Business Case

Adult Integrated Drug and Alcohol Treatment Services (E/R.6.033)

Project Overview

Project Title	Adult Integrated Drug and Alcohol Treatment Services (E/R.6.033)		
Project Code	PR000182	**Business Planning Reference**	E/R.6.033
Business Planning Brief Description	For savings to be secured through the re-commissioning of the Cambridgeshire Adult Drug and Alcohol Treatment services.		
Senior Responsible Officer	Val Thomas		

Project Approach

Background

Why do we need to undertake this project?

The service redesign which is currently being discussed is based on evidence from other areas which have successfully introduced new cost-effective delivery models and evidence based studies.

What would happen if we did not complete this project?

The new commission involves service design that will not only produce efficiencies but will also provide the opportunity to modernise the service, introduce new technologies which will better meet the changing landscape of needs. If it does not proceed the opportunity to make both these cost-effective savings and better address needs/the required outcomes will not occur.

Approach

Aims / Objectives

This proposal is for savings to be secured through the re-commissioning of the Cambridgeshire Adult Drug and Alcohol Treatment Services. The Drug and Alcohol Treatment Services are currently commissioned as separate services but from the same provider. However, they have become increasingly integrated and secured savings through efficiencies created by the integration.

Investing in Drug and Alcohol Services provides cost savings to different organisations across the system including Local Authorities, Health Services and the Criminal Justice System.

Project Overview - What are we doing

The procurement affords the opportunity to deliver savings through the following areas.

- The integration of drug and alcohol services through a planned formal contractual arrangement will afford increased integration that will produce further efficiency savings.
- Adult drug and alcohol treatment services provide cost savings for different organisations providing the opportunity for joint commissioning.
- The Drugs and Alcohol Joint Strategic Needs Assessment that was completed in 2016 demonstrated a number of changes in the landscape of drug and alcohol misuse.

- An aging long-term drug using population that enter and re-enter the Service may have complex health and social problems, are now seen as having a long-term condition. These clients do not require intensive acute drug treatment services but more cost effective support services to ensure that they have good mental and physical health care along with their addressing their social care needs.
- Patterns of alcohol misuse have changed with it becoming less prevalent amongst young people but increasing amongst some older age groups.
- Mental health remains a key challenge in terms of ensuing that there are responsive and appropriate pathways to ensure that those with both substance misuse and mental health issues (dual diagnosis) receive the most effective treatment.
- Housing is a key challenge and very much influences prevention along with the success of treatment and recovery interventions.
- The increase in the use of prescribed drugs and other new popular recreational drugs that have implications for how the Service works and the organisations with which it is engaged.
- Drug and alcohol misuse was identified as a particular issue for vulnerable groups especially those with mental health problems, vulnerable children and young people , in particular those with parents who misuse substances and the homeless

The new Service will need to be re-focused to address these needs if the best outcomes are to be achieved. Long- term users of the services will need a less intensive acute service and their other health and social care needs will need to be addressed through working with other agencies. Similarly for vulnerable groups, those with mental and physical health and social care needs a similar approach will need to be developed building from the current arrangements. More support to recovery with further development of the peer support workers will be needed to avoid repeat admissions.

The consequence of these changes will be less activity in more costly intensive programmes, more pathways to other appropriate services, a targeted approach for vulnerable groups and strengthening recovery support service though cost–effective interventions such as peer support workers.

The commissioning model will promote the delivery of improved outcomes through payments being linked to outcomes. In addition the new contract will not come into effect until the third quarter. Therefore there will be only half year savings, (required full year savings - £154k) the shortfall can either be from Public Health reserves or through ongoing contractual arrangements with the new provider.

What assumptions have you made?

The assumptions that have been made are:

- That a new model of service delivery, including increased integration, will be effective and deliver the required savings.
- That although there is a changing landscape for drug and alcohol misuse, the prevalence will remain stable.

- New drugs have come into circulation that are harmful and popular. It is assumed that any increase in demand for these would be temporary and manageable.

What constraints does the project face?

That the new service model will not be flexible enough to meet the ever changing landscape of drug and alcohol misuse. It will have to meet a range of many new types of need e.g. the misuse of prescription drugs or new popular recreational drugs.

Delivery Options

Has an options and feasibility study been undertaken?

Both the drug and alcohol contracts will end and the new tender will afford the opportunity to develop a new

service model that will provide efficiencies and more effectively address the newly emerging needs.

The option of asking the current provider to find savings for the last six months of the contract was considered but not developed as it would require considerable support from the outgoing provider. Therefore no other options were considered.

Scope / Interdependencies

Scope

What is within scope?

Adult Drug and Alcohol Treatment Services

What is outside of scope?

Children and Young Peoples Drug and Alcohol Treatment Services. There is evidence that the integration of CYP drug and alcohol services with other services is most effective when it joins with sexual health services. This will be considered when the sexual health services are re-commissioned.

Project Dependencies

Title

Internal Dependencies

External Dependencies

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

Title

Risks

Title

The new service model will not be flexible enough to meet the ever changing landscape of drug and alcohol misuse. It will have to meet a range of many new types of need e.g. the misuse of prescription drugs or new popular recreational drugs.

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

Service users and family networks

The Service works with wide range of partners which includes the Constabulary, the Office of the Police and Crime Commissioner, the Probation Service, the Cambridgeshire and Peterborough Clinical Commissioning Group, Primary Care, Cambridgeshire and Peterborough NHS Foundation Trust and various housing and homelessness services. This liaison work is essential and a key objective for the Service as it reflects the diverse and complex needs of the clients.

