Several over-arching themes emerge from the available Joint Strategic Needs Assessments and health needs profiles. These are shown in the JSNA summary document in Appendix 3 and highlights are given below.

- The population of Cambridgeshire and Peterborough is increasing
- There will be a greater proportion of older people in 5 years' time

Information from the Office of National Statistics shows that in Cambridgeshire the population is forecast to increase by 5.0 % between 2014 and 2019 (32,000 people in total) with most of the increase in Cambridge City and South Cambridgeshire. In Peterborough, the population is forecast to increase by 6.1% between 2014 and 2019 (11,600 people in total). In Cambridgeshire and Peterborough the population aged 75 years and over is set to increase by 24% between 2014 and 2019 (16,000 people).

- There are significant levels of deprivation that need to be addressed

In Peterborough the city's deprived areas are those that are more densely populated and 26% of the population live in these areas. Some of the wards in Peterborough are rated amongst the highest areas for child poverty in England and 13 of the city's smaller neighbourhoods (lower super output areas) are amongst the most deprived 10% in the country. The most deprived areas in Cambridgeshire are concentrated in the north east of the County. Fenland, north-east Cambridge and parts of north Huntingdon have the highest levels of relative deprivation.

- Lifestyle has an important bearing on the prevention of ill-health and premature mortality

Our population varies both in levels of experience of unhealthy lifestyles and their consequences, as well as in the take up of preventive services such as smoking cessation.

- People are living longer but there are significant health inequalities

Average life expectancy in Cambridgeshire is 80 years for males and 84 years for females. In Peterborough, average life expectancy is 78 years for males and 82 years for females (2008-2010 ONS Life Expectancy). Life expectancy in both areas is increasing over time and death rates for the major causes of death are generally declining locally, as they are nationally. Death rates for diseases like circulatory diseases are falling more

quickly than death rates for cancers. However, important differences remain between the life expectancy and mortality of our populations between local authority districts and between areas in both Cambridgeshire and Peterborough, for example in Peterborough the rate of coronary heart disease (CHD) mortality is not falling as fast as in Cambridgeshire, some districts in Cambridgeshire have higher death rates than the county average, e.g. in Fenland and there are important differentials in premature deaths from CHD.

- Demand for mental health services continues to increase

Local mental health services face many of the same trends as identified in the preceding paragraphs, in particular the increase in overall population growth, but especially of older people. The demand for services continues to increase, and especially the number of people presenting with dementia. The modern focus on community-based "recovery" services places significant pressures on community services. Community Health Profiles also provide an overview of local mental health prevalence. The most significant risk-factors for poor mental health locally are deprivation, unemployment, limiting long-term illness, crime, substance misuse, physical health, and being part of a "marginalised" group (e.g. an ethnic minority, being homeless or having a learning disability). There are pockets of deprivation throughout the CCG, but for most mental health risk factors Fenland, Peterborough and Cambridge City are above national averages, whilst Huntingdonshire, South Cambridgeshire and East Cambridgeshire are below national averages.

5.2 Ambition to improve health in Cambridgeshire and Peterborough from 2014 to 2019

The health system in Cambridgeshire and Peterborough exists to improve the health and wellbeing of its population. There are many indicators of health and wellbeing, and 7 indicators that are relevant to monitoring improvement in outcomes over the 5 year time frame of this planning cycle have been selected.

An analysis of these for Cambridgeshire and Peterborough is shown as Appendix 2. This appendix also shows trajectories for improvement for these top level outcomes. In summary theses are:

- To reduce the Potential Years of Life Lost from causes amenable to health care across Cambridgeshire and Peterborough by 6.2% reduction over the 5 year time period. This represents a significant gain in health
- To improve the health related quality of life of people with one or more long-term as measured by EQ 5D on the GP patient survey by achieving a score of 80 within 5 years
- To reduce emergency admissions from causes considered amenable to healthcare by achieving a 12 % reduction in the composite emergency admission indicator
- To increase the number of people having a positive experience of care outside hospital, in general practice and in the community by achieving a score of 4.1 on the relevant domains of the GP patient survey
- To increasing the number of people having a positive experience of hospital care by achieving a score of 122 (current baseline is 127.6) over 5 years
- To make significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care

5.3 Improving financial sustainability in Cambridgeshire and Peterborough: the estimated financial gap

The increasing demands on the Cambridgeshire and Peterborough health system are driven by a population that is increasing and, as shown in Figure 5 above, a population that is aging.

There has been much work already across the health system to ensure that care for patients is provided in the most appropriate place. However if demand continues to increase at a greater rate than the achievement of system efficiency savings then costs will continue to rise even though the overall system is more efficient.

To illustrate this, figure 13 below considers emergency admissions between 2012/13 and 2013/14. It shows how the emergency bed days per weighted population have stayed the same but there has been an absolute increase in emergency bed day across the CCG. One possible reason for this is that the health system is working more efficiently but that the absolute level of demand has risen as a result of change in demographics.

Figure 13: Cambridgeshire and Peterborough CCG Emergency Bed Days 2012/13 and 2013/14

	Emergency bed days			Emergency bed days per 1000 weighted population		
Locality group	**2012/13**	**2013/14**	**% change**	**2012/13**	**2013/14**	**% change**
CATCH	75,946	77,886	3%	477.45	472.16	-1%
CamHealth	29,956	32,677	9%	456.54	480.33	5%
Health Care Partners	49,226	52,071	6%	462.17	470.57	2%
Hunts Health	26,362	26,333	0%	462.03	444.33	-4%
Isle of Ely	37,164	40,221	8%	470.96	487.70	4%
Wisbech	22,490	24,299	8%	452.74	475.63	5%
Borderline	39,706	42,499	7%	433.06	438.60	1%
Peterborough	50,591	53,197	5%	429.80	410.74	-4%
CCG overall	**331,441**	**349,183**	**5%**	**455.74**	**457.93**	**0**
Source: CCG Business Intelligence Team						

Figure 14 considers this same issue and gives projections of how demographic changes might affect inpatient and outpatient activity between 2013 and 2021. The increase in activity is particularly marked in the age groups 60-75 and aged 75+.

Figure 14: Likely increase in activity within Cambridgshire & Peterborough 2013 to 2021

Current inpatient activity

Age group	Urgent Care	Elective Care	Maternity & Paediatrics
0 - 4	4,181	1,507	1,683
5 - 19	3,456	3,816	408
20 - 39	6,702	10,088	7,643
40 - 59	8,221	22,874	323
60 - 74	8,227	27,722	-
75+	13,059	20,776	-

Current AE activity

Age group	Urgent Care
0 - 4	9,119
5 - 19	25,214
20 - 39	38,297
40 - 59	29,084
60 - 74	19,227
75+	17,971

Current outpatient activity

Age group	Elective Care	Maternity & Paediatrics
0 - 4	22,224	-
5 - 19	70,879	852
20 - 39	155,776	12,323
40 - 59	182,680	636
60 - 74	183,015	-
75+	118,485	1

Future inpatient activity (2021)

Age group	Urgent Care	Elective Care	Maternity & Paediatrics
0 - 4	4,648	1,675	1,871
5 - 19	3,889	4,294	459
20 - 39	6,890	10,371	7,858
40 - 59	8,849	24,621	348
60 - 74	9,656	32,537	-
75+	17,448	27,759	-

Future AE activity (2021)

Age group	Urgent Care
0 - 4	10,138
5 - 19	28,374
20 - 39	39,372
40 - 59	31,306
60 - 74	22,566
75+	24,011

Future outpatient activity (2021)

Age group	Elective Care	Maternity & Paediatrics
0 - 4	24,708	-
5 - 19	79,763	959
20 - 39	160,148	12,669
40 - 59	196,634	685
60 - 74	214,802	-
75+	158,308	1

Source: PwC. Information from Hospital Episode Statistics ("HES")

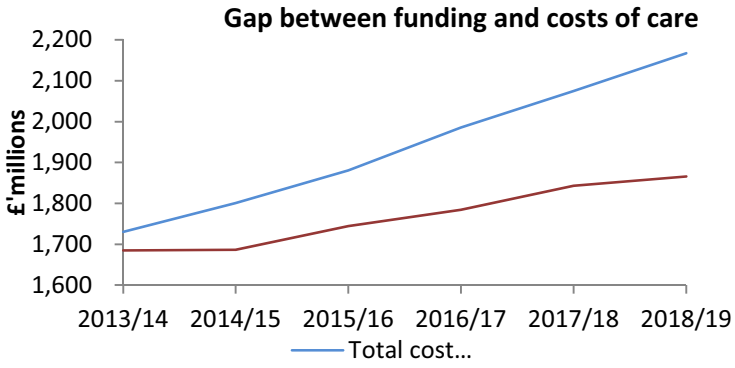
With these facts in mind PwC have modelled three financial scenarios for the whole of the Cambridgeshire and Peterborough health system for 2014-2019. The assumptions underlying this modelling are shown in appendix 4. All of these models include mental health and community care. They also include the Better Care Fund. The total for the health system includes funding for adult social care, children's social care and public health but these services are assumed in each case to be in neither deficit nor surplus. In other words the gap shown relates to gaps in funding of direct healthcare provision only.

