

Business Case

E/R.6.031 NHS Health Checks IT Contract

Project Overview

Project Title	E/R.6.031 NHS Health Checks IT Contract		
Project Code	TR001402	Business Planning Reference	E/R.6.039
Business Planning Brief Description	NHS Health Checks are commissioned from GP practices. The contract for an IT software system to manage the data in practices and for performance management has been terminated as it could not fully meet GDPR requirements. New arrangements with the Clinical Commissioning Group are now available at no additional cost.		
Senior Responsible Officer	Val Thomas		

Project Approach

Background

Why do we need to undertake this project?

Cash reductions in the Public Health Grant and financial pressures upon the Local Authority require efficiencies and cost-effective innovative approaches to delivering commissioned services.

What would happen if we did not complete this project?

The savings would not be secured.

Approach

Aims / Objectives

This proposal aims to secure savings from severing the contract for the provision of an IT system that facilitates and improves the data collection and collation processes for the NHS Health Check Programme.

Project Overview - What are we doing

Background

NHS Health Checks is a cardiovascular risk assessment (offered to people aged from 40 to 74 years old) every five years who do not have a diagnosed health condition. Eligible individuals are identified by GP practices and sent an invitation to have an NHS Health Check at their practice. GP practices are paid for each NHS Health Check that they undertake.

We introduced outreach NHS Health Checks that are provided by the lifestyle service 'Everyone Health' that target high risk and often hard to reach populations through offering NHS Health Checks at workplaces and other community locations. The results are sent to the GP practices for them to follow up if necessary. Everyone Health is funded through a block contract that does not have a threshold for its activity.

A robust data collection process is required to: ensure that the correct patients are identified, any intervention is recorded whether in the GP practice or in the Outreach Service, that anonymized data is sent to the Local Authority as part of the performance monitoring of activity which also enables GPs to be paid, that data is sent safely from the Outreach Service to the participants' GPs.

New technologies have been emerging that allow software to sit on GP practice systems, and after securing agreement with the Clinical Commissioning Group (CCG) which has responsibility for practice systems we commissioned new software that started to be installed in GP practices in 2017.

Current position

The introduction of GDPR compromised the security of the software as it could not fully meet the GDPR requirements and therefore it was not considered safe to continue with the contract. Although prior to GDPR it had been rigorously assessed by the CCG Information Governance and CCC Information Governance to ensure it was fully compliant with the pre-GDPR information governance requirements. The IT company fully agreed with this approach and assumed any additional cost for removing systems already in practices.

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?

NHS Health Checks IT software contract

What is outside of scope?

The other parts of the NHS Health Checks Programme which includes payments to GPs and lifestyle service Outreach Health Checks programme and point of care blood testing.

Project Dependencies

Title

The CCG IT Improvement Programme

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

The CCG IT improvements also affect the reporting of other Public Health services commissioned from GP practices.

Title

Risks

Title

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

NHS Health Check recipients both in GP practices and the Outreach Programme. These will be in the eligible age range of 40-74 years and do not have a diagnosed ongoing condition. However this will be in terms of their information and any changes will not be experienced as part of the NHS Health Check.

Staff providing the service and responsible for data collecting will also be affected.

What positive impacts are anticipated from this proposal?

It will support the development of the local GP practice system and is a good local example of shared data protocols.

What negative impacts are anticipated from this proposal?

N/A

Are there other impacts which are more neutral?

N/A

Disproportionate impacts on specific groups with protected characteristics

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

Business Case

E/R.6.032 NHS Health Checks Funding

Project Overview

Project Title	E/R.6.032 NHS Health Checks Funding		
Project Code	TR001403	Business Planning Reference	E/R.6.039
Business Planning Brief Description	This proposal secures savings through a reduction in the allocation of funding for NHS Health Checks based on an historical budget that was transferred from the NHS. There has been a recurrent underspend and stable levels of activity.		
Senior Responsible Officer	Val Thomas		

Project Approach

Background

Why do we need to undertake this project?

Cash reductions in the Public Health Grant and financial pressures upon the Local Authority require efficiencies and cost-effective innovative approaches to delivering commissioned services.

What would happen if we did not complete this project?

The savings would not be achieved.

Approach

Aims / Objectives

To reduce the allocated funding to the NHS Health Checks Programme without reducing its activity levels.

Project Overview - What are we doing

Background

NHS Health Checks is a cardiovascular risk assessment offered to those aged between 40 and 74 year old, every five years, who do not have a diagnosed health condition. Eligible individuals are identified by GP practices and sent an invitation to have an NHS Health Check at their practice. GP practices are paid for each NHS Health Check that they undertake. GP's are paid for each Health Check, it is a unit cost and relevant to the whole business case.