What positive impacts are anticipated from this proposal?

Older age groups who are long- term misusers of drugs or have started to increase their alcohol consumption will experience a positive impact. These groups usually require wide ranging types of health and social care support that reflect their age and health status. A key deliverable for the new Service will be to ensure that all these wider needs are part of client's treatment and recovery pathway.

Those who misuse drug and alcohol are very often deprived and experience unemployment, are homeless and other social issues. The new Service will be required to work effectively with commissioners and partners to ensure that these wider issues are addressed to ensure that successful treatment and recovery outcomes are achieved.

The further development of peer recovery workers that provide community support to those recovering from drug and alcohol misuse will have a positive impact on cohesion.

In addition, working more closely with all the organisations working in communities with clients will support closer working across communities.

What negative impacts are anticipated from this proposal?

None identified

Are there other impacts which are more neutral?

The new Service will have a neutral impact of the groups identified as the services are open to all members of the community and there is no difference in the care of these groups as treatment is according to need.

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

N/A

Business Case

BP - Lifestyle Services (E/R.6.035)

Project Overview

Project Title	BP - Lifestyle Services (E/R.6.035)		
Project Code	PR000185	**Business Planning Reference**	E/R.6.035
Business Planning Brief Description	The savings will focus upon efficiencies and some transformational change with no change in commissioned outcomes. Commissioners will work with Everyone Health the current service provider to make savings within the contract. This would include rationalisation of management tiers and some consolidation of posts following transfer of the Stop Smoking Service into Everyone Health.		
Senior Responsible Officer	Val Thomas		

Project Approach

Background

Why do we need to undertake this project?

Consolidation of Management Tiers: In order to deliver savings, it is possible to consolidate a number of management tiers or posts through natural wastage and manageable demand in some areas.

It is possible to lose the two co-ordination posts that act as deputies for the locality coordinator's. These were necessary when the Service was being established.

The Stop Smoking Services is currently functioning without one of the posts that it transferred to the Lifestyle Services (May 2017); there has not been any capacity issues. In addition it is not necessary to hire bank staff for the Stop Smoking Services to cover holidays and sickness or high demand periods as the Health Trainers who are trained in behavioural change interventions are able to provide Stop Smoking interventions.

When the Stop Smoking Services were transferred to Everyone Health the communications project officer post was vacant, but the budget for the position was part of the financial envelope for the Service. As Everyone Health already has a communications lead these two posts will be consolidated and the funding that was transferred will contribute to the savings.

In the less deprived areas there is less demand for the health trainers. This has become clearer as the service has developed and it will be possible to consolidate two health trainers into one post.

Efficiency and the delivery of outcomes is key to deliver the related corporate outcomes.

Healthy Lifestyle Outcome Priority. The Lifestyle Services play a key role in supporting people to improve their lifestyles.

The Cambridgeshire economy prospers to the benefit of all Cambridgeshire residents. Stopping Smoking, Weight Management and community physical activity programmes contribute to workforce health. Smoking and obesity are amongst the biggest causes of long term health conditions that affect productivity

What would happen if we did not complete this project?

We would not be able to deliver these savings.

Approach

Aims / Objectives

The savings will focus upon efficiencies and some transformational change with no change in commissioned outcomes.

The Integrated Lifestyle Service is provided by Sport and Leisure Limited through its Public Health Division, Everyone Health. The overall aim of the service is to increase the number of people who lead a healthy lifestyle. It is in an integrated service that includes health trainers, the three tiers of adult weight management, children's weight management, community based lifestyle programmes, the National Child Measurement Programme, outreach NHS Health Checks, Behavioural Change training and in 2017/18 the Stop Smoking Service(CAMQUIT) transferred to Service. The areas that have been proposed for contributing to the savings target are as follows and reflect improved understanding of need and demand that enables the service to produce efficiencies and transformational changes.

Project Overview - What are we doing

The Integrated Lifestyle Service is provided by Sport and Leisure Limited through its Public Health Division, Everyone Health. Its overall aim is to increase the number of people who have healthy lifestyle. It is an integrated service and brings together the following services.

- Health trainers – support people for up to one year to make healthy lifestyle changes
- Three tiers of adult weight management: Tier 1 whole community interventions e.g. physical activity sessions. Tier 2 community weight management group sessions. Tier 3 Intensive weight management programme for the morbidly obese often with complex health issues
- Child Weight Management: Lifestyle programme for children and their families that provides opportunities for improving their diet and levels of physical activity.
- National Child Measurement Programme: Annual weighing and measuring of all children in reception and year 6
- Outreach NHS Health Checks: Focuses upon employers that have a large routine and manual workforce
- Behavioural Change Training for staff across the statutory and voluntary sectors to enable them to motivate their patients/clients to make healthy lifestyle changes
- Community healthy eating and physical activity interventions
- In 2017/18 the Stop Smoking Service CAMQUIT) transferred into the Integrated Lifestyle Service.

Each service has a number of outcome deliverables for them to deliver. The service deliverables focus upon lifestyle changes that will help prevent ill health and improve the health of those already affected by an unhealthy lifestyle. The business case proposal will not affect these outcome deliverables.

The savings proposals are based on the Service producing efficiencies and transformational changes through natural wastage. The changes focus upon using the skills of its staff more efficiently, an improved understanding of need and demand that will enable changes to the organisational structure to be implemented.

