

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)		
Saving	£154,000	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?

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 ensuring 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 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

Business Case

BP - Lifestyle Services (E/R.6.035)

Project Overview

Project Title	BP - Lifestyle Services (E/R.6.035)		
Saving	£84,000	Business Planning Reference	E/R.6.035
Business Planning Brief Description	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 CAMQUIT service into Everyone Health.		
Senior Responsible Officer	Val Thomas		

Project Approach

Background

Why do we need to undertake this project?

The transfer of the Stop Smoking Service, CAMQUIT has created savings through consolidation and increased efficiencies. For example during periods of high demand the Health Trainers can support the service Stop Smoking interventions. In addition, the vacant CAMQUIT communications post will not be recruited to as this would create two similar posts within the Everyone Health Service.

This supports the following 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, Behavioral 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
- Behavioral 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 developing an increased skill set amongst its staff and reflect an improved understanding of need and demand that will enable the service primarily through its management structure to produce efficiencies and transformational changes.

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 co-ordinator 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)/Camquit: Currently the Service is functioning without one post through natural wastage. This has not created any capacity pressures and it is planned not to appoint to this post. At high demand periods the Health Trainers can provide Stop Smoking interventions as they are trained in behavioral change interventions.

Communications/Promotion Post: When CAMQUIT was 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 has a communications lead. These two posts will be consolidated and the funding that was transferred for the CAMQUIT post will contribute to the savings.

Health Coaches: The Everyone Health Coaches work in the less deprived areas undertaking a health trainer role. The different term is used to differentiate between health trainers working on the 20% most deprived areas where they are attached to GP practices. As the service has developed and need and demand has become clearer, it is possible in lower need areas to consolidate two health coach 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.

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, behavioral change training and community lifestyle services. Although indirectly they will be affected by the general management changes.

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

Title

Risks

Title

Increased demand

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)		
Saving	£238,000	Business Planning Reference	E/R.6.036
Business Planning Brief Description	Saving will be delivered through a reduction to the CCS Section 75 (contract) value for Health Visiting and School Nursing.		
Senior Responsible Officer	Val Thomas and 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 fact that 232K savings are required for 19/20 the following changes are proposed to School Nursing and Health Visitors.

What would happen if we did not complete this project?

Approach

Aims / Objectives

Saving will be delivered through a reduction to the Cambridgeshire Community Services (CCS) Section 75 (contract) value for Health Visiting and School Nursing.

Project Overview - What are we doing

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, behavior 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.

What assumptions have you made?

What constraints does the project face?

Delivery Options

Has an options and feasibility study been undertaken?

No other options considered as the major portion of the rest of the 0-19 budget goes towards the counselling service which has recently been retendered and via a 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) and changing the way the mandated 2-2.5 year checks are done is the is likely to have the least impact on outcomes for children.

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

Title

Risks

Title

Possible emerging problems not identified

Lack of detailed modelling means may not reach saving target

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

Users of the School Nursing service and Health Visitors.

What positive impacts are anticipated from this proposal?

We 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 Centres, Localities and Emotional Health & Wellbeing (Early Help), CPFT will enhance synergy and maximise resource usage.

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 change the 2-21/2 yr review to a questionnaire based review goes ahead, the holistic assessment of the child, family and child-parent interaction will be lost. Currently this review includes an assessment of the child's growth, promotion of healthy nutrition, oral health, physical activity, immunisations, school-readiness, accident avoidance, take up of early years education, and responding to other parental concerns. If the HV service is considered a type of screening programme to identify problems early, then some of the emerging problems in the family may be missed (e.g. domestic abuse, child overweight, subtle developmental delays).

There will 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. In order to deliver the reduction of £238k the workforce will have to reduce by the equivalent of 5.5 WTE Health visitors or 18 WTE band 6's skilled mixed to band 4's.

Are there other impacts which are more neutral?

The status quo will be maintained across some of the service for example FNP (which has already been reorganised), 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)		
Saving	£140,000	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?

- Integrate sexual health and contraception services so that patients are able to address all their sexual health and contraception needs in one service and location.
- Address the health inequalities and inequities of service provision between the north and south of the county.
- Modernise the service to ensure that it is efficient and cost effective.

What would happen if we did not complete this project?

Approach

Aims / Objectives

The contracts with both organisations for 2018/19 will reflect this change in activity and the savings will be available from April 2018. Please note it is planned to take the services out to joint tender in 2018/19 with Peterborough City Council. More efficiencies will be sort through the re-commissioned service.

Project Overview - What are we doing

What assumptions have you made?

Asymptomatic testing: There is an assumption that people will be willing to take a free online screen before they attend a clinic. As Cambridgeshire has in general good sexual health there could be a high level of people concerned they might have an STI but who do not test positive. There is an increasing use of the internet and technology to improve services and make them more accessible. For several years for example online chlamydia screening has been available to Cambridgeshire residents and it is increasingly a part of health care services and everyday life.

Risks: That insufficient number people access the online service. This will be mitigated through a comprehensive promotional campaign.

Decreasing the number of spoke clinics: That patients are willing to travel out of their local areas including high risk groups
Risks 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 working closely with the GP practices to promote their services.

Oral Contraception: That low risk women will attend their GP practices. That GPs will be able to meet any increase in demand for oral contraception.

Risks: 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 Gap services.

What constraints does the project face?

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?

Project Dependencies

Title

Internal Dependencies

External Dependencies

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

Title

Risks

Title

Risks

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

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 ask them 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.

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