We introduced outreach NHS Health Checks that are provided by the lifestyle service 'Everyone Health' that target high risk and often hard to reach populations through offering NHS Health Checks at workplaces and other community locations. The results are sent to the GP practices for them to follow up if necessary. Everyone Health is funded through a block contract that does not have a threshold for its activity i.e. it is a block contract therefore no matter how many outreach checks are undertaken the contract price remains the same.

Current position

The funding allocation that was transferred from the NHS has not been met by the activity. Although improvements have been made and numbers have increased there has been a persistent underspend on the funding allocation.

The outreach programme has contributed to this as it has slowly been increasing the number of completed

NHS Health Checks but this has not created a cost pressure as the Provider is not paid for each NHS Health Check.

What assumptions have you made?

That the demand for GP delivered NHS Health Checks does not increase above the level that can be contained in the proposed new funding allocation.

What constraints does the project face?

An unprecedented increase in GP practice activity of NHS Health Check activity.

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

NHS Health Checks funding allocation

What is outside of scope?

The NHS Funding allocation covers all aspects of the programme including GP payments, outreach NHS Health Checks and point of care blood tests.

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

None

Title

Risks

Title

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

The 40 to 70 year olds who are eligible for an NHS Health Check who do not have diagnosed condition.

What positive impacts are anticipated from this proposal?

The GP Practice NHS Health Check Programme will not be affected and efforts are ongoing to increase the uptake in the Outreach Programme as this targets the most at risk populations and the costs are contained

within the block contract price.

What negative impacts are anticipated from this proposal?

N/A

Are there other impacts which are more neutral?

N/A

Disproportionate impacts on specific groups with protected characteristics

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

This proposal will not have disproportionate impacts upon protected characteristics but it will increase the focus upon more deprived areas that have populations with higher risks of cardiovascular disease through the outreach service where costs are contained within the contract cost

Business Case

E/R.6.033 Re-commissioning of Drug and Alcohol Treatment Service (Public Health)

Project Overview

Project Title	E/R.6.033 Re-commissioning of Drug and Alcohol Treatment Service (Public Health)		
Project Code	TR001380	Business Planning Reference	E/R.6.033
Business Planning Brief Description	The Adult Drug and Alcohol Treatment Services was re-commissioned in 2017 and the new Service will commence in October 2018. The value of the contract is being reduced over the course of the contract reflecting transformational changes in response to changing needs and service efficiencies.		
Senior Responsible Officer	Val Thomas		

Project Approach

Background

Why do we need to undertake this project?

Cash reductions in the Public Health Grant and financial pressures upon the Local Authority require efficiencies and cost-effective innovative approaches to delivering commissioned services. The re-commissioning of this service has enabled transformational service redesign and efficiencies that will be delivered over the course of the five year lifetime of the contract.

What would happen if we did not complete this project?

The required savings would not be realised.

Approach

Aims / Objectives

The aim of this proposal is that the new Adult Drugs and Alcohol Treatment Service makes transformational changes that produce efficiencies and contribute towards improved outcomes.

The key objectives will impact at different stages of the contract and are as follows:

Increase community treatment alternatives and the introduction of new cost-effective technologies as they come on stream.

Manage service demand through strengthening early intervention and prevention services, strengthening work with other organizations to develop holistic care packages that support recovery and targeting high risk groups with harm reduction and community support interventions.

Expand and strengthen recovery services to reduce clients re-presenting to the services.

Project Overview - What are we doing

Background

The Drug and Alcohol Joint Strategic Needs Assessment in 2016 found that there is a changing landscape for drug and alcohol misuse with changing patterns of demand and different client groups.

The current Adult Drug and Alcohol Treatment Service provided by the South Staffordshire NHS Foundation Trust through its Inclusion Service has evolved over the past five years in response to the changing needs of

the client population. However in the current contract there are still services that are being delivered in a hospital setting when there is evidence that these could be undertaken safely in a more cost effective community setting. For example detoxification is currently undertaken in the community but also through a separate contract with the Cambridgeshire and Peterborough Foundation Trust that provides inpatient care at its Fulbourn site.

The current service design means that there has been limited investment in early intervention or prevention work. Providing intervention and brief advice to at risk populations is a cost-effective evidence based approach that has been undertaken randomly and not funded on an ongoing basis.

There are pathways between services that provide support for adult drug and alcohol users that usually have wide ranging needs. It is essential that these services work together to provide a holistic package of care that will produce positive outcomes for the client. These pathways especially with mental health and primary care services need to be strengthened to secure better outcomes and decrease ongoing demand for services.

Good recovery services that offer wide ranging support and link effectively with other services is recognized as being essential for ensuring good treatment outcomes and reducing representation to services.

Current position

To be able to meet these needs, in the context of reduced funding, the request for agencies bidding for the contract was to present proposals that would enable transformational change to deliver services in a different way and impact on demand going forward.