Scenario 1: The "base case" scenario

In scenario 1 no provider savings are achieved i.e. there are no savings from cost improvement plans or commissioning efficiencies. The financial gap across the health system widens to over £300m by 2018/19.

Figure 15: Scenario 1: gap between funding and the cost of care

Year	Health care gap £'m *(total income less total cost)*
2013/14	(46,043)
2014/15	(114,256)
2015/16	(136,199)
2016/17	(201,223)
2017/18	(231,912)
2018/19	(301,793)



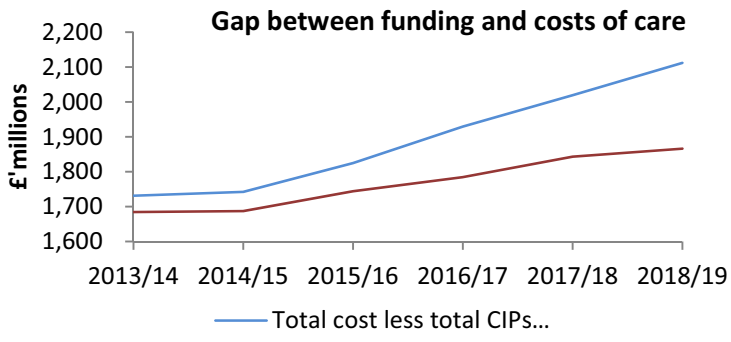
Source: PwC

Scenario 2: "Cost Improvement Plans achieved"

In scenario 2 the providers in the health system achieve their cost improvement plans and commissioners make modest savings. This lessens the financial gap in 2018/19 but it still remains at £250 m.

Figure 16: Scenario 2: gap between funding and costs of care

Year	Health care gap £'m *(total income less total cost)*
2013/14	(46,043)
2014/15	(55,610)
2015/16	(80,338)
2016/17	(145,362)
2017/18	(176,051)
2018/19	(245,932)



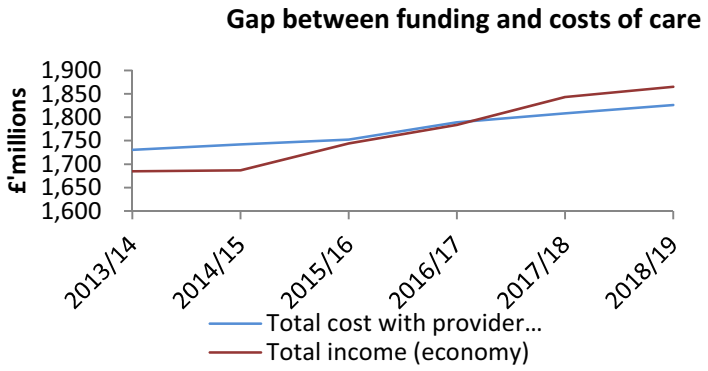
Source: PwC

Scenario 3: "Year on year efficiency savings"

In this scenario each provider achieves a cumulative 4% efficiency savings year on year and the commissioners also make 4% efficiencies. This amounts to reducing costs by over 19% over the 5 year time period from the 2013/2014 baseline. In this scenario the health system overall will break even in 2017.

Figure 17: Scenario 3: gap between funding and costs of care assuming a 4% cumulative efficiency saving

Year	Health care gap £'m *(total income less total cost)*
2013/14	(46,043)
2014/15	(55,480)
2015/16	(8,083)
2016/17	(4,912)
2017/18	34,819
2018/19	39,084



Source: PwC

Figures 18 and 19 below are tables commissioned by the CCG that show the current activity and financial growth projections from providers in the Cambridgeshire and Peterborough health system. They demonstrate that increasing activity and financial growth are planned across the system over this five year period. This observation is more important than the absolute numbers.

Figures 18 and 19 show that scenario 3, in which each provider reduces its cost base by 4% each year, is not likely. It is also unlikely that no savings will be made against cost improvement plans. Scenario 2 is therefore the most likely scenario for the Cambridgeshire and Peterborough health system.

- Across Cambridgeshire and Peterborough the health system will face an estimated deficit of at best £250m by 2019 unless there are changes to the activity and costs incurred by the system. The size of the gap is over 10% of the total health and social care spend.
- Even though there are some signs that the overall efficiency of the system is increasing demand is being driven by demographic changes.

At present the financial plans across the system do not align with the forecasts of available funding. All providers geographically located in Cambridgeshire and Peterborough serve, to a lesser or greater degree, populations from other health systems. This means that there need not be complete alignment between the local commissioner plans and the plans of providers. However, with respect to Cambridgeshire and Peterborough residents, the whole system needs more alignment to remain sustainable. Achieving this alignment will involve a several approaches:

- Continuing to increase the efficiency of the health system i.e. doing the same things in a more efficient way
- Transforming areas of the health system i.e. delivering health services differently
- Reducing demand for healthcare i.e. reducing the amount of healthcare that is needed by people by increasing health and wellbeing across the population. Delivery of Local Authority Health and Wellbeing strategies is outside the scope of this health system plan, but will be central to this.

Figure 18: Activity growth projections by Provider across Cambridgeshire and Peterborough
(Work commissioned by the CCG)

	PROVIDER 1					PROVIDER 2					PROVIDER 3					PROVIDER 4				PROVIDER 5		
ACTIVITY	**Outpatients Total**	**Elective IP/DC Total**	**Non Elective total**	**A&E**	**Other**	**Outpatients Total**	**Elective IP/DC Total**	**Non Elective total**	**A&E**	**Other**	**Outpatients Total**	**Elective IP/DC Total**	**Non Elective total**	**A&E**	**Other**	**OP Total**	**IP Total**	**NE total**	**Other (MIU)**	**Outpatients Total**	**Elective IP/DC Total**	**Non Elective total**
Average growth 2011/12-2013/14						4.7 %	4.4 %	2.4 %	3.4 %	4.0 %	5.9 %	5.8 %	5.1 %	1.7 %	5.1 %	marginal	marginal	marginal	2.9 %	24%	0%	8%
% Growth Assumptions Yr 1	-1%	1%	5.3 %	-4%		3.8 %	4.7 %	2.1 %	3.6 %	3.7 %	5.9 %	5.8 %	5.1 %	1.7 %	5.1 %	0.0 %	0.0 %	0.0 %	0.0 %	1%	2%	1%
% Growth Assumptions Yr 2	NA	NA	NA	NA	NA	4.0 %	4.6 %	2.5 %	4.0 %	3.9 %	4.5 %	4.5 %	4.5 %	4.5 %	4.5 %	0.9 %	0.5 %	0.8 %	1.0 %	4%	4%	5%
% Growth Assumptions Yr 3	NA	NA	NA	NA	NA	4.2 %	4.5 %	2.6 %	4.0 %	4.1 %	2.5 %	2.5 %	2.5 %	2.5 %	2.5 %	0.6 %	0.5 %	0.6 %	1.5 %			
% Growth Assumptions Yr 4	NA	NA	NA	NA	NA	4.1 %	4.4 %	2.6 %	4.0 %	4.0 %	2.5 %	2.5 %	2.5 %	2.5 %	2.5 %	0.5 %	0.5 %	0.6 %	1.5 %			
% Growth Assumptions Yr 5	NA	NA	NA	NA	NA	4.3 %	4.6 %	2.8 %	4.0 %	4.2 %	2.5 %	2.5 %	2.5 %	2.5 %	2.5 %	0.5 %	0.5 %	0.6 %	1.4 %			
Total Growth over Period						**22%**	**25%**	**13%**	**21%**	**22%**	**19%**	**19%**	**18%**	**14%**	**18%**	**2.5 %**	**1.9 %**	**2.6 %**	**5.5 %**			

Figure 19 : Financial Growth projections by Provider across Cambridgeshire and Peterborough
(Work commissioned by the CCG)

