

POTENTIAL RECURRENT SAVINGS						
SEXUAL HEALTH/ CONTRACEPTION	Public Health England 'Spend and Outcomes Tool' national benchmarking LAPH budget per head (£) 2014/15 Cambridgeshire £10.30 ; National average £13.79					
Area of work	Saving £000	Total budget	Saving % of budget £000	Recurr- ent	Action required	Impact
Sexual health – predicted underspend use of Pboro service	26	4364	3.9%	Yes	None	None
Sexual health – contingency for unpredicted pressures due to Cambridgeshire patients attending out of area providers	115			Yes	Meet from other sources if there are unpredicted pressures. Encourage Cambridgeshire residents to use local CCS services.	Minimal
Chlamydia screening – predicted underspend due to lower than expected uptake of the programme	20			Yes	Continue to target the Chlamydia screening on those most likely to be at risk (the target is for number of positive screens rather than overall numbers screened, to reflect the importance of a targetted approach)	If target is not achieved, the programme is less effective at reducing Chlamydia rates in the community, which are associated with female infertility and associated costs of IVF and other infertility treatments
MIKKOM (sexual health web system) – predict underspend	9			Yes	None	None
Long acting reversible contraception (LARCs) delivered by GP practices – predicted underspend	100	1170	8.5%	Probably	Current underspend is due to reduced activity in delivering LARCs in GP practices. This is associated with a workforce issue with LARCs trained GPs retiring. The underspend will continue if we do not take proactive measures to train a new group of GPs. However it may be possible to encourage greater provision of LARCs within the CCS contract for integrated sexual health and contraception services.	LARCs are particularly useful for vulnerable women with more chaotic lifestyles and have been shown to be effective in reducing teenage pregnancy. Provision of LARCs has been shown to be cost saving to the NHS and is likely to have a positive impact for Council services for children and young people.
Total sexual health and contraception	270	5534	4.9%			

GENERAL PROGRAMMES		Public Health England 'Spend and Outcomes Tool' national benchmarking LAPH budget per head (£) 2014/15 Total public health grant: Cambridgeshire £35.57 National average £59.60				
Area of work	Saving £000	Total budget	Saving as % of budget £000	Recurr- ent	Action required	Impact
General prevention projects	30	1094	5.5%	Yes	Remove project budget for small scale preventive projects to be determined in-year	Reduced ability to take up short term opportunities for community/partnership preventive projects
Physical activity	15			Yes	Remove vacant post	Work will be delivered through contract with Everyone Health
Resource library underspend	5			Yes	No contingency for additional library resources	Minimal
Programmes team non-pay	10			Yes	Remove budget for small scale campaigns and projects held by PH programmes (front line) teams	Some impact on effectiveness of programmes team in delivering community facing projects and campaigns
Total – 'general prevention'	60	1094	5.5%			
Public health directorate staffing – vacancy management	150	2654	5.7%	Yes	Actively manage vacancies to ensure this is delivered	Similar to figure observed as underspend in previous years.
Health protection/ emergency planning – training and contingency budget	5	15	33%	Yes	Spend on budget unpredictable. Meet any overspends from other budgets/reserves.	Reduced likelihood of underspend on budget.
Total – staffing, health protection	155	2669	5.8%			
Income from Peterborough	70			Yes	Invoice for shared DPH post and any other PH directorate staff input to Peterborough City Council	Increased workload for staff
Total public health savings/ income generation with potential to be recurrent	850					

POTENTIAL NON-RECURRENT SAVINGS DUE TO PART YEAR EFFECTS OF BUSINESS PLAN INVESTMENTS						
Area of work	Saving £000			Recurr- ent	Action required	Impact
Integrated lifestyle and weight management service	?40 requires clarificat ion			No	Contract implementation was June 2015	None – result of timing of contract implementation
Public mental health strategy	20			No	Some aspects already implemented others still under development	None as part year effect
Tobacco control	40			Possible	Indications that all LAs involved would look for this level of in-year saving	Reduced social marketing and communications on tobacco with vulnerable groups leading to increased smoking related disability and mortality.
Falls prevention	50			No	Health trainers currently being recruited	None – result of recruitment delays which reflected timing of implementation of the wider health trainer service redesign.
Total non-recurrent	110					
Total potential savings 2015/16	960					
Total in-year savings required	1613					
Balancing figure from public health general reserve	653					