The following transformational changes have been built into the new service specifications and the contract has been awarded at a reduced value:

- More treatment will be undertaken in the community including an increased number of detoxification treatments.
- Funding has been allocated to the Lifestyle service for it to provide a Drugs and Alcohol Health Trainer who will focus on providing Identification and Brief Intervention (IBA) Training to a range of organisations to enable their staff to increase the numbers of high risk substance misusers who are identified and receive an appropriate service to prevent their misuse becoming a dependency. There will also be increased focus on promoting prevention generally in the community.
- The Recovery element of the service has been strengthened to provide more support and the provider will work with a range of organisations to ensure that the wide range of needs of clients in recovery are met to ensure that there is a decreased number of re-presentations to the Drug and Alcohol Service.
- Services have been redesigned to meet the new needs that have emerged, the increased number of older people accessing the service, the misuse of prescription drugs and the aging cohort of long term primarily opiate users whose dependency has effectively become a long term condition. These require different more cost effective approaches that are based on working with different organisations to ensure that they receive the right type of support that will enable them to remain in the community with less support from the treatment services.

Other savings are through providing a mobile service, thereby avoiding accommodation costs.

What assumptions have you made?

- All clients diagnosed with requiring detoxification will be assessed for their suitability for community detoxification. Based on experience in other services the majority of clients can be effectively treated in the community. However, this assessment has not yet been undertaken on Cambridgeshire clients and there is an assumption that there will be a high number of patients suitable for a community detoxification.
- That organisations will engage with the IBA training and their staff will make an appropriate

intervention and refer when necessary.

- For the Recovery Services to secure the desired positive outcomes will mean the engagement and collaboration of partner organisations.

What constraints does the project face?

- The contract for the new Service has been awarded and it will be performance monitored. .However some of the transformational changes are dependent on collaborative working with other agencies and subject to the assumptions described above.
- There could also be a delay before the positive impact of increasing the level of IBA in the community is experienced by the Service.

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

Adult Drug and Alcohol Services including all four tiers of the treatment Service

What is outside of scope?

Children and Young People Drug and Alcohol Treatment Services.

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

The transformational changes are aiming to improve outcomes for those misusing drugs and alcohol in terms of successful recovery and fewer representations to the Service.

Earlier identification of those at risk of developing from at risk users to dependent users.

Improved and more appropriate treatment of long term misusers of opiates, misuse of prescription drugs and older people.

Title

Risks

Title

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

Adults who misuse Drugs and Alcohol ranging from those who are putting themselves at risk to those who are dependent on drugs and alcohol.

What positive impacts are anticipated from this proposal?

More individuals who misuse substances are identified early and commence treatment before they become dependent.
That more people will recover and do not re-present into services.
That more people are treated in the community and are not admitted to hospital for treatment.
Increased collaboration with other services will ensure that people will be treated early and the diverse needs that clients present with are better addressed increasing the chances of positive outcomes.

What negative impacts are anticipated from this proposal?

None

Are there other impacts which are more neutral?

N/A

Disproportionate impacts on specific groups with protected characteristics

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

This proposal will aim to target groups that have a high risk of misusing substance which includes those who deprived, homeless, in the criminal justice system and older people. The Service design includes a mobile service to increase accessibility and outreach work to ensure that these groups are targeted. In addition the IBA training programme will target organisations that work with high risk groups.

Business Case

E/R.6.035 Mental Health training - focusing on children and young people's workforce

Project Overview

Project Title	E/R.6.035 Mental Health training - focusing on children and young people's workforce		
Project Code	TR001397	Business Planning Reference	E/R.6.035
Business Planning Brief Description	Reduction in funding for mental health training, with a focus on a smaller workforce group.		
Senior Responsible Officer	Raj Lakshman		

Project Approach

Background

Why do we need to undertake this project?

Financial constraints on Local Authority budgets require a review of current spending to ensure the best use of resource. A funding reduction can be achieved through a change in the type of training delivered and a re-focusing of the targeted workforce.

What would happen if we did not complete this project?

Required savings would not be met.

Approach

Aims / Objectives

The training seeks to:

- improve knowledge and understanding of mental health within the children and young people's workforce.
- improve confidence in identifying and responding to mental health issues in children and young people.
- improve understanding of the mental health services and support available for children and young people.

This proposal aims to achieve these objectives with a reduced budget.

Project Overview - What are we doing

The service now delivers the following training for the broader children and young people's workforce (which will still include some schools that wish to access further training):

- Mental Health Awareness Courses (1 day course)
- Child and Adolescent Mental Health Foundation Module (12 days)
- Introduction to CBT (6 days)
- CPD day courses (for those who have attended the Foundation Module course)
- E-learning package (piloting)

Previous analysis has shown that the Foundation Module course in particular is quite an expensive course (approximately £1,500 per person) with the nature of the Public Health grant meaning places can't be

subsidised, but must be paid in full. The course is popular and does receive good outcomes in terms of people's increased understanding and confidence, but with the current investment it is limited in terms of how many people can be reached. In addition, although the course is always full, the length of the course (12 days) is a limitation for some individuals in terms of securing the days for attendance.