Consolidation of Management Tiers: The Everyone Health team operates across the whole LA area. It has a management structure that includes area managers who each have a locality coordinator working as their deputies. As the Service is now well established the two co-ordination posts will be removed from the structure and their functions combined with those of the locality managers.

Stop Smoking Services (SSS): Currently the Service is functioning without one post through natural wastage. This has not created any capacity pressures and it is not planned to appoint to this post. At high demand periods or holiday and sickness periods the Health Trainers can provide Stop Smoking interventions as they are trained in behavioural change interventions.

Communications/Promotion Post: When the Stop Smoking services were transferred to Everyone Health the communications project officer post was vacant, but the budget was transferred with the Service. The transfer

of CAMQUIT created two communication posts as Everyone Health already had a communications lead. These two posts will be consolidated and the funding that was transferred for the Stop Smoking post will contribute to the savings.

Health Coaches: As the Lifestyle Service has developed the needs and demand has become clearer. This clarity will enable in areas of lesser need to consolidate two health trainer posts in to one.

What assumptions have you made?

Managers in the Lifestyle Service have developed the Service to a point where tiers of management can be consolidated without undermining delivery of the Service.

Health Trainers who are trained to deliver lifestyle interventions will be able to deliver the same quality of service as the experienced CAMQUIT team.

One communications post can support the whole Service.

Service users will be able to access the same service as the savings will not affect service delivery to clients in anyway. Therefore a consultation will not be undertaken.

What constraints does the project face?

Delivery Options

Has an options and feasibility study been undertaken?

The Integrated Lifestyle Service has been commissioned from June 2015. During this period a greater understanding of needs and demand has led to the ongoing development of the Service. Part of this development has enabled efficiencies to be identified. The efficiencies that were identified for this business case are those that most support ongoing development of the service. Therefore no other options were considered. The changes however will be carefully monitored

Scope / Interdependencies

Scope

What is within scope?

Particular services included in the Integrated Lifestyle Service i.e. Stop Smoking and health Coaches services along with management staffing efficiencies.

What is outside of scope?

The proposal does not affect health trainers, adult and children's weight management services, National Child Measurement Programme, outreach NHS Health Checks, behavioural change training and community lifestyle services. Although indirectly they will affected by the general management changes.

Project Dependencies

Title

The project is dependent on collaborative work with service providers

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non-Financial Benefits Summary

Title

Risks

Title

Increased demand for Lifestyle Services

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

No planned change in Service Delivery

What positive impacts are anticipated from this proposal?

None identified

What negative impacts are anticipated from this proposal?

None identified

Are there other impacts which are more neutral?

There should not be any impact in equalities as there is no planned change in service delivery. Services are open to all members of the community. The current service has a focus upon communities where there are high rates of smoking, low levels of physical activity, high levels of unhealthy eating and high rates of obesity and consequent health inequalities. Services are weighted to ensure that they have the capacity and skills to address the challenges in these areas

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

Business Case

BP - Public Health - Children's 0-19 Service (E/R.6.036)

Project Overview

Project Title	BP - Public Health - Children's 0-19 Service (E/R.6.036)		
Project Code	PR000186	**Business Planning Reference**	E/R.6.036
Business Planning Brief Description	EITHER the saving will be delivered through a reduction to the CCS Section 75 (contract) value for Health Visiting and School Nursing OR the current contract value and services will be maintained during 2018/19, while work on proposals for wider integration of children's health and wellbeing services is developed for implementation in 2019/20, with the resultant budget shortfall covered by public health reserves.		
Senior Responsible Officer	Raj Lakshman		

Project Approach

Background

Why do we need to undertake this project?

Budget changes to date

When the commissioning responsibility for Health Visiting (HV) and Family Nurse Partnership (FNP) transferred over to the Local Authority in October 2015, the 2015/16 budget was £7,593,199. With the cut in the Public Health ring-fenced grant, £340K (4.5% reduction) savings were made over 2 years (£190K in 16/17 and £150K in 17/18), and the contract value in 2017/18 is £7,253,199.

The School Nursing (SN) budget has been protected and in 2015/16 and 2016/17, the budget for school nursing was £1,446,540. In 2017/18 and an additional 60K investment was put into school nursing for the extension of coverage to special schools, taking the annual contract value to £1,506,540 (4.1% increase).

Total 0-19 Healthy Child Programme (HCP) budget for 2017/18 is £8,759,739. A saving proposal of £238K (2.7% reduction) would take the budget for 18/19 to £8,529,739.

In order to make these savings and mindful of the need for further savings for 19/20 the following changes are have been proposed to School Nursing and Health Visitors.

An alternative option is to maintain current funding levels during 2018/19 while planning for a wider and more transformative integration of children's health and wellbeing services in 2019/20, including integration across the Cambridgeshire and Peterborough areas, resulting in management efficiencies. This would require the £238k savings shortfall in 2018/19 to be covered from public health reserves.

What would happen if we did not complete this project?

Approach

Aims / Objectives

Saving will EITHER be delivered through a reduction to the Cambridgeshire Community Services (CCS) Section 75 (contract) value for Health Visiting and School Nursing OR funded from public health reserves for one year, while carrying out further work on wider integration of children's health and wellbeing services.

Project Overview - What are we doing

Changes proposed to deliver a £238k saving are as follows. The alternative option is to maintain current contract value and services during 2018/19, while working on longer term plans for integration of children's health and wellbeing services, described in the final bullet point below. Note: Some of the changes proposed for school nursing services are already in implementation phase, but this is to address unavoidable staffing shortages rather than for the purpose of delivering savings].