	PR 1	PROVIDER 2					PROVIDER 3					PROVIDER 5		
FINANCIAL GROWTH	**Total Financial Growth**	**Outpatients Total**	**Elective IP/DC Total**	**Non Elective total**	**A&E**	**Other**	**Outpatients Total**	**Elective IP/DC Total**	**Non Elective total**	**A&E**	**Other**	**Outpatients Total**	**Elective IP/DC Total**	**Non Elective total**
Average growth 2011/12-2013/14		4.3%	4.3%	2.9%	3.4%	2.7%	5.9%	5.8%	5.1%	1.7%	5.1%	48.1%	9.0%	-6.6%
% Growth Assumptions Yr 1	-0.3%	5.7%	3.8%	2.7%	3.6%	3.0%	5.9%	5.8%	5.1%	1.7%	5.1%	0.6%	1.3%	3.9%
% Growth Assumptions Yr 2	0.8%	4.1%	5.5%	2.7%	4.0%	2.0%	4.5%	4.5%	4.5%	4.5%	4.5%	2.3%	3.4%	3.8%
% Growth Assumptions Yr 3		4.3%	4.5%	2.8%	4.0%	2.9%	2.5%	2.5%	2.5%	2.5%	2.5%			
% Growth Assumptions Yr 4		4.2%	4.5%	2.8%	4.0%	2.9%	2.5%	2.5%	2.5%	2.5%	2.5%			
% Growth Assumptions Yr 5		4.4%	4.6%	3.0%	4.0%	2.9%	2.5%	2.5%	2.5%	2.5%	2.5%			
Total Growth over Period	**0.5%**	**25%**	**25%**	**15%**	**21%**	**15%**	**19%**	**19%**	**18%**	**14%**	**18%**			

5.4 The challenges facing primary care across Cambridgeshire and Peterborough

Primary care services, which include General Practice, optometry, pharmacy and dentistry, are commissioned by NHS England. As well as having responsibility for primary care contracts, NHS England has a duty to commission primary care services in ways that improve quality, reduce inequalities, promote patient involvement and promote more integrated care. The Cambridgeshire and Peterborough health system incorporates 108 GP practices and 850 GPs (equaling 350 full time posts). The CCG, as a GP member practice organization, maintains a close relationship with each practice.

Historically primary care has been a strong aspect of the healthcare system across Cambridgeshire and Peterborough. However NHS England has recognised at a national level that general practice and wider primary care services (pharmacy, optometry and dental services) face increasingly unsustainable pressures and that there is a need to transform the way primary care is provided to reflect these growing challenges.

Challenges facing General Practice nationally include:

- growing reports of workforce pressures including retirement, recruitment and retention problems particularly in general medical practice combined with significant pressures with rising workload demands
- increasing demand due to an aging population, growing co-morbidities and increasing patient expectations resulting in increased consultations
- increasing pressure on NHS financial resources, which will intensify further from 2015/16
- continued dissatisfaction with access to services – both in-hours and out-of-hours
- persistent inequalities in access and quality of primary care

These issues are intensified across Cambridgeshire and Peterborough by the effect of the removal of the minimum practice income guarantee over the next 7 years. This System Blueprint therefore needs to take account of the impact of these changes on our practices as both members of the CCG and also crucial providers in the local health economy.

The CCG has worked with GPs at Member Practice events, provider stakeholder events, through discussion at LCG Board meetings, discussions with the Area Team and through the elective and non-elective Care Design Groups to identify a set of critical success factors for primary care. These success factors are as follows:

1. Generate a greater sense of individual responsibility to remain well and choose health lifestyle choices to avoid ill health
2. Reduce unwarranted variation and address inequalities (evidence shows that primary care can reduce inequalities and improve health outcomes[1])
3. Deliver quality improvement
4. Improve access to GPs

[1] Contribution of Primary Care to health systems and Health, Barbara Starfield, Leiyu Shi, and James Macinko, The Milbank Quarterly, Vol. 83, No. 3, 2005 (pp. 457–502)

5. Develop capability and capacity to meet the demands of a rapidly increasing population, and a greater number of older people with associated frailty and long term conditions

To enable these changes to happen the following the following enables need to be considered:

- Closer working with Public Health England to promote self-care and healthy lifestyles
- Exploration of options to deliver primary care at scale through, for example, increased collaboration between GP practices
- Review of capacity within primary care including mapping against demand
- Better signposting of services
- Improved communication between GPs and secondary care clinicians

Primary care services have the potential to contribute significantly to the Cambridgeshire and Peterborough health system goal to produce a sustainable health system because primary care reduces demand on health services through its role in preventing illness.

6. Transformational work already ongoing across the Cambridgeshire and Peterborough health system

6.1 The commissioner context: ongoing transformational programmes in the CCG

This section outlines in brief two areas of transformational change that are already ongoing in the Cambridgeshire and Peterborough health system: the Older People's and Adult Service Procurement and the Better Care Fund. Both of these programmes seek to increase efficiency, deliver health services differently and increasing health and wellbeing.

6.1.1 Older People's and Adult Community Services (OPACS) procurement

The CCG has embarked on an ambitious Older People's and Adult Community Services (OPACS) procurement which is designed to achieve exactly this type of transformation. The main components of the OPACS procurement are:

- An innovative Framework for improving outcomes which goes beyond traditional organisational boundaries
- A new contracting approach which combines a capitated budget with Payment By Outcomes to enable a population approach to service delivery, align incentives in a better way than current funding mechanisms allow, in a way which is consistent with the CCG's long term financial plan
- A 5 + 2 year contract term to enable investment and transformation
- A Lead Provider responsible for the whole pathway, providing leadership and operational coordination

Taken together these elements are intended to deliver cultural, service and structural transformation.

In order to drive the process and leverage the best possible solutions, the CCG is using a two stage competitive dialogue procurement process. The total value of the contract over 5 years is in the order of £800m. Full solutions are due to be submitted at the end of July, with a decision on preferred bidder by the end of September 2014 and service commencement in early 2015.

The following sections briefly set out the case for change, the critical success criteria, service scope, and the outcomes framework.

Case for Change

In summary, significant transformation is needed to deliver the CCG's vision of integrated care focused around the patient in the context of the following issues:

- forecast demographic change
- minimal financial growth in the health sector, alongside likely reductions in funding for Local Authorities
- shortcomings in current service provision, which result in poor patient experience and clinical outcomes for patients. For example, there is evidence of a lack of joined up working between acute, community,

primary and social care organisations. The way in which services are organised is reactive to illness rather than proactive to prevent crises and maintain independence. This results in a number of current service issues including pressure on emergency departments, high occupancy in hospital beds, delayed transfers of care, extended lengths of stay in hospital and pressure on limited resources in community and primary care services. In addition, there are issues with information sharing, financial incentives not being aligned to support effective care and short term contracts.

Critical success factors

The CCG has developed the following critical success factors against which Bidders final solutions will be tested:

- improve patient experience and service quality for patients and their carers through care organised around the patient
- deliver services which are sensitive to local health and service need, as defined in the Local Requirements
- move beyond traditional organisational and professional boundaries, so front-line staff can work effectively and flexibly together to deliver seamless care
- support older people to maintain their independence and reduce avoidable emergency admissions, re-admissions and extended stays in acute hospitals (including delayed transfers of care)
- deliver an organisational solution for older people's care which can demonstrate strong leadership, sound governance, resilience, and the confidence of commissioners and provider partners
- demonstrate credible approach to engaging patients and representative groups in design and delivery of services
- provide a sustainable financial model (see Financial Principles below)

Financial principles

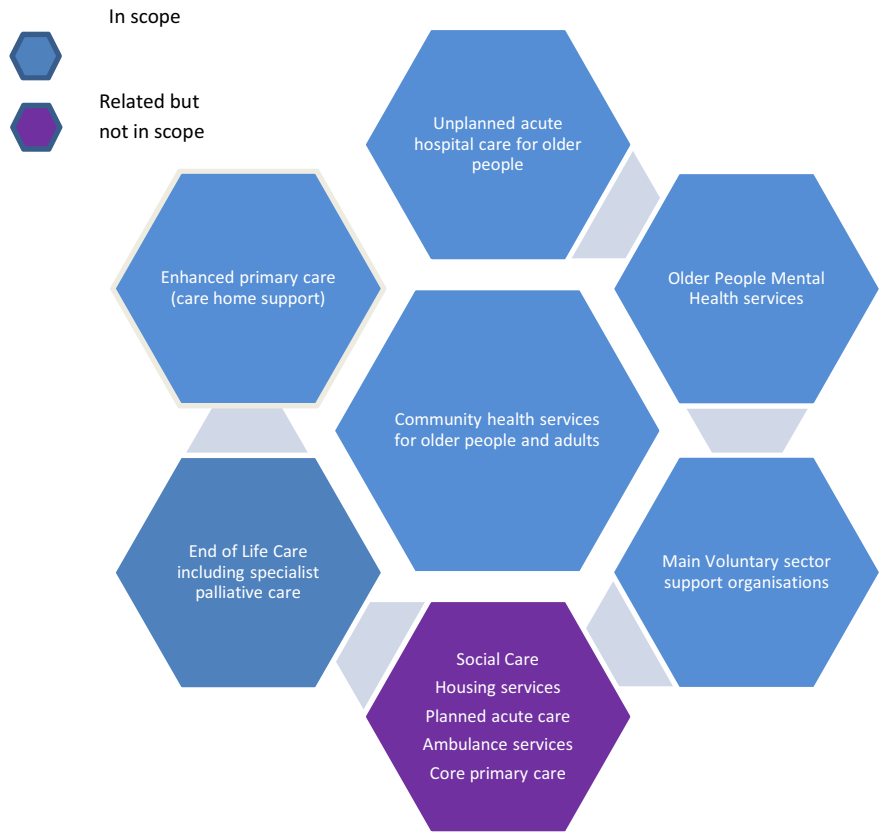
The CCG has agreed the following financial principles which have been used to develop the financial framework and to evaluate solutions:

- aligning improved patient outcomes with financial incentives
- delivering recurrent financial balance in a sustainable way
- sharing financial risk across the commissioner – provider system
- creating the conditions for investment and delivering a return on investment

Services to be provided

The core scope of services is acute unplanned hospital care for older people (65 and over), older people's mental health services and older people and adult community services. The entire range of services relevant to the care of older people is shown in Figure 20: Service range. The underlying principle is to create an integrated care pathway between all of these services including the Services which are the subject matter of this procurement.