There is a variety of mental health training available, some of which is free (e.g. CHUMS training), and some training that schools/settings pay for. The Government also funds some Youth Mental Health First Aid training for secondary schools (every secondary school is entitled to 1 free place on the 1 day course). In addition the 2018 'Transforming children and young people's mental health provision' Green Paper indicates that there will be additional training made available for Designated Senior Leads for Mental Health in the future.

Where there is less training available is the broader children and young people's workforce, with bespoke training being commissioned in the past for certain workforce groups. With financial constraints it is logical to focus on upskilling a targeted part of the workforce.

Within the Local Authority, Early Help teams frequently work directly with young people and families, yet there is currently limited free training available (mainly LGSS training and the CPFT training). In particular, the Heads of Early Help have identified Young People's Workers as a group that would benefit from greater mental health training investment. Young People's Workers form part of district teams and provide 1-to-1 support to young people, supporting them to overcome barriers.

A more flexible and cost effective mechanism for delivery of training is through a greater use of e-learning. A variety of providers offer e-learning packages locally, including the current Provider CPFT who is trialling a new mental health (risk and resilience) e-learning package as part of this year's investment. E-learning wouldn't be appropriate for all training requirements, therefore a mixed approach which includes face-to-face training is proposed.

It is proposed that Public Health work together with the Heads of Early Help to establish a clear specification of the training requirements and success criteria. Following appropriate procurement procedures a Provider would be identified that could deliver the training package in 2019/20.

Current work with Early Help Teams identifies training requirements in the following areas as part of this work:

- Suicide and self-harm training
- Pre-bereavement training
- Developing further skills, this would depend on course availability within funding constraints but could include CBT or basic counselling skills.

Current training cost = £46k

Proposed savings = £36k

What assumptions have you made?

What constraints does the project face?

It is believed that a suitable training package could be procured within the reduced budget of £10,000 for 2019/20.

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

Mental Health Training investment (£46k) – provides mental health training to the children and young people's workforce.

What is outside of scope?

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

A more flexible training offer for Early Help Teams, hopefully enabling greater access to mental health training.

Title

Risks

Title

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

The current training provider – CPFT. This would have implications in terms of their workforce. Constant communications are being held to identify how to best manage this impact.

Other groups that would be affected are the broader children and young people's workforce who currently have access to training, including the social care workforce, the health sector and school and college staff.

What positive impacts are anticipated from this proposal?

More flexible and tailored training for the Early Help Teams (especially Young People's Workers). It is anticipated the take up of training would be considerable because of the greater flexibility of the training package.

What negative impacts are anticipated from this proposal?

Some staffing groups would not be able to attend the training, in particular the Foundation course is well received by those that attend, but places are limited and the cost per individual is quite high.

Are there other impacts which are more neutral?

Disproportionate impacts on specific groups with protected characteristics

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

With reduced funding for training inevitably there is likely to be fewer people within the workforce receiving training to ensure quality of training is maintained. The use of a variety of delivery methods, including e-learning will hope to reduce this impact but there will be fewer people trained. This could in turn have an impact on the identification of vulnerable young people with mental health problems. However, there is a range of training available to the schools workforce in particular, that has not previously been on offer, that would hope to counter this impact.

In terms of specific groups with protected characteristics, the following impact would be expected from the changes:

Impact	Positive	Neutral	Negative
Age		X	
Disability		X	
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity		X	
Race		X	
Religion or belief		X	
Sex		X	
Sexual orientation		X	
The following additional characteristics can be significant in areas of Cambridgeshire:			
Rural isolation		X	
Deprivation		X	

Business Case

E/R.6.036 Integrating Healthy Child Programme across Cambridgeshire and Peterborough

Project Overview

Project Title	E/R.6.036 Integrating Healthy Child Programme across Cambridgeshire and Peterborough		
Project Code	TR001398	Business Planning Reference	E/R.6.036 E/R.6.037
Business Planning Brief Description	Integrating the Healthy Child Programme (Health Visiting, Family Nurse Partnership, School Nursing) across Cambridgeshire and Peterborough.		
Senior Responsible Officer	Dr Liz Robin, Dr Raj Lakshman		

Project Approach

Background

Why do we need to undertake this project?