Health Visiting

- **Universal mandated checks at 1 year and 2-2.5 years:** It is proposed to change the way these are delivered to clinic based rather than home visits and use of lower skilled staff (e.g. nursery nurses). Home visits will only be offered for high need (Universal Partnership Plus) families.
- **Efficiency savings** by integration with Children's Centres - Child and Family hubs. Identify what can be delivered by Children's Centre staff trained by CCS e.g. school readiness.

School Nursing

- **Duty desk**: A duty desk and help line has been launched to manage and coordinate all referrals and queries into the SN service, provide one to one support and where necessary, signpost callers to appropriate services. All telephone calls are now redirected from nine locations across Cambridgeshire plus from the School Nurses' mobile phones. The duty desk is staffed by a school nurse and an administrator and is open Monday to Friday, 9.30am to 4pm term time. During the recent summer holidays, only emails were responded to, and not telephone calls. It is planned to keep the duty desk open for phone calls on reduced hours during school holidays in the future.
- **Chat Health**: Chat Health is a confidential texting service for young people aged 11-19 years. It guarantees swift access to a school nurse, during normal working hours, for signposting, advice and/or booking into an appointment clinic, as appropriate. Out of working hours, signposting advice is given particularly in relation to safeguarding. This scheme has been successfully implemented in different areas of the UK and a pilot in East Cambs and Fenland has been completed. The aim is to continue to build on the service in East Cambs and Fenland and to introduce this service to the whole of Cambridgeshire.
- **Emotional Health and Wellbeing**: Contract monitoring information suggests that schools nurses spend a high proportion of their time supporting children with emotional health and wellbeing issues. There has been significant investment into the provision of emotional health and wellbeing services, particularly as a result of the transformation of Child and Adolescent Mental Health Services (CAMHS). Self-help is promoted through a website developed by the public health team (www.keep-your-head.com) and is intended to be used as the local 'go to' site for all matters regarding emotional health and wellbeing for children and young people. Six new Emotional Health and Wellbeing posts have been created to work with local services, such as schools and primary care services, to provide advice, consultation, training, and support in order to build skills and confidence in those working with children and young people with mental health problems. They will work closely with the Local Authority Early Help teams and be based in the districts. A drop-in service has been set up in Huntingdon and on-line counselling services have been commissioned (www.kooth.com). In addition, there has also been a recent invitation to tender for counselling services across Peterborough and Cambridgeshire, which will commence delivery from January 2018. These new services will reduce the pressure on the school nurse provision, and provide a more integrated offer for schools across the county.
- **On-line medicines management** guidance for primary and secondary schools: Traditionally, Medicines Management was carried out by school nurses at each school regarding management of 4 chronic/acute conditions (epilepsy, anaphylaxis, asthma, diabetes). The new on-line service offers a consistent, evidence-based model, which is convenient for schools since teachers can complete it at their convenience and reduces demand on school nurse time.
- **Nocturnal Enuresis**: As part of the Children and Maternity Sustainability Transformation Partnership

(STP), pathways are being developed for the management of children with incontinence in the community. A clear pathway has been now been put in place for management of nocturnal enuresis so that children who do not need any dietary, behaviour or alarm support and only need medication are no longer seen by the school nursing service.

- **Safeguarding:** School nurses used to spend a lot of their time attending child protection conferences where there were no health concerns and the child/family were not known to the service. Working with the CCG designated nurse and CCS safeguarding lead, clear and consistent guidance has been agreed ensuring that the needs of children and young people are placed at the centre and that the school nurses comply with safeguarding requirement.
- **Targeted support for areas of greater need:** Rather than having a named school nurse for every secondary school and its feeder primary schools, the service will be targeted to areas of most need based on the Child Poverty Index (Income Deprivation Affecting Children Index (IDACI)). These schools have been identified by the County Council Business Intelligence and Public health teams and a discussion with CCS will be had on which of the 31 secondary schools and feeder primary schools will be prioritised. CCS plan to introduce an allocated time for each school to identify local health needs so that they are able to plan individual PSHE sessions and / or offer themed drop in sessions where young people can drop in to get a range of health support - including advice and guidance on sexual health and contraception, drug and alcohol issues, emotional health and wellbeing and weight management.
- **Integrated 0-19 service:** In order to maintain a high quality service, with a shrinking resource and increasing demand, the longer term proposal is for an integrated 0-19 service including a range of provision- healthy child programme, children's centers, specialist therapy services, such as speech and language therapy, occupational therapy, physiotherapy, and CAMH. Transformation work with Cambridgeshire Community Services, Cambridge shire and Peterborough Foundation Trust (CPFT) and Children's Centers to develop an integrated service offer is currently underway.

What assumptions have you made?

That the proposed changes will deliver the savings required

What constraints does the project face?

N/A

Delivery Options

Has an options and feasibility study been undertaken?

Two alternative options have been outlined in this business case.

No other options have been considered for CYP public health savings, as the major portion of the rest of the 0-19 budget goes towards the counselling service which has recently been retendered, and via an Memorandum of Understanding to Children's Centres.

The most cost-effective way of making the savings have been explored with the provider Cambridgeshire Community Services (CCS) who have engaged with their staff to develop these proposals

Scope / Interdependencies

Scope

What is within scope?

Health Visiting and School Nursing

What is outside of scope?

Family Nurse Partnership as savings have already been made in previous years.

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non-Financial Benefits Summary

See community impact assessment

Title

Risks

Title

Possible emerging problems not identified

Lack of detailed modelling means the changes proposed may not reach the saving target of £238k

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

If the proposals are implemented in 2018/19, then users of the School Nursing service and Health Visitors.