Figure 20: Service range



Note: Placements for NHS continuing care for patients aged 65 and over are not in scope at contract commencement, but will be for further dialogue with the Lead Provider(s) in Year 2/3 of the contract

Whilst the full range of social care and funding is not in the scope of the procurement, the CCG is working closely with Local Authority partners on the procurement and wider Older People Programme. Cambridgeshire County Council, Peterborough City Council and District Council representatives have been integrally involved in steering the programme and also in the detailed dialogue and evaluation associated with the procurement. There is a strong alignment and synergy between the OPACS work and the aims of the Better Care Fund which will enable and support it.

Outcomes Framework

The CCG wishes to support transformation and investment in community services and is proposing a new funding and payment approach focused on outcomes. As a result the CCG has developed an Outcomes Framework based on seven domains and this will form the basis for service specifications to drive improvement in quality and outcomes. Bidders have considerable scope to innovate in how they achieve the outcomes.

Lead provider(s) will be expected to meet the Contract's requirements including national and local quality standards, NHS Constitution principles and an outcome based payment mechanism. A set percentage of the

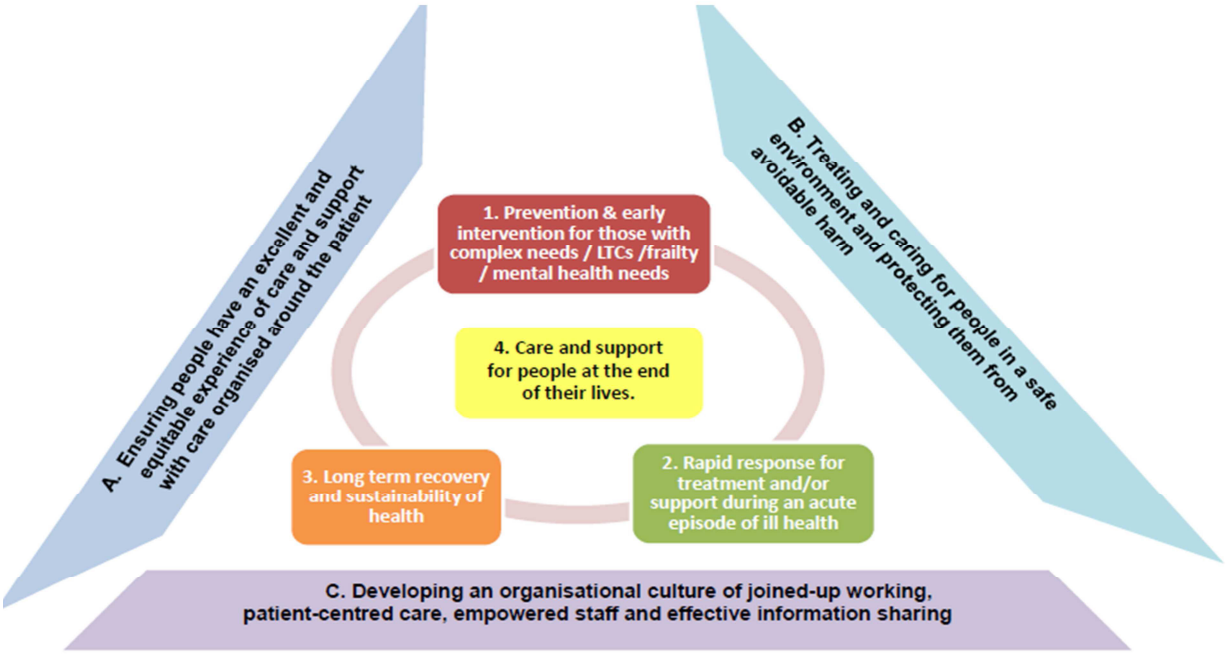
value of the Contract will be paid on achievement of the Outcomes Framework Indicators, which are designed as markers of a high quality, improved service which is financially sustainable.

The Outcomes Framework Indicators are derived nationally and from evidence based quality standards, local data sources, national guidance and research on patient experience and the expert perspective of Public Health, clinical leads and patients from the local population.

Outcomes Framework Structure

The Outcomes Framework covers seven outcome domains as shown below.

Figure 21: Outcomes Framework Domains



In each domain there are a number of specific outcomes with indicators underpinned by technical specifications.

Summary

The approach described above is designed to deliver fundamental change at scale across the whole system, whilst still delivering on local needs and engagement. In this sense it is a potential blueprint for further programmes covering broad areas where strategic change is necessary, and making maximum use of contracting and funding flexibilities to innovate. However, this does not mean that subsequent programmes will necessarily be delivered in exactly the same way.

6.1.2 Enhancing Integration and Joint Commissioning through the Better Care Fund

Cambridgeshire and Peterborough local health system believes the Better Care Fund is an opportunity to strengthen joint working across commissioners and providers to develop and deliver better patient experience and outcomes in line with agreed outcome targets. Fundamental to this ambition is the transformation of services which will be centred on the patient rather than constrained and fragmented by organisational boundaries. Our shared aim is to reallocate resources to early intervention and prevention which is critical to building a sustainable health and social care economy.

In Cambridgeshire and in Peterborough, there is an over-arching strategic framework in place which includes the respective Health and Wellbeing Strategies. This includes the Older People's and Adult Community Services (OPACS) Procurement Programme. The Better Care Fund has interdependencies with each of these strategic work streams.

In order to turn our shared ambitions and strategies into reality we will establish an integrated team which will shape future services and inform the joint commissioning of those services through our joint decision making structures. As services become less discrete to individual organisations the Better Care Fund will enable the design and joint commissioning of integrated services.

7. Possible interventions for change: the Care Design Group process to date

The Care Design Group process aims to identify options for change within the health system, confirm and challenge those options, determine which options could be taken forward and how this would be done and consider further options for development. It is a clinically driven process and works with representatives from across the whole health system.

In May 2014PwC ran two Care Design Groups, on elective and non-elective care. Organisations were asked to nominate clinicians to be invited to the events. Clinicians and managers attended from the CCG, Hinchingbrooke Health Care NHS Trust, Cambridgeshire and Peterborough Foundation Trust, East of England Ambulance Service, Peterborough and Stamford Hospitals NHS Foundation Trust, Papworth Hospital NHS Foundation Trust, Cambridge University Hospital NHS Foundation Trust, Cambridgeshire County Council, Peterborough City Council, Urgent Care Cambridge and Herts Urgent Care. Patients representatives were also involved.

Design principles for the Care Design Group process

The following design principles were agreed as part of the Care Design Group process:

- Care is provided in the best setting (not necessarily the closest). Where patients must travel greater distances, issues with accessibility and transport are considered
- Care is patient centred, evidence based and does not compromise on quality
- Identify rules that are prohibiting efficient care, and flex them locally
- Set aside organisational boundaries, work for the benefit of the health system and the patients that we act for
- Be mindful of the impact we have on other health systems
- Manage patient expectations, work within financial limits (rights, entitlement, responsibility and education)
- The workloads of professional groups should be dictated by their skills, not their organisation
- Any future model of care should address the health inequalities across the health system
- Options for change must remain outcome focused
- Pathways must be designed to meet the needs of the most vulnerable

The result of the Care Design Group process was a set of proposals that could be used to improve outcomes and financial sustainability. These possible interventions are listed below and shown in more detail in appendix 5.