- The public health grant which is used to commission the Healthy Child Programme has been reduced, and this programme will redesign services to accommodate the reduced budget. This is aligned to the national integration agenda and will see provision streamlined from two separate providers, systems and processes to one integrated provision.
- It will reduce system complexities and duplication of services for children, young people and families in accessing the Healthy Child Programme (HCP 0-19).
- A saving proposal of £238k was agreed in the previous business planning round, but deferred until April 2019 in order for further work on the integration model to take place, with the gap being funded by PH reserve (proposal E/R.6.036). An additional proposal for £160k saving is being included in this year's business planning (proposal E/R.6.037). The total saving from the two proposals is £398k.

What would happen if we did not complete this project?

With the public health grant being reduced, we would overspend in this area if we are unable to make these savings.

Approach

Aims / Objectives

- To improve delivery of the current outcomes framework for children and young people.
- To improve performance where applicable to the Healthy Child Programme (HCP)
- To ensure the statutory responsibilities of the Director of Public Health for delivery of the Healthy Child Programme (HCP) are met
- To ensure provision is in line with the nationally reduced public health grant

Project Overview - What are we doing

Integrating the Healthy Child Programme (Health Visiting, Family Nurse Partnership, School Nursing) across Cambridgeshire and Peterborough. The Benson modelling tool has been used to model the workforce

requirements and various options possible by changing the skill-mix and activities delivered. Combined with management cost savings, savings of £398k for Cambridgeshire and £200k for Peterborough have now been identified. The Benson modelling tool is a workforce modelling tool that has been used by Cambridgeshire Community Services for some time, and is nationally used by some 40 NHS Trusts. It has been populated with information about the tasks that Health Visitors, School Nurses and allied staff do to deliver the service offer. Across Cambridgeshire and Peterborough a model has been produced which has been used to develop a service offer for the HCP. In summary this has included:

- Reviewing the workforce aligned to the Healthy Child Programme and teenage pregnancy pathway across Cambridgeshire Community Services (CCS) and Cambridgeshire and Peterborough Foundation Trust (CPFT) to determine the activities that are currently undertaken, the skill mix involved to create a baseline. This baseline was then used to model different scenarios in order to achieve Public Health Grant savings of £398k in Cambridgeshire and £200k in Peterborough.
- Reviewing the current separate section 75 agreements (in readiness for start at 1 April 2019) in conjunction with the above and wider service delivery to determine service provision, updating in line with outcomes for the above activity, and determining other activity within the current specification which requires amendment.

Current budget: £12.6 million (combined); £8,926,739 (Cambridgeshire)

Target savings: £598k (combined); £398k (Cambridgeshire)

What assumptions have you made?

That the costs of workforce change will be borne by the provider

That recruitment to nursery nurse grades will be achievable

That there will be no delay to the project implementation required by wider public consultation

What constraints does the project face?

The need for stakeholder consultation if there are significant changes to the service model would result in delays in implementing the section 75 agreement.

Delivery Options

Has an options and feasibility study been undertaken?

A range of options for delivery of the Family Nurse Partnership pathway for vulnerable teenage parents has been considered.

The Benson modelling has been iterative, therefore a preferred option has been identified which meets service and financial criteria

Scope / Interdependencies

Scope

What is within scope?

The Healthy Child programme across Cambridgeshire and Peterborough delivered by CCS and CPFT

The 0-19 Healthy Child Programme (HCP) consists of Health Visiting (0-5yrs), Family Nurse Partnership (for vulnerable teenage parents), and School Nursing (5-19yrs).

What is outside of scope?

The wider children and young people's services commissioned by the CCG (community paediatrics, community nursing, specialist therapies) and Local Authorities (Child and Family Centres, Early Help).

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

To be confirmed based on preferred option chosen by Health committee and based on streamlined service experience, reduction of duplication, use of appropriate skill-mix, use of technology.

Title

Risks

Title

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

The scope of this project includes all children in Cambridgeshire and Peterborough between the ages of 0-19. It considers Universal, Universal Plus and Universal Partnership Plus services within the Healthy Child Programme (HCP) including Health Visiting, FNP and School Nursing. The Healthy Child Programme starts before birth so also includes pregnant women.

What positive impacts are anticipated from this proposal?

The new proposed offer provides a comprehensive integrated and targeted service across Cambridgeshire and Peterborough within the reduced cost envelope. This has been achieved through redesign and reallocation. A significant proportion of the service model will continue and the key changes which include enhancements to the service model are set out below:

1 Streamlining the Management Structure

By working effectively together across the Cambridgeshire and Peterborough geography the two Trusts have been able to integrate and rationalise the management structure as there are posts that span across the whole geography giving flexibility in supporting the identified health needs of our population, alongside a focussed locality delivery team with unique local knowledge, giving the service a robust management and leadership model moving forward.

2 Support for teenage parents- FNP and enhanced teenage parent pathway

Whilst a very important resource, with a sound evidence base and outcomes focussed approach, the Family Nurse Partnership only delivers to a small proportion of our teenage parent population. The Trusts are proposing a revised service offer for teenage parents.