What positive impacts are anticipated from this proposal?

The savings proposals are still following the principles of Proportionate (or progressive) Universalism but targeting more resources to areas of high need. We are following the iTHRIVE principles which promote a needs-led approach, shared decision making, and evidence based interventions that are outcome focused.

Duty Desk: School nurses are positive about the duty desk, as they are able to contain their workload, and concentrate on planned work. This should boost morale and help with recruitment and retention of a sparse workforce. Schools are reporting that in some cases the service is much more accessible.

A new Universal Offer to 6 Special Schools in Cambridgeshire

Introduction of digital technology i.e. Chat Health texting service will improve accessibility of the service for a greater number of young people including those who are home-schooled.

There will be a consistent offer to all schools with an increased offer to schools in areas of greatest need.

Closer working relationships with Children's Centres, Localities and Emotional Health & Wellbeing (Early Help), CPFT will enhance synergy and maximise resource usage.

In the longer term, with either option, providing integrated Children, Young People and Families Health service across the Council has the potential to improve community cohesion.

What negative impacts are anticipated from this proposal?

If the proposal to reduce the contract value in 2018/19 is implemented, there would be a reduction in the Healthy Child Programme (HCP) workforce as a result of the reduced budget. The existing funded workforce is a skill mix of 142 WTE. To put this into context - in order to deliver the reduction of £238k the workforce would have to reduce by, for example, the equivalent of 5.5 WTE Health visitors; or 18 WTE band 6's (health visitors) would need to be replaced by the same number of band 4's (nursery nurses).Working in partnership

with our provider CCS, we would evaluate the impact of these changes using qualitative and quantitative data.

If the alternative option of maintaining contract value during 2018/19 while planning for a wider integration of children's health and wellbeing services is taken forward, there is potential to deliver a higher level of management savings and efficiencies from 2019/20, with reduced impact on the front-line workforce.

Are there other impacts which are more neutral?

With either option, the status quo will be maintained across some of the service for example FNP (which has already been re-organised), antenatal, new-birth and 6-8 week checks.

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

Business Case

Sexual Health Services (E/R.6.034)

Project Overview

Project Title	Sexual Health Services (E/R.6.034)		
Project Code	PR000226	**Business Planning Reference**	E/R.6.034
Business Planning Brief Description	The Local Authority commissions an Integrated Sexual Health and Contraception Service from Cambridgeshire Community Services. Sexual health clinics offer testing, treatment and contact tracing for people at risk of sexually transmitted infections. Services are 'open access' – i.e. people can refer themselves and are entitled to be seen.		
Senior Responsible Officer	Val Thomas		

Project Approach

Background

Why do we need to undertake this project?

The Local Authority commissions an Integrated Sexual Health and Contraception Service from Cambridgeshire Community Services. Sexual health clinics offer testing, treatment and contact tracing for people at risk of sexually transmitted infections Services are 'open access' – i.e. people can refer themselves and are entitled to be seen. They also offer the full range of contraception services. They are a mandated local authority public health service under the Health and Social Care Act (2013). The Cambridgeshire Integrated Sexual Health Service was commissioned in 2014 and brought together sexual health and contraception into the integrated service. The Service is delivered through a Hub and Spoke model whereby there are three hubs that offer the full range of clinical services and are Consultant led (Wisbech, Cambridge City and Huntingdon). In addition there are nurse led spoke clinics that provide less complex sexual health and contraception services.

The Integrated Sexual Health Service was commissioned with some key objectives which included a commitment to ongoing modernisation of the services that would ensure that provide efficiencies and the adoption of new technologies and other innovative practice that would ensure that they were cost-effective and support the delivery of the service outputs and outcomes

What would happen if we did not complete this project?

The modernisation of services would be slower without the drive for savings and they would not be achieved

Approach

Aims / Objectives

To meet the sexual health and contraceptive needs of the population through innovative approaches, the efficient use of resources and new ways of working

Project Overview - What are we doing

Asymptomatic online screening: A number of people who attend sexual health clinics do not have any symptoms i.e. they are asymptomatic and on testing are found not to have any infections. Different service models have been introduced that decrease the number of clinic attendances of people and log waits for people who are asymptomatic. A number of asymptomatic pathways have been developed and introduced. This started with asymptomatic service users being asked to fill in a questionnaire and then being seen by a healthcare support worker. However now some areas are offering online screening to asymptomatic patients.

For example Guys and St Thomas's clinics in London no longer accept walk-ins for asymptomatic check-ups with patients being referred for online testing. Cambridgeshire Community Services have recently started the same asymptomatic service in Norfolk. Online testing means that those who do not have any symptoms access an online home testing kit. They only proceed to a clinic appointment if they test positive and require treatment. The online tests are free but for those who test negative the unit cost of the test is cheaper as clinic costs are not incurred. Overall clinic activity will not fall but there will be a reduction in clinic opening times and the savings will be through the associated lower staffing costs.

Spokes Clinics: The Hub and Spoke service model was established in 2015. The clinic locations were based on the tender consultation, however it became apparent that a large proportion of people preferred to access the Hubs. Often service users prefer the anonymity of accessing services out their home area. The spokes are being continuously reviewed as in some locations numbers attending are very small and the clinics become very expensive to operate and not cost-effective. Currently activity in clinics varies and is low in some areas. The activity levels, opening hours and access to alternative provision is being reviewed. Any change in access to spoke clinics must be in areas where the GP clinics in the areas offer a full contraceptive service that may be accessed by the local community. Savings would be through fewer clinics and their associated staffing costs.