Elective CDG: possible interventions	
Elective 1	Primary Care Referral Protocols
Elective 2	Patient flow planning and aligned patient flows to relevant care environments to optimise efficiencies and post-operative care
Elective 3	Patients who should not be in an acute setting would not be there any longer
Elective 4	Single provider for specific elective services
Elective 5	Jointly owned, risk shared "cold site" for elective work

Non elective CDG : possible interventions	
Urgent 1	Single point of access (SPA) for patients
Urgent 2	Single Point of Access for Professionals
Urgent 3	Front end A&E model
Urgent 4	Discharge planning, including early supported discharge to ensure that patients do not stay in hospital for longer than they need to
Urgent 5	Regarding of an A&E unit following reconfiguration of services within the Local Heath Economy to provide better quality of care, more cost effectively
Urgent 6	Closer links between GPs and the ambulance service

The CCG is leading an approach similar to Care Design Groups to develop models of care in other areas including the following:

- Older People and Vulnerable Adults
- Women's and Children's
- Mental health
- Prevention

7.1 Financial impact of possible changes generate by the elective and non- elective Care Design Group process.

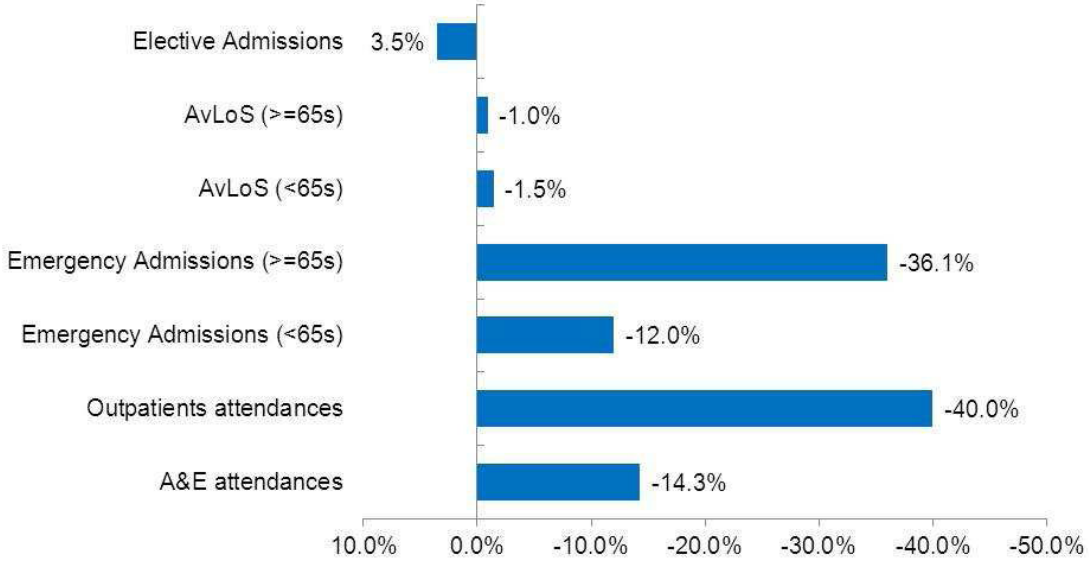
The possible interventions that came out of the elective and non- elective Care Design Group process have been assessed by PwC.

An indicative change in activity if they were all implemented is shown in figure 22, and the indicative financial savings that would result are shown in figure 23. The total that might be achieved is a saving of around £80m. This is substantially short of the estimated gap of £250m.

Many of these possible interventions identified in the non-elective and elective CDG process increase the efficiency of the current health system, rather than changes that will transform areas of health service delivery or reduce demand. To develop plans for a sustainable health system further consideration is needed of changes that will

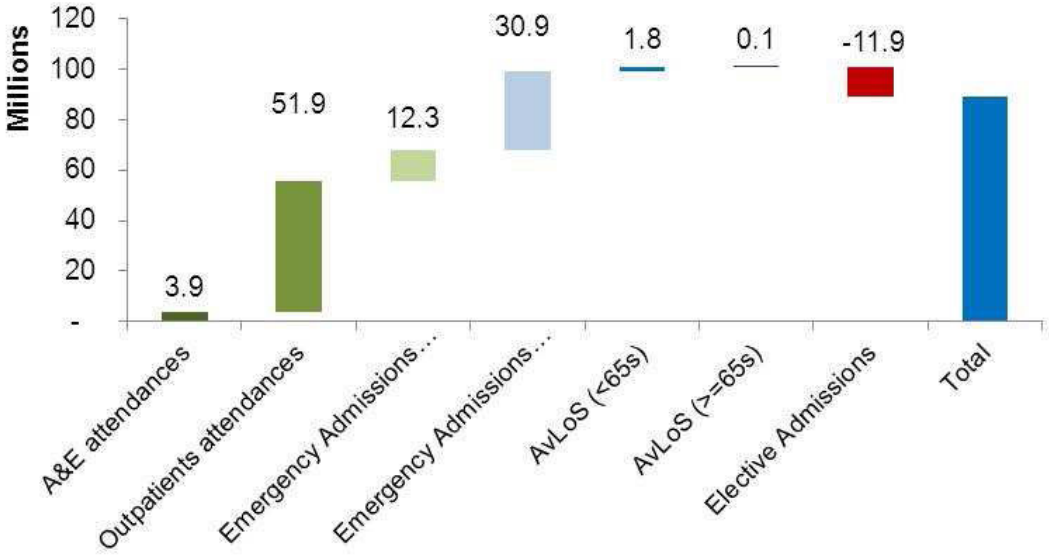
- Deliver health services differently i.e. transform areas of the health system
- Reduce the demand for healthcare

Figure 22: Impact on activity



Source: PwC

Figure 23: Indicative savings achieved if all elective and non- elective CDG proposals were implemented



Source: PwC

8. Conclusions from planning work to date

The Cambridgeshire and Peterborough health system faces a financial gap of at least £250m by 2018/19. A Care Design Group approach has been used to review elective and non-elective care and has identified schemes that have the potential to reduce this gap by up to £80m. The majority of change options identified will lead to more efficient delivery of current health services rather than wider transformational changes. A substantial gap remains and it is therefore necessary that other system changes are considered in detail.

Details of the governance and resourcing of the next phase of this work are under discussion. However it is recognised that the three regulatory organisations for our health system (NHS England, Monitor and the Trust Development Authority) have an important role in this work going forwards.

Existing ongoing transformational work programmes include the Older People's and Adult Community Services Procurement, led by Cambridgeshire and Peterborough CCG. This is an innovative way of commissioning for improving outcomes. Another example, the Better Care Fund, provides an opportunity to commission with local authority partners.

To create a sustainable health system where outcomes continue to improve, this planning process needs to consider transformational options and how the health system reduces demand by maximising health and wellbeing.

9. Enablers for change

9.1 Quality Promise for Cambridgeshire and Peterborough

The Cambridgeshire and Peterborough System Blueprint articulates the imperative for fundamental change and service redesign across the Cambridgeshire and Peterborough system. Any period of change affords an opportunity to innovate and do things better and the Quality Promise will ensure that quality is the cornerstone of the future delivery of healthcare services across the whole system in Cambridgeshire and Peterborough. A quality perspective will be the backdrop against which all innovation and change will be considered, and all service changes will be planned, commissioned and evaluated. In essence the Quality Promise will be an explicit driver for change and continuous improvement in service delivery and will ensure that positive patient experiences are delivered.

The Quality Promise will provide reassurance to patients and other stakeholders that quality is the fundamental building block upon which all services are commissioned and will be developed as a series of high level statements which make explicit the requirements expected from current and future providers of healthcare in respect of quality, safety and patient experience.

The Quality Promise Statements

The Cambridgeshire and Peterborough System will:

- Place patients at the centre of everything, ensuring their voices and experiences as service users and carers are heard when services are being planned, commissioned and evaluated, and act as a driver for service improvement.
- Work in partnership with patients and other stakeholders to facilitate whole system seamless working which transcends organisational and professional boundaries to achieve improved patient outcomes
- Drive a culture of learning and continuous improvement, making best possible use of technology and data to improve patient safety and experience; and enhance the adoption and spread of evidence based practice.
- Oversee the implementation of recommendation from Francis, other national reports, and the Dignity and Compassionate Care requirements set out in the national nursing strategy to include improving communication, care, compassion, courage to challenge, competency and commitment to make this happen
- Support providers to develop a well-trained, appropriately resourced, responsive workforce to deliver the right care, in the right place, at the right time.

9.2 Cambridgeshire and Peterborough Workforce

Baseline

Health Education East of England (HEEoE) is working with the CCG to help improve the quality of health and healthcare by ensuring that the local workforce has the right numbers, with the right skills, values and behaviours when and wherever they are needed. Between 2000 and 2010 the local workforce in

Cambridgeshire and Peterborough grew by 60%. This is faster than the workforce growth across the other counties in the East of England (EoE).

- Medical workforce grew by 82%
- Registered nurses grew by 35%
- Support to clinical staff grew by 39%

All of above growth figures were higher that the respective average growth rates for EoE. After the 10-year growth staff numbers per population in the area were above EoE average and above the average for England.