- Continue to deliver FNP to 100 of our most at risk teenage parents (reduced from the current 200 which are often not taken up) and,
- Utilise some of the savings from this to create and deliver an enhanced pathway of care for all teenage parents who require additional support, which would be in addition to the universal mandated offer
- CCS is looking at collaborating with the national Family Nurse Partnership Unit to evaluate a similar

model that is being delivered in Norfolk, so that an assessment of impact on outcomes for this cohort of young people, can be made. A summary of the options considered is at 3.5

3 Change in workforce skill mix to deliver the service model

The mandated reviews in the Healthy Child Programme offer a unique insight into the developmental needs of all children and their families living in Cambridgeshire and Peterborough. An analysis of the skills required to carry out these reviews using nationally benchmarked data, has been undertaken. This has enabled the Trusts to propose the introduction of a skill mixed team that includes:

- Additional nursery nurse capacity – an under-utilised resource who have the skills to support the 1-8 year old age group. The skill mix team will ensure that there is always support from a Health Visitor available for Nursery Nurses within the Single Point of Access (SPA), to have case discussions and to escalate any immediate concerns or challenges.
- Different roles within the 0-19 teams to support school aged children.

The skill mixed workforce will be supported by robust delegation and supervision processes which will include case management discussions which will enable safe, facilitated discussions on those cases that need a wider consideration from the 0-19years team expertise.

4 Redesigning access to advice

The service model has streamlined the provision of healthy child clinics by increasing access to immediate advice and support through an improved digital/intranet offer, Parentline, Chathealth and support from clinicians in the Single Point of Access – a resource for all families and in particular for those families who are not digitally literate or who do not have access to these platforms.

As the digital platform goes live and is publicised, the Trusts will assess the impact that this has on clinics and therefore, those less well attended would be closed. The Trusts intend to work in partnership with Children Centre's/Child and Family Centres and potential Libraries to support access to a “self-weigh” model. This will rely on wider redesign of the services being undertaken as part of the Best Start in Life/Early Years strategy.

5 Saturday development review clinics

To improve access for families, the service model includes delivering development review clinics on a Saturday. This builds on the experience from piloting this in Cambridgeshire, where the feedback has been very positive with families and staff. It is envisaged that there will be one a month in each of the three localities.

What negative impacts are anticipated from this proposal?

Majority of the savings will be made by reduced management costs (£330k for Cambridgeshire and £100k for Peterborough). The remainder will be achieved by changing the skill mix within the workforce model and greater use of technology. The Transformation Board will review all proposed changes and consult with staff and service users to ensure negative impacts are mitigated.

Are there other impacts which are more neutral?

The majority of the service model remains the same. Details of changes are in the accompanying paper to health committee.

Disproportionate impacts on specific groups with protected characteristics

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

With reduced funding the service will be targeted to areas of highest need.

In terms of specific groups with protected characteristics, the following impact would be expected from the changes:

Impact	Positive	Neutral	Negative
Age		X	
Disability		X	
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity		X	
Race		X	
Religion or belief		X	
Sex		X	
Sexual orientation		X	
Rural isolation		X	
Deprivation		X	

Business Case

E/R.6.038 Public Health Directorate staffing rationalisation

Project Overview

Project Title	E/R.6.038 Public Health Directorate staffing rationalisation		
Project Code	TR001394	Business Planning Reference	E/R.6.038
Business Planning Brief Description	Deletion of vacant posts within structure and removal of one PHJCU team leader post.		
Senior Responsible Officer	Liz Robin		

Project Approach

Background

Why do we need to undertake this project?

There is a need to reduce the overall public health budget in line with reductions in the national public health grant (approximately £700,000 for 2019/20). There are some staff posts which became vacant in 2017/18 and 2018/19 and for which the vacancies have been held. This has been associated with some decreases in service provision, but it is feasible to delete the vacancies and maintain current levels of delivery. There is also a restructure within the Public Health Joint Commissioning Unit with Peterborough City Council. The proposed merger of two team leader posts will also lead to a saving. Reduction of the staff budget will enable the organisation to meet its 2019-20 business planning savings.

What would happen if we did not complete this project?

The budget amount for these posts would remain unused and the organisation would miss out on the opportunity to make savings towards the budget.

Approach

Aims / Objectives

- Creating savings
- Removing vacant posts

Project Overview - What are we doing

This project involves removing vacant posts from the Public Health Budget.

What assumptions have you made?