Transferring Ongoing Oral Contraception Follow Up Management to General Practice: Community sexual health and contraception clinics provide all types of contraception. This includes the most effective (especially for high risk groups) and cost saving form, Long Acting Reversible Contraception (LARCs) and oral contraception. All GP practices provide oral contraception as part of their main GMS contract. LARCS are also commissioned from GP practices by the Local Authority. The community clinics provide services for anyone and do not require registration with a GP practice. They are accessed by the more vulnerable high risk groups. It is proposed that the Integrated Sexual Health and Contraception Service provide women who are registered with a GP practice and are not high risk with oral contraception for one year but then they are asked to access any further oral contraception from their GPs. Women from vulnerable high risk groups would not be affected and they would be able to continue to receive all their contraception from community clinics. Savings would be through lower clinic costs associated with staff and the cost of contraceptives.

What assumptions have you made?

Asymptomatic screening assumption: That people will access the online service. This risk is that in sufficient numbers will not access online screening. This will be mitigated through a comprehensive promotional campaign.

Decreasing the number of spoke clinics assumption: That patients are willing to travel out of their local areas including high risk groups. The risk is that high risk groups will not be able to access a service as they do not want to access their GPs or are not registered with a GP. Mitigation will be through promoting the online service and GP services along with working closely working closely with the practices.

Oral Contraception assumption: That low risk women will attend their GP practices and that GPs will be able to meet any increase in demand for oral contraception. The risk is that women will not attend their GP practices and therefore do not access contraception. Mitigation will be through careful monitoring of request for contraception and promotion of GP services.

What constraints does the project face?

That the online screening service must be able to have same timeframes as the normal clinic service from result to diagnosis

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

Scope - Asymptomatic Testing : This proposal involves people requesting a sexually transmitted testing kit online if they do not have any symptoms of sexual transmitted infection. If the test is positive they will be treated at their local clinic
Scope - Rationalisation of Clinics: This proposal involves reviewing the demand for the spoke clinics in areas where there is low demand, access to services at local GP clinics or clients have a willingness to travel to other clinics.
Scope - Provision of oral contraception to low risk women: Provision of oral contraception to low risk women for one year with all follow up being provided by their GPs.

What is outside of scope?

The other services provided by the Integrated Sexual Health Services

Project Dependencies

Title

Internal Dependencies

External Dependencies Online technologies and GP capacity for providing contraception

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non-Financial Benefits Summary

Title

Risks

Title

Risks detailed under assumptions

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

Those who might be suffering from an asymptomatic sexually transmitted infection.

Those living in areas where there is overall low demand for clinics.

Low risk women who attend the Integrated Sexual Health Services for oral contraception who are registered with a GP practice. They will be provided with oral contraception for one year but then they will be asked to obtain the contraception from their GP. Women from vulnerable high risk groups would not be affected and they would be able to continue to receive all their contraception from community clinics.

What positive impacts are anticipated from this proposal?

Those living in more rural isolated or deprived areas would benefit from having access to testing from the internet, avoiding the need to travel which may be difficult and expensive. Travel would only be necessary if treatment is required.

What negative impacts are anticipated from this proposal?

None

Are there other impacts which are more neutral?

Although services will be delivered in a different way the aim will be to ensure that services remain acceptable and accessible to all patients.

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

Business Case

Miscellaneous Public Health Efficiencies (E/R.6.032)

Project Overview

Project Title	Miscellaneous Public Health Efficiencies (E/R.6.032)		
Project Code	PR000181	**Business Planning Reference**	E/R.6.032
Business Planning Brief Description	Reduction in public mental health budget resulting from removal of non-recurrent set up costs spent in 2017/18. This will not result in any reductions to services.		
Senior Responsible Officer	Liz Robin		

Project Approach

Background

Why do we need to undertake this project?

Given reductions in the public health ring-fenced grant it is important to take all opportunities to make efficiencies which will not affect services. The proposed reduction in the public mental health budget of £7k, results from removal of non-recurrent set up costs spent in 2017/18

What would happen if we did not complete this project?

The savings requirement on other budgets would be increase

Approach

Aims / Objectives

Reduction in public mental health budget of £7k, resulting from removal of non-recurrent set up costs spent in 2017/18.

Project Overview - What are we doing

In 2017/18, a total of £7k of the public mental health budget was allocated for the following non-recurrent purposes:
a) Adult Keep Your Head website: Public mental health budget in 2017/18 was allocated to support the development and set up costs of the adult 'Keep Your Head' website, which provides information on adult mental health and relevant local services. The website will be maintained by the local Service User Network (SUN) so this is not a recurrent cost.
b) Post suicide bereavement support service: The revenue costs of this service will be funded through the Sustainable Transformation Partnership (STP). There are some additional non-recurrent initial costs to set up the service to which public mental health budget was allocated in 2017/18.
Because these costs are non-recurrent, a total of £7k can be removed from the public mental health budget, without impacting on services.

What assumptions have you made?

N/A

What constraints does the project face?

N/A

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

2017/18 Public mental health budget allocated to non-recurrent set up costs.

What is outside of scope?

Recurrent public mental health budget allocated to services

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non-Financial Benefits Summary

N/A

Title

Risks

Title

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

There is no change to services as a result of removing these non-recurrent set up costs from the budget, therefore the impact is neutral.

What positive impacts are anticipated from this proposal?