Projections

Following a review of the 2013/14 workforce plans it is evident that the system is facing a significant efficiency savings gap. The workforce capacity gap is estimated at 5.6% p.a. over the next 5 years. The workforce plans demonstrate that overall establishment levels are forecast to reduce in the next 5 years by 4% with the most significant reductions in Community and Mental Health sectors (11%) and acute care (1.5%).

Figure 24: Establishment by profession 2013-2018

Staff group	Establishment 2013	Establishment 2018	% change 2013-2018
Medical and dental	2133	2228	4%
All registered nursing, midwifery and health visiting staff	6313	6192	-2%
All scientific, therapeutic and technical staff	2877	2816	-2%
NHS infrastructure support	2806	2594	-8%
Others	75	72	-4%
Support to clinical staff	5801	5272	-9%
TOTAL	**20005**	**19163**	**-4%**

Figure 25: Establishment plan by sector: 2013-2018

Sector	Organisation	Establishment FTE		FTE Change	% Change	EOE average
		March '13	March '18			
Acute	Org 1	8194	7895	-299	-4%	
	Org 2	1505	1452	-52	-3%	
	Org 3	1644	1802	158	10%	
	Org 4	3511	3531	20	1%	
Acute Total		**14854**	**14680**	**-174**	**-1%**	**-2%**
Community	Org 5	2664	2254	-411	-15%	
Community Total		**2664**	**2254**	**-411**	**-15%**	**-11%**
Mental Health	Org 6	2250	2004	-246	-11%	
Mental Health Total		**2250**	**2004**	**-246**	**-11%**	**-11%**

It is evident that a shift of workforce capacity to support the delivery of care closer to home is not happening. Over the last 3 years the number of registered nurses employed by acute trusts grew by 6% while numbers in the community reduced by 8%.

The average ratio of GPs per population in Cambridgeshire and Peterborough is higher than the EoE average; in Peterborough the number is below the national average. This presents an issue given that deprivation in Peterborough is significantly worse than the national level.

Skill Mix

The cost of non-medical skill mix is more expensive in Cambridgeshire and Peterborough area than in any other part of the EoE, where there are relatively more staff in higher pay bands in additional clinical services, estates and ancillary and healthcare scientists groups.

Whilst the local workforce has the richest non-medical skill mix in the region, assessment of consultant productivity in 2008/09 indicated significant variations across trusts and across individual consultants in the same specialties. In 2012/13 acute workforce productivity in EoE started to show small signs of improvement, with two Trusts in Cambridgeshire and Peterborough demonstrating significant improvements in estimated workforce productivity during this period.

National Workforce Priorities

HEEoE invests up to £67m each year into workforce in Cambridgeshire and Peterborough. A significant amount of this is aligned to contracts with Education Providers. As 70% of the healthcare workforce are currently employed in the NHS in the East of England, consideration should be given to the education and development needs of this workforce to enable them to continue to deliver high quality care and support the implementation of new models of care delivery.

Both national and local priorities inform investment priorities for Cambridgeshire and Peterborough. Key national workforce priorities include:

- Exploring the impact of National Quality Board Safe Staffing guidance on nursing and midwifery workforce planning requirements
- Maintaining midwifery training numbers at a sufficient level to meet service demand
- Continuing to deliver “Call to Action for Health Visiting” in order to achieve sufficient health visitor by April 2015, ensuring a smooth transition of health visitors to Local Government from April 2015
- Commissioning Improving Access to Psychological Therapies (IAPT) Training places at a sufficient levels and numbers to meet service demand and commissioning intentions across all aspects of the IAPT programme to 2015
- In collaboration with East Anglia Ambulance Trust, supporting the delivery of up to 550 paramedics through two strands; degree and technician training route
- Increasing mental health awareness across all front line staff
- Recruiting, retaining and developing staff based on the NHS Constitution Values

- Increasing GPs in training by 50% by 2016
- Widening participation for bands 1-4 (including doubling the number of apprenticeships, embedding care certification for health care assistants and providing enhanced career progression into professional training routes)

Local Workforce Priorities

There is recognition across the Cambridgeshire and Peterborough that to meet future workforce needs there will need to be considerable system wide workforce transformation with a focus on robust operational and strategic workforce planning across the system. NHS providers in the system have agreed to the following principles for the development of the local workforce:

- Integrated planning in order to provide the right care, in the right place with the right workforce
- Developing a skilled and safe workforce
- Creating a productive workforce
- Developing an engaged and values driven workforce

HEEoE is supporting four workforce projects to begin this transformation. These projects focus on developing an agreed values based recruitment framework for Bands 1-4 across all NHS providers in the area, reviewing and up skilling care homes staff in order to improve care of frail and elderly, supporting better discharge of frail and elderly; and modelling advanced practitioner roles within Emergency Departments.

Four strategic workforce priorities for 2014/15 have been endorsed local providers and include:

- Developing and agreeing a recruitment and retention programme to address the registered nursing gap across the Cambridgeshire and Peterborough health system
- Developing and agreeing a system wide approach to 'grow your own workforce' for registered nurses and other key shortage areas.
- Undertaking a workforce impact analysis to identify the consequences on specialist skills due to the increase in GP training
- In conjunction with other key partners reviewing and shaping the development of the primary care strategy for Cambridgeshire and Peterborough to ensure future investment into education and training is fit for purpose.

Primary Care

Health Education East of England has a remit to train and develop the whole workforce, commissioning both non-medical and medical training across primary and secondary care. For many years, as part of their workforce analysis, HEEoE have asked NHS providers in the secondary and community settings to take part in a workforce planning process to inform the significant investment (c£400m) spent each year in the East of England on education and training.

During 2014/15 HEEoE will be working with the Norfolk, Suffolk and Cambridgeshire Area Team and Health and Social Care Information Centre to better understand the demand and supply needs of the General Practice workforce. In time HEEoE will be looking to extend their planning processes to a wider primary care workforce as well. The aim is to better understand primary care workforce requirements, determine future workforce needs and assist in the commissioning of appropriate training and education.

9.3 Information management and technology

This section presents an outline of the system-wide improvements in information management and technology for 2014-15 which are being led by the CCG. This plan for 2014-2015 needs developing to enable delivery of the overarching health system blueprint for 2014-2019.

Strategic context for information management and technology

- The CCG has embarked on a major Older People's and Adult Community Services Procurement Programme. This changes the operational landscape and gives us an opportunity to redesign IT systems
- The Better Care Fund has challenged the CCGs and Health and Social Care to integrate services
- Increasing financial pressures mean we have to review ways of working to use new technologies to drive efficiencies in delivery of patient care
- The National Programme for IT contract ends in 2016

Current position:

The Cambridgeshire and Peterborough Health System currently has a mixture of IT systems and information flows. The GP Practices mainly use hosted clinical systems with existing and active sharing of information across care settings, including patient data. Acute Trusts are responsible for provision and development of their own information systems, and sometimes developments occur in isolation of one another.
All Trusts in the system exchange information electronically but not comprehensively with a variable set of approaches in use across systems and pathways.

Areas where we can improve IT across the health system:

The following have been identified as areas for improvement:

- Data quality
- System integration across health and social care providers
- Technologies to make best use of information to support patient care, integrated services and robust service planning
- Putting information in the clinicians hands at the point of care
- Supporting patient access to their records and electronic interaction with Health and Social Care services

The CCG, together with NHS England, GP practices, acute and community providers have a number of active programmes to allow patients and carers to manage and share data on their own care. These include the

provision of Summary Care Records, Electronic Prescription Service, patient access to selected electronic services within GP practices (e.g., ordering repeat prescriptions, booking appointments, patient record access, etc). Completion statistics are reported to the respective national leads. The CCG is also working with providers to encourage them to enable their clinical systems to allow greater patient and carer involvement.

There is currently limited use of "telehealth" and telecare services within the CCG although there are some notable exceptions. HMP Littehey use telehealth services to support prisoner health, CUHFT have an established stroke thrombolysis service across a network of acute hospitals, Cambridgeshire Community Services use telecare services in support of patients. CCS also has an assistive technology team and work is ongoing in the development of technology use. The CCG continues to encourage current and potential providers to examine telehealth and telecare services as a way of improving services for patients. This process of encouragement will continue during 2014/15.

The CCG, with the support of the Health Innovation and Education Cluster, have implemented a number of initiatives based on the Clinical Dashboards Digital Quality, Innovation, Productivity and Prevention (QIPP) agenda – namely an Urgent Care Dashboard which is currently in use across Cambridgeshire and Peterborough with all practices able to access this tool. The Urgent Care Dashboard provides information of unscheduled care attendances across our local Acute Hospitals (A&E), Out of Hours, Minor Injuries Unit and Walk in Centre settings current from within the previous 24 hour period. This is also supplemented by an Inpatient and Discharge Dashboard showing for each GP Practice their current inpatients (as of the previous 24 hours) and discharges as of the previous day. Views of these dashboards are also being developed to support Multidisciplinary Team Co-ordinators and Community Matrons in their case finding function.