Assumptions made are that:

- The posts are no longer required
- The staff within the service will continue to have sufficient capacity to cover the workload that these posts previously shared

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?
1. Deletion of three vacant posts within the structure: <ul style="list-style-type: none"> Mental Health Promotion Officer Drug and Alcohol Health Improvement Specialist Senior Public Health Analyst
2. Restructure within the Public Health Joint Commissioning Unit to remove one team leader post (already in progress)
3. Partly offset by increase in Peterborough City Council recharge
What is outside of scope?
Deletion of any additional posts

Project Dependencies
Title

Cost and Savings
See accompanying financial report

Non Financial Benefits
Non Financial Benefits Summary
N/A
Title

Risks
Title
Overstretching staff within the service
Increase in sickness absence

Project Impact
Community Impact Assessment
Who will be affected by this proposal?
Staff within the Public Health Directorate
What positive impacts are anticipated from this proposal?
Savings of £80k to contribute to meeting the 2018-19 budget pressure
What negative impacts are anticipated from this proposal?
<ul style="list-style-type: none"> Staff workload will continue to be shared between lower numbers of staff Some reduction in public health analytical capacity, including ability to deliver JSNA and other products. Reduced capacity for in-house mental health first aid training. Mitigation: this training can be brought in when required.

- Reduced capacity for mental health promotion initiatives. Mitigation: initiatives developed through this post are now embedded e.g. 'Keep your Head' child and adult websites content is now being maintained through voluntary sector organisations; MIND have a contract to run 'Stop Suicide' and other mental health anti-stigma campaigns.
- Reduced capacity for prevention and partnership work on drug and alcohol misuse issues: This post was created in the restructure which formed the PHJCU, but it was not possible to recruit. Prevention and partnership work on drug and alcohol misuse issues is being prioritised according to capacity through the PHJCU drug and alcohol commissioning team, and picked up through the wider Public Health team.
- Removal of one team leader post in the PHJCU through the merger of the healthy lifestyles and primary care team leader posts leads to increased workload for the new post holder. Mitigation: A proposal is being brought to Health Committee to simplify contracting arrangements with primary care which will reduce workload and maximise joint working across the PHJCU team.

Are there other impacts which are more neutral?

Removal of one team leader post in the PHJCU through a merger of the healthy lifestyles and primary care team leader posts: There are some benefits through only one team leader having oversight of both areas; some primary care contracts deliver integrated lifestyles work (e.g. smoking cessation, health checks).

Disproportionate impacts on specific groups with protected characteristics

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

No disproportionate impacts on protected characteristics

Business Case

E/R.6.039 Long Acting Reversible Contraception (LARC)

Project Overview

Project Title	BP 19/20 E/R.6.039 Long Acting Reversible Contraception (LARC)		
Project Code	TR001439	Business Planning Reference	E/R6.039
Business Planning Brief Description	Long Acting Reversible Contraception (LARCs) are commissioned from GP practices. The Clinical Commissioning Group (CCG) recharges the cost of the contraception devices. Audits revealed that the recharges included the cost of items for which the LA is not liable i.e. injectable contraception and the use of devices for gynaecological purposes. In addition the training programme for clinicians to ensure that there is capacity in the system is now completed.		
Senior Responsible Officer	Liz Robin		

Project Approach

Background

Why do we need to undertake this project?

Nationally cash reductions have been applied to the Public Health Grant. Consequently savings are being made through efficiencies and transformational changes in the services that are commissioned.

What would happen if we did not complete this project?

Approach

Aims / Objectives

Project Overview - What are we doing

What assumptions have you made?

What constraints does the project face?

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

The funding allocated to commission Long Acting Reversible Contraception from GP practices

What is outside of scope?

This does not include funding allocated to other public health services commissioned from GP practices. It will also not affect the cost of the services. GP practices are paid for each unit provided not as part of a block contract. No provision threshold will be applied.

Project Dependencies**Title**

Increase in demand for LARCs

Cost and Savings

See accompanying financial report

Non Financial Benefits**Non Financial Benefits Summary**

Not applicable

Title**Risks****Title****Project Impact****Community Impact Assessment****Who will be affected by this proposal?**

Women seeking LARCs. Current demand levels for LARCs are being met within budget

What positive impacts are anticipated from this proposal?

N/A

What negative impacts are anticipated from this proposal?

N/A

Are there other impacts which are more neutral?

N/A

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

E/R.6.040 Immunisation Promotion – Mainstreaming Budget

Project Overview

Project Title	E/R.6.040 Immunisation Promotion – Mainstreaming Budget		
Project Code	TR001460	Business Planning Reference	E/R.6.040
Business Planning Brief Description	Mainstreaming the separate immunisation promotion budget into the generic health protection and public health communications work and funding streams.		
Senior Responsible Officer	Katie Johnson		

Project Approach

Background

Why do we need to undertake this project?

There is a need to reduce the overall public health budget in line with reductions in the national public health grant (approximately £700,000 for 2019/20). This project will contribute £13K towards this savings target.

What would happen if we did not complete this project?

These savings will not be made.