None identified

What negative impacts are anticipated from this proposal?

None identified

Are there other impacts which are more neutral?

None identified

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

Business Case

Public Health Directorate - in-house rationalisation (E/R.6.037)

Project Overview

Project Title	Public Health Directorate - in-house rationalisation (E/R.6.037)		
Project Code	PR000187	**Business Planning Reference**	E/R.6.037
Business Planning Brief Description	Business Programmes Team restructure to achieve efficiencies in working practices and identify financial savings through new models and new business support structures		
Senior Responsible Officer	Liz Robin & Kate Parker		

Project Approach

Background

Why do we need to undertake this project?

The current business support structure was fit for purpose when the Public Health team transferred to from the NHS to Cambridgeshire County Council and Peterborough City Council. Over the last four years the Directorate has undergone a number of changes which include working across both Cambridgeshire County Council and Peterborough City Council, the establishment of the Joint Public Health Commissioning Unit, and changes to the roles and support needs of Senior Specialist staff working at Public Health Consultant level. This means that in effect almost all staff in the Directorate are working across the two Councils.

As a result, to make sure we are working in the most effective way, the business support function also needs to be re-aligned to work across both Council's - ensuring equitable provision of administration support is provided to senior specialist staff, and removing any unnecessary duplication of work. The proposals have been designed to achieve efficiencies in working practices for a Directorate with responsibilities to both Cambridgeshire County Council and Peterborough City Council as well as identifying potential savings for the Directorate.

What would happen if we did not complete this project?

The service would not be working in the most efficient manner.

Approach

Aims / Objectives

The proposals are expected to achieve the following objectives:

- To increase the efficiency of the current Business Support Team in the new context of joint work across Cambridgeshire and Peterborough, by proposing new processes and operational mechanisms to manage the administrative workload.
- To ensure there is equitable provision of business support to each of the Consultants working within the different Public Health Units.
- To identify financial savings through the introduction of new models and new business support structures.
- To provide a business support function across Cambridgeshire & Peterborough reflecting the change in provision of the Public Health Directorate across the two councils.
- To ensure there is the least amount of disruption to the existing business support team and involve them in the co-production of the developing model.

Project Overview - What are we doing

The Public Health Business Programmes Team is currently undergoing a restructure for business reasons, following other incremental changes in the public health directorate which have resulted in creation of a joint public health service across Cambridgeshire and Peterborough. The most recent of these incremental changes were the creation of a joint Cambridgeshire and Peterborough public health commissioning unit, and the transfer of the Cambridgeshire Smoking Cessation Service to external provider Everyone Health - both of which were included in the 2017/18 Business Plan. These changes mean that business management functions such as risk management, business planning, programme management, recruitment, administrative and PA supoprt, are best delivered through a joint structure across Cambridgeshire and Peterborough, with opportunities to realign roles to maximise effectiveness and minimise duplication.

The proposed restructure is currently out to consultation and includes the amalgamation of two posts, resulting in a saving. A proportion of this saving will be allocated to Peterborough City Council leaving a saving for Cambridgeshire County Council of £33k.

A public health analyst vacancy will be held on an interim basis to cover the remaining CCC revenue saving of £16k, pending a review during 2018/19 of opportunities for income generation.

The re-alignment of the Public Health Business Programmes Team will be achieved through the following mechanisms.

- Senior Public Health Administrators

  Business Support Staff will be assigned to a Public Health Unit to provide a dedicated staff time to support the associated Public Health Consultant. To implement this change it will not be necessary to change staff's current terms and conditions.

- Reduction in DPH PA provision

  Currently the Director of Public Health has two FTE PA's working in both Councils. The DPH will retain 1 FTE PA working across both Councils. This does not mean there is a risk of redundancy for the current post holders as there is still a need for capacity in the service. One of the post holders will be assimilated into the remaining Senior Public Health Administrator post.

- Deletion of the Performance & Projects Manager and the Public Health Business Manager.

  These posts were necessary when Public Health transferred from the NHS to Local Authority in 2013. However the directorate has now evolved and changed focus whereby we are proposing streamlining the provision of administration directly to Public Health Units with some functions incorporated into the Specialist Administration roles.

- Creation of an Executive Project Manager

  Key aspects of the proposals will be to work across both Cambridgeshire County Council and Peterborough City Council's Public Health Directorates, leading on a variety of strategic projects on behalf of the Director of Public Health. This will include the undertaking of project co-ordination work to support the Public Health Units across the directorate.

Key milestones:

- Close of Public Health Business Programmes consultation November 16th 2017
- Response to consultation published November 30th 2017
- Commence implementation of new roles and structures December 1st 2017
- Review of potential for income generation Q1 2018/19

What assumptions have you made?

There is an assumption that it will be feasible to make the proposed saving to public health business

programmes team through the changes outlined in the consultation. It is possible that the consultation feedback will result in change to the proposal

What constraints does the project face?

Delivery Options

Has an options and feasibility study been undertaken?

Alternative options would involve identifying other potential staff savings. However other teams within the public health directorate have already been integrated across Cambridgeshire and Peterborough, so there would not be the same business reasons for taking forward a further restructure/realignment at this point.

Scope / Interdependencies

Scope

What is within scope?

Public Health Business Programmes Team. The two posts proposed to be amalgamated, creating a saving, are the Public Health Business Manager, and Performance and Projects Manager roles.

Public health analyst vacancy to be held pending review of opportunities for income generation.

What is outside of scope?

Other functions and posts within the public health directorate.