Following standardisation of End of Life Care data recording and summaries, the CCG has also embarked on a project to develop a clinical dashboard using data extracted from GP Practice Systems and presented back to GP Practices with additional information, allowing review of end of life patients by the practice at a glance to ensure appropriate actions have been taken in the patients care and supporting multidisciplinary team work for people at the end of their lives. There is also the provision of customised views of the information to support retrospective review of a patient's care after they have passed away.

Inherently this has also provided a central End of Life Care Register and also provides the LCGs and CCGs with the ability to interrogate the data from an aggregated perspective to better understand the End of Life Care provision across practices and localities.

Should this model prove successful, similar dashboards will be scoped to support multidisciplinary working for the management of frail elderly patients.

The CCG programme of work for 2014-15 has the following vision and aims

PROGRAMME VISION:

Integrated technologies supporting Integrated Care across Cambridgeshire and Peterborough

PROGRAMME AIM:

- To ensure safe and effective technologies are available for people to be proactively supported to maintain their health, wellbeing and independence for as long as possible, and support care in their home and local communities wherever possible
- For technologies to be used in an integrated way, with systems supporting services organised around the patient
- To ensure that introduction of systems meet local needs, adhere to national requirements and are implemented based on best practice
- To ensure systems provide value in support of good and efficient care with measurable outcomes
- To enable introduction of systems that support identification of the most appropriate services and clinical pathways for the patient
- To support availability of essential clinical information in unscheduled care settings to aid clinical decision making and inform patient care.
- To facilitate exploitation of joint procurement options for introduction of common technologies across service providers
- Supporting QIPP initiatives across all LCGs

The headline outcomes milestones and projects are shown below.

Figure 26: Headline Outcomes : Cambridgeshire and Peterborough system IT development 2014-2015