Mainstream work to promote immunisations –Childhood immunisation rates have improved since this budget was created, and Council staff work closely with NHS England and Public Health England to support continued improvement.

Approach

Aims / Objectives

This savings proposal is to mainstream work to promote immunisations, which currently has a separate budget of £20K, into generic health protection and public health communications work and funding streams.

NHS England are responsible for commissioning vaccination programmes in Cambridgeshire; these include infant vaccinations, school-based vaccination programmes and vaccinations for adults, including the flu and shingles vaccinations. The public health directorate work closely with NHS England and other partners to increase vaccination uptake rates. It is important to maintain high vaccination rates in order to protect individuals and the community from a number of infectious diseases which can cause serious harm.

Project Overview - What are we doing

The £20K immunisation budget will be reduced to £7K which will be incorporated into the generic health protection budget, resulting in a saving of £13K. This value has been calculated based on current levels of spend and should enable effective promotion of immunisations. The public health directorate continue to work closely with NHS England, Public Health England and other partners to promote immunisations, often using cost-free mechanisms such as direct communication from trusted professionals, printed resources from the NHS, radio interviews and social media. In addition, immunisation promotion will continue to be incorporated into mainstream public health communications work, such as through the Stay Well workstream and pharmacy public health campaigns. The Director of Public Health carries out an assurance role for health protection across Cambridgeshire and receives regular reports from NHS England on immunisations rates via the Health Protection Steering Group. These reports show that childhood immunisations rates have generally increased since the creation of the immunisations budget, although there is still further room for improvement.

What assumptions have you made?

It is assumed that the public health directorate will continue to be able to work in partnership with key stakeholders from across the system to share expertise, networks and promotion mechanisms to increase uptake of immunisation.

What constraints does the project face?

None identified

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies**Scope****What is within scope?**

Reduction of the immunisation budget by £13K.

What is outside of scope?**Project Dependencies****Title****Cost and Savings**

See accompanying financial report

Non Financial Benefits**Non Financial Benefits Summary****Title****Risks****Title****Project Impact****Community Impact Assessment****Who will be affected by this proposal?**

Not applicable. It is anticipated that the current level of immunisation promotional work will continue but that the funding will be from the wider health protection budget.

What positive impacts are anticipated from this proposal?

No significant impacts/changes to current service delivery are anticipated. Immunisations will continue to be promoted by the public health department in partnership with key stakeholders including the commissioners in NHS England and Public Health England.

What negative impacts are anticipated from this proposal?

No significant impacts/changes to current service delivery are anticipated.

Are there other impacts which are more neutral?

No significant impacts/changes to current service delivery are anticipated.

Disproportionate impacts on specific groups with protected characteristics

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

No significant impacts/changes to current service delivery are anticipated.

Business Case

E/R.6.041 Expected operational savings across Public Health staffing and contracts

Project Overview

Project Title	BP 19/20 E/R.6.041 Expected operational savings across Public Health staffing and contracts		
Project Code		Business Planning Reference	E/R6.041
Business Planning Brief Description	In year vacancy savings and efficiencies across demand led contracts		
Senior Responsible Officer	Liz Robin		

Project Approach

Background

Why do we need to undertake this project?

Nationally, cash reductions have been applied to the Public Health Grant for the past four years. This means that significant efficiencies and transformational savings have been made and further reductions in public health budgets are required.

What would happen if we did not complete this project?

Alternative savings from public health funded services would need to be found.

Approach

Aims / Objectives

The aim of this project is to integrate predictable levels of underspend against the public health budget as a whole into financial planning for 2019/20 and beyond.

Project Overview - What are we doing

It is clear from close financial monitoring that there is a predictable in-year underspend in the overall public health directorate budgets, due firstly to in-year staff changes such as vacancies and maternity leave, and secondly to changes in costs of demand led contracts. For example, the underspends on contracts may result from changes in demand, audits identifying interventions which do not come under local authority funding remit, or reductions in the cost of pharmaceutical products in a competitive market. This savings proposal introduces this predictable overall underspend into business planning for 2019/20 and beyond, meaning that further recurrent savings do not need to be made on front line public health services.

What assumptions have you made?

That, based on experience in previous years, an overall underspend of at least 109k can be predicted against the total public health directorate budget.

What constraints does the project face?

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

The overall public health directorate budget.

What is outside of scope?

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

Not applicable

Title

Risks

That an underspend of at least £109k does not materialize in 2019/20 (or a future year). This would be mitigated by funding the shortfall from public health reserves.

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

This proposal will not impact on communities or front line services

What positive impacts are anticipated from this proposal?

N/A

What negative impacts are anticipated from this proposal?

N/A

Are there other impacts which are more neutral?

N/A

Disproportionate impacts on specific groups with protected characteristics

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

N/A