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non-Financial Benefits Summary

Business programmes support will be structured to reflect Public Health Directorate joint working across Cambridgeshire and Peterborough

Title

Risks

Title

That the proposed new structure will not be sufficient to deliver the work required of the business programmes team. Careful planning and consultation should mitigate this risk.

Senior Public Health Analyst

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

This project will not impact on service users.

What positive impacts are anticipated from this proposal?

None identified

What negative impacts are anticipated from this proposal?

None identified

Are there other impacts which are more neutral?

None identified

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

None identified

Business Case

Smoking Cessation (E/R.6.038)

Project Overview

Project Title	Smoking Cessation (E/R.6.038)		
Project Code	PR000188	**Business Planning Reference**	E/R.6.038
Business Planning Brief Description	Fall in demand for stop smoking services in GP practices and pharmacies. Saving made against predicted ongoing reduction		
Senior Responsible Officer	Val Thomas		

Project Approach

Background

Why do we need to undertake this project?

The County Council commissions 'level 2' smoking cessation services from GP practices and pharmacies. These services support people who wish to stop smoking and provide a combination of medication such as nicotine replacement therapy (NRT) on prescription, and evidence based one to one or group support for behaviour change. People are four times more likely to succeed in quitting when they use this service than if they try to quit without support or medication. When people succeed in stopping smoking is results in significant improvement to their health and in overall savings to the NHS due to their reduced risk of heart and circulatory disease, lung disease and cancers. It is important that stop smoking services are easily accessible for people to use, so in Cambridgeshire we have tried to ensure that every GP practice offers a smoking cessation service – either through their own staff, for which payment is made, or through CAMQUIT (County Council Stop Smoking Service) staff going into the GP practice to deliver clinics.

The demand for stop smoking services in GP practices and pharmacies has reduced over the past few years. There reflects the fall in the overall percentage of adults who smoke in the county and increased usage of electronic cigarettes. Because GPs and pharmacies are paid per person receiving the service, the spend on these services has therefore reduced. Fewer people visiting the service also means lower medication costs. Due to other pressures, there is an ongoing increase in demand by GP practices for CAMQUIT staff to come in and provide an on-site clinic, which means they are no longer paid. These factors mean that the predicted spend against budgets for smoking cessation services and GP practices have reduced. The saving is therefore made against a predicted ongoing reduction in demand on the smoking cessation budget, but stop smoking services will continue to be easily accessible around the County as the service is being maintained by CAMQUIT staff in GP practices.

The fall in demand has been used to provide savings in other years. However the Health Committee supported using the savings for a harm reduction pilot in Fenland, an area with higher smoking rates especially among routine, manual and other vulnerable groups. The harm reduction model provides additional stop smoking service advisor and medication support for up to one year. There is evidence that this increases the quit rate in certain population groups and is cost-effective and cost saving. However the pilot, despite extensive wide ranging efforts was unable to recruit any smokers from the targeted groups and the pilot was ended. These population groups are continued to be targeted using the usual approaches used by the Stop Smoking Services.

What would happen if we did not complete this project?

Savings would have to be found from elsewhere.

Approach

Aims / Objectives

The savings revenue will be derived from the following
- GPs and community pharmacists are paid for each person they support to make a quit attempt. A fall in their activity creates savings
- Nearly 100% the quit attempts include medication costs which increases the likelihood of the quit attempt being successful.

Project Overview - What are we doing

The fall in demand for smoking cessation services has been continuous locally and nationally for the past four years. Although in Cambridgeshire the number of people smoking fell to below national levels the latest data indicates that it is now around the national level but it has not returned to the higher levels. The options explored were as follows

Increase demand for smoking cessation services. A range of initiatives have been introduced to try and increase demand for services back to former levels but these have not been successful. This is attributed to a real fall in prevalence (the number of people who smoke) and the use of e-cigarettes. This included the harm reduction pilot described above.

However a sizable proportion of people continue to smoke in Cambridgeshire and seek the support of the services.

It is important to continue to provide smoking cessation services to these smokers but the fall in demand and the way providers are funded means that current funding levels are able to sustain an allocation to savings. The efforts to recruit smokers especially from the targeted groups in the harm reduction pilot will continue within the existing budgets. In addition the Stop Smoking Services were transferred to the Integrated Lifestyle Service in July 2017 which has provided an additional source of referrals from these high risk groups. The referrals are key as the quit rate in this group is high.

What assumptions have you made?

That current capacity of the Stop Smoking Services can meet any increases in demand from GP practices for it to provide services in their practices and maintain a countywide service.
A small yet growing proportion of smokers who access CAMQUIT for support to make a quit attempt do not use NRT but fund their own e-cigarettes. Nationally this is the aid that is used most frequently by smokers to help them quit. It is assumed that this trend will continue.

What constraints does the project face?

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

The savings that have occurred through the fall in the demand for stop smoking services. Specifically these are payments made to GP practices and the medications used in stop smoking quit attempt.

What is outside of scope?

All other stop smoking resources both pay and non-pay are not affected.

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non-Financial Benefits Summary

Title

Risks

Title

Stopping smoking is cost saving and it is the prevention intervention that has the greatest impact on health. Additional funding will be required if prevalence rates increase.

That smoking prevalence will not increase to previous levels and the downward trend is maintained.

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

No service users will be affected by this change as savings relate to natural decrease the number of in service users.

What positive impacts are anticipated from this proposal?

None identified

What negative impacts are anticipated from this proposal?

None identified

Are there other impacts which are more neutral?

None identified

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

None identified