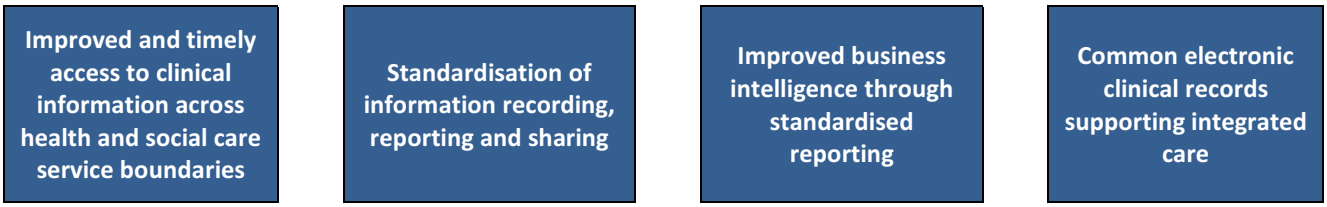


Figure 27: Key Projects - Milestones

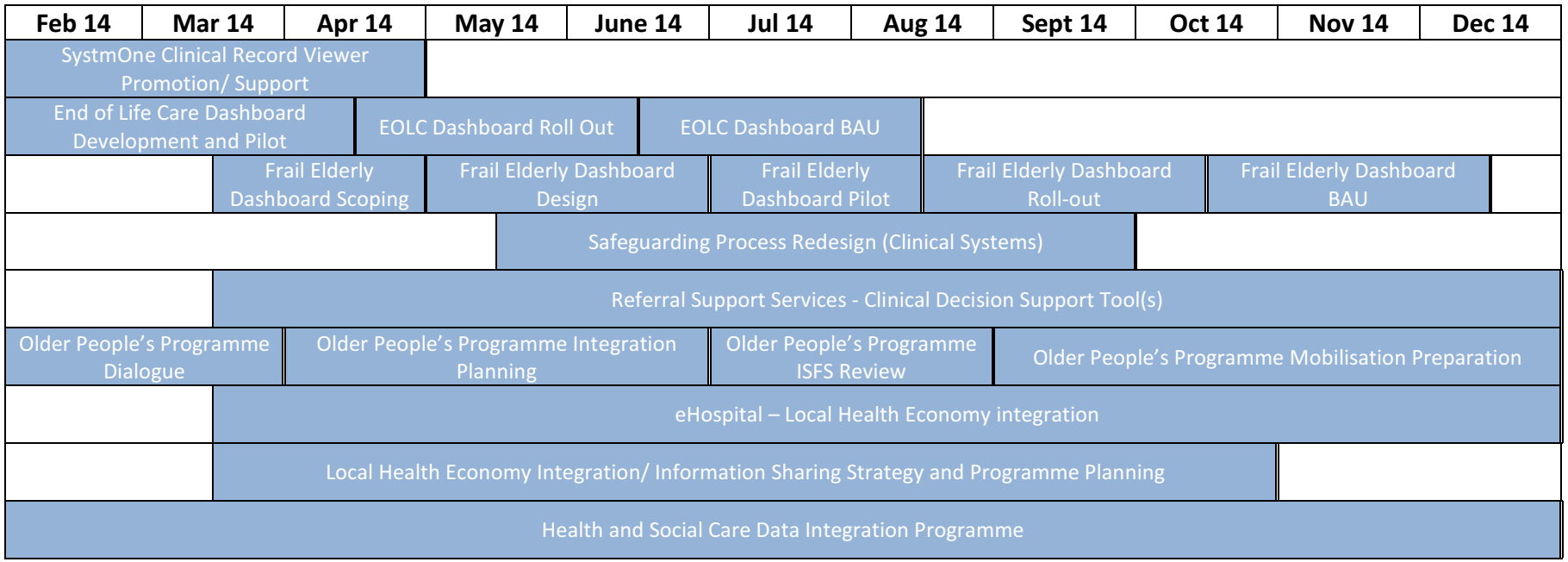


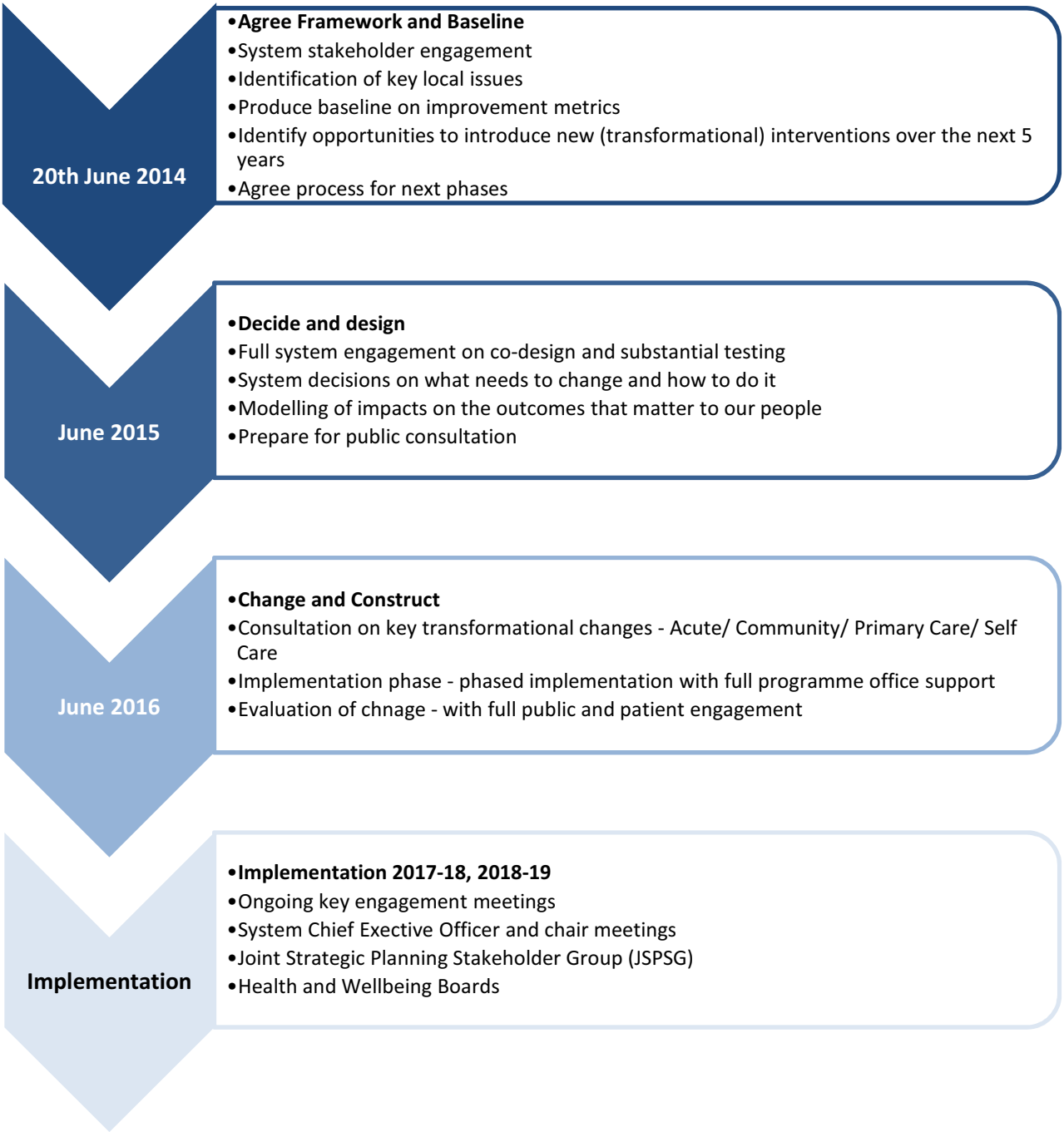
Figure 28: Projects descriptions

Project	Description	Start Date	End Date	Dependency
SystmOne Clinical Record Viewer Promotion/Support	Challenge acute providers, mental health and potentially social to make best use of access to the SystmOne clinical record	Feb-14	Apr-14	Executive level endorsement of the SystmOne clinical record viewer use in provider organisations
End of Life Care Dashboards	Dashboard supporting data quality, patient management. MDT and improved business intelligence related to End of Life Care	Dec-13	Aug-14	GP Practice Opt-in
Frail Elderly Care Dashboard	Dashboard supporting data quality, patient management. MDT and improved business intelligence related to frail elderly patients	Mar-14	Dec-14	GP Practice Opt-in
Safeguarding Process Re-design (Clinical Systems)	Standardisation of information recording and sharing with respect to Safeguarding Children	May-14	Sept-14	None
Referral Support Services	Introduction of technologies to support referrers in patient management and referral to the right service at the right time	Mar-14	April-15	LCG decision on preferred solution(s)
Older People's Programme (OPP)	Manage IM&T related element of the Older Peoples services procurement	Aug-13	April-15	None
Health and Social Care Data Integration Programme	Integration programme including e-hospital, local health economy information sharing and health social care data integration.	Sep-14	April-15	Provider Engagement

10.Forward process for the Cambridgeshire and Peterborough System Blueprint

Development and implementation of the System Blueprint is a complex process and will be carried out in four phases as follows:

Figure 29: Phases of work



The submission of this System Blueprint marks the end of Phase 1. The process for Phase 2 of the work is as follows:

GOVERNANCE

The work will be overseen by a System National Partners Group made up of an NHS England Director, the Enforcement Director at Monitor, the Head of Delivery and Development from the NHS Trust Development Authority and the Chief Operating Officer from Cambridgeshire and Peterborough CCG. The role of this group will be initially to oversee the transition of the Cambridgeshire and Peterborough Local Health Economy Steering Group to the Cambridgeshire and Peterborough System Strategic Transformation Group. The ongoing function of the group will be to ensure that the relevant health system regulators have understanding and oversight of the work undertaken, and to receive updates from the System Strategic Transformation Group, providing expert advice as required. Terms of Reference for this group will be agreed by the Chief Executives on 27th June 2014.

Reporting to the System National Partners Group will be a Strategic Transformation Steering Group made up of Chief Executives from the health organisations in the local health system, Chief Executives or Directors of Adult Social Care from Cambridgeshire County Council and Peterborough City Council, and representatives from the Area Team, Trust Development Agency and Monitor. The main purpose of this group is to set the programme of work, define the actions required, set milestones and monitor progress against these milestones. Terms of Reference for this group will be agreed by the Chief Executives on 27th June 2014. A Concordat has been signed off by members of this group and is included in Appendix 10.

On a day-to-day basis delivery of the work will be overseen by a Programme Director, and a team of Programme Managers and workstream leads. These positions will be filled by individuals working in the Cambridgeshire and Peterborough health system and to ensure buy-in from each of the health organisations it is anticipated that the team will be taken from across the health system rather than from just one organisation.

DELIVERY

Progress on this plan will continue in two main areas:

- detailed care pathway improvement work
- broader system-wide change

A set of areas have been established to look at the design and delivery of care within the current system for delivering healthcare. These are listed in the table below. They are developed to different stages, and work continues in each of these areas. The outputs of the care design work undertaken by PwC will be taken forwards by the relevant workstream area.

Care Design Group Area	Progress to date
Elective care	Programme established
Mental health	Programme in formation
Non-elective care	Three urgent care boards in place across CCG area
Older People and Vulnerable Adults	Programme established
Prevention programme	Health and wellbeing boards lead across the system. Further discussion on health system focus planned for July 2014
Women's and Children's	Programme being established

TIMELINES

Timelines for the initial months of Phase 2 are as follows:

Milestones	Timescale
Oversee the transition of the Cambridgeshire and Peterborough Local Health Economy Steering Group to the Cambridgeshire and Peterborough System Strategic Transformation Group	July to September 2014
Cross-system funding for transformation team agreed	By 10th June 2014
Steering Group for transformation programme established from CEO group	By 27th June 2014
Transformation team commences	1st July 2014
Outline draft delivery plan for ongoing work	By 14th July
First decision point: prioritisation of next phase of programme delivery	By 18th July 2014
Milestones set for delivery across the six CDG areas	15th August 2014
Validation of quantified information in plan (financial gap; impact of interventions on outcome and financial sustainability from commissioner and provider perspective)	16th September
Refresh of system wide plan	30th Sept 2014

11.Risks

We have drawn up a list of potential risks associated with the development and delivery of the System Blueprint and have presented them below in the tables below (figures 30 and 31). This list will continue to be refined as we develop our plan further.

Figure 30: Risks to Blueprint Production

Risk Area	Potential Risk	Mitigation	Level of risk
System Blueprint	Providers reluctant or unable to share their plans with the CCG	Discuss at Steering Group. Escalate through Chief Executive Officers Group if necessary.	**High**
System engagement	Local Commissioning Groups/ GPs/ patient representatives/ Health and Wellbeing Boards do not feel that they've had the opportunity to contribute to the plan	Communications and engagement plan.	**Medium**
	Lack of engagement - regulatory bodies (Monitor/ NHS England/ Trust Development Authority etc)	Consider at Steering Group	**Low**

Figure 31: Risks to Blueprint Delivery

Risk Area	Potential Risk	Mitigation	Level of risk
Data from the local health economy	Activity data cannot be aligned across the system to promote an overview of opportunities for service realignment	Minimum data sets to be agreed by Sept 2014 at the latest	**Low**
Capacity to deliver	Insufficient capacity identified to create safe and effective service redesign	System-wide summit to agree way forward	**High (in some specialties)**
	Lack of capacity in the system generally to cope with demographic growth and increased morbidity	System-wide summit to agree way forward	**High**
	Projected growth in population in Peterborough and further impact on capacity across all services	System-wide summit to agree way forward	**High**
	Insufficient resources across the system for phase 2	Consider at Chief Executive Officers meeting	**Medium**
Stakeholder engagement	Potential proposed changes destabilises other/ peripheral services and are not safe/ effective	Promote policy changes that will allow change to take place	**High**
	Board level concerns about proposed changes	Series of Board to Board discussions/summits planned across the system	**High**

Risk Area	Potential Risk	Mitigation	Level of risk
	Governance concerns about proposed changes	Agreed and shared joint approach to clinical and organisational governance	**High**
	Elected Member concerns about proposed changes	All proposed changes subject to usual Overview and Scrutiny Committee arrangements(due process and consultation)	**High**
	Clinical concerns about proposed changes	Clinical input into joint summits from all providers	**High**
	Quality concerns about proposed changes	Clinical input into joint summits from all providers	**High**
	Patient/public concerns about proposed changes	Formal public consultation process and early engagement with patients on service designs	**High**
	Media concerns about proposed changes	Joint communication process to be agreed	**High**
	Other stakeholder concerns (e.g. Royal Colleges)	Clinical input into joint summits from all providers	**Medium**
Workforce	Skills/HR deficit mean that proposed changes is unsafe	Individual assessments of proposed designs	**Medium**
	HR/Staff negotiation issues lead to delay	Clear HR leadership arrangements to be agreed	**Medium**
Financial risk	Assumptions underlying financial projections are significantly inaccurate	Assumption verification via modelling	**High**
	Long-term financial viability of Trust/Organisation destabilised	Promote policy changes that will allow change to take place	**Medium**
	Potential proposed changes destabilise revenue funding	Promote policy changes that will allow change to take place	**Medium**
	Lack of capital(buildings)	Timescale adjusted to ensure safe service transfer	**High**
	Lack of capital (Age, quality and quantity of medical equipment)	Timescale adjusted to ensure safe service transfer	**High**
Regulation and Competition issues	Competition rules present challenge to proposed changes	Prepare evidence for Monitor's Cooperation and Competition Panel as appropriate	**High**
Phase 2 resources	Insufficient resources across the system for phase 2	Add to corporate risk register	

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